Women and Girl’s Health in Knowsley

Health Needs Assessment

2024/25

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Executive Summary

The aim of this report is to better understand the health needs of women and girls in Knowsley, by creating an evidence base that can be used when creating or redesigning services and initiatives to improve health outcomes and health equity for women and girls living in Knowsley.

The Women's Health Strategy for England[i] states that despite women on average living longer than men, they spend significantly longer living with ill health and disability compared to men. Women live longer but the gap is narrowing due to a faster increase in life expectancy for men in Knowsley. Even though women account for more than 50% of the population they face many barriers to accessing the health care they need. The health care system has historically been designed by men for men, men have been seen as the default in research, clinical trials, education and training for healthcare professionals. [i] This has led to gaps in the data and evidence base that mean not enough is known about conditions that only affect women, or conditions that affect both men and women but, impact them in different ways (cardiovascular disease, dementia or mental health conditions).

Women are often not listened to[ii]or expected to live with conditions that impact on the health or quality of life (such as heavy periods)[iii], experience long waits for gynaecology appointments[iv]. They often struggle to access high quality health information and service/treatments that are right for them (e.g. contraceptives). The impact is they are unable or struggle to participate fully in the workplace or to go about their daily life.

It is important to acknowledge that women are not one homogeneous group, ethnicity, social class, gender identity, sexual orientation and other factors all play their part in health outcomes and health inequalities women experience.

There are long standing social, economic and health inequalities as well as high levels of deprivation within Knowsley. This has resulted in health outcomes in many women being worse than the national average. This is an extensive document, that considers the health of women and girls primarily through the lens of the reproductive life course, as this provides a number of opportunities to improve health outcomes as well as predictable interactions to support women with their health throughout their lives.
This document provides an overview of women and girl's health in Knowsley. From the analysis undertaken it is evident that while there is a clear relationship between health and income/deprivation/poverty, that some of the key issues are related to behaviours and attitudes towards health. To improve health and wellbeing for women in Knowsley requires a focus on:

Key findings

Health outcomes are influenced by many factors, which interact with each other in complex ways, understanding these interconnections is essential to develop effective public health inventions and strategies that will lead to improved - health outcomes, life expectancy and reduce the number of years women are living impacted by illness and long-term health conditions.

From the data and analysis contained within this report, four key challenges have been identified for women and girls in Knowsley, these have potential to have a significant negative impact on their health and wellbeing.

Education – Improving women's understanding of their bodies and their health will support them to make more informed and empowered decisions to improve their health; this is also linked to healthy habits. This is not a quick fix and barriers exist, which make this challenging. Sex education, healthy relationships are also areas for improvement throughout Knowsley's population, this is linked to access to services. This issue is highlighted by Knowsley having the highest abortion rate in England. Education is potentially a significant issue in Knowsley, with higher historic levels of SEND needs throughout the population, and general literacy levels being lower. Consideration should be given to ensuring health education and messages are clear and accessible, considering the needs of the target audience. Information should empower our local communities. Involving trusted sources within those communities will be fundamental, whilst the majority of people have a high level of trust in the NHS, friends and family are often a key source of information. Education is also a wider determinant, and while there are specific benefits in terms of health literacy, generally a higher level of education and skills leads to greater employment opportunities, higher income and a better quality of life.

Healthy Habits – Health risk behaviours are too common in Knowsley, supporting individuals from an early age to be able to adopt healthy habits around physical activity, healthy eating, alcohol and smoking in particular is important. Women in Knowsley have the second highest mortality rate from lung cancer 2020-2022[v],smoking is the single biggest risk factor, more than 7 in 10 cases of lung cancer are caused by smoking [vi]
Behavioural change is needed particularly as some issues are multi-generational and cyclical for example breastfeeding, people don't see it, so don't consider it the 'norm' or learn the skills needed from mothers, parents, sisters, friends etc to successfully breastfeed. Self-care is something that many women don't prioritise, putting the needs of others first to the detriment of their own health, sometimes using unhealthy habits as coping mechanisms. Education is also needed to support a better understanding of the impact of these behaviours on women's health and their family's. For example, smoking during pregnancy, consuming too much alcohol, not attending preventive screenings, not having routine immunisations are all impacting negatively on health in Knowsley.

Although healthy behaviours are important, we should avoid placing the responsibility solely on individuals as the context of people's lives and the environments they live in determines their health. Companies and businesses can have a profound impact on people's health, from the products they produce, their impact on the environment, to fair wages, workplace wellness programmes and promotion of diversity and inclusion. Healthy habits are strongly linked to the wider determinants of health, many of which are beyond the direct control of individuals. For example, higher income and social status are linked to better health, lower education levels are linked to poorer health, increased stress and lower self-confidence. Physical

Environment, clean air, good housing, access to green spaces, easy access to amenities (healthcare, schools, public transport) all impact on people's health and wellbeing, alongside issues such as access to cheap fresh healthy food. Employment is a key factor in health; Unemployed people are more than five times as likely to have poor health than employees. Good quality secure, well-paid employment puts you at a lower risk of poorer health outcomes.

Co design and production could be a useful strategy to support behavioural change not only involving traditional health partners (voluntary organisations, housing providers, schools etc) but, importantly the community. People who use the services, have lived experiences of health conditions or understand the barriers to implementing healthy habits. These people are often best able to advise on what support and services make a real difference to supporting them adopt healthy habits.

Consideration of access to services/Screening– recent national research shows that women (and particularly women from deprived backgrounds and those from the Global Majority)[1][vii] experience many barriers to accessing healthcare – both in terms of availability of treatment (an example is the increased waiting lists for gynaecological treatment), but also a bias towards men in health research, meaning that there are data and evidence gaps for women's health. There are particular issues in Knowsley around access to long acting reversible contraception, accessibility of medical centres (considering low car ownership and the availability of public transport), alongside differences in delivery of health services depending on where you live in the Borough and (for example) which hospital you receive maternity services from. Women are more likely to find it difficult to attend appointments, screenings and other beneficial health activities due to their caring responsibilities.

Socio-Economic Factors – there are significant socio-economic challenges in Knowsley, related often to the intensity of deprivation and the experience of poverty. Knowsley has higher levels of domestic abuse, with women often the victim-survivor, higher levels of poverty (including in-work poverty), higher levels of people living with disabilities and acting as carers for family members. There are significant intra-inequalities in Knowsley, with some communities facing greater challenges and stresses – all of which has a significant bearing on their health. Social position influences exposure to different risks depending on income level, working environment., living conditions and health behaviours.[viii] Social mobility in the UK continues to fall and it is even more difficult for those growing up in the North, as health and social mobility are linked the risk is that health inequalities will persist in Knowsley. It will be even more important to ensure that children in Knowsley have the best start in life to avoid accumulating inequalities throughout their lives. Having a higher socio-economic position gives greater access to social and cultural capital resulting in networking opportunities, access to people who have the power to influence and provide opportunities. It also provides the resources to participate in educational/cultural activities such as travel, theatre, museums, sports, the arts, music etc which can lead to better educational and employment outcomes which are contributing factors to ensuring good health outcomes.

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[1] Global majority is a shortened version of the term 'people of the global majority'.
It refers to people who are Black, Asian, Brown, dual-heritage, indigenous to the global south, and/or have been racialised as 'ethnic minorities'. Globally, these groups currently represent approximately eighty per cent (80%) of the world's population making them the global majority. Global Majority; Decolonising the language and Reframing the Conversation about Race
Rosemary Campbell-Stephens MBE.

What do we want to achieve via this needs assessment?

To understand the health needs of women in Knowsley.

1. What are the health needs of women in Knowsley – what do we know?

2. What current initiatives are taking place with regards to women's health – what are we doing?

3. To identify any gaps and make recommendations for future work – where are the gaps?

Introduction

Why are we writing a women specific needs assessment?

Whilst everyone's health is of equal importance in Knowsley, we have decided to write a women's health needs assessment, using a life course approach for the following reasons:

Whilst women in Knowsley live longer than men (78.6 years compared to 75.7 years); Female life expectancy in Knowsley is consistently among the worst in the country, and in 2021 it was the lowest nationally. While this is partially connected to the COVID-19 pandemic, with Knowsley being the worst affected Borough in England, it points to a wider point – that in Knowsley both healthy life expectancy and life expectancy has not increased in the last decade, in fact after peaking in 2011, life expectancy has fallen since.

Inequalities are stark in Knowsley, with a gap of 8.6 years between women living in different parts of the Borough, and even greater inequalities when looking at peers outside of Knowsley. Bringing together data on women's and girl's health in Knowsley offers the opportunity to consider what the factors are that have resulted in lower life expectancy and to identify interventions that could improve both healthy life expectancy and life expectancy.

Men's life expectancy, whilst lower than national and regional averages, has followed trends more closely, but a complementary piece of work will be completed.

On average women live longer than men, but they spend a larger proportion of their lives in poor health. Issues that specifically affect women have not received enough focus (miscarriage and menopause for example) and women are often underrepresented in clinical trials. This has resulted in not enough being known about conditions that only affect women, and how other conditions present or impact on women. Women also often feel that they are not listened to or taken seriously, or their concerns dismissed.
The role of women has changed significantly in society despite now accounting for approximately 47% of the workforce, many still have the responsibility of the majority of the unpaid care that is undertaken.

In September 2024 The Woman of The North: Inequality, health and work report was published it found that women in the North have lower healthy life expectancy, fewer qualifications, worse mental health, and are more likely to suffer domestic violence or to end up in the criminal justice system than their counterparts in the rest of England. In addition, infant mortality is higher, and abortions are more common.[ix] With the exception of infant mortality this statement reflects the situation in Knowsley too (data

is not available on women and the criminal justice system for Knowsley). Women in the North of England face a double challenge, their wellbeing, throughout their lives, is shaped by both gender and geography

The Women's Health Strategy for England encourages the expansion of women's health hubs across the country to improve access to services and health outcomes for women and girls. This then seems like an opportune time to understand the health needs and gaps.

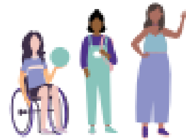
This report will take a life course approach, which focuses on understanding the changing health and care needs of women across their lives to identify key areas to both promote good health and prevent poor health outcomes.
It will also focus on the topics highlighted in the life course Women's Health Strategy for England (Department for Health and Social Care (DHSC) 2022)

Equalities statement

This document is predominately focused on the health of cisgender women (women who identify with the sex they were assigned at birth) in the context of women's health, particularly in relation to sexual and reproductive health needs. The document does not contain a detailed assessment of those who are transgender and non-binary, who have needs and experiences that can be similar to but will also have unique health and wellbeing needs from those of cisgender women and men. The terms 'woman' and 'women's health' are used for brevity, not to exclude. We recognised that, in particular transgender men and those who identify as non-binary may also be impacted by the health issues in this report. For the first time, from the 2021 Census, there is data available about the number of transgender and non-binary people living in Knowsley, although this number may well be lower than the actual number, and it is expected to increase in the coming years also. This has helped to have a greater awareness of Knowsley's population, but there will be more work to be completed on understanding the health needs of people from diverse backgrounds. On page 60, there is consideration of the protected characteristics and any barriers to health that may be faced by different groups living in Knowsley.

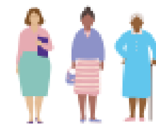
Figure 1

Women's health across the life course



ADOLESCENTS AND YOUNG ADULTS
PUBERTY-24

MIDDLE YEARS
25-50



LATER YEARS
51+

Women's health needs

HPV vaccination

Menstrual health

Gynaecological conditions

Contraception

Cervical screening

Gynaecological cancers

Sexual health and wellbeing

Pregnancy, fertility, pregnancy loss, abortion care, and postnatal support

Pelvic floor health

Early menopause and perimenopause

Perimenopause and menopause

Breast cancer screening

General health needs

Healthy behaviours, e.g. healthy weight, exercise, smoking

Mental health

Long-term conditions

Health impacts of violence against women and girls

Osteoporosis and bone health

Dementia and Alzheimers

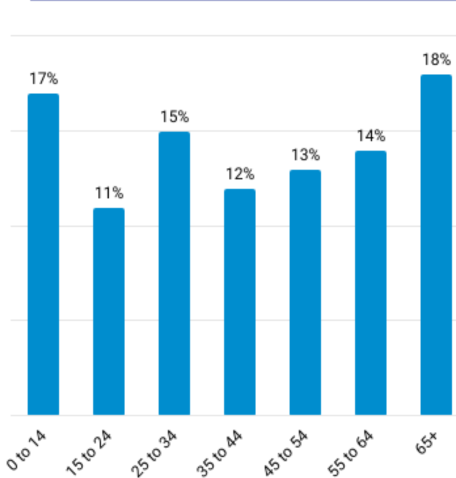
Key demographics and statistics

Population

In 2021 there were 80,668 women and girls and 73,849 men and boys living in Knowsley. Knowsley had a higher proportion of women and girls 52.2% compared to the national average of 51%.
Peak age groups in terms of numbers of women in Knowsley are between 25 and 39 years and 50 to 64 years.

Women in Knowsley

Knowsley is the 2nd most deprived local authority in England



60% owner occupied
25% social rented
14% private rented

52% Female
48% Male

92% of all residents identify as straight or heterosexual
2.5% Lesbian, Gay, Bisexual or Other

24% of women are disabled under the Equality Act

95.5% of women are White (UK)
1.7% Mixed/Multiple ethnic groups
1.6% Asian/Asian British
0.8% Black
0.5% other

21% of women have an NVQ 3+

On average women in full time jobs earn £609 a week

Men earn £684 a week

67.6% of women are employed

72.5% of men are employed

Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. The effects of inequality are multiplied for those who have more than one type of disadvantage.

While health inequalities are ultimately about differences in the status of people's health; the term is also used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives (both of which can contribute to health status). Health inequalities can therefore involve differences in:

- Health status, for example, life expectancy.
- Access to care, for example, availability of given services.
- Quality and experience of care, for example, levels of patient satisfaction
- Behavioural risks to health, for example, smoking rates
- Wider determinants of health, for example, quality of housing.

Health inequalities are often analysed and addressed by policy across four types of factors:

- Socio-economic factors, for example, income.
- Geography, for example, region or whether urban or rural.
- Specific characteristics including those protected in law, such as sex, ethnicity or disability.
- Socially excluded groups, for example, people experiencing homelessness.

People often experience a combination of these factors, the way in which these factors overlap and interact with each other (intersectionality) which effect the health inequalities people experience.[x]

The Core20PLUS5 NHS England improvement approach aims to inform action to reduce health care inequalities. The Core20 is the most deprived 20% of the national population, which would include many women and girls living in Knowsley. PLUS 5 population groups should be identified at a local level, but, expectation is that they would include: ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; other groups that share protected characteristics as defined by the Equality Act 2010; groups experiencing social exclusion, known as inclusion health group (people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery).[xi]

The 'Gender Health Gap' describes the unfairness in healthcare provision due to a person's gender. A 2024 report from Benenden Health[xii] The UK has the largest women's health gap across all G20 countries and has the 12th largest gap for women globally.

Image: The Impact of the COVID-19 Pandemic on Women, Employment and Health Inequalities[xiii]

Health Impact Assessment: The impact of the COVID-19 pandemic on women, employment and health inequalities.

World Health Organization Collaborating Centre on Investment for Health and Well-being

GIG Cymru NHS Wales | Iechyd Cyhoeddus Cymru Public Health Wales

Many women experienced an exacerbation of inequalities during the COVID-19 pandemic in a number of areas including employment.

Population Groups Impacted by COVID-19 and Employment

- Female carers and lone mothers
- Women affected by violence and abuse
- Women from ethnic minority backgrounds
- Women with chronic conditions and/or disabilities
- Women's income and employment type (e.g., furlough, part-time, zero-hour, precarious and low-income)
- Younger and older women

Key Statistics

Of the 3.2 million workers in high risk roles during the pandemic, **77% were women**, and over a million of these workers are paid below 60% median wages with a staggering **98% of all those paid below the median being women**[1].

The women's charity, Refuge, saw a 60% increase in monthly calls from April 2020 to February 2021, compared with the start of 2020, **with 72% of these calls from women experiencing domestic abuse**[2].

P45

A total of **69% of women in the UK are low earners**, increasing the likelihood that they will be in low-paid and insecure employment.

A survey conducted by the TUC found that **half of flexible working requests from working mothers are denied**[3].

In the UK there are **2.9 million lone parents**, of which **90% are women**[4].

58% of all carers in the UK are women[4].

Determinants of Health and Wellbeing majorly impacted by COVID-19 and employment

Social and community influences on health:

- Family relationships and roles
- Violence against women and coercive control

Economic conditions:

- Working conditions
- Unequal loss of income
- Unemployment
- Changes in employment status

Working environment affecting mental health and wellbeing

COVID-19 Impact on Women's Health

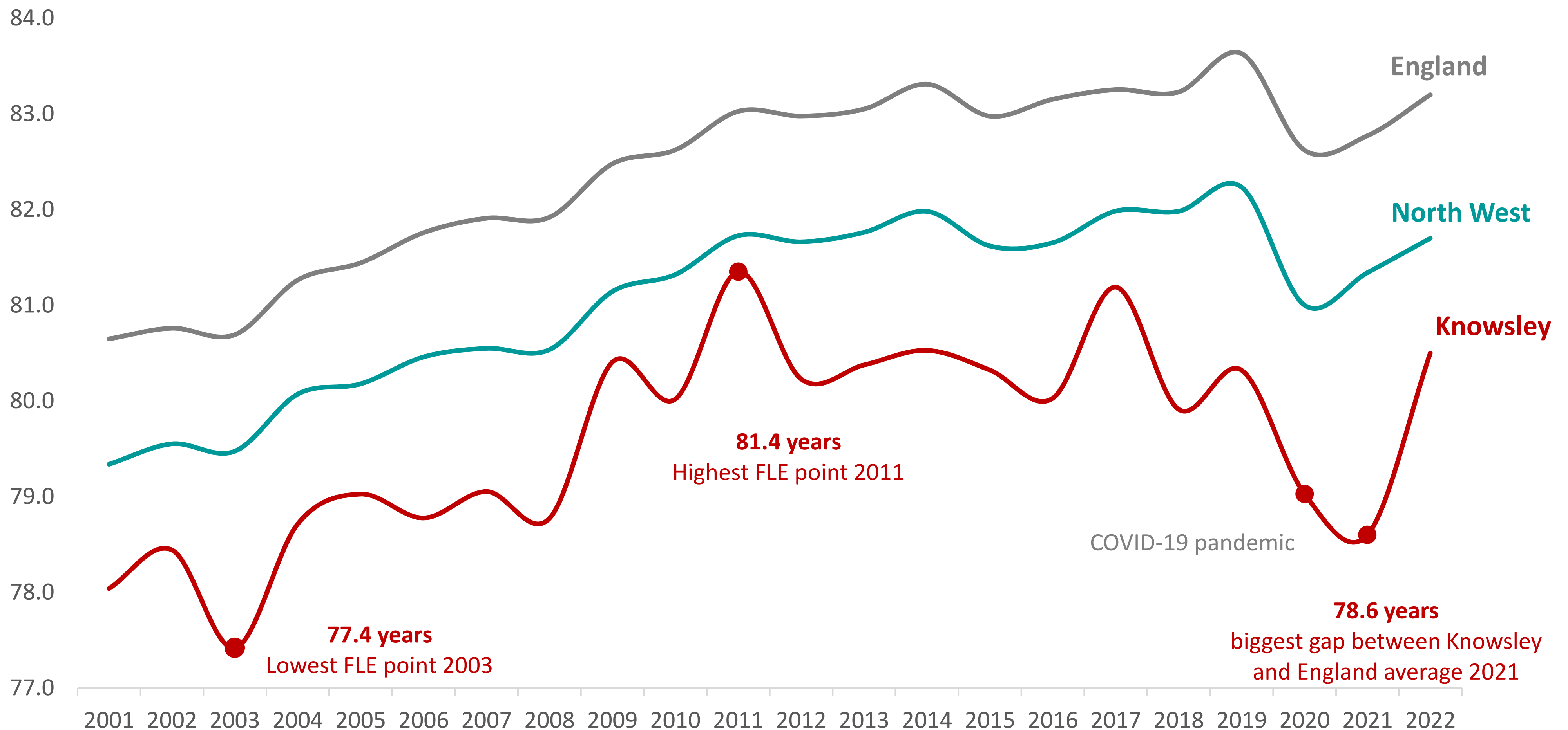
COVID-19 pandemic has impacted upon women's health and is likely to do so for years to come. The pandemic did not impact upon people equally; the unequal burdens were carried by different population groups, women being one of them. For example, women are overrepresented in frontline health and care professions so were at greater risk of exposure, they spent a larger proportion of their time caring for children including home schooling, women are more likely to provide unpaid care, be a lone parent and they are more likely to be living with long-COVID. This report has highlighted some specific issues that have been impacted, for example, the decrease in breast cancer screening and the long-term impact on dementia care. It is still too early to understand the full impact, but it will be necessary to monitor to ensure that the right services and support are available.

Life expectancy

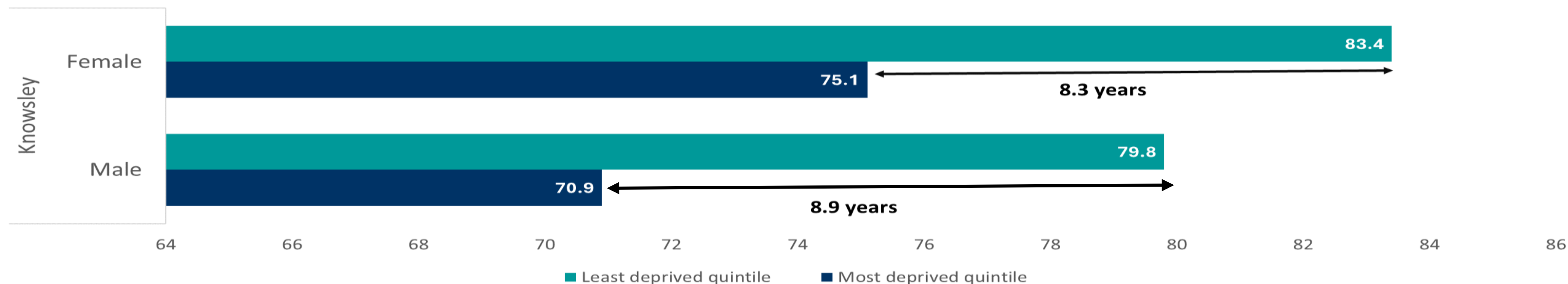
Life expectancy at birth is an important indicator of the health of an area's population.

Newly released Female Life Expectancy (FLE) data for 2022 shows an improvement from 78.6 years in 2021 (when it was the lowest in England), to 80.5 years. Knowsley is now the 13th lowest Local authority in England. Knowsley FLE remains below the North-West (81.7 years) and England (83.2 years) averages.

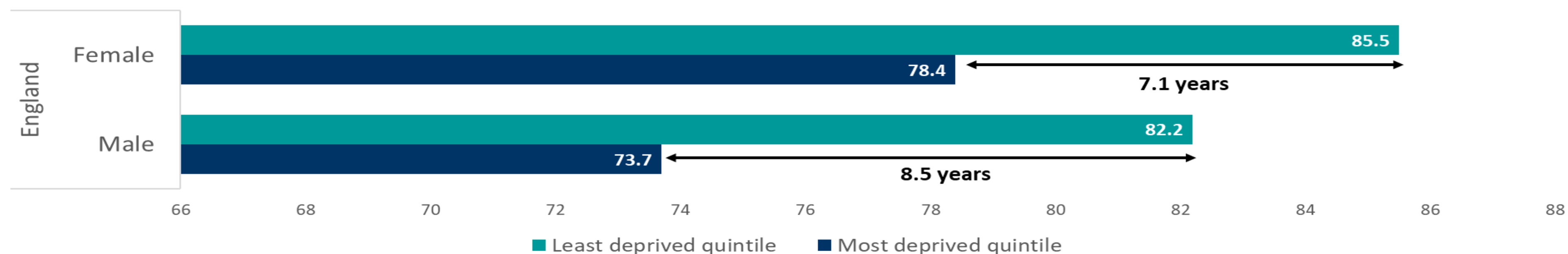
Female Life Expectancy in Knowsley was at its highest point in 2011 (81.4 years), it has reduced since.



Charts: Life Expectancy Difference between most deprived and least deprived.



The latest data available for Life Expectancy and Deprivation is for 2021.
Large gaps exist between most deprived and least deprived areas of the borough, women living in the least deprived areas of the borough live an extra 8.4 years. This gap is smaller than the gap for males (8.9 years).

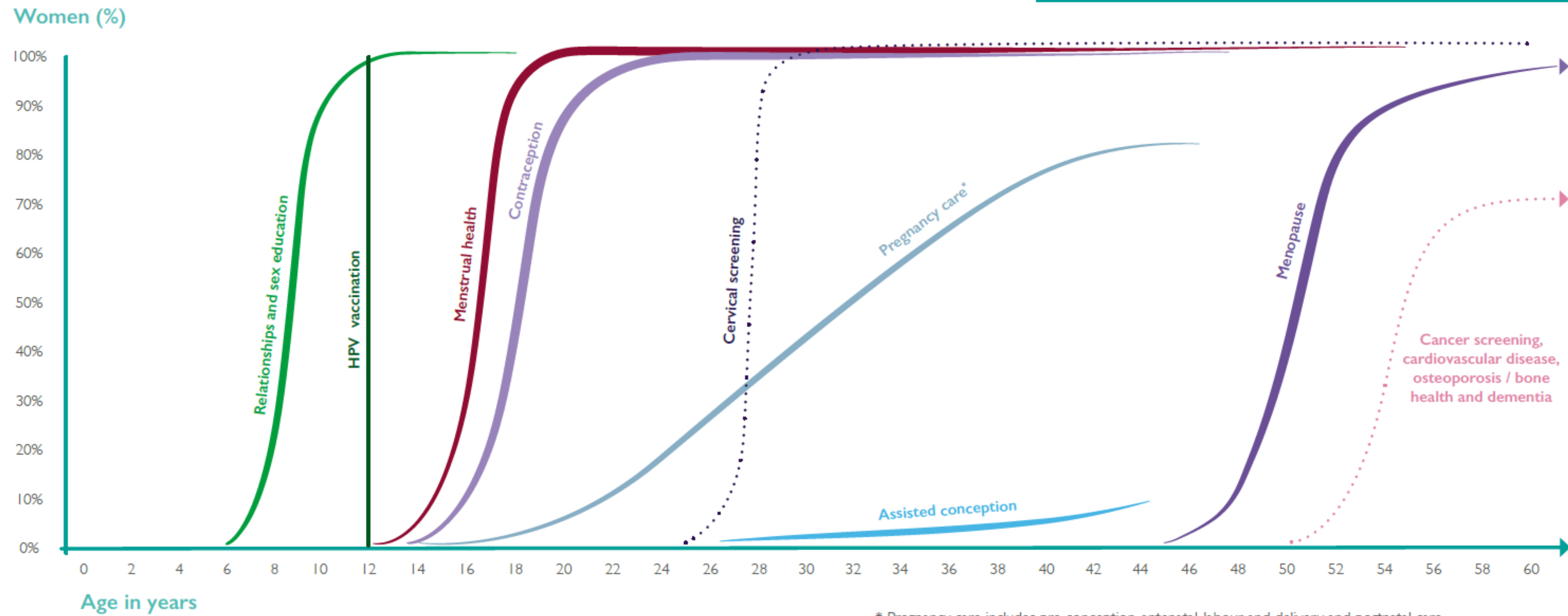


The female life expectancy gap is bigger in Knowsley than in England.
Not only do females die younger in Knowsley compared to England, but the FLE gap between the least and most deprived areas is bigger.

Healthy life expectancy

Healthy life expectancy is the average number of years that a person would expect to live in good health based on current mortality rates and self-reported good health. Women in Knowsley live an average 60 years in good health compared to 63.9 years England average (based on 2018-2020 combined data). At 65 years women in Knowsley can expect to live on average, another 6.6 years disability free compared to the England average of 9.9 years. Men in Knowsley live longer disability free 8.1 years.

Reproductive Health



* Pregnancy care includes pre-conception, antenatal, labour and delivery and postnatal care

Sexual Health and Contraception

Sexual health is defined by the World Health Organization as physical, emotional, mental, and social well-being in relation to sexuality. Sexual health is about the positive and respectful approach to sexuality and sexual relationships, and having safe sexual experiences that are free from coercion, discrimination, and violence.[xv]

Contraception is used to prevent pregnancy and some contraception prevents sexually transmitted diseases during sex. Contraception comes in a number of different forms such as hormonal contraception methods, intrauterine devices, emergency contraception, condoms and natural methods.[xvi]

How does sexual health and contraception impact women?

Most contraceptive methods are designed and only available for women, meaning it is the responsibility of women to ensure they are engaging in safe sex. Women use contraceptives for various reasons beyond preventing pregnancy or sexually transmitted diseases. They can help regulate menstrual cycles, manage symptoms of polycystic ovary syndrome (PCOS), reduce menstrual pain, and treat hormonal imbalances, among other benefits. Contraceptives can also be used to manage acne and reduce the risk of certain reproductive health issues. Many contraceptive methods are hormonal solutions and so can result in hormonal and mood changes such as anxiety and depression. Birth control can also result in women experiencing migraines, breast and appetite changes, blood clotting, bloating and nausea, weight fluctuations, vaginal irritation (from the ring), high blood pressure, changes in hair growth.[xvii]

Who is most at risk of poor sexual health/STIs?

In 2022, there was 392,452 diagnoses of STIs in England, 51% of these were of Chlamydia, 21% Gonorrhoea and 7% Genital warts (21% other STI's). The diagnosis of gonorrhoea increased by 50% from 2021 to 2022 and diagnoses of infectious syphilis increased by 15%. The number of gonorrhoea diagnoses (82,592) in 2022 was the highest since reporting began.[xviii]

In England, young heterosexuals (15-24 years) are more likely to be diagnosed with an STI than 25-64 year olds. Women aged 15 to 24 are six times more likely to be diagnosed with an STI than women aged 25 to 64 and men aged 15 to 24 are three times more likely to be diagnosed with an STI than men aged 25 to 64. [xviii]

Contraception in Knowsley

In Knowsley, 23.8 per 1,000 women were prescribed Long Acting Reversable Contraception excluding injections, this is significantly lower than the national rate at 44.1 per 1,000 women (2022). Knowsley rank 10th lowest for prescribed LARC in the country. In Knowsley, 10 women per 1,000 were prescribed short acting combined hormonal contraception at sexual health and reproductive services and 98.7 per 1,000 women were prescribed short acting combined hormonal contraception in GP practices (2022). Both of these rates are lower than the national rates as 8.1 per 1,000 women were prescribed short acting combined hormonal contraception at sexual health and reproductive services and 117.0 per 1,000 women were prescribed short acting combined hormonal contraception at GP practices (2022).

6.8 per 1,000 women were prescribed injectable contraception at sexual health and reproductive services and 17.0 per 1,000 women were prescribed injectable contraception at GP practices in Knowsley (2022). In comparison, 3.7 per 1,000 women were prescribed injectable contraception at sexual health and reproductive services and 25.8 per 1,000 women were prescribed injectable contraception at GP practices in England (2022).[xx]

While LARC prescription in Knowsley is low in comparison to England, the take up of short acting combined hormonal contraception and injectable contraception in Knowsley is similar to the average rates. In Knowsley more women rely on sexual health and reproductive services for their contraception than GP's, this makes it harder to compare the use of contraception overall. Women who use sexual health and reproductive services are more likely to choose LARC including injectables (51%) than user dependent contraception (49%) in Knowsley (2022).

In Knowsley, emergency contraception was provided to 1 per 1,000 women aged 13 to 54 in sexual health and reproductive services, this is significantly lower than the North West rate and national rate at 3 per 1,000.[xix] Reasons for Knowsley lower levels are unclear and may be linked to a number of factors, availability of local fitters, fitting criteria, fees for fitting of LARC are still perceived to be inadequate by some, fitting at a loss and education, knowing what is available and where to receive services.

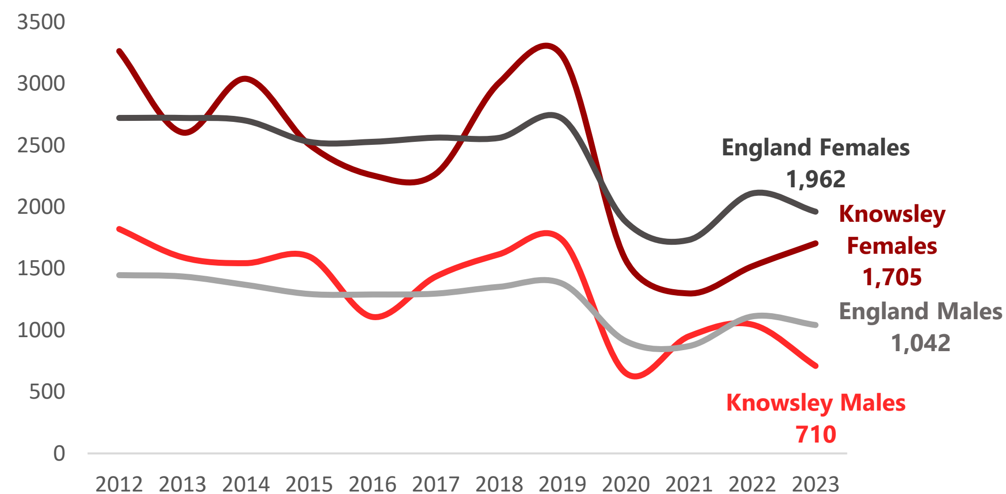
See Women's Health Hub section.

How many women are affected by STIs?

In Knowsley, there are low rates of sexually transmitted diseases (STIs) in comparison to England rates. However, Knowsley has low testing rates which could explain the lower rates of STIs.

In Knowsley, the rate of chlamydia diagnosis for 15-24 year olds has reduced since 2019 for both men and women but so has the proportion of young people being screened for chlamydia. Since 2021, the rate of females in Knowsley being diagnosed with chlamydia has been increasing, which may be due to the routine testing offered to women only. Chlamydia diagnosis is consistently higher among 15-24 year old females (1,705 per 100,000) than 15-24 year old males (710) (2023).[xx]

Chart: Knowsley chlamydia detection rate per 100,000 aged 15 to 24 by sex. [xxi]



More women are diagnosed with chlamydia than men.

Abortion

What is an abortion?

An abortion is the termination of a pregnancy. Most abortions take place within the first 24 weeks of a pregnancy and are only carried out after 24 weeks if there is a risk to the mother or child's life.[xxii]

How do abortions impact women?

Women are responsible for deciding and undertaking an abortion as well as enduring the potential complications such as womb infections, excessive bleeding, damage to the womb or cervix and some of the pregnancy remaining in the womb. In the UK, abortions happen through either a medical abortion which consists of taking 2 pills or a surgical abortion to remove the pregnancy.[xxii]
A study from the British Journal of Psychiatry found that women who had undergone abortion experienced an 81% increased risk of mental health problems and almost 10% of the mental health problems were a result of their abortion.[xxiii]

Who is most at risk of having an abortion?

National research[xxiv] found that the rate of abortions for 16-25 year olds is higher in the most deprived areas than the least deprived areas. The rate of abortions is also higher among Bangladeshi, Black Caribbean, and Black African women. The high rate of abortions may a result of structural barriers which affect vulnerable people.[xxv]

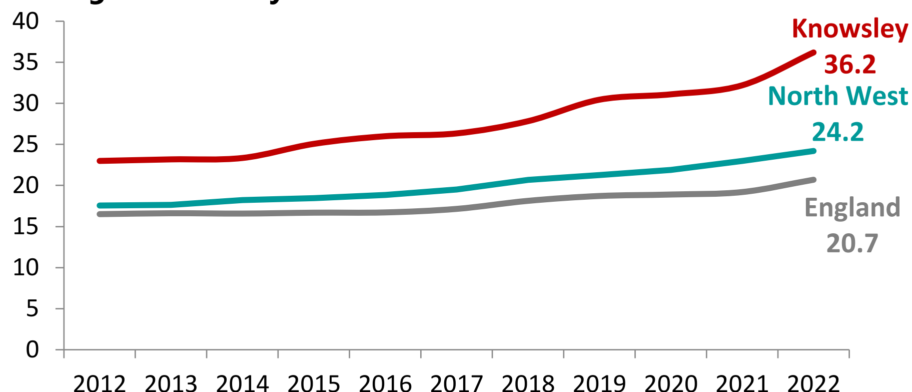
England and Wales data shows that 82% of abortions in 2021 were for women whose marital status was single, and 49% of abortions were for women who were single with a partner. In addition to this, 78% of women who had an abortion were White in comparison to 9% being Asian, 7% Black, 5% Mixed and 1% other.[xxvi]

Emergency hormonal contraception can be used after unprotected sex to prevent pregnancy and would reduce the chance of a woman needing an abortion. However, emergency hormonal contraception could be stigmatised in some communities, and the cost can be prohibitive Women who are concerned about the perceptions of them for taking emergency contraception may then fall pregnant and require an abortion later on.

An All Party Parliamentary Group on Sexual and Reproductive Health found that whilst most women can access some form of contraception, choice of both method and location of provision is being eroded. Public Health England (now Office for Health Improvement and Disparities OHID) estimates that one third of women cannot access contraception from their preferred setting and the Inquiry heard that people from deprived or marginalised groups are particularly affected.[xxvii]Knowsley has had the highest rate of abortions nationally and has done for many years, however, the latest figures show an even greater increase in the number of abortions in Knowsley, particularly in the ages 18-19 years and 20-24 years.
The latest figures are from 2022, a period post Covid-19 lockdowns and at the beginning of the cost-of-living crisis, both of which are likely to be significant when understanding the increase. The number of abortions in England and Wales are the highest since the Abortion Act was introduced.[xxviii] In 2021 more than 1 in 4 conceptions in England Wales led to a legal abortion (26.5%).[xxix]

Almost half of the abortions in Knowsley were women who had already had at least one previous abortion. It is therefore even more important to support women to access a conceptive method that needs their needs. Increasing abortion rates suggest that there is a large and rising unmet need for access to contraception.

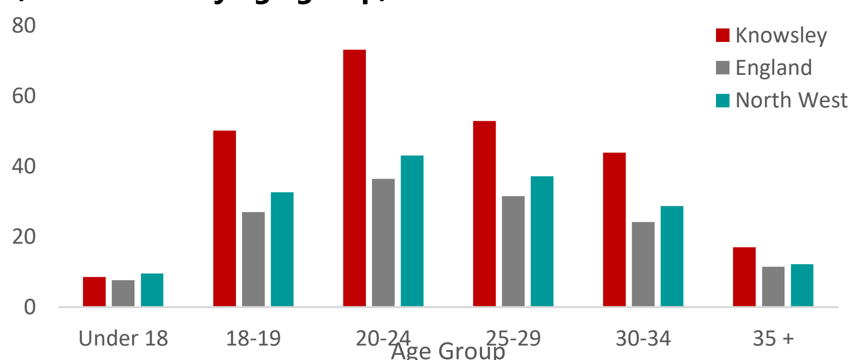
Chart: Knowsley, North West and England abortion rates per 1,000 women aged 15 to 44 years 2012 – 2022



Knowsley consistently has the highest rate of abortions in England.

Knowsley's Age Standardised Abortion rate has increased year on year from 2012 from 22.9 per 1,000 to 36.2 per 1,000 in 2022. The national and North West rates have increased over the last ten years but not as quickly as in Knowsley.

Chart: Knowsley, North West and England abortion crude rates per 1,000 women by age group, 2022



In Knowsley, abortions are most common among 20 to 24 year olds with a rate of 73.1 per 1,000 (2021).

This aligns with the national and North West data as the abortion rates were also highest in the 20-24 age group. However, Knowsley's rate is double England's for that age group.

In England the crude abortion rate in 2022 was highest for those aged 22 (at 37.6 per 1,000 women). The same was the case in 2021 (31.0 per 1,000 women aged 22).

Knowsley's rate is higher than England and the North West in all age groups.

In 2022, those living in the most deprived areas of England were almost twice as likely to have an abortion than those living in the least deprived areas. The crude rate in the most deprived decile was 29.4 per 1,000 women, compared with 15.1 per 1,000 women for those living in the least deprived decile. This is true across different age groups and different regions of England.

This is particularly relevant to Knowsley, given the number of areas of the borough in the most deprived decile.

The under 18 abortion rate in Knowsley is also higher than the national rate, however, unlike the national rate Knowsley saw a further deduction from 2021 (10.2) to 2022 (8.6).

Knowsley has seen significant reductions is the under 18 abortion rate in the last ten years from 20.9 in 2012 to 8.6 in 2022. More than halving the rate of abortions for those under 18 years.

Knowsley is in the process of setting up it's first Women's Health Hub, Long Acting Reversable Contraception (LARC) will be fundamental to the offer,

and a positive impact on should be seen as a result, reducing the number of abortions in the borough.

In Knowsley, emergency contraception was provided to 0.2 per 1,000 women at dedicated sexual and reproductive health services, this is significantly lower than the North West rate, 8.4 per 1,000.[xxx] This may explain the high rate of abortions in Knowsley if women are unable to access emergency contraception easily and at a low cost, but does not mean women are not accessing emergency contraception as it can be obtained from elsewhere (e.g. from your GP or pharmacy).

Pregnancy, Fertility and Pregnancy Loss

Pregnancy has an impact on a woman's physical and mental health.

How does trying to conceive and pregnancy impact women?

Pregnancy is a joyful time for many women, experiencing the wonder of a new life growing inside you and the anticipation of meeting your baby makes this experience an exciting time for many.

It's a life changing event, when many women have increased motivation to make changes to their lifestyles and health behaviours. It's also an opportunity for health care professional to deliver health messages and offer support when women are more likely to be motivated to make a change for the health of their baby and themselves.

Although for some trying to become pregnant or being pregnant is a stressful and worrying time, it could involve pregnancy complications or changes that had not be expected or even pregnancy loss which is more common than most people realise.

Trying to conceive, pregnancy and childbirth can have a negative impact on a woman's physical and mental health, with many women experiencing anxiety and depression. During the perinatal period, one in five women experience mental health problems.

Around 1 in 7 couples may experience difficulty in conceiving with common fertility issues due to problems involving ovulation, blocked or damaged fallopian tubes, fibroids or endometriosis. Men can also experience male factor infertility such as poor quality semen. For around 1 in 4 couples the cause cannot be identified and is classed as unexplained.

Treatment for infertility problems will depend on the problem as well as eligibility and funding available from the local integrated care board. The main types of treatment involve medication, surgical procedures and assisted reproduction techniques.

Sadly, some women experience miscarriage or a stillbirth. A miscarriage* is the loss of a pregnancy during the first 23 weeks and a stillbirth is when the baby dies in the womb after 24 weeks of pregnancy. After a miscarriage or stillbirth, women often suffer from depression, anxiety and PTSD.

78% of women of childbearing age are either trying to prevent or achieve an unassisted pregnancy.[xxxi]

Who is most at risk of experiencing pregnancy loss and fertility issues?

Women who are older, overweight/obese, underweight, have an STI, drink alcohol and smoke are more likely to experience issues with fertility. Stress and a person's environment can also affect fertility. However, loss and fertility issues can sometimes not be explained or prevented.[xxxii]

How many women experience loss and fertility issues?

Around 1 in 8 pregnancies end in miscarriage.

Around 8 in 10 couples where the woman is aged under 40 will conceive within a year of trying. However, 1 in 7 couples will experience infertility problems and require fertility treatment.

Around 1 in every 200 births in England is a stillbirth. In Knowsley, the neonatal mortality and stillbirth rate is 7.2 per 1,000 (2020).[xxxiii]

1 in 10 babies in Knowsley are born to a mother who smoked during pregnancy.

Pregnancy and pre-existing conditions

Pregnancy is often the first time women are in touch with health services, this contact is important to ensure that the mother and baby are healthy and supported and health issues can be identified. In Knowsley, 59.7% of women have early access to maternity care, within the first 10 weeks of pregnancy (2018/19). This is higher than in England (57.8%) and the North West (56.8%) (2018/19).[xxxiii]

This data has not been updated since before Covid-19 and so the impact of Covid-19 on women attending their maternity care appointments is unknown.

Knowsley is the second most deprived area in England, and children in deprived areas are more likely to be exposed to avoidable risks before birth and have a less healthy start to life.[xxxiv]

Modifiable risk factors

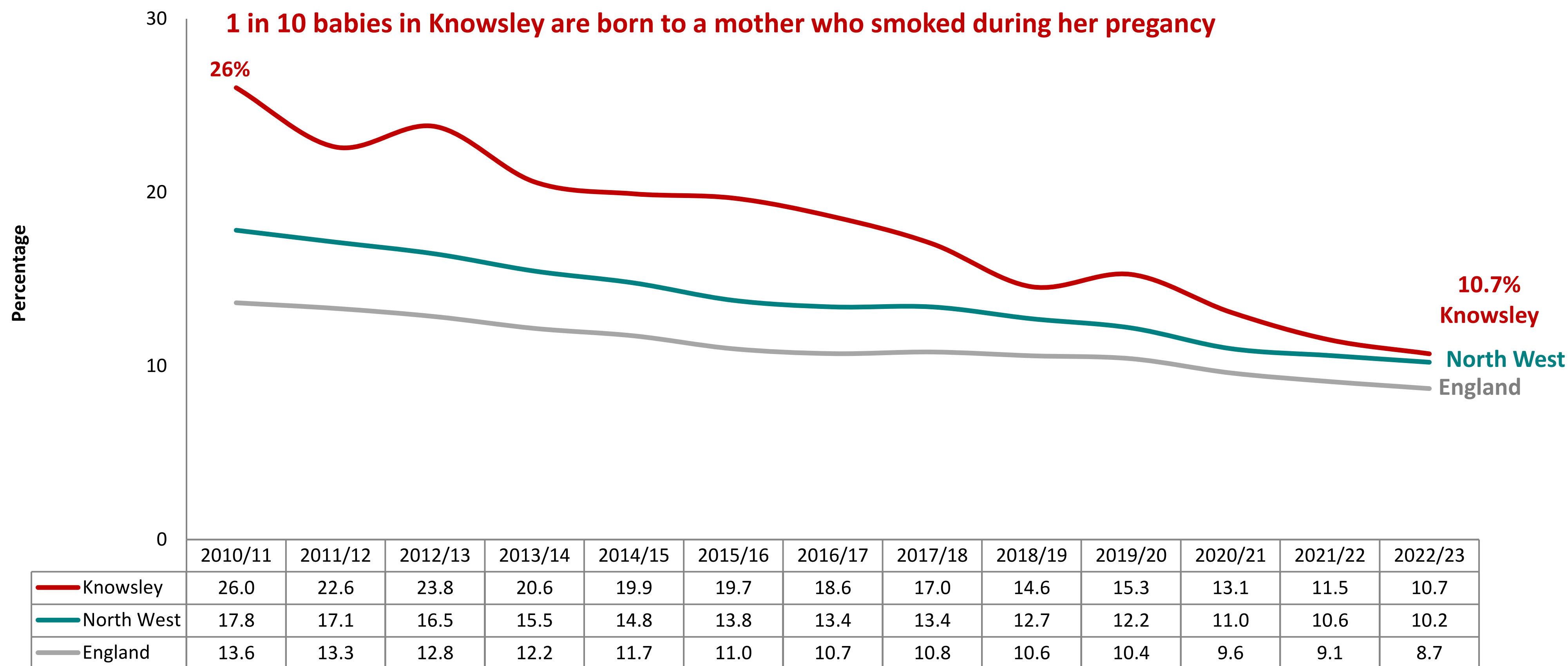
Many factors affect a woman’s health in pregnancy. The extent to which these can be altered or modified varies. Modifiable risk factors are those which can be altered or changed to improve outcomes for mother, baby and their families.

Smoking - Pregnant women are susceptible to pregnancy-specific smoking related-harm, in addition to general harm. Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes[xxxv]. Smoking is known to lead to increased risk of: miscarriage, stillbirth, premature birth, neonatal complications, low birth weight and sudden infant death syndrome. **Error! Bookmark not defined.**

Smoking after birth can also cause significant harm to the mother and baby. Maternal smoking is associated with a three-fold increased risk of sudden infant death, whilst having one or more smokers living in the household more than doubles the risk of sudden infant death.[xxxvi]

Image: Encouraging a healthly pregancy – Health Matters[xxxvii]

Chart: Smoking status at time of delivery 2010/11 to 2022/23 Knowsley North-West and England



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Knowsley	26.0	22.6	23.8	20.6	19.9	19.7	18.6	17.0	14.6	15.3	13.1	11.5	10.7
North West	17.8	17.1	16.5	15.5	14.8	13.8	13.4	13.4	12.7	12.2	11.0	10.6	10.2
England	13.6	13.3	12.8	12.2	11.7	11.0	10.7	10.8	10.6	10.4	9.6	9.1	8.7

1 in 12 babies (8.7%) in England are born to a mother who smoked throughout her pregnancy (2022/23). [xxxviii] This remains above the national target of 6% or less as set out in the government's Tobacco Control Plan 2017 to 2022. This figure has been steadily declining. In Knowsley, an average of 10.7% of women were known to be smokers at the time of delivery, meaning 1 in 10 babies are born to a mother who smoked throughout her pregnancy. [xxxviii] This has decreased from 26% in 2010 and has continued to improve since.

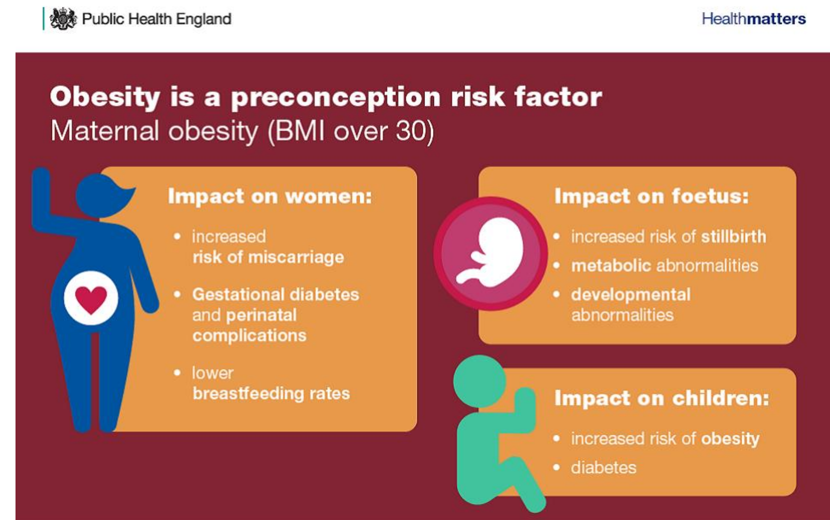
Alcohol - Drinking alcohol during pregnancy increases the risk of miscarriage, stillbirth, premature birth, and low birth weight. In 2018/19, 4.1% of women in England drunk alcohol during early pregnancy. [xxxiii]

The more alcohol that is consumed throughout the pregnancy the greater the risks of harm to the unborn baby. This can result in the baby developing foetal alcohol spectrum disorder a serious lifelong condition which affects the child's brain development, behaviour and growth and can lead to difficulties as the child grows up.

There are no official statistics on the number of children affected by foetal alcohol spectrum disorder, but an estimated 1 in 13 babies are born to mothers who drink have foetal alcohol spectrum disorder.[xxxix] And a study suggests that up to 17% of children have symptoms of foetal alcohol spectrum disorder.[xl] The sooner foetal alcohol spectrum disorder is diagnosed the sooner specialist support can be put into place.

Enjoying a well-balanced diet, vitamins and supplements – Eating a healthy varied diet, is important for everyone but, during pregnancy it is vital to ensure that babies develop and grow. Taking a folic acid supplement is important whilst trying to conceive and until the 12[t]week of pregnancy. This helps to prevent neural tube defects including spina bifida.[xli] 25% of women in Knowsley have started taking folic acid prior to pregnancy (as reported at maternity booking), this is second lowest in Cheshire and Merseyside and below the England average of 27.3%.

Overweight/obesity - Women who are obese, or overweight are also a higher risk of experiencing ill health during pregnancy. Obesity is the second most common environmental factor in child mortality reports, this is often the result of other complications experienced by the mother such as gestational diabetes, pre-eclampsia, and high blood pressure as well as a preterm birth. Maternal obesity can also make it harder to produce a clear scan which makes it harder to identify the babies heartbeat and any other issues. In Knowsley, 24.7% of women are obese in early pregnancy (2018/19), which is higher than the national rate of 22%. [xxxiii]
Pregnant women should also remain active and fit, active women are less likely to experience problems in later pregnancy and labour.[xlii]



Health Conditions

Diabetes - During pregnancy, women can develop gestational diabetes which can cause problems for the mother and baby both during and after pregnancy. Women who are older, overweight, have a close relative who has diabetes, have had weight loss surgery or are of South Asian, Black African-Caribbean or Middle Eastern origin are at higher risk of developing gestational diabetes.[xliii]

Women with type 1 or type 2 diabetes are at risk of having a large baby and a difficult birth and at risk of a miscarriage, Knowsley has a higher proportion of adults with diabetes (8.3%) than nationally (7.5%)[xliv]. Pregnancy further increases the risk of diabetic women developing diabetes related conditions. The baby is also at a higher risk of having health problems after birth and of developing obesity or diabetes later in life.[xlv]

Asthma - Some women with asthma may experience different symptoms when pregnant and are more likely to suffer from acid reflux which can exacerbate asthma. [xlv]

Heart conditions - Women who were born with a heart defect (congenital heart disease) can have a successful pregnancy, but the pregnancy will place extra strain on the heart, which may lead to other problems such as a premature birth, a smaller baby or the baby inheriting congenital heart disease. [xlv]
Women with coronary heart disease will also need additional support during pregnancy as they are at risk of having a heart attack and medication taken for heart disease may affect the baby. Cardiac disease is rare in pregnancy but is also a leading cause of death in pregnancy. [xlv] Knowsley has a higher proportion of people with coronary heart disease (4%) than England (3%).[xlvi] The NHS recommend speaking to a cardiologist to discuss the risks.

Epilepsy - Women with epilepsy are at a higher risk of having a baby with a birth defect or developmental problems. Pregnancy may not affect a women's epilepsy or may cause stress and increased fatigue making seizures more frequent. The NHS recommends talking to a GP or neurologist to discuss the risks.[xlv]

All of the conditions above may cause problems to the mother and baby during pregnancy. Knowsley's infant mortality rate is consistently similar to the national average. By reducing modifiable risks and accessing support for pre-existing conditions the rate of infant mortality will decline. In addition to this, children's outcomes in their early years will improve. By engaging with health services as early as possible the associated risks are reduced, and more support will be given to the mother.

Breastfeeding

Why is Breastfeeding Important
Breastfeeding is one of the most effective ways to protect the health and wellbeing of both mothers and babies. It is also promotes optimal development in early childhood. Breast milk is safe, clean, free, and in the first six months of life solely provides all the nutrients needed for protection and development. Breastfeeding has a range of long term and short term health benefits for mother and baby as outlined in the infographic opposite and in the sections below.

What are the benefits for babies and young children?
Being breastfed has a number of short and long-term benefits for babies and children, as listed on the infographic opposite, these include fewer ear and respiratory illnesses, reduces the risk of gastrointestinal illness (e.g., diarrhoea), Sudden Infant Death Syndrome, childhood leukaemia, becoming obese. In adulthood it reduces the risk of cardiovascular disease, high blood pressure, high cholesterol, type 2 diabetes.

Breastfeeding promotes bonding because of the large amount of skin-to-skin contact that is involved. Skin-to-skin contact increases the levels of oxytocin in both mother and baby. Oxytocin has positive physical and psychological effects.

Breastfeeding can protect against the worst effects of poverty by acting as a natural 'safety net'. The previous director of UNICEF (1980-1995), J. Grant, reported that breastfeeding reduces inequalities in early years by cancelling out the health differences between those born into poverty or affluence. Breastfeeding helps to give every child a fair start in life and compensate for the injustice of the world into which it was born.[xlvii]

What are the benefits for mothers?
Oxytocin has antidepressant and anti-anxiety properties.[xlviii] Studies show that increased breastfeeding rates can have impacts on many mental health issues including postnatal depression.[xlix] Breastfeeding reduces the risk of some cancers (breast and ovarian), osteoporosis (weak bones), cardiovascular disease and obesity. The hormones released whilst breastfeeding help the uterus (womb) return to the pre-pregnancy size.

Another big advantage is that breastfeeding is free. This is particularly relevant to Knowsley, which is the second most deprived place in England. The cost-of-living crisis has further exacerbated the financial difficulties many families face. The Knowsley Offer Consultation which took place in Summer 2022 found 91% of respondents had made either moderate or major changes to their spending. Vulnerable and low-income families are most at risk of experiencing 'formula' poverty. The impact of which may be parents limiting their own food intake (or that of their other children), engaging in unsafe feeding practices (skipping or watering down formula or adding cereal) and going without other essentials.

The food foundation[l] stated in July 2023 that there are no first infant formulas that are affordable with the Healthy Start Allowance;[li] which is a government benefit designed to provide a nutritional safety net for mothers on low incomes by providing vouchers for fruit, vegetables, milk and formula. First Steps Nutrition reported that between March 2021 (before food prices started to rise) and April 2023, the seven standard powdered first infant formulas sold by the market leaders increased in cost by an average of 24%, and the only 'own brand' infant formula on the market (which remains the cheapest) increased by 45%.[lii]

Knowsley has low levels of babies who are breastfed

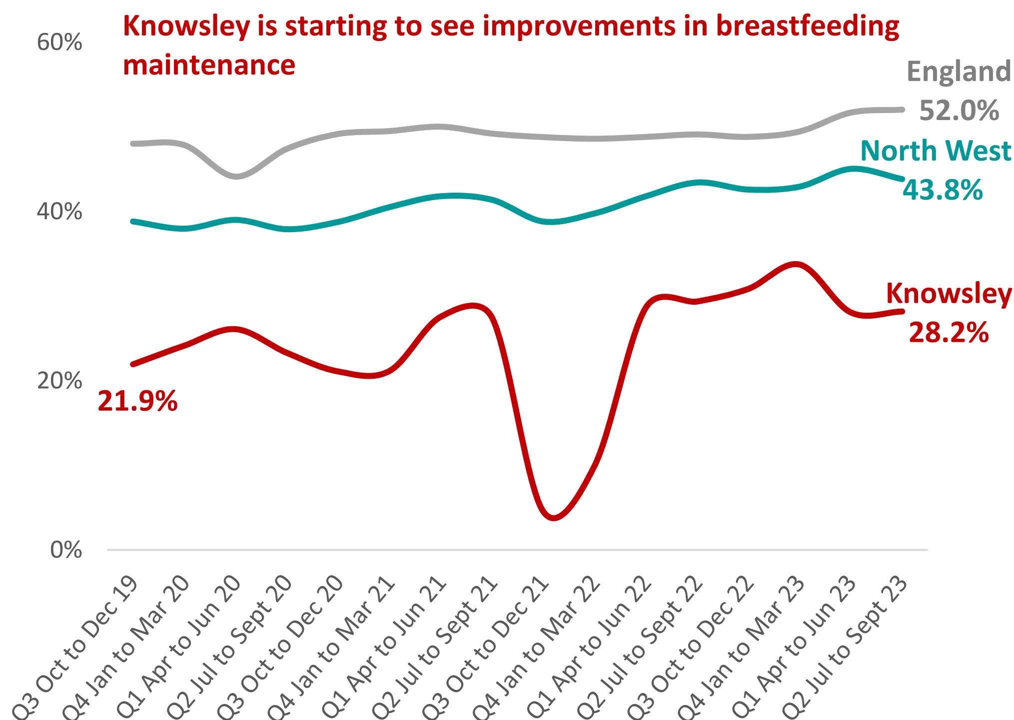
There are two key measures for breastfeeding rates: initiation and maintenance.

Initiation is also referred to as babies first feed. Knowsley has had consistently low rates of babies being breastfed. At 2018/19, Knowsley had the lowest proportion of mothers using breast milk as the babies first feed after delivery in the Liverpool City Region. This has been consistent throughout the nine year reporting period, which includes both definitions of breastfeeding initiation.

Although Knowsley has had lower uptake of breastfeeding, dropout rates have only been slightly higher than the national average. This means that, those who do start to breastfeed within Knowsley are just as likely to have continued up to the six to eight week threshold measure as the rest of England. For this reason, in order to increase overall levels, an initial emphasis within Knowsley should be focused around increasing initiation feeding.

The latest quarterly date available shows that upward trend in babies who are either totally or partially breastfed at 6-8 weeks. Knowsley (28.2%) is still below the North West (43.8%) and England averages (52%), but the trend is now moving in the right direction.

Chart: Quarterly percentage of infants being either totally or partially breastfed at 6-8 weeks.



Multiple breastfeeding barriers exist in Knowsley

Deprivation, lack of diversity, and maternal age, suggests that females within the borough on average are far less likely to initiate or continue breastfeeding. Knowsley is the second most deprived local authority in England. Deliveries to mothers from Black, Asian, Mixed and Multiple ethnic group backgrounds are far lower in Knowsley (6.5%) than the North West (19.1%) and England (22.9%) averages. Mothers in Knowsley have their first child at a younger age than the England average. Mothers who smoke at the time of delivery whilst decreasing (11.5%) is still higher in Knowsley than the North West (10.6%) and England (9.1%) averages.

Knowsley has significantly less residents in professional occupations and more residents with lower or no qualifications compared to the North West and national averages. There is evidence to show a correlation between education status and breastfeeding, suggesting that the lower the mothers education status the less likely she is to breastfeed. Knowsley's caesarean rates (38.9%) are the highest they have been since 2014/15 and higher than the North-West (33.8%) and national averages (34.7%).

Insight work commissioned to support the infant feeding stream of family hubs in Knowsley identified that:

Breastfeeding It is not seen by mums, pregnant women, and their families, or by professionals, as a place with a culture of breastfeeding. It is a cyclical problem: women do not see others breastfeeding, so do not consider it, or continue as long as they might. The lack of visibility of breastfeeding in Knowsley perpetuates the idea that it is not the standard way of feeding babies. This, combined with many women's own parents (who have lived in Knowsley) having not breastfed their children has created a general culture of formula feeding.

Barriers include:

- Capacity issues for those providing support, a lack of staff and time they need to provide the support that they would like to. Collaboration between services/teams and organisations is seen as the best solution to overcome this barrier.
- A lack of knowledge and understanding about breastfeeding as well as misperceptions for example formula is virtually the same as breast milk, bottle feeding ensures babies sleep more and have a routine more easily.
- A lack of support when they need it most.

- Additional barriers were identified in the Knowsley Breastfeeding Needs https://knowsleyknowledge.org.uk/wpcontent/uploads/2023/03/Breastfeeding-JSNA-2023.pdf

What are we doing locally?

The Council commissions two key services. **Wirral Community Health and Care Trust** (WCHCT) are currently commissioned to deliver Knowsley's 0-25 Health and Wellbeing Service. An Infant Feeding Team is included as part of this service. **Everyone Health** - delivers the Breastfeeding Peer Support Service as part of the wider 0-25 service.

WCHCT and Everyone Health work have a strong working relationship and a robust referral pathway to ensure that any mums who require further support to breastfeed are referred onto the Breastfeeding Buddy and Peer Support Programme.

UNICEF Baby Friendly Initiative - In March 2021, Knowsley was awarded full Baby Friendly Initiative re-accreditation by UNICEF. The accreditation is based on a set of evidence-based standards for maternity, health visits, neonatal, and children's centre services. It is designed to provide mothers within Knowsley with the best possible care and support needed to optimise health and development.

Bosom Buddies – is made up of health care professionals and mums from the local community that have breastfed and want to help others do so too.

Family Hubs - Knowsley was one of 75 local authorities to secure a share of the Best Start for Life fund, which aims to improve access to targeted and specialist services to support children and families to get the best start in life. Part of this funding must be used to design and deliver a blended offer of advice and support that will help all mothers/parents to understand the benefits of breastfeeding and meet their infant feeding goals. This has enabled the council, WCHCT, Everyone Health and midwifes from local hospitals to come to together to develop a new and enhanced infant feeding offer. To ensure that the offer is right for Knowsley mothers/parents/caregivers/partners and family members, an infant feeding behaviours insight project was been commissioned.

What can we do/What Works?

Much of what works is being used to develop services by the Family Hubs Infant feeding work stream. The Knowsley Breastfeeding Needs Assessment was written in 2023 and has been used to inform the Family Hubs Needs Assessment.

Knowsley Council and Partners (including WCHCT and Everyone Health) have now launched a Breastfeeding Pledge and a Breastfeeding Promotion campaign across Knowsley https://www.knowsleynews.co.uk/launch-of-knowsleys-breastfeeding-friendly-pledge/ to support Women, Parents and Families to feel comfortable to Breastfeed Anytime and Anyway. A Knowsley Breastfeeding Strategy has been developed and will be launched soon, it outlines our vision for increasing breastfeeding in the borough and how we will achieve this. https://knowsleyearlyyears.co.uk/knowsley-start-for-life/

Detailed **What are we doing** and **What Works** sections can be found in the Knowsley Breastfeeding Needs Assessment https://knowsleyknowledge.org.uk/wpcontent/uploads/2023/03/Breastfeeding-JSNA-2023.pdf

Cervical cancer

3 in 10 Knowsley women invited for cervical screening do not attend

What is cervical cancer?

Cervical cancer is a cancer that is found in the cervix, it is most commonly caused by an infection from types of human papillomavirus (HPV). HPV can be caught from any skin-to-skin contact of the genital area, vaginal, anal or oral sex and sharing sex toys.[liii]

How does cervical cancer impact women?

Cervical cancer is the 14th most common cancer to occur in women. [liii] Cervical cancer can significantly reduce the quality of a woman's life and impact on their relationships.

Who is most at risk of getting cervical cancer?

Anyone with a cervix can get cervical cancer, cervical cancer mostly affects women under the age of 45, women with weakened immune systems, women who have given birth to multiple children or had children under the age of 17, women whose mothers took diethylstilbesterol (DES) while pregnant and women who have had vaginal, vulval, kidney or bladder cancer in the past. [liii]

Evidence from Cancer Research UK found that around 520 cases of cervical cancer each year are linked to deprivation. With Knowsley being the second most deprived borough in England it can be assumed that the risk of having cervical cancer is higher. Cervical cancer rates are higher for White ethnic groups than Black and Asian ethnic groups.[liii]

Research shows that cervical screening programmes have reduced the rates of cervical cancer by detection and treatment of high-grade cervical intraepithelial neoplasia.[liv]

Research suggests that there are low rates of cervical screening among women of the minority group or marginalised populations despite cancer being a leading cause of mortality. There are many barriers to this group accessing breast and cervical screening such as socio-demographic characters, health service delivery, cultural, religious and language barriers, knowledge and awareness and emotional, sexual, and family support were discovered as barriers to accessing screening.[lv]

Women who have not received the HPV vaccine are also at a higher risk of cervical cancer. All children aged 12 to 13 are now offered the HPV vaccine which helps to protect against all cancers caused by HPV. [liii]

Only 68% of girls aged 12 – 13 years in Knowsley take up the offer of the first dose of the HPV vaccination this is even lower for boys at 58.3%. This improves for two doses, when 69% of girls (aged 13 to 14 years) and 67.3% of boys (aged 13 to 14 years) received their vaccination. Knowsley is showing a downward trend for HPV vaccinations, which will no doubt have been impacted by missed schooltime due to the pandemic. Knowsley rates are similar to England. [xxxiii]

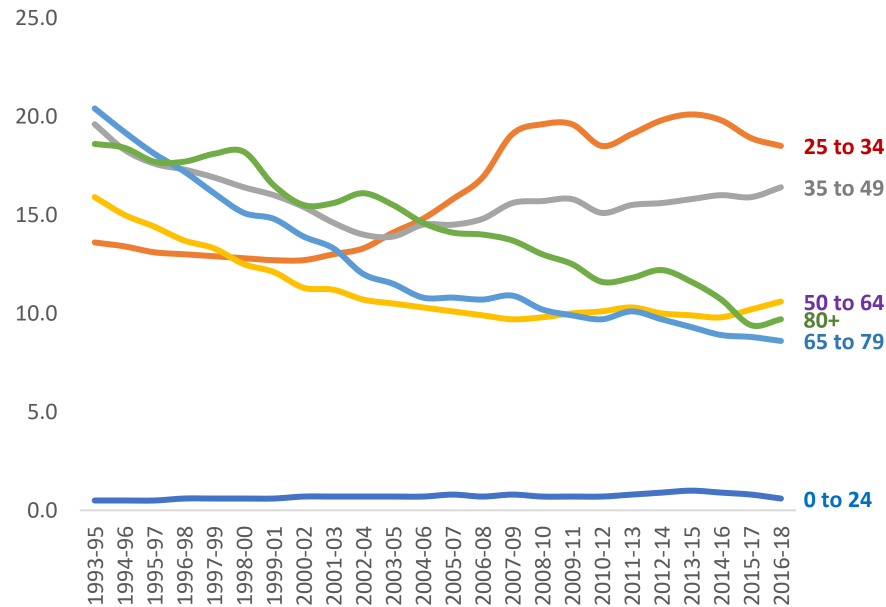
Knowsley has the second highest rate of women who die from cancer that is considered preventable (under 75 years)

Knowsley has the 17th highest rate for under-75 mortality from cancer in females at 138.8 per 100,000 (2022). Knowsley also has a high female rate of under-75 mortality rate from cancer that's considered preventable at 71.2 per 100,000 (2020-22). Knowsley is second highest Local Authority in the country[lvi]

Cervical cancer is the 14th most common cancer for women in the UK, there are 3,200 new cases of cervical cancer each year (2016-18). Cervical cancer is most common in women aged 30-34 (2016-18). In the UK, 850 women die from cervical cancer each year (2017-19).[lvii]

In the UK, cervical cancer rates overall have slightly reduced over the past 20 years from 12 women per 100,000 (1993 to 1995) to 10 women per 100,000 (2016-2018). However, the cervical cancer rates for women aged 24 to 35 remain high at 18.5 per 100,000 women (2016-2018).

Chart: Cervical cancer incidents rates per 100,000 female population UK 1993-95 to 2016-18



Older women are more likely to attend cervical screening this is not the case in Knowsley

Regular screening for cervical cancer is cited as one of the most effective prevention methods, however, trend data suggests that screening rates are declining.[lviii] Screening rates in Knowsley for women aged 25 to 49 are relatively high in comparison to other areas and up until 2020 the rates of screening were increasing and peaked at 74.8% in 2020. The rate of screening has since dropped to 70.4% (2023),but is still remains above the England average (of 65.8%). The reduction in screening rates may be linked to Covid-19. [lvi]
Screening attendance for Knowsley women aged 50 to 64 years whilst similar to younger women at 71.3% (2023) has been consistency lower than the England average. of 74.4%.
Women aged 50-64 years are more likely to attend their screening but this is not the case in Knowsley. [lix]
Screening rates in Knowsley for women ages 50 to 64 years old have been gradually declining over the past 10 years and are currently at 71.7% (2022). Knowsley ranks poorly in comparison to other areas for women aged 50 to 64. [lvi]

Barriers to screening (Cervical)

Those from areas of greater deprivation and ethnic minority groups, and older women are less likely to attend cervical screening. It's suggested that this is due to women's confidence when attending screening and understanding how beneficial screening is.[i] Some women are embarrassed about having a cervical screening or find screening painful and so refuse to attend a screening.

In addition to this, most young women are aware that they should attend cervical screening but don't always understand why it's important.[ii] Some women don't believe a screening is important if they haven't recently had sex or have been through menopause. Women who don't speak English as a first language may not understand what they are being invited to and so fail to attend.[iii]

Some women have limited time and competing priorities such as work and childcare and so struggle to find the time to attend an appointment. Knowsley has low rates of car ownership and public transport could be improved. This may explain why women don't get screened for cervical cancer as they are unable to access a screening centre.

Menstruation

Knowsley has the second highest rates of heavy menstrual bleeding spells in Cheshire and Merseyside.

Most women menstruate monthly, and while this becomes a normal experience for a woman, menstruation still comes with pain, discomfort, embarrassment, fears of leaking and worry. Some women may experience a lot of pain during menstruation however, many women assume that this is a normal occurrence or are too embarrassed to discuss their periods with a friend or health professional due to the stigma surrounding periods.[lx]

A fifth of women in England are unable to afford period products

An increasing number of women are in period poverty as they are unable to afford period products, An Action Aid survey found that 21% of women are unable to afford period products in 2023, up from 12% in 2022. Because of this, women are now using products for longer than recommended (41%) or are using tissue or cotton pads instead (37%). These methods can be harmful to women. In addition to this, more girls and women are staying at home and missing out on work or education because they don't have the appropriate products.[lxi]

What is heavy menstrual bleeding?

Heavy menstrual bleeding occurs during a woman's period, it is when women are bleeding for more than 7 days, need to change their sanitary product after less than two hours and may use multiple different sanitary products at one time. Women may also pass blood clots that are larger than 2.5cm, bleed through their clothing or bedding.

Heavy menstrual bleeding is common and may be normal to some women, but it can affect the quality of a woman's life. Heavy menstrual bleeding may be caused by a condition affecting a woman's womb, ovaries or hormones, such as fibroids, endometriosis, polycystic ovary syndrome, or some medicines and treatments used for other conditions, as well as stress and depression.[lxii]

How does heavy menstrual bleeding impact women?

Heavy menstrual bleeding my result in women feeling tired or having shortness of breath. It may also limit the activities a woman can partake in like exercise and may result in a woman having to take time off work. [lxii] It may also cause anaemia or other health problems.

Who is most at risk of heavy menstrual bleeding?

Heavy menstrual bleeding may affect women at different times in their lives, such as when women first start having periods, after pregnancy or during perimenopause/menopause. Women who are experiencing stress and depression are also at a higher risk of heavy menstrual bleeding.

How many women experience heavy menstrual bleeding?

Knowsley has the second highest rates of heavy menstrual bleeding spells[2] in the Cheshire and Merseyside region. Knowsley's rate is 207 per 100,000 females aged 15-59, the average rate in Cheshire and Merseyside is 145 per 100,000.[lxiii] Women who suffer from heavy menstrual bleeding may only suffer temporarily or believe that their symptoms are normal and so don't seek support or advice from their GP, thus their spell isn't recorded. This suggests that the rate of heavy menstrual bleeding may be higher in Knowsley than is recorded.

Some women require surgery to support with their heavy menstrual bleeding, the average rate for women aged 15-59 who undergo an operation for their heavy menstrual bleeding in Cheshire and Merseyside is 24 per 100,000. Knowsley has a rate of 0 indicating that the burden caused by heavy menstrual bleeding to women in Knowsley is resolved before the need for surgical intervention.

Long acting reversable contraception is often prescribed to support women who suffer from heavy menstrual bleeding, in Knowsley 1% of women aged 15-44 who were prescribed contraception received long acting reversable contraception. The women receiving this may use it to reduce the side effects of their condition alongside using it for general contraceptive purposes. Bayer argue that using long acting reversable contraception to relieve the symptoms of heavy menstrual bleeding is the best option for women. Other sources suggest that hormonal birth control pills can reduce also reduce the symptoms of heavy menstrual bleeding.[lxiv] Using drug therapy to control and regulate a woman's period may reduce the need for surgical intervention to support with this condition.

[2] A heavy menstrual bleeding spell is where a primary diagnosis was heavy menstrual bleeding.

What are the barriers to maintaining good reproductive health?

Often girls and women don't understand the need to use contraception as they don't understand the risks. Insight informs us that young girls in Knowsley are unaware of the different types of STI's they are at risk of getting and what the symptoms of STI's are. In addition to this, insight suggests that some school nurses and health professionals are unable to access schools to teach and share this information despite having a good sexual health offer. Sex education will be taught in schools but from a teacher who doesn't specialise in reproductive health.

What are we doing to support good reproductive health locally?

- Knowsley Council currently commissions Axess sexual health service to provide support to residents for needs relating to their sexual and reproductive health. Residents can also speak to their GP about any concerns.
- It is compulsory that all primary schools teach Relationships Education and all secondary schools teach Relationships and Sex Education. So all students in Knowsley should receive a good level of education around their reproductive health.

Targeted Support for Pregnant Women and smoking

There are several targeted initiatives to support smokefree pregnancies.

NICE Guidelines provide recommendations on treating tobacco dependence in pregnant women. The guidelines [NG209] require medical professionals to provide routine carbon monoxide testing at the first antenatal appointment and at the 36-week appointment to assess every pregnant woman's exposure to tobacco smoke. The provision of carbon monoxide testing at all other antenatal appointments is expected if the

pregnant woman: smokes, is quitting, used to smoke or, tested with 4 parts per million or above at the first antenatal appointment.

Locally, reducing smoking at the time of delivery and supporting pregnant women to quit has been a service priority. Some of the key actions taken by City Health Care Partnership (Knowsley's commissioned Stop Smoking Service) that have been successful in reducing smoking at the time of delivery are:

- Detailed training provided to maternity services, building confidence when discussing smoking and ensuring implementation of the opt out pathway.
- Automated referral pathways into the service – making referring easier for maternity services, ensuring quick turnaround of the referral and engaging clients while fresh from brief intervention conversations with their midwife.
- Reviewing communication methods – exploration of preferred language for pregnant women. It was identified by the service that a more direct approach was preferred, with advisors providing clear information around the dangers of smoking. The administrative communication during triage was also reviewed and options for further opportunities to opt out were removed.
- The pregnancy incentive scheme – rewarding successful quitters by offering reward vouchers. A total of £1,414 was given out to expectant mums in 2022/23. The Big Help Project also provides baby basic baskets as an incentive for expectant mothers.
- Prioritising appointments for pregnant service users, whilst remaining flexible for all service users.

Tobacco support services are also being rolled out to all maternity services in hospital acute trusts by the end of 2023/24. Knowsley residents who plan to give birth at Southport & Ormskirk Hospital can access a specialist smoking cessation midwife in the community. This is through an established programme, which has demonstrated positive outcomes.

Mersey & West Lancashire NHS Trust are currently in the process of developing their maternity arm of the Treating Tobacco Dependency Programme which will be available for Knowsley residents who plan to give birth at Whiston hospital.

In addition to this, as part of the Government's response to the Khan Review: Making Smoking Obsolete published in June 2022, the government announced in April 2023 that pregnant women will be offered financial incentives to help them stop smoking. This will involve offering vouchers (expected to be worth up to £400), alongside behavioural support, to all pregnant women who smoke by the end of next year.

How can we do more to support good reproductive health?

- An online Routine Contraception (RC) service can reach populations with the poorest sexual health outcomes, reduce unintended pregnancies and help reduce health inequalities. Local authorities could consider whether an online RC service would help in their area.[lxv]
- Knowsley primary and secondary schools should enrol in the Governments Period Products for Schools scheme (Period product scheme for schools and colleges - GOV.UK (www.gov.uk) to ensure that free products are available to all students.
- Explore setting up a Hygiene Bank in Knowsley to support anyone experiencing 'hygiene and period poverty'. It is estimated that 4.2 million adults in the UK are unable basic hygiene essentials and a fifth of women cannot afford period products in England the cost of living and inflation have exacerbated the problem.

Menopause

What is Menopause?

Menopause is when your periods stop due to lower hormone levels, menopause is reached when a woman has not had a period for 12 months. Menopause usually affects women between the ages of 45 and 55, the average age being 51 years, but it can happen earlier. Menopause is caused by the loss of ovarian follicular function and a decline in circulating blood oestrogen levels. Oestrogen and progesterone levels can become more erratic, this can lead to a range of physical, psychological and cognitive symptoms.

Some women can experience an early or premature menopause, this can be defined as happening before the age of 45. It can happen naturally by declining ovarian function or may be due to a surgical menopause caused by having an operation to remove the ovaries or a medical menopause caused using medication to treat certain diseases or conditions. Premature menopause may be distressing and difficult for women, particularly if they were hoping to conceive naturally in the future. Around 1 in 100 women usually experience menopause before the age of 40 years.

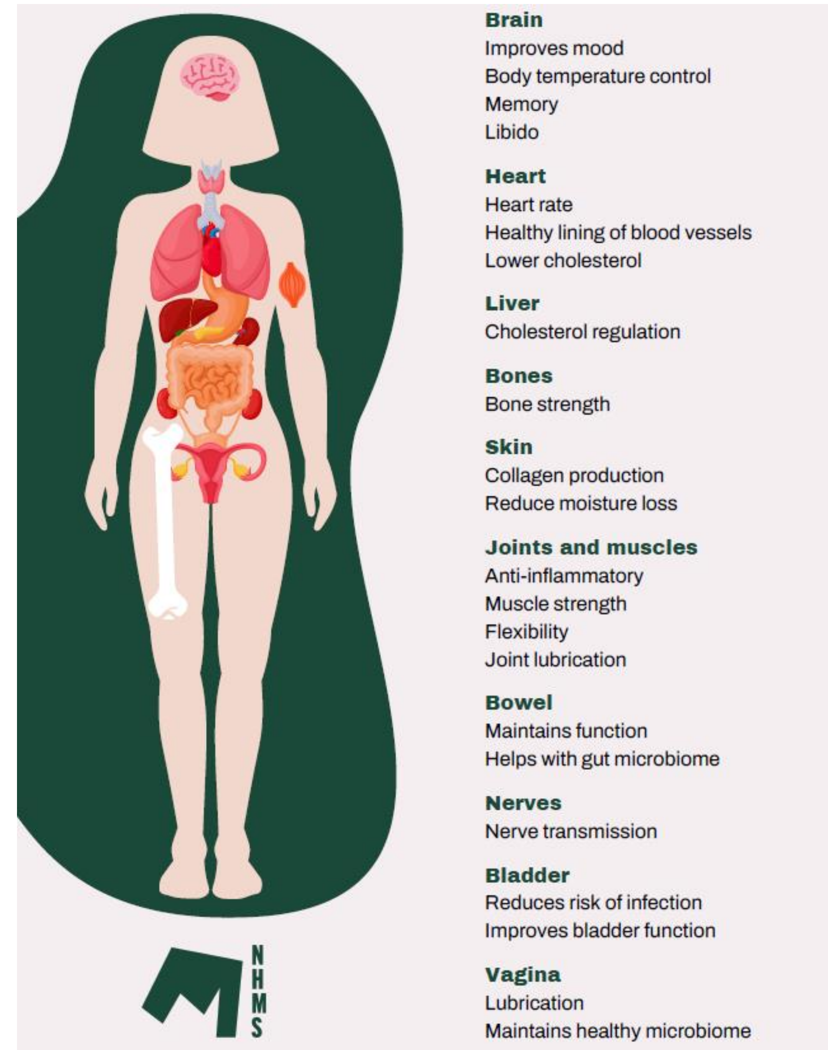
The menopausal transition can be gradual, usually beginning with changes in the menstrual cycle. Perimenopause refers to the period from when these signs are first observed and ends one year after the final menstrual period.

Perimenopause can last several years and can affect physical, emotional, mental and social well-being.

Women who take hormonal contraceptives such as the combined pill may have their perimenopause symptoms masked and they may not know when they reach perimenopausal or menopause.

It is not possible to predict when an individual woman will experience menopause, although there are associations between the age at menopause and certain demographic, health, and genetic factors. [lxvi]

Image: The Influence of Oestrogen [lxvii]How does impact on women?



Though the menopause is a natural stage in every woman's life, open conversations around menopause have been taboo and this has started to change only recently.

Symptoms of the menopause and perimenopause can be varied and wide ranging, including: anxiety, mood swings, depression, brain fog, headaches, hot flushes, night sweats, perspiration (sweating), palpitations, difficulty sleeping, irregular (and changes) to periods, feelings of physical discomfort, weight gain, pain during sexual intercourse or a loss of interest in sex, incontinence and other symptoms.

Body composition and cardiovascular risk can also be affected. Women's advantage over men in terms of cardiovascular disease gradually disappears with the significant decline in oestrogen levels after menopause. Menopause can also result in the weakening of the pelvic support structures, increasing the risk of pelvic organ prolapse. Loss of bone density at menopause is a significant contributor to higher rates of osteoporosis and fractures.

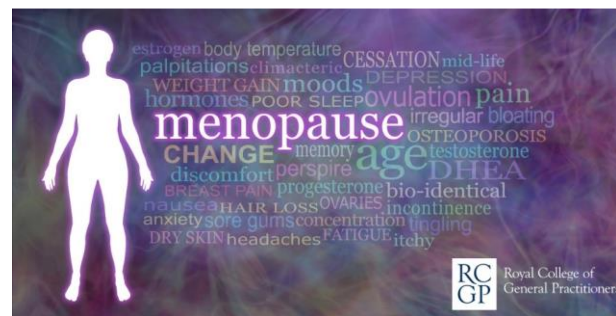
Woman's health status entering the perimenopausal period will largely be determined by prior health and reproductive history, lifestyle and environmental factors. Perimenopausal and postmenopausal symptoms can be disruptive to personal and professional lives, and changes associated with menopause will affect a woman's health as she ages. Therefore, perimenopausal care plays an important role in the promotion of healthy ageing and quality of life.[lxvi]

Many women are still in employment whilst peri and menopausal, they may feel unhappy disclosing menopause related health issues to line managers particularly to men or people younger than themselves, symptoms may be embarrassing for some women and leave them feeling less confident in the workplace. The All Party Parliamentary Group found people experiencing menopause impacting their ability to do their job, were less likely to go for promotion, more likely to leave their jobs before retirement, when they are often at the peak of their career. This exacerbates gender inequality and adds to the gender pay gap. The majority of employers did not consider menopause a proper health condition and do not have the policies in place to support their staff.

In a recent Women's Health and Maternity (WHaM) menopause survey over 50% of respondents did not feel that they have enough support from their employer and 32% cited lack of support at work as one of the biggest challenge experiencing menopause.[lxviii]

61% of women aged 50-64 years and 72.9% 40 to 49 years in Knowsley are still economically active and in employment. In addition to managing potential peri/menopausal symptoms, many women have informal caring responsibilities. Women in middle-age are often caught between generations of family members requiring care: children, parents, in-laws, spouses/partners or grandchildren, this often referred to as sandwich care

Almost 1 in 5 (18%) of women aged 40 to 49 years and 1 in 5 women (21%) aged 50-64 years are providing some form of unpaid care (2021 Census). 6% of women aged 50-64 years and 4.8% of women aged 40 to 49 years are providing between 20 and 49 hours of unpaid care and a further 7% of women aged 50-64 years and 6.3% of women aged 40 to 49 years are providing 50 hours or more.



Domestic abuse

There is growing evidence that domestic violence can increase during the perimenopause and menopause.[lxix]

Family Law Menopause Project and Newson Health Research and Education on the impact of menopause on relationships found that two thirds (67%) of women who had divorced or separated reported an increase in domestic abuse and arguments during the menopause.

Against Violence & Abuse (AVA) found that there is little literature on how women experiencing menopause may also be survivors or experiencing domestic abuse. There is research that suggests that there is a 'two way' relationship between menopause and domestic abuse. Menopausal symptoms may be heightened for women experiencing domestic abuse and domestic abuse may be heightened or start where women are experiencing menopause. Women experiencing domestic abuse in mid and later life are found to face similar rates of domestic abuse but substantially more barriers to accessing specialist services than younger women.

Mental Health and Suicide

Changes to women's moods, emotions, and state of mind during the perimenopause and menopause are extremely common; it is often the primary reason menopausal women first go to see their doctor or nurse.[lxx]

Guidance from Royal College of Obstetricians and Gynaecologists (RCOG) states that mood changes that occur because of menopause should not be confused with depression, but the risk of depression can increase during menopause.

NICE is clear that women should not be offered antidepressants as the first line of treatment for low mood experienced with menopause, but hormone replacement therapy (HRT) can help. A low dose of antidepressants may be prescribed to help with hot flushes and night sweats.[lxxi] Whilst menopause is not a mental health condition, the hormonal changes can make existing mental health conditions worse. [lxxi]

The Women's Health Strategy for England found that many women found it difficult to access appropriate menopausal care. This included women sometimes being prescribed anti-depressants instead of menopause treatments.

Transgender men and women[lxxii]

The impact on people who are transgender, how the menopause affects them will depend on which medical interventions they have undergone and whether they are taking hormones.

Data in relation to menopause and trans people is very limited. However, anyone with a female reproductive system who identifies as a man, but hasn't undergone any medical interventions, is likely to go through menopause eventually.

Most trans people who start their transition at pre-menopausal age will never go through menopause in terms of the hormone depletion effects. This is because gender affirming hormones are typically given for life, so if a trans person starts hormone treatment before going through menopause, they will never experience it.

How many women are affected?

It is estimated that there are around 13 million people who are currently peri or menopausal in the UK.[lxxiii]

1 in 4 people perimenopausal/menopausal will experience very few symptoms, 3 in 4 will experience symptoms and 1 in 4 with experience debilitating symptoms.[lxxiv]

Menopausal women are the fastest-growing demographic in the workplace. According to the faculty of occupational medicine, almost 8 out of 10 menopausal people are in work.[lxxv]

10,300 women in Knowsley were aged between 45 and 54 years in 2021, a further 6,200 were aged between 55 and 59 years. This is only focusing on the average age excluding those who fall outside starting perimenopause/menopause earlier or later and those who are transgender.

Barriers to support

Until very recently there was little focus on peri/menopausal women, government policy was non-existent, support and training were limited and varied both in the workplace and the medical profession and women were often not given the information needed to understand what was happening to themselves and their bodies or make informed decisions about their treatment and care.

Perimenopausal and menopausal women need access to good quality health services and support. Awareness and access to menopause information and services remain a challenge for many women. Many women do not know about the signs of menopause, what do look out for and where to get help and support.[lxxvi]

65% of respondents to the WHaM Menopause Survey said that they do not feel there is enough information about the Menopause for women and families and the top 3 responses to the question - what are the biggest challenges for those facing the menopause were:

- lack of advice
- lack of treatment options and
- feeling alone and isolated.

The All Party Parliamentary Group (APPG) on Menopause found that women are often not equipped with the information they need to understand what is happening to them and their bodies.

A national survey conducted on behalf of the British Menopause Society (BMS) found that one-half of women go through the menopause without consulting a healthcare professional – even though 42% said that symptoms were worse than expected. Half the women said that the menopause had affected their home life, and one-third said it had affected their work life.[lxxvii]

The APPG found that the taboo around menopause impacts on the workplace and wider society, and the lack of awareness and understanding within the medical profession, has meant that many suffer without their symptoms being recognised. This seems unsurprising as 41% of the UK's medical schools do not have mandatory menopause education on their curriculum. This is being redressed as the General Medical Council is introducing a Medical Licensing Assessment for incoming doctors graduating medical school from 2024/25 which covers a number of topics relating to women's health including menopause, however that still leaves a significant knowledge gap among existing medical professionals.

Accessing better support is even more challenging for people from minority backgrounds such as LGBT+ communities and from minority ethnic groups (in the UK). Images and experiences portrayed about menopause do not resonate and they may not be adequately represented in research.

There is huge inequality in access and quality of menopause care. Despite clear NICE guidelines on the use of Hormone Replacement Therapy (HRT), many women are still not being offered HRT by doctors, or turn down treatment, based on these misconceptions. The cost of HRT is a barrier for many women, but from 1st April 2023 HRT has been made cheaper, a new HRT prescription prepayment certificate (PPC) reduced the cost to under £20 per year. The HRT PPC covers an unlimited number of certain HRT medicines for 12 months.

HRT prescribing rates are lower in the North West are lower than those in the South West, South East (not including London) and the East of England.

Concerns about the safety of HRT (based on older studies) have meant that some women have been reluctant to take HRT, there has also been some reluctance to prescribe, particularly long-term.

What are we doing (locally)?

Knowsley Council currently do not commission any services that are specially for people experiencing peri menopause/menopause.

Knowsley Council have a Menopause Policy, a Menopause support group and run Menopause Café sessions, including a special session for World Menopause Day to raise awareness.

At a Cheshire and Merseyside level, WHaM [lxxxvi] have developed a Women's Health Strategy, as well as carrying out a number of activities including organising and delivering menopause information events and a menopause survey. Developing a Menopause train-the-trainer model so, that providers can offer a dedicated Menopause clinic and build Menopause knowledge at Primary Care level. Working with employers to develop clinically endorsed workplace policies to support women through the menopause. Developing cross region, standardised pathways for each of the special interest groups including menopause. They have outlined their ambition and eleven priorities that will be achieved in the next 12-18 months.**Error! Bookmark not defined.**

What can we do?

- Ensure women feel listened to, are knowledgeable and supported about the menopause and can make informed choices about what they need.
- Using screening which is aimed at women in middle age/older middle age for example the NHS 40-74 year olds health checks and breast screening for women 50-74 years as part of Making Every Contact Count (MECC). This is an opportunity to improve diagnosis and treatment of perimenopause/menopausal symptoms. This does, however, rely on a good uptake of screening.
- Offer, signpost and ensure women have access to services that support them to manage symptoms.
- Address the stigma ensuring that women feel able to speak about their peri and menopausal symptoms without being dismissed or expected to 'just get on with it'. Recognise that women's experience of perimenopause and menopause is varied as are the symptoms.
- The Fawcett Society found 1 in 10 women who worked during menopause left a job due to their symptoms. 8 in 10 say their employer hasn't shared information, trained staff or put in place a menopause absence policy.
  As an employer Knowsley Council should continue to support people who are experiencing menopause and perimenopause via their Menopause Policy (which should be refreshed as appropriate), Menopause Group and continue to offer Menopause Café sessions. Knowsley Council should ensure that staff and residents are aware of the support available, additionally encourage and inspire others by for example signing the Menopause Workshop Pledge and including on the corporate e-mail signature.
- Use the Family Hubs to signpost women and their families to reliable and accurate support and advice.
- Bid for Women's Health Hubs funding and commission services that specifically raise awareness, provide information and support for people experiencing peri and menopause.
- Commission and signpost women to exercise classes, groups, and activities that help with the effects of menopause. Menopausal and

postmenopausal women who engage in the comprehensive exercise program, benefit by maintaining a healthy body, bone density levels, and good mental health. An individual's health should be considered as not all exercises will be appropriate for example high impact exercise may be unsuitable for women with osteoporosis. The cost to exercising should also be considered as many women may be on low and fixed incomes.

Pelvic Floor Health, Prolapse and incontinence.

What are Pelvic Floor Muscles?

Pelvic Floor Muscles are a group of muscles which support your bladder, uterus (womb) and bowel. These muscles form a 'sling' which attaches to your pubic bone at the front and your tailbone at the back. Your urethra, vagina and anus pass through the pelvic floor. These muscles need to be kept strong and active to maintain good bladder and bowel control. They are also important for core strength and stability as well as sexual function. Life events such as giving birth or aging can impact on these muscles. Looking after pelvic floor health helps to prevent pelvic floor dysfunction developing.

What is pelvic floor dysfunction and how does it impact on women?

Pelvic Health is poorly understood and often not spoken about.

Many women suffer symptoms of pelvic floor dysfunction throughout their lives including bladder leakage, problems with bowel function including leakage or constipation, pelvic pain associated with sexual activity.[lxxviii]

Studies have shown that symptoms of pelvic floor dysfunction such as pelvic organ prolapse and incontinence can have a huge impact on quality of life, impacting on their family life, wellbeing and personal relationships.

A study of 73 women and one non-binary person across the UK found that shame, stigma, and silence can isolate women with pelvic and bladder conditions and prevent them from accessing healthcare. This can harm their wellbeing and recovery. People in the study wanted to be listened to, and to be given information and support. They also wanted to be treated holistically, rather than as body parts.[lxxix]

50% of women between 18 and 65 years of age reporting incontinence are moderately or greatly bothered by it. [lxxx]

27% perform 'toilet mapping' and will avoid areas where access to toilets may be limited.

Approximately 23% state that it affects their sex life, 23% say that it reduces their activity and 25% feel embarrassed or frustrated.

31% dress differently because of their symptoms.

Urinary incontinence adversely impacts on other co-morbidities and workplace absences.

Incontinence is associated with falls and strokes in women over 80 years of age.

COMMON PELVIC FLOOR DISORDERS

Mainly affecting the bladder	Mainly affecting the vagina	Mainly affecting the bowel
Urinary stress and urgency incontinence	Uterine prolapse	Faecal incontinence
Bladder retention syndromes	Vaginal vault prolapse (if hysterectomy)	Constipation
Anterior compartment vaginal prolapse		Rectal prolapse
	Posterior compartment vaginal prolapse	
Sexual dysfunction		

Who is most at risk of pelvic floor dysfunction?

Symptoms can happen at any age, but particularly during pregnancy, childbirth and later in life around menopause.

The main risk factor for developing any type of incontinence is older age; this is due to the physiological changes that occur with natural aging. Some other risk factors for stress incontinence include pregnancy, vaginal delivery, obesity, constipation, family history, smoking, lack of supporting tissue (such as in prolapse or hysterectomy) and use of some drugs such as ACE inhibitors (can cause cough), alpha-adrenergic blockers (relax the bladder outlet and urethra), as well use of Ketamine.

How many women are affected?

Estimating the prevalence of incontinence is difficult and relies on women disclosing the issue to their GP, many may be embarrassed or believe that there is nothing that can be done to support them.

The prevalence increases up to middle age, then plateaus or decreases between 50 and 70 years of age and rises again with advanced age.[lxxxi]

There is no centrally collected official data on the number of patients with continence care needs.[lxxxii]
New data (February 2023) from The Royal College of Obstetricians & Gynaecologists (RCOG) found that 60% of UK women have at least one symptom of poor pelvic floor health. Nearly one in four women have never done pelvic floor exercises that can prevent and improve symptoms.[lxxxiii]

A UK population-based cross-sectional postal study of 1415 women found a prevalence of urinary incontinence of 40% of respondents suffered urinary incontinence, which caused significant problems in 8.5%. Stress urinary incontinence was the most common type of incontinence while 10% had symptoms of voiding dysfunction.

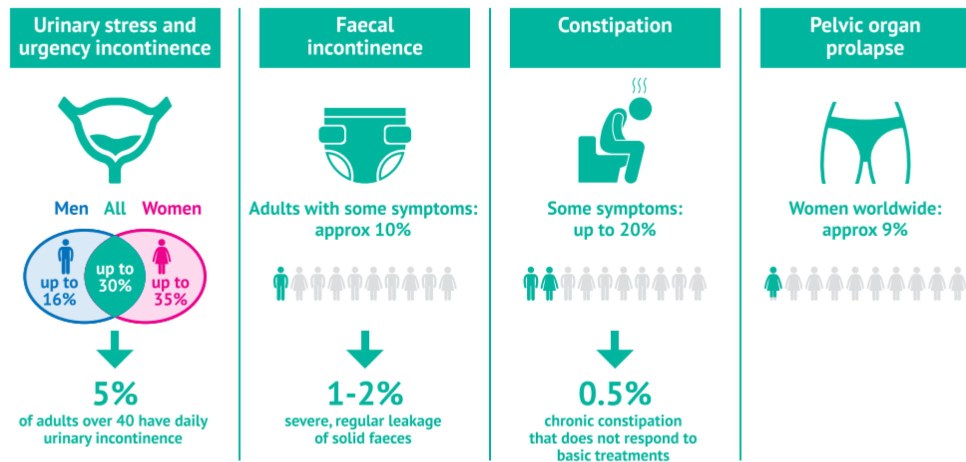
It is predicted that in 2023 2,519 women aged 65 and over have had a bladder problem at least once a week, or 17.4% (using 2021 population data).[lxxxiv]

The Cheshire and Merseyside CIPHA dashboard has 8,153 people in Knowsley who are registered with a GP and have been diagnosed with urinary incontinence, 76.3% were female. (As at 4th January 2024).

Barriers to support

Women with incontinence may minimise their symptoms, be unwilling to consult their doctor and feel that their problems are not taken seriously by their healthcare providers. [lxvii]
A lack of awareness of what pelvic floor muscles are, why they are important and what women and girls can do to keep them healthy.
A lack of understanding about the changes women can make to reduce their risk of incontinence and prolapse.

Image: Prevalence of Main Pelvic Floor Disorders in the UK Population[lxxxv]



Perinatal Pelvic Health Service

Improving Me[lxxxvi] /Women's Health and Maternity (WHaM) are leading the local delivery (Cheshire and Merseyside) of the national ambition to improve the prevention, identification, and referral to NICE-recommended treatment for pelvic health problems during pregnancy and for at least 12 months following birth, including for women who have experienced a stillbirth or miscarriage, with the aim of reducing the number of women living with pelvic floor dysfunction postnatally and in later life. The aim is to standardise the offer across Cheshire and Merseyside, providing all people with the same support and access.

Currently for most people who give birth, classes are delivered at Whiston Hospital by Specialist Pelvic Health Physiotherapists, however, the ambition is to deliver classes in the community, as this is the preference of most people who want/are using this service. This will also help overcome many of barriers, such as travelling to the hospital (time, cost, accessibility), parking (including a suitable parking space), revisiting a place where they women have experienced trauma, women may also not feel comfortable in a clinical setting . Work has been taking place to identify appropriate premises and it it's likely classes will be delivered from Family Hubs/Children's Centres and in areas of higher deprivation to support women who are likely to face barriers accessing this service. The community based offer has been developed using an intelligence led approach, based on research and engagement activity to understand what people want and what services aren't available in areas. The service will be continuously evaluated by surveys to ensure it meets need and to improve the offer. Engagement has been taking place to make GPs and Support group aware of the offer. GPs, Health Visitors and Midwifes can all refer people into the service.

In Knowsley there are higher rates of pregnant women who smoke during pregnancy, who are obese (which can lead to gestational diabetes), who have low literacy levels educational videos are preferred). Increasing numbers of women who speak English as a second language and need translation support most commonly Arabic, Polish and Tamil.

Whilst this service is aimed at supporting women with pelvic health problems during pregnancy and for at least 12 months following birth, there is support available for women experiencing pelvic floor problems at other points during their lives. However, the Pelvic Health Physiotherapist Service is finding it challenging to offer the support they would like to and are trying to establish a direct access service for GPs to refer women who require physiotherapy for pelvic floor problems e.g. urinary incontinence, prolapse, vaginismus. They have successfully been offering this service in St. Helens for a number of years.

What can we do?[lxxx]

- Women and girls should have a clear understanding of their anatomy and what and where their pelvic muscles are. Information and support

should be widely available to help them to do. We should use opportunities throughout the life course to signpost women and girls to information, advice, for example when attending immunisations and screenings appointments.

- All women and girls should be informed about the benefits of maintaining a healthy pelvic floor from an early age, with a focus on using pelvic floor exercises to prevent the onset of pelvic floor dysfunction. The RCOG found that one in four women have never done pelvic floor exercises that can prevent and improve symptoms and only 22% of women do these regularly.
- Women should be aware of how they can reduce the modifiable risks associated with pelvic floor dysfunction.
- Information, advice and support should be easy to understand, and medical terms explained. Information should be shared by sources women and girls in Knowsley trust. The NHS website was highlighted as a trusted source by polling carried out by RCOG.
- Incontinence should not be seen as a normal part of life, to be endured rather than addressed. Using appropriate language could support changing attitudes to this, such as life limiting or life changing.

Breast Cancer

Breast cancer is now the most common cancer in the UK. It is by far the most common cancer in women.

1 in 7 women in the UK develop breast cancer during their lifetime, but survival rates are good. 96 out of 100 will survive their cancer for a year, 85 out of 100, 5 years or more and 75 out of 100 will survive their cancer for 10 years or more after diagnosis.

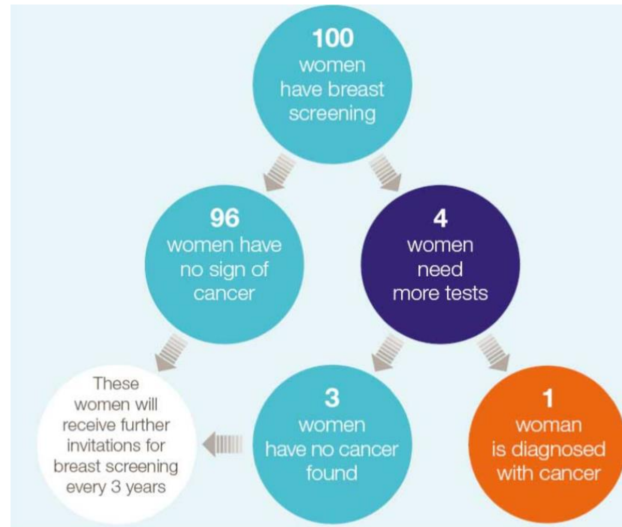
In the UK there are around 56,400 women and 390 men diagnosed with breast cancer each year. About 4 out of 5 breast cancers are found in women over 50 years old,[lxxxvii] but younger women can also get breast cancer.

Routes to breast cancer diagnosis in the UK include asymptomatic detection through routine population-based screening in women aged 50-70 years, and symptomatic early diagnosis through referral from primary healthcare to secondary care for assessment of breast symptoms. This is to prevent avoidable deaths from breast cancer by identifying breast cancer early, when it is more treatable, and survival is more likely.

Breast Cancer Screening

A Cardiff University-led UK-wide survey[lxxxviii] has found that more than 1 in 5 people are less likely to take part in cancer screening than before the pandemic. 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 cancer screening between March-September 2020. Almost 10 per cent fewer women in the most deprived areas take their regular breast screening compared to those in the least deprived areas. Deprivation isn’t the only driver of inequality; data shows that other groups of women experience challenges. For example, women from an ethnic minority background and women with learning difficulties are less likely to attend breast cancer screenings.[lxxxix]

Image NHS breast screening: helping you decide.



Who is at greatest risk of getting Breast Cancer?

The causes of breast cancer are not fully understood, making it difficult to say why one woman may develop breast cancer and another may not. However, there are risk factors known to affect your likelihood of developing breast cancer. Some of these you cannot do anything about, but there are some you can change.

Risk Factors you can control:

- Women who are overweight after their menopause have a higher risk of breast cancer than women who are not overweight. The risk increases as more weight is gained.
- Drinking alcohol increases the risk of breast cancer in women. The risk increases with each extra unit of alcohol per day.
- Tobacco use.

There are **small risks** when:

- Taking the contraceptive pill. This increase in risk goes back to normal 10 years after you stop taking it.
- Taking HRT. The risk of breast cancer is higher if using the combined HRT compared to oestrogen only HRT. This risk increases the longer HRT is used. But it goes down over time when HRT used has stopped. For many people the benefits of taking HRT can outweigh the risks. To put the risk into context, the extra risk of breast cancer associated with being overweight or obese is six times higher than the extra risk associated with combined HRT, according to NICE.[xiv]

Some of Risk Factors you cannot change:

- Most breast cancers occur in women over 50 and it is less common in women under 40.
- Having a family history, having a close family member diagnosed with breast cancer increase the risk. Inherited genes everyone has BRCA1 and BRCA2 gene (Breast Cancer gene) Only around 1 in every 450 people have a faulty BRCA1 or BRCA2 gene. Most women with breast cancer do not have a family history of the disease.
- Women with diabetes have a small increase in their risk of breast cancer, although we are not sure why.
- Age when periods started (younger than 12) and stopped over the age of 55.
- Levels of sex hormones
- Dense breast tissue this is as there are more cells that can become cancerous.
- Ethnicity a large report found that the risk of breast cancer is higher in white women than any other ethnic group. This is at least partly due to lifestyle factors.

Breast Cancer and Socio Economic Inequalities

Women living in more deprived areas have worse health outcomes, living shorter lives and more of it in poor health, they also have lower cancer survival rates.

There is evidence that this is partly due to women from more deprived areas being less likely to attend breast cancer screening, allowing earlier detection resulting in a better prognosis.[xc]

The reason for women not attending screening will be varied and linked to the additional challenges faced by women living in deprived areas and on low incomes.

This is a key concern for Knowsley given that many women in Knowsley experience socio and economic inequalities.

Breast Cancer and Ethnicity

Despite women from white backgrounds being more likely to be diagnosed with breast cancer, women from black Caribbean, black African and Southern Asian descent are at greater risk of being diagnosed with breast cancers that are more difficult to treat (later stage, more aggressive etc).

Black women in the United Kingdom are more likely than white women to be diagnosed with advanced breast cancer and have lower survival rates. These differences are greater in older rather than younger women, and in the Black rather than South Asian ethnic groups.[xci]

The National Cancer Patient Experience Survey audits experiences in a sample of cancer patients annually. Poorer experience of cancer care is consistently reported in ethnic minority groups but the reasons for this are not fully understood[xcii] 'ethnic minority' women are a group that have unmet medical needs in relation to breast cancer.

Despite breast cancer being one of the most researched cancers, there remains significant gaps in understanding the role of ethnicity as a risk of factor of breast cancer.

Whilst Knowsley is not very ethnically diverse; in the last ten years there has been significant growth in residents who self-identify as being from black, Asian and mixed ethnicity groups.

Breast Cancer and Learning Difficulties

Having a learning disability can mean that the individual faces multiple health inequalities, which can put the person at risk of disease and premature death.

Women with a learning disability eligible for breast cancer screening are much less likely to attend (47.2%), compared to women without a learning disability (61.9%).[xciii]

Research has highlighted multiple barriers to decision-making and access to cervical and breast cancer screening by women with learning disabilities), including mobility issues, communication, fear and being embarrassed about going to screening, family carer and paid care workers may lack understanding of cancer and have poor health literacy. Even with these known barriers to cancer screening, uptake remains consistently lower than the general population.[xciv]

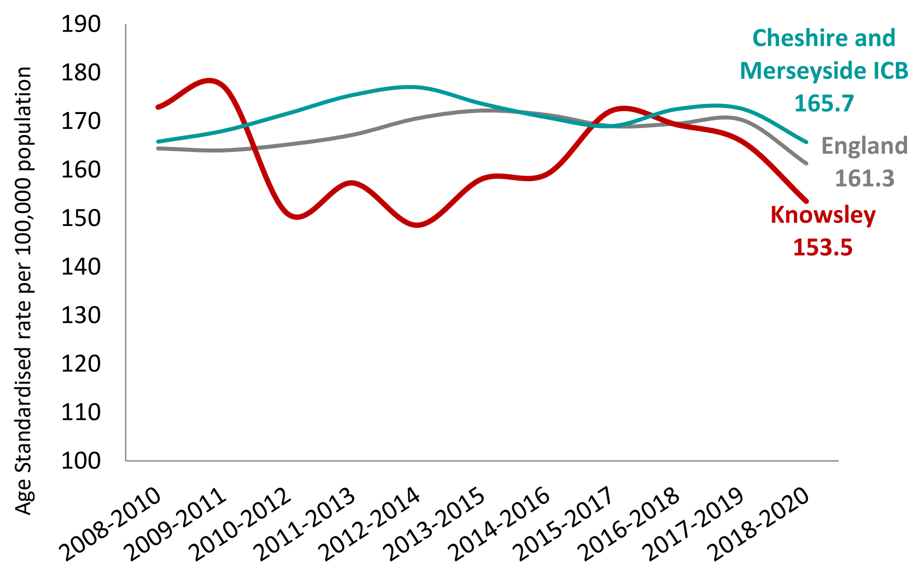
Knowsley has higher rates of people with Special Educational Needs & Disabilities (SEND) than England.

Women in Knowsley have lower rates of breast cancer incidents compared to England

Women in Knowsley have lower rates of breast cancer incidents 29.1 per 100,000 compared to the England average, 31.3. It is worth noting that this

statistic is now three to four years old and additionally the latest reporting period includes the start of the Covid-19 pandemic, which caused significant disruption to healthcare including diagnosis of conditions and missed screenings.

Chart: Breast Cancer Incidents Females (all ages) Knowsley, Cheshire and Merseyside 2008-2010 to 2018-2020

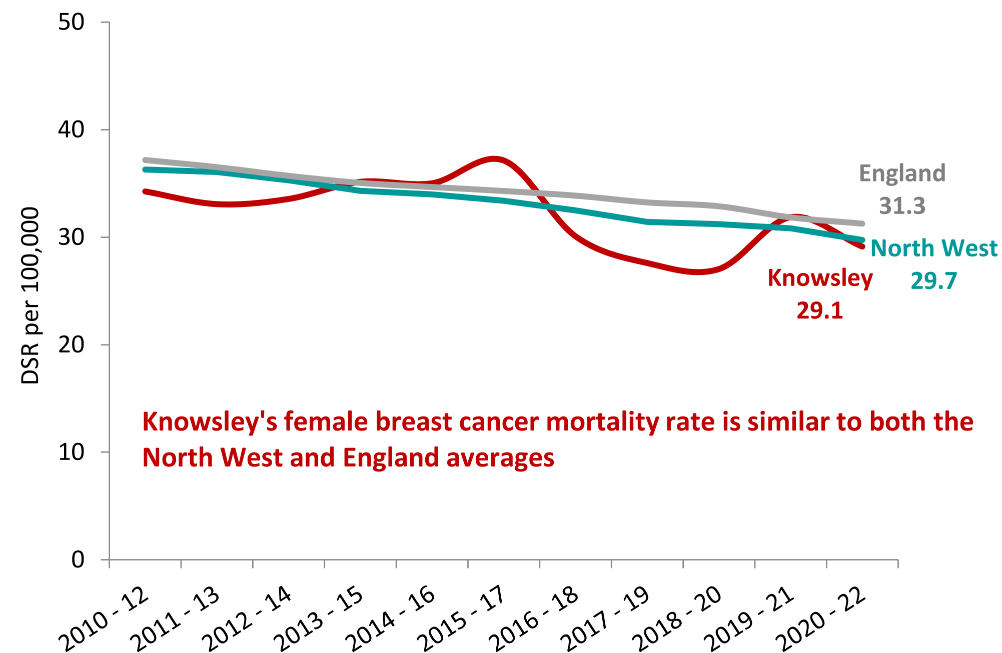


Breast Cancer Mortality

Knowsley has a lower premature mortality (under-75 years) rate (13.5 directly standardised per 100,000 females) compared to North West (17.2) and England averages (18.3).

Knowsley rate (29.1 directly standardised per 100,000 females) for all ages breast cancer mortality is similar to the North West (29.7) and England averages (31.3) and has been for the last ten years.

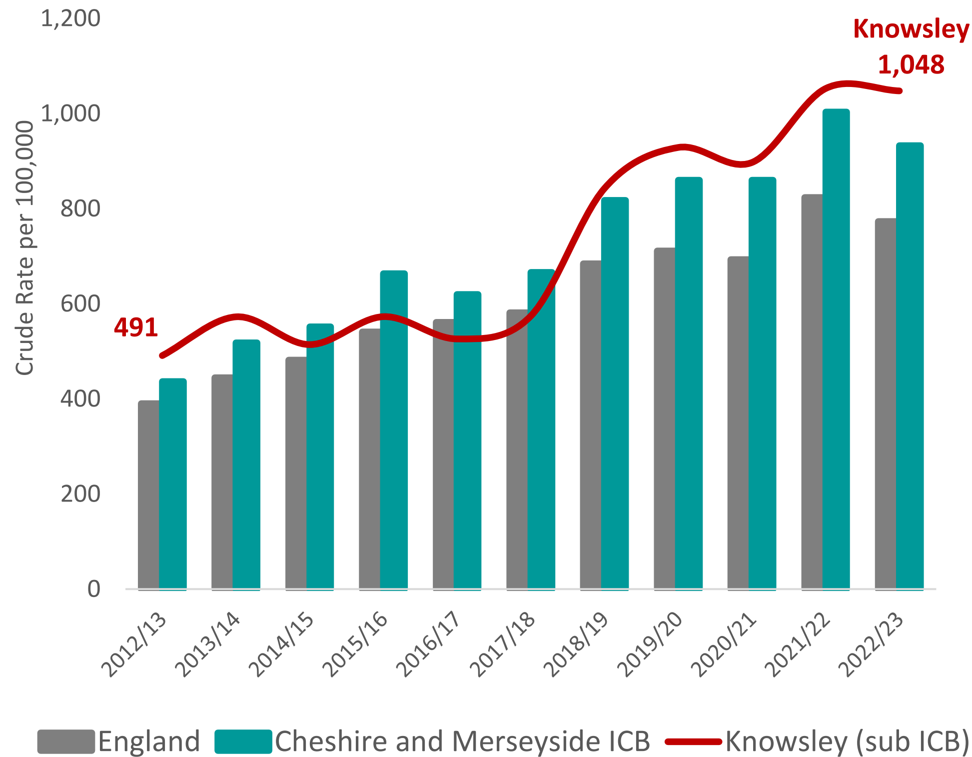
Chart: Breast Cancer Mortality Females (all ages) Knowsley, Cheshire and Merseyside 2010/12 to 2020/22



Urgent suspected cancer referrals for suspected breast cancer have doubled in the last ten years

Referrals (known as two-week wait referrals) have increased significantly in the last 10 years. The increase has been far bigger in Cheshire and Merseyside, particularly Knowsley, which has more than doubled. The gap between Knowsley and England has increased significantly too.

Chart: Urgent suspected cancer referrals for suspected breast cancer

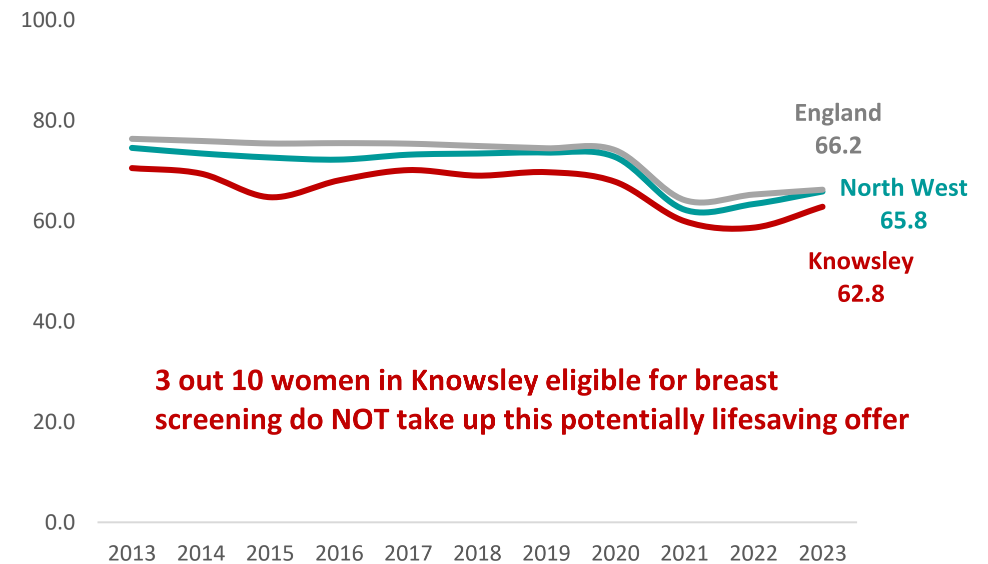


Breast Cancer Screening

Breast cancer programmes play a crucial role in early detection, which is important in improving treatment outcomes and survival rates. Uptake in Knowsley is below the North West and England average and has dropped further in 2022; increasing the gap between Knowsley and England from 4.2% last year to 6.6% in 2022. All screening take-up dropped during the pandemic period but unlike the North-West and England averages Knowsley dropped further in 2022.

3 in 10 Knowsley women eligible for breast screening do not take up the offer

Chart: The proportion of women eligible for screening who have had a test (53 to 70 years) 2013 - 2023



What are we doing locally?

Knowsley is working with the Cheshire and Merseyside Cancer Alliance to improve screening uptake, to meet the NHS Long Term Plan objectives for cancer. This includes the ambition that, by 2028, 75% of cancers will be diagnosed at stages 1 and 2. Screening programmes in Knowsley will be supported by the Cheshire and Merseyside Cancer Alliance specifically via the 'Timely Presentation Campaigns,' with the purpose of delivering a campaign, communications, and social media function. This aims to drive large-scale awareness raising and screening uptake, building on existing national, regional, and local resources and campaigns as well as creating bespoke locally tailored resources for Cheshire and Merseyside. Also working in partnership with the alliance, improved access to screening services for Knowsley residents are arranged for 2024, aligned with the appointment of new management and screening staff and appointment of breast screening providers.

Barriers to support

Despite breast screening being crucial to improving early diagnosis and increasing survival rates, not everyone who is eligible has a fair chance to get to screening.

It is often not just one reason that women do not take up breast cancer screening, broadly they fit into the following

Accessibility - such as difficulty booking appointments, caring and work commitments, location of screening venues. There is no routine way to invite women who are experiencing homelessness, have a nomadic lifestyle or not registered with a GP. Transgender men, people registered with a GP practice as female, indeterminant or unknown gender are routinely selected for invitation. People registered with a GP practice as male are not invited for breast screening.

Informational - a lack of information, appropriate information, language or format. A lack of open and frank conversations about women's health and their bodies.

Social and cultural barriers- Many women feel unable to put their health needs first. Embarrassment, modesty, cultural or religious beliefs, sense of fatalism.

A systematic review and thematic analysis of UK-based, qualitative studies concerning BAME (Black and Asian Minority Ethnic)[xcv] women and barriers to breast screening. The main findings of the review revealed three overarching themes: knowledge-related, access-related and cultural-related factors. The lack of knowledge was found to be the essential barrier to overcome.[xcvi]

In February 2024 a consensus statement on health inequalities within breast screening was released by Breast Cancer Now but, developed and endorsed by a number of expert organisations.[xcvii]

The statement identifies that barriers to screening have an outsized impact on those who:

- Live in more deprived areas
- Are from an ethnic minority background
- Are disabled, including people with a learning disability, people with mental health conditions, and people with mobility or sensory impairments
- Are from Gypsy, Roma, and Traveller communities
- Are experiencing homelessness or live in insecure housing
- Are in the LGBT+ community, particularly trans and non-binary people

They suggest that the conversation around health inequalities and barriers needs to change, often the focus when discussing health is the language of personal responsibility and empowerment, this can obscure the fact that services like breast screening are not well equipped to support people who fall outside what is seen as the 'usual patient'.

Whilst different underserved groups may experience some unique and specific issues, many of the same factors drive poor engagement and uptake of breast screening services, specifically:

Trust	Fear
Flexibility	Accessibility
Accountability	Representation
Collaboration	Supportive Systems[xcviii]

What can we do?

A small focus group of women of Black Caribbean and Black African descent in the UK[xcix] reveal four themes that participants felt were important to consider when developing education and information: 1. Justify the focus on Black women 2. Black people do not talk about cancer 3. Make interventions inclusive and engaging 4. illustrate how breast cancer symptoms manifest on black skin and emphasise that breast cancer is curable to increase awareness and reduce cancer fear. In addition, interventions should involve black communities in the design and delivery to address appropriately cultural barriers to early presentation.

A study[c] focusing on women of South Asian women in the North of England concluded that the most effective ways to increase breast cancer screening were:

Training peers as community health champions to deliver the intervention to address language and cultural barriers increased participant engagement, was beneficial for the peers and supported participants who revealed difficult social issues they may not have otherwise discussed. Accessing women in established community groups, following planned activities such as English language classes worked but flexibility was needed to meet individual women's needs.

A small study[ci] provided women who were eligible for breast cancer screening in Greater Manchester with their 10-year risk of breast cancer. The aim was to explore which factors were associated with women's uptake of screening and prevention recommendations. They concluded breast cancer risk communication predicts the uptake of personalised screening and prevention recommendations. Having a first-degree family history of breast cancer was most consistently associated with the uptake of breast care behaviours, whereas having a high BMI was the biggest motivator for lifestyle alterations. Tailored screening can more closely correspond to women's organisational preferences by further shortening the interval and moving the starting age forward for women at increased risk.

One of the ambitions of the Women's Health Strategy for England is that women and girls are better educated on cancers from a young age, aware of their risk factors and symptoms for various cancers and know how to maintain good health to reduce these risks. They are developing targeted and stratified screening as a tool. They will create more personalised, more predictive, and more targeted programmes. This would mean the type of screening test and frequency of testing would be based on individual risk. BRCA testing is already taking place.

Women require a range of support to participate in breast screening. A small study based in Newport, found that ensuring women felt and were respected was the important support need identified by participants.

Women and Girl's General Health Needs

Almost 3 in 4 adults in Knowsley are overweight or obese

Wellbeing and lifestyle

It is important to maintain a healthy lifestyle, eating healthily, being active, stopping smoking, drinking alcohol within recommended limits and looking after mental wellbeing. These are all preventative actions that can be taken to reduce the risk of heart disease, high blood pressure, stroke, type 2 diabetes, some cancers, breathing problems and poor mental health.

Who is more likely to suffer from poor wellbeing and lifestyle?

There are many additional pressures in life which are likely to impact on women's wellbeing such as financial insecurity, living in poor quality housing, looking after children, unemployment, having a stressful job/s, poor health, caring responsibilities and less time for self-care.

How many women are affected by a poor wellbeing and lifestyle?

Smoking - Nationally, males (14.5%) smoke more than females (10.9%). Evidence suggests that smoking prevalence is also higher amongst transgender people than in the general population.
In Knowsley, 12.5% of males smoke compared to 16.6% of females in 2022. This trend is interchangeable in Knowsley as shown in Figure (overleaf). Whilst it seems that smoking prevalence amongst men in Knowsley is declining, the APS data suggests that smoking prevalence is increasing amongst women in Knowsley.

It is also apparent that more females smoke in Knowsley than nationally and regionally, and this trend appears to be consistent.

Analysis by Cancer Research UK for the Guardian suggests women will overtake men for lung cancer diagnoses in 2022-24.

"This change is mainly due to historical differences in smoking prevalence between the sexes. Rates of smoking peaked much earlier in males than females, so lung cancer incidence in males has started falling earlier than in females."[cii]

Chart: Percentage of females who smoke 18 years and over Knowsley, North West and England 2011 – 2022

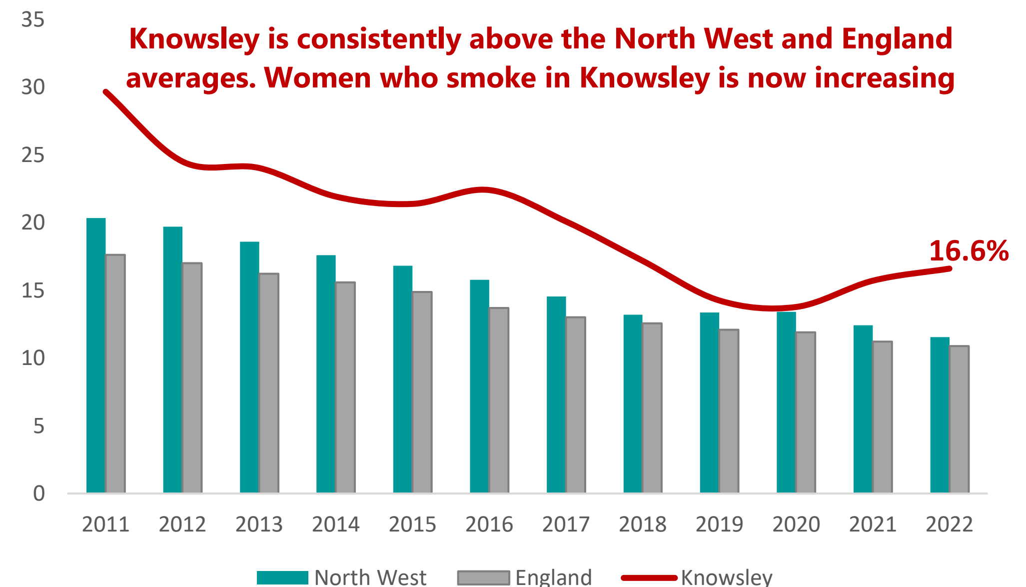
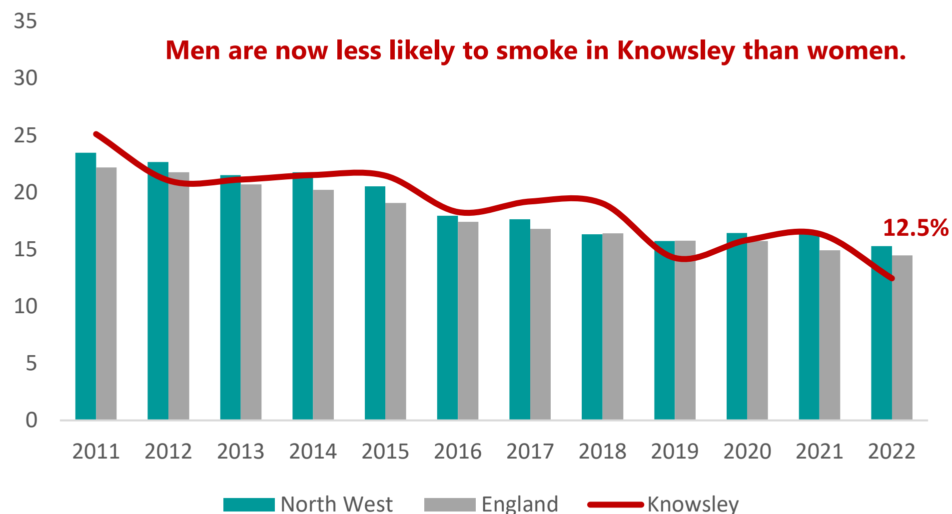


Chart: Percentage of males who smoke 18 years Knowsley, North West and England 2011 – 2022



All forms of tobacco are harmful and there is no safe level of exposure to tobacco.[ciii]

Smoking is the single largest cause of preventable ill health and premature death in England.[civ] Every year around 74,600 people die in England as a result of smoking.[cv] Between 2017 and 2019, 842 deaths in Knowsley were attributable to smoking. [cv]

Smoking harms nearly every organ in the body. It is a key risk factor for the development of respiratory diseases, such as COPD, emphysema, and chronic bronchitis. Tobacco smoking is also the leading cause of cancer and accounts for 15% of all cancer cases in the UK.[cvi] There are at least 15 different types of cancer which can be caused by smoking. Smoking is the primary cause of lung cancer (accounting for 70% of lung cancer cases) [cvi] and lung cancer has the highest mortality rate of all cancers. [cvii]

Smoking also causes damage to the heart and is a significant contributor in the development of conditions such as coronary heart disease, heart attack, stroke, peripheral vascular disease and cerebrovascular disease. A study using the UK Biobank cohort in respiratory journal Thorax found a causal effect of smoking on the risk of severe COVID-19.[cviii] The study combined observational and genetic data on smoking and COVID-19 to strengthen its evidence base and found that compared with those who had never smoked, current smokers were 80% more likely to be admitted to hospital and significantly more likely to die from COVID-19.[cviii] On top of this, there are many other non-fatal conditions associated with or aggravated by smoking that can cause years of debilitating illness.

A small survey of 14-17 years olds in Knowsley found that young claiming to smoke is at a relatively low level, only 1% of respondents claimed to smoke more than five cigarette a day. However, around 1 in 6 young people in Knowsley now claim to vape regularly, up from less than 1 in 10 in 2017. Young people are increasing more likely to try vaping rather than smoking tobacco cigarettes. Disposal vapes are by far the most common type used and flavours are the main factor that encouraged them to try vaping. [cx]

Alcohol - In Knowsley, alcohol abuse is more common amongst men but still occurs amongst women. Knowsley has a higher rate of female alcohol-related mortality (27.8 per 100,000) than England (22.0). While Knowsley's rate is still high, female alcohol-related mortality has fallen by 22% from 35.7 per 100,000 in 2021 to 27.8 per 100,000 in 2022.[cix]

A small survey of 14-17 years olds in Knowsley found that around 1 in 2 young people in Knowsley viewed getting drunk as 'normal', with 1 in 3 not worried about the long-term effects of drinking. Though those who drunk alcohol regularly had decreased compared to survey responses in previous years. They also found that females were more likely to drink alcohol and binge drink (though males were more likely to binge drink regularly). Young people in Knowsley continue to drink alcohol mostly around their

family, although there is an upward trend in the percentage claiming to drink outside.[cx]

Alcohol affects women differently than men. Even if a woman and a man drink the same amount, the woman's blood alcohol level will almost always be higher than the man's. This is because women tend to have a lower tolerance of alcohol than men, as women are generally smaller and have less body water than men (alcohol is held in body water not body fat)[cxi], meaning alcohol is more concentrated.

Women are at an increased risk of breast cancer, which is the most common type of cancer amongst women, as alcohol increases the risk of cancer it is important for women to be aware of these risks.

Drinking alcohol can also negatively affect fertility by disrupting the menstrual cycle. For those who are planning a pregnancy the advice is to not drink alcohol at all as is the same advice for pregnant women, this is to keep the risk of harm to a developing baby to a minimum.

As women reach the menopause, alcohol can also trigger some symptoms such as hot flushes and night sweats. Alcohol can also make issues such as weight gain and disturbed sleep worse. As our bones get thinner as we age, especially after the menopause, alcohol increases the risk of osteoporosis, which makes the bones weaker and more fragile and more likely to break during a fall.

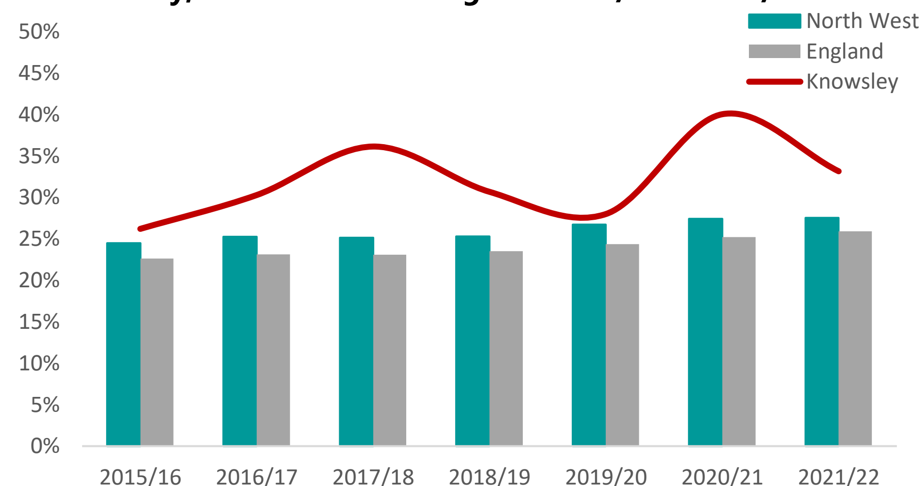
Drugs - Males are more likely than women to take illicit drugs. In 2018/19, men were twice as likely as women to have taken illicit drugs, twice more likely to have used new psychoactive substance (NPS) and over twice more likely to die from drug related misuse than females. In 2016, nationally there were 2,165 male deaths compared to 831 female deaths[cxii].
More information can be found in the Knowsley Drug Disorder Needs Assessment.

Healthy Weight and diet - In Knowsley, 74.6% of adults are classified as overweight or obese, this is much higher than the national rate at 63.8% (2021/22).[cxiii]

An unhealthy diet and a lack of physical inactivity can lead to becoming overweight or obese. Latest figures show around a quarter of UK adults, or approximately 15 million people, have a body mass index (BMI) that indicates they are obese. In England, obesity rates have risen steadily for at least 50 years. The most recent figures from the Health Survey for England in 2019 found that 28% of adults (27% of men, 29% women) were living with obesity – approximately four times higher than in 1980 (6% men, 9% women).

In Knowsley, recent data shows that almost three quarters of Knowsley residents (74.6%) are classed as overweight or obese. This is higher than the national average (63.8%) and regional average (66.7%). Trends indicate that the percentage of adults that are overweight or obese are steadily increasing at local, regional, and national levels.

Chart: Percentage of 18 years and over classified as overweight or obese Knowsley, North West and England 2015/16 – 2021/22



Just over half of adults in Knowsley met the recommended levels of physical activity

Data from year to year can fluctuate significantly, especially at Local Authority level due to lower volumes of survey data. The impacts of Covid-19 are likely to be significant due to lockdowns, with leisure centres closed at times, also outside exercise being restricted significantly during the first lockdown.

Just over a half (61.7%) of adults aged 19 and over in Knowsley met the recommended levels of physical activity in 2021/22, this is significantly below the England 67.3% and lower than North West 65.2%. An estimated 45,700 adults in Knowsley are not meeting the recommended levels of physical activity as set out by the CMO. [cxiii]

Gender trends in physically active population are not as smooth in Knowsley as England and North West due to smaller survey samples. However, in most years there is larger gap in physical activity between males and females in Knowsley than North West and England, with males more physically active than females. In the latest year to Nov 2021/22, there is a 16.1% difference between Male and Female in Knowsley, compared to a much smaller 4.8% gap in England and 5.9% gap in the North West. The gender gap is larger in Knowsley for all years compared to North West and England apart from in Nov 17-18, where female activity was higher than males.[cxiv]

Chart: Percentage Physically Active in Knowsley by Gender November 2016/16 to 2021/22

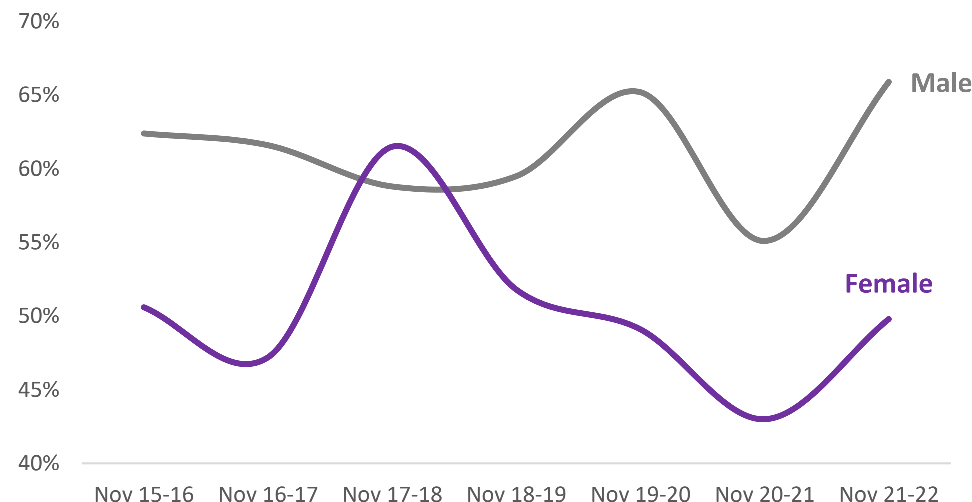
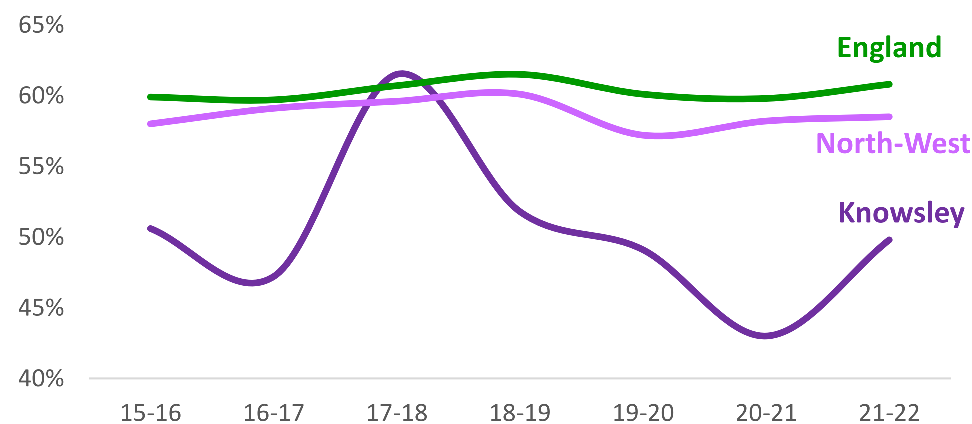


Chart: Percentage of Females Physically Active in November 2016/16 to 2021/22



What are the barriers to support for women to have a good wellbeing and lifestyle?

Many women already have competing priorities in their lives and may struggle to find the time to dedicate to keeping active and planning a nutritious meal. Some women may not understand the importance of having a healthy lifestyle and are unaware of the different health issues they may face. Greater education on how important maintaining a healthy lifestyle should help women to prioritise their own health.

Many women lead stressful lives and find smoking, drinking, comfort eating or using drugs as a relief to the stress. Some women may be struggling with their mental health and find enjoyment in their habits and so are reluctant to stop. Further education on the risks associated with these habits and how they can harm the people around them along with dispelling common misconceptions and beliefs may encourage women to find other coping mechanisms.

Surveys suggest that 39% of women over the age of 16 are not as physically active as they should be, compared to 35% of men.[i] Although any gender can experience any barrier to physical activity, some barriers are more common with women, these include lack of confidence, body image issues, fear of judgement or becoming too "bulky", menstruation/ menopause, safety concerns within a male dominated area, and lack of time especially with single parents. There is evidence for both physical and internal barriers preventing women from exercising. Although males are more likely to exercise, they can experience any barrier previously stated.

Sport England conducted an Active Lives Survey which found that people in lower socio-economic groups are the most likely to be inactive (33%) and the least likely to be active (54%). The survey highlighted that people who are in routine/semi-routine jobs and those who are long term unemployed or have never worked are the most likely to be inactive (33%), and the least likely to be active (54%). This differs from those who are in managerial, administrative, and professional occupations who are the least likely to be inactive (16%) and the most likely to be active (72%).[ii] There are several reasons for this including: lack of disposable income, lack of time, unsafe neighbourhood to be able to exercise outdoors, limited/ outdated facilities available within the area, and caring duties taking priority.

Mental Health

People who grew up in deprived areas are more likely to experience mental health problems.

What it is mental health?

Mental health is a person's emotional, psychological and social well-being, mental health can affect how people think, feel and act. It can also impact how people deal with stress and make healthy choices. It is important to maintain a good mental health throughout life.
Mental and physical health are both important and complement each other, people with chronic conditions are at a higher risk for mental illness and people with a mental illness are at a higher risk of physical health problems.[cxv]

How do mental health problems impact on women and girls?

Mental health problems often result in a person having low energy and motivation which can further impact health and performance. For example people with poor mental health are less likely to exercise which may lead to further health problems.
Eating disorders can also lead to physical health problem and can have an effect on every organ. Common health consequences of eating disorders include the risk of heart failure from eating too little calories as the heart rate and blood pressure levels fall, Electrolyte imbalances from purging which can lead to irregular heartbeats and possibly heart failure and death. Slowed digestion from food restriction and purging can lead to stomach

pain and bloating, nausea and vomiting, blood sugar fluctuations, blocked intestines, and bacterial infections. Binge eating can result in the stomach rupturing and vomiting can lead to the oesophagus rupturing. Malnutrition can cause pancreatitis, starvation also results in the brain not getting the energy it needs and the body being unable to make enough hormones which can result in menstruation failing, bone loss, reduced resting metabolic rate and high cholesterol levels.[cxvi]

Who is more likely to suffer from mental health problems?

A survey from Population Health found that being **female or identifying as a sexual minority** increased the odds of young people experiencing mental health problems at the age of 25. The survey also found that young people who grew up in more deprived areas and had not attended university were more likely to experience mental health problems.[cxvii]
50% of mental health problems are established by age 14 and 75% by age 24.[cxviii]

Experiencing **long term sickness or a disability** may also result in worsening mental health, especially when the correct support isn't available, or a person is unable to work and contribute to society. There are higher rates of women who are long term sick or have a disability in Knowsley than men.

Premenstrual dysphoric disorder (PMDD) is a health issue that women can experience that can cause depression, or anxiety in the couple of weeks leading up to the start of a period. Women with PMDD often need to seek medical help to help with the symptoms[cxix] and so this may explain the higher rate of women with general mental health issues in Knowsley than men.

Women who have **experienced infertility problems, miscarriage, stillbirth or neonatal death** are also more likely to experience mental health problems. This loss is likely to impact the emotional and mental wellbeing of women. The grief from this loss may not be acknowledged, without any support, women can be left feeling lost and alone.[cxx]
Unplanned and unwanted pregnancies may also result in a woman experiencing mental health problems.

Women **who are pregnant and have had a baby** are at a higher risk of suffering with their mental health, having a baby is a life altering event and can trigger perinatal depression either during pregnancy (antenatal depression) or after birth (postnatal depression).[cxxi] Having a baby is a major life change and the daily challenges can be overwhelming to new mothers. Mothers who have experienced depression and anxiety in the past are also at risk of developing antenatal or postnatal depression. Perinatal mental health affects around 10 to 20% (2019) of women in England during pregnancy and the first year after having a baby.[cxxii]

In addition to this, there are a number of studies which suggest that the risk of depression and in some cases, anxiety increases during **perimenopause**.[cxxiii] During perimenopause, the hormone changes a woman may experience are similar to PMS and can affect her emotions. Physical menopausal symptoms can also lead to stress, fatigue, and intensifying emotions.

Women aged 40 to 50 are also more likely to experience poor mental health. There are many life pressures that women (and men) experience during their 40s and 50s as they are most likely to have demanding jobs, be raising children and caring for parents or elderly relatives. These stress factors combined can contribute to poor mental health. [cxxiii]

The **breakdown of a relationship** can bring financial insecurity, a loss of social connections, housing issues and altered relationships with children. As a result of this, women who are divorced or widowed are more likely to experience mental health issues.

Women who have been a survivors of **domestic violence and abuse** are also likely to experience poor mental health. Experiences of violence and

assault including emotional, physical, and sexual abuse, can have a damaging impact on women's mental health. Women who stay in abusive relationships out of fear also experience distress and this impacts on their mental health. Women who have experienced abuse are at a higher risk of developing depression, anxiety, or post-traumatic stress disorder.[cxxiv]

Women who regularly drink **alcohol** are also at risk of having poor mental health. Regular consumption of alcohol has been shown to cause mental health problems such as anxiety and depression and has been linked to higher levels of self-harm and suicide in people with alcohol problems. [cxxv]Research from the Samaritans in 2021 demonstrates there is a strong relationship between alcohol and suicide, with around 23% of callers to Samaritans helpline who were dependent on alcohol mentioning a previous suicide attempt.[cxxvi]

Similar to alcohol consumption, **drug use** can also affect a person's mental health. Drugs can impact mood, behaviour and the way a person sees and experiences things. Drug use can also lead to long-term mental health problems such as depression or schizophrenia.[cxxvii]

Women with **eating disorders** experience greater and persistent depressive symptoms throughout their lives.[cxxviii] Eating disorders tend to effect women of childbearing age and can impact on a woman's maternal health and their infant's outcomes. As a result of the stigma around eating disorders and pregnancy, many women don't make their health professionals aware of this added complication.[cxxix]

With the rising prevalence of obesity in the country, there is increasing guidance around nutrition, but the guidance doesn't acknowledge the presence of eating disorders. This guidance may push women (and men) further into disordered eating.

How many women are affected by mental health issues?

Knowsley CCG has the highest rate of Depression in the North West according to the Quality and Outcomes Framework as 2.9% of people over 18 have depression (2021/22). This is higher than the National average at 1.5% and the North West average at 2.1% (2021/22).

Knowsley has the 4th highest rate of people with general mental health issues in Cheshire and Merseyside at a rate of 12,123 per 100,000. However, Knowsley does have the lowest rate of self-harm in Cheshire and Merseyside at 489 per 100,000 (2023).

The suicide rate for women in Knowsley for the period 2020-22 was 5.2 per 100,000 (age-standardised mortality rate) the same as the England average.

In Knowsley, the rates of general mental health problems are much higher in women (21,376) than men (13,216).

Women's rates of general mental health problems are higher than males in each age group, apart from under fifteens (1,500 per 100,000 females and 2,141 per 100,000 males).

The highest rate of both general mental health problems and severe mental health problems for women is aged 40-44 (32,379 per 100,000 and 2,425 per 100,000).

This may be linked to the changes women begin to experience when they are perimenopausal. The physical symptoms can also lead to stress, fatigue and intensifying emotions which may explain why more women aged 40-44 experience mental health problems.

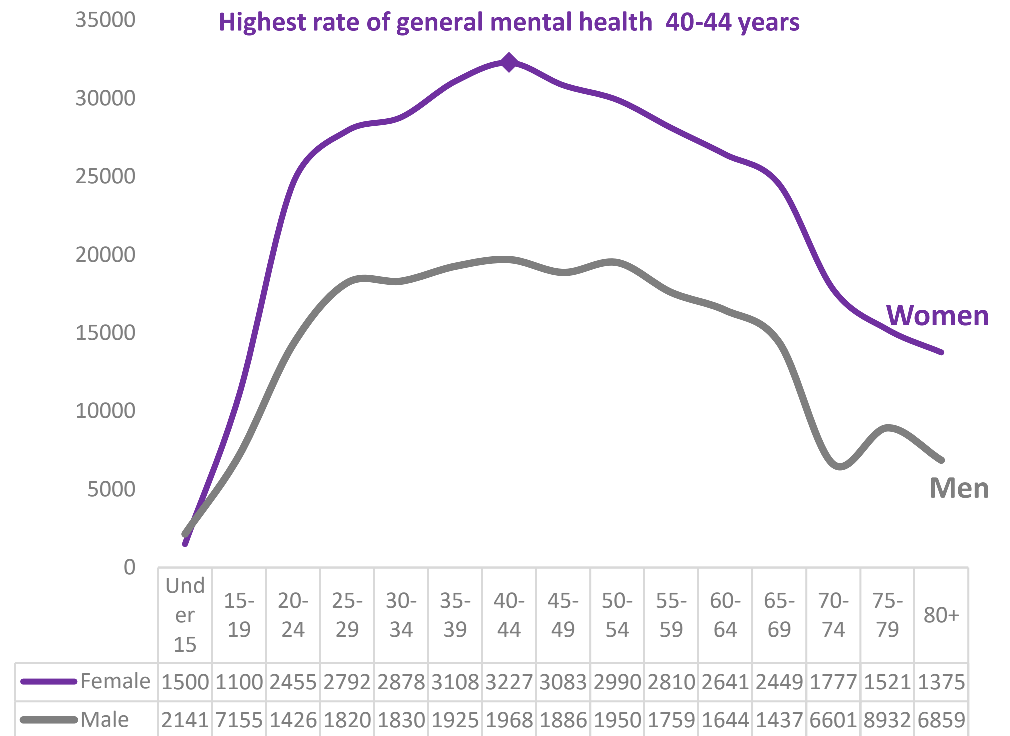
Self-harm is also most common among females, with females experiencing self-harm at a rate of 619 per 100,000 compared to 404 per 100,000 for males. The rates of self-harm are extremely high among young women aged 15 to 24 (1,749 per 100,000 for ages 15-19 and 1,966 for ages 20-24).

In Knowsley, the suicide attempt rate for men (2,975) is higher than for women (1,635), this aligns with national trends.

Amongst women, suicide is highest in women aged 35-39 (4,818 per 100,000) followed by women aged 40-44 (4,717) and aged 45-49 (4,378).

Eating disorders are a lot more common amongst women than men at 917 women per 100,000 and 191 men per 100,000. Similar to suicide, eating disorders are more common among young women aged 15-29 (1,904 for 15-19, 2,011 for 20-24 and 1,689 for 25-29 year olds).

Chart General Mental Health Rate per 100,000 population by age group and gender



	Under 15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Female	1500	1100	2455	2792	2878	3108	3227	3083	2990	2810	2641	2449	1777	1521	1375
Male	2141	7155	1426	1820	1830	1925	1968	1886	1950	1759	1644	1437	6601	8932	6859

The rate of mental health issues are highest in Page Moss (21,162 per 100k), Northwood (20,920 per 100k) and St Michaels (20,672 per 100k) wards.

Research suggests that areas with high deprivation have higher rates of mental health problems as a result of this. Knowsley is the second most deprived local authority in England. Northwood (in Kirkby), Page Moss (in Huyton) and St Michaels (in Huyton) are all within the 20% most deprived areas of England.

What are the barriers to mental health support?

There is a lot of stigma surrounding mental health with many people not wanting to disclose they are having difficulties. Women with postnatal depression can often feel like they aren't being a good mother to their child because they are overwhelmed and don't want to admit that they need help. By addressing stigma and talking about mental health illnesses more openly it may encourage more people to each out for support.

What are we doing locally (commissioning?)

There are a number of services, organisations and helplines that provide support for people who needs support with their mental health in Knowsley, so are national but others are Knowsley specific. They can be found here: https://www.knowsley.gov.uk/health-and-wellbeing/mental-health-support examples include:

- There is a Specialist Perinatal Service, which GPs, midwives, health visitors, social workers and voluntary sector agencies can refer people to.
- One Knowsley offer social prescribing support, which GPs can refer people into.
- Knowsley Child and Adolescent Mental Health Services (CAMHS).
- Butterflies – offers one to one counselling in schools, colleges, community venues offering support to those affected by bereavement and loss.

How can we do more?

- Education and destigmatising campaigns.
- Encourage early access to treatment
- Routine antenatal and postnatal appointments are important to reduce the number of women who suffer from perinatal mental health. The continuation and spread of the perinatal social prescribing pathway to support these women.
- Studies have shown that an AI chat bot in the health app Wysa has been able to alleviate the symptoms of depression by 12.7% for prenatal and postnatal women. Wysa is being integrated into the NHS in some areas.[cxxx]

Domestic Abuse

Domestic abuse exists in every community in Knowsley

What is domestic abuse?

Women's Aid defines domestic abuse as an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

How does domestic abuse impact on women?

Domestic abuse has serious consequences on women's mental and physical health, including their reproductive and sexual health. These include injuries, gynaecological problems, temporary or permanent disabilities, depression, self-harm and suicide.

Domestic abuse exists in every community in Knowsley, although there are higher reports of it in the areas which experience higher levels of deprivation and where there are more families living.

Both men and women may be a victim/survivor of domestic abuse, however, they are much more likely to be women. 77% of victims were

women from 2017 to 2019 and most suspects were males (96%). Women are also more likely to have experienced sustained abuse that results in injury or death. From 2016 to 2019, 222 women were killed by a partner or ex-partner, 98% of suspects were male. Male violence against women is often more frequent and severe than women violence against men, although women can also be perpetrators.[cxxxi]

What are the risk factors of domestic abuse?

The risk of domestic abuse within intimate relationships increases at the end of the relationship, particularly where there are children and contacts between partners persists.

There are a number of risk areas where we see increasingly complex domestic abuse, including people who suffer from substance misuse disorder, abusers masquerading as carers, and increasingly examples of domestic abuse within familial relationships.

Domestic abuse may also impact the victim's health, these risks are significant, but difficult to measure. There will be significant overlap with hospital admissions due to violence, mental health services (both for the Victim-Survivors, but also for the perpetrators), substance misuse, as well as the long-term health impacts of living under stress, danger and threats to life causes. Particularly, smoking, alcohol and drug use will all be affected. Also, the impact on children's health in terms of Adverse Childhood Experiences (ACEs) is significant and can detrimentally affect health over a whole life course.

How many women are affected by domestic abuse?

Domestic abuse is largely unreported, with repeated incidents often happening across two to three years before a report is made to the police. Nationally, based on the National Crime Survey of England and Wales, it is estimated that 5% of all adults experience domestic abuse each year. This equates to 6,200 people in Knowsley, the majority of whom are women. Across a lifetime, SafeLives estimate that one in four women and one in six men experience domestic abuse, equating to more than 20,000 women and more than 12,000 men in Knowsley.

Women in the North of England have the highest rates of domestic violence abuse in the country. The highest rates are in the North East at 19 per 1,000 population, the rate in the North West is 15, the average for the rest of England is 11.[cxxxii]

In Knowsley, demand for domestic abuse services is increasing, there is an average of eleven domestic abuse incidents reported each day to Merseyside Police. Whether the increase is due to an increase in domestic abuse occurrences or if it is greater awareness and more people coming forward to report, is unknown, but it is a significant risk to all communities in Knowsley.

Barriers to support

The barriers to accessing support for domestic abuse are significant and an important part of designing services to mitigate the risks. In Knowsley, practitioners and Victim-Survivors tell us that the main barriers are:

- Waiting lists - when a Victim-Survivor is ready for support, if a service has a waiting list this can push them back to their perpetrator.
- Communities that either have a mistrust of authorities or feel shame in contacting authorities, are less likely to ask for help. This could include people who work in professional backgrounds (including the police, the local authority) or those affected by serious and organised crime.
- Substance misuse can be a significant barrier to accessing support, both in terms of how substance misuse can suppress memory and experiences, and how it can be used as a means of control by perpetrators.

- While there has been an increase in reported domestic abuse within familial relationships (where the perpetrator is the adult child or grandchild of the victim), reporting and acting against the perpetrator is difficult, with the victim-survivor often inclined to protect their perpetrator.

Over a quarter of disabled women live in the most deprived areas

About 15 million people in England have a long-term condition. Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.[cxxxiii]

How do long term conditions, disabilities and chronic pain impact on women?

Having a disability may limit a person's activity, the rates of disability reducing a person's activity increases with age. In England, 10.8% of women and 9.4% of men said their condition or illness limited them, and 7.8% of women and 7.1% of men reported as being limited a lot.[cxxxiv]

Having a disability may also limit a women's ability to work, research from equality human rights commission found that just under half of disabled women are unemployed and aren't actively seeking work and so unable to financially support themselves. Women with a disability who are in employment experience a pay gap when compared to women without a disability, for some impairments this pay gap is up to 18.9%.[cxxxv]

Who is more likely to suffer from long term conditions, disabilities and chronic pain?

In England, more **women** are disabled than men (18.7% and 16.5%).[cxxxvi] From 2011 to 2021, the proportion of disabled women aged 10-14 and 15-19 rose significantly from 6.8% to 12.2% of 10-14 year olds and 7.1% to 13.3% of 15-19 year olds. However, more boys under the age of 15 are disabled than girls. [cxxxvi]

Young people who receive **free school meals** are more likely to be on an Education, Health, and Care Plan as 39.7% of children on EHCPs being eligible for free school meals, 36.4% of children with SEN being eligible for free school meals and 22.5% of all children being eligible for free school meals.[cxxxvii]

There is a strong link between **SEND** and poverty, children from low income families are more likely to inherit SEND and are more likely to develop SEND in childhood. Children with SEND are also more likely to be born into poverty and are less likely to leave school with the skills and knowledge to leave poverty.[cxxxviii] Knowsley is the second most deprived borough in England, and so it is likely that many of the young people and children with SEND in Knowsley are living in low income households.

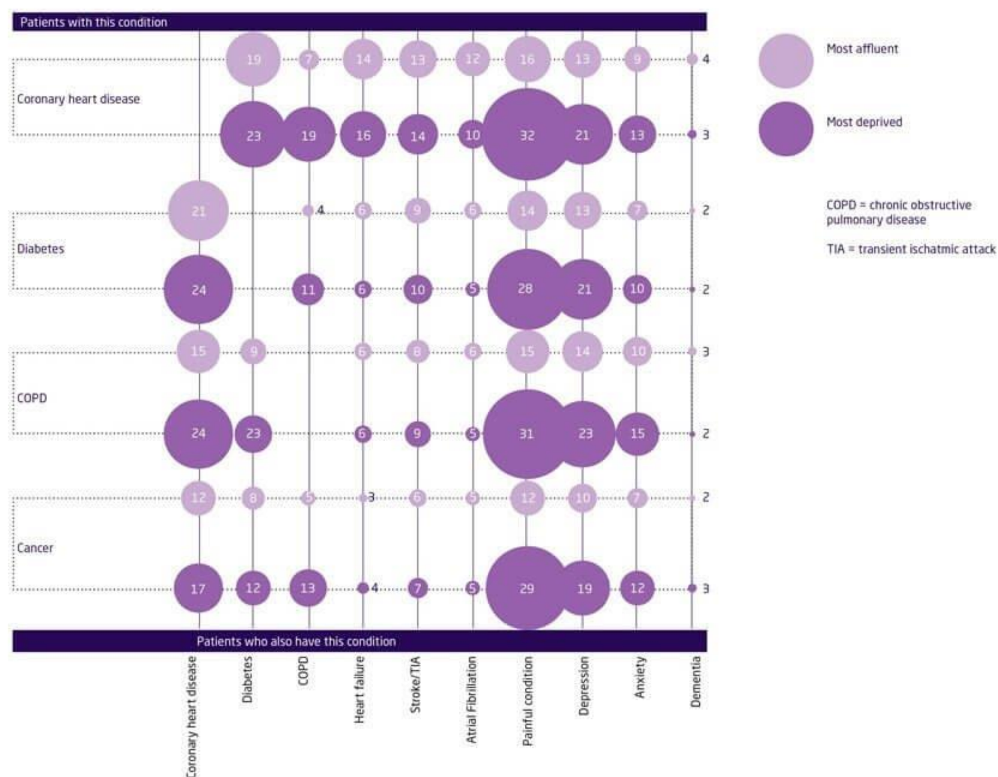
Further to this, research from Disability Rights UK found that disabled people account for nearly half (44%) of the most deprived working-age adults in the country, in comparison to the working population of which 18% are in the most deprived tenth. [cxxxix]

There is a higher proportion of disabled people who live in the most **deprived areas** in comparison to the least deprived areas. In England, 27.2% of disabled women live in the most deprived areas (decile 1) and 13.6% of disabled women live in the least deprived areas (decile 10).

In addition to this, there is a higher percentage of younger disabled people in the most deprived areas than in the least deprived areas, in the most deprived areas 21.6% of 40-44 year olds are disabled whereas in the least deprived areas the proportion of disabled people didn't reach 21.3% until the ages of 70-74. [cxxxvi]

Studies show that people living in deprived areas are more likely to have multiple health problems and about 10-15 years earlier than those in more affluent areas. Multi-morbidity is also more common for people living in deprived areas.[cxl]

Chart: Patterns of selected co-morbidities between most affluent and most deprived deciles [cxxxiii]



Almost a quarter of women are disabled under the equalities act.

In Knowsley, 24% of women are disabled under the equalities act, this is higher than the proportion of men disabled under the equalities act in Knowsley (21%).[cxli]

In Knowsley, 19% to 28% of women are disabled under the equalities act in each ward compared to 16% to 25% of men. The wards with the highest proportion of women who are disabled under the equalities act are Northwood (28%), St Michaels (28%), Stockbridge (27%) and Whitefield (27%). All of these wards are among the 20% most deprived wards nationally on the indices of multiple deprivation 2019.

Knowsley has the second highest prevalence of learning disabilities in the North West with 0.7% of people (2019/20)[cxlii] and the highest rate of children with learning difficulties known to schools in the North West at 55.6 per 1,000 compared to 35.7 per 1,000 in the North West. [cxlii]

In Knowsley, there are more men who receive employment support allowance than women (Feb 23).[cxliii] Employment support allowance data shows that 50.46% of women receiving this benefit in Knowsley suffer with mental and behavioural disorders, this is higher than in England with 46% of women who receive ESA suffer with mental and behavioural disorders. In Knowsley, 10.05% of women who receive ESA have a disease of the musculoskeletal system and connective tissue, 8.83% of women with symptoms, signs and abnormal clinical and laboratory findings and 7.06% of women with diseases of the nervous system (Feb 23) [cxliii.]

In Knowsley, there is a slightly higher proportion of boys with SEND known to schools (51.7%) than girls (48.3%), this is similar to the national break down.[cxliv] There are several theories as to why more males than females are diagnosed with SEND, some suggested that boys are more susceptible to having SEND, others suggest it is the western socialisation of girls and boys that allow girls to be more open about their emotions.[cxlv]

Older Women and Care

Inequalities accrue and get reinforced over a person's life. They become exacerbated in older age causing greater disadvantage, many older people experiencing poverty, poor health, discrimination and marginalisation. The effect on women is greater as they live longer and experience systemic gender-based inequalities that accumulate throughout their lives.[cxlvi] The older women are the more likely they are to be providing unpaid care.

Often older women are framed as a problem. The ageing population is a problem, older women live longer than men and somebody has to take care of them. This is sometimes seen as a burden for their families, society and the public purse.[cxlvii] Older women often face double discrimination and disadvantages. Older women often feel that they are invisible and overlooked, as well as health strategies for women often focusing on women of childbearing age.

Many older women provide critical and often unrecognised support to their families, communities and economies via paid and unpaid work. Without this contribution households would miss economic and social opportunities. Communities would be less cohesive and social would struggle to function fully.[cxlviii]

Caring relationships vary by age of carer. Carers aged up to 70 were most likely to be caring for their parents, more than half (53%), whereas more than half of those older than 70 cared for their partner.[cxlix]

In Knowsley 59.6% of people who provide unpaid care are women.

1 in 5 women (21%) aged 50-64 years and 1 in 10 women aged 65 years (12%) and over are providing some form of unpaid care. 6.9% of women aged between 50-64 years and 6.8% of women aged 65 years and older are providing 50 hours or more of unpaid care in Knowsley.[cl]

Department of Health and Social Care (DHSC) and the Care Quality Commission (CQC) Survey of Adult Carers in England 2021/22 results highlight that of the carers that responded in Knowsley[cli]:

- 71% of carers are female.
- 42% of carers are retired.
- 29.4% are not in paid work, 92% of that group were not in paid employment due to their caring responsibilities.
- 56.9% said they value their spare time but, don't have enough.
- 24% answered that they don't do anything they value or enjoy with their time.
- 43.7% said that they look after themselves, compared to 32.7% who answered they sometimes look after themselves well enough. Lastly, 23.7% of carers say they neglected themselves.
- 47% said they have some social contact with people but not enough. 23.5% said they had little social contact with people and feel socially isolated.
- 76.9% said they felt tired, 69.2% had disturbed sleep, 62.3% felt stressed, 48.6% felt depressed, 34.8% had experienced physical strain and 26.7% said an existing condition had been made worse. (Respondents could pick as many options as they liked so will not add sum to 100%).
- More than 3 in 10 had a long-standing illness themselves, 2 in 10 had a physical impairment or disability.
- A quarter had been providing care for 20 years or more, another quarter had been providing care for less than 10 years but more than 5 years.
- Over a third were spending 100 hours or more looking after or caring.

A recent Age UK report[clii] focused on the health and care of people aged 50 and over their research found:

- Almost three in five (57%) unpaid carers had felt tired because of the care or support they provide.
- Almost half (48%) of unpaid carers had felt anxious,
- more than a third (34%) of unpaid carers had felt overwhelmed, and
- more than a fifth (21%) of unpaid carers had felt lonely.
- Many unpaid carers were struggling to access support to enable them to continue caring, with one in six (16%) saying they had been unable to access any help at all.

The ability to gain paid employment is impacted by caring responsibilities. 4 in 10 carers under retirement age were not working as much as they would like to due to their caring responsibilities. Carers providing more than 20 hours of care a week were more likely to be living in lower income households than non-carers.

There are several types of state support for carers, however, only a small percentage of carers approach their local authority for help.[cliii] The carer allowance uptake in Knowsley is 73.7%, this is higher than the North-west and England average but, can only be claimed by those providing at least 35 hours a week. [cli]

The above statistics, reports and surveys highlight the risks to carers health and wellbeing - stress, unemployment, social isolation, poor mental and physical health are all issues that many carers experience.

In addition to the potential negative impact caring has on their health, wellbeing and financial health, many older women will also be experiencing additional health challenges. With increased age comes increased risk of disability and long-term health conditions. Although not all older women live with disabilities, they are more likely to be living with a disability. In Knowsley 46% of women aged 65 and over were classed as disabled under the Equality Act, compared to 43% of men. Older women also face specific health challenges such as menopause, osteoporosis they also face increased risk of high blood pressure, high cholesterol, heart disease, stroke, breast and ovarian cancer.

Both the NHS Long Term Plan and the government's roadmap for adult social care data have recognised the need for better data to identify carers and understand whether they are being supported effectively. Cheshire and Merseyside Health and Care Partnership Interim Strategy sets a vision where all carers in Cheshire and Merseyside will have the support they need and recognition they deserve.[cliv]

Protected Characteristics

Women may experience multiple forms of discrimination and disadvantage simultaneously, as different aspects of their identify overlap to form their unique experience; these can include: age, disability, race, sexual orientation, religion/belief, social class etc. This is known as intersectionality, it is used to describe how multiple identities and the social positions people hold interact with each other, and how those interactions shape lives and experiences of inequality. Women's health outcomes and experiences of health care will not only be shaped by their experiences as a woman, but also by the other their other identities.

Age – Health issues and needs are greater amongst the very young and very old. 2021 Census data showed 6% growth in the very young (0-4 years) and 13.8% in residents aged 65 years and older, in Knowsley since 2011. Helping all children in Knowsley to have the best start in life and supporting older residents to age well are two key challenges for Knowsley, particularly considering the growth in those age groups.

Many children in Knowsley live happy healthy lives, however, some start life without the support, resources or opportunities they need to thrive, impacting on their long-term physical and mental health. For example: 1 in 10 babies in Knowsley are born to a mother who smoked during her

pregnancy. At 6-8 weeks less than 3 in 10 babies were totally/partially breastfed and by reception 14% were living with obesity.

Inequalities accrue and get reinforced over a person's life.[clv] They become exacerbated in older life causing greater disadvantage, many older people experience poverty, poor health, discrimination and marginalisation. The effect on women is greater as they live longer and are more likely to experience more discrimination compared to men. Ageism can have wide ranging effect for example making it harder to gain employment, access medical care/treatment, they may be denied financial products and as services moving online some older people may face digital barriers to accessing essential services, including benefits.[clvi]

Women are more likely to face financial insecurity throughout their life which impacts their ability to save for their pension. This is because women are more likely to work part-time or have shorter careers because of their caring responsibilities for children or family.[clvii]

Results from the Personal Well-being in the UK[clviii] found a greater proportion of adults aged 50 to 59 had low levels of life satisfaction (7.9%) and low levels of happiness (10.3% 50 to 54, 10.9% 55 to 59). The greatest proportion reporting high levels of anxiety (25.1%) were also those aged 50 to 54 years. Adults aged 85 to 89 reported low levels of feeling things done in life are worthwhile (6.8%).[clix] This may be higher for older women as in general women report higher levels of anxiety (26.6%) than men (20%).

Age is a risk factor for loneliness, which can impact the quality of a person's life.

Many older women in Knowsley are living lives that are hampered by long-term health conditions and have their lives cut prematurely short.

Disability- People with a learning disability have worse physical and mental health than people without a learning disability.

The median age which people with learning disabilities die is 62.9 the life expectancy in the UK is 78.6 years for men and 82.6 years for women. LeDeR found that 42% of deaths of people with a learning disability were avoidable.

On average, women with a learning disability die 23 years younger than women in the general population.[clx]

25% of people with a learning disability who died in 2022 lived in the most deprived neighbourhoods by decile, compared to 10% in the least deprived.[clxi] This is significant given Knowsley is the second most deprived local authority in England.

13.4% of disabled adults reported having low life satisfaction and 17.6% reported low happiness and 35.8% reported having high anxiety, this is much higher than for non-disabled adults (2.6%, 5.5% and 18.2%).[clxii]

Race/Ethnicity – Health inequalities exist between different ethnic groups, it is complex in terms of differences between ethnic groups, the impact on different health conditions and interaction with other factors such as environment, housing, employment for example. Structural racism can reinforce inequalities, racism and discrimination can also have a negative impact on the physical and mental health.

There is from example a growing body of evidence showing that ethnic health inequalities exist throughout maternal and neonatal care.[clxiii]

Rates of rates of infant and maternal mortality, cardiovascular disease (CVD) and diabetes are higher among people from Black and South Asian backgrounds than white. People from White Gypsy or Irish Traveller, Bangladeshi and Pakistani backgrounds have the poorest health outcomes across a range of indicators.[clxiv]

Women from Black ethnic backgrounds are four times more likely to die, and women from Asian ethnic backgrounds are twice as likely to die,

compared to White women during pregnancy.[clxv] Black mothers are twice as likely to be admitted to hospital with perinatal mental illnesses and three times more likely to be admitted to hospital for severe instances of perinatal mental illness and behaviour disorders associated with the six weeks immediately after childbirth compared to white mothers.[clxvi] Whilst less than 5% of Knowsley residents are from Asian, Black. Mixed or Other Ethnic Groups, since 2011 residents self-identifying from those ethnic group backgrounds has grown by 81% (3,249 people).[clxvii]

Religion or Belief

A lower proportion of those who have no religion are satisfied with their overall health (64%) than those who identify as Christian (68%), Hindu (72%) or Jewish (77%). Those who identify as any other religion are less likely to be satisfied with their overall health (52%).[clxviii]

Smoking prevalence is significantly higher among those who identified with no religion (18%) than those in religious groups (Muslim 11%, Christian 11%, Hindu 5%, Jewish 4% and Sikh 2%).[clxviii]

Research in the US found that people who had a religious affiliation lived for an average of 5.6 years than those who don't, it has been suggested that the reason for this is that religious people live 'cleaner' lives as they are less likely to smoke, drink, take drugs or practice unsafe sex than non-religious people. In addition to this, religious faiths may create a sense of purpose in a person's life, often resulting in them having better mental wellbeing and subsequently better physical health.[clxix]

Sexual Orientation and Gender Identity

There is consistent evidence that LGBTQ+ people have disproportionately worse health outcomes. A 2017 National survey described a situation where LGBTQ+ communities face discrimination, felt their specific needs were not being met, had poorer experiences and had major concerns about accessing healthcare.[clxx]

National research suggests that LGBTQ+ men and women aged over 50 are 1.2 times more likely to experience poor self-rated health than heterosexual men and women.[clxxi]

Hospitals often don't collect data on a patient's sexual orientation in order to treat all patients the same, however, International Longevity Centre UK suggest this leads to health care professionals overlooking the needs of LGBTQ+ men and women as they age. [clxxi]

Almost one in four LGBTQ+ people (23%) have witnessed discriminatory or negative remarks against LGBTQ+ people by healthcare staff.

One in seven LGBTQ+ people (14%) have avoided treatment for fear of discrimination because they're LGBTQ+.

Seven in ten trans people (70%) report being impacted by transphobia when accessing general health services.

Nearly half of trans people (45%) said that their GP did not have a good understanding of their needs as a trans person, rising to over half of non-binary people (55%). Trans people of colour also experienced transphobia from trans-specific healthcare providers at more than double the rate of white respondents (13% compared to 6%).[clxxii]

52% of LGBTIQ+ people have experienced depression, this is significantly higher than the proportion of the general population (16%).[clxxiii]

One in eight LGBTIQ+ people aged 18 to 24 had attempted to end their life.

Almost half of trans people had thought about taking their life.[clxxiv]

Older LGBTQ+ people belong to a generation that is likely to have faced stigma and discrimination throughout their lives. For example when a 75 year old gay man was 18, sex with other men was still illegal, and when a 60 year old lesbian was 18, aversion therapy was still offered on the NHS.

The minority stress model proposes that this experience of discrimination has a direct negative impact on the mental and physical health of LGBTQ+ people.

Older LGBTQ+ people are currently more likely to live alone, and less likely to have children to support them than other older people. Many older gay men are in the first generation who are ageing with HIV.[clxxv]

Socio economic/Class - In England, there is a systematic relationship between deprivation and life expectancy, sometimes known as the social gradient in health, this described the fact that people who are less advantaged in terms of socioeconomic position have worse health and shorter lives.[clxxvi] Between 2011 and 2019 890,000 people died earlier than they would have done had they experienced the death rates seen in the least deprived 20% of areas.[clxxvii]

Healthy life expectancy is over 18 years lower for the most deprived population than the least deprived.[clxxviii]

Knowsley is second most deprived local authority in England, given the evidence linking deprivation to poor health outcomes and premature deaths, some people in Knowsley will die earlier than they would if they lived in less deprived area.

The impact of deprivation on health outcomes is wide ranging and across the life course. For example, women living in the most deprived areas continue to have the higher maternal mortality rate compared to those living in the least deprived areas.[clxxix]

50% of people in the most deprived areas report poor health by age 55–59, over two decades earlier than those in the least deprived areas.[clxxx] Women in the least deprived area in England live almost twenty years longer in good health compared to the most deprived.

In England, people who live in the most deprived areas were less likely to report having very good health in compared to those in the least deprived areas. In the most deprived areas, 36.9% of women were in very good health in comparison to 55.4% of women in the least deprived areas.

Across all age groups in England, people in the most-deprived areas were less likely to report very good health than those in the least-deprived areas; the age groups at which the difference was greatest was seen for those aged 55 to 59 years (19.8% compared with 46.0%).

In England 64.2% of people aged 15 to 19 years were in very good health in the most-deprived areas, compared with 75.9% in the least-deprived areas..[clxxxi]

Women aged 65 to 69 who are long term unemployed and never worked (or have occupations that are inadequately described) have a lower life expectancy, 18.6 years less than those who have been in any other type of employment. Women who have worked in managerial roles, intermediate roles (armed forces, paramedic, bank staff) and those who have been small employers are likely to live the longest (22.03 to 22.63 years more), followed by those in lower supervisory and technical roles (electricians, plumbers, chefs), semi routine (receptionist, care workers, telephone sales) and routine (labourers, bar staff and lorry drivers) (19.91 years to 20.56).[clxxxii] This significant for Knowsley as 21.3% of women living in Knowsley have never worked/long-term unemployed.[clxxxiii]

The cost of living crisis is disproportionately affecting women, as they are most likely to be in low paid work compared to men, have fewer savings, provide unpaid work including caring responsibilities which may affect their ability to work extra or hours or find a new job to absorb increased costs.

Women also often act as the "shock absorbers" of poverty, going without food, clothes, or heating to protect other family members. Problems are particularly acute for women from ethnic groups with higher rates of poverty, disabled women, survivors of domestic and financial abuse, and women with 'no recourse to public funds.'[clxxxiv] These factors impact negatively on women's health and wellbeing, for example, 2024 research[clxxxv] found women in Oxford with lived experience of domestic violence and/or sexual abuse were missing vital medical appointments due to the rising cost of living. Survivors reported that they were unable to afford certain kinds of medical treatment, including dentist and optician appointments, physiotherapy, and essential therapeutic counselling as the rising cost of living has forced them to cut back. In addition, respondents describing skipping meals, eating smaller portions, less nutritious food, and eating food that didn't need to be refrigerated or cooked in an energy-intensive way due to the rise in both energy and food prices, negatively impacting their overall health. This is unlikely to be unique to Oxford and there will be women in Knowsley experiencing the same challenges and having to make the same sacrifices due to a lack of money and resources.

Single parents the majority of which are women (90 percent) and their children are more likely to be in poverty than any other type of household, with 49 percent living in poverty.[clxxxvi] Shelter's Fobbed Off Report highlighted that single women with children are twice as likely than other households to be living in a home that harms their or their family's physical and/or mental health.[clxxxvii] Just over 1 in 10 households in Knowsley are single family households with dependent children.[clxxxviii]

On current trends, inequalities in health will persist over the next two decades: people in the 10% most deprived areas can expect to be diagnosed with major illness a decade earlier than people in the 10% least deprived areas.[clxxxix]

Adults in employment (aged 16 to 69) with "no qualifications" reported having lower personal well-being than those with any type of qualification. 14% reported low levels of life satisfaction, 15.9% reported low levels of happiness and 30.3% reported high levels of anxiety.[clxii]

Knowsley has high levels of residents without any qualifications at 15.8% in comparison to 6.5% nationally.[cxc]

All people in Knowsley deserve health equity, regardless of where they live, their sex, age, ethnicity, sexual orientation, gender identity, disabilities, religious beliefs, socio-economic class so they can achieve their full health potential. Improvements require long-term commitment to bring about the changes needed using a holistic approach as a person's health and wellbeing is affected by numerous factors.

Autumn Statement 2024 – Women in the Economy[cxci]

In the Autumn Statement the government stated that it is committed to increasing women's labour market participation, addressing pay inequality, ensuring that they can realise their full potential and progress in the workplace.

The proposed changes and reforms have the potential to make a difference to the lives of many women in Knowsley, particularly as we know there is a strong link between health and wealth. Increasing access to flexible working, parental leave and affordable childcare also increases the opportunity to gain better quality employment and the ability to attend medical appointment and live saving health screening.

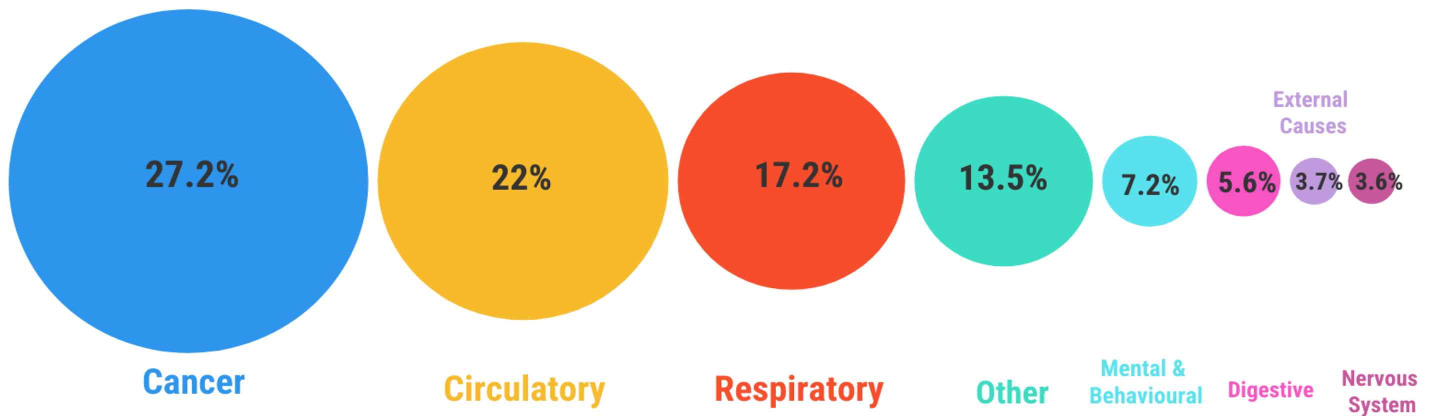
They want to ensure that work pays, the measures that impact on women specifically are:

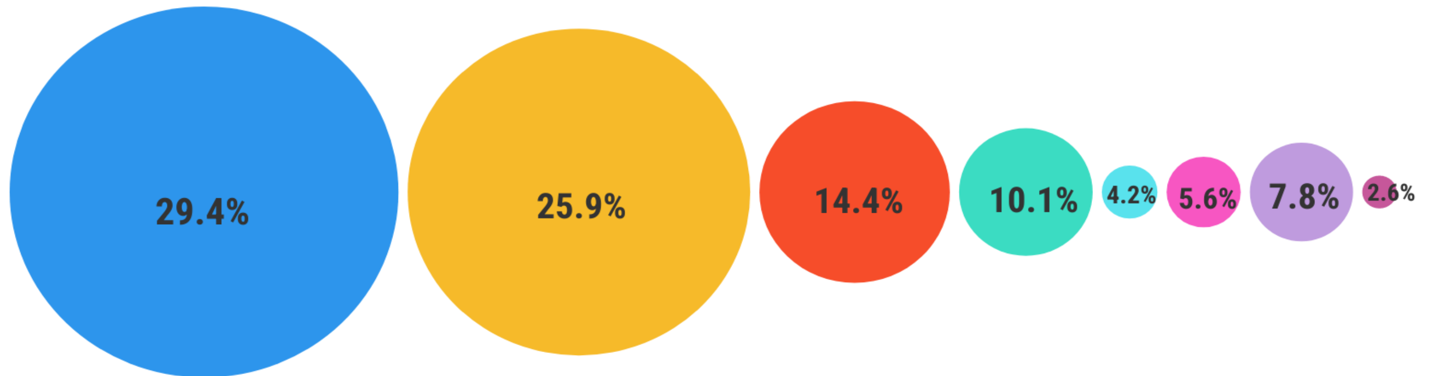
- Women, who represent around 60% of minimum wage jobs, will especially benefit from the 6.7% increase in the National Living Wage.

- Strengthening women's employment rights, including enhanced dismissal protections for pregnant women and new mothers, and through the Employment Rights Bill, the government will make it easier for parents to share childcare responsibilities, making flexible working the default and providing guaranteed day-one parental leave.
- Large employers will also be required to take proactive steps to address their gender pay gaps and support employees through the menopause.
- Carers, who are predominantly women, will have greater flexibility to manage both employment and caregiving responsibilities through reforming Carer's Allowance to increase the weekly earnings limit to the equivalent of 16 hours at the National Living Wage.
- Reforms to childcare aim to better support working families and help more mothers participate in the workforce: this includes expansion of government funding childcare and reviews of parental and carer's leave systems.
- The government is partnering with business to maximise women's contribution to the economy. For example, in line with the ambition of the Invest in Women Taskforce to expand access to funding for female entrepreneurs.

What Kills Women in Knowsley?

Image: Knowsley female and male causes of death 2022[cxcii]





Cancer, Circulatory and respiratory disease are the biggest causes of deaths for females in Knowsley, accounting for 66.4% of deaths in women. Respiratory diseases and Mental & Behavioural account for bigger proportions compared to males. Death attributed to Mental and Behavioural causes are almost double that of males.

Table: Knowsley female Under 75 death rates per 100,000 from main Diseases 2019 to 2022

Under 75 years mortality	Knowsley						England
	2019 (Pre-pandemic)	2020	2021	2022	Difference from 2021	Rank in England	2022
All causes	392.5	416.9	474.1	375.4	-98.7	12th Highest	269.2
Cancer	158.7	169.3	146.0	138.8	-7.2	17th Highest	110.3
CVD Disease	72.4	75.5	83.0	68.3	-14.7	19th Highest	47.4
Respiratory Disease	63.6	30.0	61.1	61.7	0.6	3rd Highest	26.3
Due to Covid-19		49.5	70.9	15.5	-55.4	5th Highest	7.6
Liver Disease	28.5	23.1	31.5	33.5	2.0	3rd Highest	15.5

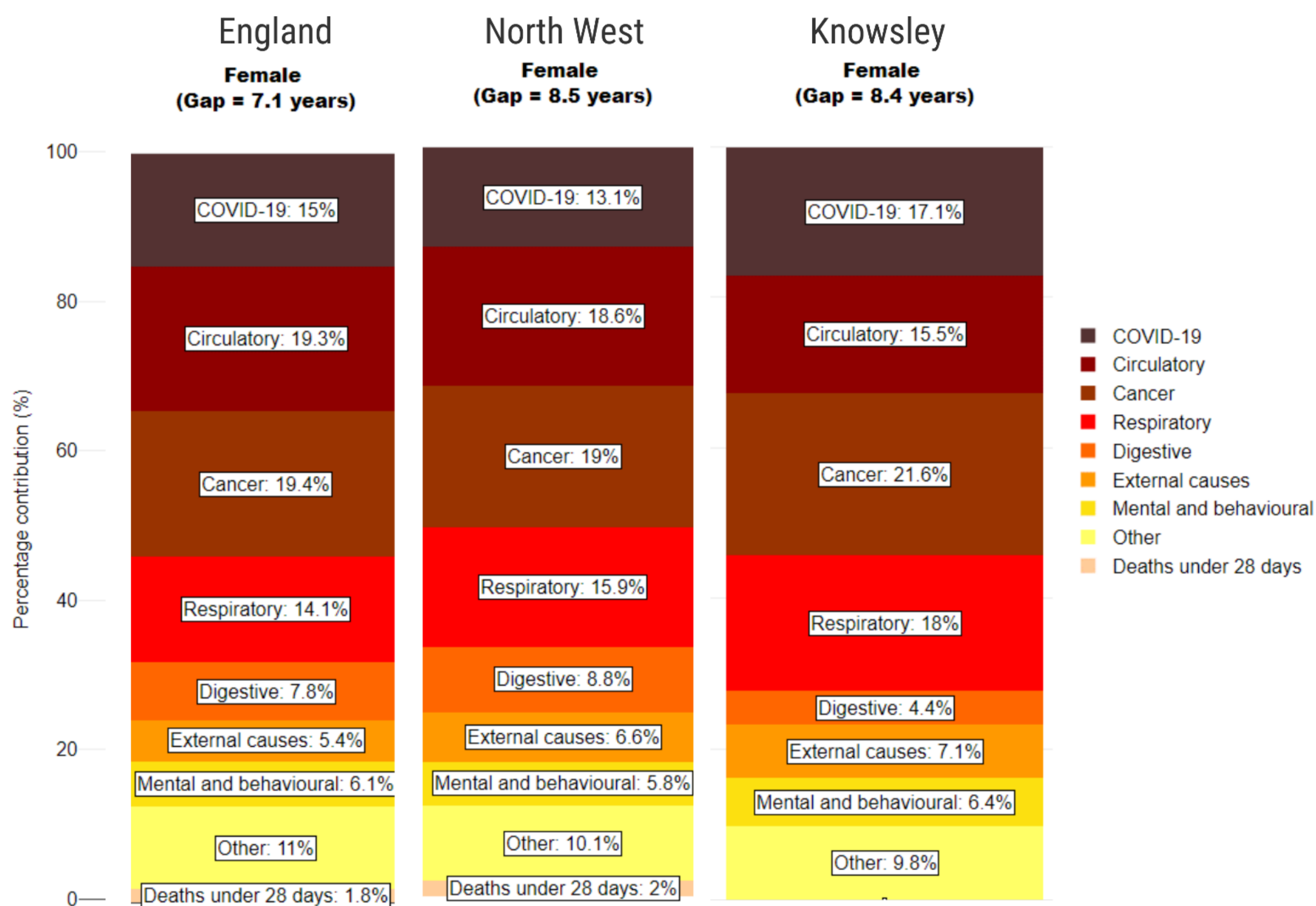
Whilst there have been some positive reductions in 2022 compared to 2021, the premature morality rates for women in Knowsley are still worse than England.

Knowsley had the third highest rate in England for premature deaths from respiratory disease and liver disease, both rates were more than double the England average.

Knowsley has the second highest rates for premature female deaths from Lung cancer for 2020-22 (86.0), and is double the rate of England (42.7)

Women Prematurely dying from COVID significantly reduced compared to 2021, however, the rate was the 5th highest in England. Knowsley women had the highest rate of premature deaths *involving* Covid-19 in England.

Chart: Breakdown of the life expectancy gap between the most and least deprived quintiles by cause of death 2020 to 2021 England, North West and Knowsley[cxciii]



The above charts show which causes of death and age groups are contributing most to inequalities in life expectancy between the most and least deprived quintiles of each area.
The life expectancy is gap is bigger for Knowsley and the North West compared to England.

The proportion of women who die from respiratory disease in particular is much higher than the North West and England averages.

Impact of COVID-19 on Female Life Expectancy

Knowsley has the highest rate of first episodes of COVID-19 nationally for the whole period March 2020 to April 2023.

Most of Knowsley's COVID-19 deaths occurred in people in their 70's, which will have had an impact on life expectancy figures. The difference between male and female deaths due to COVID-19 was not significant.

However, data on deaths that were not directly attributable to COVID-19 is unknown (i.e., reduced health services capacity, and increased waiting times etc), but likely to impact on both the health and life expectancy of women and girls in Knowsley.

COVID-19 exacerbated existing inequalities in health and mortality, many girls and women in Knowsley experience inequality, poverty and deprivation and will have felt the impact of COVID-19 more acutely than boys/men and women living in less deprived areas of the UK.

Section 5

Recommendations –

- Health and Wealth are intrinsically interlinked, particularly in Knowsley, all roads lead back to poverty. To have the biggest impact on improving the health and wellbeing of women and girls we must also consider support with employment and education and well as the wider determinates of health. With particular focus on the challenges and barriers women and girls face.

- We need to listen to the experiences of women and girls to ensure that support and services are what they want and meet their needs. Engaging in co-design and production whenever possible. Particularly as we know many women and girls feel unheard and are not having their needs met.

- We need to improve how we signpost women and girls to support, considering a range of methods suited to different population groups, signposting should be more holistic not just for health but other services that are wider determinants of health.

- We need to collaborate more, with partners, counterparts in other local authorities and communities and improve how we do this.

- We need to focus on prevention and early intervention and act before crisis.

- We need to encourage women and girls to attend screenings and health checks to prevent future ill health or diagnose health conditions/illness as early as possible. This requires removing barriers to access and ensuring invitations suitable for different population groups, particularly those that face the most barriers and/or least likely to attend screening/checks.

- Whilst we can make a difference locally, we must also consider how we can influence policy change at national level.

- Health messages need to be accessible and use plain English, they should be delivered via multiple communication channels, this means we need to understand which are most effective for Knowsley's population and for different population groups. We should work with trusted people and sources to share those messages, particularly the voluntary sector and local groups.

Women's Health Hubs

What are they?

Women's health hubs bring together healthcare professionals and services to provide integrated women's health services in the community, centred on women's needs across the life course. They aim to address fragmentation in service delivery to improve women's health access, experiences and outcomes.

The benefits of implementing women's health hubs outweigh the costs due to the increased access and improved experience for women, high return on investment for contraceptives, the number of groups benefitting from hubs and the limited set-up and running costs required.

There are a range of hub models across England, which can be challenging when defining and evaluating hubs. While only a small number exist, the variety of approaches seen in England is in part due to local population needs.

Cost benefit analysis has been carried out by the Department of Health & Social Care, using their central scenario, for every £1 spent on implementing a Primary Care Network -sized hub, there are estimated to be £5 of benefits, even using their worst case scenario there is a benefit of £2 for every £1 spent.

The Department for Health and Social Care (DHSC) (working with stakeholders) has identified some services to illustrate potential core components of a hub. These include:

- menstrual problems, assessment and treatment
- menopause assessment and treatment
- contraceptive counselling
- provision of the full range of contraceptive methods (including long-acting reversible contraceptives (LARCs)) for both menstrual problems and prevention of pregnancy
- preconception care
- breast pain assessment and care
- pessary fitting and removal
- cervical screening

The Women's Health Strategy for England sets out the government's 10-year ambitions for increasing the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes. [cxciv]

The aims and objectives of a Women's Health Hub are to:

- Improve patient pathways and streamline patient journey to offer patient centred care.
- Offer appropriate, accessible, quality patient care closer to home.
- Reduce multiple contact points.
- Reduce waiting times.
- Streamline referrals to reduce secondary care waiting lists and be a more efficient service.
- Provide new or additional services in primary care to address gaps in current provision.
- Improve access to long-acting reversible contraception (LARC) provision.
- Reduce unplanned pregnancies.

- Improve access to non-complex gynaecology, ring pessaries, removal of cervical polyps, PCOS (polycystic ovary syndrome), HMB (heavy menstrual bleeding) and menopause.
- Upskill the workforce, including GPs, nurses, pharmacists and other members of the multi-disciplinary team.
- Reduce inequalities in access and care.
- Educate and empower women to self-manage and seek help as needed.

Liverpool City Council is the first Cheshire and Merseyside area to implement the Women's Health Hub Model, working with local NHS to set up a network of women's health hubs in GP surgeries. Offering both NHS and council commissioned services. This was achieved through a joint commissioning group set up between the council and local NHS. A strategic women's health forum, consisting of commissioners and GPs, implemented the plan. The hubs offer a range of services from long-acting reversible contraceptives (LARC), such as coils, contraceptive implants and injections, through to cervical screening, psychosexual services and treatment for menopause and heavy periods.

Whilst there were teething problems, outcomes have been good improving access to services, with increases in the number of appointments and higher rates of LARC usage.[cxcv]

Improving Me[cxcvi] is the women's health and maternity programme for Cheshire and Merseyside Integrated Care Board (ICB), they aim to improve the experiences of women and children. The associated Women's Health and Maternity (WHaM) programme is focused on developing a safe, high quality, clinically and financially sustainable whole system model of care for women's services across Cheshire and Merseyside.

Their Main Goals are:

- The Women's and Children's Services Partnership will develop a safe, high quality, clinically and financially sustainable whole system model of care for women's and children's services across Cheshire and Merseyside.
- Engaging in decision making about the services that are offered to meet the needs of women, their babies, children, young people and their families at the right time, in the right place by the right people. Care should be centred around personal choice and individual needs.
- To reduce unwarranted variations in outcomes and experiences by working together with local NHS, public and third-sector partners.
- To enrich maternity teams through effective leadership, recruitment, retention, training and support for continuous development.

Improving access to LARC will be one of the main aims of Women's Health Hubs in Knowsley. This will be beneficial to many women in Knowsley for a variety of reasons including: helping reduce unplanned and unwanted pregnancies, offering more conceptive choice which may better suit women, offering a more reliable form of contractive, supporting women experiencing heavy menstrual bleeding

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[clxxxviii] 2021 Census Table TS003 Household Composition.

[clxxxix] Health inequalities in 2040 - The Health Foundation

[cxc] Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

[cxci] Autumn Budget 2024 – HC 295

Mortality statistics extracted from the nomis website Mortality statistics - underlying cause, sex and age - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

[cxciii] Segment Tool

[cxciv] Women's Health Strategy for England - GOV.UK (www.gov.uk)

[cxcv] Liverpool Council: Setting up a network of women’s health hubs | Local Government Association

[cxcvi] About Us - Improving me

Appendices

Barriers to women maintaining good health Cross Cutting Themes

- **Waiting times and capacity**
- **Poverty and Deprivation** - Poverty and Deprivation linked to poorer health outcomes. Being in insecure, low-income employment means that you are not entitled or feel able to take time off to recover after illnesses or attend medical appointments.
- **Collaboration and clear expectation and messages -** A consistent message from all health and social care professionals.
- **Building trust in the council, health services and partners**
- **Women and girls having low expectations for support they do not believe they will receive support and help.**
- **Education, the right advice and repeating the message.**
  This also fits in with having one clear consistent message. This avoids creating misperceptions and confusion. Women are often not equipped with the information they need to understand the issues/illness/changes to their health and bodies. An example of this is some women do not believe cervical screening is important if they have not recently had sex or have been through menopause. A lack of information, appropriate information, language (either alternatives to English or using plain English) or format, alternative to written information for example a video.
- **Protected characteristics ethnicity, sexual orientation, gender identification, disabilities, migrant communities.**
  Accessing better support is even more challenging for people from minority backgrounds such as LGBT+ communities and from minority ethnic groups. Representation can be an issue not seeing people who reflect them in educational material or those who provide services.
- **Many services are not designed from a women's point of view and their needs.**
  Some women do not feel comfortable with male health professionals for a variety of reasons, they do not have the lived experienced of being a woman, cultural norms, uncomfortable talking about conditions/illnesses that are specific to women, there may not be an option to speak or be treated by a woman and there may be long waiting times for an appointment with a female health care professional, negative experiences with men, ranging from not being listened to, their experiences not being understood or minimised. Issues such as difficulty booking appointments, caring and work commitments, location of service, poor transport links, which restrict the ability of women to access services in different areas of the borough. Additionally, car ownership is low in some areas of Knowsley. Listening to what women need.
- **Women and girls not feeling confident or empowered to seek support and treatment.**
- **Embarrassment, fear and stigma** - This can include self-doubt and feeling judged.

- **Social and cultural barriers**- Many women feel unable to puts their health needs first. Some of the issues and health problems require social cultural change to take place for example the practice of putting the needs of children and other family members before yourself, a culture of bottle first in relation to breast feeding.

Woman of the North: Inequality, health and work: Sixty Second Summary

60 SECOND SUMMARY

Women in the North of England face unequal challenges and inequalities in their lives and health compared to those in the rest of the country.

They are more likely to work more hours for less pay and to be in worse health. On top of this, they are more likely to be an unpaid carer, live in poverty and to have fewer qualifications.

The inequity between women living in the North of England and those in the rest of the country has grown over the past decade harming women's quality of life, work, their families and communities.

Girls born in the North East, North West and Yorkshire and the Humber in 2018-2020 can only expect to live in good health to **59.7, 62.4 and 62.1 years**, respectively. This is up to four years less than the national average and up to six years less than girls born in the South East.

Increases to retirement age would have greater adverse impacts on women in northern regions of England.

Lower levels of HRT prescribing in the North suggest some women may not be receiving adequate treatment for menopause symptoms, a concern as these affect employment, wellbeing and health.

Women in the North are paid less for their work.

They lose out on £132m every week, around £6.86bn a year compared to what they'd get if they were paid the national average.

Women in the North of England work more hours for less pay than women in the rest of the country.

Long-term sickness and disability in working age women is higher in the North of England. The additional economic costs of this are **£400m** a year.

All of the 12 Local Authorities (LAs) in the North East have rates of absolute child poverty above the English average.

All of the 30 LAs in the South West have rates of absolute child poverty below the English average.

Outside of London, the North consistently has a higher proportion of women who are Universal Credit claimants than the South.

A person living in the North East on Universal Credit is over 30 per cent more likely to be sanctioned than someone living in the South West.

Women living in the North provide more unpaid care than average (10.3%) and those in London (8.4%). 12% of women in the North East, 11.2% of women in the North West, and 10.7% of women in Yorkshire and the Humber provide unpaid care.

Women in the North contribute £10bn of unpaid care to the UK economy each year. This is £2bn a year more than if they provided the national average of unpaid care.

One in five women aged 55-59 in the North of England provide care to a family member because of illness, disability, mental illness or substance use.

The North showed the biggest increases in abortion rates between 2012 and 2021.

There has been a demonstrable relationship between austerity, the implementation of the two-child limit, and increased rate of abortions.

Cuts to public health budgets have disproportionately affected the Midlands and North of England, with the **North enduring per-person cuts 15% higher than the average for England**, and the worst affected area in the country being the North East, with a cut of £23.24 per person.

Outside London, the three northern regions had the highest rates of new diagnoses of STIs and Gonorrhoea among people accessing sexual health services in 2022. The exception is Chlamydia in under 25s.

If services are tailored to meet the needs of those women at greatest risk within the region they serve, Women's Health Hubs could play an important role in tackling inequalities within and between regions

The repeat abortion rate among pregnant young people has been increasing nationally, but was highest in the North West in 2021, with all three northern regions in the top five across England.

For severe mental illness, such as bipolar disorder and schizophrenia the North West and North East have higher prevalence rates compared to the South and Yorkshire and Humber; eating disorders are the only low prevalence mental illness occurring in a higher proportion of women in the South.

Spending on sexual health advice, prevention, and promotion has declined dramatically since 2013-14 in almost all English regions. Regions in the North have seen a 26-28% decrease, however the North West, North East and Yorkshire and the Humber remain three of the top five highest spending regions, potentially reflecting higher STI burden in these regions.

The proportion of women with a diagnosis of mental illness who were receiving a treatment for their mental illness was lower in the North West and North East than in the South and Yorkshire and the Humber, likely indicating a treatment gap between regions.

Women in the North of England have the highest rates of domestic violence abuse in the country. The highest rates are in the North East at 19 per 1,000 population followed by 17 in Yorkshire and the Humber then 15 in the North West. The average for the rest of England is 11.

The North has disproportionate numbers of asylum seekers and resettled refugees highlighting the need for nuanced approaches to equitable resource allocation and support systems to ensure integration and welfare for vulnerable populations including asylum seekers.

Of the recorded deaths per 100,000 from alcohol-specific causes in 2021, women in the North East (13.9), North West (13.8) and Yorkshire and Humber (11.7) had the highest rates of deaths in women in England.

Nationally, less than half of women (47%) will have settled accommodation on release from prison, and one in ten will be homeless or sleep rough. Although data are not collected regionally, it is likely that these figures are much higher in the North of England.