ST HELENS
BOROUGH COUNCIL

NHS
St Helens
Clinical Commissioning Group

St Helens Joint Strategic Needs Assessment 2020

INEQUALITIES

Contents

Aim

The aim of the Joint Strategic Needs Assessment (JSNA) is to identify the health and social care needs of the local population in order to support local organisations to plan, commission and deliver services and to ensure that local services best meet the needs of local residents.

In St Helens, there are wide differences between wards in both health and wellbeing measures and indicators of the wider determinants of health. This JSNA highlights some of the significant inequalities experienced both within St Helens and compared to the rest of England.

Life expectancy – St Helens v England

Male life expectancy:

- **St Helens: 77½** years
- England: 79 ½ years

Female life expectancy:

- **St Helens: 81** years
- England: just over 83 years.

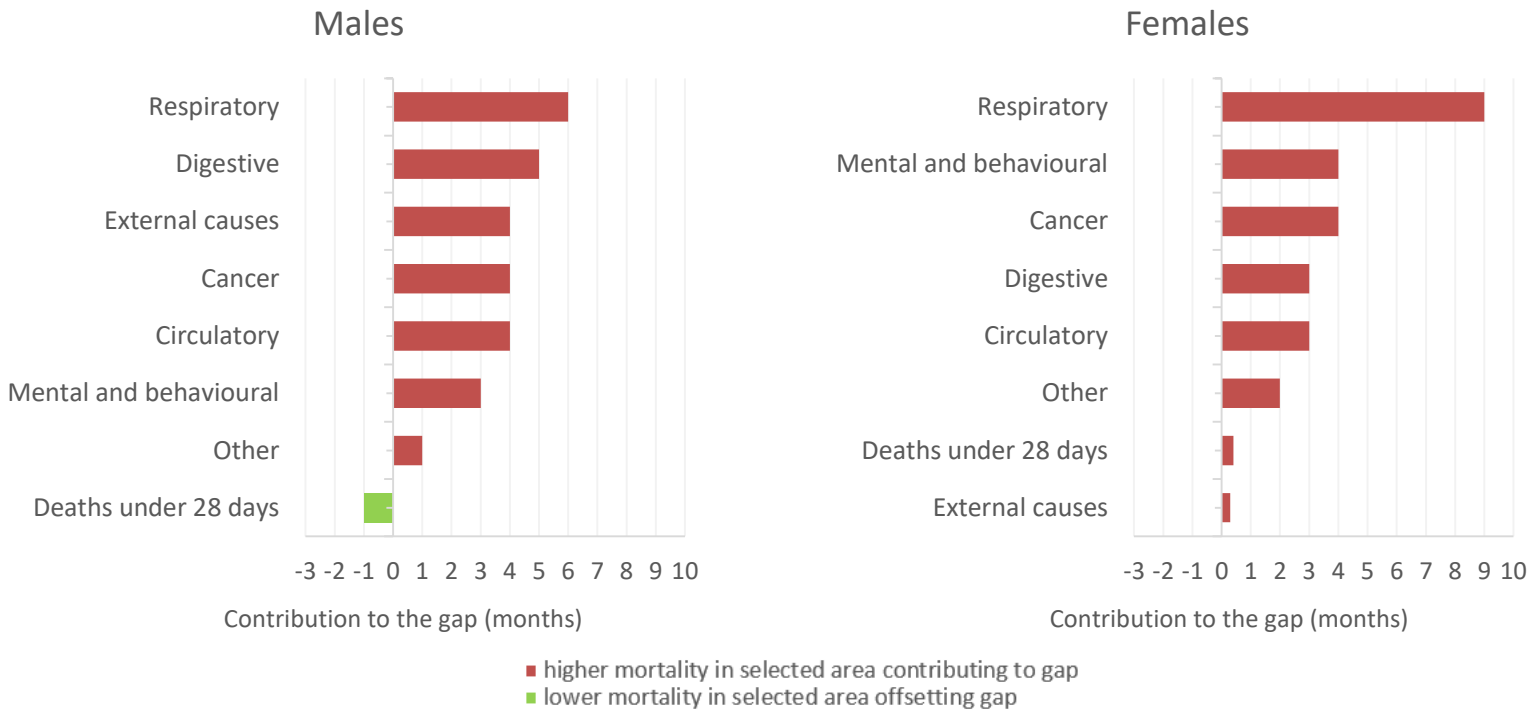
- Life expectancy in St Helens is around **2** years less than the England average for males and females.
- The lower life expectancy means there is a higher mortality rate in St Helens than there is across all of England on average.

Source: PHE Segment Tool (2020) data for 2015-2017

Please refer to the **2020 Mortality JSNA**, which highlights inequalities in life expectancy and mortality in detail.

Mortality by cause of death St Helens v England

There were **916** excess deaths in St Helens, with higher mortality rates than the national average.



Respiratory disease is the main cause of the life expectancy gap between St Helens and England for both males and females.

If this gap was closed:

- males would live **6 months longer** (or there would be 136 fewer deaths)
- females would live **9 months longer** (or there would be 184 fewer deaths)

Source: PHE Segment Tool (2020) data for 2015-2017

Inequality in life expectancy within St Helens

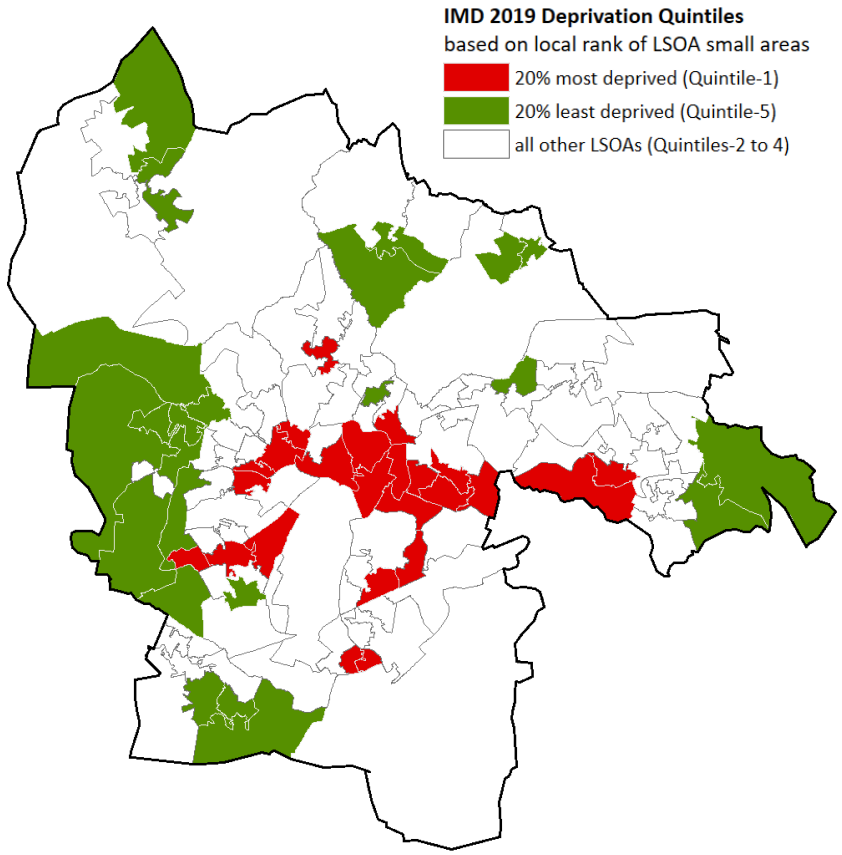
Male life expectancy:

- **Most deprived:** 72½ years
- **Least deprived**: 82 ½ years

Female life expectancy:

- **Most deprived:** 77 years
- **Least deprived**: 84 ½ years

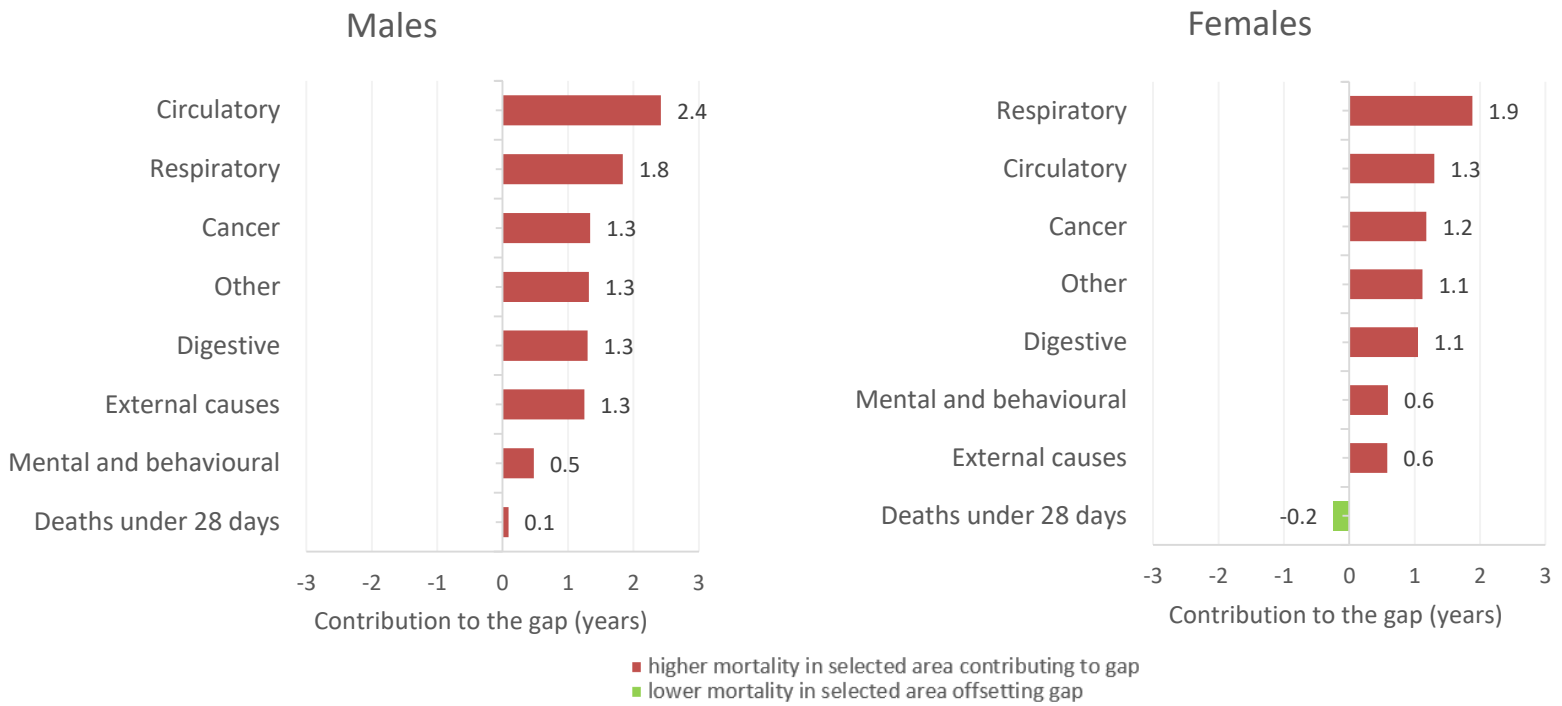
- Males in the least deprived areas live **10** years longer than males in the most deprived areas.
- Females in the least deprived areas live **7½** years longer than females in the most deprived areas.
- The lower life expectancy in the most deprived areas within the borough means there is a higher mortality rate than in the least deprived areas in the borough.



Source: Indices of Deprivation 2019

Mortality by cause of death within St Helens

There were **634** excess deaths in the most deprived areas of St Helens, with higher mortality rates than in the least deprived areas.



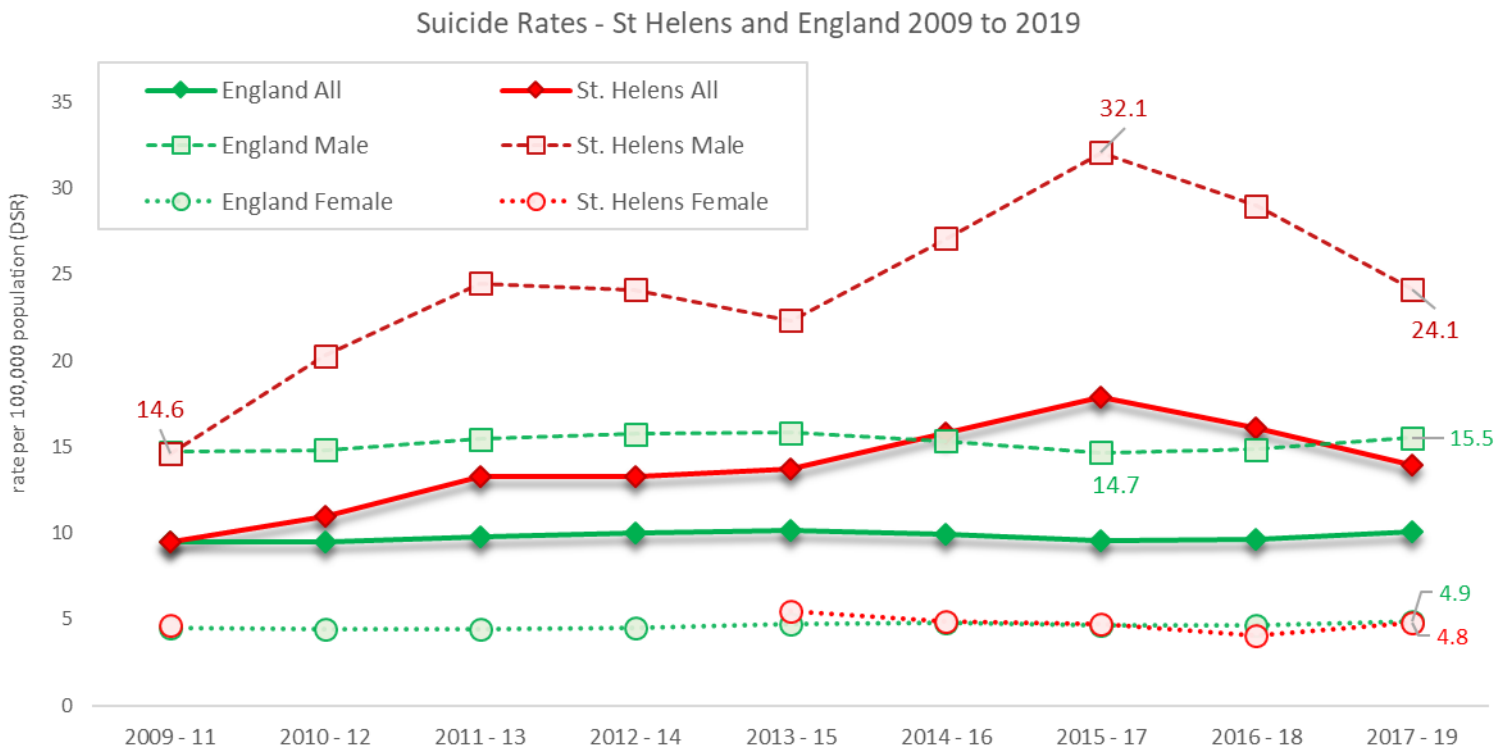
If this gap was closed:

- Males would live **2 years 5 months longer** (or 88 fewer deaths from circulatory disease) in the most deprived areas
- Females would live nearly **2 years longer** (or 71 fewer deaths from respiratory disease) in the most deprived areas

Source: PHE Segment Tool (2020) data for 2015-2017

Suicide – St Helens v England and gender comparison

- From 2009-2011 to 2015-2017, the number of male suicides had increased by **112%.**
- The number of female suicides has remained relatively consistent with the England female average.
- Since 2015-17, the male suicide rate in St Helens has decreased by 25%, from 32 per 100,000 males to 24, compared to an England average for males of 15.5.

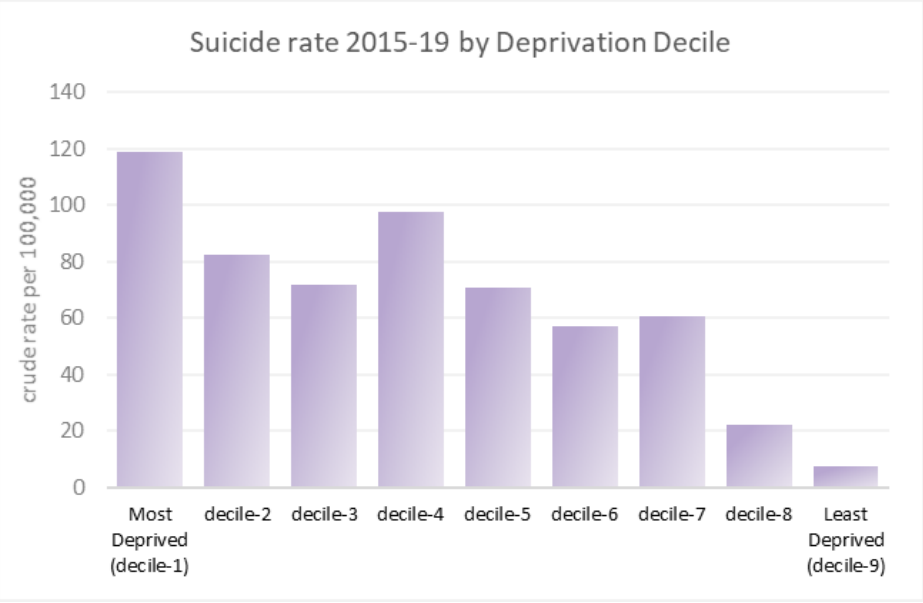


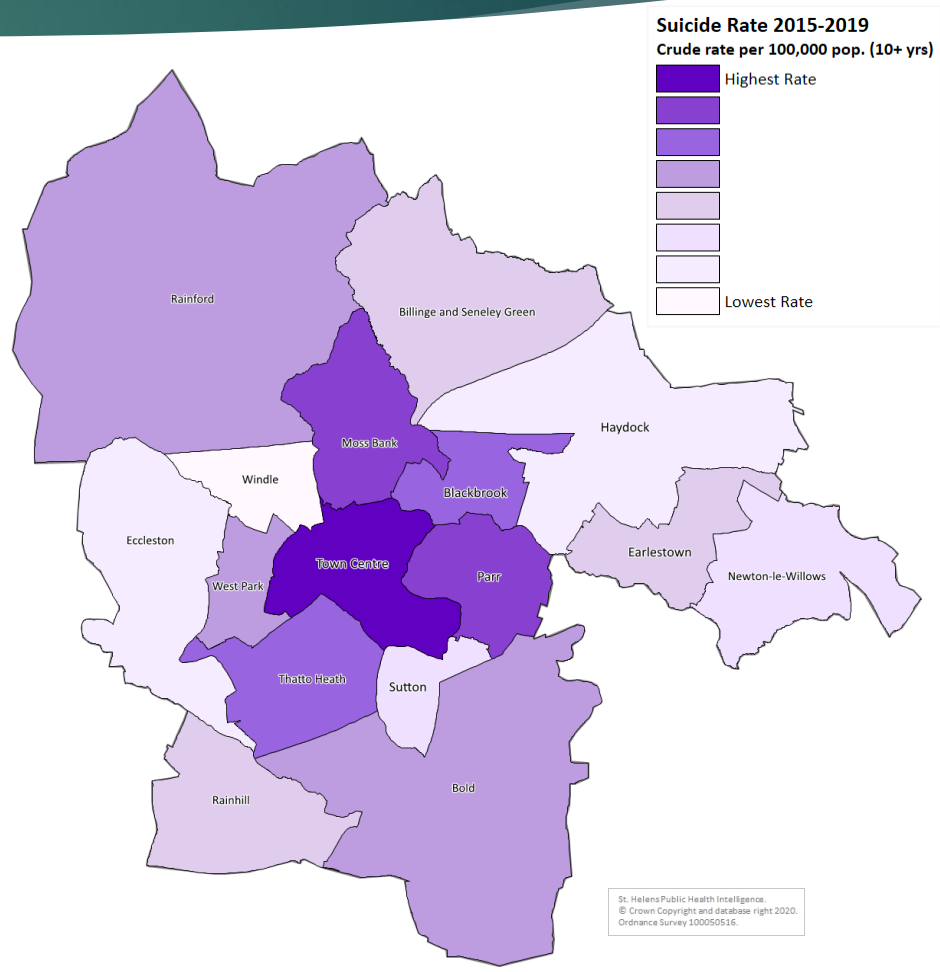
Source: Office for National Statistics

Suicide – in-borough comparison

Crude suicide rate measures suicide in the population aged 10+ years from 2015 to 2019

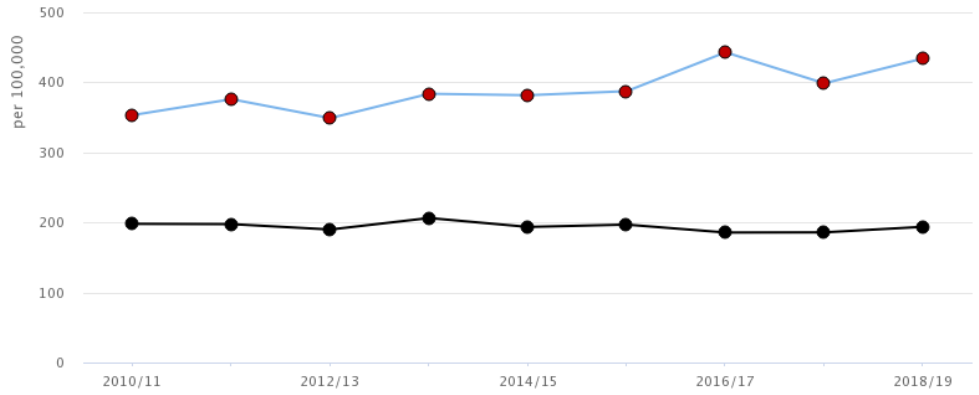
Lowest rate: Windle	Highest rate: Town Centre
2 per 100,000	19 per 100,000





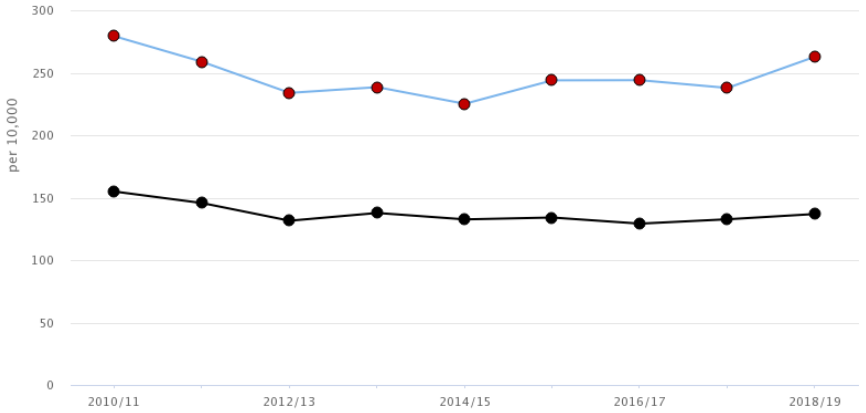
Self-harm
St Helens v England comparison

Emergency hospital admissions for self-harm



England	St Helens
193.4 per 100,000	433.3 per 100,000

Hospital admissions for unintentional and deliberate injuries for young people aged 15-24 years



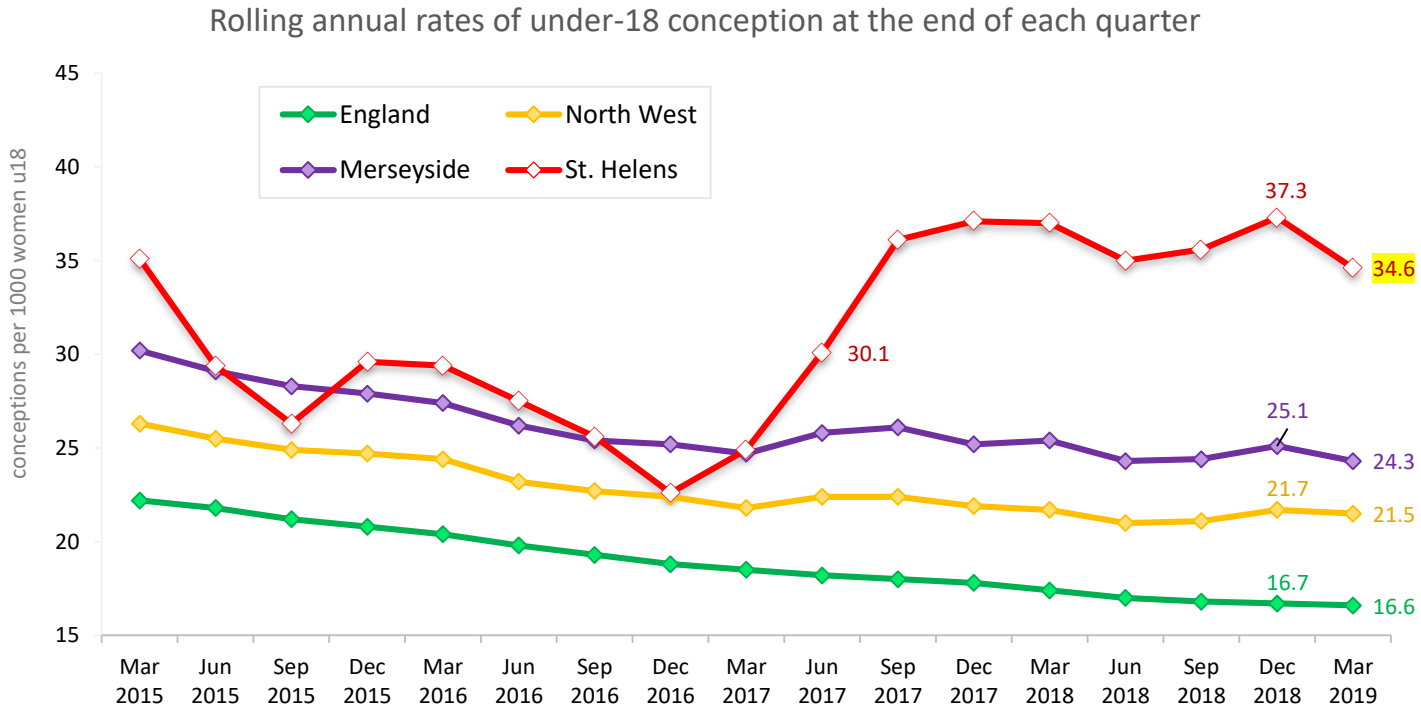
England	St Helens
136.9 per 10,000	262.9 per 10,000

Source: Public Health Outcomes Framework

- Unfortunately, emergency admissions for self-harm in St Helens are at the highest rate of all local authorities in England.
- From 2010/11 to 2018/19, the number of hospital admissions for intentional self-harm increased by **18%.**
- The number of admissions for deliberate injuries has remained stable.

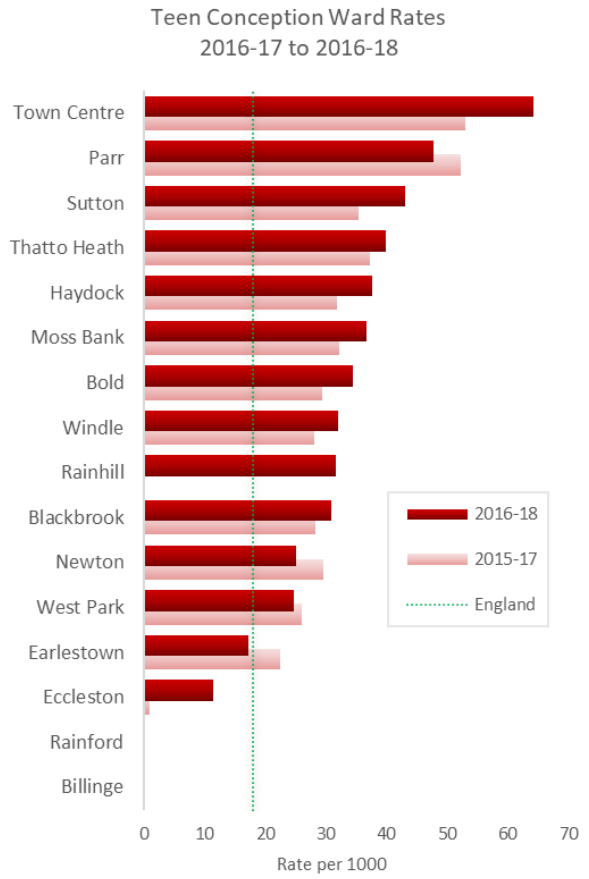
Under-18 conceptions
St Helens v England and regions

- In March 2019, St Helens had the 4th highest rolling annual rate in England.
- St Helens' rolling annual rate of 34.6 in March 2019 is the 2nd highest amongst all North West local authorities; Blackpool was highest with 36.7.

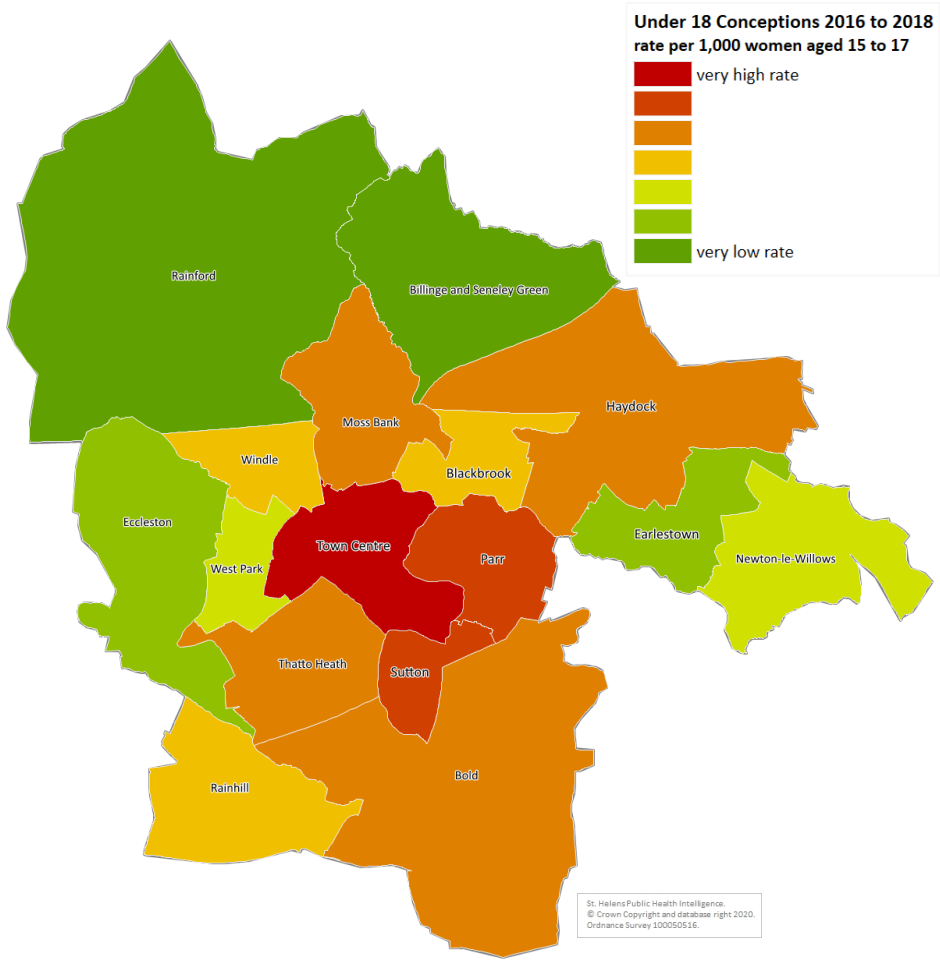


Source: Office for National Statistics 2020

Under-18 conceptions in-borough comparison



Source: ONS. Rates excluded where numbers were too low



Adult weight management

- The percentage of adults who are overweight or obese is **reducing** in St Helens (2018/19).

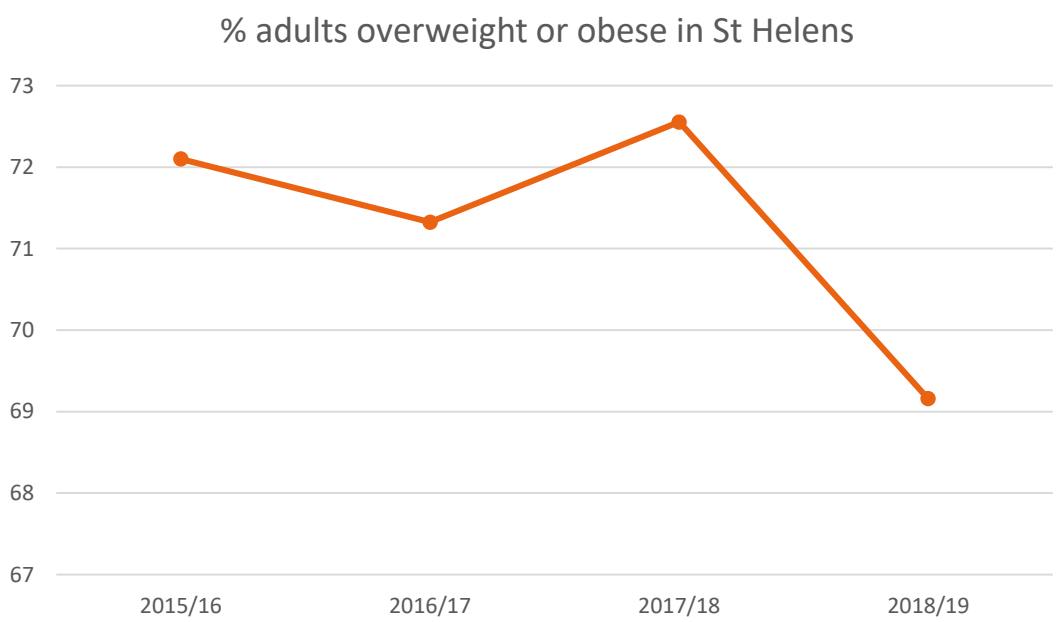
England	St Helens
62.3%	69.2%

Source: Public Health Outcomes Framework

- There are 18,223 persons age 18+ registered by their GP as 'obese'. This gives a prevalence of 12% of the 18+ population.

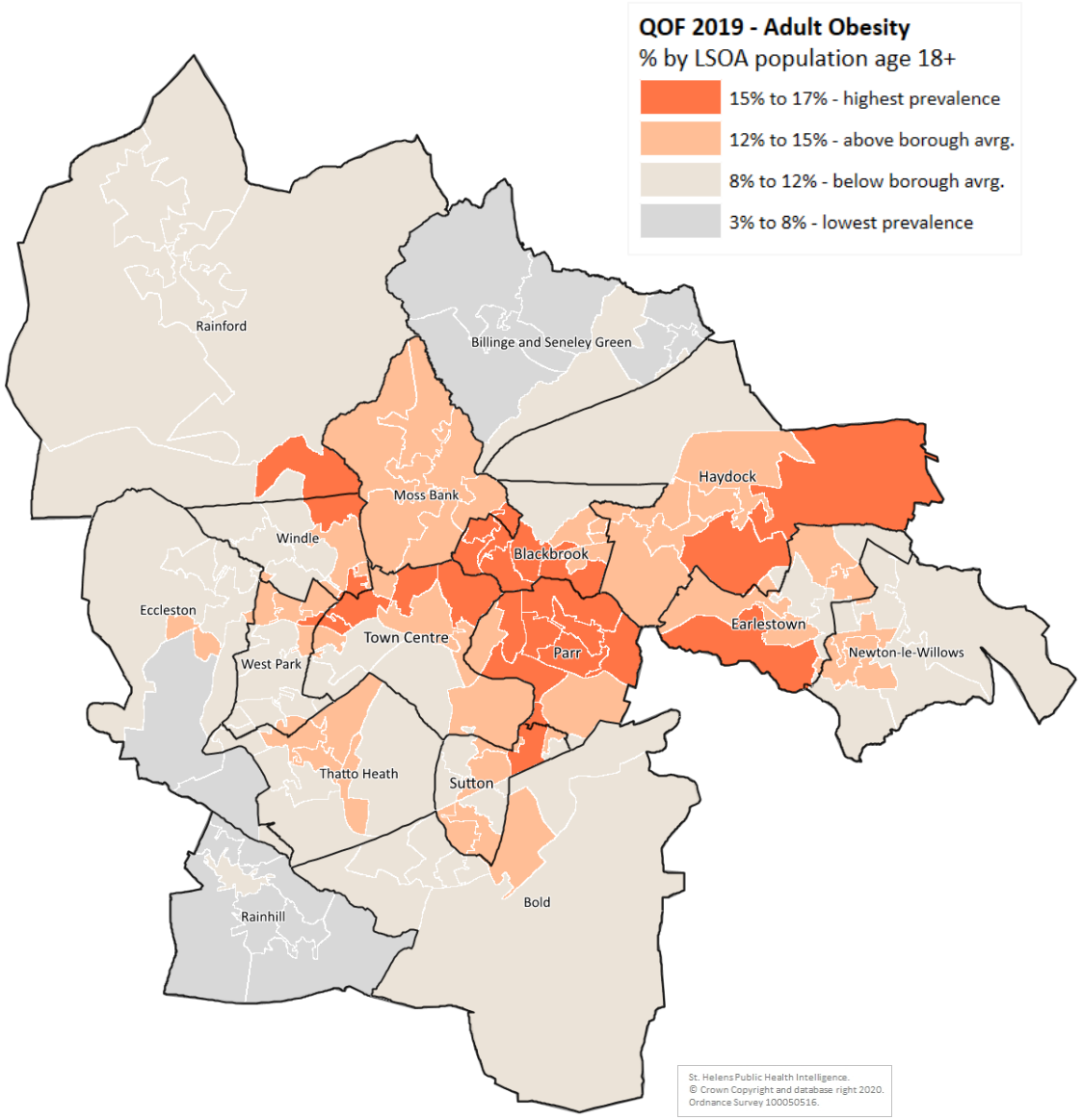
Area	2018 Prevalence (%)	2019 Prevalence (%)
England	9.8%	10.1%
North West	10.7%	11.1%
NHS St Helens CCG	11.7%	11.9%

Source: QOF (GP data) 2019



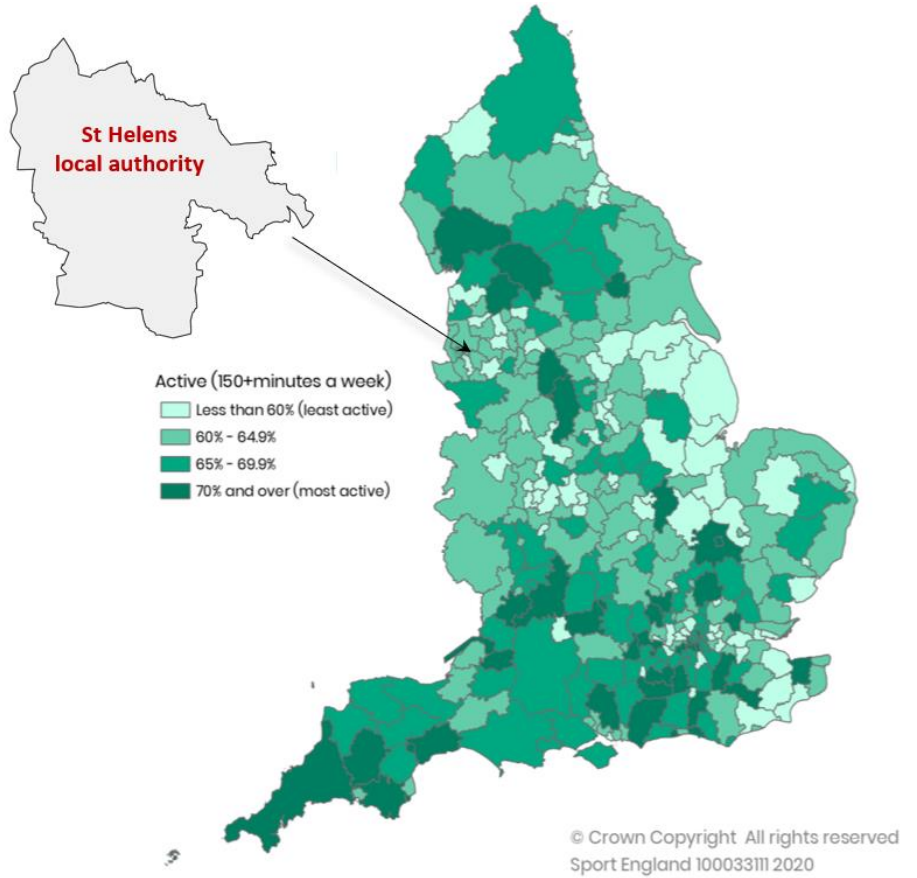
Source: QOF (GP data) 2019

Adult obesity



Physical activity

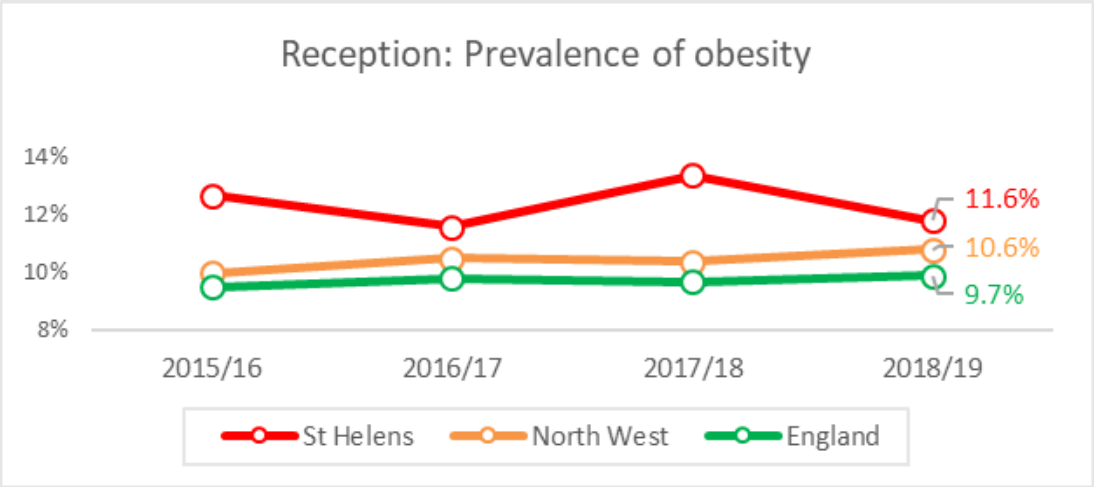
- 65% of people are active for 150+ minutes per week, similar to England average of 63.3%
- 22% are inactive (less than 30 minutes activity per week).
- This is **slightly better** than the England average of 24% (2018/19)
- Interventions that aim to improve physical activity (mass media or at community-level) are highly cost-effective, and can give return on investment within 1-2 years. This means positive spill over effects for health and wider sectors.
- Tackling physical inactivity is considered a 'best buy' intervention by World Health Organization to reduce non-communicable diseases.



Source: WHO, The case for investing in public health

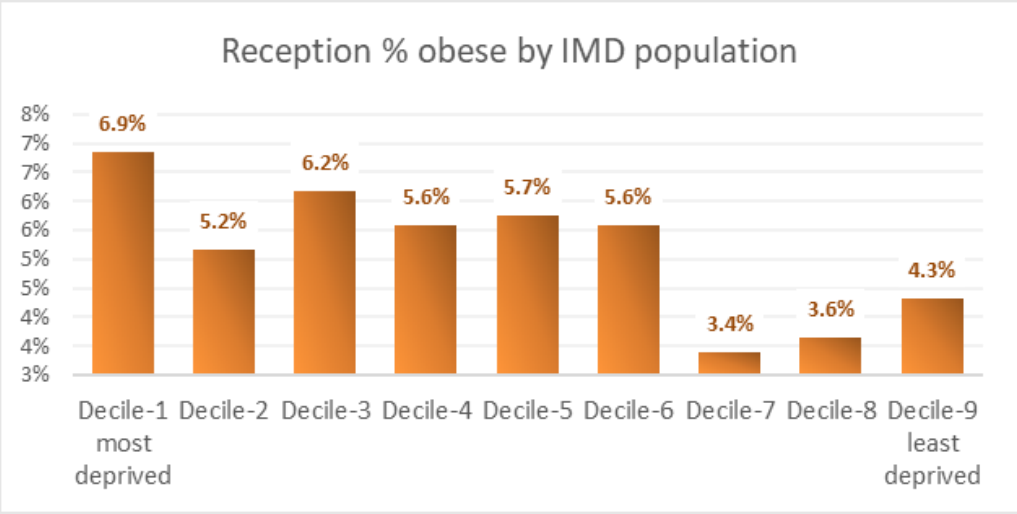
Source: Active Lives Survey, Sport England

National Child Measurement Programme (NCMP) Obesity in Reception pupils (age 4-5 years)



Source: NHS Digital

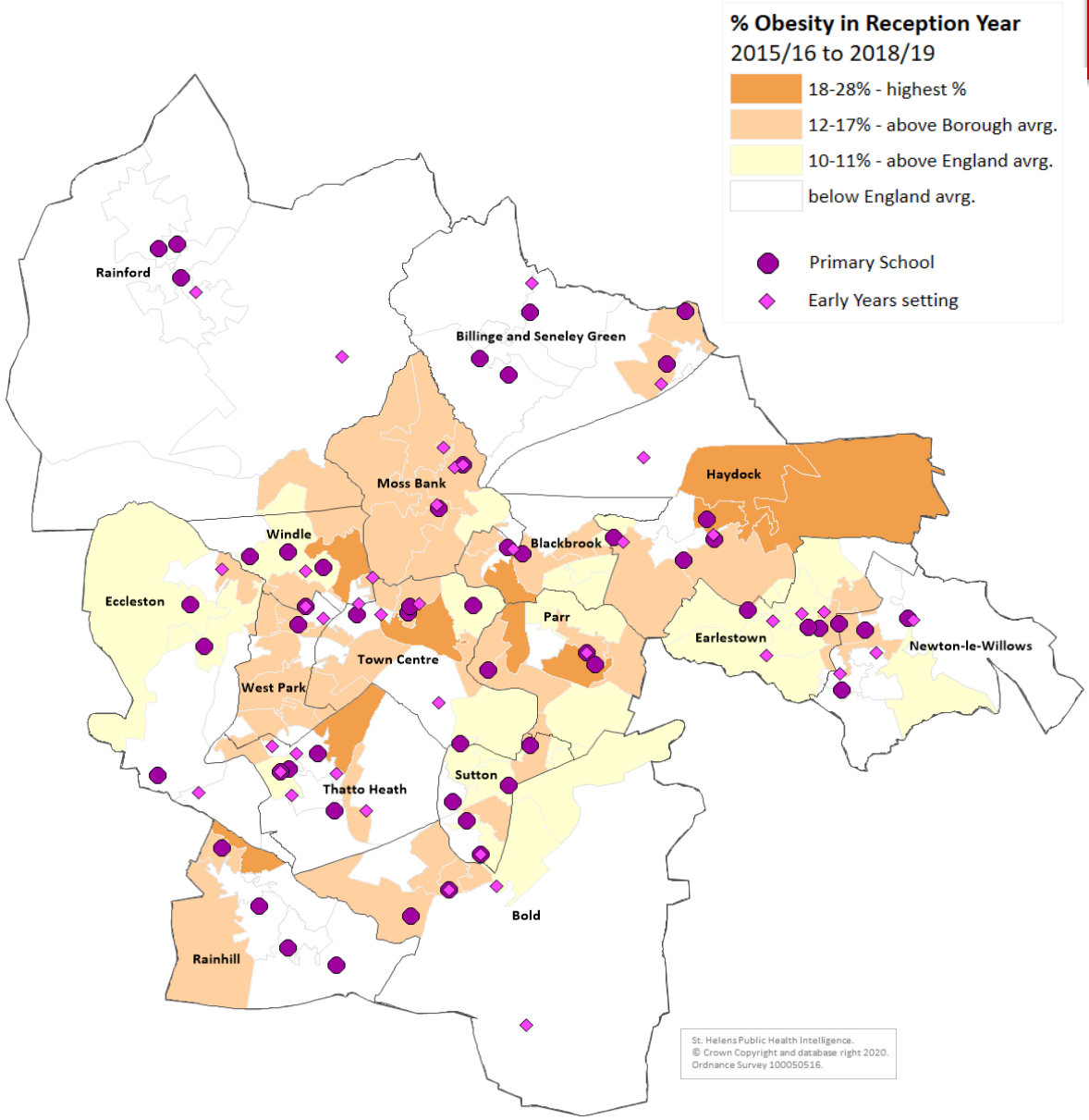
This chart shows St Helens comparison with regional and national averages in the last four academic years measured.



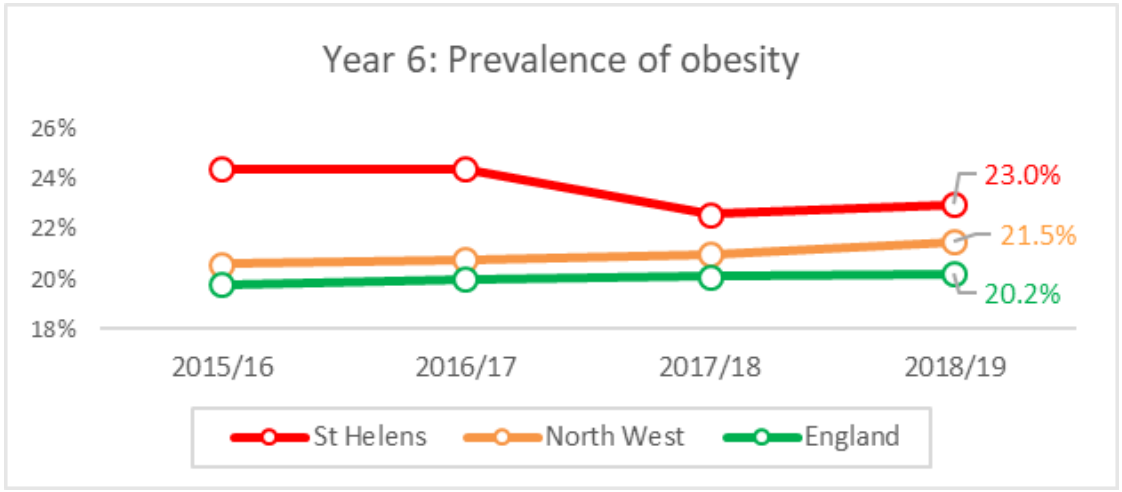
Source: ONS 2018 pop. Est. / IMD 2019 / NCMP 2015-19

This chart shows the proportion of Reception year pupils classified as obese, as a percentage of the 4 to 5 year old population in each deprivation decile in St Helens.

Obesity in reception

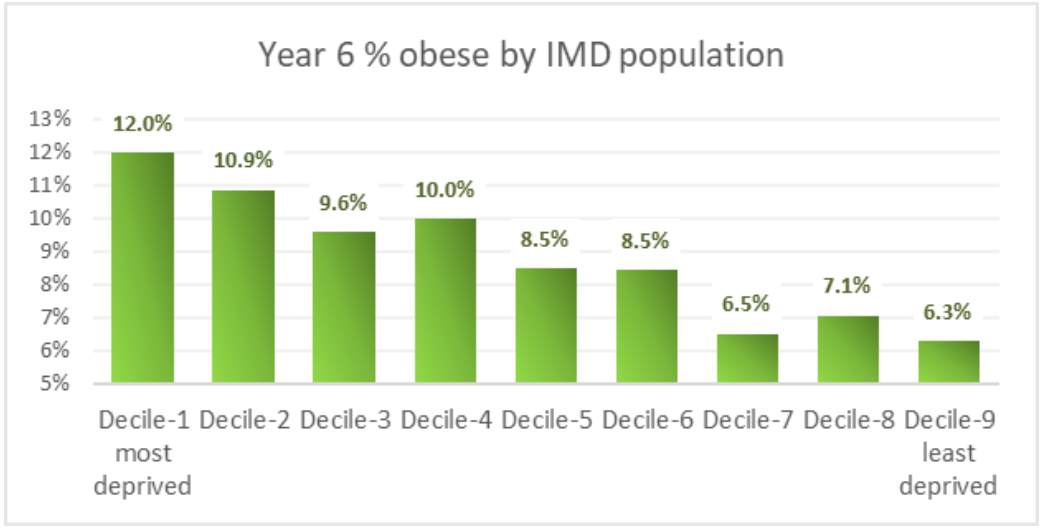


National Child Measurement Programme (NCMP) Obesity in Year 6 pupils (age 10-11 years)



Source: NHS Digital

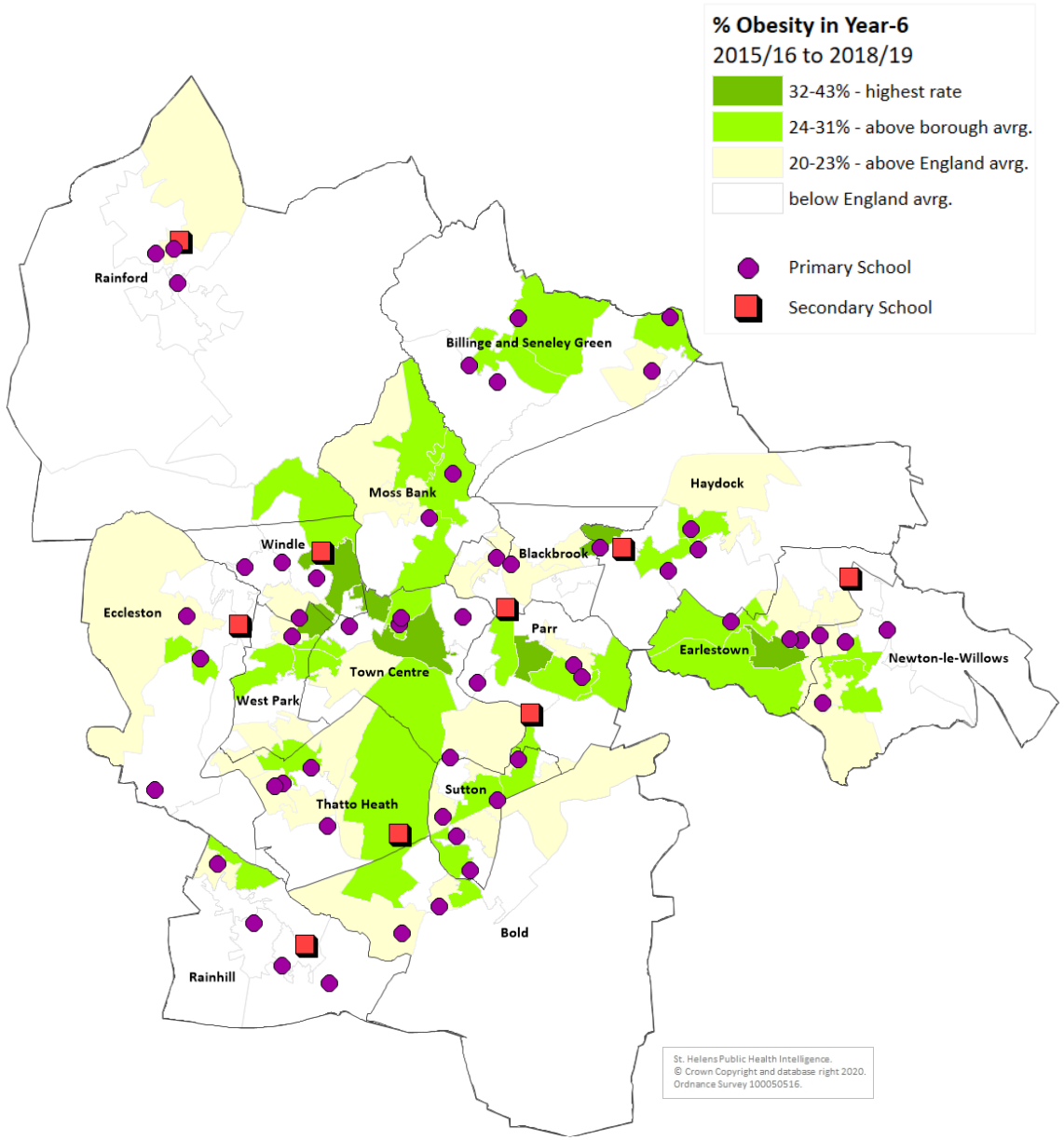
This chart shows St Helens comparison with regional and national averages in the last four academic years measured.



Source: ONS 2018 pop. Est. / IMD 2019 / NCMP 2015-19

This chart shows the number of Year 6 pupils classified as obese, as a percentage of the 10 to 11 year old population in each deprivation decile in St Helens.

Obesity in Year 6



Inequalities in childhood obesity

Key considerations

- The children from the lowest socioeconomic decile of families are the most obese.
- The highest-decile of children are becoming **less obese** over time, while the lowest 9 deciles are becoming **more obese**.
- Inequalities are worsening.

Cost-effectiveness

- When planning interventions, the length of time that weight loss can be kept off is crucial.
- Weight loss that is regained quickly will not usually be cost effective.

Source: NICE, Economic considerations for maintaining a healthy weight

Long term conditions and gap in employment rate – St Helens v England

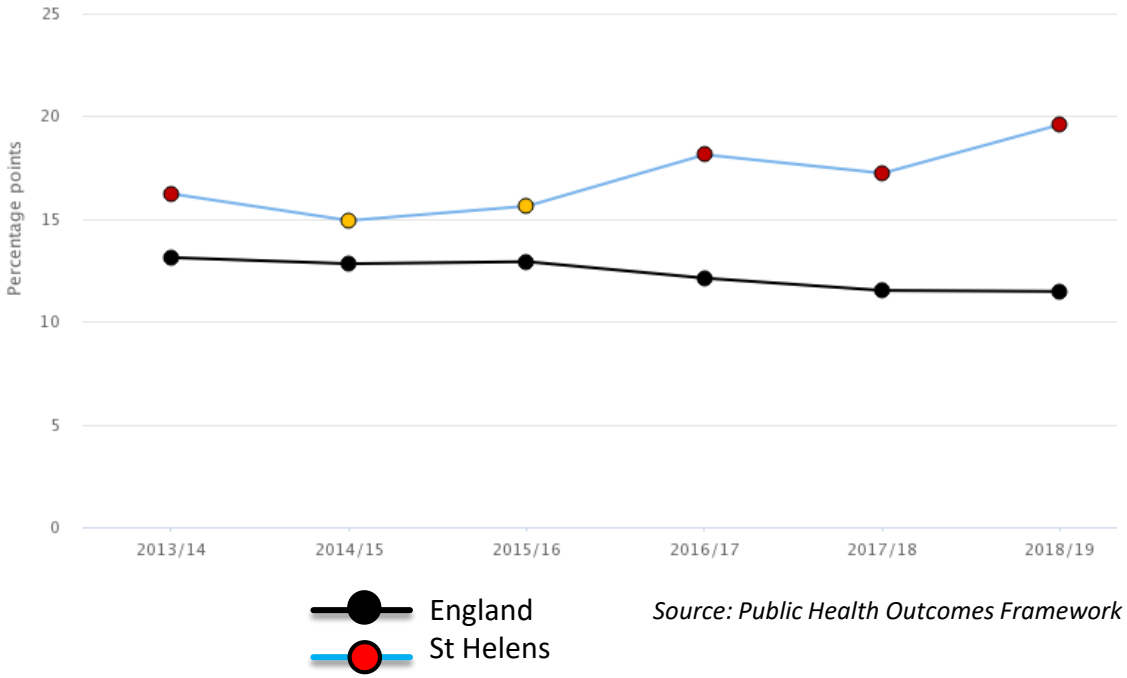
- People reporting a long term **musculoskeletal problem** (2018/19):

England	St Helens
16.9%	25.4%

- **Gap in the employment rate** between those with a long-term health condition and the overall employment rate (2018/19):

England	St Helens
11.5%	19.6%

Gap in the employment rate between those with a long term health condition and the overall employment rate – St Helens v England



Source: Public Health Outcomes Framework

Improving employment has a high return on investment

Key considerations

- Alcohol misuse is strongly associated with unemployment and absenteeism.
- Addressing alcohol misuse can improve employment rates.
- Interventions that address healthy workplaces, screening for depression and anxiety in the workplace and rehabilitating people with long term back pain can produce large returns on investment, some within 6 months on implementation.
- For example, screening for depression in the workplace, costing approximately £20,000 for 500 employees in total, can save £20,000 in the first year, and a further £63,500 in the second year.

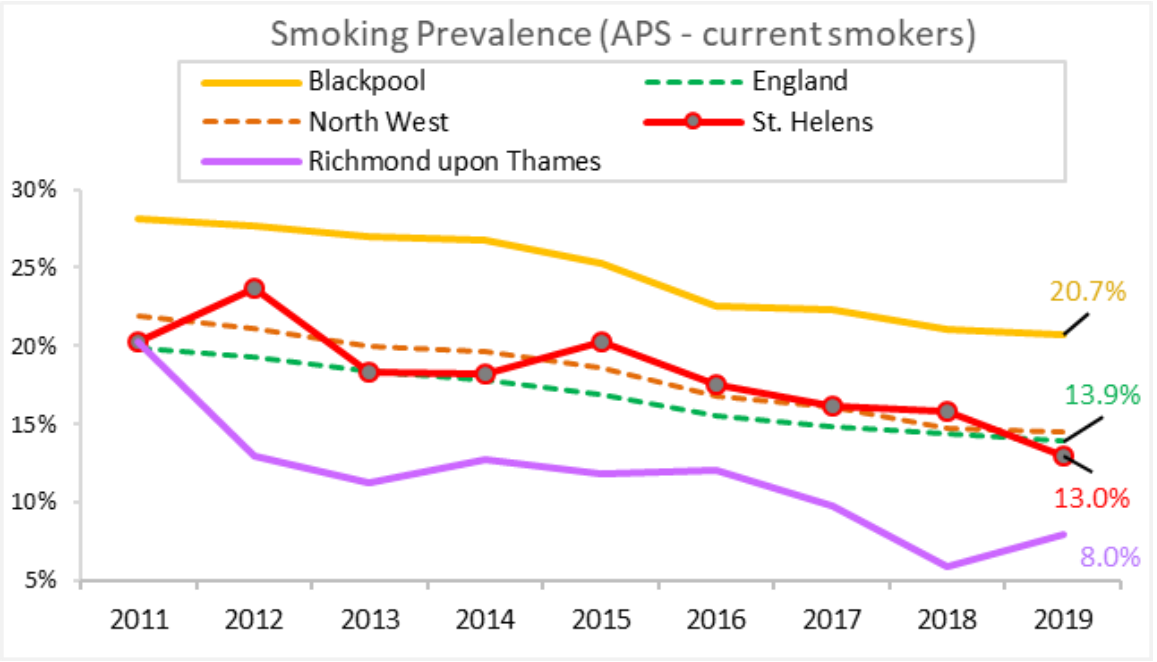
Source: The case for investing in Public Health, WHO

Smoking

- There are 27,066 persons aged 15+ registered with their GP as 'current smokers'. This provides a prevalence of 17% of the 15+ population.
- Smoking prevalence in St Helens is 6.5% **lower than the national average**.

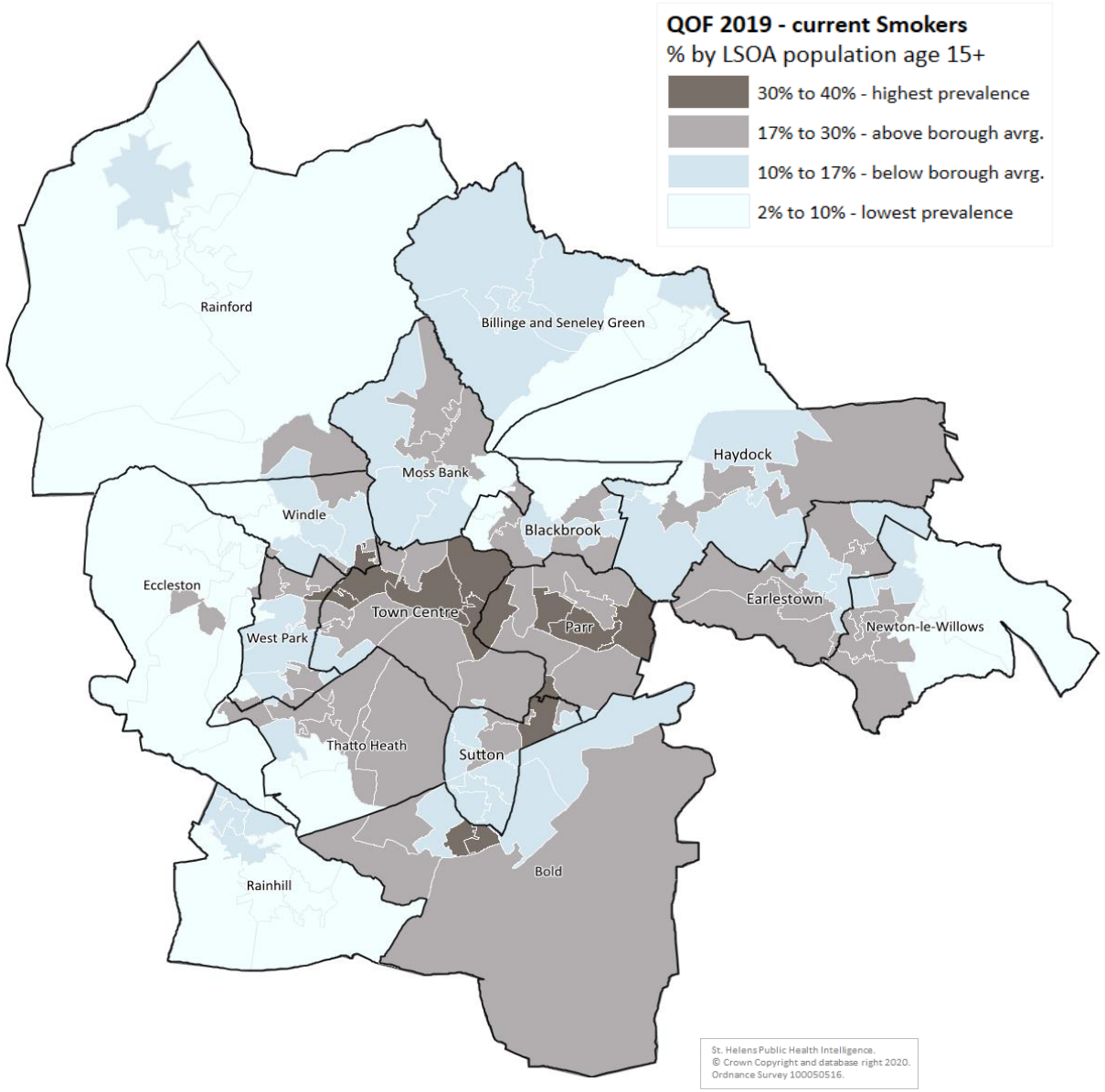
Area	2018 Prevalence %	2019 Prevalence %
England	17.2%	16.7%
North West	18.4%	17.9%
NHS St Helens CCG	17.5%	16.8%

Source: QOF (GP data) 2019



Source: Annual Population Survey (APS)

Current smokers

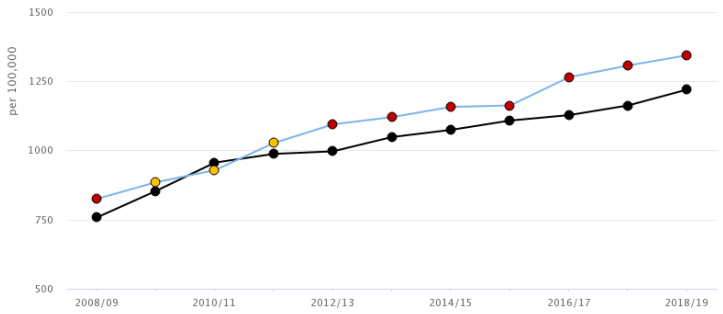


Alcohol-related morbidity

- St Helens has one of the highest rates of alcohol-related hospital admissions in England.
- With a high burden of cardiovascular, digestive and mental illness already in the borough, there are considerable inequalities between England and St Helens for alcohol-related cardiovascular disease, liver disease and mental disorders due to alcohol use.

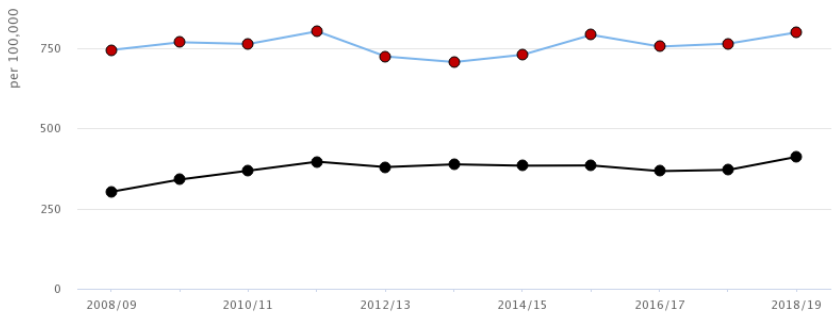
Admissions for alcohol-related cardiovascular disease (per 100,000)

England	St Helens
1219	1343



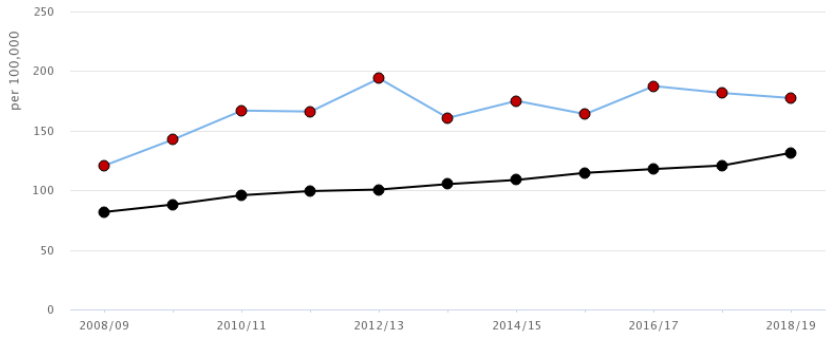
Admissions for mental and behavioural disorders due to alcohol use (per 100,000)

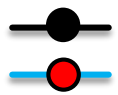
England	St Helens
412	800



Admissions for alcoholic liver disease (per 100,000)

England	St Helens
131.2	177.1

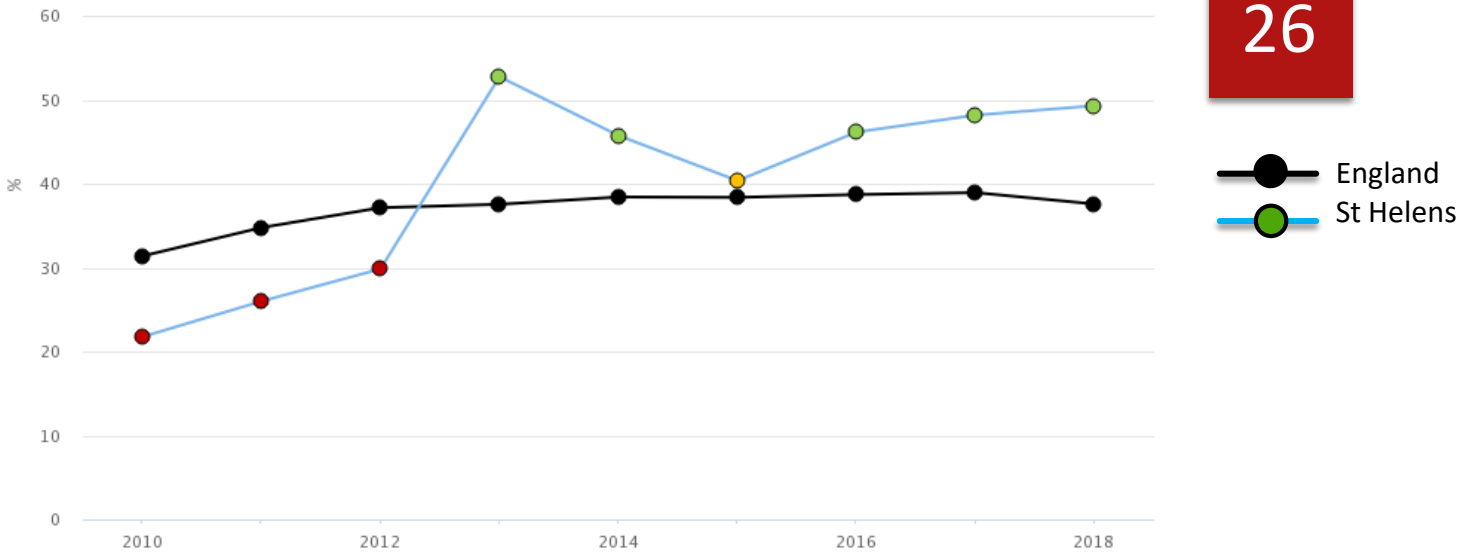




Source: Public Health Outcomes Framework

Acting on alcohol misuse

Successful completion of alcohol treatment – St Helens v England



England	St Helens
37.6%	49.3%

Source: Public Health Outcomes Framework

The cost of not acting

- The Department of Health estimated an annual cost of £2.7 billion attributable to alcohol harm to the NHS in England.
- 44% of these costs are attributed to hospital inpatient and day visits.
- The estimated costs in the workplace amount to £6.4 billion through lost productivity, absenteeism, alcohol-related sickness and premature deaths nationally.

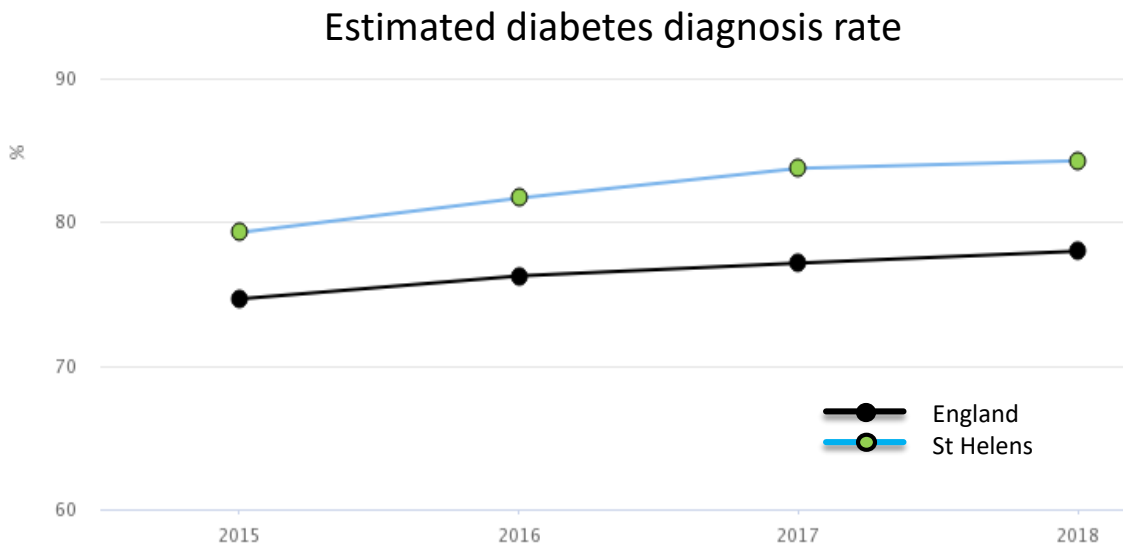
Source: Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, NICE, 2011

Diabetes

- There are a total of 12,865 persons registered with diabetes by their GP in St Helens CCG.
- This shows a prevalence of 8% of the GP registered population who are aged 17+; above both national and regional levels.
- Estimated diabetes diagnosis rate in St Helens is **significantly better than the England average.**

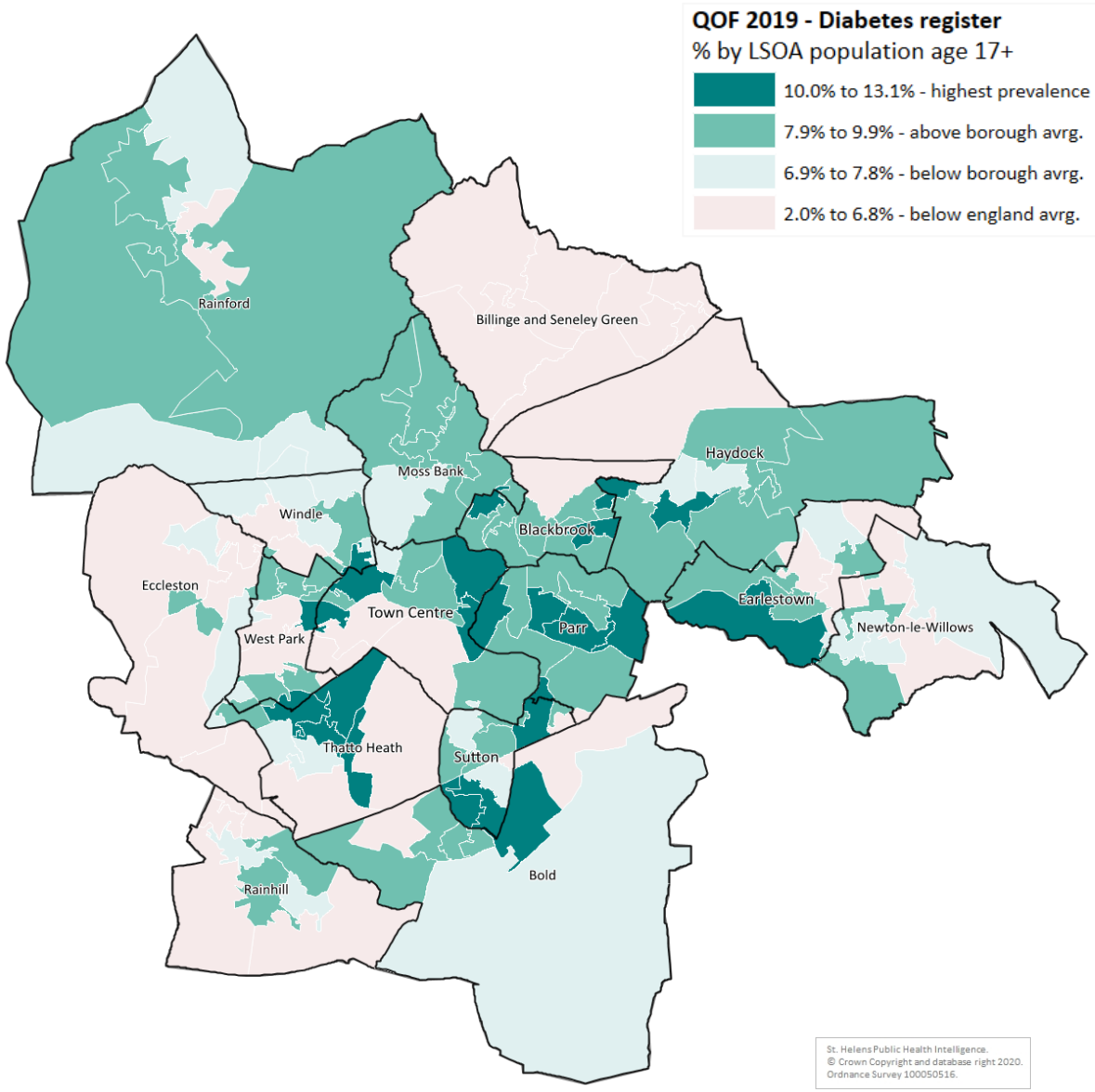
Area	2018 Prevalence %	2019 Prevalence %
England	6.8%	6.9%
North West	7.1%	7.2%
NHS St Helens CCG	7.7%	8.0%

Source: QOF (GP data) 2019



Source: Public Health Outcomes Framework

Diabetes register

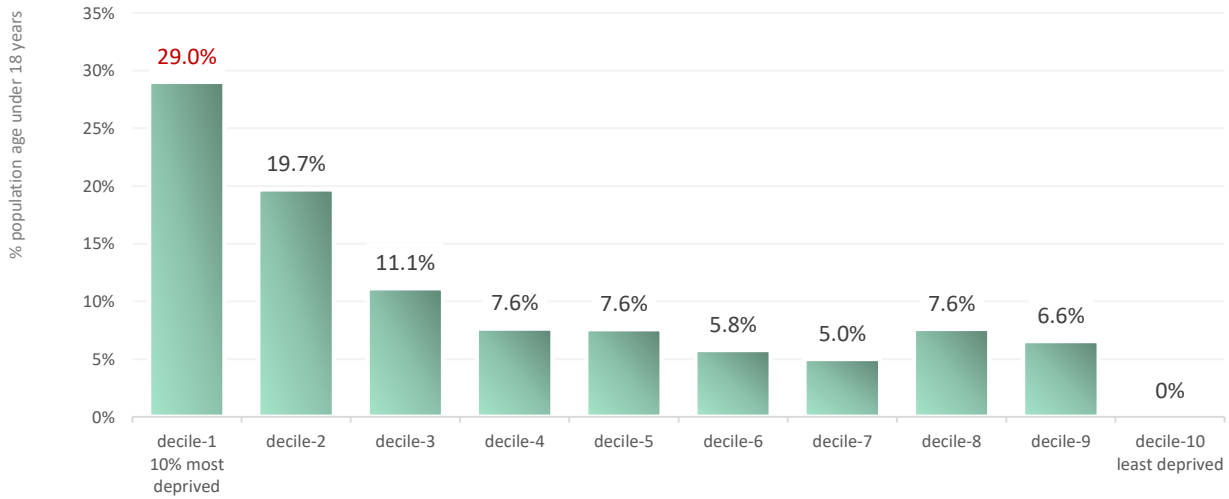


Child poverty

- In St Helens, it is estimated that **29.8% of children (12,038 in total) live in poverty.**
- This was the 19th highest out of 39 local authority districts in 2018.
- The highest percentage is Parr with 39.9% followed by Bold with 38.2%; the lowest in Rainford (18.7%) and Eccleston (18.9%).

Source: http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/

% population under 18 by deprivation decile

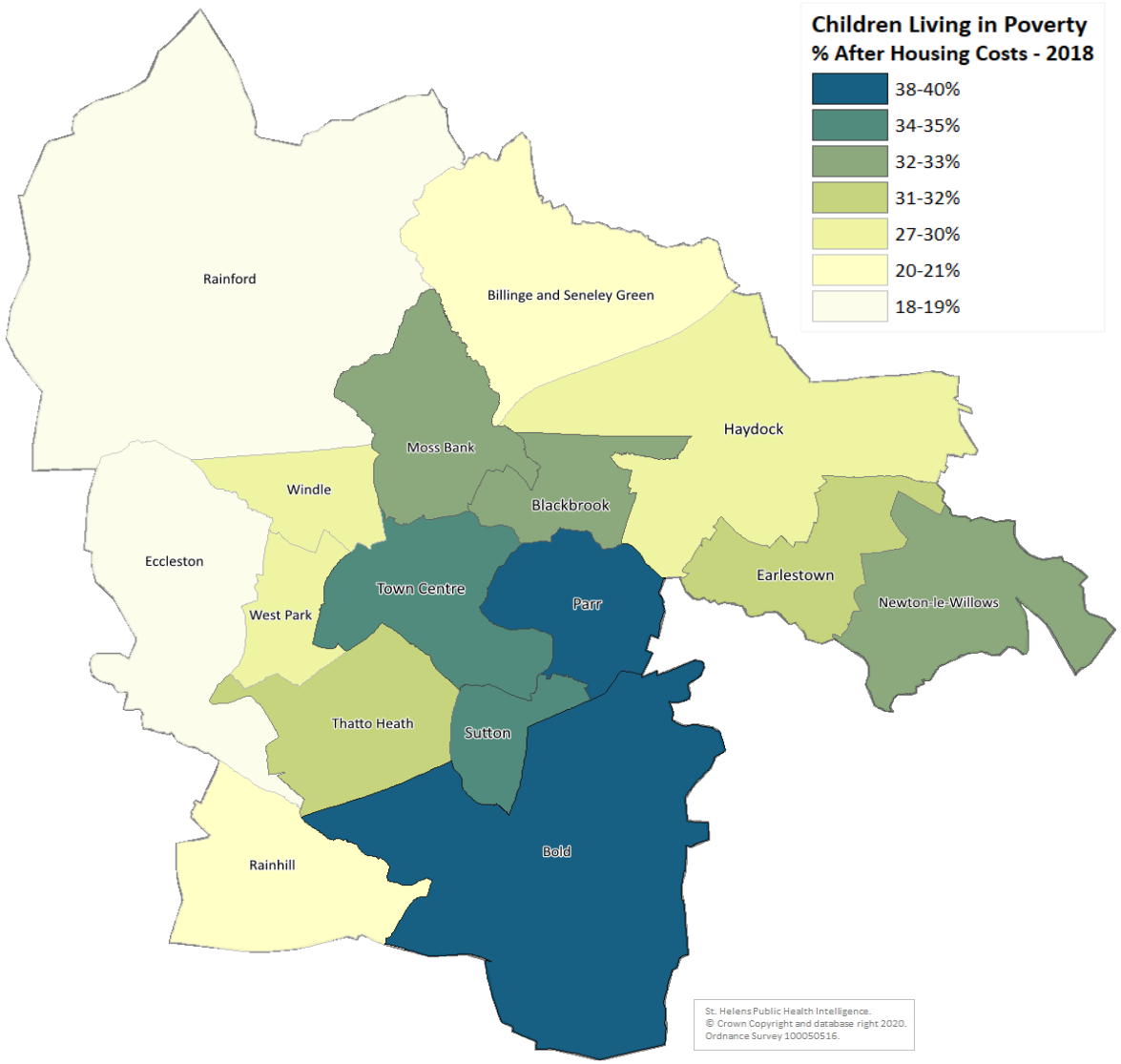


Source: ONS population estimates 2018 & Indices of Deprivation 2019

This chart shows that 29% of children in St Helens live in the most deprived 10% of neighbourhoods (by national classification).

Child poverty

This map shows the percentage of children living in poverty[1] by ward



[1] children under the age of 16 who live in households with below 60% of median income AHC

Anti-social behaviour

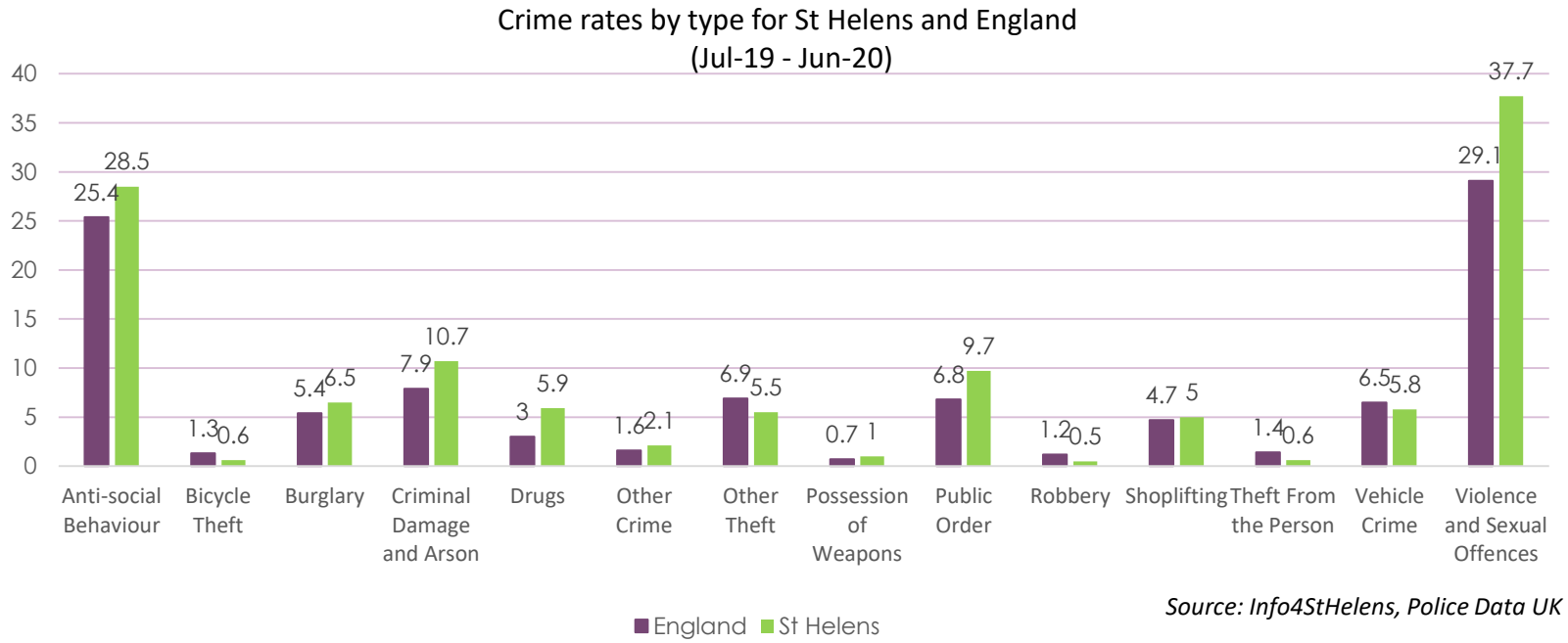
- The anti-social behaviour (ASB) rate for England and St Helens has been derived from Police Data UK, and covers all recorded cases of ASB from September 2019 to August 2020[1].
- The ASB rate for St Helens is **16% higher** than in England for the same period.
- The top three wards in St Helens with the highest rate of ASB are:
  1. Town Centre
  2. Thatto Heath
  3. Blackbrook

ASB rate per 1,000 population	
England	**St Helens**
24.4	28.4

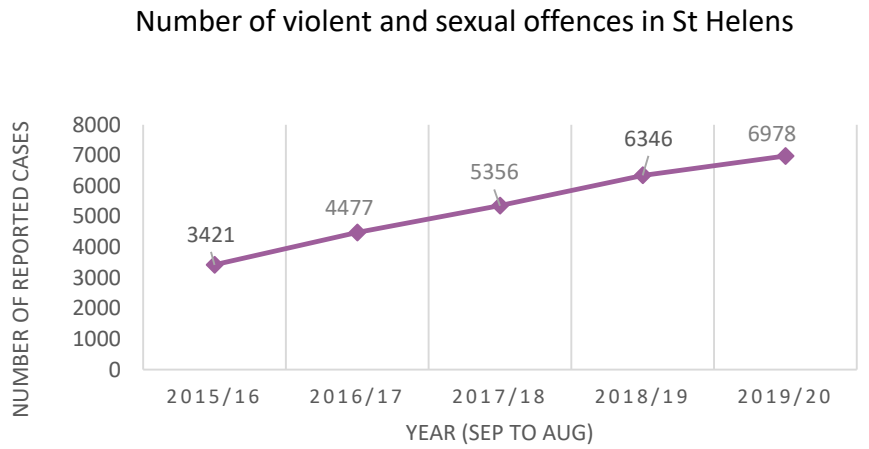
Source: Police Data UK

[1]NB: ASB rate includes COVID-related breaches during the lockdown period.

Criminal behaviours



Source: Info4StHelens, Police Data UK



Source: Info4StHelens, Police Data UK

Violence and sexual offences[1] are the most common crime types for both England and St Helens, though the **St Helens rate is higher than England**.

[1]Violence and sexual offences: includes offences against the person such as common assaults, Grievous Bodily Harm and sexual offences.

The case for investing in community safety

The cost of not acting

- Violence costs the economy in England and Wales over £40.1 billion per year.
- The health costs associated with each episode of sexual violence (including rape) is £1500.
- The cost of preventing these criminal behaviours through defensive expenditure are considerably lower than the subsequent health costs (See Table 1).

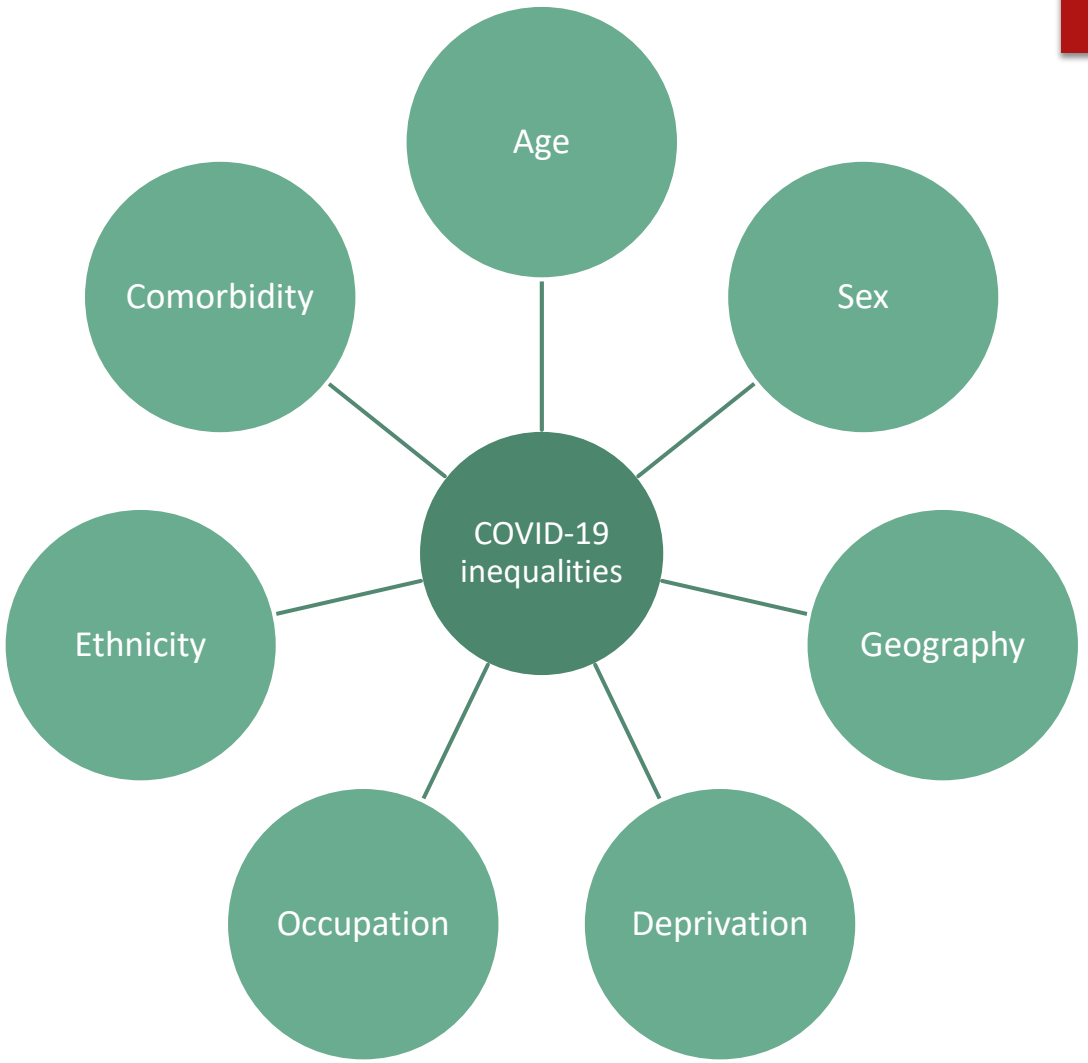
Table 1. The healthcare costs incurred vs defensive expenditure for violence and sexual offences

Criminal behaviour	Health costs	Defensive expenditure
Rape	1110	970
Other sexual violence	390	150
Violence with injury	920	330
Violence without injury	270	110

- For example, anti-social behaviour family support projects that cost £8000–15000 per family per year can save £17–44 for every £1 spent.

Sources:
The economic and social costs of crime, Home Office, 2018
The case for investing in Public Health, WHO, 2014

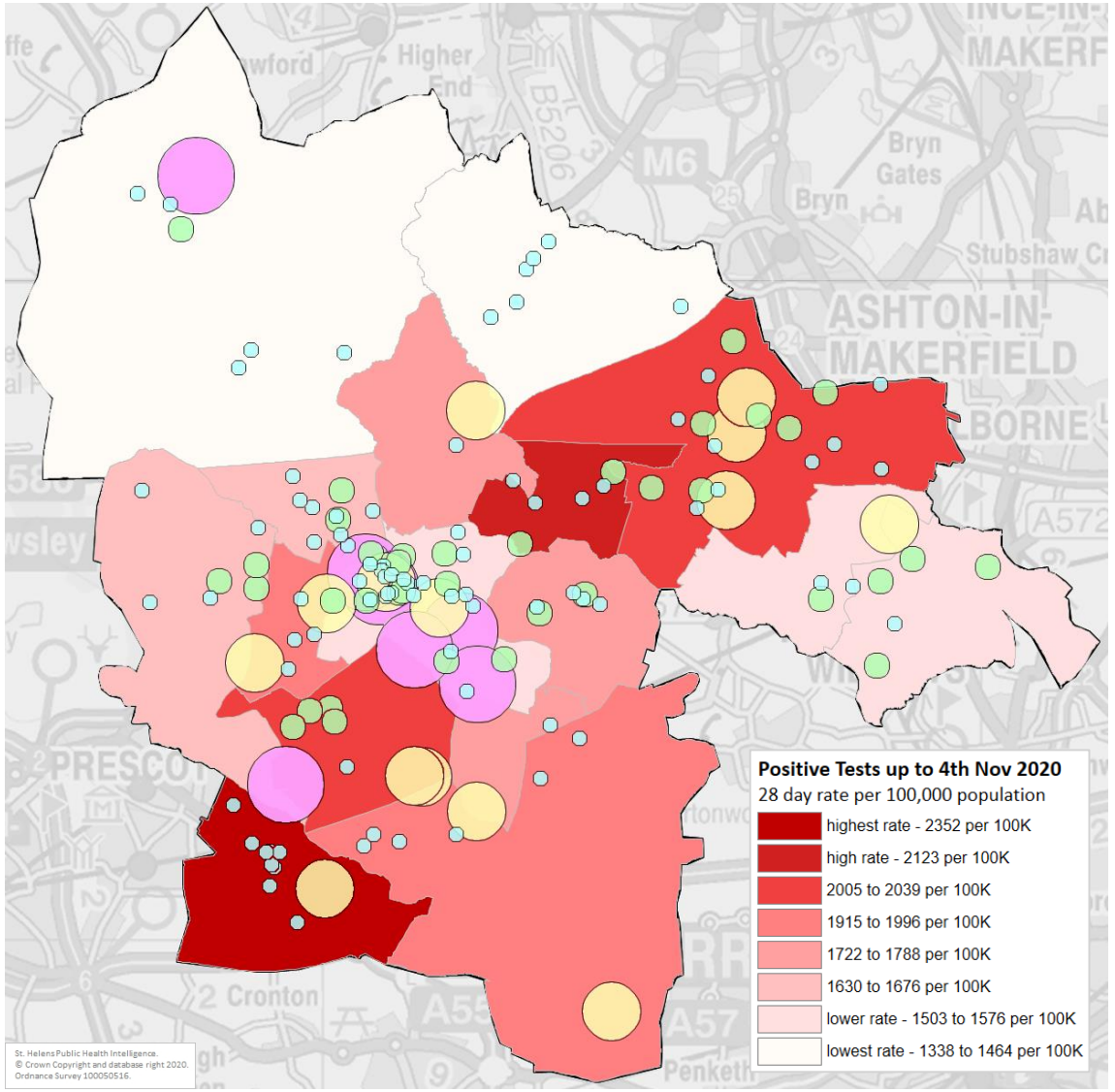
The drivers of COVID-19 inequalities



Source: Disparities in the risk and outcomes of COVID-19 report, PHE

COVID-19 inequalities: outbreak clusters

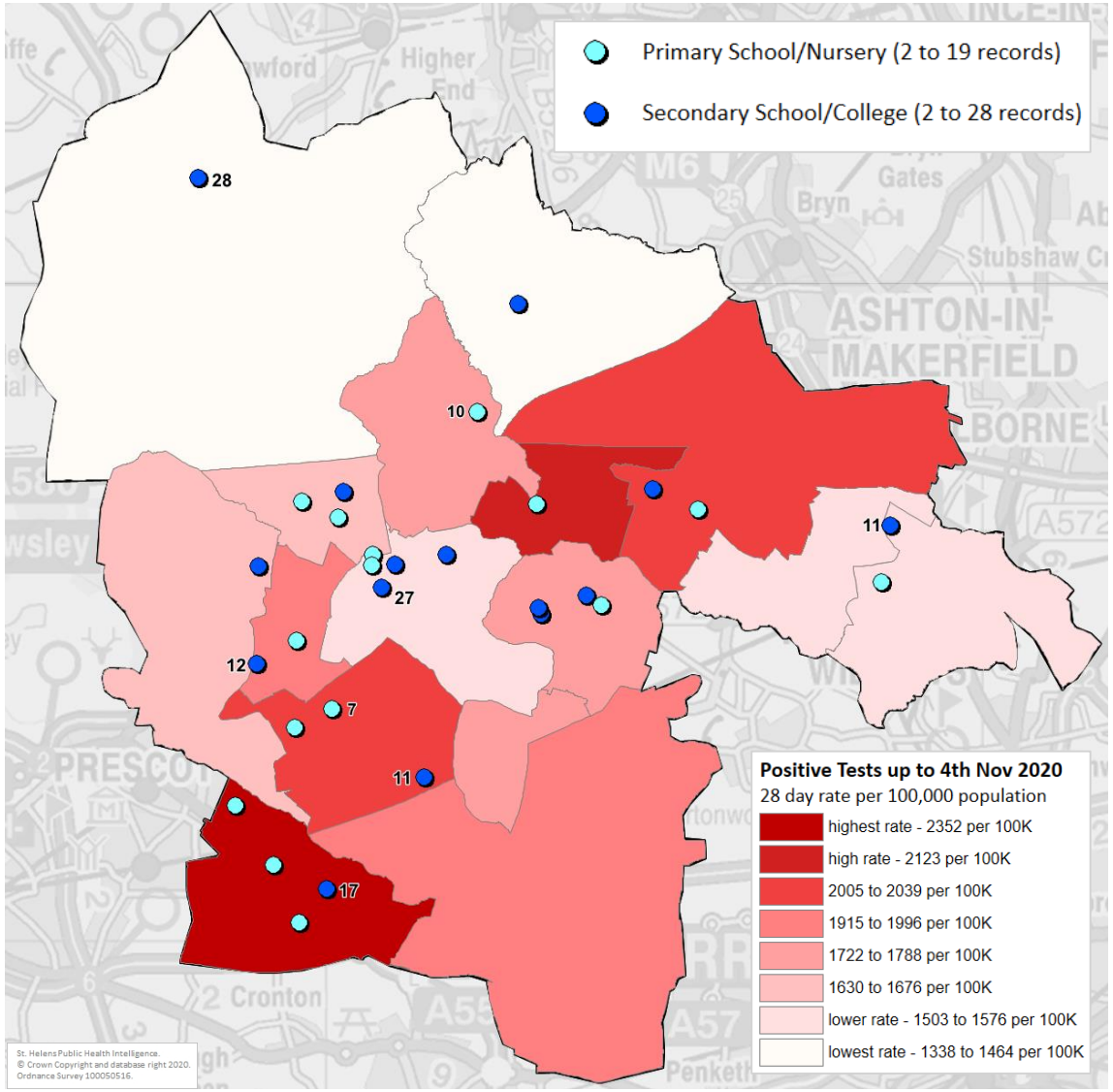
All outbreak clusters / exposure localities – 28 days to 4th November 2020



Source: PHE - COVID-19 common exposures data

COVID-19 inequalities: outbreak clusters

Primary and secondary schools, nurseries, colleges – 28 days to 4th November 2020

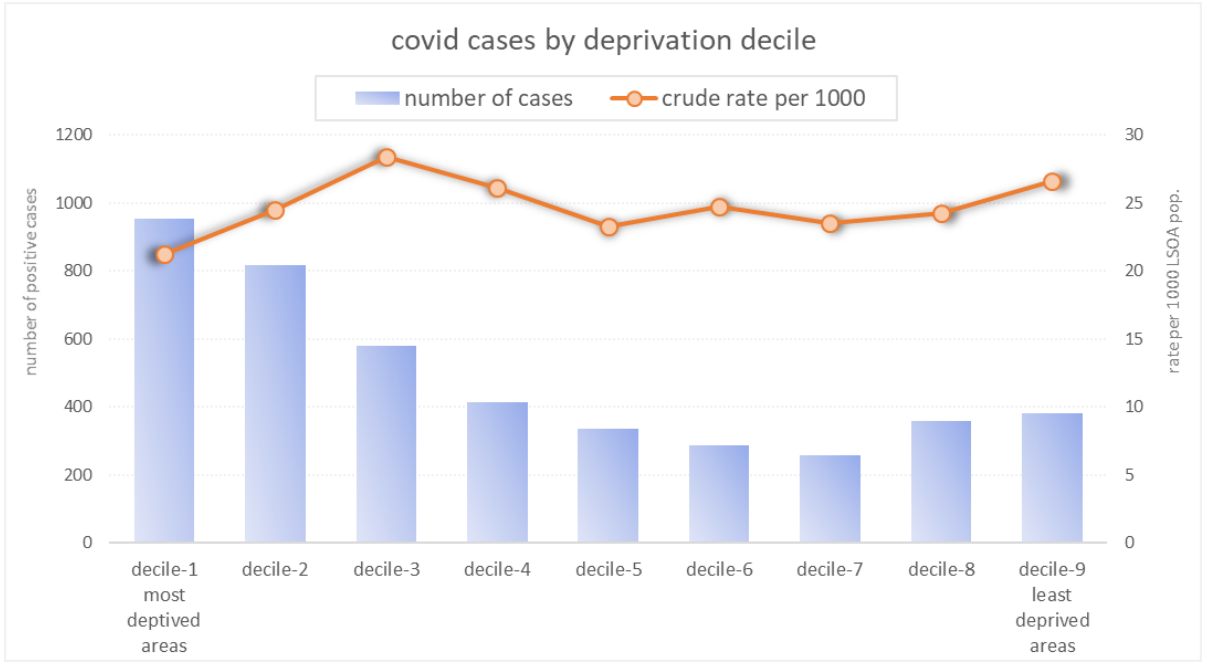


Source: PHE - COVID-19 common exposures data

** only highest numbers shown*

COVID-19 inequalities: deprivation

- St Helens is now ranked as the **26th most deprived** local authority in England out of 317.
- Nearly a quarter of St Helens population (23.4%) live in neighbourhoods within the borough that fall within the 10% most deprived neighbourhoods nationally.
- The chart is derived from the number of positive cases from August to October 2020 – the 'second wave' - based on area of residence and deprivation.
- There is a slight peak in the neighbourhoods in decile 3 but the rates are evenly distributed across the borough.
- The most deprived neighbourhoods (in decile 1) have a lower COVID-19 rate than the least deprived neighbourhoods (in decile 9), which may reflect increased testing behaviour in the most deprived group.



Source: PHE / ONS 2019 pop. Est. / IMD 2019

COVID-19 inequalities: ethnicity

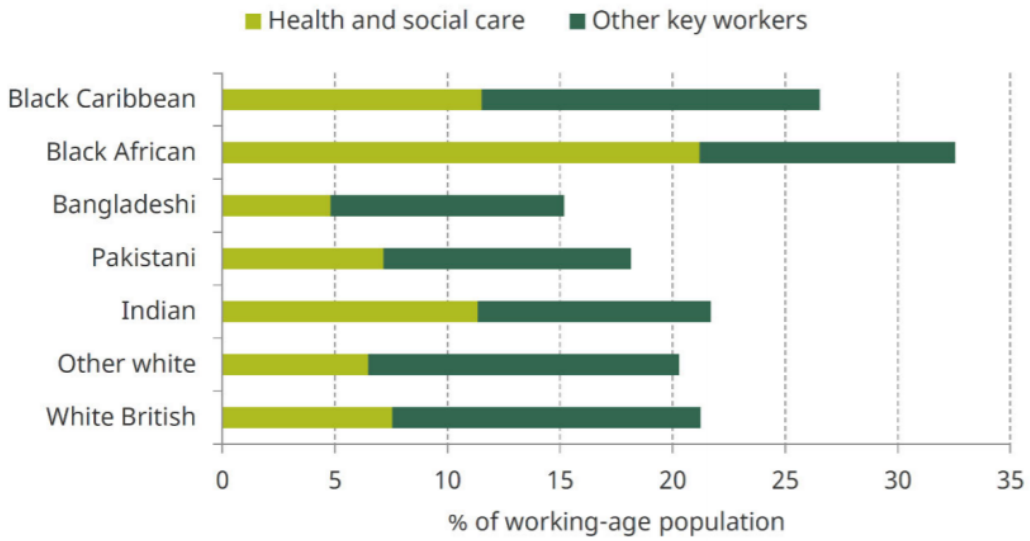
- Males of **Black African** ethnicity had the highest death rate, 2.7 times higher than White males.
- Females of **Black Caribbean** ethnicity had the highest death rate, 2.0 times higher than White females.
- Ethnic differences in mortality are most strongly associated with demographic and socio-economic factors, such as place of residence and occupational exposures, and **cannot be explained by pre-existing health conditions or genetics.**
- **Structural racism and power relations** are thought to explain some of these differences in mortality through the following mechanisms:
  - unequal healthcare access and uptake
  - psychological stress
  - high risk occupation
  - neighbourhood circumstance
  - intergenerational living
  - lack of tailored public health messaging

Sources: ONS
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020#ethnic-contrasts-in-covid-19-deaths-data
SAGE https://www.gov.uk/government/publications/drivers-of-the-higher-covid-19-incidence-morbidity-and-mortality-among-minority-ethnic-groups-23-september-2020

COVID-19 inequalities: occupation

- Men and women working in **social care** have significantly raised death rates involving COVID-19.
- In men, the following occupations were associated with the highest death rates:
  - taxi drivers and chauffeurs
  - bus and coach drivers
  - Chefs
  - sales and retail assistants.
- In women:
  - caring, leisure and service
  - sales and retail assistants
  - national government administrative occupations.
- In frontline healthcare workers in the UK, **ethnic minorities reported inadequate access to effective personal protective equipment**.
- The higher representation of some minority ethnic groups in at-risk occupations and insecure employment is likely to increase their risk of exposure to the virus compared to the White British majority.

% of the working age population in key worker roles



Source: Institute for Fiscal Studies May 2020

Other Sources:
SAGE https://www.gov.uk/government/publications/drivers-of-the-higher-covid-19-incidence-morbidity-and-mortality-among-minority-ethnic-groups-23-september-2020

Main recommendations

- To commission a **shared action plan** to address the priorities identified in the JSNA.
- Although there is no national inequalities strategy in place, **local action** can be taken to reduce unfair inequality locally.
- A local inequalities strategy is to be developed in line with the Cheshire & Merseyside Health and Care Partnership's ambition to become a **'Marmot Community'.**
- Ensure that the action plan aligns to the **Integrated Care Partnership** priorities.

Priority areas

Closing the life expectancy gap

Strengthen primary prevention of respiratory and circulatory disease

Community safety and wellbeing

- Prevention of crime and violence through the community safety partnership
- Reduction of suicide, with a focus on men, and the Town Centre.
- Reducing hospital admissions for self harm.
- Prevention of unwanted teenage conceptions
- Training support and job opportunities for those experiencing long term conditions, focussing on mental health and alcohol

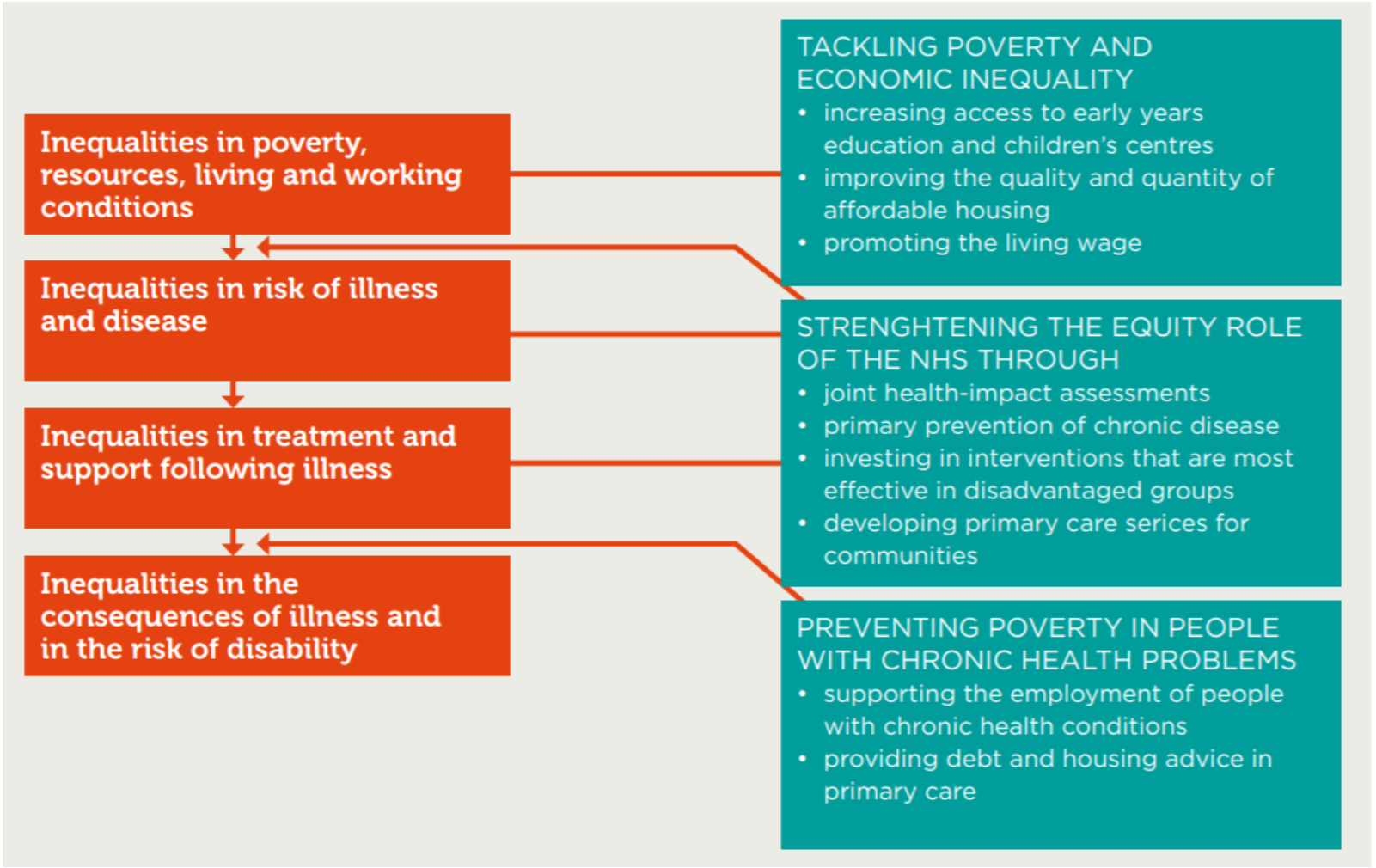
Obesity and deprivation

- Tackling obesity and developing a whole systems approach.
- Urgent attention is required to address that 29% of children in St Helens live in 10% of most deprived neighbourhoods in England.
- Geographical inequality reduction, focussing on areas such as Town Centre.

Reducing COVID-19 inequalities

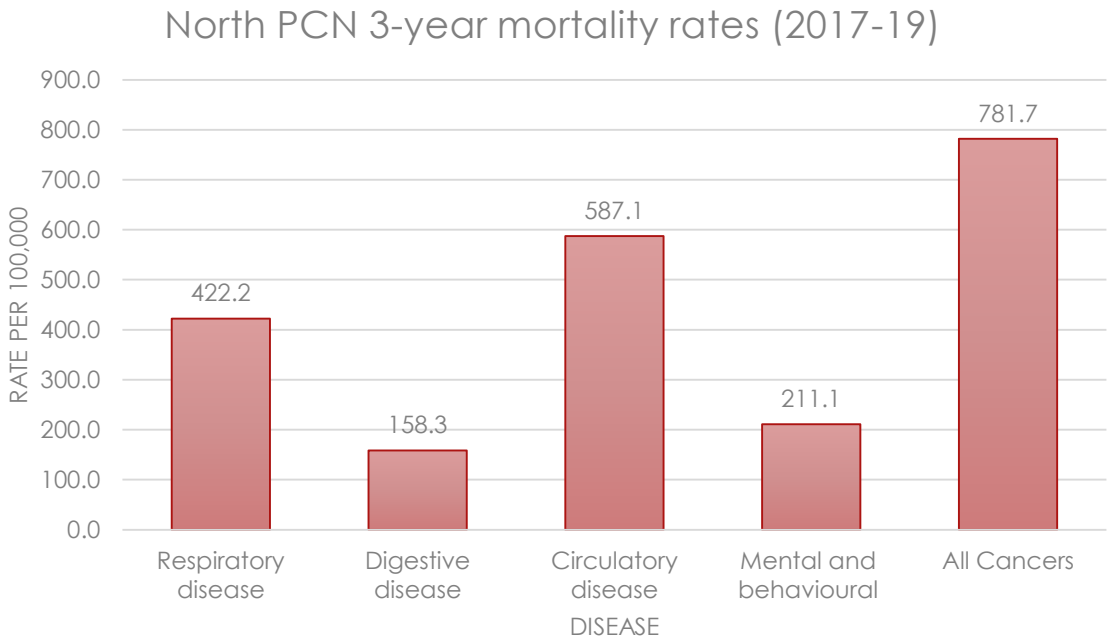
- We will continue to monitor for socioeconomic inequalities.
- Monitoring ethnic and occupational inequalities requires improvement.
- Key workers, racially minoritized and poorer people need targeted support during winter months to reduce the unequal impact of COVID.

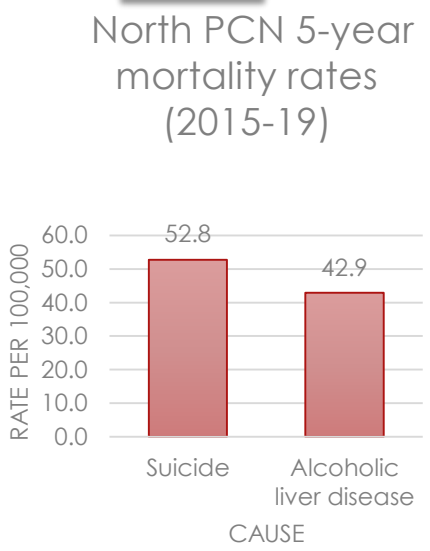
Reducing inequalities locally

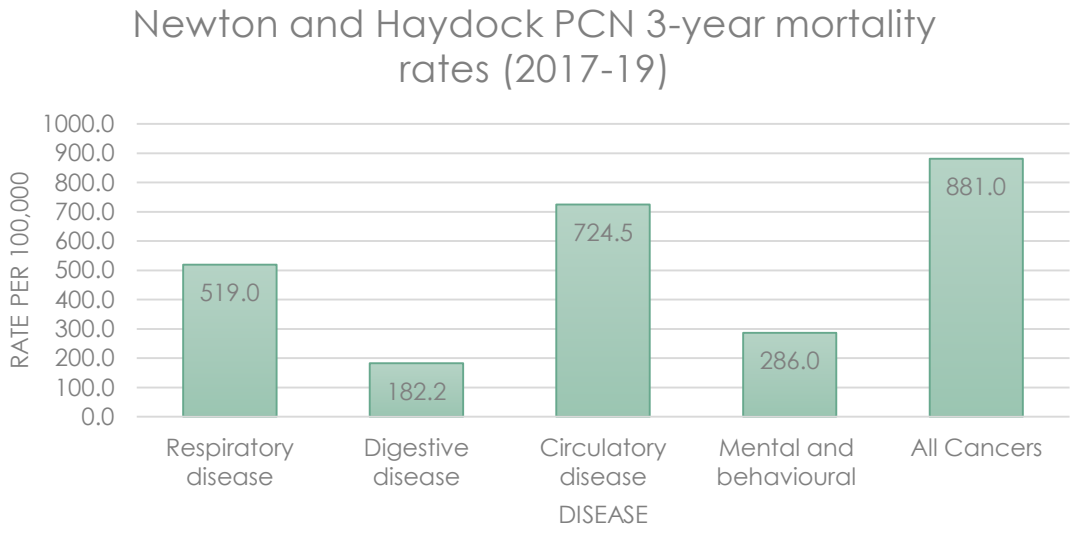


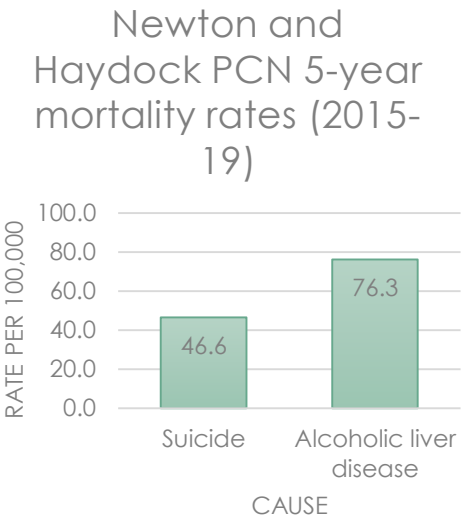
Source: Ben Barr, from NIHR Health Inequalities Assessment Toolkit http://www.hiat.org.uk/resources/14941_HIAT_long_v8_web.pdf

Appendix 1: Mortality by St Helens CCG Primary Care Networks









Appendix 1: contd.

Respiratory diseases 2017-2019

PCN	Number of deaths	3yr crude rate per 100,000 GP Registrations
North	128	***422.2***
Central	197	***552.7***
Newton & Haydock	245	***519.0***
South	381	***447.2***
StH CCG	951	***479.4***

Digestive diseases 2017-2019

PCN	Number of deaths	3yr crude rate per 100,000 GP Registrations
North	48	***158.3***
Central	64	***179.6***
Newton & Haydock	86	***182.2***
South	161	***189.0***
StH CCG	359	***181.0***

Circulatory diseases 2017-2019

PCN	Number of deaths	3yr crude rate per 100,000 GP Registrations
North	178	***587.1***
Central	323	***906.2***
Newton & Haydock	342	***724.5***
South	586	***687.9***
StH CCG	1429	***720.4***

Mental and behavioural disorders 2017-2019

PCN	Number of deaths	3yr crude rate per 100,000 GP Registrations
North	64	***211.1***
Central	165	***462.9***
Newton & Haydock	135	***286.0***
South	217	***254.7***
StH CCG	581	***292.9***

All cancers 2017-2019

PCN	Number of deaths	3yr crude rate per 100,000 GP Registrations
North	237	***781.7***
Central	314	***881.0***
Newton & Haydock	378	***800.8***
South	661	***775.9***
StH CCG	1590	***801.6***

Appendix 1 contd.

Suicide 2015-2019

PCN	Number of deaths	5yr crude rate per 100,000 GP Registrations
North	16	***52.8***
Central	24	***67.3***
Newton & Haydock	22	***46.6***
South	52	***61.0***
StH CCG	114	***57.5***

Alcoholic liver disease 2015-2019

PCN	Number of deaths	5yr crude rate per 100,000 GP Registrations
North	13	***42.9***
Central	26	***72.9***
Newton & Haydock	36	***76.3***
South	47	***55.2***
StH CCG	122	***61.5***

Appendix 2: QOF data by St Helens CCG Primary Care Networks

Prevalence of obesity age 18+

PCN	2018-19 Prevalence (%)	2019-20 Prevalence (%)
North PCN	***10.0%***	***10.8%***
Central PCN	***12.4%***	***12.4%***
Newton & Haydock PCN	***12.2%***	***12.9%***
South PCN	***11.6%***	***12.7%***
StH CCG	***11.6%***	***12.3%***

Prevalence of smokers age 15+

PCN	2018-19 Prevalence (%)	2019-20 Prevalence (%)
North PCN	***13.4%***	***13.3%***
Central PCN	***19.3%***	***19.1%***
Newton & Haydock PCN	***17.5%***	***17.1%***
South PCN	***16.2%***	***16.2%***
StH CCG	***16.7%***	***16.5%***

Prevalence of diabetes mellitus age 17+

PCN	2018-19 Prevalence (%)	2019-20 Prevalence (%)
North PCN	***7.2%***	***7.4%***
Central PCN	***7.9%***	***8.0%***
Newton & Haydock PCN	***8.1%***	***8.2%***
South PCN	***8.1%***	***8.2%***
StH CCG	***7.9%***	***8.0%***

Prevalence of depression age 18+

PCN	2018-19 Prevalence (%)	2019-20 Prevalence (%)
North PCN	***15.6%***	***16.7%***
Central PCN	***12.4%***	***13.7%***
Newton & Haydock PCN	***15.9%***	***16.7%***
South PCN	***16.5%***	***17.6%***
StH CCG	***15.2%***	***16.3%***

Contact Details

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