



ST HELENS
BOROUGH COUNCIL

St Helens Joint Strategic Needs Assessment 2023

MORTALITY

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Introduction

The overarching 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.

This report considers the key public health issues of life expectancy and mortality. Life expectancy is a measure that indicates the overall health of the population and since 2011, this has slowed in growth nationally for the first time in several decades. The mortality section provides insight into the trends, inequalities and causes of death in the borough.

The data within this JSNA is for 2022 and is based on resident deaths. The previous Mortality JSNA for St Helens did not include deaths from COVID-19, so these deaths will be included within this report.

Included is an additional focus on premature and avoidable mortality within this 2023 version, as well as the inclusion of some additional analysis on mortality by Primary Care Network (PCN).

Key findings

- ▶ Within the borough, there are wide inequalities in life expectancy at birth. The difference between the highest and lowest wards are 12.3 years for male life expectancy and 8.5 years for female.
- ▶ Life expectancy is lowest in Parr for both males and females, and highest in Eccleston.
- ▶ Mortality from digestive diseases, circulatory diseases and COVID-19 are the major contributors to the gap in male life expectancy between St Helens and England.
- ▶ Mortality from respiratory, digestive diseases and COVID-19 are the major contributors to the gap in female life expectancy between St Helens and England.
- ▶ Between the most and least deprived areas within St Helens, circulatory diseases are the major contributor to the gap in male life expectancy, and cancer is the major contributor to the gap in female life expectancy.
- ▶ The rate of all age, all-cause mortality increased for both males and females between 2019 and 2020, a trend that was seen nationally and regionally, though local rates remain higher.
- ▶ Peasley Cross & Fingerpost and St Helens Town Centre wards have the highest all age all-cause mortality rates.
- ▶ Cancer is the leading cause of death in St Helens, followed by circulatory disease.

Key findings

- ▶ St Helens has seen an annual increase in premature mortality (under 75 years) since 2018.
- ▶ Premature mortality rates are highest in Town Centre and Parr wards and there is a clear association with deprivation, where the rate in decile 1 is 3.2 times higher than in decile 9.
- ▶ Cancer is the leading cause of mortality for under 75s with 35% of all deaths. Circulatory disease causes a quarter of deaths (26%).
- ▶ There is a clear association with premature mortality and deprivation, with rates higher in the more deprived deciles across all disease groups.
- ▶ Almost a quarter of deaths in St Helens are classed as being 'avoidable'.
- ▶ The gap in premature mortality between the most deprived decile (decile 1) and decile 9 in St Helens has increased between 2013 and 2022 for all causes, cancer, cardiovascular diseases, and digestive diseases.
- ▶ The gap has decreased for respiratory diseases, liver disease and diseases of the nervous system.
- ▶ In 2020-21, there were 210 additional deaths (including COVID-19) in the winter months compared to 30 (including COVID-19) in 2019-20.

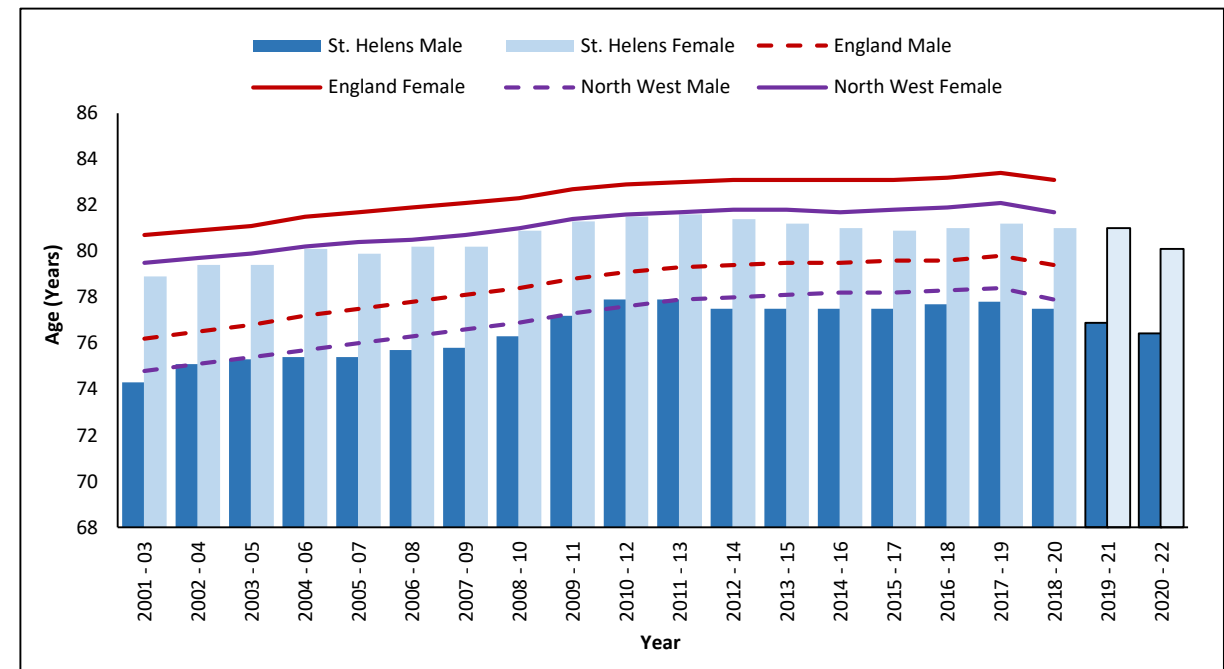
Life expectancy

Life expectancy at birth is an estimate of the average number of years a newborn baby would survive if they experienced the area's death rates for that time period throughout their life (Public Health England).

- ▶ In St Helens between 2018 and 2020, the life expectancy was 77.5 years for males and 81.0 years for females.
- ▶ For 2018-2020, the life expectancy at birth for St Helens was significantly worse than the England average (79.4 for males and 83.1 for females).
- ▶ **Provisional** figures for St Helens indicate that life expectancy will decrease.
- ▶ For both men and women in St Helens, life expectancy correlates with deprivation, with a lower life expectancy seen in more deprived areas than the least deprived.
- ▶ For males, there is **10.3** years difference between the wards with the highest (Eccleston, 81.4 years) and lowest (Town Centre, 71.1 years) life expectancy* (Map 1)
- ▶ For females, there is **8.1** years difference between Eccleston (83.9 years) and Parr (75.8 years)* (Map 2)

*provisional data for 2020-22 using Primary Care Mortality Database

Figure 1: Life expectancy at birth 2001-03 to 2020-22

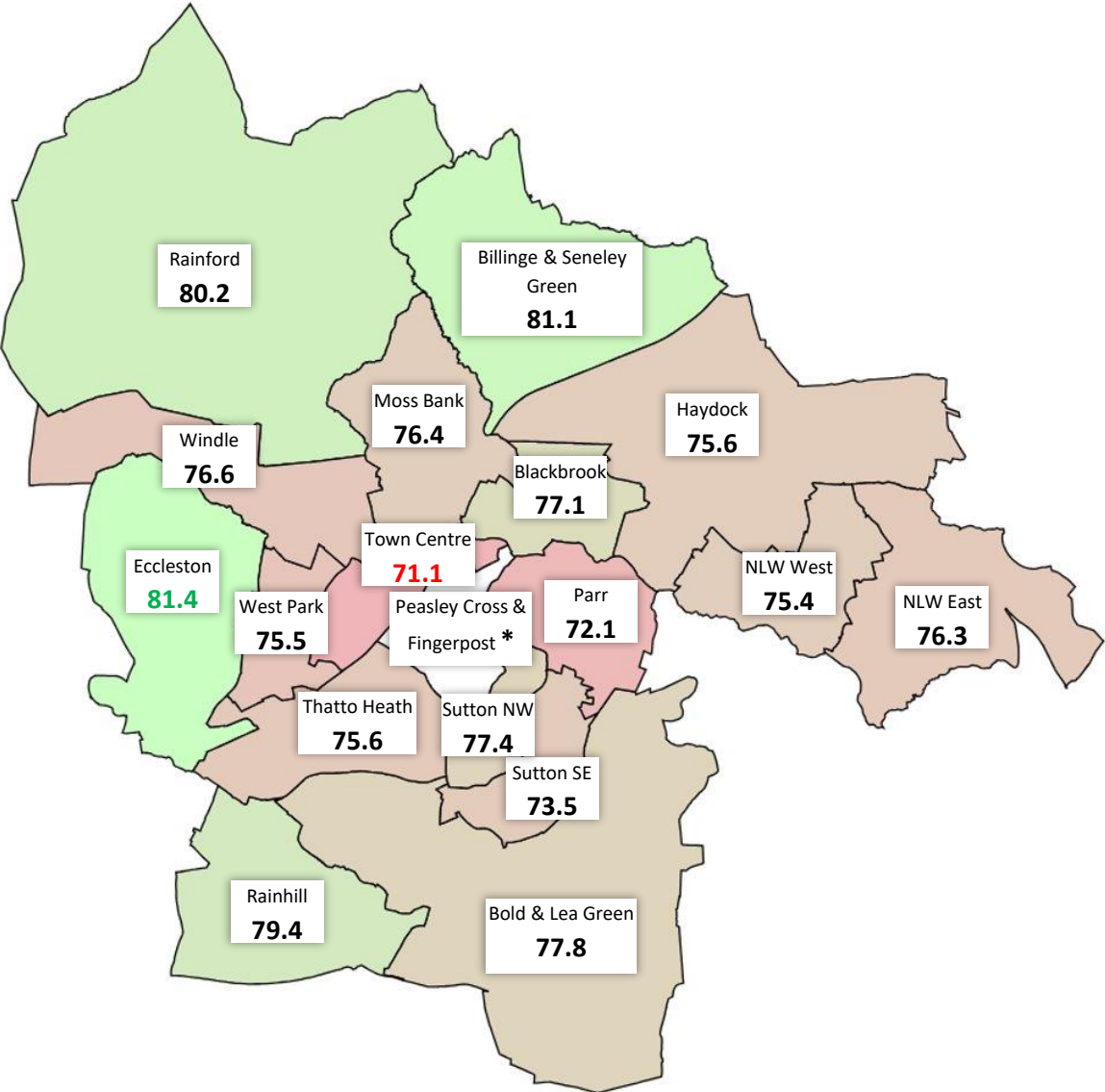


Source: Fingertips and Primary Care Mortality Database (PCMD) 2019-21 and 2020-21 St Helens figures are provisional

Map 1: Provisional male life expectancy at birth by ward (2020-2022)

Male life expectancy ward map

2020-2022
Provisional



Source: Primary Care Mortality Database (PCMD) - figures are provisional

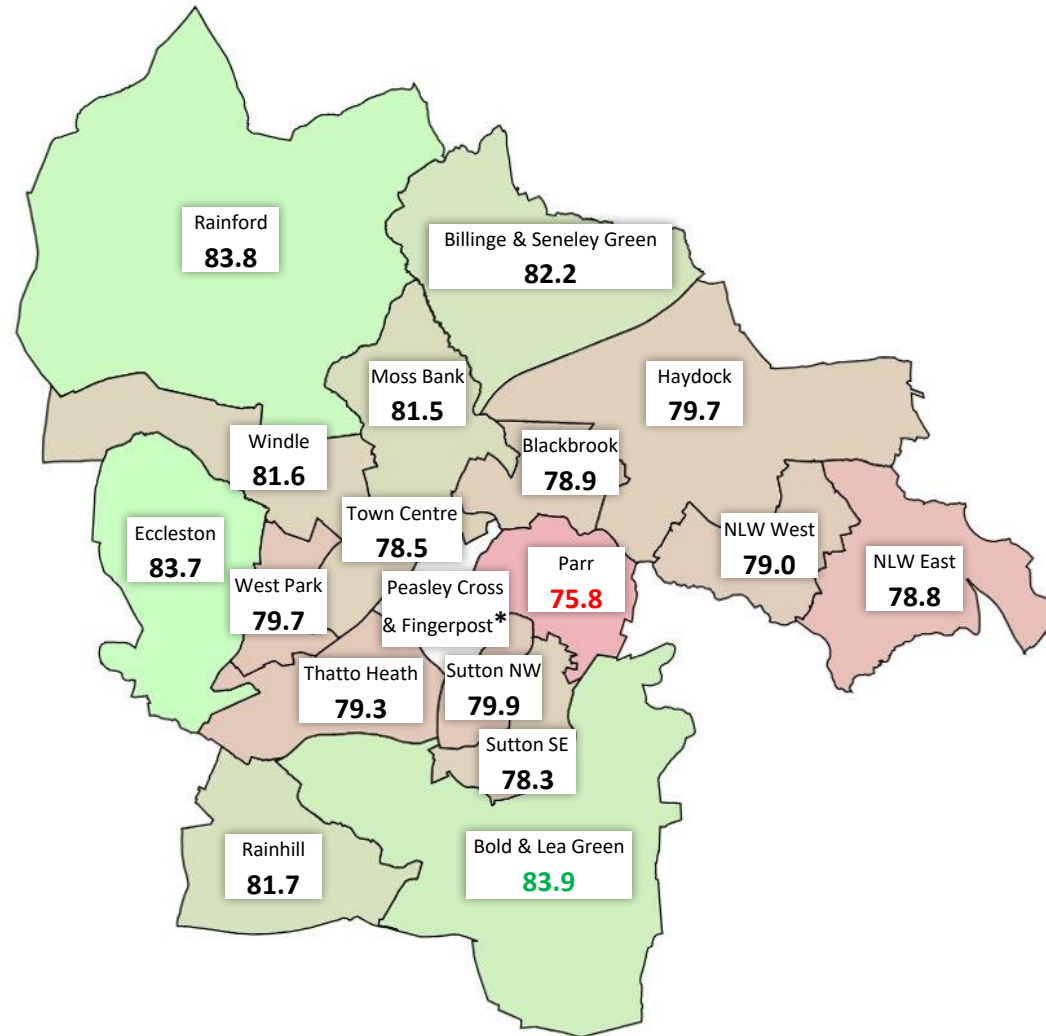
*Peasley Cross & Fingerpost's life expectancy has been suppressed from this data. The population was less than 5000 in the reported period. 5000 is considered to be the minimum size for robust calculations of life expectancy.

Female life expectancy ward map

2020-2022

Provisional

Map 2: Provisional female life expectancy at birth by ward (2020-2022)



Source: Primary Care Mortality Database (PCMD) - figures are provisional

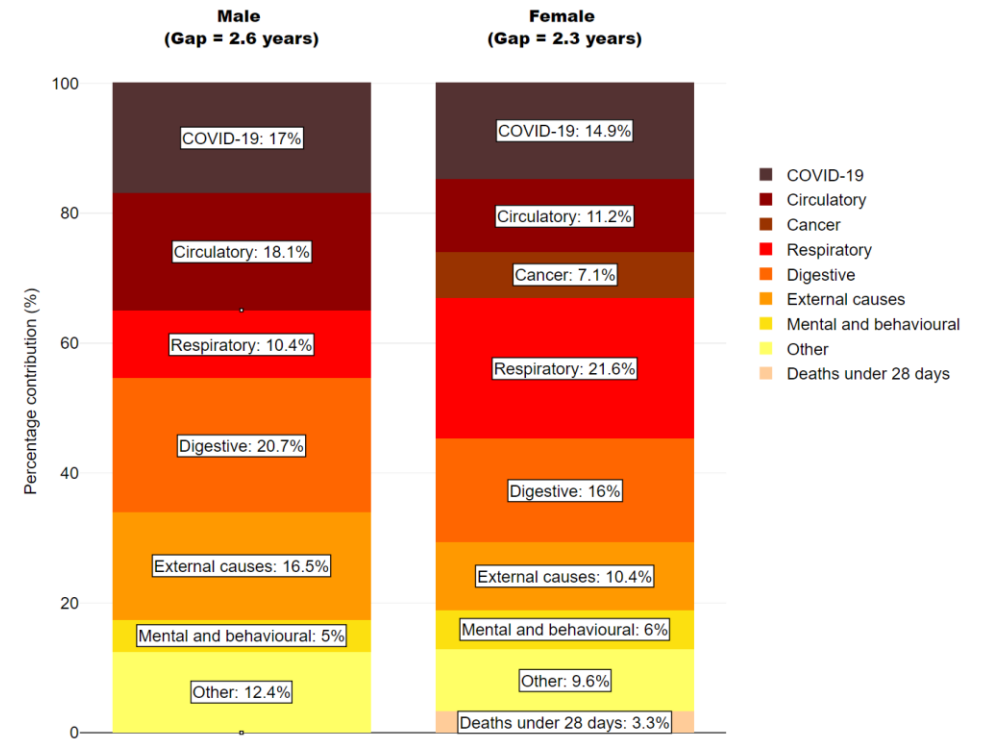
*Peasley Cross & Fingerpost's life expectancy has been suppressed from this data. The population was less than 5000 in the reported period. 5000 is considered to be the minimum size for robust calculations of life expectancy.

Variations in life expectancy: between St Helens and England

Figure 2 shows the breakdown of the life expectancy gap between St Helens as a whole and England as a whole, by cause of death for the period 2020-2021.

- ▶ For **males**, mortality from **digestive diseases** (including alcohol-related conditions) (20.7%), **circulatory diseases** (18.1%) and **COVID-19** (17%) are major contributors to the gap in life expectancy between St Helens and England as a whole.
- ▶ For **females**, **respiratory** (21.6%), **digestive diseases** (including alcohol-related conditions) (16%), and **COVID-19** (14.9%) are the main contributors.

Figure 2: Life expectancy gap between most and least deprived quintiles in St Helens by cause of death, 2020-2021



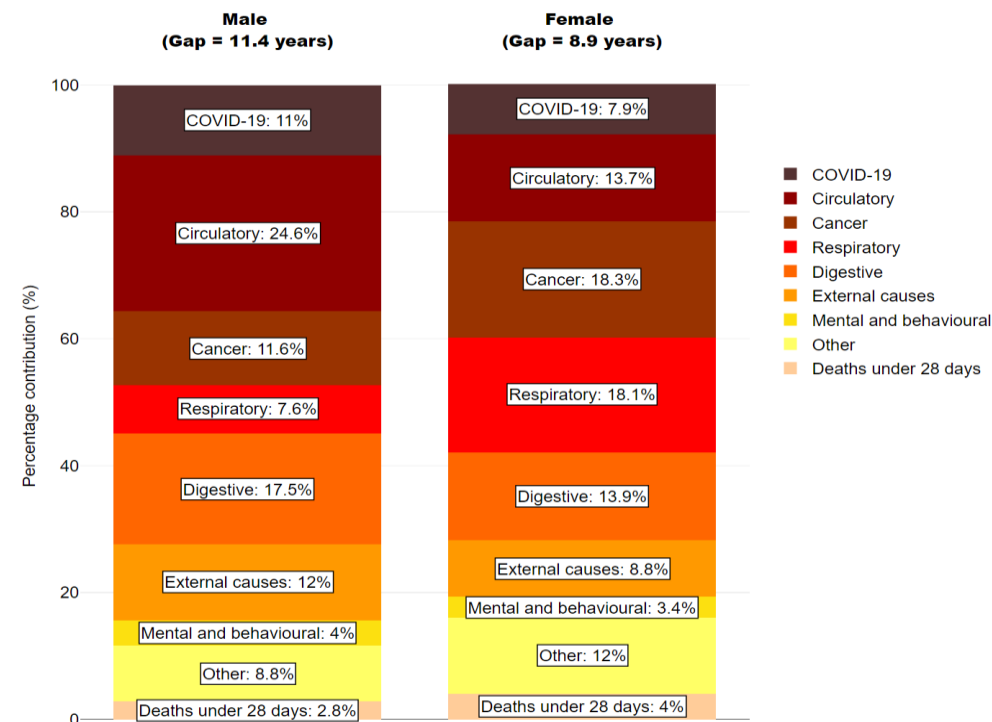
Source: Fingertips

Variations in life expectancy: within St Helens

Figure 3 shows the causes of mortality that contribute to the life expectancy gap between the 20% most deprived and 20% least deprived communities in St Helens by cause of death.

- ▶ The largest difference in life expectancy for males is due to deaths from circulatory diseases, which account for 24.6%
- ▶ The largest difference in female life expectancy is due to deaths from cancer at 18.3% closely followed by deaths from respiratory diseases at 18.1%

Figure 3: Life expectancy gap between most and least deprived quintiles in St Helens by cause of death, 2020-2021



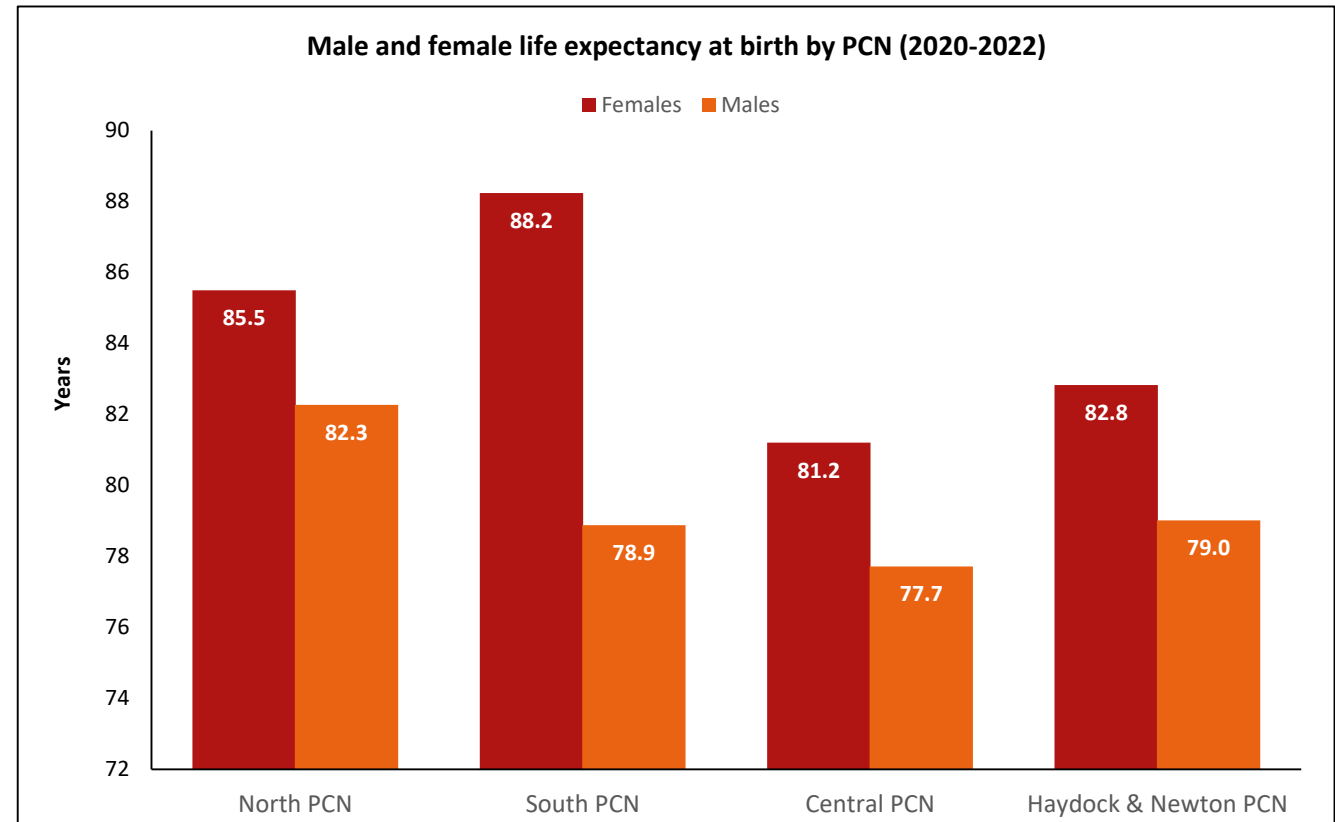
Source: Fingertips

Life expectancy by Primary Care Network (PCN): male and female

2020-2022

Provisional

Figure 4: Life expectancy by PCN, 2020-2022



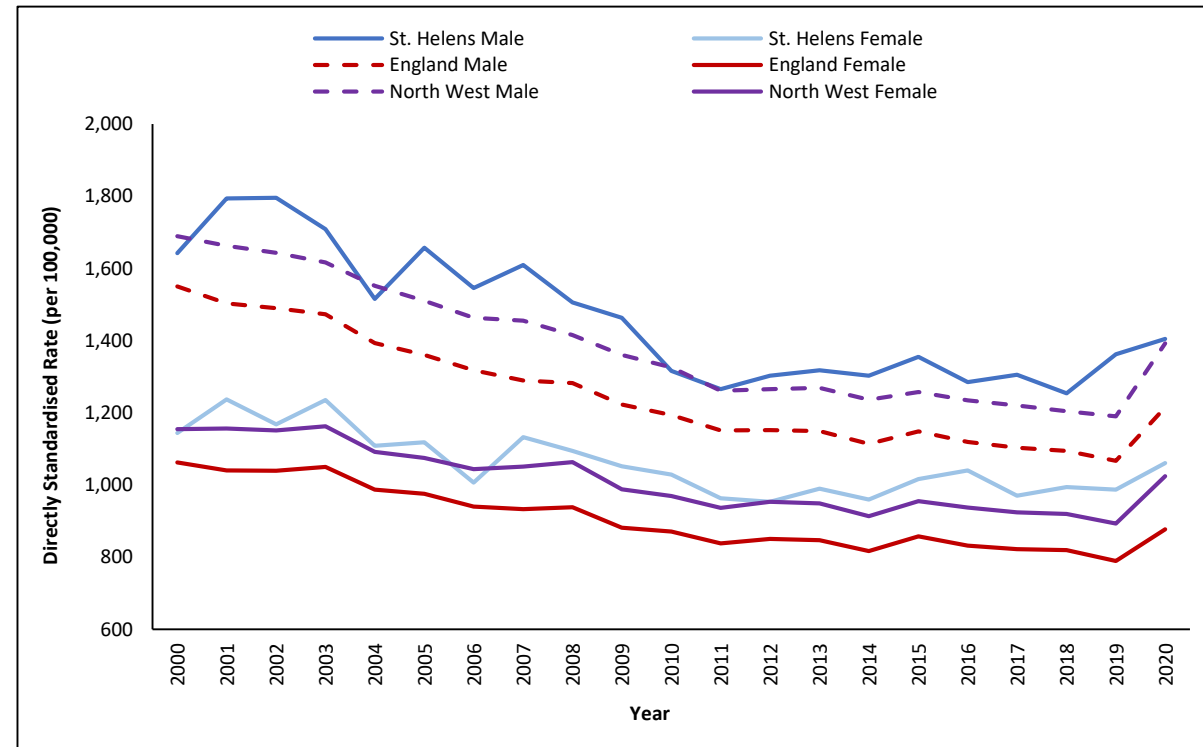
Source: Primary Care Mortality Database (PCMD) - figures are provisional

All-age all-cause mortality

All-age all-cause mortality is a key indicator of the overall health of the borough. It is linked to life expectancy so if the mortality rate falls, life expectancy increases. The most recent published data relates to 2020.

- ▶ For all persons in St Helens, the rate of all-age all-cause mortality was 1220.9 per 100,000, which was statistically significantly higher than England and the North West (1020.9 and 1191.3 per 100,000 respectively).
- ▶ For males in St Helens the rate is 1404.7 (an increase of 42.7 deaths per 100,000 from 2019).
- ▶ For females in St Helens the rate is 1061.4 (an increase of 74.4 deaths per 100,000 from 2019).
- ▶ The total number of men who died in 2020 was 1,110 and the total number of women who died was 1,075.
- ▶ Both male and female mortality rates have experienced a slight increase since 2019.
- ▶ By ward, Peasley Cross & Fingerpost, Town Centre and Parr have the highest mortality rates, and Billinge & Seneley Green, Rainford and Eccleston have the lowest mortality rates (Figure 6).
- ▶ All-age all-cause mortality rates by PCN and GP practice are outlined in the Appendix.

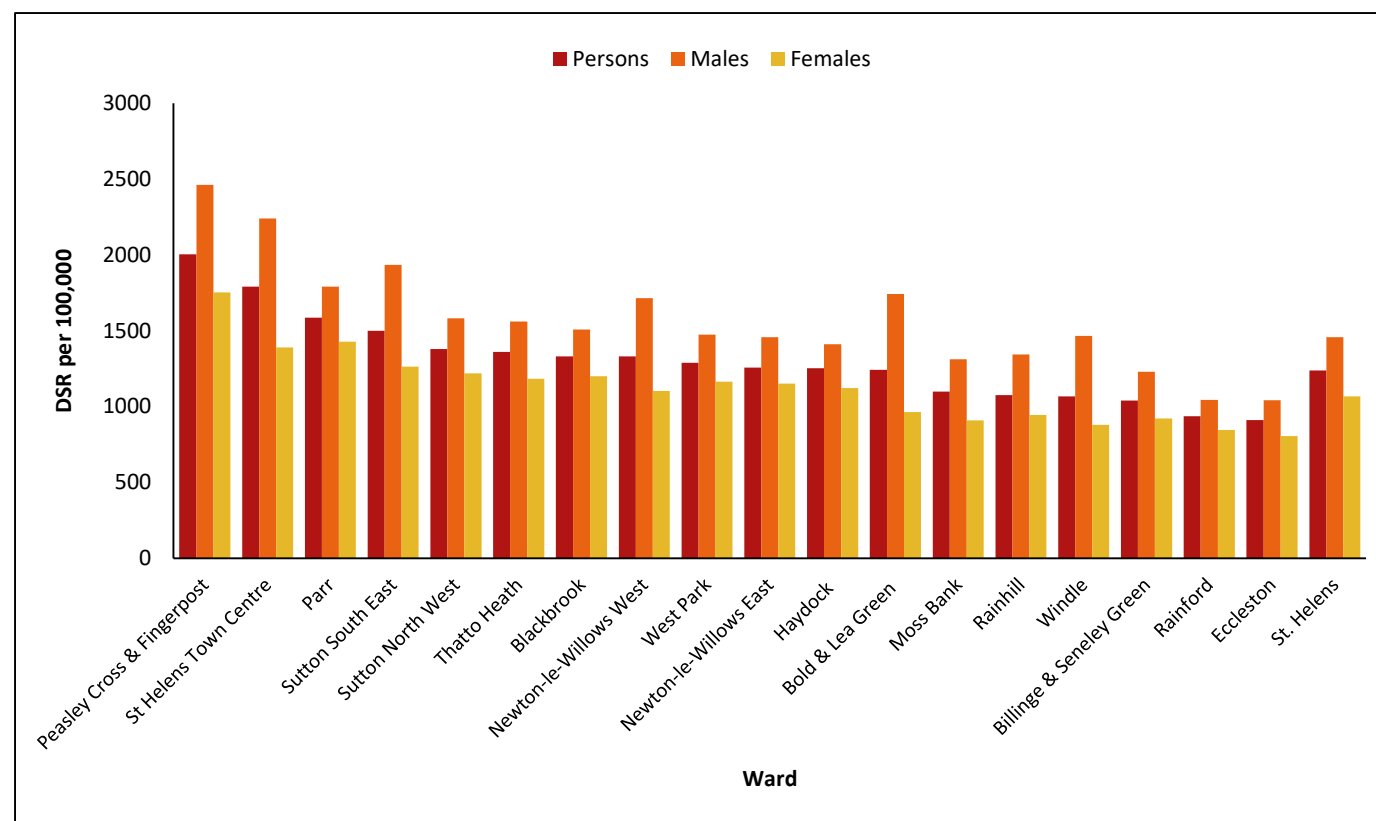
Figure 5: All-age all-cause mortality rate trend 2000 - 2020



Source: Fingertips

All-age all-cause mortality by ward

Figure 6: 2020 – 2022 mortality from all causes, by ward for males and females, directly standardised rate (per 100,000 all ages)



Source: Primary Care Mortality Database; Census 2021 population

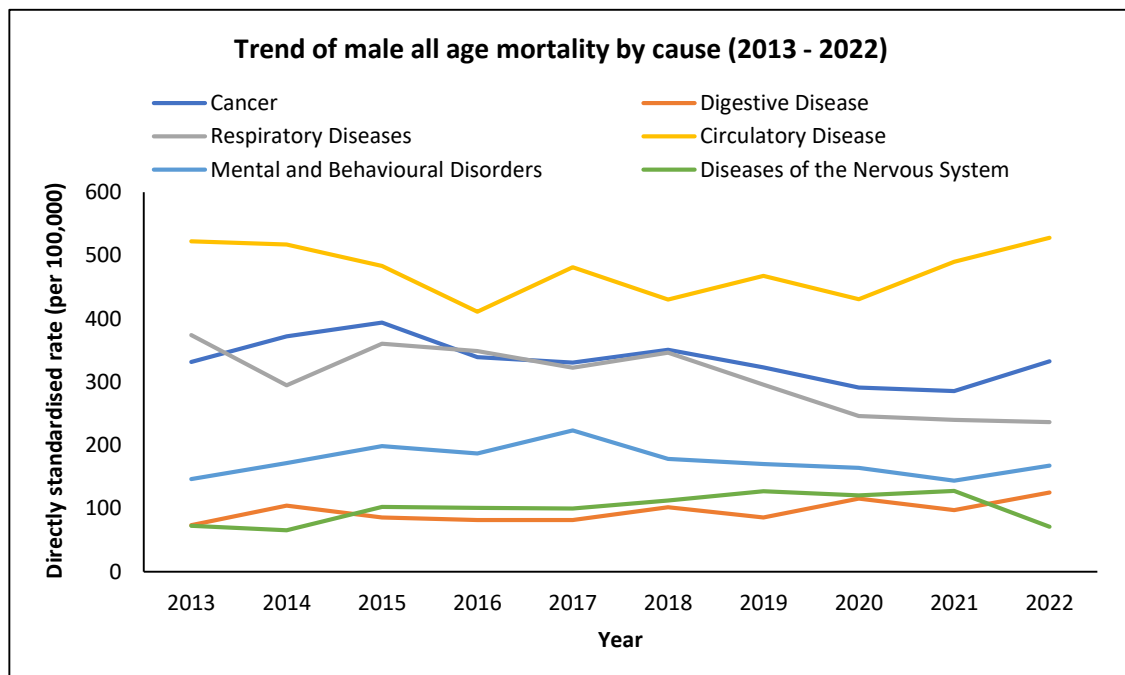
Specific causes of mortality

All age mortality by condition

- ▶ Overall, cancer is the leading cause of death in St Helens with 22.5% of all deaths registered between 2020 and 2022; circulatory disease follows closely with 21.9%.
- ▶ For males, deaths from circulatory diseases have increased since 2020 and remain the main cause of death at 528 deaths per 100,000 in 2022 (Figure 7).
- ▶ Male deaths from respiratory disease have decreased to a rate of 236.7 per 100,000 (Figure 7).
- ▶ For females, cancer remains the leading cause of death, with the rates increasing between 2019 and 2022 from 207.5 to 236.9 deaths per 100,000 (Figure 8).
- ▶ Female deaths from circulatory disease and diseases of the nervous system increased between 2021 and 2022.

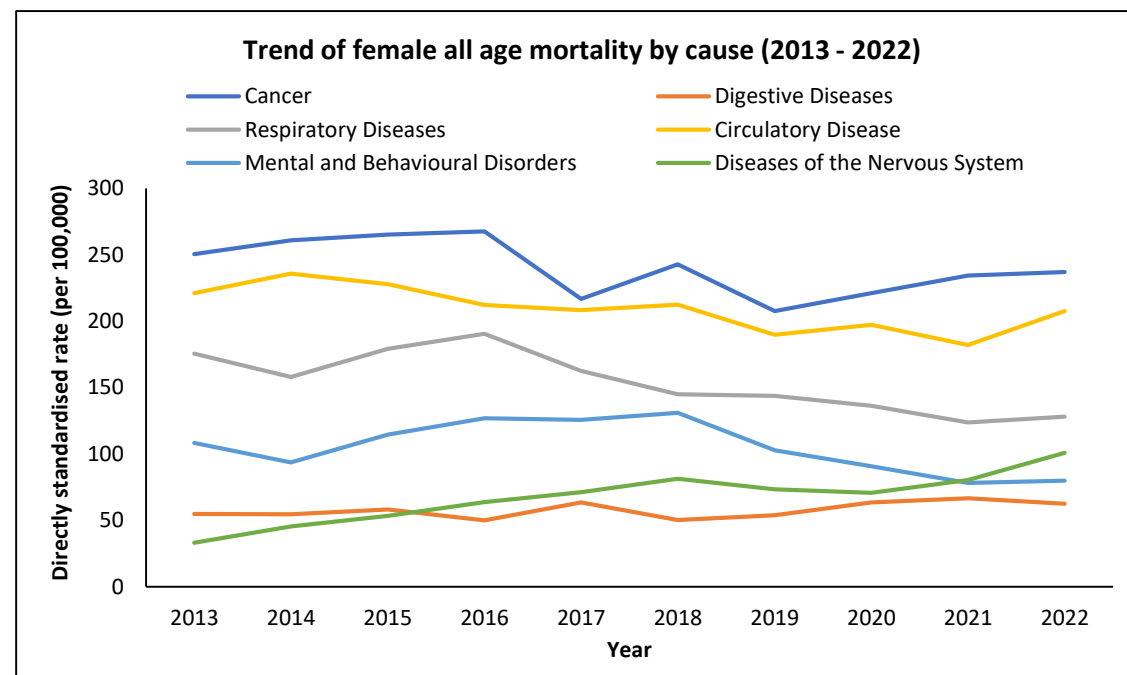
All age mortality by underlying condition

Figure 7: St Helens 'all age' mortality annual rates for males, 2013-2022

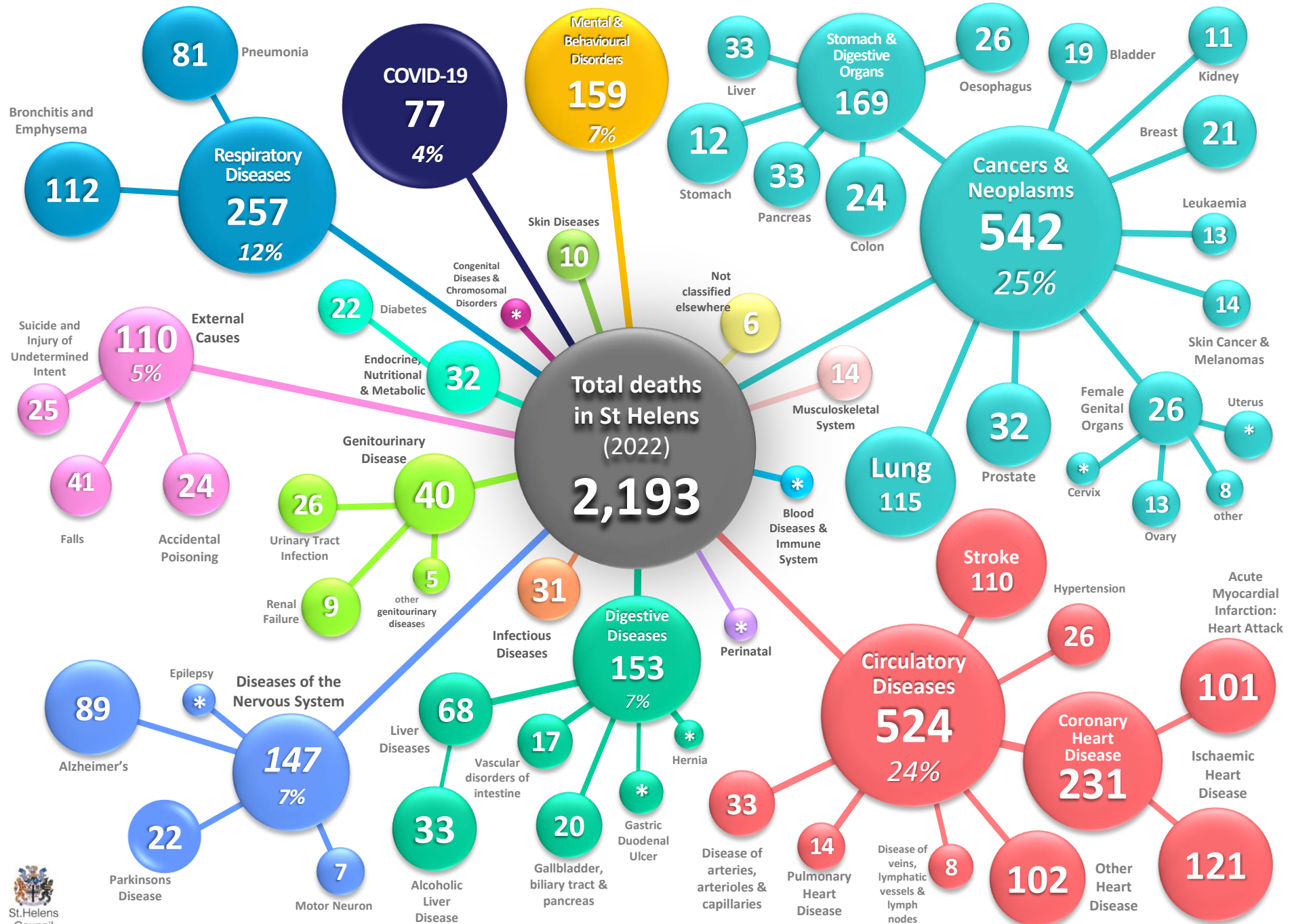


Source: Primary Care Mortality Database; ONS population estimates

Figure 8: St Helens 'all age' mortality annual rates for females, 2013-2022



Source: Primary Care Mortality Database; ONS population estimates



Premature mortality

Premature mortality (under 75 years) is a good indicator of the overall health of a population. It is correlated with many other measures of population health and there are significant differences between premature death rates in different areas, thus reflecting a wide range of underlying differences between these populations.

To ensure that there continues to be a reduction in the rate of premature mortality, and that inequalities between areas are reduced, there needs to be concerted action in both prevention and treatment.

Life course statistics for St Helens are presented in the Appendix, which illustrate some of the many other measures of population health, some of which can have an impact on premature mortality.

The most recent published data on premature mortality relates to 2021 and Figure 10 illustrates the trend of premature mortality from all causes in St Helens, compared to local authorities across Merseyside.

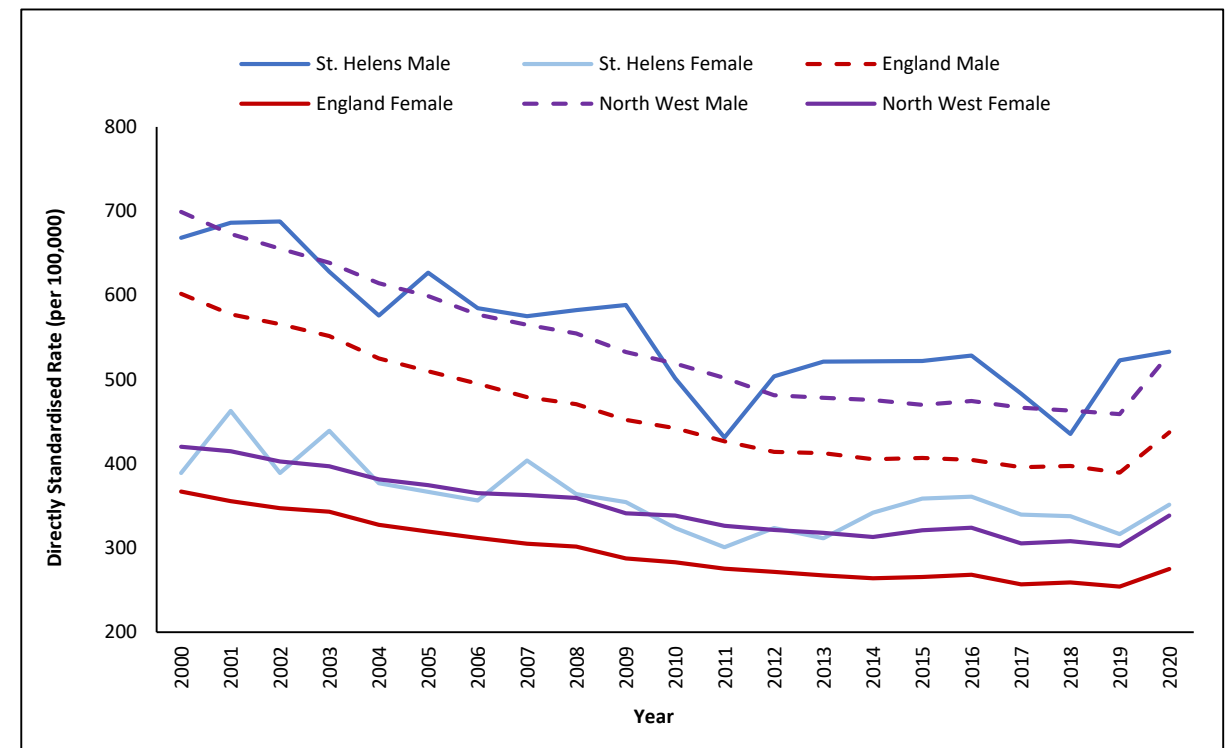
St Helens has seen an annual increase in premature mortality since 2018, and this is a trend also seen in other areas of Cheshire and Merseyside.

Using local data, premature mortality rates in St Helens by ward are presented in Figure 11, showing that Town Centre has the highest rates for both males and females, followed by Parr.

Premature mortality (under 75 years)

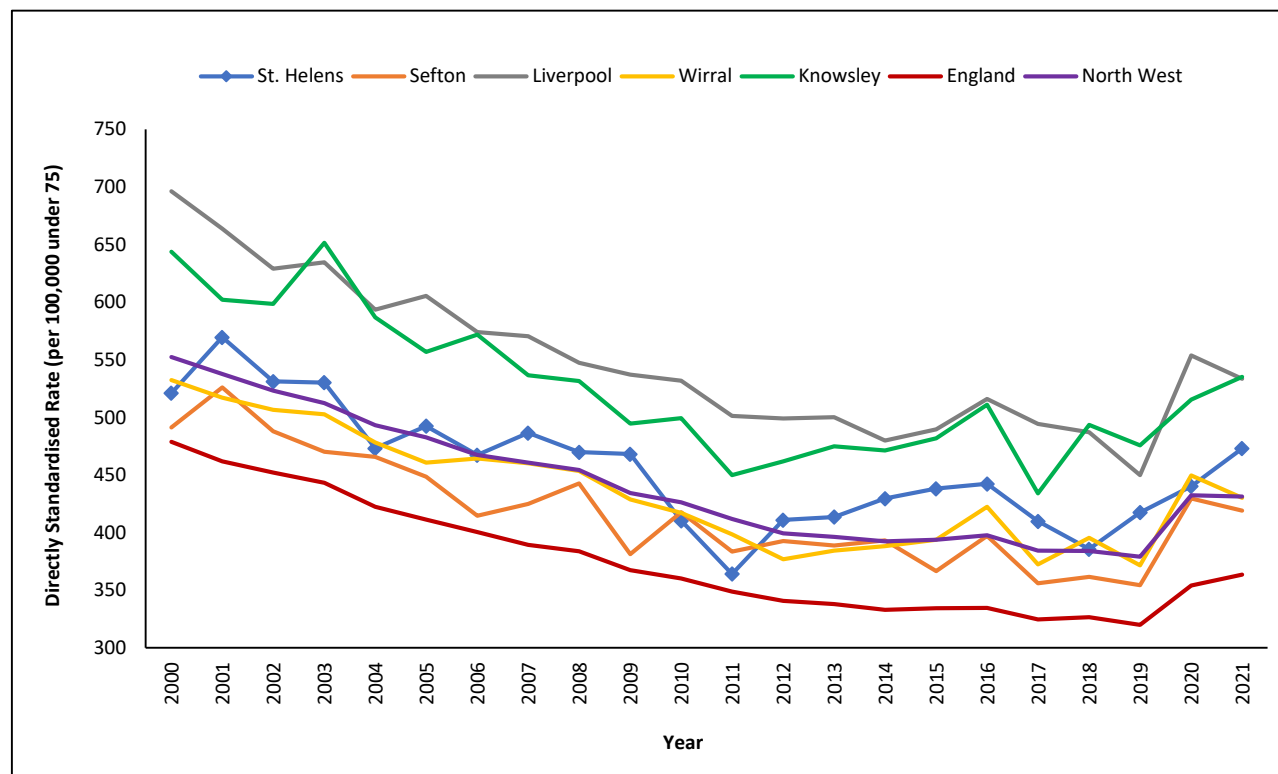
- ▶ As with all-age all-cause mortality, there is a downward trend for under 75 mortality rates, with a recent increase in 2020.
- ▶ The 2020 male rate of premature mortality in St Helens is 533.2 per 100,000 under 75 years (450 deaths).
- ▶ The 2020 female rate of premature mortality in St Helens is 351.4 per 100,000 under 75 years (310 deaths).
- ▶ For both males and females, the rate is above national average.
- ▶ For males, the under 75 mortality rate is in line with the North West rate.
- ▶ The under 75 mortality rate for St Helens is the 3rd highest in Cheshire and Merseyside (Figure 10).
- ▶ By ward, there is significant variation between mortality rates, with Town Centre, Parr and Peasley Cross & Fingerpost having the highest and Billinge & Seneley Green, Rainhill and Eccleston having the lowest rates (Figure 11).

Figure 9: Premature mortality rate, all causes by gender (2000 – 2020)



Source: Fingertips

Figure 10: Premature mortality rates, all causes in Merseyside: 2009 – 2021, all persons under 75 years

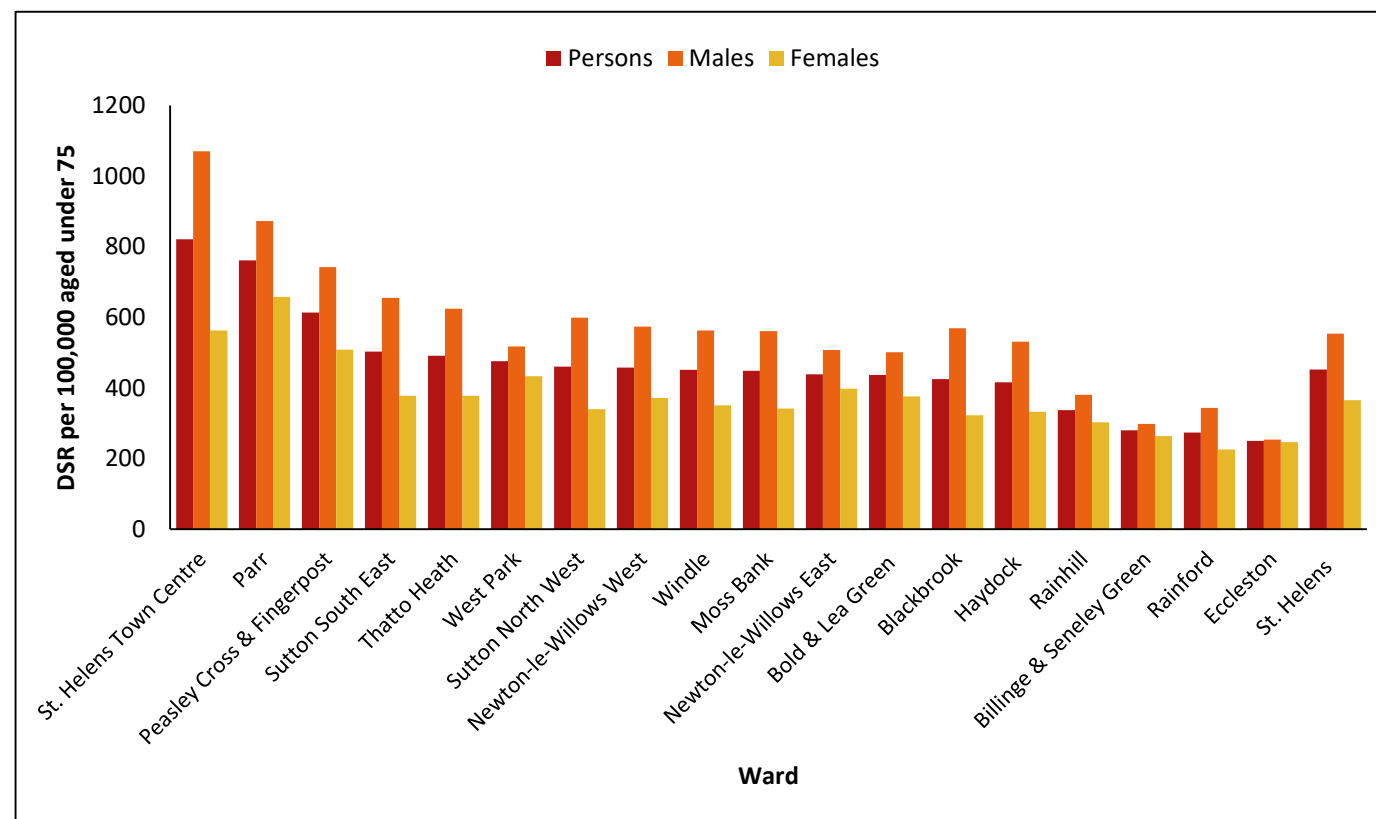


Source: Fingertips

Premature
mortality rates
across
Merseyside

Premature mortality from all causes by ward

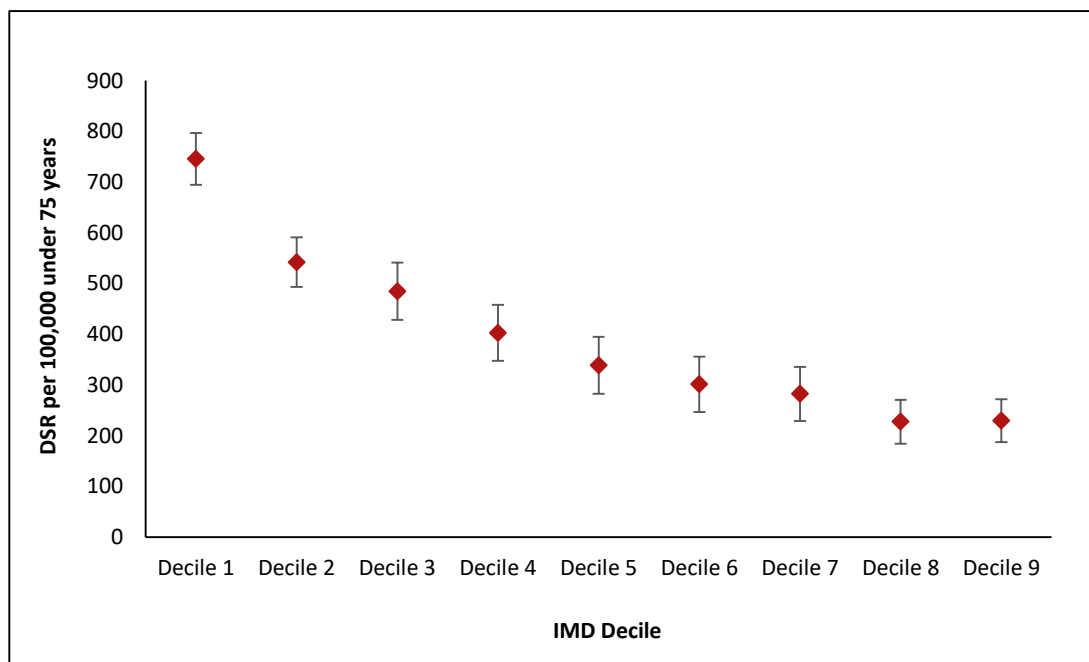
Figure 11: 2020 – 2022 premature mortality by ward for males and females, directly standardised rate (per 100,000 under 75 years)



Source: Primary Care Mortality Database; 2021 Census Population

Premature mortality and deprivation

Figure 12: Under 75 mortality rate by IMD, all causes (2020-2022)



Source: Primary Care Mortality Database; 2021 Census Population

The rate of premature mortality in the most deprived decile in St Helens is 745.6 per 100,000 population under 75.

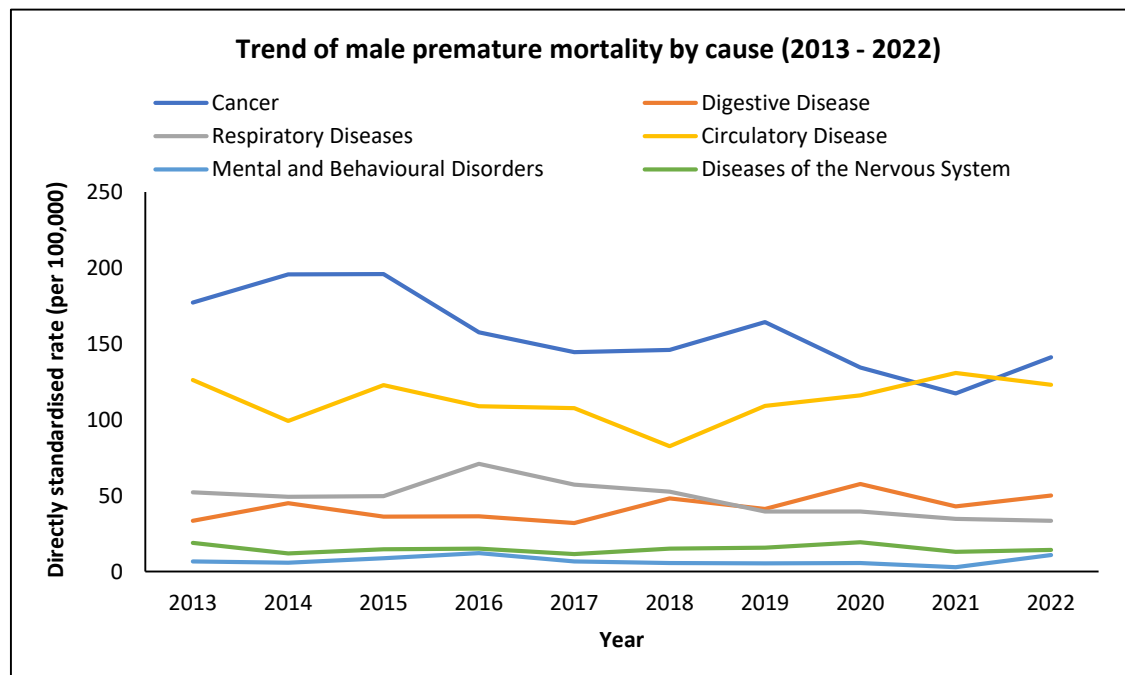
The was 3.2 times higher than in decile 9, where the rate is 229.4 per 100,000 population under 75.

Premature mortality by condition

- ▶ Cancer is the leading cause of premature mortality, accounting for 25% of all deaths under the age of 75. Circulatory disease accounts for 23% of all premature deaths.
- ▶ For males, there has been an increase in premature circulatory disease deaths since 2018. The rate of premature death from cancer in males increased between 2021 and 2022 (Figure 13).
- ▶ Premature mortality from cancer among females has increased since 2019 (Figure 14)
- ▶ Parr has the highest premature mortality rate from cancer in St Helens (Figure 15)
- ▶ Haydock has the higher premature mortality rate from circulatory disease in St Helens (Figure 17)
- ▶ Peasley Cross and St Helens Town Centre have the highest premature mortality rate from respiratory disease (Figure 19)
- ▶ St Helens Town Centre has the highest premature mortality rate from digestive diseases (Figure 21)
- ▶ Rates of premature mortality for cancer, circulatory disease, respiratory disease, and digestive disease are highest in the most deprived decile.

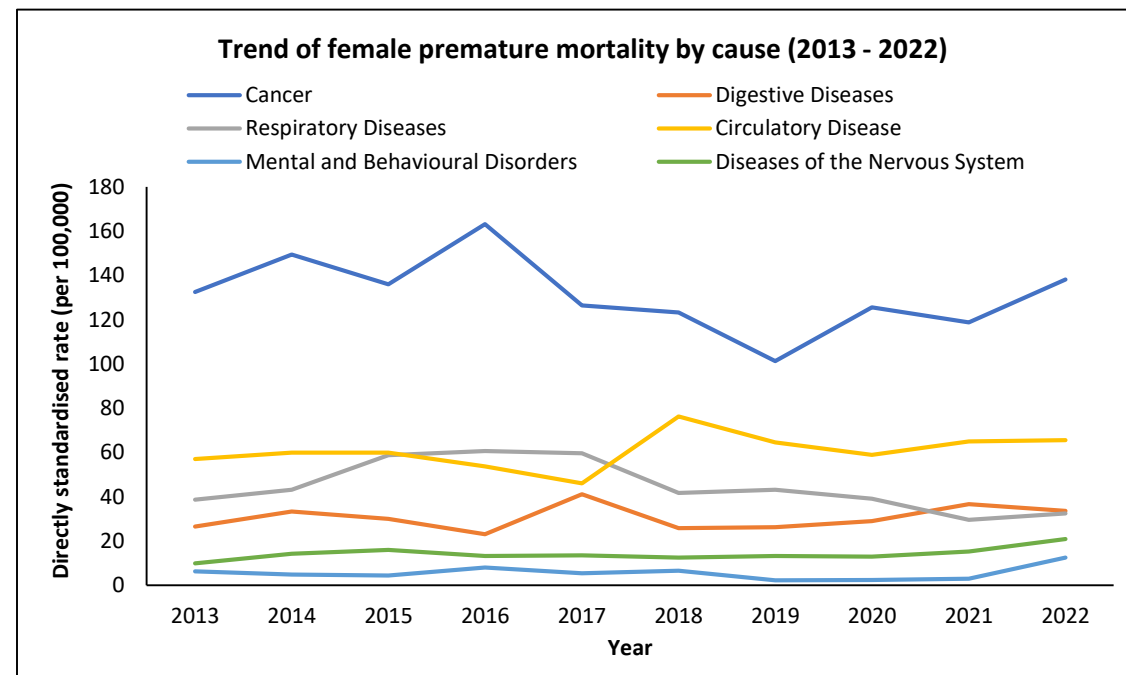
Under 75 mortality by underlying condition

Figure 13: St Helens 'under 75' mortality rates for males, 2013-2022



Source: Primary Care Mortality Database; ONS population estimates

Figure 14: St Helens 'under 75' mortality rates for females, 2013-2022

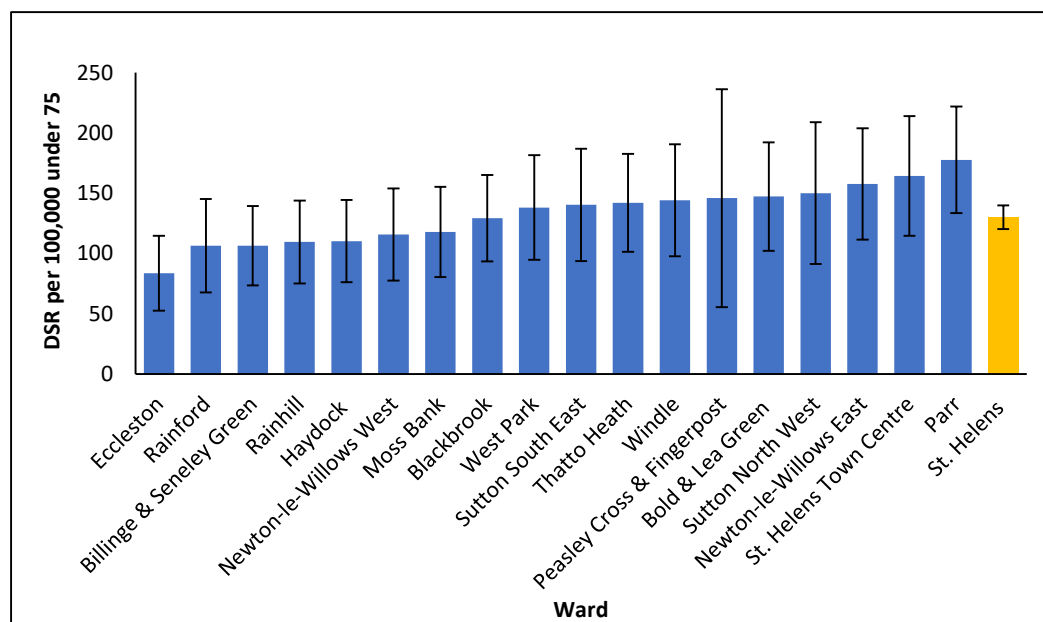


Source: Primary Care Mortality Database; ONS population estimates

Premature mortality from cancer

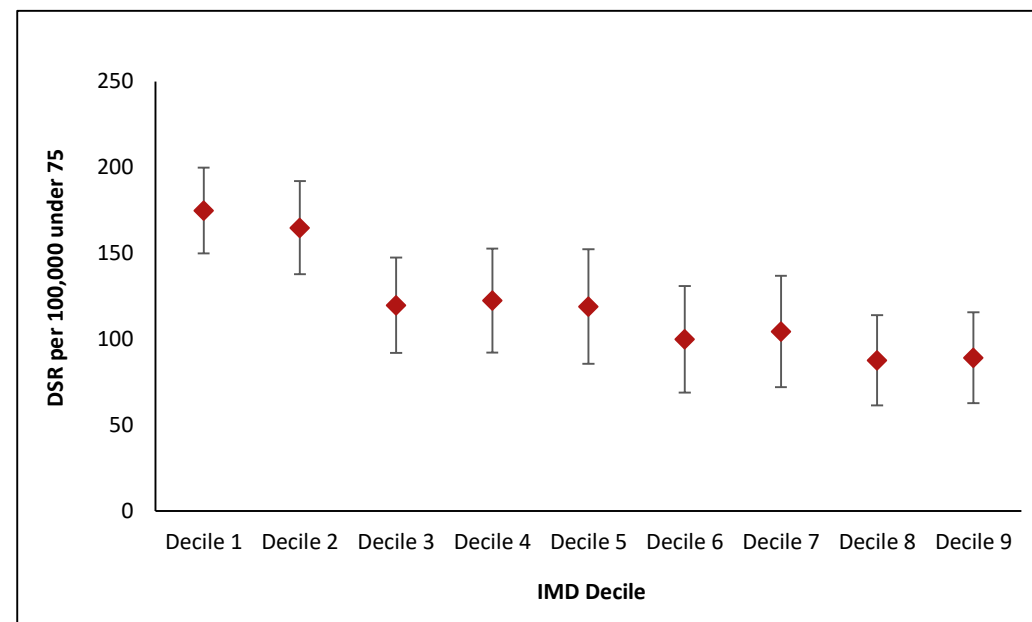
Between 2020 and 2022, there were **632** premature deaths from cancer

Figure 15: Premature mortality from CVD in St Helens by ward, 2020-2022 3-year standardised rate (provisional)



Source: Primary Care Mortality Database; 2021 Census Population

Figure 16: Premature mortality from cancer in St Helens by IMD decile, 2020-2022 3-year standardised rate (provisional)

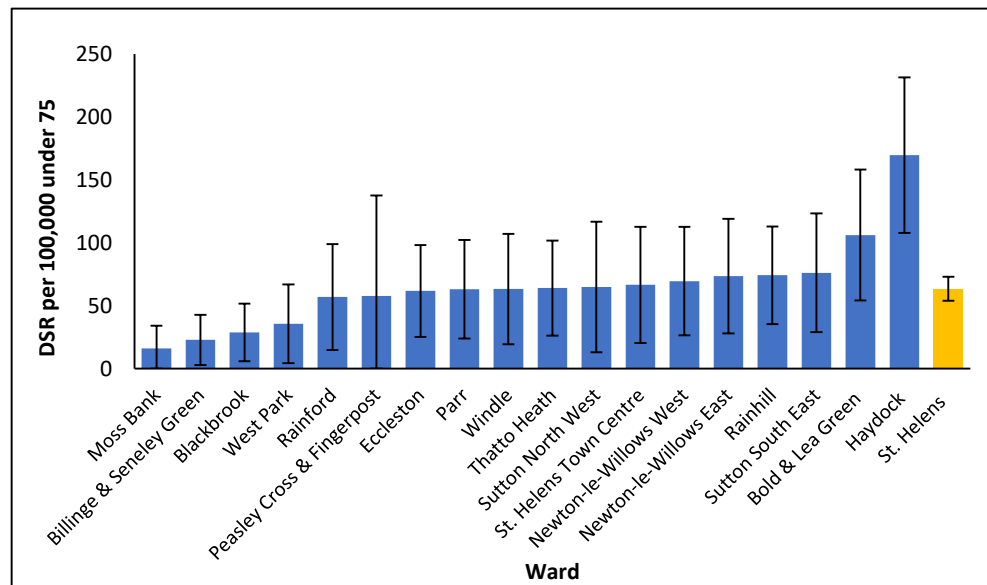


Source: Primary Care Mortality Database; 2021 Census Population

Premature mortality from circulatory disease in St Helens

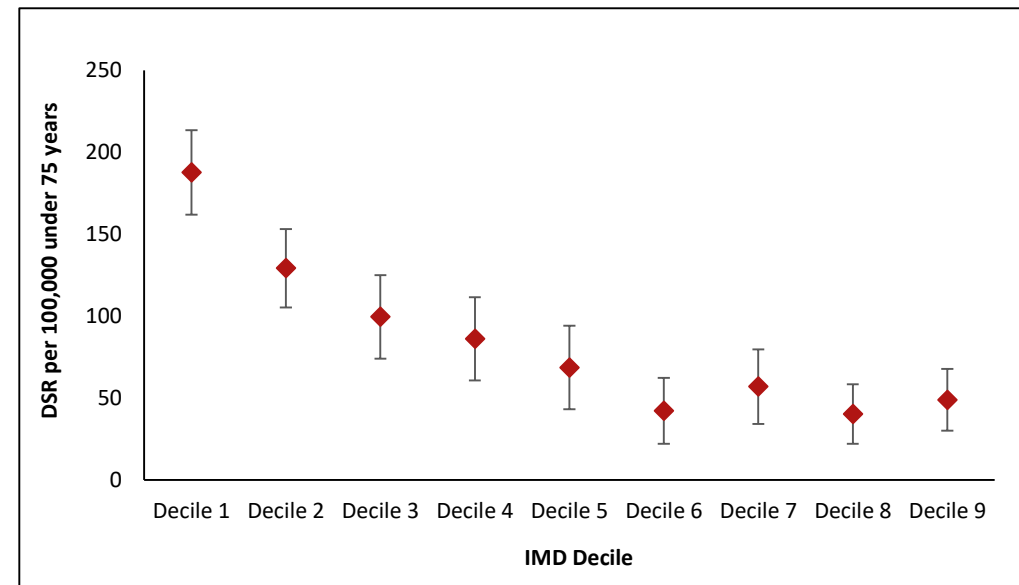
Between 2020 and 2022, there were **533** premature deaths from circulatory disease

Figure 17: Premature mortality from circulatory disease in St Helens by ward, 2020-2022 3-year standardised rate (provisional)



Source: Primary Care Mortality Database; 2021 Census Population

Figure 18: Premature mortality from circulatory disease in St Helens by IMD decile, 2020-2022 3-year standardised rate (provisional)



Source: Primary Care Mortality Database; 2021 Census Population

Premature mortality from respiratory disease in St Helens

Between 2020 and 2022, there were **196** premature deaths from respiratory disease

Figure 19: Premature mortality from respiratory disease in St Helens by ward, 2020-2022 3-year standardised rate (provisional)

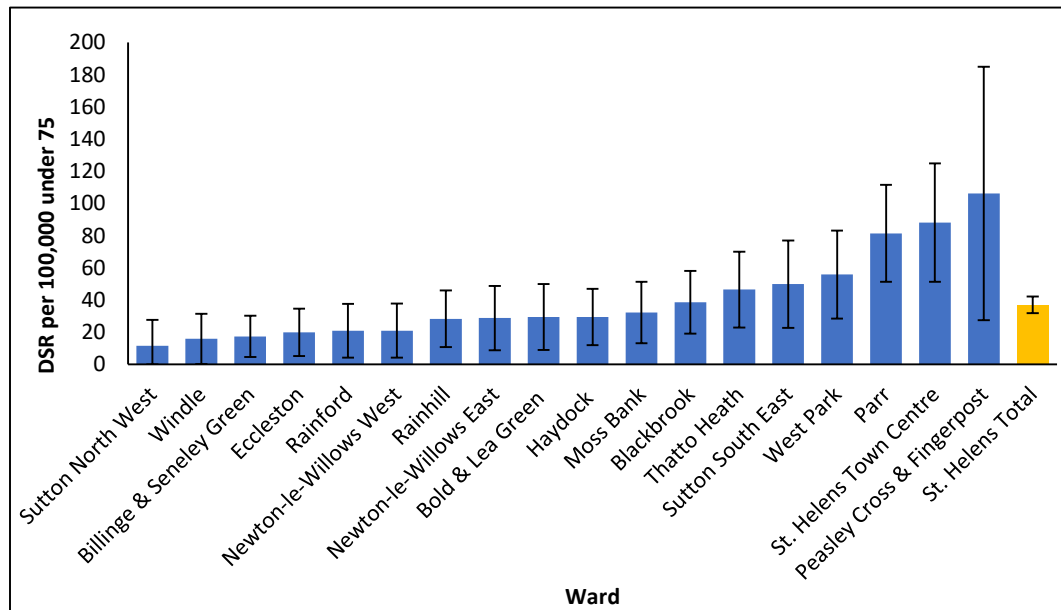
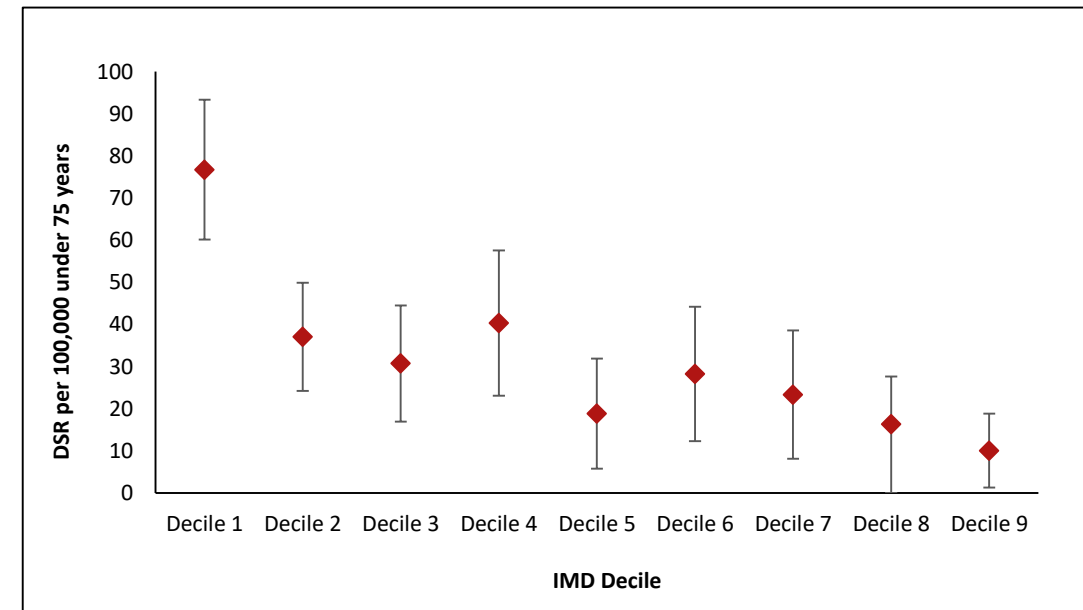


Figure 20: Premature mortality from respiratory disease in St Helens by IMD decile, 2020-2022 3-year standardised rate (provisional)



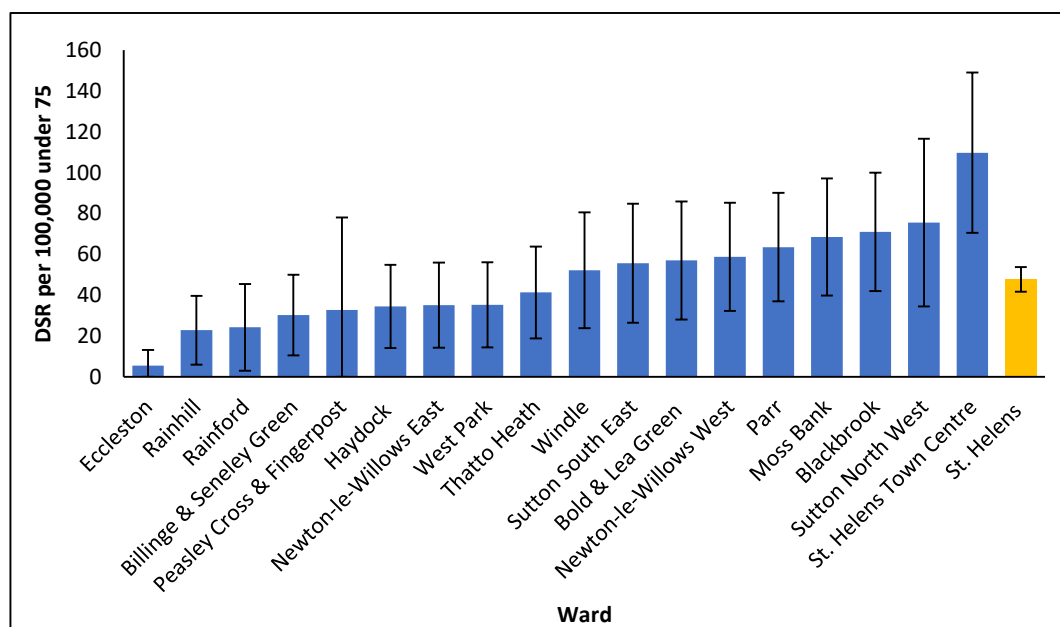
Source: Primary Care Mortality Database; 2021 Census Population

Source: Primary Care Mortality Database; 2021 Census Population

Premature mortality from digestive diseases

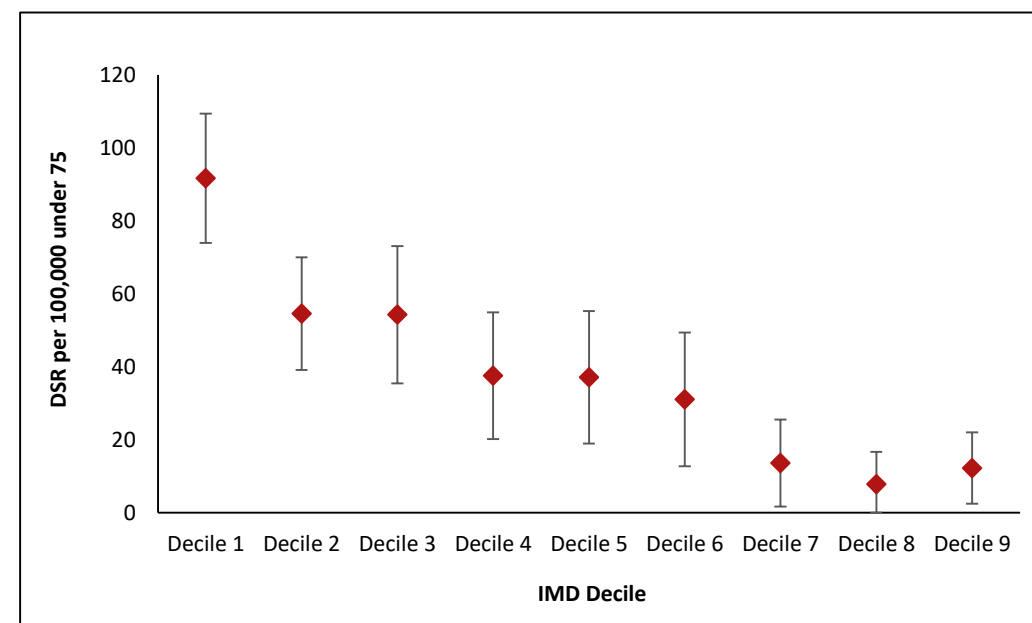
Between 2020 and 2022, there were **242** premature deaths from digestive diseases

Figure 21: Premature mortality from digestive diseases in St Helens by ward, 2020-2022 3-year standardised rate (provisional)



Source: Primary Care Mortality Database; 2021 Census Population

Figure 22: Premature mortality from digestive diseases in St Helens by IMD decile, 2020-2022 3-year standardised rate (provisional)



Source: Primary Care Mortality Database; 2021 Census Population

Premature mortality due to COVID-19

The following data is based on deaths where COVID-19 was listed as the underlying cause of death. It therefore provides rates for deaths **due** to COVID-19.

The latest published data relates to 2021 and shows that in St Helens, there were 122 premature deaths due to COVID, giving a rate of 69.2 deaths per 100,000 aged under 75.

This rate was statistically significantly higher than the England rate of 42.2 per 100,000 and the North West rate of 47.5 per 100,000.

St Helens had the 6th highest rate in the North West.

Male premature mortality rates due to COVID-19 were considerably higher compared to females.

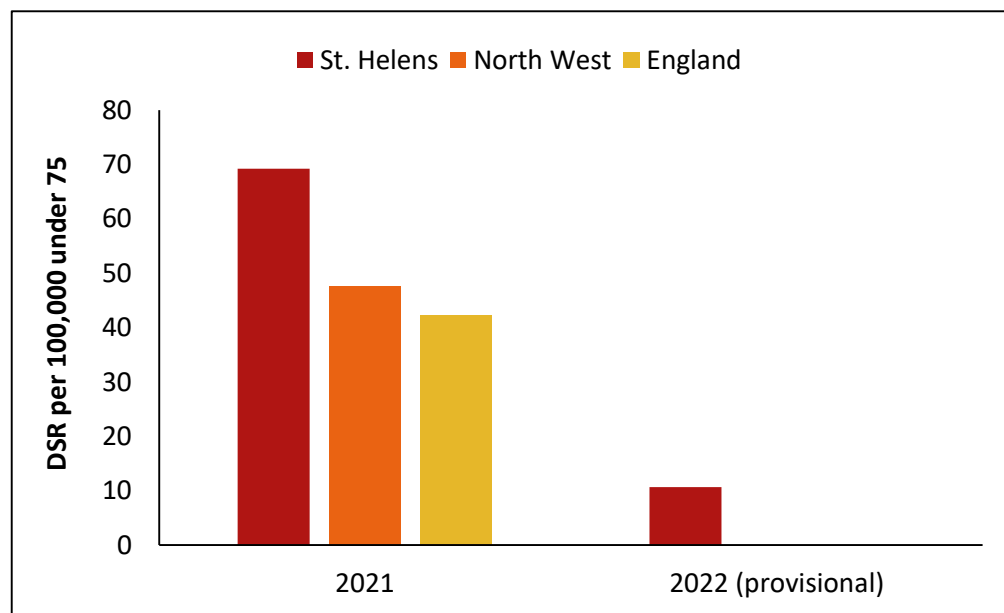
In St Helens the male rate was 94.2 per 100,000 under 75 years (relating to 81 deaths) compared to 44.9 per 100,000 for females (relating to 41 deaths).

Figures 23 and 24 present the 2021 rates in St Helens along with provisional rates for 2022 using local data, along with analysis by IMD decile.

The provisional rate for 2022 in St Helens is 10.7 deaths per 100,000 under 75, pertaining to 19 deaths.

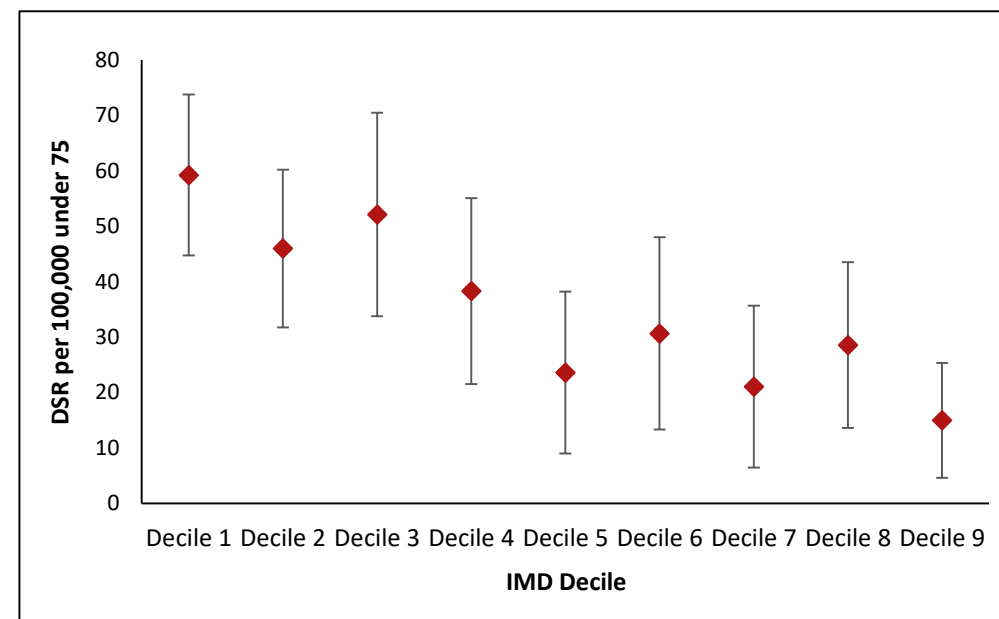
Premature mortality due to COVID-19

Figure 23: Premature mortality due to COVID, 2021 and 2022 provisional, DSR per 100,000 under 75



Source: 2021 – Fingertips, 2022 - Primary Care Mortality Database; 2021 Census Population

Figure 24: Premature mortality due to COVID, 2020-2022 by IMD decile in St Helens, DSR per 100,000 under 75



Source: Primary Care Mortality Database; 2021 Census Population

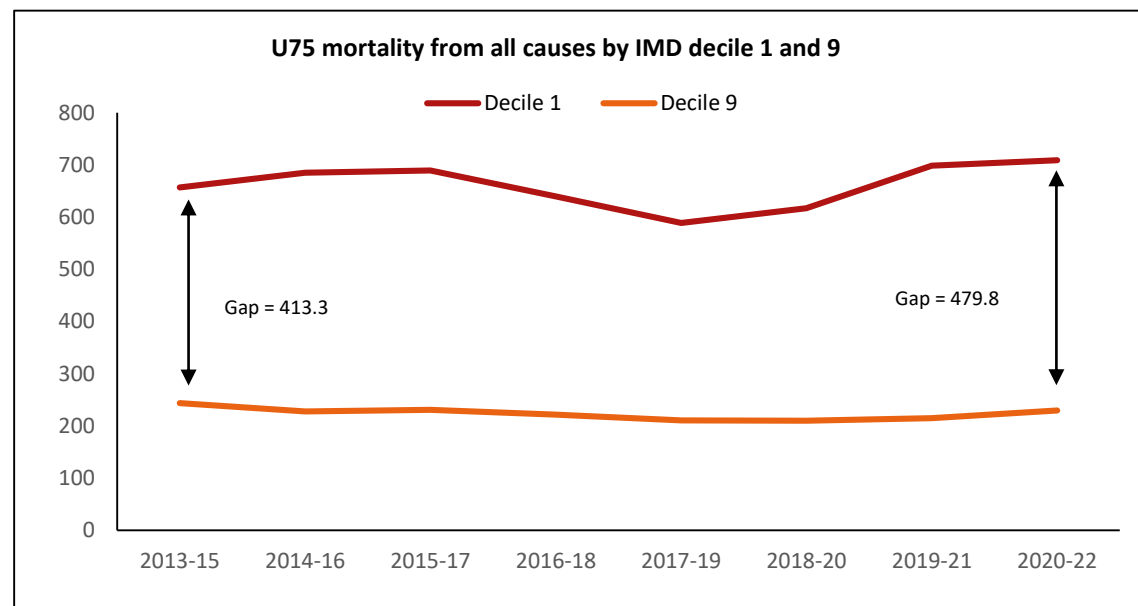
The following section looks at the gap in premature mortality between the most deprived decile in St Helens (decile 1) and the least deprived decile (decile 9) and how that has changed over time (between 2013-15 and 2020-22).

In 2013-15, the difference in premature mortality between decile 1 and 9 was 413.3 deaths per 100,000 and this increased in 2020-22 to a difference of 479.8 deaths per 100,000 (Figure 25) – meaning the **gap has increased by 66.4 deaths per 100,000**.

Premature mortality and inequalities

Gap between decile 1 and decile 9

Figure 25: Gap in premature mortality from all causes by IMD decile 1 and 9 (DSR per 100,000)

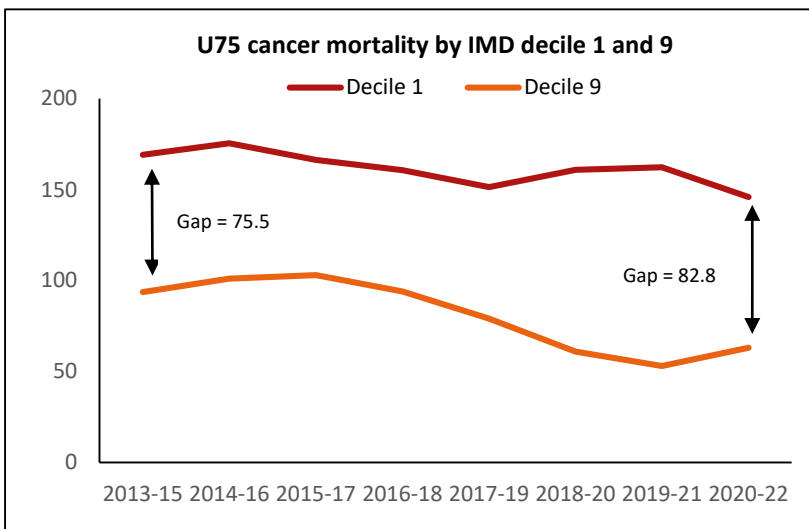


Source: Primary Care Mortality Database; ONS population estimates

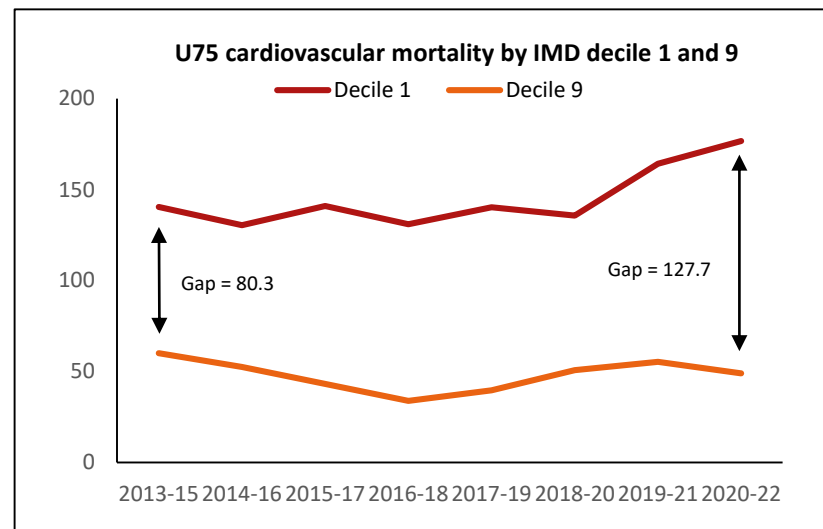
Premature mortality and inequalities

By cause of death

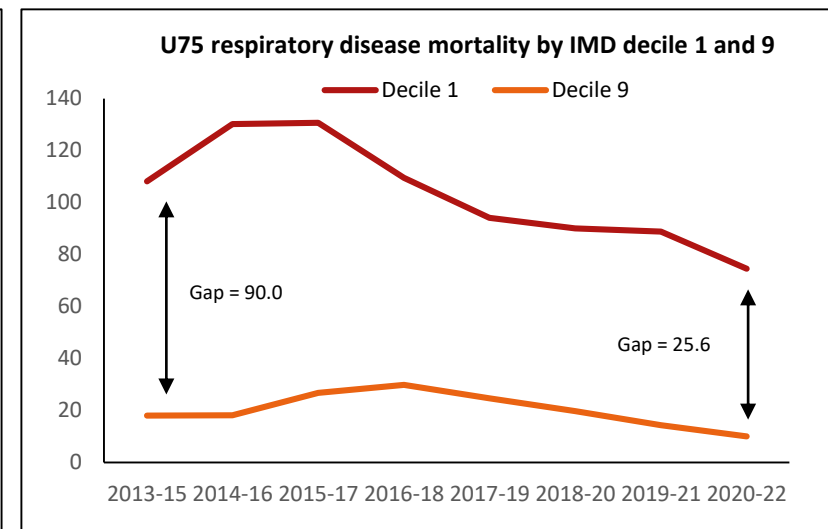
The gap between U75 mortality from **cancer** between decile 1 and decile 9 has **increased** by 6.7 deaths per 100,000



The gap between U75 mortality from **cardiovascular disease** between decile 1 and decile 9 has **increased** by 47.4 deaths per 100,000



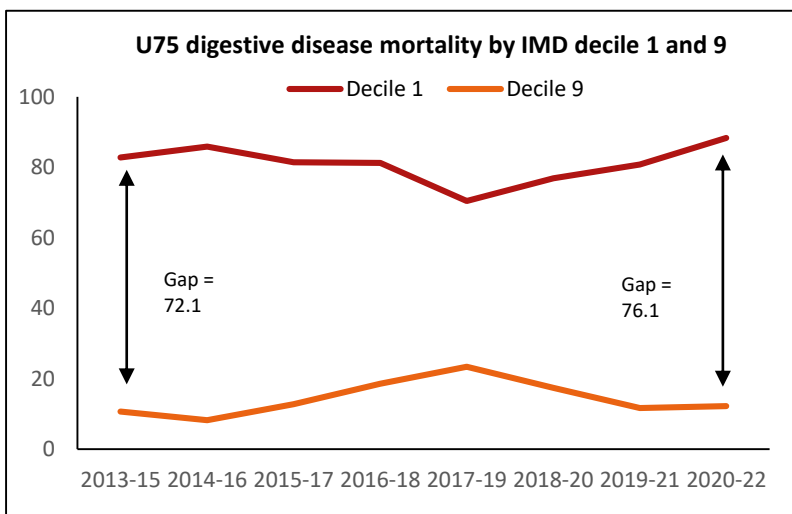
The gap between U75 mortality from **respiratory disease** between decile 1 and decile 9 has **decreased** by 6.4 deaths per 100,000



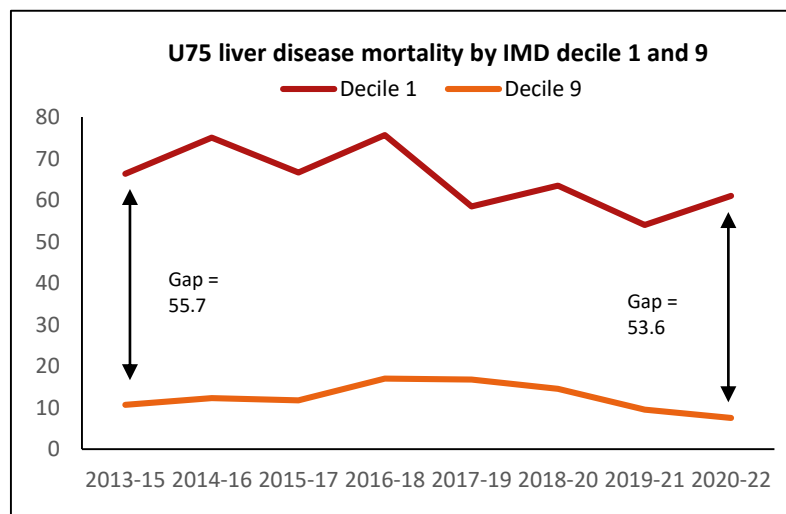
Premature mortality and inequalities

By cause of death

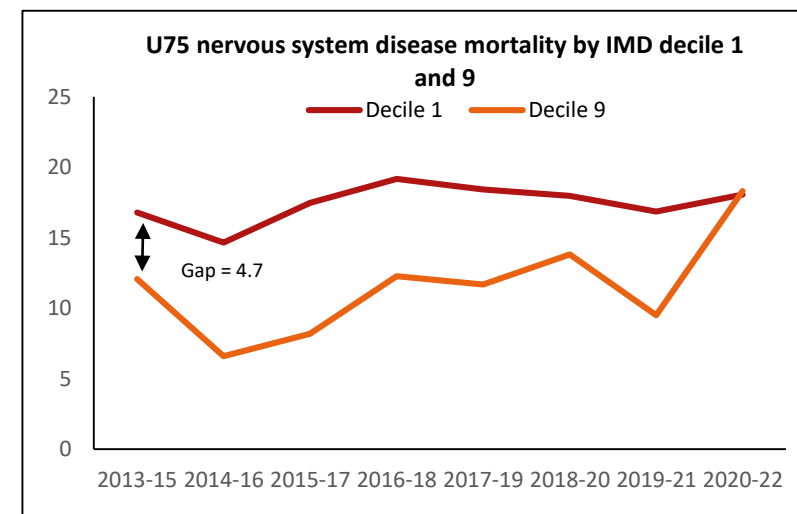
The gap between U75 mortality from **digestive diseases** between decile 1 and decile 9 has **increased** by 4 deaths per 100,000



The gap between U75 mortality from **liver disease** between decile 1 and decile 9 has **decreased** by 2.1 deaths per 100,000



The gap between U75 mortality from **nervous system diseases** between decile 1 and decile 9 has **closed**



Source: Primary Care Mortality Database; ONS population estimates

Avoidable mortality

It is widely accepted that the contribution of healthcare to improvements in population health ought to be quantified.

Avoidable mortality is used as an indicator to measure this contribution. It is based on the concept that premature deaths from certain conditions should be rare and ideally should not occur in the presence of timely and effective healthcare.

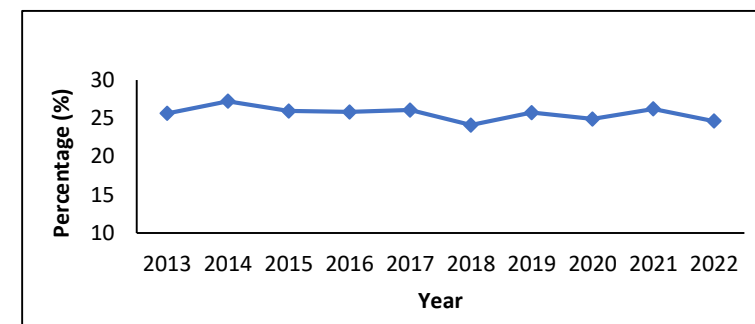
Avoidable mortality refers to deaths that are **preventable or treatable** (aged 0-74 years).

In St Helens, in 2022, **24.6%** of deaths were classed as being **avoidable**.

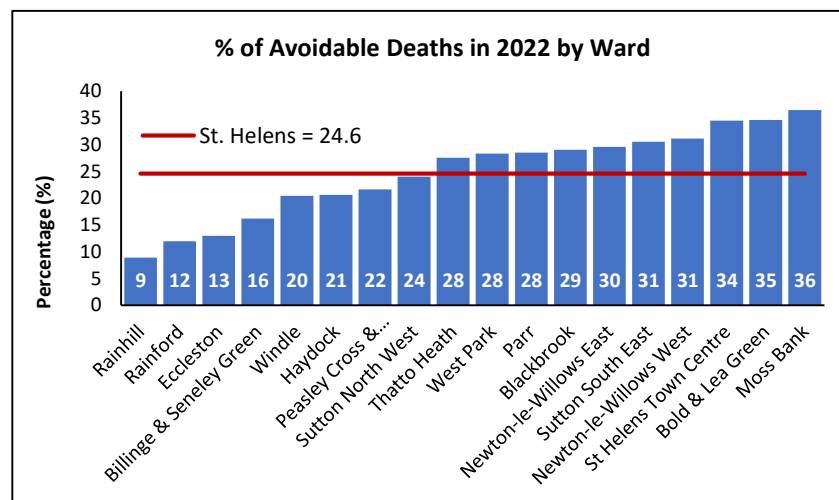
This is a reduction from 2021 where 26.2% of deaths were from avoidable causes.

Refer to the Appendix for a list of ICD-10 codes and causes for avoidable mortality.

Trend of % of avoidable deaths in St Helens



% of Avoidable Deaths in 2022 by Ward



Source: Primary Care Mortality Database

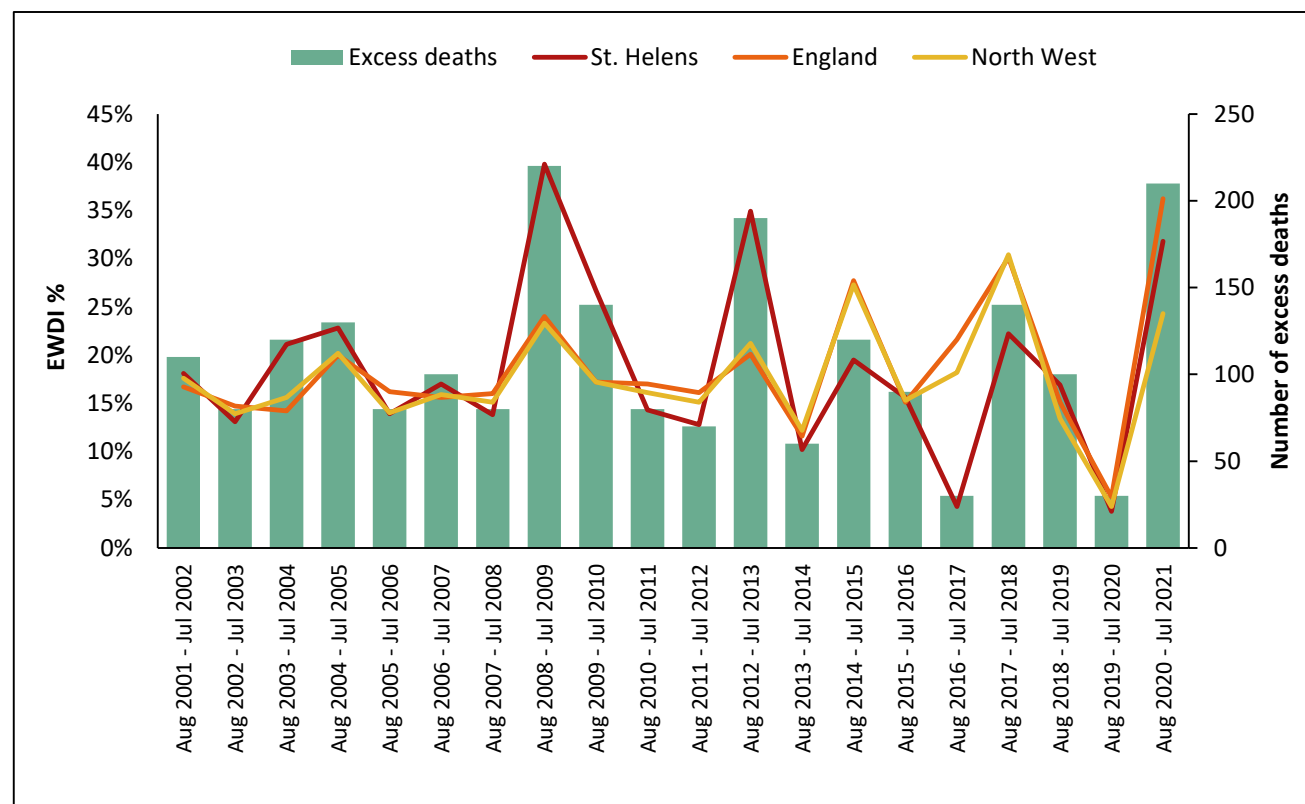
Excess winter deaths in St Helens

Excess winter deaths are defined as any increase in deaths that occur for a population between the months of December and March, compared with the number of deaths that would be expected, given the same chance of death across the rest of the year. Nationally there is an increase in mortality during these months, with frequent increases in deaths due to respiratory disease for example. Also, the elderly are particularly vulnerable to higher death rates in winter.

- ▶ For 2020-21, data shows an excess winter deaths (EWD) index rate of 31.8% (including COVID-19), this is lower than the England rate of 36.2% and higher than the North West rate of 24.3%.
- ▶ In 2020-21, there were 210 additional deaths (including COVID-19) in the winter months compared to 30 (including COVID-19) in 2019-20.
- ▶ According to the latest comparable data (2020-21), St Helens has the 6th highest EWD rate in the North West.

In the figure below, the number of excess deaths in St Helens are illustrated by the green bar, and the EWDI trend for St Helens, England and the North West are illustrated as trend lines.

Figure 26: Excess winter deaths in St Helens (3 years)



Source: Office for National Statistics: Public Health England Annual Births and Mortality Extracts. *2018/2019 from Primary Care Mortality Database

Excess
winter
deaths in
St Helens

Conclusions

- ▶ St Helens continues to have disparities within the borough in terms of life expectancy, for both males and females.
- ▶ Provisional data for 2020-22 suggests that life expectancy in St Helens is set to decrease, and this is likely to be an effect following the COVID-19 pandemic.
- ▶ Average life expectancy in St Helens is lowest in our poorest population groups and we also know that higher rates of premature mortality occur in these groups. This means that tackling early deaths would narrow the gap in health inequality.
- ▶ One of the key findings of the mortality JSNA is that the gap in premature mortality in St Helens between the most and least deprived areas has been increasing for certain conditions (cancer, cardiovascular diseases and digestive diseases).
- ▶ The gap in premature mortality between the most and least deprived areas has decreased for respiratory disease in St Helens. This is possibly linked to an increase in the percentage of people who are vaccinated.
- ▶ Closing this gap will only happen if services and interventions that reduce premature mortality are offered to and taken up proportionately by the most deprived groups.

Appendix

Appendix 1: All-age all-cause mortality and premature mortality by PCN

Appendix 2: Mortality rates by cause of death by PCN

Appendix 3: All-age all-cause mortality by GP practice

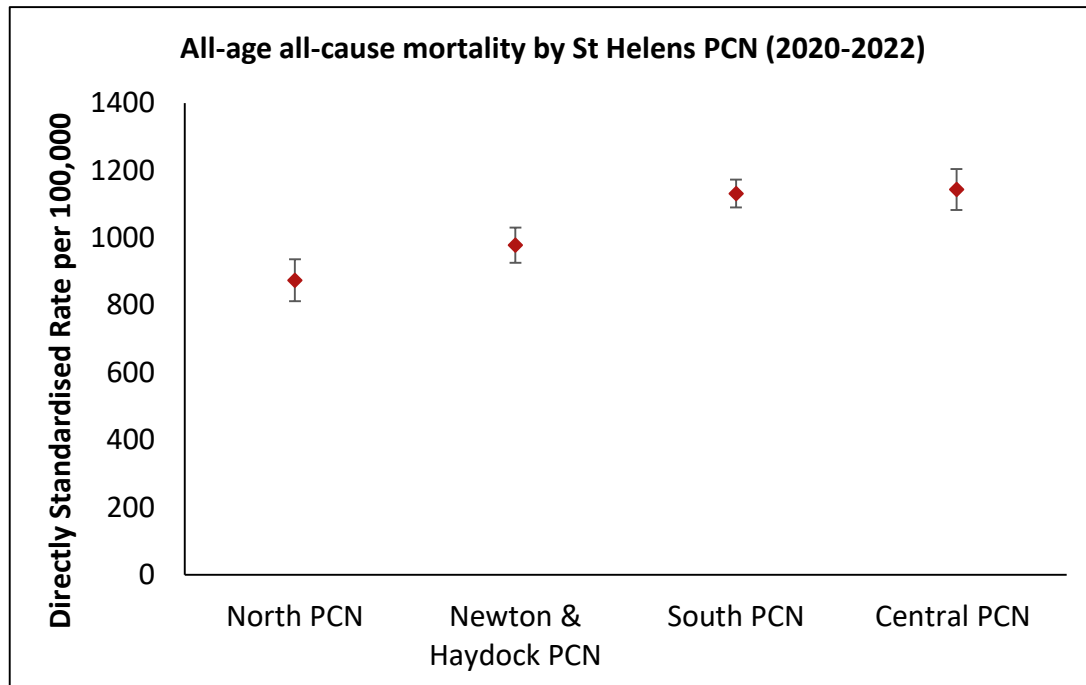
Appendix 4: Premature mortality from all causes by GP practice

Appendix 5: Avoidable mortality ICD-10 codes

Appendix 6: St Helens life course statistics

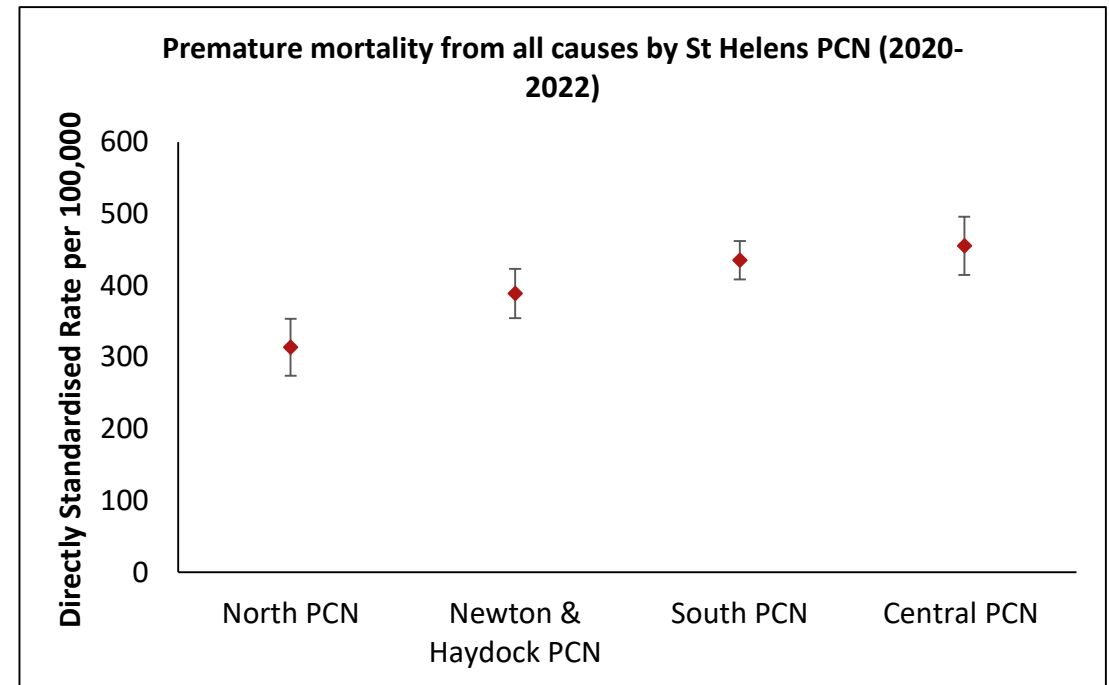
Appendix 1: Primary Care Network (PCN): all-age all-cause mortality and premature mortality rates

Central PCN has the highest mortality rate at 1142 deaths per 100,000, and is statistically significantly higher than North and Newton & Haydock PCNs.



Source: Public Health England Monthly Mortality Extracts

Central PCN has the highest premature mortality rate at 455 deaths per 100,000, and is statistically significantly higher than North PCN.



Source: Public Health England Monthly Mortality Extracts

- Central PCN has the highest all-age all-cause mortality rate and premature mortality from all causes across the four PCNs.
- South PCN has the highest cancer, circulatory and respiratory mortality rates.
- Central PCN has the highest mortality rates for digestive diseases, diseases of the nervous system and mental and behavioural disorders.

Appendix 2 PCN mortality rates by cause of death

Mortality (2020-2022)	North	Central	South	Newton & Haydock
Mortality from all causes				
Number of deaths	764	1367	2878	1367
All-age all-cause mortality rate (DSR per 100,000)	873.9	1142.9	1131.0	977.5
Number of premature deaths	240	483	1020	491
Premature mortality rate from all causes (DSR per 100,000 under 75)	313.9	455.3	435.3	388.7
Mortality from cancer				
Number of cancer deaths	184	271	673	307
All age cancer mortality rate (DSR per 100,000)	202.1	219.4	258.9	217.3
Number of premature cancer deaths	83	137	293.0	143
Premature cancer mortality rate (DSR per 100,000 under 75)	107.5	128	124.3	114.9
Mortality from circulatory diseases				
Number of circulatory disease deaths	177	284	638	298
All age cancer mortality rate (DSR per 100,000)	198.6	235.9	250.3	215.9
Number of premature cancer deaths	50	105	245.0	110
Premature cancer mortality rate (DSR per 100,000 under 75)	63.1	98.9	104.4	86.6
Mortality from digestive diseases				
Number of digestive disease deaths	49	106	170.0	97
All age digestive disease mortality rate (DSR per 100,000)	59.1	88.1	65.6	68.1
Number of premature digestive disease deaths	22	64	93	54
Premature digestive disease mortality rate (DSR per 100,000 under 75)	26.6	54.9	36.0	37.9

(DSR rate calculated using 2020 -2022 PCMD data and GP registration list numbers)

Mortality (2020-2022)	North	Central	South	Newton & Haydock
Mortality from respiratory diseases				
Number of respiratory disease deaths	85	157	354.0	150
All age respiratory disease mortality rate (DSR per 100,000)	98.2	133.9	139.2	107.3
Number of premature respiratory disease deaths	27	69	155	62
Premature respiratory disease mortality rate (DSR per 100,000 under 75)	27.1	56.2	49.7	42.9
Mortality from diseases of the nervous system				
Number of nervous system disease deaths	45	103	192.0	69
All age nervous system disease mortality rate (DSR per 100,000)	51.7	84.5	77.6	52.1
Number of premature nervous system disease deaths	9	23	39	13
Premature nervous system disease mortality rate (DSR per 100,000 under 75)	10.4	19.4	15.3	9.8
Mortality from mental and behavioural disorders				
Number of mental and behavioural disorder deaths	52	139	171.0	81
All age mental and behavioural disorder mortality rate (DSR per 100,000)	63.5	120.5	69.6	60.8
Number of premature mental and behavioural disorder deaths	*	14	11	*
Premature mental and behavioural disorder mortality rate (DSR per 100,000 under 75)	4.3	11.6	4.4	3.0

Red boxes indicate the highest rate of the four PCNs
Green boxes indicate the lowest rate of the four PCNs

Appendix 3

All-age all-cause mortality by GP registration

Primary Care Network / GP Practice Name	Registered list size	% aged 65+ on reg list	Number of deaths 2020 to 2022	Crude Rate per 100,000 registered population
Central	37,930	21.1%	1367	1201.3
Marshalls Cross Medical Centre	6,464	14.3%	303	1562.5
Hall Street Medical Centre	5,226	22.8%	220	1403.2
Lingholme Health Centre	2,945	19.3%	74	837.6
Central Surgery	6,665	23.8%	199	995.2
Ormskirk House Surgery	7,429	22.5%	254	1139.7
Phoenix Medical Centre	3,462	20.2%	109	1049.5
ParkField Surgery	2,556	26.0%	99	1291.1
Newholme Surgery	3,183	22.4%	109	1141.5
Newton & Haydock	47,959	18.9%	1348	936.9
Vista Road Surgery (Market St)	8,597	19.8%	231	895.7
Haydock Medical Centre	14,837	22.6%	546	1226.7
Newton Community Hospital Practice	4,881	12.7%	123	840.0
Patterdale Lodge Medical Centre	11,884	18.1%	247	692.8
Newton Medical Centre (Bridge St)	4,746	13.3%	116	814.7
Dr Rahil's Surgery	3,014	19.4%	85	940.1
North	25,736	24.0%	613	794.0
Kenneth MacRae Medical Centre	4,093	26.8%	163	1327.5
Billinge Medical Practice	4,251	27.2%	151	1184.0
Rainford Health Centre	4,661	31.3%	162	1158.5
Windermere Medical Centre	3,390	13.7%	91	894.8
Bethany Medical Centre	4,134	18.4%	97	782.1
Garswood Surgery	5,207	23.8%	100	640.2
South	86,076	19.4%	2673	1035.1
Atlas Medical Practice	12,242	21.3%	315	857.7
Four Acre Surgery	7,967	19.4%	319	1334.7
Rainhill Village Surgery	6,895	25.5%	220	1063.6
Mill Street Medical Centre	10,390	23.0%	454	1456.5
Berrymead Medical Centre	8,151	16.4%	205	838.3
Crossroads Surgery	2,628	22.8%	140	1775.7
Spinney Medical Centre	7,097	18.5%	274	1286.9
Rainbow Medical Centre	14,543	16.1%	384	880.1
Longton Medical Centre	5,916	19.7%	108	608.5
Bowery Medical Centre	4,651	15.5%	113	809.9
Eccleston Medical Centre	5,596	16.4%	141	839.9
St Helens CCG	197,701	20.2%	6001	1011.8

(Crude 3-year rate calculated using 2020-2022 PCMD data and GP Registration list numbers*) *Primary Care supplied June 2022

Appendix 4

Under 75 all-cause mortality by GP registration

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Primary Care Network / GP Practice Name	u75 registered list size	Number of u75 deaths 2020 to 2022	Crude rate per 100,000 registered u75 population
Central	34,162	420	409.8
Central Surgery	5,842	58	330.9
Hall Street Medical Centre	4,620	7	50.5
Lingholme Health Centre	2,697	37	457.3
Marshalls Cross Medical Centre	6,013	72	399.1
Newholme Surgery	3,042	50	547.9
Ormskirk House Surgery	6,577	94	476.4
ParkField Surgery	2,247	46	682.4
Phoenix Medical Centre	3,124	56	597.5
Newton & Haydock	43,522	491	376.1
Dr Rahil's Surgery	2,754	40	484.1
Haydock Medical Centre	13,179	183	462.9
Newton Community Hospital Practice	4,620	54	389.6
Newton Medical Centre (Bridge St)	4,474	54	402.3
Patterdale Lodge Medical Centre	10,799	82	253.1
Vista Road Surgery (Market St)	7,696	78	337.8
North	22,663	200	351.6
Bethany Medical Centre	3,784	40	352.4
Billinge Medical Practice	3,701	40	360.3
Garswood Surgery	4,622	34	245.2
Kenneth MacRae Medical Centre	3,480	37	354.4
Rainford Health Centre	3,890	37	317.1
Windermere Medical Centre	3,186	52	544.0
South	78,104	934	398.6
Atlas Medical Practice	11,054	131	395.0
Berrymead Medical Centre	7,662	111	482.9
Bowery Medical Centre	4,311	38	293.8
Eccleston Medical Centre	5,165	33	213.0
Four Acre Surgery	7,189	30	139.1
Longton Medical Centre	5,386	112	693.2
Mill Street Medical Centre	9,237	30	108.3
Rainbow Medical Centre	13,497	163	402.6
Rainhill Village Surgery	5,815	149	854.1
The Crossroads Surgery	2,314	33	475.4
Spinney Medical Centre	6,474	104	535.5
St Helens CCG	178,451	2,045	382.0

(Crude 3-year rate calculated using 2020-2022 PCMD data and GP Registration list numbers*) *Primary Care supplied June 2023

Appendix 5

Avoidable mortality

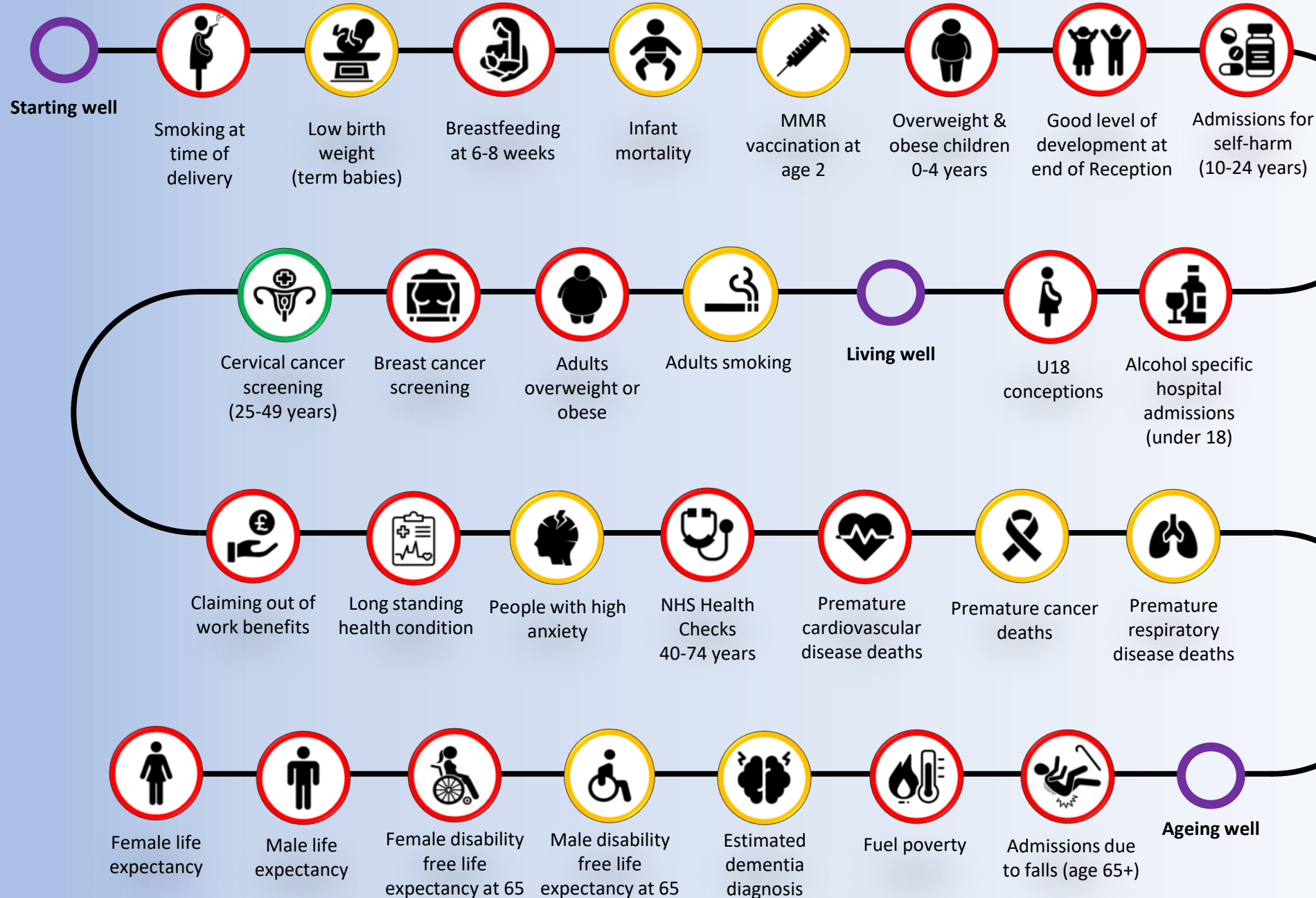
ICD- 10 codes

Condition group and cause	ICD-10 codes
Infectious diseases	
Intestinal diseases	A00-A09
Diphtheria, Tetanus, Poliomyelitis	A35, A36, A80
Whooping cough	A37
Meningococcal infection	A39
Sepsis due to streptococcus pneumonia and sepsis due to haemophilus influenzae	A40.3, A41.3
Haemophilus influenzae infections	A49.2
Sexually transmitted infections (except HIV/AIDS)	A50-A60, A63, A64
Varicella	B01
Measles	B05
Rubella	B06
Viral Hepatitis	B15-B19
HIV/AIDS	B20-B24
Malaria	B50-B54
Haemophilus and pneumococcal meningitis	G00.0, G00.1
Tuberculosis	A15-A19, B90, J65
Scarlet fever	A38
Sepsis	A40 (excl. A40.3), A41 (excl. A41.3)
Cellulitis	A46, L03
Legionnaires disease	A48.1
Streptococcal and enterococci infection	A49.1
Other meningitis	G00.2, G00.3, G00.8, G00.9
Meningitis due to other and unspecified causes	G03
Neoplasms	
Lip, oral cavity and pharynx cancer	C00-C14
Oesophageal cancer	C15
Stomach cancer	C16
Liver cancer	C22
Lung cancer	C33-C34
Mesothelioma	C45
Skin (melanoma) cancer	C43
Bladder cancer	C67
Cervical cancer	C53
Colorectal cancer	C18-C21
Breast cancer (female only)	C50
Uterus cancer	C54, C55
Testicular cancer	C62
Thyroid cancer	C73
Hodgkin's disease	C81
Lymphoid leukaemia	C91.0, C91.1
Benign neoplasm	D10-D36
Endocrine and metabolic diseases	
Nutritional deficiency anaemia	D50-D53
Diabetes mellitus	E10-E14
Thyroid disorders	E00-E07
Adrenal disorders	E24-E25 (except E24.4), E27
Diseases of the nervous system	
Epilepsy	G40, G41
Diseases of the circulatory system	
Aortic aneurysm	I71
Hypertensive diseases	I10-I13, I15
Ischaemic heart diseases	I20-I25
Cerebrovascular diseases	I60-I69
Other atherosclerosis	I70, I73.9
Rheumatic and other heart diseases	I00-I09
Venous thromboembolism	I26, I80, I82.9

Condition group and cause	ICD-10 codes
Diseases of the respiratory system	
Influenza	J09-J11
Pneumonia due to streptococcus pneumonia or haemophilus	J13-J14
Chronic lower respiratory diseases	J40-J44
Lung diseases due to external agents	J60-J64, J66-J70, J82, J92
Upper respiratory infections	J00-J06, J30-J39
Pneumonia, not elsewhere classified or organism unspecified	J12, J15, J16-J18
Acute lower respiratory infections	J20-J22
Asthma and bronchiectasis	J45-J47
Adult respiratory distress syndrome	J80
Pulmonary oedema	J81
Abscess of lung and mediastinum pyothorax	J85, J86
Other pleural disorders	J90, J93, J94
Diseases of the digestive system	
Gastric and duodenal ulcer	K25-K28
Appendicitis	K35-K38
Abdominal hernia	K40-K46
Cholelithiasis and cholecystitis	K80-K81
Other diseases of gallbladder or biliary tract	K82-K83
Acute pancreatitis	K85.0, K85.1, K85.3, K85.8, K85.9
Other diseases of pancreas	K86.1, K86.2, K86.3, K86.8, K86.9
Diseases of the genitourinary system	
Nephritis and nephrosis	N00-N07
Obstructive uropathy	N13, N20-N21, N35
Renal failure	N17-N19
Renal colic	N23
Disorders resulting from renal tubular dysfunction	N25
Unspecified contracted kidney, small kidney of unknown cause	N26-N27
Inflammatory diseases of genitourinary system	N34.1, N70-N73, N75.0, N75.1, N76.4, N76.6
Prostatic hyperplasia	N40
Pregnancy, childbirth and the perinatal period	
Tetanus neonatorum	A33
Obstetrical tetanus	A34
Pregnancy, childbirth and the puerperium	O00-O99
Certain conditions originating in the perinatal period	P00-P96
Congenital malformations	
Certain congenital malformations (neural tube defects)	Q00, Q01, Q05
Congenital malformations of the circulatory system (heart defects)	Q20-Q28
Adverse effects of medical and surgical care	
Drugs, medicaments and biological substances causing adverse effects in therapeutic use	Y40-Y59
Misadventures to patients during surgical and medical care	Y60-Y69, Y83-Y84
Medical devices associated with adverse incidents in diagnostic and therapeutic use	Y70-Y82
Injuries	
Transport Accidents	V01-V99
Accidental injuries	W00-X39, X46-X59
Intentional self-harm	X66-X84
Event of undetermined intent	Y16-Y34
Assault	X86-Y09, U50.9
Alcohol-related and drug-related deaths	
Alcohol-specific disorders and poisonings	E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15
Other alcohol-related disorders	K73, K74.0-K74.2, K74.6
Drug disorders and poisonings	F11-F16, F18-F19, X40-X44, X85, Y10-Y14
Intentional self-poisoning by drugs	X60-X64
Provisional assignment of new diseases	
COVID-19	U07.1-U07.2

Appendix 6: St Helens local authority life course statistics: 2023

A comparison to England



The life course map demonstrates the key points throughout life in which health is affected. For each event, St Helens rates are compared to the England average to provide a snapshot of the health of the population at various stages of life.

Additional St Helens Facts

Population:
About **183,200** people live in St Helens.

Deprivation:
43% of the St Helens population live in the top **20%** most deprived areas in England.

Childhood poverty:
14.1% of children under 16 live in absolute low income families (15.3% in England).

Key

Statistical significance to England

- Better
- No Difference
- Worse

Contact details

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