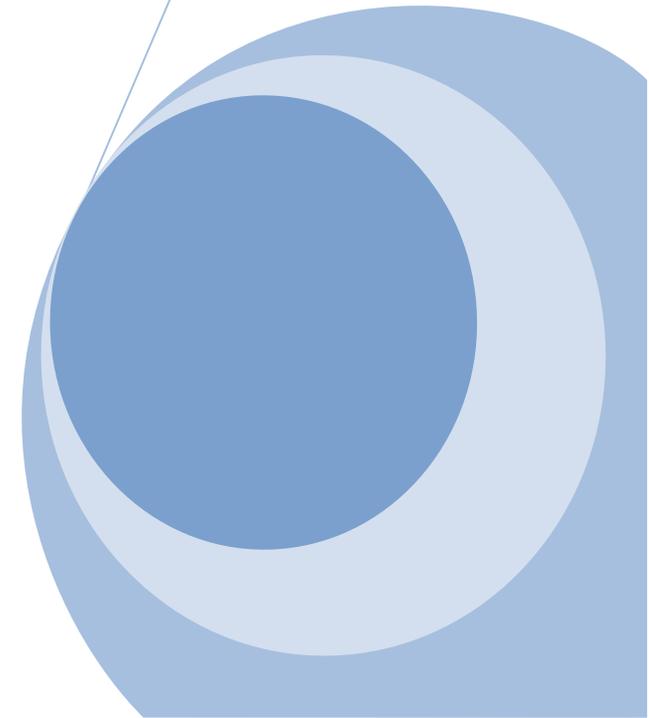


Sefton Strategic Needs Assessment 2014/15 Lifestyles Profile

Paul Horwood - Sefton Business Intelligence & Performance Team



Lifestyles

Contents - Drugs

Prevalence & Treatment
Drug Use & Crime
Drug Testing (Criminal Justice)
Drug Related Hospital Admissions
Drugs & Young People

Contents - Alcohol

Availability & Pricing
Consumption
Alcohol Related Crime
Domestic Violence (Alcohol)
Foetal Alcohol Spectrum Disorders
Hospital Admissions

Contents - Alcohol

Mortality (Years of Life Lost)
Adults in Structured Treatment
Alcohol & Young People

Contents – Smoking

Smoking Prevalence
Smoking at time of delivery
Young People

Contents - Sexual Health

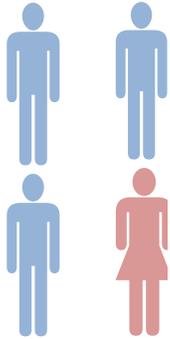
Teenage Conceptions
Abortion
Sexually Transmitted Infections
Human Immunodeficiency Virus (HIV)

Contents – Weight Management

Childhood Obesity
Adult Obesity
Physical Activity
Diet
Diabetes

Summary

Drug Treatment (Gender)



Three out of four people in treatment are male

Drug Treatment



100 less people entering treatment in 2013/14 than in 2009/10

Successful Drug Treatments



Reduction in successful completions between 2012/13 and 2013/14

Drug Related Crime



32% reduction in drug related crime since 2009/10

Hospital Admissions (Drugs)



560 patients admitted to hospital with drug related conditions

Alcohol – Binge Drinking



1 in 5 Sefton residents admit to binge drinking

Hospital Admissions (Alcohol)



Amongst the 10% of English L.A.'s with the highest rates of alcohol specific hospital admissions

Alcohol Related Crime

£6.3m

Cost of alcohol related crime in Sefton to the community, business and services

Alcohol Related Domestic Violence



696 recorded alcohol related domestic crimes in 2013/14. 85% of which were violent crimes

Alcohol Treatment

50%

Of adults in treatment aged between 40 and 55

Smoking Prevalence



One in five adults in Sefton are smokers

Smoking in Pregnancy



14.7% of Sefton mothers are smokers at time of delivery

Summary

Smoking & Young People

1 : 10

14-17 year olds claim to be smokers

Sexually Transmitted Infections

1,389

Recorded STI's across Sefton

Chlamydia

15 to 24

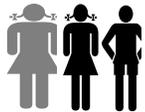
The age group most likely to contract Chlamydia. 69% of cases in 2013 diagnosed amongst this age group

HIV Testing

86%

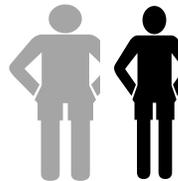
Uptake rate of men who have sex with men (MSM) across Sefton, compared to 95% nationally

Childhood Obesity



By year 6
1 in 3 children are overweight or obese

Adult Obesity



More than half of adults in Sefton are overweight, obese or very obese

Physical Activity



Only 22% of adult achieve 30mins physical activity 5 times per week

Diet

42%

Of resident eat recommended 5 portions of fruit and veg per day

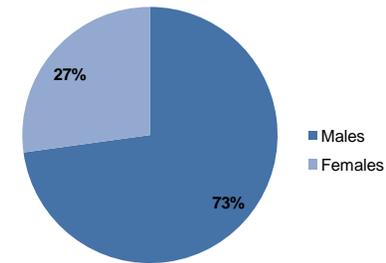
Drugs – Prevalence & Treatment

- The National Drug Treatment Monitoring System (NDTMS) capture information on clients in drug treatment and the primary drug of choice of those in treatment at the start of their treatment journey, once this has been identified there is no opportunity to make further updates to this during treatment.
- In 2013/14 there were a total of 1,538 people who were in contact with treatment services, a reduction on the previous year of around 3%. Over the last five years, with the exception of 2011/12, the number of people in contact with treatment has continued to fall, culminating in an overall five year reduction of 6% from 1,638 in 2009/10.
- Three out of every four people in treatment in Sefton are male, with the ratio of males to females remaining consistent across all five years data is available for, this would suggest reductions in service users have been similar for both genders. 96% of drug treatment clients class themselves as White British, which in terms of ethnicity is largely representative of the overall population of the borough.
- Drug users are most likely to come into contact with services between the ages of 35 and 50 with this age group consistently accounting for more than half of treatment contacts during the five years analysed.
- However, there has been a shift in the age profile of those in treatment with a five year increase in 45-49 year olds in contact increasing by more than 70% and the number of 50-54 year olds more than doubling over the last five years. Both of these age groups have seen numbers in contact with treatment increase in each of the five years analysed
- The number of younger adults in treatment however has fallen over the same period with those in contact under the age of 40 falling by 27% from 967 in 2009/10 to 704 in 2013/14
- The number of 18-19 year olds during this time has fallen by 50%, 30-34 year olds by 22% and 35-39 year olds by 47%

Number in Contact with Treatment; 5 year trend



In Contact with Treatment 13-14; Sex



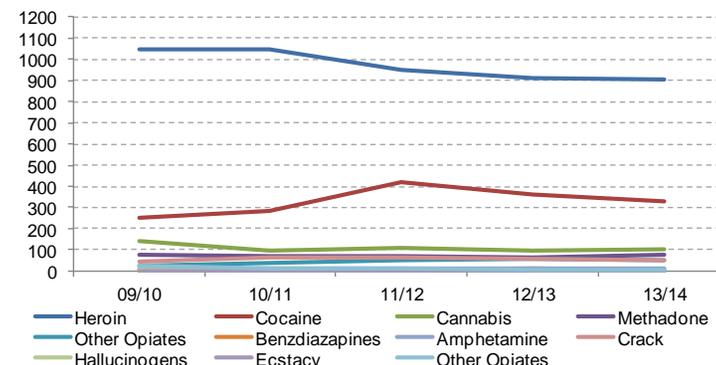
Number in contact by Age

	09/10	10/11	11/12	12/13	13/14
	n	n	n	n	n
18-19	51	67	72	54	25
20-24	119	132	186	141	126
25-29	162	157	185	204	161
30-34	222	203	185	148	173
35-39	413	340	313	244	219
40-44	399	408	389	363	355
45-49	182	227	253	286	310
50-54	56	66	73	91	115
55-59	25	23	29	34	35
60+	9	10	11	19	19
Total	1638	1633	1696	1584	1538

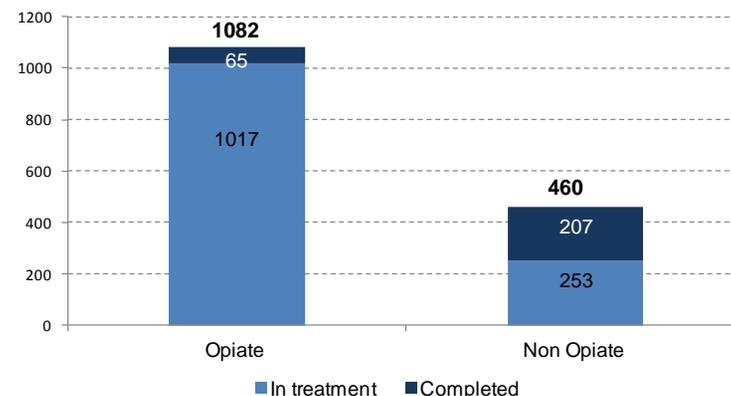
Drugs – Prevalence & Treatment

- Heroin users remained the highest cohort in contact with treatment accounting for 58.7% (903) of all those in treatment. So called social drugs, Cocaine and Cannabis, were the second and third most prominent primary drug accounting for 21.5% (330) and 6.6% (101) respectively. In total primary Opiate users accounted for two thirds of the drug treatment population in 13/14 (66.9%)
- The number of Opiate users in treatment shows a year on year reduction of 1% between 2012/13 and 2013/14, however over the five years analysed heroin users have fallen each year resulting in an overall reduction of 14% from 1,045 in 2009/10 to the current level.
- Between 2009/10 and 2013/14 the number of Cocaine users entering treatment has increased by more than 30% from 251 to 330. However, since 2011/12, when Cocaine users in treatment peaked at 418 numbers have been falling. The drop in Cocaine users in contact with treatment may in part be due to the closure of Southport custody suite during part of the week and in the temporary suspension of Cocaine Nights service during the transition of services
- The number of completed treatments has reduced between 2012/13 and 2013/14, falling by 29% from 386 to 272. Completed treatments were the client was drug free fell by more than 32% during this period and the number who were occasional users on completion fell by 25%. In the case of both of these category of completion there has been a year on year reduction between 2012/13 and 2013/14
- Over the same period the number of clients that have dropped out / left treatment has more than doubled, and in direct contrast to completed treatments there have been year on year increases in those dropping out or leaving treatment. Whilst Opiate users made up 70% of the treatment population, they only made up a quarter of successful completions. The bar chart shows the comparison for completion between opiate users and non opiate users.
- Drug and Alcohol services were re-commissioned part way through 2013 in the largest redesign of services in a number of years, thus some of the drop in performance was anticipated whilst services transitioned. Latest data available for 2013-14 shows an overall increase in Successful Completions for Drug and Alcohol services.

In Contact with Treatment; Primary Drug



Proportion of those in treatment who had a successful completion

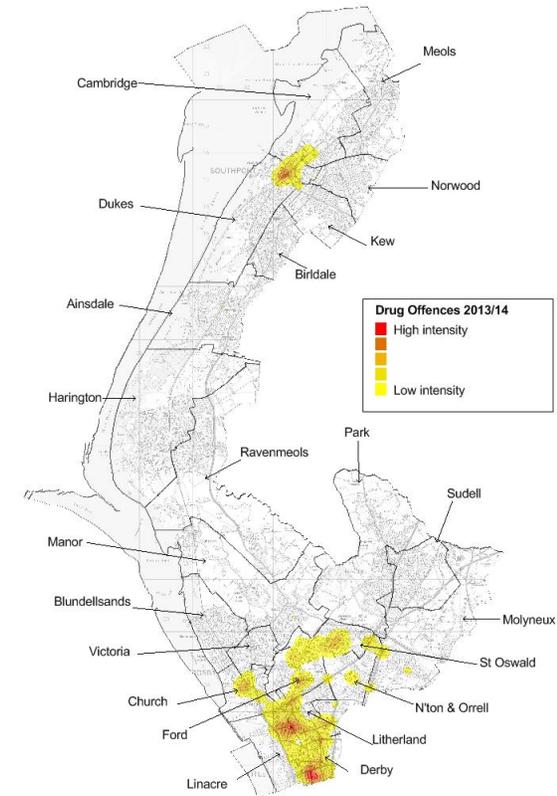
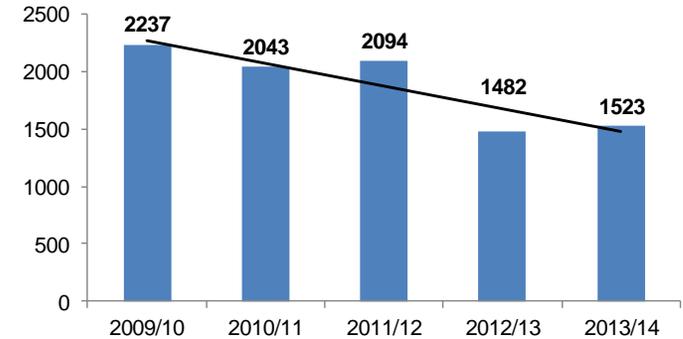


Exit Reason	11/12	12/13	13/14
	n	n	n
Treatment completed - drug free	333	266	182
Treatment completed - occasional use	149	120	90
Custody	54	65	49
Transferred - not in custody	44	25	33
Dropped out / Left	24	32	56
Transferred to another partnership	15	21	25
Died	9	24	17
Treatment withdrawn breach of contract	2	1	0
Other	1	1	2
Total	631	555	454

Drug Use & Crime

- In 2013/14 there were a total of 1,523 drug offences recorded in Sefton, which is a year on year increase from 2012/13 of 3%, despite a reduction in all recorded crimes of 3.6%. This means the proportion of drug crimes has shown a year on year increase from 10% of all crime in 2012/13 to 11% in 2013/14
- However the chart shows the trend over the last five years for drug offences has been downwards, with a reduction over this time of 32%. This is a greater reduction than for crime as a whole across Sefton, which has fallen by 21% over the same five year period.
- Drug offences across Sefton are predominantly possession of a drug in such quantity that it is deemed for personal use with almost 90% of offences falling into this category. Possession offences mainly involve cannabis with 1,154 of the 1,360 (85%) possession offences in 2013/14 involving this drug.
- Possession With Intent to Supply and Production of Drugs each account for 5% of drug offences and both offence type largely involve Cannabis, in the case of production of a drug offences all recorded crimes in 2013/14 involved the production of cannabis.
- Areas where people gather to socialise around the nighttime economy, such as Southport town Centre and the Waterloo area are hotspot areas for Drug offences. This is further supported by the peak times for offences to occur, which is between 9pm and 4am and more than half of offences committed between Friday evening and early hours of Sunday Morning.
- Areas with high levels of deprivation, particularly in the south of the Borough are also more likely to see drug offences being committed

Total Drug Offences



Source: Merseyside Police

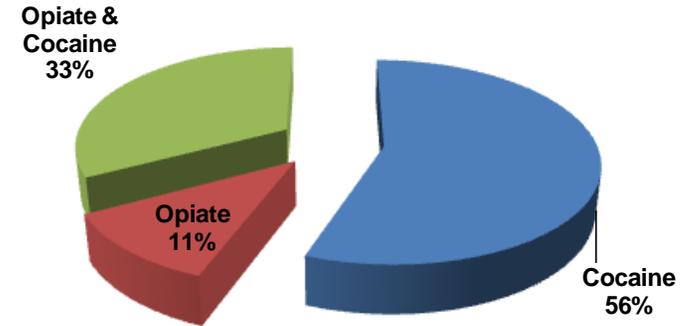
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Drugs – Drug Testing (Criminal Justice)

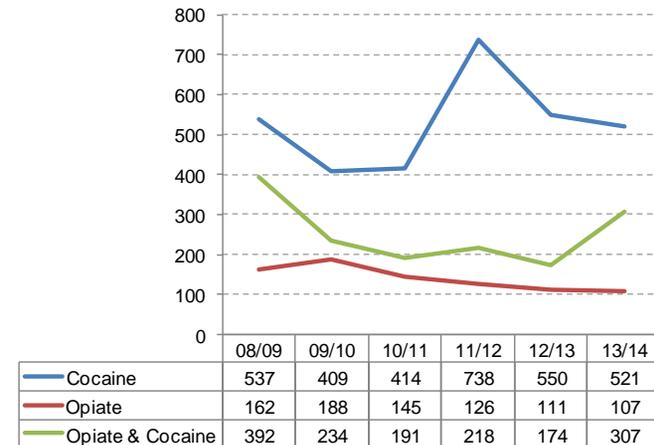
	08/09	09/10	10/11	11/12	12/13	13/14
Number of Completed Tests	2702	2683	2304	2739	2239	2137
Number of Negative Tests	1611	1852	1554	1657	1404	1202
Number of Positive Tests	1091	831	750	1082	835	935
Cocaine only	537	409	414	738	550	521
Opiate only	162	188	145	126	111	107
Opiate and Cocaine	392	234	191	218	174	307

- The Drug Interventions Programme (DIP) is a critical part of the Government's strategy for tackling drugs. It began in 2003/04 as a three-year programme to develop and integrate measures for directing adult drug-misusing offenders out of crime and into treatment.
- An individual is tested on arrest where they fulfill all of the following conditions: are aged 18 or over; are in police custody; and were arrested for a trigger offence or for an offence where a police officer of Inspector rank or above suspects specified Class A drug use was a causal or contributory factor.
- In 2013/14 there were a total of 2,137 tests carried out, a reduction of 21% compared to 2008/09, with the exception of an increase in 2011/12, the number of tests completed has been falling year on year, which may be as a result in the reduction in drug related crime.
- The rate of positive tests varies from year to year, however across the six years analysed 2013/14 has seen the largest proportion of positive test, 43.8%, and despite a reduction in the number of tests carried out the number between 2012/13 and 2013/14 the number that have been positive has increased by 12% from 835 to 935.
- Cocaine has consistently been the most common drug identified as a result of drug tests in custody suites, accounting for at least half of all positive tests in each of the six years analysed. However, of the between 2012/13 and 2013/14 positive tests where both opiates and cocaine are present are the only tests to see a rise, increasing by 61% (Cocaine only fell by 4% and Opiate only fell by 3%)

Positive Tests by Drug (2013/14)



Positive Drug Tests 2008/09 to 2013/14)



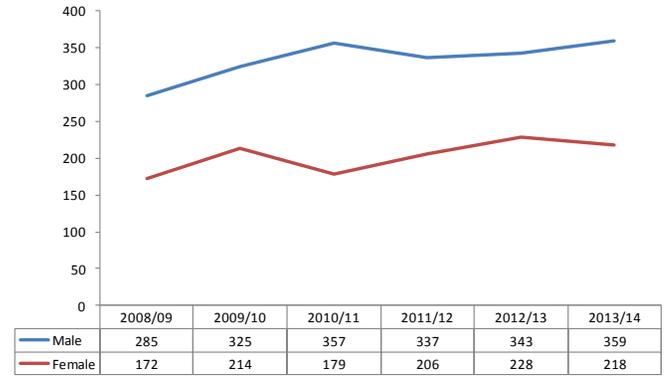
Source: Merseyside Police

Drugs Related Hospital Admissions

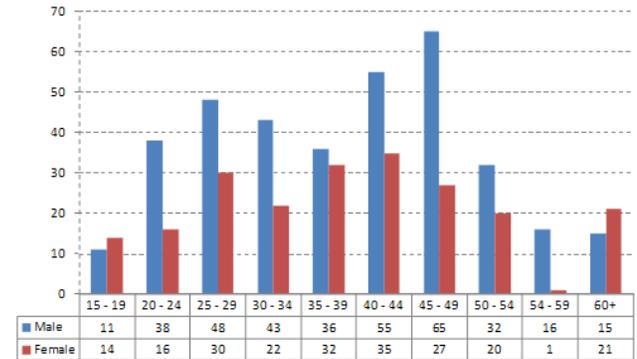
- In 2013/14 there were a total of 560 patients and while this is a slight reduction on the previous year (2012/13) the number of drug related hospital episodes has been steadily rising over the past six years, culminating in an increase of more than 22% (457 to 560) since 2008/09. Both Male and female drug related hospital admissions have seen significant increases over the past six years
- Males account for 64% (359) of all hospital admissions during 2013/14 with those aged between 40 and 49 years most likely to be admitted, one in three of all males admitted to hospital for drug related reasons fall into this age band. Amongst females the age group most likely to require hospital treatment is 35 to 44 year olds, with a third of women admitted falling into this age band
- Admissions for opiate use account for around 40% of all drug related admissions and is the biggest cause of admissions for both males and females. Cannabis related drugs are the second highest cause of hospital admission for drug related issues accounting for around one in four of all drug related admissions.
- Despite consistently being the biggest cause of hospital admissions Opiate is the only one of the four categories of drug related admissions (Opiates, Cannabis, Cocaine and Multiple Drug Use) to have had a long term reduction across the six years analysed.
- Over the last six years the number of opiate related admissions has fallen by 17% from 222 in 2008/09 to 185 in 2013/14. Of the other three categories Cannabis related admissions have seen the largest increase, rising by 244% from just 36 admissions in 2008/09 to 124 in 2013/14. This has taken Cannabis related admissions from the lowest cause to the second highest behind Opiates. Cocaine related admissions have increased by 41% (44 to 62) and Multiple Drug Use has increased by 62% (50 to 81)

Source: National Drug Treatment Monitoring System

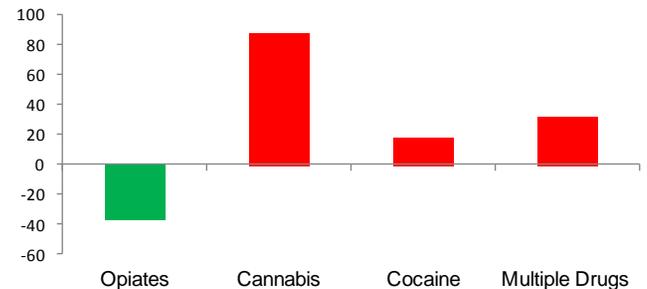
Total Number of Sefton Patients Admissions to Hospital with a Drug related Diagnosis by Gender (2008 to 2014)



Sefton Patients Admissions to Hospital with a Drug related Diagnosis by Age and Gender (2013/14)



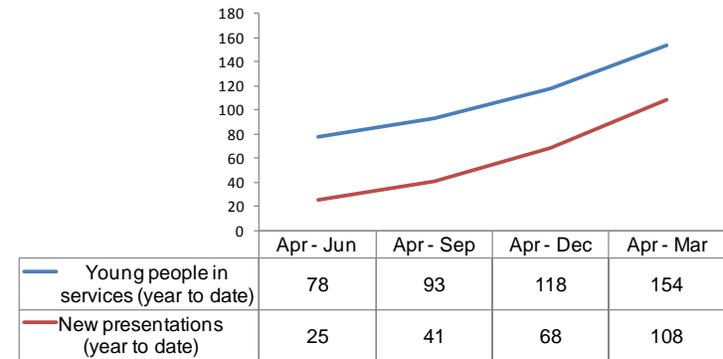
Change in Drug Related Admissions by Category (2008/09 - 2013/14)



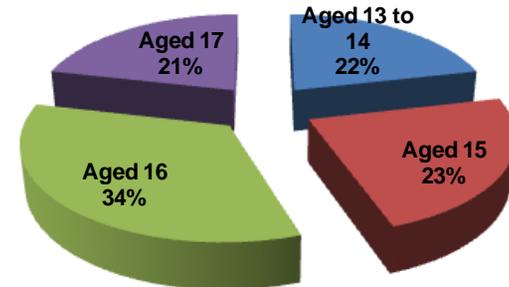
Drug & Young People

- The rolling 12 month total of young people in contact with treatment services at the end of March 2014 was 154. 108 of these have been new presentation, within the year, meaning their treatment journey stated on or after 1st April 2013. Throughout the year almost 100% of young people entering treatment have received their first intervention within three weeks or less.
- More than two thirds (68%) of young people in treatment at the end of 2013/14 were male (105 of 154). 34% (52) of young people were 16 when they entered treatment in Sefton in 2013/14, up from 27% the previous year and above the national rate of 27% for 2013/14. A further 23% were aged 15, slightly below the national rate of 25%. 17 years olds accounted for 21% in 2013/14, having been the largest cohort the previous year at 29% and young people aged 13 & 14 accounted for 21%. There were no young people under the age of 13 entering treatment during 2013/14 compared to 2% in 2012/13.
- 94% of young people in treatment in Sefton declared themselves their ethnicity to be White British, which is largely representative of the overall population of the Borough.
- Youth Justice Services are the biggest source of referrals to drug treatment services for young people accounting for 35% of all referrals in 2013/14; this has fallen from 50% in the previous year, yet remains slightly above the national average of 50%. The proportion of referrals from Children & Family services has increased to 26% in 2013/14 having been 14% in 2012/13, this is largely due to an increased level of referrals from Targeted Youth Support, which accounts for one in five (20%) of all referrals in 2013/14 having previously accounted for one in ten. Referrals from Education Services have also increased from 14% in 2012/13 to 24% in 2013/14. Three quarters of referrals made from Educational Services are from universal education, with the remainder coming from alternative education provisions.

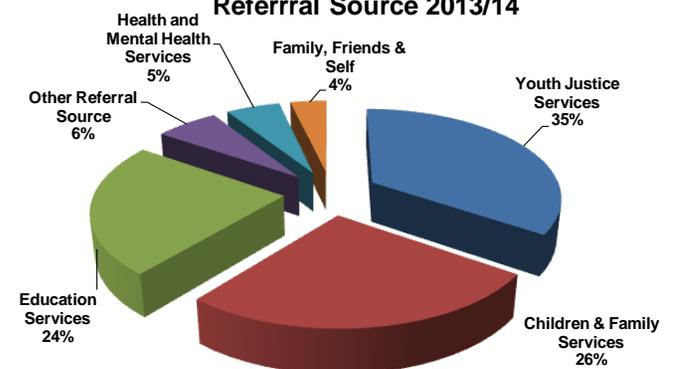
Numbers of Young People in Specialist Services (2013/14 Rolling Total)



Age at Start of Treatment (2013/14)



Referral Source 2013/14

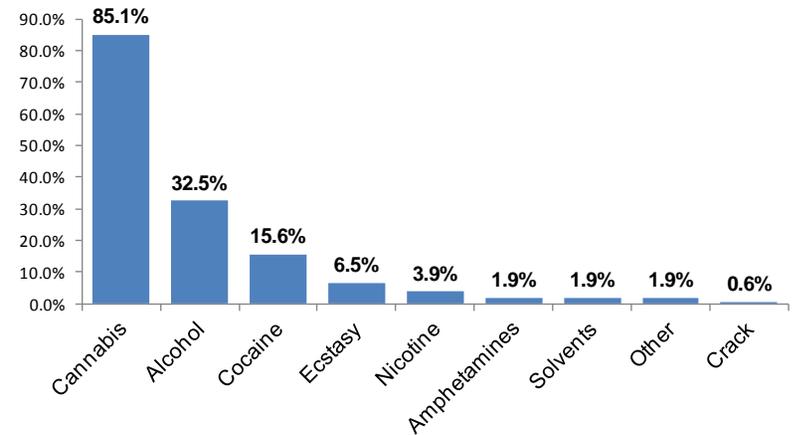


Source: National Drug Treatment Monitoring System

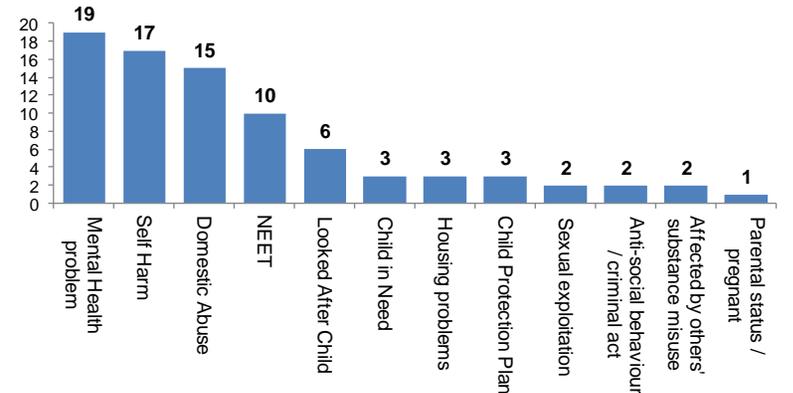
Drugs & Young People

- Substances cited are from any episode for the young person, young people may have cited more than one problematic substance which means figures will add up to more than 100% of young people in treatment. 131 of 154 young people in treatment at the end of 2013/14 cited cannabis as a problematic drug for them, this equates to 85% of all clients. More than half of young people who cite cannabis as a problem also cited at least one other substance as problematic. 29 cited alcohol as an additional problem and 21 cocaine.
-
- More than a third (56 of 154) of young people entering treatment in 2013/14 identified wider vulnerabilities that may have impacted on them requiring treatment, in many of the cases where wider vulnerabilities were identified some clients identified multiple vulnerabilities. Mental Health problems were identified by more than a third (19 of 56) of young people as a factor. 30% of those with an identified wider vulnerability stated that they had self harmed. One in four young people in treatment that had wider vulnerabilities identified domestic abuse as a factor, however there is no distinction relating to whether the young person was the victim or had witnessed the domestic abuse in the home.
-
- There were 102 treatment exits during 2013/14 87% of which were planned exits, significantly higher than the national average of 79% and an increase of 14% on planned exits in the previous year. Of the 89 planned exits in 2013/14, 47% (42) resulted in the client leaving treatment drug free 53% (47) left treatment as occasional users. There were nine unplanned exits during 2013/14, eight of which were as a result of the client dropping out of treatment and one as a result of the young person declining treatment. A further four clients had their treatment transferred

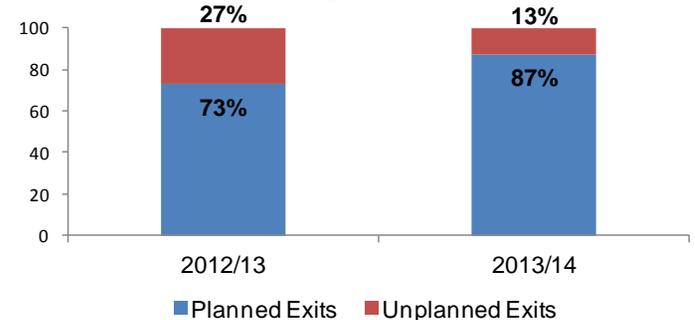
Dependency at Start of Treatment



Wider Vulnerabilities



Planned & Unplanned Treatment Exits



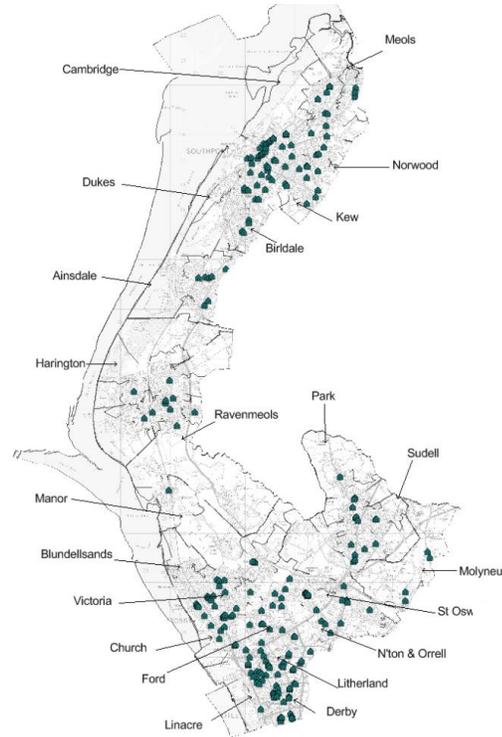
Source: National Drug Treatment Monitoring System

Alcohol –Availability & Pricing

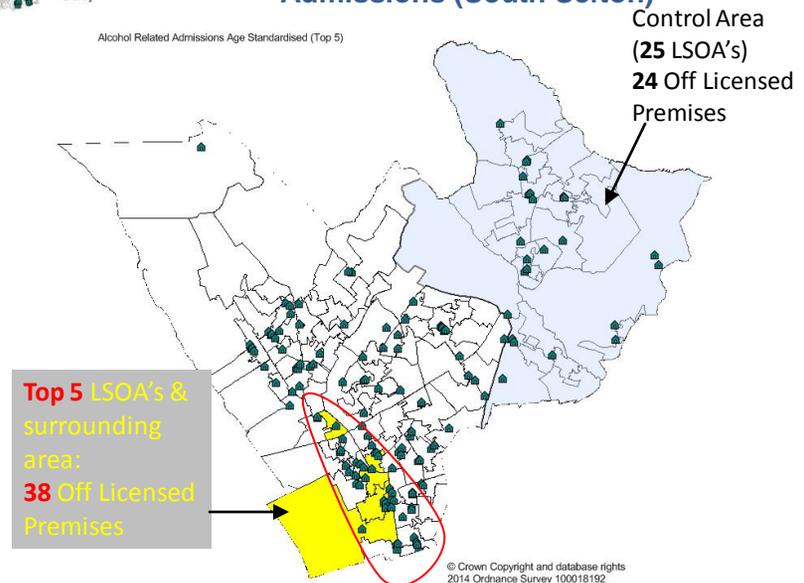
- Research shows that people on a low income or who are living in deprived areas are more likely to suffer from a long term illness as a result of drinking too much. People who live in the most deprived areas of Scotland are six times more likely to die an alcohol-related death than those in the least deprived areas Minimum pricing can potentially reduce levels of harmful drinking in these groups, meaning the risk of alcohol-related harm could be reduced. (Hertua, K. et al. (2008))
-
- Setting a minimum price per unit of alcohol could deliver an estimated saving of £1.5 million to the NHS in Merseyside (Ubido et al., 2010)
- Similarly, Alcohol harm could also be reduced by restricting the availability of alcohol. Reducing the number of off and on licensed premises by 10% and restricting hours of operation could deliver savings for the NHS of £3.5 million and £45 million respectively in the first year of implementation (Ubido et al., 2010).
- There are more than 550 premises across the borough that are licensed to sell alcohol. As would be expected there are concentrations of licenced premises, predominantly pubs and clubs in Southport town Centre and Waterloo.
- Almost half of all licenced premises (232) in the Borough are off licences, 47% of which are located in the Bootle wards, with a higher density of off licences in areas of higher deprivation. Research by Sefton MBC & Aintree Hospital also shows the correlation between off licences and alcohol related admissions (bottom map).

Source: Sefton MBC / Aintree University Hospital

Off Licence Locations



Off Licence Location Links to Alcohol Related Hospital Admissions (South Sefton)



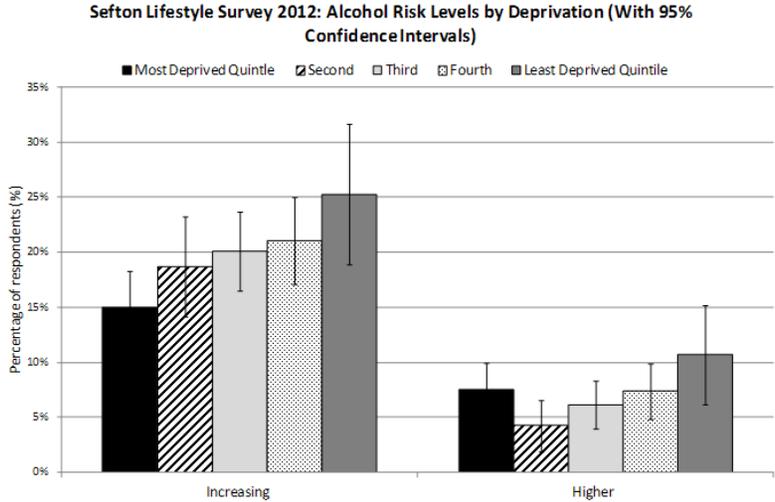
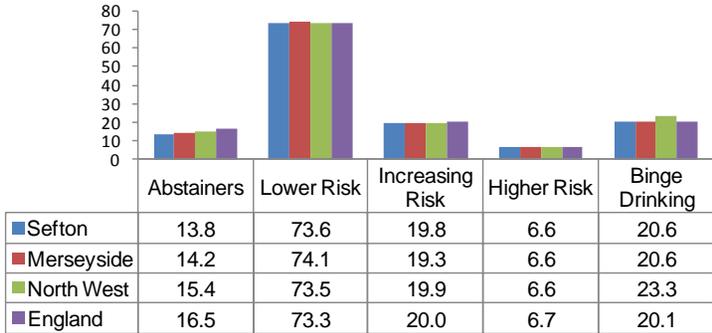
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Alcohol – Consumption

- The drinking habits of Sefton residents are not dissimilar to those across the country; they are also in line with drinking habits across Merseyside and the North West region. The top table shows the number of units of alcohol consumption that make up each of the risk levels.
-
- Almost 14% of adults in Sefton are non drinkers, which when compared to Merseyside, the North West and England is roughly in line with levels across all three comparator groups
-
- Around one in four Sefton residents admits to drinking at levels that put them at increasing or higher risk of alcohol related illness, which is in line with levels across the region and nationally
- The Sefton Health & Wellbeing Survey indicates that increasing risk drinking is more common amongst males and the 25-54 year old age group. Surprisingly the survey would suggest that the lower the levels of deprivation in an area the more likely people are to drink at levels that put them at increasing risk.
- Higher risk drinking shows little variation by gender and is most prevalent in the youngest age group (18-24 year olds). While increasing risk drinking increases as deprivation decreases, higher risk drinking is most prevalent in the least and most deprived areas.
- As with increasing and higher risk drinking, binge drinking in Sefton is in line with levels across Merseyside and nationally with one in five adults across the borough binge drinking.

Risk Level	Units Per Week	
	Men	Women
Lower Risk	0-21	0-14
Increasing Risk	22-50	15-35
Higher Risk	Over 50	Over 35

Drinking Habits

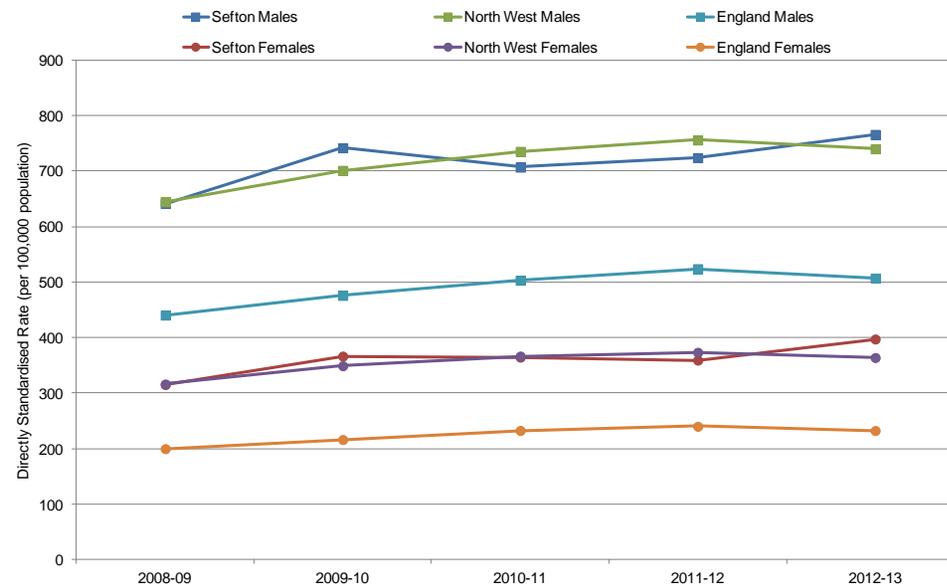


Source: Public Health England / Sefton Health & Wellbeing

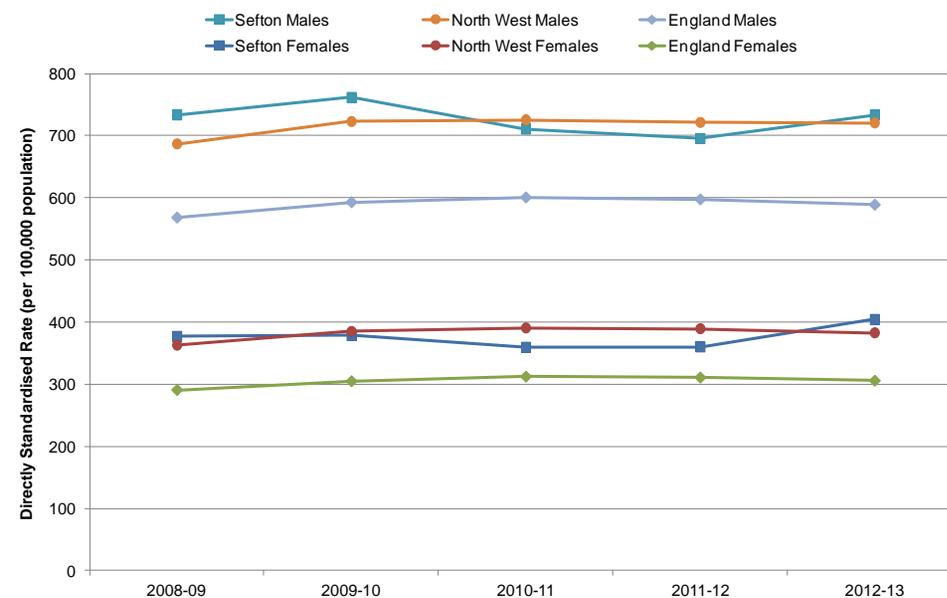
Alcohol – Hospital Admissions

- Since 2008/09 the rate of hospital admissions for alcohol specific conditions (conditions in which alcohol is causally implicated in all cases) has increased by 20% amongst Sefton’s males and by 26% amongst Sefton’s females.
- In 2010-12 hospital admissions for alcohol related conditions (conditions in which alcohol is causally implicated in some but not all cases) have also increased for males and females in Sefton. This follows previous reductions in Sefton’s rate of alcohol related hospital admissions.
- At 641.40 for males and 315.2 for females the 2012/13 Sefton rates of alcohol specific hospital admissions are significantly higher than the England averages and ranked in the worst 10% of all English local authorities.
- At 733.1 for males and 404.31 for females Sefton’s rates of alcohol related hospital admissions are also significantly higher than the England averages and in the worst 10% of all English local authorities.
- However, there are no significant differences between Sefton’s rates of alcohol specific and alcohol related hospital admissions and the North West averages. Sefton’s rates are also lower than the 4 other Merseyside local authorities.

Alcohol Specific Hospital Admissions



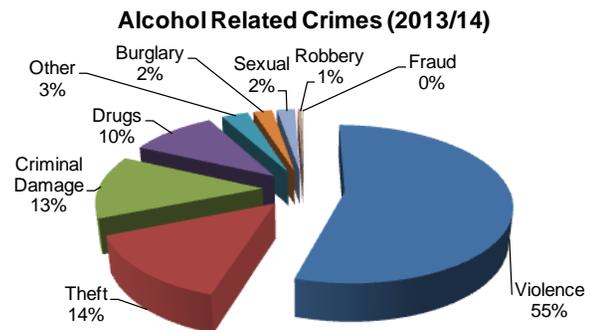
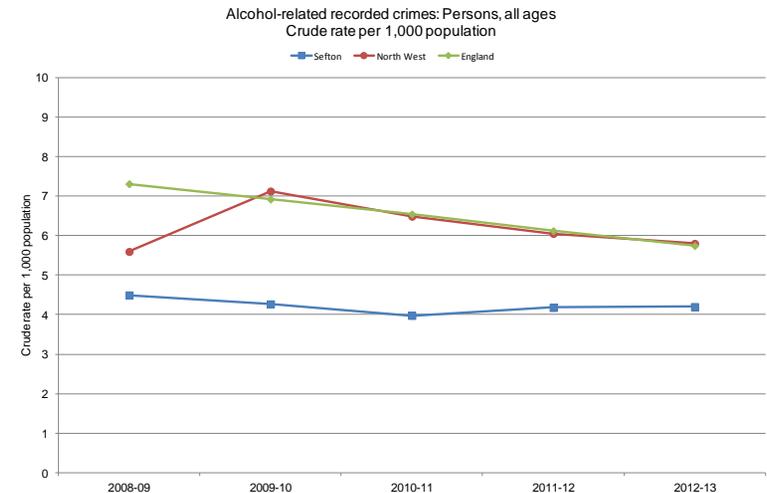
Alcohol-related Hospital Admissions (Narrow definition)



Source: Local Alcohol Profiles for England

Alcohol – Alcohol Related Crime

- Public Health England data shows that the rate of recorded alcohol related crime in Sefton for 2012/13 was 4.20 per 1,000 population, similar to the 2011/12 rate (4.18). The rate across Sefton has, fallen slightly but remained fairly consistent between 2008/09 and 2012/13.
- While the Rate of Alcohol related offences has been consistently lower than both the North West and England averages the gap is closing as a result of a faster rate of reduction in both these comparator areas.
- Local analysis of Merseyside Police data in relation to alcohol related crimes shows that violence offences are the most prominent offence type linked to alcohol, accounting for 55% of alcohol related offences in 2013/14, and over the last three years have consistently accounted for over half of all alcohol related crimes.
- Criminal damage offences linked to alcohol are also prominent accounting for 13% of recorded crimes in 2013/14, and over the last three years are consistently the second most prominent alcohol related offence behind violence.
- The cost of alcohol related crime to the community, Sefton MBC, private business and other public sector organisations (based on Home Office calculations) is in excess of £6 million

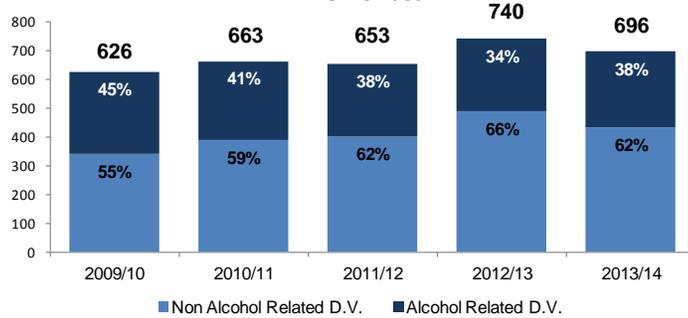


Crime Title	Cost Per Crime	Alcohol Related Crimes 2013/14	Cost of Crimes 2009/10
Burglary Dwelling	£2,300	8	£18,400
Burglary Other	£2,700	14	£37,800
Criminal Damage	£510	130	£66,300
Robbery Business	£5,000	2	£10,000
Robbery Personal	£4,700	2	£9,400
Theft (other than below)	£340	38	£12,920
Theft From MV	£580	3	£1,740
Theft Shop	£100	94	£9,400
Theft/UTMV	£4,800	2	£9,600
Common Assault	£540	121	£65,340
wounding (Serious & Slight)	£18,000	336	£6,048,000
Total		750	£6,288,900

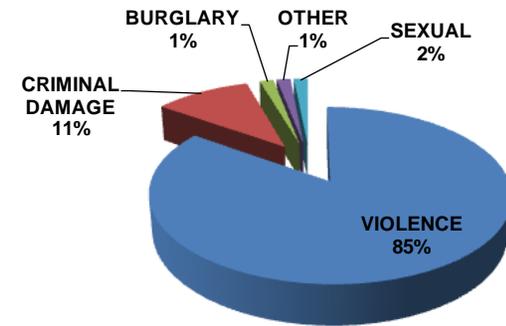
Source: Local Alcohol Profiles for England / Merseyside Police

Alcohol – Domestic Violence

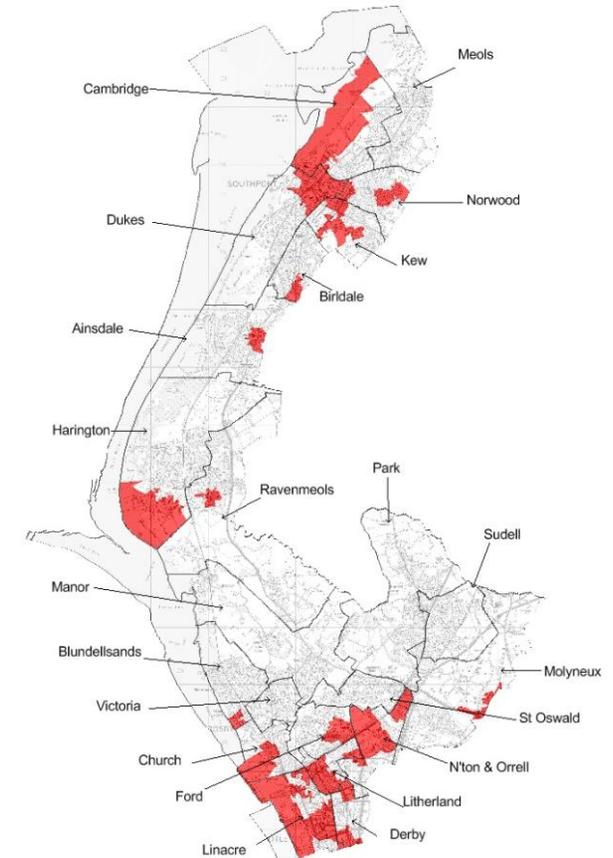
Alcohol Related Recorded Domestic Violence Offences



Alcohol Related Domestic Crime Breakdown (2013/14)



- In writing this section, it is understood that there are significant issues of underreporting of domestic violence to police forces, it is estimated that around 70% of domestic violence incidents go unreported. Using the “domestic related” flag applied to recorded crimes by Merseyside Police is the best available as a proxy measure to the problem of domestic violence within Sefton.
- National Research by National Institute for Health & Care Excellence (Nice) has found that alcohol misuse is linked to approximately a third of all domestic violence incidents. The proportion of domestic violence offences within Sefton that are alcohol related have been consistently higher than a third over the last five years
- Across Sefton in 2013/14 there were 696 crimes that were recorded as domestic related, of which 38% (264) were alcohol related. Violent crimes are the most often committed domestic offences committed under the influence of alcohol, accounting for 85% (224 of 264). Violence offences have also consistently accounted for more than 80% of alcohol related domestic offences in each of the last five years.
- The map highlights the top 20% of LSOA areas for reported alcohol related crimes across Sefton. It shows that, while areas such as Southport town centre and Waterloo, that have thriving night time economies where high levels of offences would be expected are prominent, alcohol related D.V. can occur anywhere. Many of the LSOA’s highlighted in the map are areas of high deprivation and benefits reliance, however some of the more affluent areas of the borough such as Formby and Blundellsands also feature



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Source: Merseyside Police

Alcohol – Foetal Spectrum Disorders

- The UK Chief Medical Officer recommends that "Women who are pregnant or trying to conceive should avoid alcohol altogether. However, if they do choose to drink, to minimise the risk to the baby, we recommend they should not drink more than one or two units once or twice a week and should not get drunk."
- Drinking more than the recommended amount of alcohol during pregnancy has been associated with miscarriage, foetal growth restriction, increased risk of a stillbirth, increased risk of premature labour and foetal alcohol spectrum disorders (FASD).
- FASD is an umbrella term for a wide range of effects that can occur to children exposed to alcohol before birth. It spans from the full presentation of Foetal Alcohol Syndrome (FAS), to conditions such as Partial Foetal Alcohol Syndrome (PFAS), Alcohol Related Birth Defects (ARBD) and Alcohol Related Neurodevelopmental Disorders (ARND), where some but not all of the features of FAS are present. A range of mental and physical disabilities may be seen in children with these conditions including lowered IQ, kidney and heart defects, height and weight issues, hormonal disorders, muscular problems, memory & attention difficulties, hearing problems, mouth, teeth and facial problems, weakened immune system, epilepsy, liver damage and impulsivity and poor judgment.
- There is currently no reliable evidence on the incidence of FASD in the UK or locally in Sefton. It has been estimated that in Western Countries as many as 9 per 1,000 live births may be affected by FASD, PFAS or ARND. FASD has also been suggested to be more common amongst socially deprived communities.
- If this rate applied to Sefton approximately 25 local births would be affected by FASD per year.
- Nationally alcohol consumption amongst pregnant women has decreased from 54% in 2005 to 40% in 2010. Amongst those that do drink during pregnancy, consumption is generally low – only 3% drink more than 2 units of alcohol per week on average.

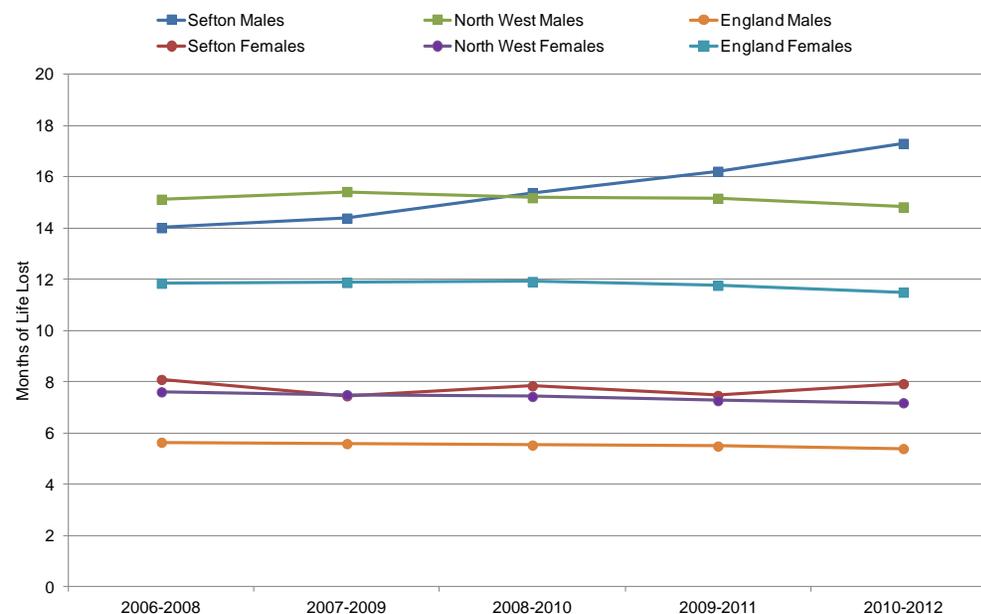
Source: BMA (2007) Foetal Alcohol Spectrum Disorders: A guide for healthcare professionals and HSCIC (2012) Infant Feeding Survey <http://www.hscic.gov.uk/catalogue/PUB08694>

Alcohol – Alcohol Related / Specific Mortality

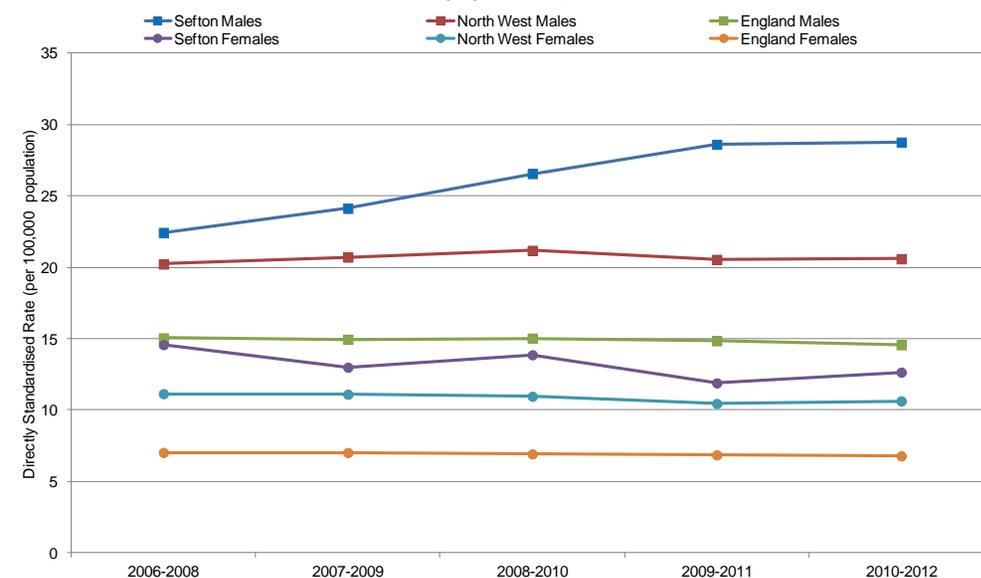
- The number of months Sefton males lose (in relation to life expectancy) due to alcohol misuse has increased from 16.21 months in 2009-11 to 17.29 in 2010-12. For females the 2010-12 data shows they lose 7.92 months compared to 7.83 for 2009-11.
- The Sefton rate of mortality due to alcohol specific conditions in the 2010-12 period is 28.77 per 100,000 for males and 12.64 per 100,000 for females. Both male and female rates the 2009-11 period.
- Sefton’s male and female months of life lost due to alcohol and alcohol specific mortality rates are within the worst 5% of all English local authority areas.
- The Sefton rate of male mortality due to alcohol related conditions has decreased from 91.15 per 100,000 in 2011 to 82.48 per 100,000 in 2012. The female rate has also decreased from 37.33 to 33.84 per 100,000 over the same time periods.
- Sefton’s male rate of alcohol related mortality is significantly higher than the England average but does not differ significantly from the North West average and the female rate for Sefton is not significantly different to the North West or England averages.

Source: Local Alcohol Profiles for England

Months of life lost due to alcohol: Males & Females aged less than 75 years



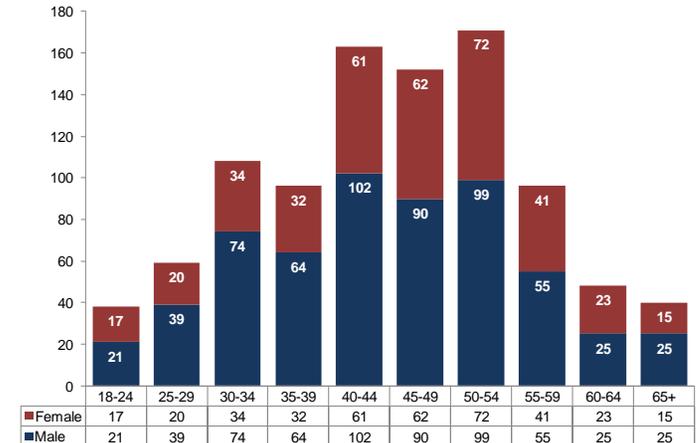
Alcohol Specific Mortality (Directly Standardised Rate per 100,000 population)



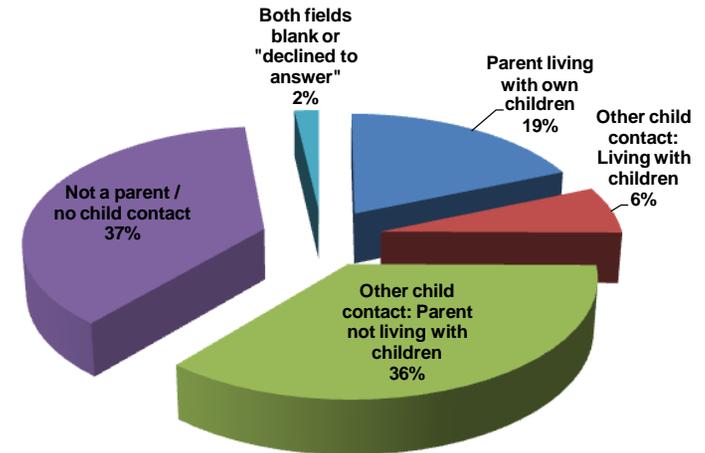
Alcohol – Adults in Treatment

- At the end of 2013/14 there were a total of 971 adults in alcohol treatment, of which 764 were new referrals made in 2013/14, compared to 737 in 2012/13, an increase of 4% (27), more than half of these (403 of 764) were entering alcohol treatment for the first time. 15% (112 of 764) have had three or more previous treatment journeys
- In 2013/14 males accounted for almost two thirds (594 of 971) of all adults in alcohol treatment with adults aged between 40 and 55 being most likely to enter treatment, this age group accounts for just over half (486) of all treatment episodes in 2013/14. The number of people falling into this age group entering treatment in 2013/14 increased by 8.7% (447 to 486) in 2013/14 compared to 2012/13.
- Amongst females the numbers entering treatment aged 55-59 increased by almost a third (31 to 41) in 2013/14 compared to the previous year, and those aged 50-54 in treatment grew by 31% (55 to 72). Amongst males the biggest year on year percentage increase was amongst those over the age of 65 increasing by almost 40% from 18 in 2012/13 to 25 in 2013/14
- 61% (467 of 764) of adults that entered treatment in 2013/14 stated that they had parental responsibilities, and of these 41% were either living with their own children or in a home that had children living in it. The remainder were parents that had child contact but did not reside with them.

Age & Gender Breakdown of Alcohol Treatment Clients

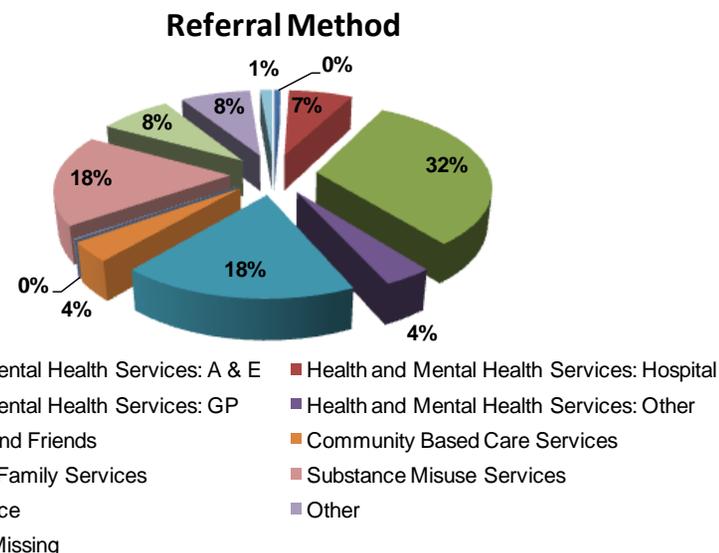


Parental Status

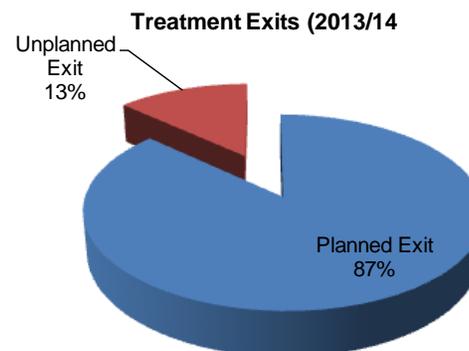


Alcohol – Alcohol Screening

- More people enter alcohol treatment through G.P. referral than through any other referral method, with one in three adults entering treatment doing so via this pathway in 2013/14. The second most prominent way for people to enter treatment, accounting for 18%, is through self referral or referral by family and friends.
- Referral from other substance misuse services also accounts for 18% of referrals and highlights that in many cases those that are dependent on alcohol are also dependant on other substances and will require a treatment package to address a combination of dependencies. So called 'social drugs' cocaine and cannabis are the most prominent second drugs, accounting for almost three quarters of cases where a second drug was recorded
- Where information relating to the volumes of alcohol consumed has been recorded (675 of 971) 60% admitted to drinking everyday over the last 28 days. Public Health England guidance states that a male that drinks in excess of 50 units of alcohol per week and a female that drinks more than units per week is at high risk of health problems caused by drinking. In 2013/14, 80% of males in treatment fall in to this category and 79% of females deemed to be higher risk drinkers receiving treatment where the number units consumed were provided
- In 2013/14 774 people left alcohol treatment services in Sefton, of these 87% (663) were planned, mutually agreed exits, which is the same proportion as in the previous year. 13% (104) of exits unplanned with the client taking themselves out of treatment.



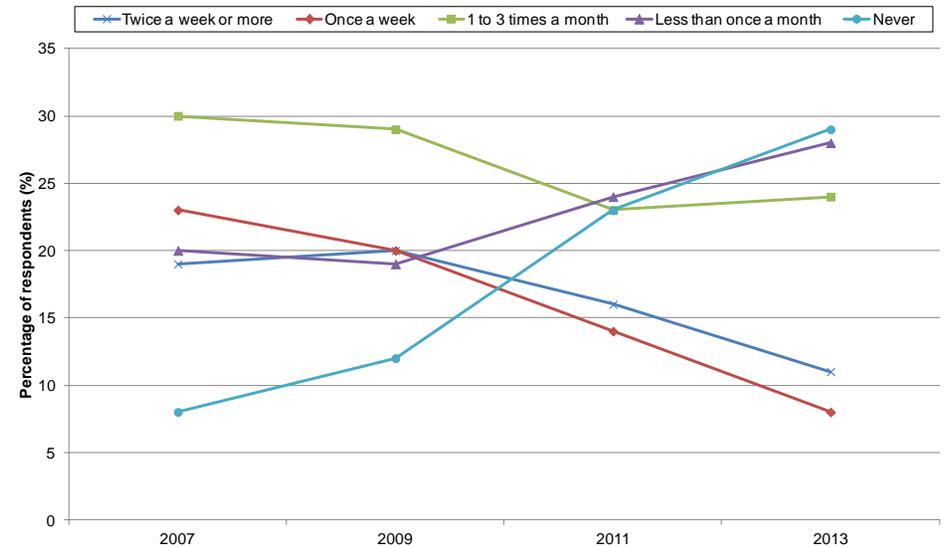
Drinking Days and Units - all in treatment (YTD)						
Number of units on a typical drinking day	Number of drinking days in the past 28 days					Missing or Invalid
	0	1-7	8-14	15-27	28	
0	41	0	0	0	0	0
1-9	1	5	6	4	17	0
10-19	1	12	16	25	80	0
20-29	1	20	27	34	120	0
30-39	1	11	13	17	88	0
40-49	0	2	11	3	57	0
50-99	0	5	3	8	37	0
100+	0	2	0	1	6	0
Missing or Invalid	0	0	0	0	0	296



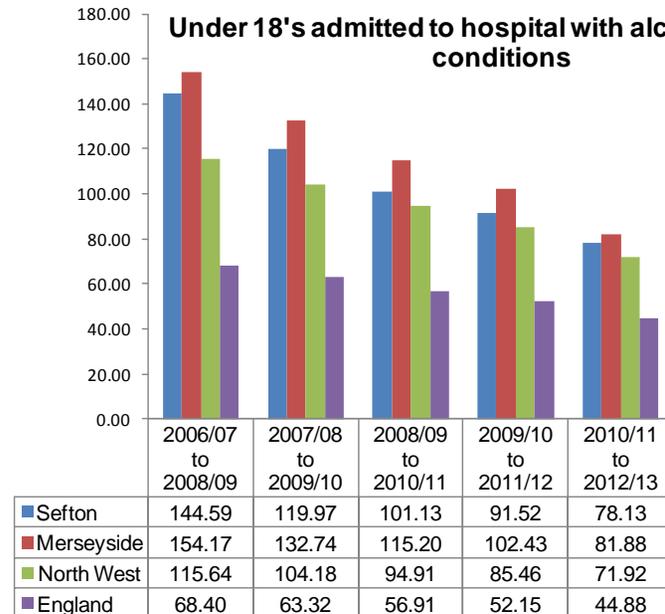
Alcohol – Young People

- Trading Standards North West conduct a survey every couple of years to assess drinking and smoking behaviours amongst 14-17 year olds. The latest survey was conducted in 2013 and received 1,180 responses from young people in Sefton.
- Across Sefton in 2013 29% of 14-17 year olds said they had never drunk alcohol and a further 28% reported drinking less than once a month. While the proportion of young people that never or rarely drink has been falling since 2007, the percentage that regularly drink has been falling, only 19% drank at least once a week in 2013, compared with 30% in 2011.
- Amongst those that do drink, the typical number of units of alcohol consumed per week has also decreased. 32% of young people reported drinking no more than 5 units per week.
- 12% of young people reported binge drinking (five or more drinks on one occasion) at least once a week, similar to the North West average (11%) and a decrease of 7% from 2011
- Young people were most likely to get their alcohol from parents/guardians (49%) or friends and family who are over 18 (43%). However at 23% the proportion that claimed to buy alcohol themselves is higher than the North West average of 16%
- There were 127 young people admitted to due to a condition wholly related to alcohol (e.g. alcohol overdose) in the period 2010/11 to 2012/13 a five year reduction of almost 50% since the period 2006/07-2008/09.
- For comparison purposes this translates to 78.13 per 100,000 for Sefton, which is considerably higher than the rate across England of 44.88 per 100,000 and slightly higher than the rate across the North West region (71.92).

Trading Standards North West Survey - Sefton
How often would you say you drink alcohol?



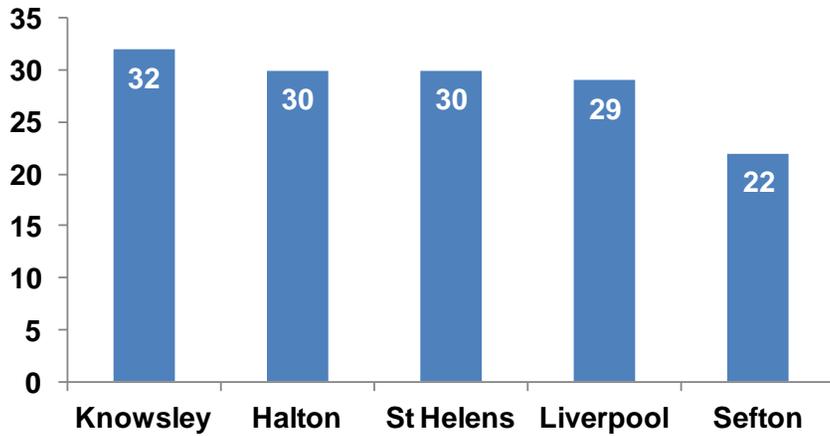
Under 18's admitted to hospital with alcohol specific conditions



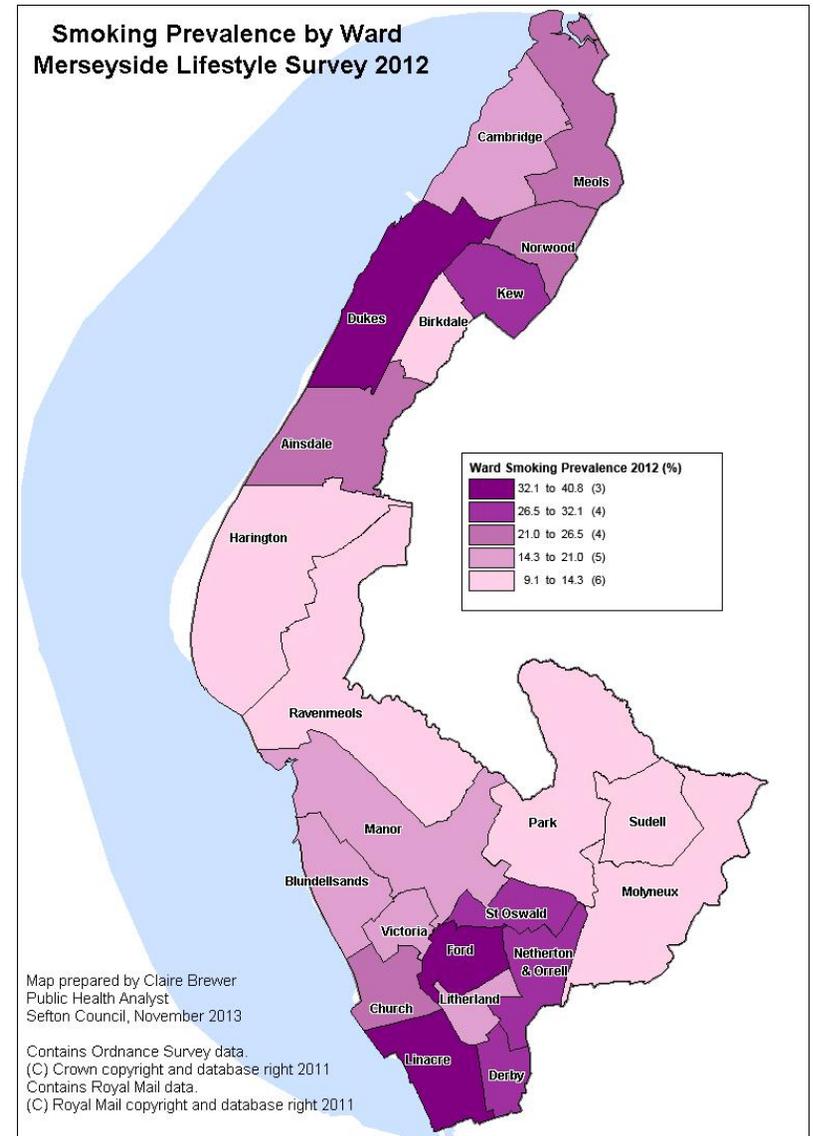
Source: Young Persons Alcohol & Tobacco Survey (TSNW, 2013) and Local Alcohol Profiles for England (2014) <http://www.lape.org.uk/>

Smoking – Smoking Prevalence

Smoking Prevalence (%)

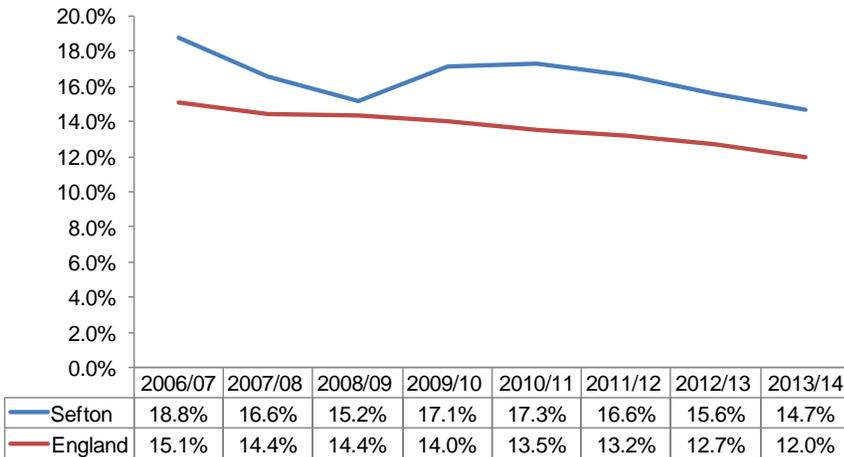


- Sefton’s current smoking rate is 22%. This is the lowest of the 5 areas who participated in the Merseyside Lifestyle survey and 6 percentage points below the Merseyside average.
- Smoking generally falls with age. The highest rate was found in the 25-34 age group at 30% and the lowest in the 65+ age group at 13%.
- Males, white respondents, those from the most deprived areas and those with a long term illness or disability were also more likely to smoke.
- In 2013/14 4,775 Sefton residents set a quit date with the local stop smoking service, of which 51% had successfully quit at 4 weeks.



Smoking– Smoking in Pregnancy

% of Mothers smoking at time of delivery



- National analysis of data has shown babies from deprived backgrounds are more likely to be born to mothers who smoke, and to have much greater exposure to secondhand smoke in childhood. Smoking remains one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications and perinatal mortality. (*Health & Social Care Information Centre*)
- Nationally 12.0 per cent of mothers were recorded as smokers at the time of delivery for 2013-14, which is lower than 2012-13 (12.7 per cent) and continues the steady year-on-year decline in the percentage of women smoking at the time of delivery from 15.1 per cent in 2006-07
- In Sefton the percentage of mothers smoking at time of delivery is 14.7%, which is the lowest of all the wider Mersey authorities (including Halton) and since 2006-07 has reduced from 18.8%
- 2013-14 data shows there is a considerable difference between the rates of smoking at time of delivery across the two CCG's within Sefton. For South Sefton CCG the rate is 17.1% while for Southport and Formby CCG the rate is far lower at 12.2%

Smoking– Young People



- Trading Standards North West (2013) reported that 13% of 14-17 year olds in Sefton claim to smoke, slightly below the North West average (15%) and the same as in 2011.
- A slightly higher percentage of girls reported smoking than boys (15% compared to 11%)
- Young people in Sefton are starting to smoke at a later age. 72% of young people that smoke reported smoking from the age 13
- There has been an increase in the percentage of young smokers getting cigarettes from off licenses since 2011 (41%) but falls in the percentages buying from newsagents (27%) and supermarkets (11%)
- The percentage of young people reporting buying 'illicit cigarettes' has decreased.
- A lower percentage of young people in Sefton have tried shisha (12%) and e-cigarettes (11%) compared to the North West average (20% for both)

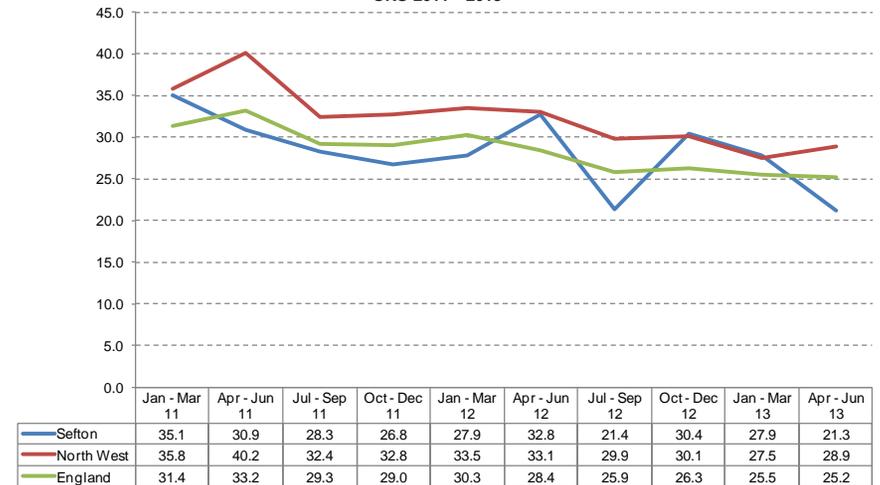
Source: Sefton Public Health

Sexual Health– Teenage Conception

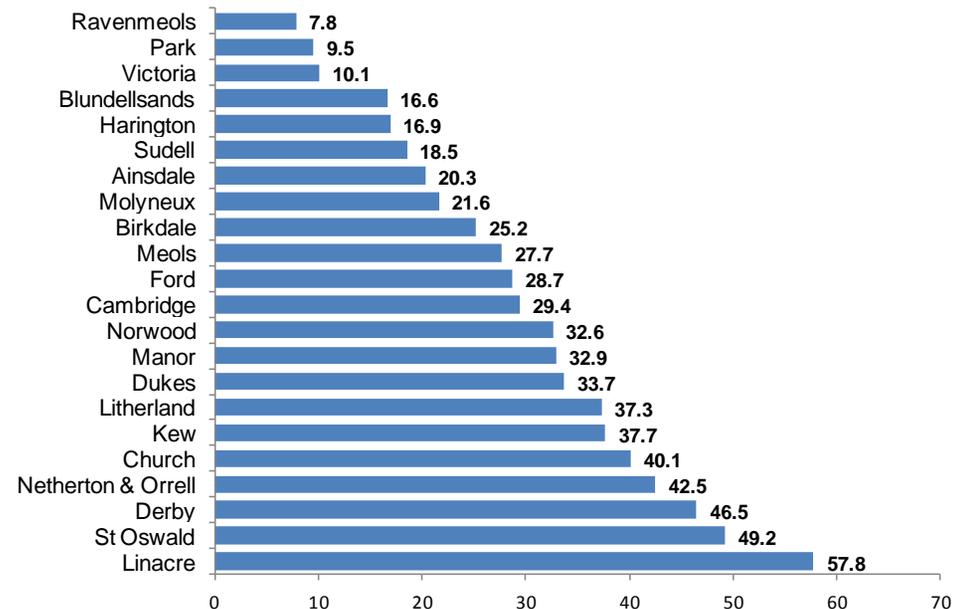
- In 2012, Sefton’s annual rate of teenage conceptions was the lowest on record (since 1997) but remained higher than the old 2010 target. Sefton’s three year rolling rate is also the lowest average on record.
- Sefton continues to have a much lower teenage conception rate than comparator LAs. The actual number of conceptions (141) is also the lowest number on record.
- Sefton’s percentage of teenage conceptions leading to abortion has decreased but remains higher than most comparator areas.
- Under 16 conceptions form less than 20% of Sefton’s teenage conceptions and remain lower than comparator areas.
- Teenage Pregnancy (TP) rates remain high in areas of high deprivation Linacre, Derby and other areas of south Sefton. In the north of the borough, Kew now has the second highest rate of all Sefton wards.
- Sefton’s percentage of teenage conceptions leading to abortion decreased from 54.9% to 49.6% in 2012. Rates vary year on year, but this is the first time Sefton’s rate has been below 50% since 2003. However, with the exception of Bury, Sefton’s rate is higher than all comparator areas
- A 2010 Audit Commission report ‘Against the Odds’ states that teenage girls that are NEET are 2.8 times more likely to become pregnant than those who are engaged in education, employment or training

Source: Sefton Public Health

Quarterly Conception Rates to Women Aged under 18 by Sefton / North West / England- ONS 2011 - 2013



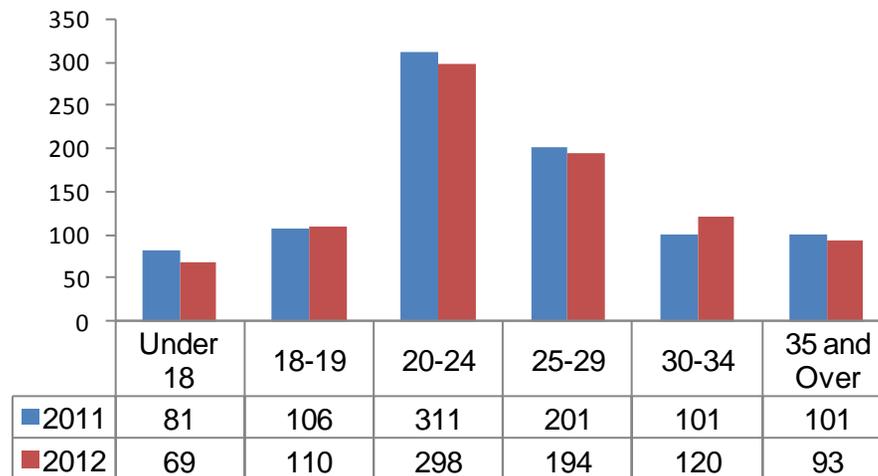
Under 18 Conception Rates



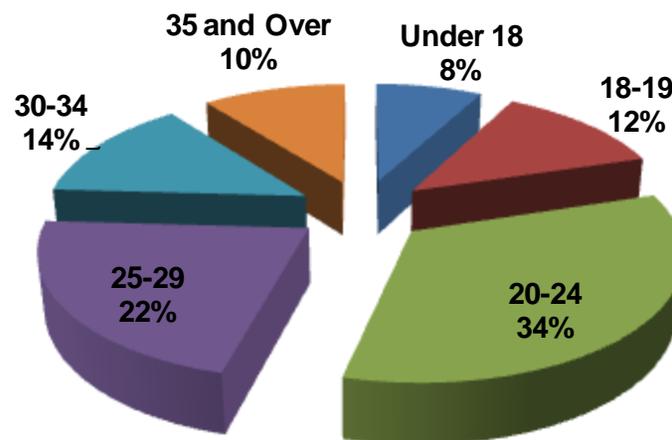
Sexual Health– Abortion

- There were a total of 884 abortions carried out in Sefton during 2012 (of which 874 were NHS funded), a reduction of around 2% on the previous year when there were a total of 901. This equates to a rate of 19.3 per 1,000 women aged 15-44 living in the Borough and is higher than the North West average of 17.5 per 1,000 and also the England average of 16.6 per 1,000.
- However, the number and rate of abortion differs considerably for the two CCG's that make up Sefton. South Sefton has an abortion rate of 21.1 per 1,000 and account for 69% (609 of 884) of all abortions carried out in Sefton in 2012
- One in three abortions carried out in Sefton were carried out on women aged 20 to 24 years, a further 22% were carried out on women aged 25 to 29 years. In total women in their 20's accounted for almost 56% (492 of 884) of abortion in Sefton in 2012
- The number of teenage abortions fell by almost 15% in 2012 compared to 2011, however as with all abortion South Sefton accounts for a large proportion of teenage abortion, 71% (49 of 69)
- Of all abortions carried out across Sefton 38% were carried out on women who had had previous abortions. Around one in four women under the age of 25 who had an abortion in 2012 had previously had an abortion, largely in line with the England average of 27.1%. Of women over the age having abortions in 2012 44% had previously had an abortion; again this is largely in line with the England average (45.4%). Within South Sefton however, the proportion for over 25's was above the England average at 48%.
- In 80% of abortions in Sefton the procedure is carried out at less than 10 weeks gestation. For South Sefton CCG 8% of abortions occur at 13 weeks or over compared to Just 4% in Southport & Formby CCG. Both however

Number of Abortions By Age



Proportion of Abortions by age (2012)

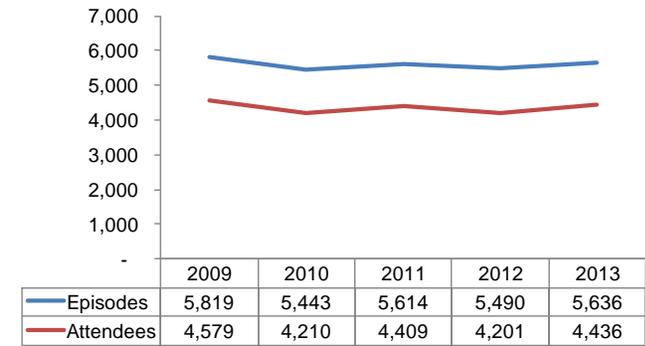


Source: Department of Health

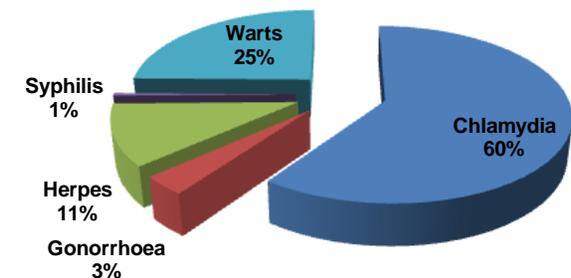
Sexually Transmitted Infections / Access to Genito-Urinary Medicine (GUM) Services

- In 2013 there were a total of 5,636 recorded GUM episodes from 4,436 attendees, indicating that some patients have had more than one episode relating to STI's during the year. Both the number of people attending GUM services and the number of episodes seen by services are at their highest number since 2009
- In 2013 there were a total of 1,389 recorded Sexually Transmitted Infections (STI's) across Sefton, a year on year reduction of 5.3% on 2012. There have been year on year reductions in recorded STI's in four of the last five years, with only 2012, having a slight increase on the previous year. This has contributed to an overall five year reduction of more than 12%.
- The rate of STI's per 100,000 population in Sefton in 2013 was 639.8, which is significantly lower than the rate per 100,000 across England of 834.2. Comparison with regional neighbours shows that Sefton had the second lowest (of nine) rate of new infections per 100,000 population
- Chlamydia is the most common STI, accounting for 60% of all new STI'S in 2013. Young people are most likely to be at risk of contracting this type of infection with 69% of all new Chlamydia cases in 2013 occurring in people aged between 15 and 24. Despite this age group accounting for more than two thirds of Chlamydia cases in 2013 there has been an 8.5% year on year reduction in cases amongst young people, while amongst those aged 25 and over the number of recorded cases has remained unchanged
- In 2013 there were 6,643 Chlamydia test carried out in Sefton on patients aged 15-24, compared to 7,573 in 2012, a reduction in tests carried out of more than 12%.
- In 2013 4,838 (73%) were carried out on females and 1,715 (27%) on males. Analysis of the age profile of those tested shows that 43.8% (2,119 of 4,838) of females and 36.5% (626 of 1,715) of males who were tested were aged between 15 and 19.
- Of the tests carried out during 2013 just 8.6% (571) proved to be positive, a slight increase on 2012 when 8.25% of tests were positive. There were some differences between genders with 10% (170 of 1,715) of males having a positive test compared to 8% (392 of 4,838) of females. The proportion of positive tests for both males and females have fallen by around 15% when compared to 2012. Age did not appear to make a difference as for both 15 to 19 year olds and 20 to 24 year olds the rate of positive tests was around 8%.
- Genital Warts accounted for a further 25% of diagnosed STI's in Sefton during 2013 and as with Chlamydia the number of recorded cases has been falling with the number of cases falling from 365 in 2012 to 344 in 2013, a year on year reduction of 6%. Cases of Gonorrhoea, Herpes and Syphilis all remained largely unchanged year on year

Attendances / Episodes at GUM Services



STI Breakdown 2013

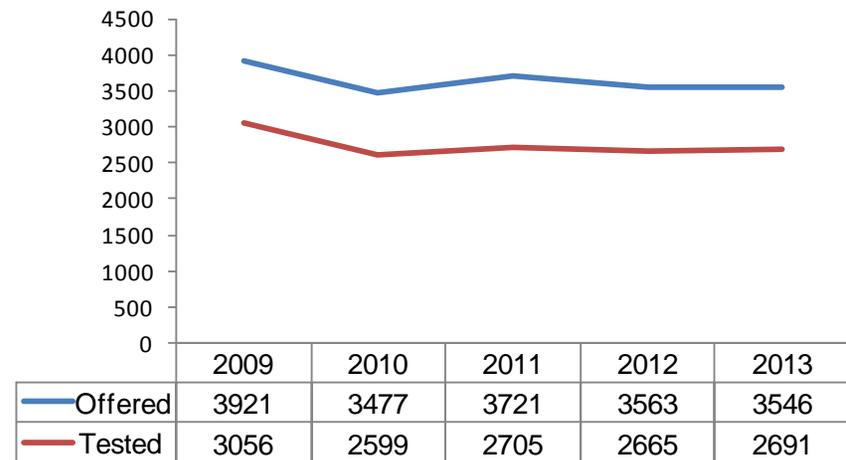


Source: Public Health England

Human Immunodeficiency Virus (HIV)

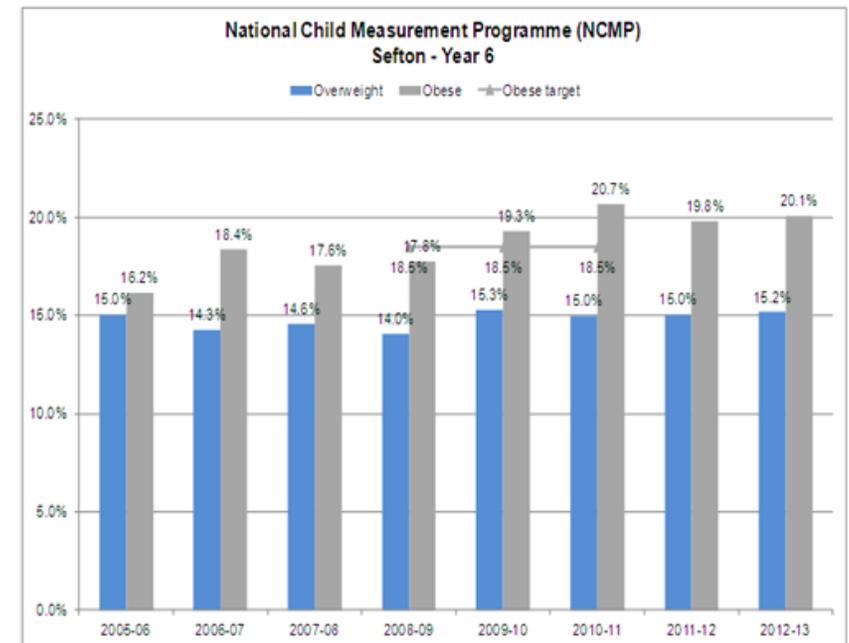
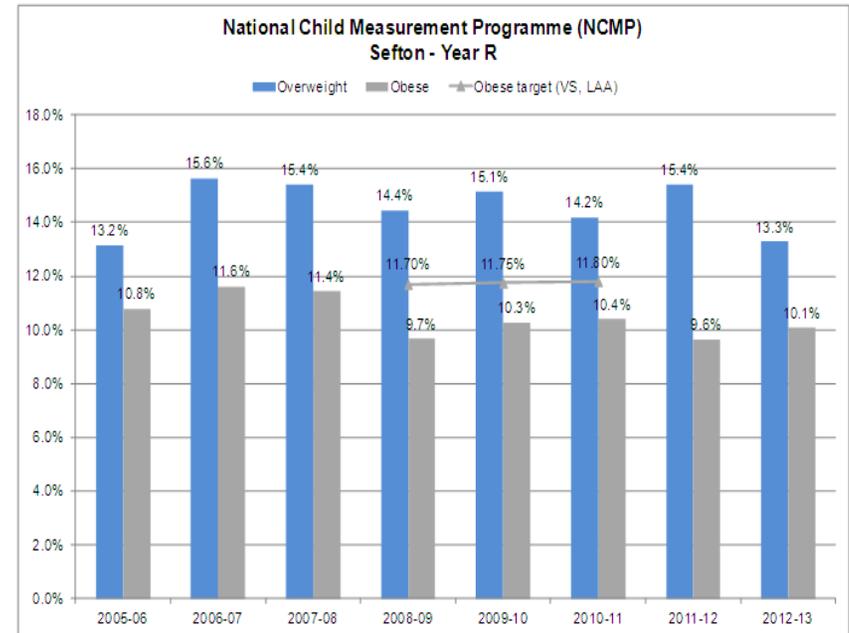
- While visiting GUM services 80% (3,546) were offered a HIV test, however only 61% (2,691) attendees were actually tested. The proportion of both attendees being offered and test and those subsequently tested are at their lowest levels for five years, the percentage being offered the test falling from around 86% and those actually tested falling from 67%.
- The number of people being offered HIV tests at GUM service providers has fallen by 10% between 2009 and 2013 and over the same period the number who have actually been tested has fallen by more than 20%
- Uptake of HIV testing, for both males and females is significantly below the national average, this is particularly true of HIV testing amongst men who have sex with men, in Sefton the uptake rate is 86.3% while nationally the rate is 94.8%.
- There are 111 Sefton residents between the ages of 15 and 59 accessing HIV related care, which equates to a rate per 1,000 (of people aged 15-59) is 0.72, compared to a national rate of 2.05

HIV Testing 2009-2013

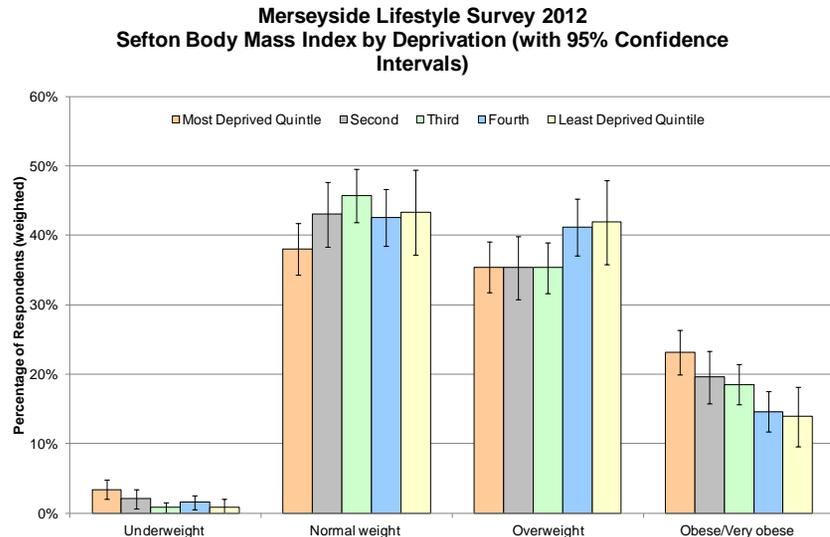


Weight Management- Childhood Obesity

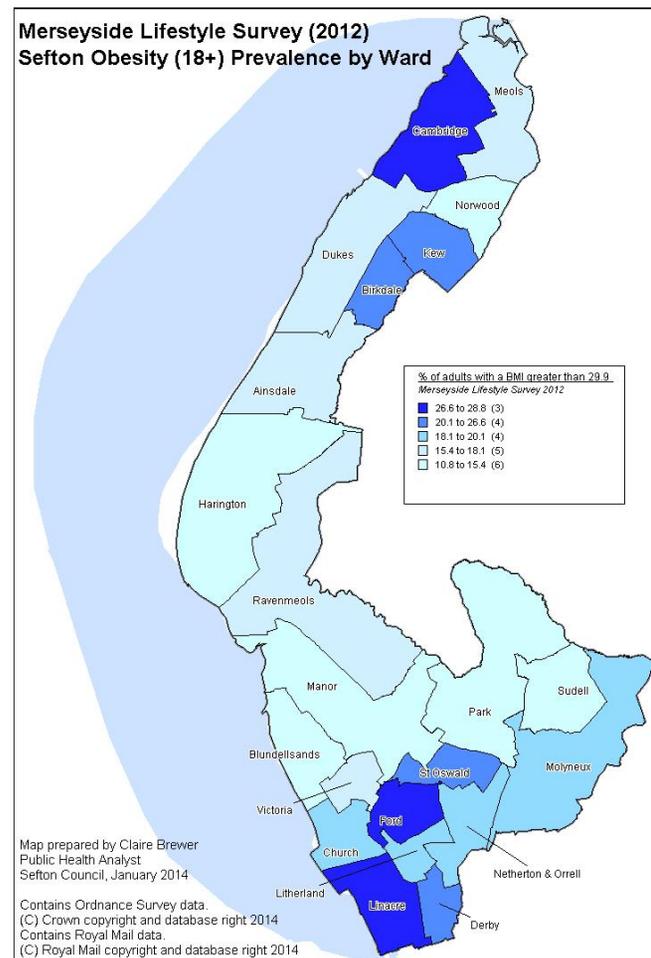
- The aim of the national Physical Education, School Sport and Club Links (PESSCL) strategy is to increase pupils' participation in high quality activity and sport. The target is for 85% of 5-16 year olds to take part in a minimum of two hours of high quality sporting activities each week. In the period 2009/10 83.8% of 5-16 year olds in Sefton were estimated to have participated in physical activity, which was slightly higher than the regional average (83.7%) but significantly lower than the national average (86.4%). Data for this indicator is no longer collected.
-
- The percentage of children who are overweight in reception year are in line with both the North West regional (13.6%) and English (13%) averages having fallen from 15.4% in 2011/12 to the current level of 13.3%.
-
- Similarly the proportion of reception age children who are obese, at 10.1% is within one percent of both the North West (9.6%) and English (9.3%) averages, however unlike the proportion of overweight children, those who are obese have increased slightly year on year from 9.6% in 2011/12 to 10.1% in 2012/13
- Despite efforts to reduce obesity the percentage of children in year 6 that are overweight has remained largely unchanged over the last three years with one in three children aged 10/11 throughout Sefton either overweight or obese. However, this is not dissimilar to either the regional or national pictures
- Further breakdown shows that by year 6, at 15.2%, the proportion of school children that are overweight is slightly higher than the proportion in reception. However while one in ten reception age children are obese by year 6 this increases to one in five.



Weight Management- Adult Obesity



- 56% of Sefton’s adult population has a Body Mass Index (BMI) that classes them as overweight, obese or very obese – approximately 120,000 adult residents. In Sefton, more men (61%) are overweight, obese or very obese than women (51%)
- Foresight (2007) at The Government Office has used Health Survey for England data to model obesity prevalence up to 2050. This modeling predicts that by 2015 36% of males 21% of females aged between 21 and 60 will be obese. By 2025 this rises to 47% of males and 36% of women. For children (aged under 20) obesity is predicted to rise to 15% by 2025.
- Foresight (2007) have also estimated how changes in obesity prevalence may impact on morbidity. They suggest that if obesity rates increase as predicted by 2050 the incidence of Type 2 diabetes could have increased by more than 70%, stroke by more than 30% and coronary heart disease by more than 20%. This additional morbidity would add £5.5 billion to the annual total cost of the NHS.

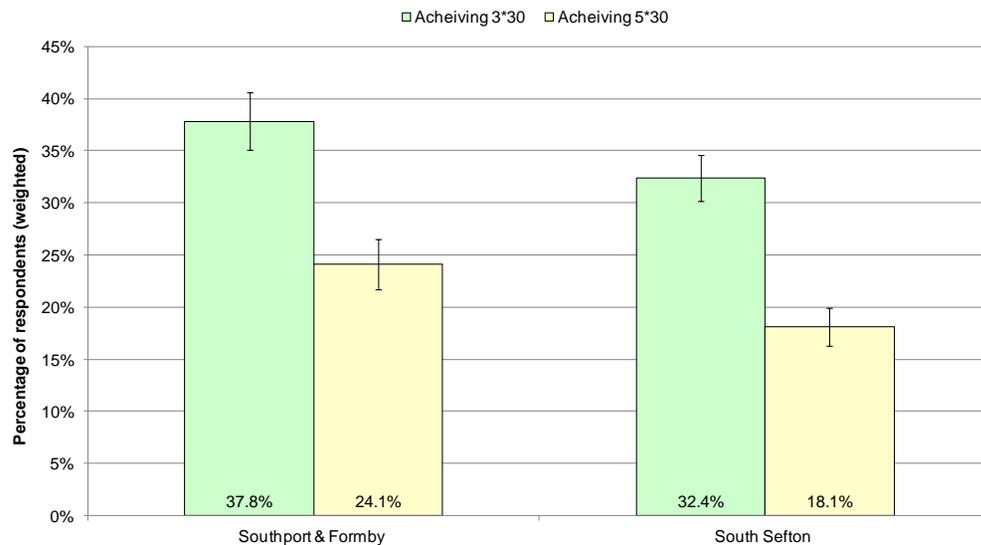


- The maps highlights the links between obesity and deprivation with the wards shown on the map as having highest levels of obesity (Cambridge, Ford and Linacre wards) amongst the areas the highest levels of deprivation (IMD 2010)

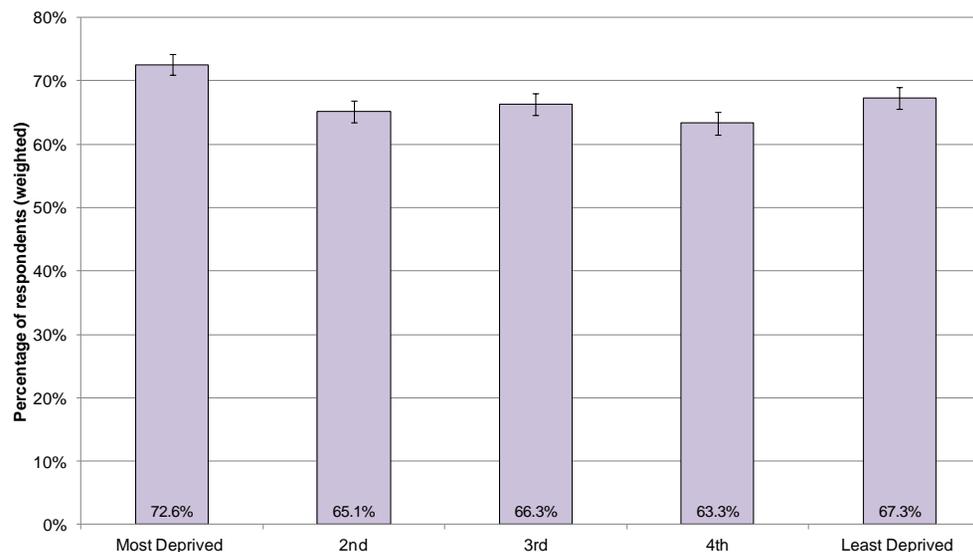
Weight Management– Physical Activity

- Adults in Sefton spend on average four and a half hours a day sitting or reclining. Men and older people are more likely to have a higher average sedentary time per day than women and younger people.
- Only 22% of Sefton adults achieve the Chief Medical Officer (CMO) recommendation of 30 minutes of moderate or vigorous physical activity at least 5 days per week through work or leisure activities.
- Adults living in the South of the borough and those with long term illness are less likely to meet the recommended levels of physical activity through work or leisure activities.
- However 67% of adults in Sefton report at least 30 minutes walking or cycling for travel on a typical day.
- Active travel is significantly higher in the most deprived areas of Sefton.

Merseyside Lifestyle Survey 2012
Sefton residents achieving physical activity guidance by Clinical Commissioning Group (with 95% Confidence Intervals)



Merseyside Lifestyle Survey 2012
Sefton Active Travel by Deprivation (with 95% confidence intervals)

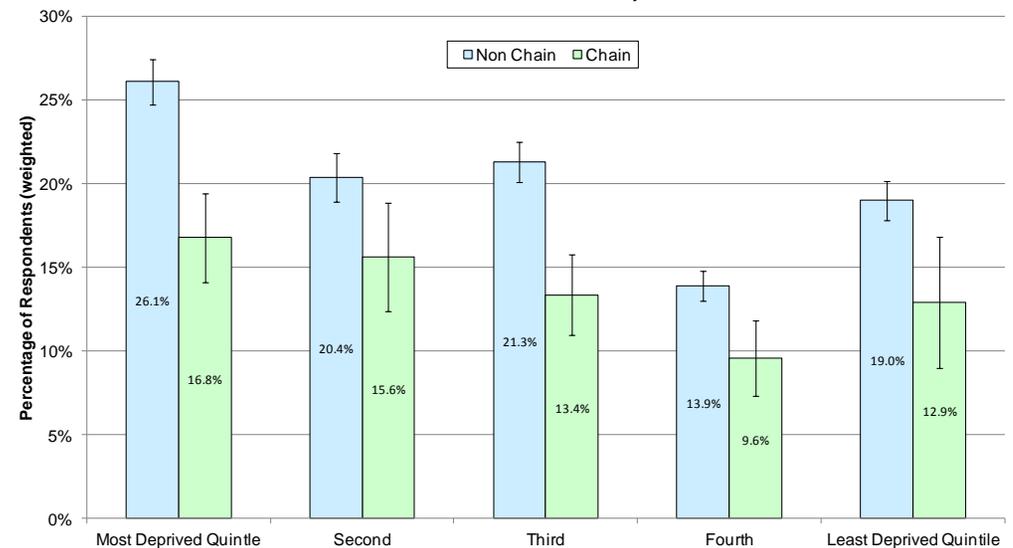


Weight Management– Diet

- 42% of Sefton residents report eating the recommended 5 or more portions of fruit and vegetables per day, more than the Merseyside average.
- Fruit and vegetable consumption decreases with increasing deprivation and is lower amongst men and smokers in Sefton.
- Sefton residents are less likely to eat white bread or add salt to their food compared to other Merseyside residents.
- 23% of adults in Sefton say they consume fast food at least once a week, mostly from local outlets rather than large chains (e.g. McDonalds, KFC, Dominos).
- Young age groups, single people and those from the most deprived areas were more likely to regularly have takeaway food.

Merseyside Lifestyle Survey (2012)	
Area	Eat at least 5 portions of fruit and vegetables a day (%)
Sefton	42
Halton	35
Knowsley	35
Liverpool	38
St Helens	35
Merseyside	38

Merseyside Lifestyle Survey 2012 - Sefton
Takeaway at least once a week by Deprivation (with 95% Confidence Intervals)



Weight Management– Diabetes

- Diagnosed levels of diabetes are recorded by GPs on practice registers
- Levels of recorded diabetes for Sefton are higher than the England average but lower than the North West average
- When benchmarked against other Merseyside areas Sefton has lower levels of diabetes than all areas apart from Liverpool
- GP practice registers are likely to underestimate the true prevalence of diabetes given that some of the population (especially those not in contact with health services) will be undiagnosed.
- Whilst 14,211 Sefton patients are listed on GP registers for diabetes it has been estimated that approximately 17,851 people over 16 in Sefton have diabetes.
- Models of future diabetes prevalence predict that changes to the population structure of Sefton will result in increases in the number of people with diabetes over the next 15 years.

Estimated Future Diabetes		
Year	Number	Prevalence
2014	17,851	8.0%
2015	18,109	8.1%
2020	19,135	8.7%
2025	20,209	9.2%
2030	21,187	9.6%
Increase 2014 - 2030		18.7%

Unadjusted Prevalence of Diabetes (QOF 2012-13)

