

Health

Strategic Needs Assessment

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Executive Summary

The purpose of Sefton's Health Strategic Needs Assessment is to identify local needs and views to support local strategy development and service planning. Needs assessment is a systematic process for determining and addressing needs, or gaps between current conditions and desired conditions. Identifying needs should inform local priorities, policies, and strategies that in turn inform local commissioning priorities that will contribute to improving health outcomes and reducing inequalities throughout the Borough. In order to understand how local population health is changing compared to elsewhere it is useful to benchmark outcomes in Sefton against the national average and look at trends over time.

It should be remembered that the health and wellbeing of Sefton residents is affected by a wide range of factors, and population health improvement requires a multi-departmental and multi-agency approach. Factors influencing outcomes, include not only health and care service activities but also wider determinants of health and inequalities such as community development and social relationships; poverty; and the environment.

The primary purpose of this executive summary is to identify key points from the report, with emphasis on these areas and other issues that warrant greater overall attention in each section of the report. This report summarises health, risk factors, wider determinants, and inequalities for the whole population. Needs assessments focusing on children, vulnerable adults, and wider determinants of health are covered in greater detail in the associated thematic reports.

The core figures in this document reflect the latest information available and come from several sources including NHS Digital, Office for Health Improvement & Disparities Fingertips and ONS.

Health Indicators

Having reviewed the data available for comparison nationally and regionally the following are areas where Sefton has figures significantly above or below our statistical or Merseyside or North West neighbours and the national average, based on the latest available annual information. Significantly different

indicators are those that are unlikely to be different because of chance fluctuations over time. These may be areas for further investigation or recognised as indicators that raise the possibility of wider issues which cannot be directly measured. It should be noted that for some indicators, standardisation techniques have not been applied. Standardisation is a mathematical way of taking out differences in health indicators from one area to another that are due to the different age profiles of different populations. Therefore, demographic differences between Sefton and comparator areas will underlie some of the differences reported. Furthermore, the trend data included in this report is likely to reflect some of the extraordinary impacts of the COVID-19 pandemic.

- Sefton's life expectancy at birth is lower than in England and has shown little improvement over the past five years with considerable inequality seen across different areas of the Borough.
- The inequality in life expectancy at birth for males living in most and least deprived areas is 14.1 years and for females, 12.3 years; these figures rank second largest for females and third largest for males in England.
- Life expectancy at age 65 is also significantly lower in Sefton compared to England, with an inequality of 7.6 years for males, ranked eleventh highest nationally, and 7.8 years for females, ranked eighth highest nationally.
- Infant mortality is higher in Sefton than England and has risen since 2014-16. This is important to monitor as infant mortality is closely linked to the socio-economic environment and reflective of a population's health more generally.
- A&E attendances and emergency hospital admissions for children are higher in the Borough than seen across the North West and England
- Improvements have been seen in some child and maternity indicators such as smoking at time of delivery, breastfeeding prevalence at 6-8 weeks and tooth decay in children. However, breastfeeding prevalence and tooth decay rates remain worse than England and

further work is needed to tackle health inequalities in these areas.

- Sefton's childhood vaccination rates have reduced over the last five years, with most being at their lowest in the pandemic years 2020/21.
- The proportion of children living with obesity has increased in Sefton compared to before the pandemic. Similarly, the proportions of adults with BMI classifications of overweight and obese have increased in the Borough and is now significantly worse than the North West and England averages.
- Sefton has higher premature (under 75 years) mortality rates for cancer, cardiovascular diseases, liver diseases and respiratory diseases than England
- The prevalence of these long-term conditions, which account for most of the gap in life expectancy is higher in Sefton than England
- Hospital admissions related to alcohol and drug use are currently higher in the Borough than regionally or nationally.
- Treatment success rates for alcohol, non-opiate and opiate use are significantly lower in Sefton than elsewhere in the Liverpool City Region (LCR), and compared to average success rates for the North West and England, with levels showing overall reductions over the past five years.
- The wellbeing of Sefton residents reduced during the early part of the COVID-19 pandemic. Rates of residents reporting low life satisfaction, low happiness and high anxiety all improved in 2020/21.
- Sefton has significantly lower rates of sexually transmitted infection (STI) testing and diagnosis compared to England, the North West and LCR, with a generally decreasing trend across the last five years.
- With the exception of cervical screening in 25-49 year olds, Sefton's coverage for cancer screening programmes is significantly lower than national and regional averages.

Conclusions & Recommendations

This Joint Health Needs Assessment clarifies and affirms aspects of population health in Sefton with

the greatest potential and need for change. Leaders, decision-makers, stakeholders, and Sefton residents should apply the approach to change set out in Sefton's Health and Wellbeing Strategy in order to drive sustainable and fair improvements on these important health issues.

Some findings from this report warrant additional data-led investigation in order to better characterise the underlying issues. For example, alcohol-related hospital admissions, diagnosed STI prevalence and hospital admissions due to dementia.

Introduction

The purpose of Sefton's Health Strategic Needs Assessment is to identify local needs and views to support local strategy development and service planning. Identifying needs should inform local priorities, policies, and strategies that in turn inform local commissioning priorities that help to improve health outcomes and reduce inequalities (unfair and avoidable differences in the health of different groups of people) across Sefton.

Major population level health outcomes, such as life expectancy, healthy life expectancy and rates of common long-term conditions are influenced by a variety of different but connected factors. These include patterns of health behaviours as well as resources and surroundings (income, housing, employment), support of friends, family and community-based organisations, and access to health, care, and other services.

The Kings Fund (2018) outlined a framework that aims to reduce health inequalities and improve outcomes by addressing the multiple and diverse influences on health. The population health framework focusses on four pillars: the wider determinants of health; health behaviours; the places and communities we live in and an integrated health and care system.

Wider determinants

The wider determinants of health or social determinants of health relate to the social, economic and environmental conditions people live in. They include factors such as income, education, housing, employment and transport. Evidence suggests that the wider determinants of

health have the greatest impact on health, ahead of behaviour, health care and genetics.

A separate Wider Determinants Strategic Needs Assessment has been produced which provides more in-depth analysis of these factors for Sefton.

Health Related behaviours

Health related behaviours such as smoking, diet, physical activity and alcohol consumption have been found to be the second most important influence on health. Over time behavioural risks push up the chances of developing a physical health problem, such as high blood pressure or impaired glucose ('blood sugar') regulation. Problems like these are linked to future risk of blood vessel and lung disease and some cancers. However, changing to healthier behaviours can reverse, delay or improve these problems and improve future health outlook.

Places and Communities we live in

The local environment in which people live influences health behaviours and health outcomes. For example, access to green space or exposure to air pollution influence physical activity levels and risk of cardiovascular disease. Furthermore, the social relationships and community networks a person has can also affect their physical and mental health.

Integrated Health and Social Care

Integrated care describes the joining up of the planning, commissioning and delivery of services across health and social care. It aims to address the changing needs of a population that is living longer and experiencing more, often multiple, long term health problems.

Health and social care integration has been a long-standing feature of government policy. In 2022, the government published "Health and social care integration: joining up care for people, places and populations policy". The paper states that whilst steps have been made towards integration progress has been slow and the system remains fragmented. The policy aims to accelerate the pace of integration thereby improving access, experience and outcomes across the whole population. This includes providing better, more joined up services across primary care, community health, adult social care, acute, mental health, public health and housing services.

Health Inequalities

Health inequalities are a defining feature of the both the UK and Sefton population. In Sefton, the life expectancy at birth of a male born into the most affluent community is 14.1 years longer than for a male born into Sefton's most deprived community. The gap for females is 12.3 years. This is the widest gap in life expectancy at birth of any local authority in the North West.

Unequal health outcomes arise out of inequalities in health determinants across all the areas described above. Health Inequalities are often analysed and discussed in terms of particular factors or groups. For example differences between people with different socioeconomic status, differences between those living in different geographical areas (e.g. rural vs urban), differences in those with certain protected characteristics (e.g. minority ethnic groups) or vulnerable groups (e.g. homeless population). It is important to recognise that inequalities tend to accrue and widen over the life course.

The Kings Fund, 2022

As such, when considering the health indicators presented in this needs assessment, it is important to remember the four pillars of health including the wider context and circumstances in which different Sefton communities are living.

Sefton People and Place

Population

According to the latest Census (2021):

- 279,233 people reside in Sefton which makes up 0.5% of the overall population across England. The Borough has the 55th highest population count of the 309 Lower Tier Local Authorities (LA) in England
- As with the comparator areas, Liverpool City Region, the North West and England there are slightly more females than males within Sefton.
- 23% of residents in Sefton are aged 65 and over, this is higher than LCR, the North West (both 19%) and England (18%). The Borough is the 79th highest LA for the percentage of residents aged 65 and over. Sefton moves to 54th highest when looking at percentage of residents

aged 85 and over, with Sefton again being higher than the LCR, North West and England.

- 21% of the population is aged between 0 to 19 compared to 23% across the North West and 22% in England. Sefton was ranked 239 out of 309 LAs for the percentage of those aged 0 to 19.
- 92% of Sefton's usual residents identified their ethnic group as White English, Welsh, Scottish, Northern Irish, or British, which is higher than the percentages seen in Liverpool, the North West and England.
- 7% (19,563) of Sefton residents stated that their general health was either bad or very bad, higher than seen in the North West (6%) and England (5%)
- 22% (61,134) of Sefton residents stated they were disabled under the equality act higher than the 19% in the North West and 17% in England.
- Of those who were disabled under the equality in Sefton 49% stated their day-to-day activities were limited a lot (North West 46% and England 42%)
- 7% (19,258) of Sefton residents reported having a long term physical or mental health condition that does not limit their day-to-day activities and they did not consider themselves disabled in the terms of the Equality Act, which is similar to the North West and England.
- 11% of Sefton residents provide unpaid care compared to 10% in the North West and 9% in England. Of those providing unpaid care 32% provide 50 or more hours per week, similar to the North West and slightly higher than England (30%).

Deprivation

Indices of Deprivation (IoD)

The IoD measures levels of deprivation across seven domains (for example Income, Crime, Health and Disability), these are combined and weighted to create the Index of Multiple Deprivation (IMD) score. The higher this score the more affected or 'deprived' an area is.

IMD has increased in Sefton from 2004-2019, indicating deprivation has increased. The Borough has consistently higher levels of deprivation

compared to England, but deprivation is lower than in LCR and the North West as a whole.

Deprivation varies considerably across the Borough (Map 1), with 38 Lower Super Output Areas (LSOAs, neighbourhoods of 400-1200 households with a population between 1,000 3,000 people) falling into the most deprived 10% of areas nationally (with 20 of these being in the top 5%, and seven in the top 1%). In comparison 23 LSOAs are within the least 10% deprived areas in England (seven of which are in the least deprived 5%).

Of the 38 LSOAs in the most 10% deprived IMD areas nationally:

- Five are in North Sefton (of which two are in the top 5%)
- 12 are in Central Sefton (eight in the top 5%)
- 21 are in South Sefton (ten in the top 5%, and seven in the top 1%)

Of the 23 LSOAs in the least deprived 10% areas IMD nationally:

- 15 are in North Sefton (six in the least deprived 5%)
- Eight in Central Sefton (one in the least deprived 5%)
- There are none located in South Sefton

Children of Low-Income Families

Sixteen percent of children in Sefton are living in relative low-income families, having shown little change across the past five years (2016/17-2020/21). During this time, Sefton has consistently had a lower rate of child poverty compared to averages for LCR, the North West and England.

Linacre and Derby wards in South Sefton have the highest rates of children living in relative low-income families. 28% of Linacre residents aged 0-19 are living in relative low-income families, with 24% in Derby. Together, these two wards are home to 18% of all children living in relative low-income households in Sefton. This contrasts with Harington ward where 5% of children live in low-income households. Just 1% of children from low-income households live in Harington ward.

COVID-19

A new Coronavirus named SARS-CoV-2, and also referred to as 'Coronavirus' caused a global pandemic, which began in 2020. The World Health Organisation continues to recognise the pandemic as a Public Health Emergency of International Concern in early 2023. Coronavirus and the disease it causes, COVID-19, has resulted in substantial health impacts for the Sefton population. This includes direct consequences of contracting the virus - mortality and morbidity, but also indirect impacts linked to the restrictions and changes in living and working circumstances required by the national pandemic response.

When considering the data and trends reported in this strategic needs assessment it is important to keep in mind how the pandemic may have affected the recent data in this report. Some long-term impacts of the pandemic may not yet be fully apparent from routine data, e.g. Long Covid. In many instances comparing pre-Covid and pandemic phase data cannot be considered a comparison of like with like.

Cost-of-Living Crisis

At the time of writing the UK is in the midst of a Cost-of-Living Crisis. The amount of money needed to cover essential items such as energy, fuel and food has risen sharply since early 2021. At the same time, wages and benefit increases have not kept in line with the rate of inflation.

The majority of society are impacted by the Cost of Living Crisis. ONS reported that in October 2022, 93% of adults in Great Britain said their cost of living had increased compared with the previous year. This has ramifications for health as people are forced to make changes to their spending and may have to forgo things that support their health. For example, a survey by the RSPH found that this winter people were concerned about being able to afford prescriptions (12%) and travel to medical appointments (16%), were cutting back on fresh fruit and vegetables (39%) and reducing sporting activities (28%). Furthermore, living under financial pressure and insecurity is highly stressful and will no doubt have negative impacts on mental wellbeing for many residents.

Whilst the Cost-of-Living Crisis impacts almost everyone, some groups will be more affected than others. In particular, those who were living in poverty and experiencing financial pressure before cost increases hit. The health inequalities already faced by this group will be compounded by the Cost-of-Living crisis, resulting in a disproportionate impact on health, and further widening of health inequalities.

A note on interpretation

Throughout this needs assessment statistics for Sefton are presented alongside those for England, the North West and Liverpool City Region (LCR) authorities. This provides benchmarks against which Sefton can be compared. Where possible, indicator values presented in tables are coloured to provide a RAG (red-amber-green) rating. In most cases this rating is based on whether the Sefton value is statistically significantly different to the England average at the 95% significance level. The size of the difference between Sefton and England when Sefton's value reaches this level of statistical significance is very unlikely to have come about randomly. It strongly suggests there are real differences in the underlying risks and influences at work. These are the targets of population health improvement actions.

For some indicators colour-coding is based on whether Sefton has met a set, national target (e.g., the 90% uptake target for some vaccinations). Where this is the case, target ranges are marked clearly underneath the tables.

Indicators shaded red are statistically significantly worse than the England value/target, green values are significantly better and amber values are not statistically different to England/the target. For some indicators a blue shading has been applied rather than a RAG colour scheme. This is because, for these indicators, it is not straightforward to say whether a value higher or lower than England is good or bad. For example, high diagnosis rates may suggest a high level of case detection (good) or high levels of the disease (bad). If no shading has been applied and the value is white this indicates that the data available does not provide all the necessary information to make comparisons based on statistical significance.

Each indicator table is labelled to show if a colour rating scheme has been applied and what

benchmark (England or a target) Sefton has been compared against.

Overarching Health Outcomes

This section reports on high level outcomes. Changes in these indicators are considered a good way of capturing the effects of all the things that determine patterns of health in a population, for better or worse. Public health interventions aim to improve and protect health for the whole population and to improve the health and wellbeing of the poorest fastest.

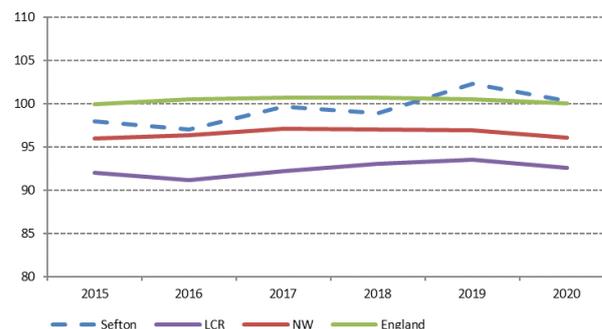
In England, the Public Health Outcomes Framework focuses on two main population health outcomes to work towards, and measure increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

Health Index for England

ONS have developed a new index that provides local authorities with a score to represent the overall health of the area. The score can be used to measure how the health of an area has changed over time and how it compares to England as a whole. The Health Index score has a baseline of 100, which represents England's health in 2015. A score higher than 100 means that an area has better health for that measure than was average in 2015; lower than 100 means health is worse than the 2015 national average.

England's Health Index for 2020 was 100.1, down 0.4 percentage points from 2019, bringing it closer to 2015 levels again. Sefton's Health Index for 2020 was slightly higher than England at 100.3, higher than the North West (96.1) and was the second highest in LCR (with Wirral the highest at 101.7). However, Sefton saw a greater decrease than comparator areas, of 2 percentage points from 2019 (Figure/Table 1)

Figure / Table 1: Health Index Scores (2015-2020)



Period	Sefton	LCR	NW	England
	Score	Score	Score	Score
2015	98	92.0	96.0	100.0
2016	97	91.2	96.4	100.5
2017	99.7	92.3	97.1	100.7
2018	98.9	93.1	97.0	100.7
2019	102.3	93.6	96.9	100.5
2020	100.3	92.6	96.1	100.1

The overall Health Index Score is made up of 3 domains (Healthy People, Healthy Lives, Healthy Places) and several subdomains and indicators beneath these. Sefton scores highest for the Living Conditions subdomain (109.8), which has increased from 107.4 in 2019. This domain relates to factors such as air pollution, household overcrowding, noise complaints, road safety and rough sleeping. Sefton's worst subdomain score is for Personal wellbeing (85.3) which fell from 108.4 in 2019. The impact of social restrictions is likely to be reflected in Sefton's much lower figure in 2020.

If individual indicators are considered, Sefton scores above 110 for air pollution, smoking, diabetes, rough sleeping, internet access and teenage pregnancy. Its worst scores are for drug use (78.5), life satisfaction (83.6), overweight/obesity in children (83.8), sexually transmitted infections (84.2) and alcohol use (84.8).

Life Expectancy at Birth

Life expectancy at birth (the average number of years a newborn can expect to live if today's mortality rates for different age groups are applied throughout life) is used as an indicator of overall population health - the lower the expectancy the poorer health of the population.

Life expectancy at birth for both males and females in Sefton is significantly lower than the national averages. Average life expectancy at birth for males in England is over a year longer than the average for males in Sefton. Average male and female life expectancies are higher than those of LCR and the North West (Figure / Table 2 & 3).

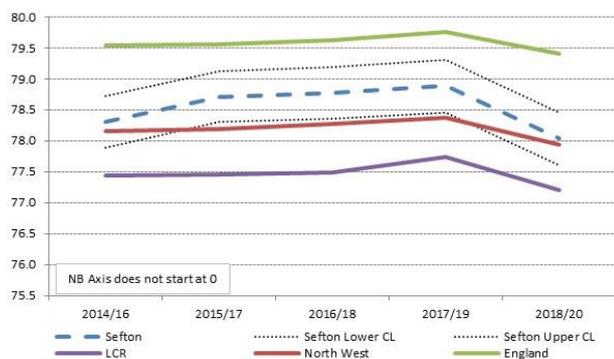
Between 2014/16 - 2017/19, average life expectancy increased in Sefton for both males and females. However, in 2018/20 the detrimental impact of COVID-19 can be seen as life expectancy shows reductions not only in Sefton but across the three comparator areas.

ONS stated ‘In 2018 to 2020, males living in the most deprived areas in England were living 9.7 fewer years than males living in the least deprived areas, with the gap at 7.9 years for females.’

A pattern which can be seen when comparing the 2016-20 life expectancy of the most deprived ward in Sefton (Linacre) to the least deprived ward (Harington), showing a difference of over 11 years in the expected life span of residents (Figure / Table 4). The size of the inequality gap in life expectancy at birth and at age 65, separating residents from the most and least deprived areas in Sefton is among the biggest in England.

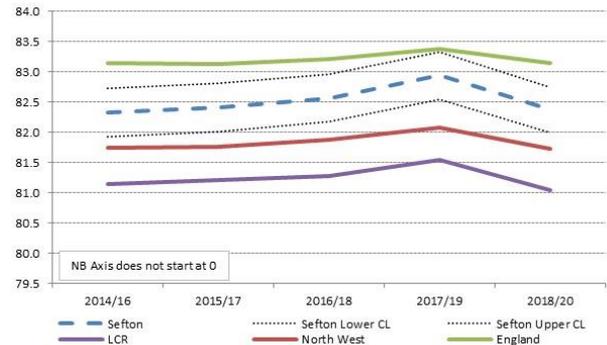
The latest figures for 2018/20 show a dip in life expectancy at birth, which at least in part reflects the initial impact of COVID-19 on mortality rates, especially in the oldest age groups in the population. Direct and indirect impacts of the pandemic and cost of living crisis will also be visible in subsequent life expectancy data.

Figure / Table 2: Life expectancy at birth – Males (years)



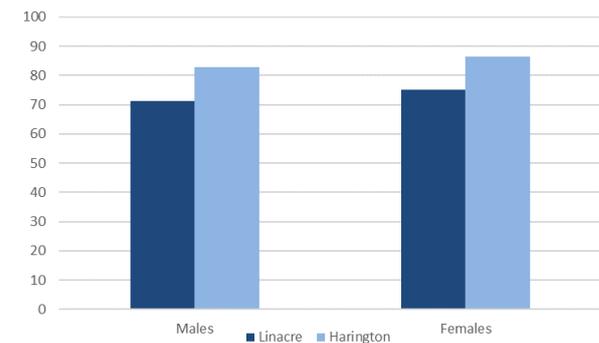
Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Years	Years	Years
2014/16	78.3	77.9	78.7	77.4	78.2	79.5
2015/17	78.7	78.3	79.1	77.5	78.2	79.6
2016/18	78.8	78.3	79.2	77.5	78.3	79.6
2017/19	78.9	78.5	79.3	77.7	78.4	79.8
2018/20	78.0	77.6	78.5	77.2	77.9	79.4
	Better than England		Similar to England		Worse than England	

Figure / Table 3: Life expectancy at birth – Females (years)



Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Years	Years	Years
2014/16	82.3	81.9	82.7	81.1	81.7	83.1
2015/17	82.4	82.0	82.8	81.2	81.8	83.1
2016/18	82.6	82.2	83.0	81.3	81.9	83.2
2017/19	82.9	82.6	83.3	81.6	82.1	83.4
2018/20	82.4	82.0	82.8	81.0	81.7	83.1
	Better than England		Similar to England		Worse than England	

Figure / Table 4: Life expectancy at birth – Sefton’s most and least deprived wards (years)



2016-2020	Linacre	Harington
Males	71.4	82.8
Females	75.2	86.5

Healthy Life Expectancy at Birth

Office for National Statistics (ONS) states that ‘healthy life expectancy at birth shows the number of years a resident can expect to live in good or fairly good health if the resident

experiences the particular area's age-specific mortality and health rates throughout their life.'

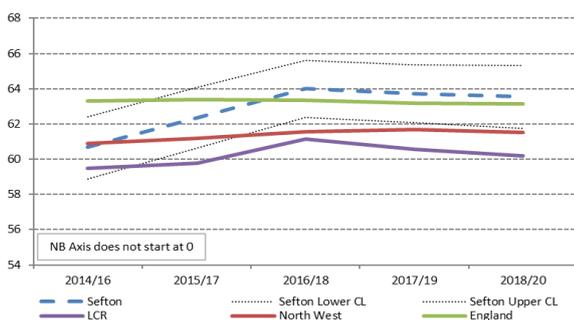
Both male and female Healthy Life Expectancy (HLE) for Sefton have experienced reductions in recent times. The female HLE fell by approximately 10 months in 2018/20 and male HLE has decreased by 5 months since 2016/18.

However, these decreases are not statistically significant and overall improvements have been made in Sefton with regards to healthy life expectancy from birth. The latest estimates suggest that on average females in Sefton spend approximately 77% of their life in good or fairly good health (63.8/Total years) up from 75% (61.9/Total years) in 2014-16. Males spend 81.5% of their life in good or fairly good health (63.6/Total years). In 2014-16, it was 77.5% (60.7/Total years). Note that differences in percentage of lifespan spent in good health are due to longer overall life expectancy in females compared to males rather than a difference in the years each sex spends in good health.

Currently the Borough has similar average healthy life expectancy to England and is higher than both LCR and the North West (Figure / Table 5 & 6). The rising trend in males and females appears to have levelled off around 2016-18 to 2017-19.

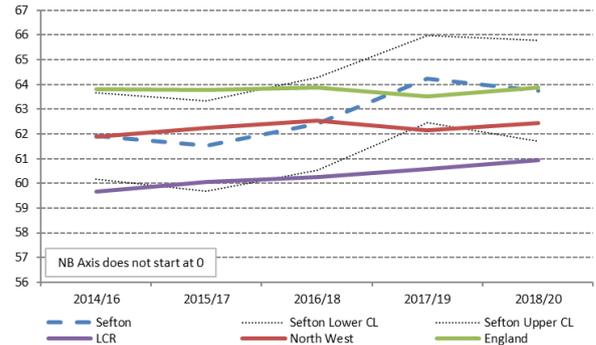
However internal inequalities in HLE exist within Sefton. Nationally, HLE at birth has been found to decrease with increasing deprivation. In England, there is a gap of approximately 18 years between the HLE of men and women living in the least and most deprived deciles of England. This means that not only is average life expectancy shorter in more disadvantaged communities, but the span of healthy life before long-term, potentially life-limiting conditions arise is shorter too – often impinging on the working years of adult life.

Figure / Table 5: Healthy life expectancy at birth – Males (years)



Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Years	Years	Years
2014/16	60.7	58.9	62.4	59.5	60.9	63.3
2015/17	62.4	60.6	64.1	59.8	61.2	63.4
2016/18	64.0	62.4	65.6	61.1	61.6	63.2
2017/19	63.7	62.1	65.4	60.6	61.7	63.1
2018/20	63.6	61.8	65.3	60.2	61.5	63.1
	Better than England		Similar to England		Worse than England	

Figure / Table 6: Healthy life expectancy at birth – Females (years)



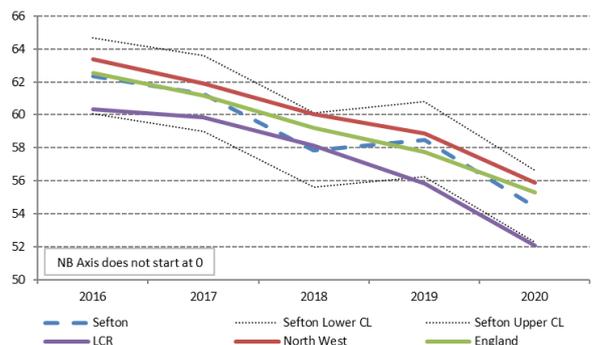
Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Years	Years	Years
2014/16	61.9	60.2	63.7	59.7	61.9	63.8
2015/17	61.5	59.7	63.3	60.0	62.3	63.8
2016/18	62.4	60.5	64.3	60.3	62.5	63.9
2017/19	64.2	62.5	66.0	60.6	62.2	63.5
2018/20	63.8	61.7	65.8	60.9	62.4	63.9
	Better than England		Similar to England		Worse than England	

Starting Well

General Fertility

There has been a decline in general fertility in the Borough across the past five years (2016-2020), with an overall rate change reduction of 13%. A similar reduction can be seen in LCR, the North West and England. In 2020, Sefton had a lower fertility rate than seen regionally and nationally (Figure / Table 7).

Figure / Table 7: General fertility (crude rate of births per 1,000 females aged 15-44)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	2805	62.3	60.1	64.7	60.3	63.4	62.5
2017	2727	61.3	59.0	63.6	59.9	61.9	61.2
2018	2569	57.8	55.6	60.1	58.1	60.0	59.2
2019	2591	58.5	56.3	60.8	55.8	58.9	57.7
2020	2405	54.4	52.3	56.6	52.1	55.9	55.3
	Significantly Lower than England		No Significant Difference to England		Significantly Higher than England		

Premature Births

The WHO definition of a premature baby is being born alive before 37 weeks of pregnancy. Globally 1 in 10 babies are born too early every year.

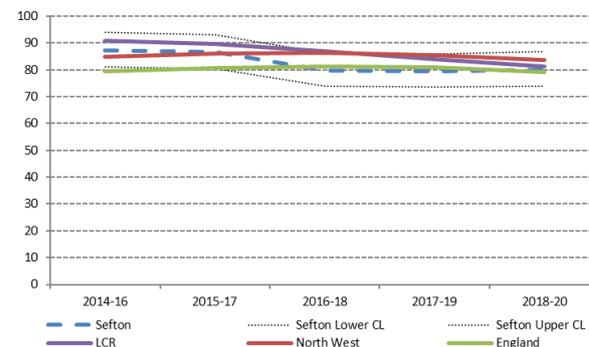
Possible long-term impacts of prematurity include physical disability, learning disabilities and visual and hearing problems.

More research is needed to understand all the causes of premature delivery. Not all risks can be modified, for example age (under 18 or over 40) and black ethnicity are two factors associated with a greater risk of giving birth before 37 weeks. Other risks include;

- Certain clinical conditions, including diabetes and some sexually transmitted infections.
- Starting pregnancy with a body mass index that suggests under- or overweight (under 18.5 or over 24.9kg/m²).
- Experiencing severe stress in pregnancy, for example domestic abuse
- Heavy drinking in pregnancy
- Smoking in pregnancy
- Illegal drug use in pregnancy

The number of premature births in Sefton has reduced by 17% from 733 in 2014-16 to 607 in 2018-20. Rates in the Borough are similar to those in the three comparator areas. There was a notable fall in the number and rate of premature births from 2015-17 to 2016-18; since then, rates have remained stable (Figure / Table 8).

Figure / Table 8: Premature births (crude rate per 1,000 births)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2014-16	733	87.3	81.1	93.9	90.8	84.7	79.5
2015-17	722	86.6	80.4	93.1	89.8	86.0	80.6
2016-18	649	79.8	73.8	86.2	86.8	86.3	81.2
2017-19	629	79.5	73.4	86.0	83.9	85.3	81.0
2018-20	607	80.0	73.8	86.6	81.3	83.5	79.1
	Better than England		Similar to England		Worse than England		

Low Birth Weight

The term low birth weight applies when a baby is born weighing less than 2500 grams. [Modifiable risk factors for low birth weight](#) whether the baby is born prematurely or at full term, include:

- smoking while pregnant
- substance and alcohol use
- pregnancy health and nutrition
- pregnancy-related complications
- a mother's young age

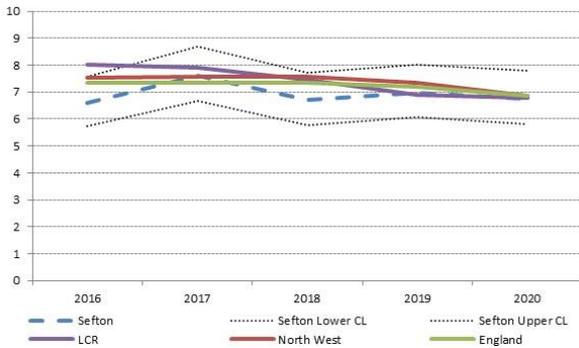
Low birth weight is associated with an increased risk of infant mortality, developmental problems, and poorer health outcomes in adulthood. A strong social gradient has been found for low birth weight. The rate of low weight birth is higher amongst parents who live in more deprived communities, or who work in routine or manual occupations, or who are lone parents. This pattern reflects the unequal distribution of known risk factors for low birthweight, which are more prevalent in populations experiencing low incomes and other forms of deprivation.

All Births

As a percentage of all births, in 2020, Sefton had a similar proportion of low-birth-weight births to the Liverpool City Region, the North West region and England. (Figure / Table 9) Between 2016 and

2020 there were minimal changes in this indicator in Sefton and in the three comparator areas.

Figure / Table 9: Low birth weight – All babies (% of all births)



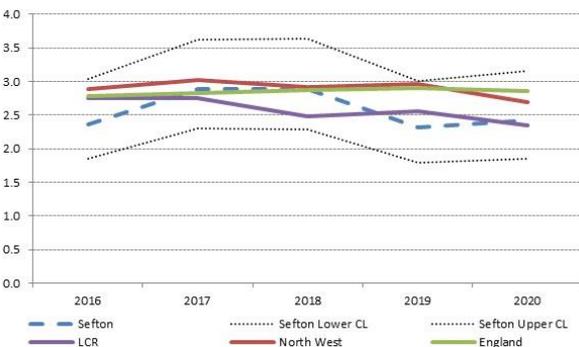
	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	185	6.6	5.7	7.6	8.0	7.5	7.3
2017	208	7.6	6.7	8.7	7.9	7.6	7.4
2018	172	6.7	5.8	7.7	7.5	7.6	7.4
2019	180	7.0	6.1	8.0	6.9	7.3	7.2
2020	161	6.7	5.8	7.8	6.8	6.9	6.9

Better than England
Similar to England
Worse than England

Full Term

Considering only babies born at full term (babies with a gestational age of at least 37 complete weeks), Sefton had a lower proportion of low-birth-weight babies than England and the North West in 2020. Like the all birth rate, rates have remained similar across the past five years (Figure / Table 10).

Figure / Table 10: Low birth weight – Term babies (% of all live term births)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	61	2.4	1.8	3.0	2.7	2.9	2.8
2017	72	2.9	2.3	3.6	2.7	3.0	2.8
2018	69	2.9	2.3	3.6	2.5	2.9	2.9
2019	55	2.3	1.8	3.0	2.6	3.0	2.9
2020	53	2.4	1.9	3.1	2.4	2.7	2.9

Better than England
Similar to England
Worse than England

Stillbirths

The NHS defines a stillbirth as a baby which is born dead after 24 weeks of pregnancy.

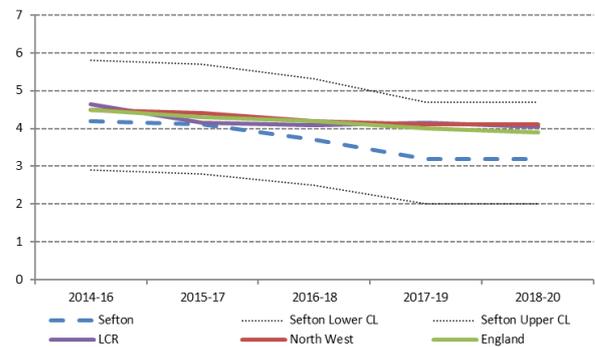
“Stillbirth rates in the United Kingdom have shown little change over the last 20 years, and the rate remains among the highest in high income countries.” Office of Health & Disparities

Some stillbirths occur due to complications in pregnancy, chromosomal abnormalities of the foetus, infection or other health conditions of the mother. Factors including maternal obesity, smoking, pre-existing health conditions such as diabetes or epilepsy and multiple births have been found to increase the risk of stillbirth for mothers.

Sadly, however, in some cases stillbirths are due to women not receiving adequate care. The National Maternity Review found variations in the quality and safety of care across the country. The report outlines priorities to improve care and outcomes for women.

Still births in the Borough have seen a rate change reduction from 2014-16 to 2018-2020 of 31%. Sefton has maintained lower rates than the LCR, the North West and England, and has improved its crude still birth rate more quickly (Figure / Table 11).

Figure / Table 11: Still births (crude rate per 1,000 births)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2014-16	35	4.2	2.9	5.8	4.6	4.5	4.5
2015-17	34	4.1	2.8	5.7	4.1	4.4	4.3
2016-18	30	3.7	2.5	5.3	4.1	4.2	4.2
2017-19	25	3.2	2.0	4.7	4.2	4.1	4.0
2018-20	24	3.2	2.0	4.7	4.1	4.1	3.9

Better than England
Similar to England
Worse than England

Infant Mortality

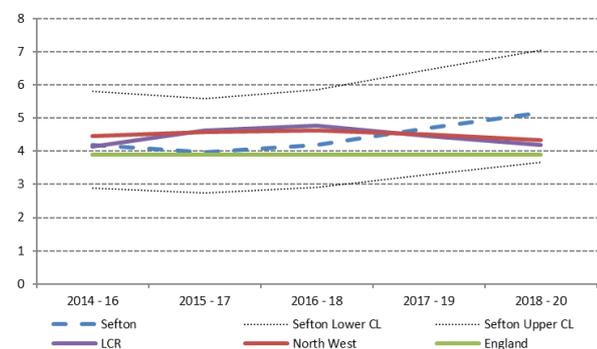
Infant mortality is the death of a child under the age of 1 year.

‘Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.’ Office of Health & Disparities

The crude rate of infant mortality in Sefton has gradually increased from 2015-17 to 2018-20. This trend goes against the stable picture of infant mortality in the city region, North West region and nationally (Figure / Table 12). However, the actual number of infant deaths each year is small which means rates are subject to expected variation and any differences should be interpreted with caution. Sefton’s infant mortality rate has not shown any statistically significant changes in the last 5 time periods

All deaths of Sefton infants are reviewed by The Mersey Child Death Overview Panel. The Panel aims to identify lessons learned from individual cases as well as any emerging patterns and trends across Merseyside. The panel makes recommendations for action with the overall aim of preventing similar child deaths in the future.

Figure / Table 12: Infant mortality (crude rate per 1,000 live births)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2014 - 16	35	4.2	2.9	5.8	4.1	4.5	3.9
2015 - 17	33	4.0	2.7	5.6	4.6	4.6	3.9
2016 - 18	34	4.2	2.9	5.9	4.8	4.6	3.9
2017 - 19	37	4.7	3.3	6.5	4.5	4.5	3.9
2018 - 20	39	5.2	3.7	7.0	4.2	4.3	3.9

Better than England
 Similar to England
 Worse than England

Teenage Conceptions

‘Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers. Infant mortality rates are 60% higher for babies born to teenage mothers. As children they have an increased risk of living in poverty and are more likely to have accidents and behavioural problems.

Reducing the rate of under-18 conceptions is an ambition in the Department of Health's A Framework for Sexual Health Improvement in England and is measured as an indicator in the Public Health Outcomes Framework.’ Nuffield Trust

Under 16

Crude conception rates in those aged under 16 have shown a rate change reduction of 58% in Sefton (2016-2020), with the Borough generally having similar rates to those of the three comparator areas (Figure / Table 13).

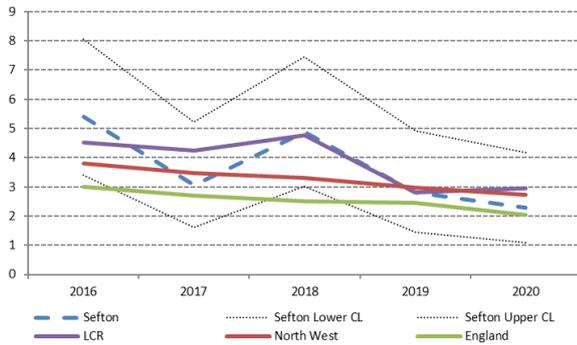
Under 18

Like the three comparator areas, Sefton has seen an overall rate change reduction (34%) in under 18 conceptions. Sefton’s crude under 18 conception rate is consistently, but non significantly lower than LCR and the North West (Figure / Table 14).

Births to Teenage Mothers

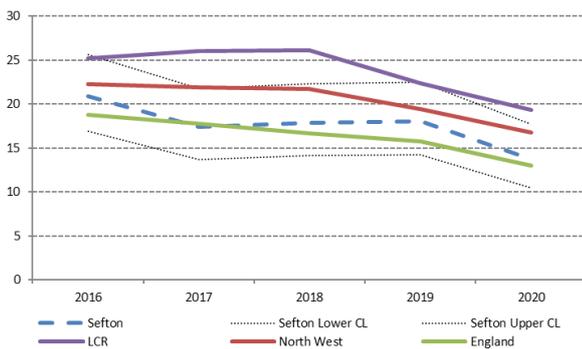
Between 2016/17 and 2020/21 the proportion of all births which are to teenage mothers in Sefton has fluctuated, though there has been an overall decrease of 32% in the number of births to teenage mothers (figures are generally low). In 2020/21 the proportion of all births, which were to teenage mothers is 0.7% and this is in line with the rate in LCR, the North West, and England. (Figure / Table 15).

Figure / Table 13: Conceptions – Under 16 (crude rate per 1,000 females aged 13-15)



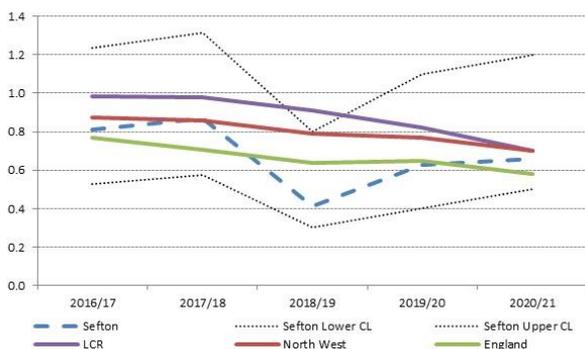
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	23	5.4	3.4	8.1	4.5	3.8	3.0
2017	13	3.1	1.6	5.2	4.3	3.5	2.7
2018	21	4.9	3.0	7.5	4.8	3.3	2.5
2019	12	2.8	1.5	4.9	2.8	3.0	2.5
2020	21	2.3	1.1	4.2	3.0	2.7	2.0

Figure / Table 14: Conceptions – Under 18 (crude rate per 1,000 females aged 15-17)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	94	20.9	16.9	25.6	25.2	22.3	18.8
2017	76	17.4	13.7	21.8	26.1	21.9	17.8
2018	78	17.9	14.1	22.3	26.1	21.7	16.7
2019	78	18.1	14.3	22.5	22.4	19.4	15.7
2020	60	13.8	10.5	17.7	19.4	16.7	13.0

Figure / Table 15: Teenage mothers – (% of all births)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	22	0.8	0.5	1.2	1.0	0.9	0.8
2017/18	22	0.9	0.6	1.3	1.0	0.9	0.7
2018/19	10	0.4	0.3	0.8	0.9	0.8	0.6
2019/20	15	0.6	0.4	1.1	0.8	0.8	0.7
2020/21	15	0.7	0.5	1.2	0.7	0.7	0.6

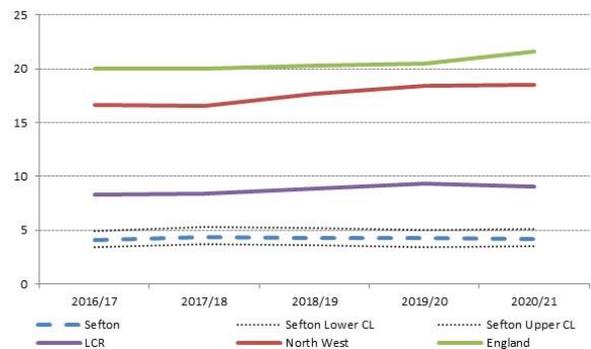
Births – Ethnic Minority Groups

Government studies have identified that there is ‘a concerning disparity in maternal mortality between Black women and White women. Black British mothers are 5 times more likely to die in pregnancy or 6 weeks after childbirth, than White women. Women of mixed ethnicity have 3 times the risk, and Asian women almost twice the risk. BAME women are also at an increased risk of having a pre-term birth, stillbirth, neonatal death or a baby born with low birth weight.’ gov.uk

The proportion of births to mothers from Black and Minority Ethnic (BME) groups within Sefton are repeatedly significantly lower than the three comparator areas, which reflects the ethnic profile of the borough. Minimal change has been seen in the Borough over the last five years 2016/17 – 2020/21 (Figure / Table 16).

Figures relating to birth outcomes of women from minority ethnic groups in Sefton are not available for publication. Whilst the proportion of births to mothers from minority ethnic groups within Sefton is low, this does not mean that birth outcomes amongst these groups are not an important public health issue in Sefton.

Figure / Table 16: Deliveries to mothers from Black and Minority Ethnic (BME) groups (% of all births)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	105	4.1	3.4	4.9	8.3	16.6	20.0
2017/18	110	4.4	3.7	5.3	8.4	16.5	20.0
2018/19	105	4.3	3.6	5.2	8.8	17.7	20.3
2019/20	100	4.2	3.4	5.0	9.4	18.4	20.5
2020/21	95	4.2	3.5	5.1	9.1	18.5	21.6

Smoking at Time of Delivery

‘Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

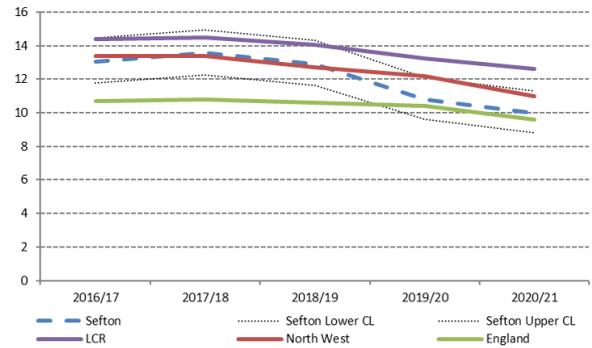
Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to secondhand smoke by the infant.

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.’ Office of Health & Disparities

The most recent [Tobacco Control Plan](#) contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022 (measured at time of giving birth).

The proportion of mothers smoking at the time of delivery in Sefton has reduced over the past five years (2016/17 to 2020/21), with a 31% reduction in numbers (from 324 to 223). In 2020/21 Sefton’s rate is below the LCR and North West averages, and similar to those of England (Figure / Table 17). The faster rate of improvement in Sefton is notable.

Figure / Table 17: Smoking status at time of delivery (% of all delivering mothers)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	324	13.1	11.8	14.4	14.4	13.4	10.7
2017/18	345	13.6	12.3	14.9	14.5	13.4	10.8
2018/19	313	12.9	11.6	14.3	14.1	12.7	10.6
2019/20	255	10.8	9.6	12.1	13.2	12.2	10.4
2020/21	223	10.0	8.8	11.3	12.6	11.0	9.6

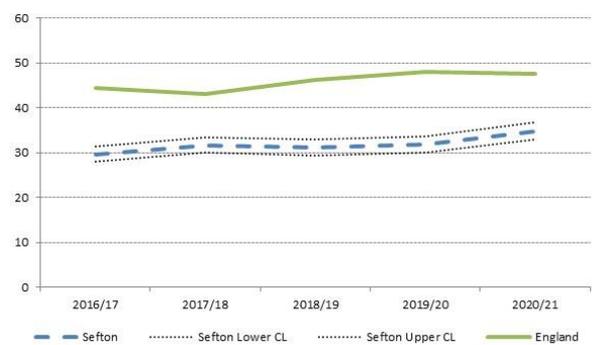
Better than England
Similar to England
Worse than England

Breastfeeding

The benefits of breastfeeding have been widely studied, for example protecting baby from infections and diseases, and positive effects on mothers’ health bonding.

Over the last five years (2016/17 - 2020/21) Sefton has consistently reported significantly lower breastfeeding prevalence at 6-8 weeks after birth, compared to England, though rates have increased across the Borough during this time, with a rate change rise of 20% (Figure / Table 18).

Figure / Table 18: Breastfeeding prevalence at 6-8 weeks after birth (% of all infants aged 6-8 weeks)



Period	Sefton				England
	Count	Rate	Lower CL	Upper CL	Rate
2016/17	826	29.6	28.0	31.3	44.4
2017/18	859	31.7	29.9	33.4	43.1
2018/19	796	31.2	29.4	33.0	46.2
2019/20	816	31.8	30.0	33.6	48.0
2020/21	818	34.9	33.0	36.8	47.6
Better than England		Similar to England		Worse than England	

Overweight and Obesity

As part of the National Child Measurement Programme (NCMP) the height and weight of children in Reception (Yr R) and Year 6 (Yr 6) who attend a participating state funded school is measured annually with the results being processed to create a BMI (Body Mass Index – a measure of weight for height). Children with a BMI on or above the 95th percentile are classified as living with obesity (for a child whose BMI is on the 95th percentile, this means that 94 children out of every 100 would be expected to have a weight for height, which is lower). Children with a BMI on or above the 85th percentile are classified as living with overweight or obesity.

Delivery of two years of the programme (2019/20 and 2020/21) were impacted by the COVID-19 pandemic. In 2019/20 the measurement of children was suspended part-way through the school year as schools were ordered to close. Sefton’s Year 6 coverage for 2019/20 was 93.6% and obesity estimates from this data are judged reliable. Reception coverage was 31.9%. Prevalence figures are fit for publication, but interpretations should be made with caution.

In 2020/21, local authorities were requested to collect data in a sample of their schools to enable the production of national and regional estimates of prevalence by body mass index (BMI) category. In Sefton, 466 children were measured in 8 primary schools across Sefton. The sample of Sefton children alone is too small and unlikely to be representative of Sefton as a whole. Therefore, there are no reliable prevalence figures for Sefton for 2020/21.

Living with Obesity – Reception Year (Aged 4-5)

In 2021/22, 24.9% of reception aged children who were resident in Sefton were living with overweight or obesity. This is not significantly

different to pre-pandemic rates. If children living with obesity alone is considered, the prevalence is 11.3% for the reception cohort. This is higher than estimates from before the pandemic. Sefton’s rates of children living with overweight/obesity and children living with obesity are significantly higher than England but not significantly different to the North West or LCR (Figure / Table 19).

Living with Obesity – Year 6 (Aged 10-11)

For Year 6 children resident in Sefton, 38.4% were living with overweight or obesity in 2021/22 and 23.3% were living with obesity. These figures are both an increase on pre-pandemic periods. Sefton’s rates were not significantly different to the national or regional rates and were significantly lower than the LCR average (Figure / Table 20).

Living with Obesity – Deprivation

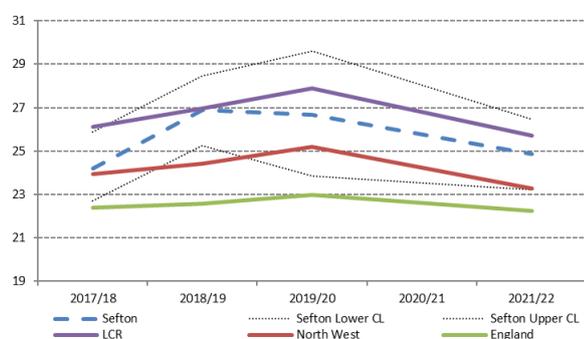
Sefton’s rates of children living with obesity generally increase with increasing deprivation. In 2021/22, the rate of Y6 children in the most deprived quintile living with obesity (28.7%) was more than 1.5 times that of children living in the least deprived quintile (17.2%). The gap between the most and least deprived quintiles, decreased from 14.8% in 2018/19 to 11.1% in 2019/20. However, this narrowing was due to increases in obesity in the most affluent quintile rather than improvements in the most deprived quintile. In 2021/22 the gap has increased slightly to 11.5% (Figure/Table 21).

The gap in prevalence of children living with obesity between the most deprived and least deprived quintiles was smaller for the Reception cohort (6.5%). However, it has more than doubled since before the pandemic. In 2021/22, the prevalence of reception children in the most deprived quintile living with obesity was 13.6%, almost double the rate in the least deprived quintile (7.1%).

The high number of children who are overweight or obese in all areas of Sefton is a population health concern because body composition in childhood usually persists into adulthood. Obesity is now a leading cause of long-term health conditions in adults. Overweight and obesity can lead to physical and mental health problems in childhood for example the rate of new cases of type 2 diabetes, which is strongly linked to high

BMI, is rising in children in England; in previous generations with a lower prevalence of obesity this health problem was almost unheard of in childhood. Overweight and obesity occur when the energy taken in through food is more than the energy used for growing and moving around. Risk factors for overweight and obesity are many and complex, and are present throughout the population, but more so in communities most affected by child poverty and other forms of deprivation. This is reflected in figure/table 21.

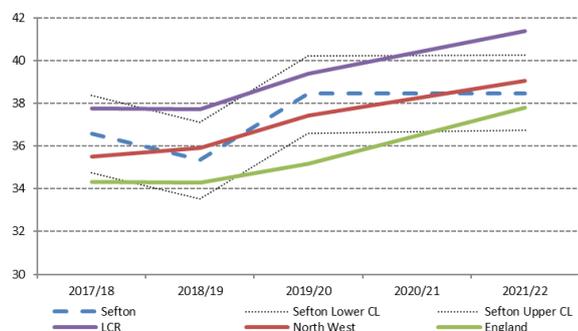
Figure / Table 19: Reception – Prevalence of overweight including obesity (% of all Yr R measured in the NCMP)



NOTE -Sefton and LCR data points for 19/20 and 21/22 have been joined but no data exists for 20/21 due to the suspension of the programme in the COVID-19 pandemic

Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2017/18	685	24.2	22.7	25.9	26.1	23.9	22.4
2018/19	785	26.9	25.3	28.5	27.0	24.4	22.6
2019/20	240	26.7	23.9	29.6	27.9	25.2	23.0
2020/21						28.7	27.7
2021/22	680	24.9	23.2	26.5	25.7	23.3	22.3

Figure / Table 20: Year 6 – Prevalence of overweight including obesity (% of all Yr 6 measured in the NCMP)



NOTE – Sefton and LCR data points for 19/20 and 21/22 have been joined but no data exists for 20/21 due to the suspension of the programme in the COVID-19 pandemic

Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2017/18	995	36.6	34.7	38.4	37.7	35.5	34.3
2018/19	960	35.4	33.5	37.1	37.7	35.9	34.3
2019/20	1065	38.4	36.6	40.2	39.4	37.4	35.2
2020/21						41.6	40.9
2021/22	1140	38.4	36.8	40.3	41.4	39.0	37.8

Figure / Table 21: Gap in Prevalence of Living with Obesity in Yr 6 – Sefton’s most and least deprived quintiles (2008-09 to 2021-22)



NOTE -Data points for 19/20 and 21/22 have been joined but no data exists for 20/21 due to the suspension of the programme in the COVID-19 pandemic

Tooth Decay

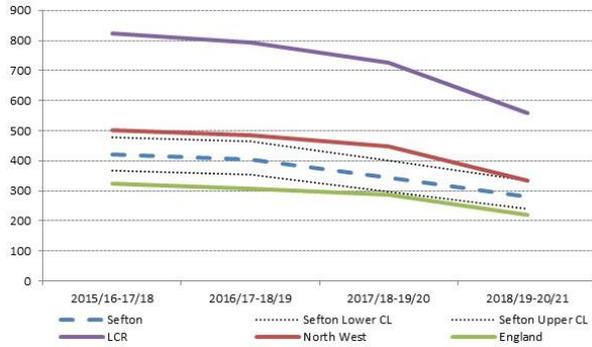
‘Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived areas, compared to affluent, communities. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.’
Office of Health & Disparities

Risk factors for dental caries are high and frequent exposure of teeth to sugar in food and drinks, poor dental hygiene and not living in an area with fluoridated drinking water.

Although Sefton has a significantly worse rate of hospital admissions due to dental caries in those aged 0-5 years than England, it ranks significantly better than the North West and LCR. The Borough has shown an overall decline between 2015/16-17/18 and 2018/19-20/21. A sharper decline can be seen for the latest time period (2018/19 - 20/21), most likely due to the impact of COVID-19

on hospital tooth extraction services and referrals into these services (Figure / Table 22).

Figure / Table 22: Hospital admissions for dental caries (crude rate per population aged 0-5 years)

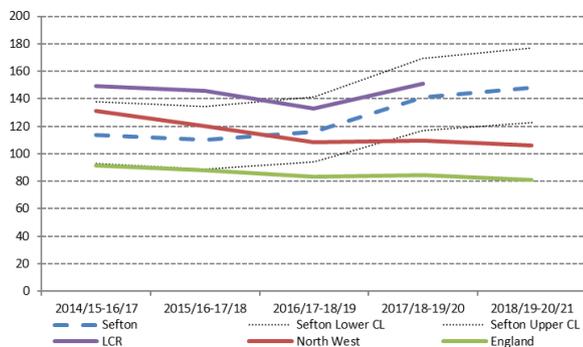


Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2015/16-17/18	225	420.8	367.6	479.6	823.3	501.6	325.1
2016/17-18/19	215	405.2	352.9	463.2	792.5	486.1	307.5
2017/18-19/20	180	342.6	297.9	400.6	726.7	446.8	286.2
2018/19-20/21	145	280.8	238.7	332.5	559.9	332.8	220.8

Drugs and Alcohol

During 2018/19-20/21, Sefton had a significantly higher level of hospital admissions due to substance use in residents aged 15-24 than those of the North West and England. There has been an overall positive rate change of 30% when comparing 2014/15-16/17 to 2018/19-20/21 (Figure / Table 23).

Figure / Table 23: Hospital admissions due to substance use (directly standardised rate per 100,000 population aged 15-24)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2014/15-16/17	103	113.7	92.8	137.9	131.0		91.6
2015/16-17/18	96	110.1	89.1	134.5	120.1	149.4	87.9
2016/17-18/19	100	115.8	93.9	141.1	108.6	145.8	83.1
2017/18-19/20	115	141.2	116.6	169.3	109.7	133.1	84.7
2018/19-20/21	120	148.1	122.8	177.2	106.0	151.1	81.2

Unlike the three comparator areas Sefton has seen an increase in the levels of hospital admission episodes for alcohol-specific conditions in those aged under 18 (an overall rate change of 49% from 2014/15-16/17 to 2018/19-20/21). With the Borough now being significantly worse than LCR, the North West and England (Figure / Table 24).

Figure / Table 24: Hospital admission episodes for alcohol-specific conditions (crude rate per 100,000 population aged under 18)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2014/15-16/17	76	47.5	37.4	59.4	56.8	49.5	34.2
2015/16-17/18	65	40.6	31.3	51.8	54.2	47.6	32.9
2016/17-18/19	85	52.9	41.1	64.0	55.4	45.9	31.5
2017/18-19/20	100	62.0	51.5	76.7	56.1	43.6	30.6
2018/19-20/21	115	71.0	57.5	83.9	54.2	40.1	29.3

Serious health problems caused by drug and alcohol use that lead to a stay in hospital for treatment only reflect a fraction of the direct and indirect harm caused to individuals of all ages and communities linked to substance use.

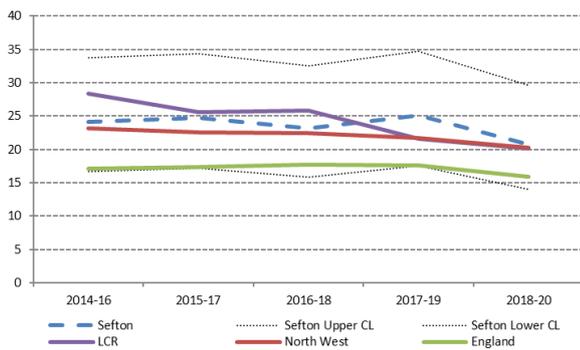
Children Killed or Seriously Injured (KSI) on Roads

Road traffic collisions are a major cause of deaths in children and comprise higher proportions of

accidental deaths as children get older. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.’ Office of Health & Disparities

Sefton has had slightly higher rates of children KSI on roads compared to England (from 2014-16 to 2018-20). Overall there has been a rate change reduction of 14% in children within Sefton KSI on roads (Figure / Table 25).

Figure / Table 25: Children KSI on roads (crude rate per 100,000 population age 0-15)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2014-16	34	24.1	16.7	33.7	28.4	23.2	17.1
2015-17	35	24.7	17.2	34.4	25.5	22.5	17.4
2016-18	33	23.1	15.9	32.5	25.9	22.5	17.7
2017-19	36	25.0	17.5	34.7	21.6	21.7	17.6
2018-20	30	20.8	14.0	29.7	20.1	20.3	15.9

Better than England
Similar to England
Worse than England

An in-depth Children and Young People – Overview Needs Assessment has been completed by Sefton where further information can be found.

Accident and Emergency (A&E) Attendances

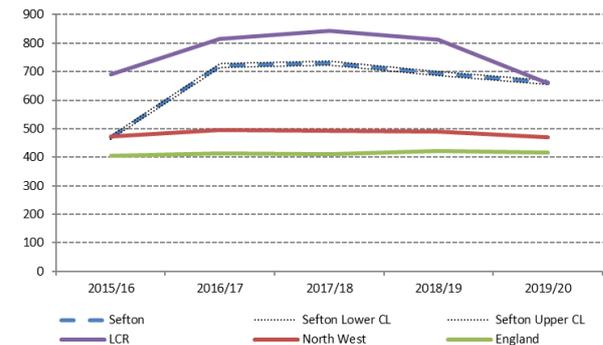
The Hospital Episode Statistics A&E dataset records attendance at Accident & Emergency departments. Within the NHS, A&E departments provide services for those seeking urgent care for injury and illness.

The Office of Health & Disparities showed that in 2018/19 the top four most deprived deciles in England had significantly higher rates of A&E attendances in under 18s than the England average.

Compared to England, Sefton has had significantly higher rates of A&E attendance in under 18s over the past five years (2015/16 -2019/20) with the

Borough also being higher than the region during this time (Figure / Table 26). In line with LCR Local Authorities, and to a lesser extent NW Local Authorities, Sefton showed a reduction in its crude rate of accident and emergency attendances in under 18s in the three years from 2017/18 to 2019/20.

Figure / Table 26: A&E attendances (crude rate per 1,000 population aged under 18)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2015/16	24950	469.1	463.3	475.0	690.0	474.3	405.2
2016/17	38509	721.6	714.5	728.9	814.8	496.4	412.2
2017/18	39110	730.8	723.6	738.1	843.3	491.3	410.4
2018/19	37390	694.6	687.5	701.6	812.5	489.5	422.2
2019/20	35770	661.7	654.9	668.6	659.9	471.1	415.6

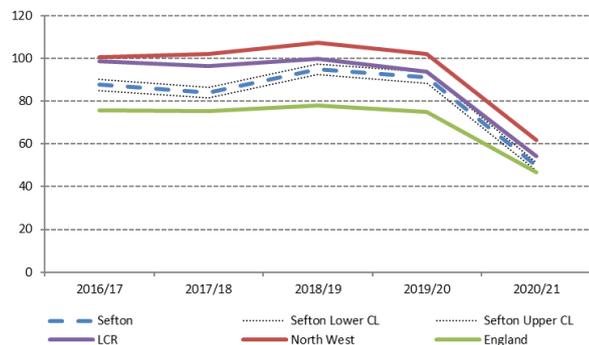
Better than England
Similar to England
Worse than England

Emergency Admissions

The Office of Health & Disparities estimates that 35% of all NHS hospital admissions in England are unplanned emergency admissions, with a yearly cost of around £11 billion. Emergency admissions are costly and often preventable.

In 2017/18 to 2019/20 the crude rate of emergency admissions in under 18s increased in Sefton, widening the gap against the England average. (Figure / Table 27). The Health Foundation found that COVID-19 changed how people were using emergency care. During the pandemic visits to A&E departments fell by 57% in April 2020 compared to the previous year. This will have impacted levels of emergency admissions including those under 18. Clinicians were also trying to keep patients out of hospital where possible to reduce the risk of spreading the virus and to protect capacity.

Figure / Table 27: Emergency Hospital Admissions (crude rate per 1,000 population aged under 18)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	4680	87.7	85.2	90.2	98.7	100.8	75.8
2017/18	4495	84.0	81.6	86.5	96.4	102.3	75.3
2018/19	5115	95.0	92.4	97.6	100.0	107.5	77.9
2019/20	4925	91.1	88.6	93.7	93.8	102.2	75.2
2020/21	2685	49.6	47.7	51.5	54.2	62.0	46.7
	Better than England		Similar to England		Worse than England		

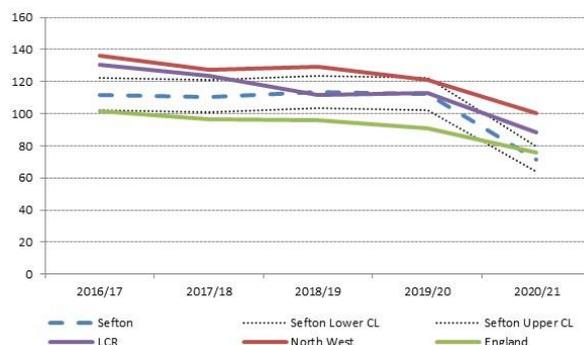
Unintentional and Deliberate Injuries

‘Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s)’ Office of Health & Disparities

Prior to the pandemic Sefton’s rate of hospital admissions due to unintentional and deliberate injuries in 0-14 year olds was relatively stable, at around 112 per 1000. Between 2016/17 and 2019/20 Sefton’s rate was significantly higher than the England rate but either significantly lower or not significantly different to the regional average.

With the pandemic, Sefton saw a large fall in the rates, as did the comparator areas (Figure / Table 28). The COVID-19 pandemic is likely to have affected the number of people attending hospital either due to fewer injuries occurring (as children were not in school or out socialising) or people not wishing to put themselves and others at risk of contracting the virus in an A&E department.

Figure / Table 28: Hospital admissions – Unintentional and deliberate injuries (crude rate per 1,000 0 - 14 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	495	111.8	102.2	122.1	130.7	136.4	101.5
2017/18	494	110.6	101.1	120.8	123.5	127.2	96.4
2018/19	510	113.3	103.4	123.3	111.6	129.5	96.1
2019/20	510	112.5	102.5	122.2	113.2	121.2	91.2
2020/21	325	71.7	63.7	79.5	88.6	100.5	75.7
	Better than England		Similar to England		Worse than England		

Vaccinations

‘Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year.

Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely.

Other diseases like measles and diphtheria have been reduced by up to 99.9% since their vaccines were introduced.

However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again.’ NHS

The NHS have created targets for vaccine take up rates (each type has its target shown in the individual tables)

Dtap / IPV / Hib

All babies born on or after 1st August 2017 are offered the 6 in 1 vaccine also known as the DTap/IPV/Hib/HepB vaccine. The vaccine protects children against diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B. Prior to this a 5 in 1 vaccine was used which did not provide protection against hepatitis B. Both vaccinations

were given to the same schedule - at 8, 12 and 16 weeks of age.

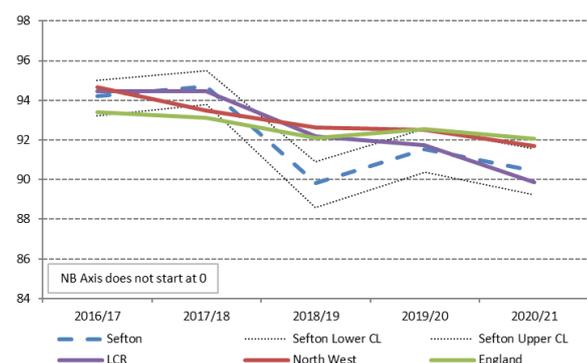
The figures below present the proportion of children who have received 3 doses of a DTaP/IPV/Hib vaccine (either the 5 in 1 or the 6 in 1 vaccine) at any time before their 1st and 2nd birthdays.

One year old

Take-up of the DTaP / IPV / Hib vaccines in those aged one (Figure / Table 29):

- Sefton is significantly worse than the North West and England in 2020/21
- Recent trends show Borough rates are decreasing and getting worse
- Below 95% target each year

Figure / Table 29: Population vaccination coverage – Dtap / IPV / Hib (% of population aged 1)



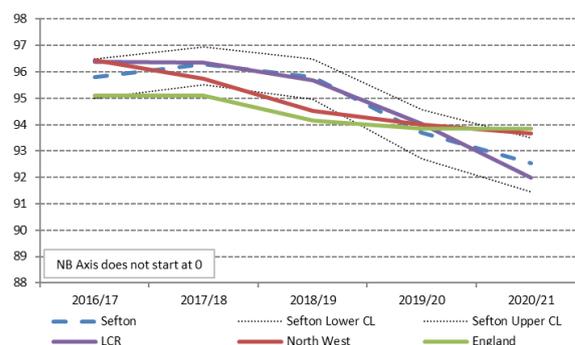
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2550	94.2	93.2	95.0	94.5	94.7	93.4
2017/18	2505	94.7	93.8	95.5	94.5	93.5	93.1
2018/19	2346	89.8	88.6	90.9	92.2	92.6	92.1
2019/20	2272	91.5	90.4	92.6	91.8	92.5	92.6
2020/21	2242	90.4	89.2	91.5	89.9	91.7	92.0
		< 90%	90% to 95%	≥ 95%			

Two years old

Take-up of the DTaP / IPV / Hib vaccines in those aged two (Figure / Table 30):

- Sefton is significantly worse than the North West and England in 2020/21
- Recent trends show Borough rates are decreasing and getting worse
- Below 95% target each year

Figure / Table 30: Population vaccination coverage – Dtap / IPV / Hib (% of population aged 2)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2661	95.8	95.0	96.5	96.4	96.4	95.1
2017/18	2606	96.3	95.5	97.0	96.3	95.7	95.1
2018/19	2559	95.8	95.0	96.5	95.7	94.5	94.2
2019/20	2484	93.7	92.7	94.6	94.0	94.0	93.8
2020/21	2368	92.5	91.5	93.5	92.0	93.7	93.8
		< 90%	90% to 95%	≥ 95%			

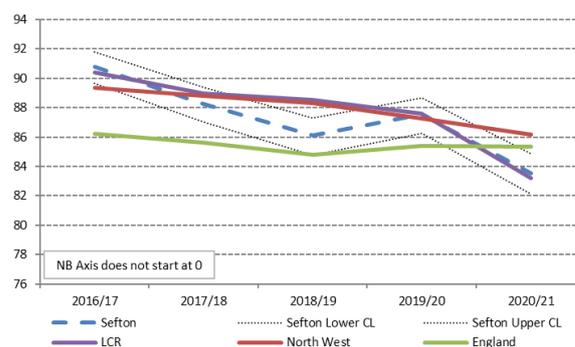
Dtap / IPV Booster

The 4 in 1 pre-school booster is routinely offered to children at the age of 3 years and 4 months old.

Take-up of the DTaP / IPV Booster in those aged five (Figure / Table 31):

- Sefton is significantly worse than the North West and England in 2020/21
- Recent trends show Borough rates are decreasing and getting worse
- Below the 90% target since 2017/18

Figure / Table 31: Population vaccination coverage – Dtap / IPV Booster (% of population aged 5)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2585	90.8	89.6	91.8	90.4	89.4	86.2
2017/18	2556	88.3	87.0	89.4	89.0	88.8	85.6
2018/19	2446	86.1	84.8	87.3	88.5	88.3	84.8
2019/20	2461	87.5	86.2	88.7	87.6	87.3	85.4
2020/21	2414	83.6	82.2	84.9	83.2	86.2	85.3
		< 90%	90% to 95%	≥ 95%			

Flu Vaccine

'Influenza (also known as Flu) is a highly infectious viral illness spread by droplet infection. The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu.

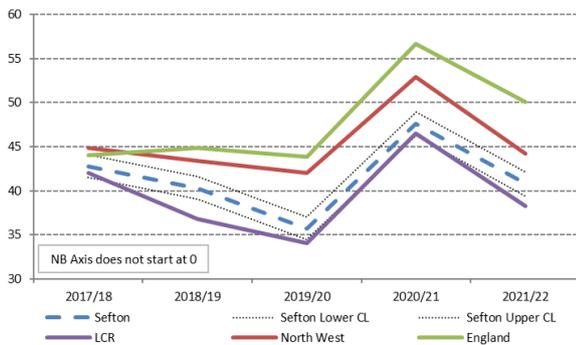
However, it is hoped that in extending the childhood influenza vaccination programme to healthy children will provide direct protection for those immunised as well as indirectly protecting the remaining population by reducing transmission.' Office of Health & Disparities

2 – 3 years old

Take-up of the Flu vaccine in those aged 2-3 (Figure / Table 32):

- Sefton is significantly worse than the North West and England in last four years
- Recent trends show no significant change in the Borough rates
- Below 65% target each year

Figure / Table 32: Population vaccination coverage – Flu (% of population aged 2 – 3)



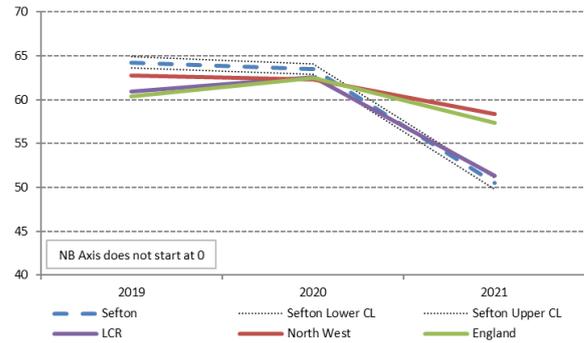
Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2017/18	2432	42.8	41.5	44.1	42.1	44.8	44.0
2018/19	2261	40.3	39.0	41.6	36.8	43.4	44.9
2019/20	1998	35.7	34.5	37.0	34.1	42.0	43.8
2020/21	2520	47.6	46.3	49.0	46.5	52.9	56.7
2021/22	2065	40.8	39.5	42.2	38.2	44.2	50.1

Primary School Age

Take-up of the Flu vaccine in primary aged children (Figure / Table 33):

- Sefton has become significantly worse than the North West and England in 2020 and 2021
- Recent trends could not be calculated as there is only data for three years
- Below the 65% target for all three years

Figure / Table 33: Population vaccination coverage – Flu (% of population primary aged children)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2019	14066	64.3	63.6	64.9	61.0	62.7	60.4
2020	14129	63.5	62.9	64.1	62.6	62.3	62.5
2021	11063	50.5	49.8	51.1	51.4	58.3	57.4

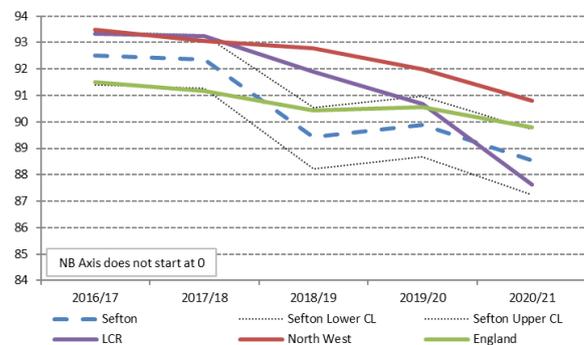
Hib / Men C Booster

'The Hib / MenC booster increases the protection a child gets from the first course of Hib vaccine when they are 8, 12 and 16 weeks old, and the MenC vaccine when they are 12 and 16 weeks. This boosted immunity lasts into adulthood.' Office of Health & Disparities

Take-up of the Hib / Men C Booster in two-year-olds (Figure / Table 34):

- Sefton has become significantly worse than the North West and England in 2020/21
- Recent trends show Borough rates are decreasing and getting worse
- Below 65% target each year

Figure / Table 34: Population vaccination coverage – Hib / MenC Booster (% of population aged 2)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2568	92.5	91.4	93.4	93.3	93.5	91.5
2017/18	2499	92.4	91.3	93.3	93.2	93.1	91.2
2018/19	2389	89.4	88.2	90.6	91.9	92.8	90.4
2019/20	2383	89.9	88.7	91.0	90.7	92.0	90.5
2020/21	2266	88.6	87.3	89.7	87.6	90.8	89.8
		< 90%	90% to 95%		≥ 95%		

Human Papillomavirus (HPV) Vaccine

‘More than 280 million doses of the HPV vaccine have been given worldwide, including 120 million doses in the US and over 10 million in the UK. The HPV vaccine has been offered to all girls in school year 8 since September 2008. From September 2019 the vaccine has also been offered to year 8 boys.

This is because the evidence is clear that the HPV vaccine helps protect both boys and girls from HPV-related cancers.’ Gov.UK

One Dose (12 – 13 years old)

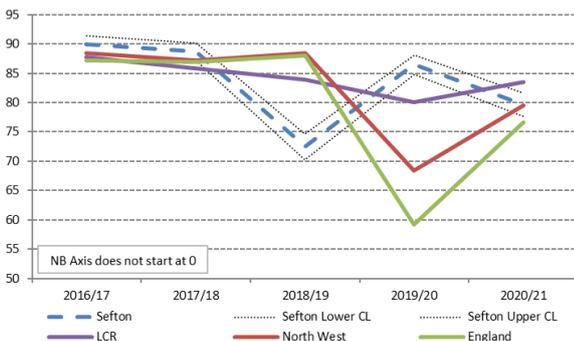
Take-up of the first dose of HPV vaccine in females aged 12 - 13 (Figure / Table 35):

- Sefton has been significantly better than England for the past two years
- Recent trends show Borough rates are decreasing and getting worse
- Below 90% target for the past four years

Take-up of the HPV vaccine in males aged 12 - 13 (Figure / Table 36):

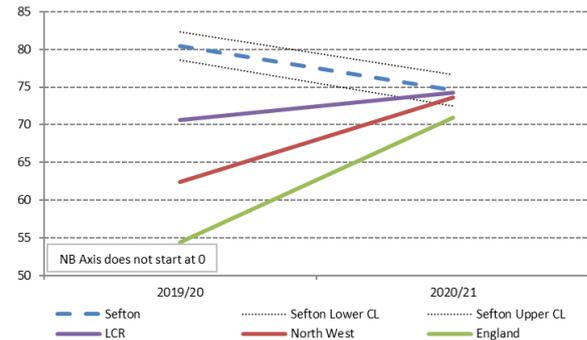
- Sefton has been significantly better than England over the past two years
- Recent trends could not be calculated as there is only data for two years
- Below 90% target each year

Figure / Table 35: Population vaccination coverage – one dose of HPV in females (% of female population aged 12 – 13)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	1451	90.0	88.5	91.4	87.7	88.5	87.2
2017/18	1388	88.7	87.1	90.2	85.9	87.2	86.9
2018/19	1179	72.5	70.3	74.6	83.9	88.4	88.0
2019/20	1425	86.5	84.8	88.1	80.0	68.4	59.2
2020/21	1287	79.7	77.7	81.6	83.6	79.5	76.7
		< 80%	80% to 90%		≥ 90%		

Figure / Table 36: Population vaccination coverage – one dose of HPV in males (% of male population aged 12 – 13)



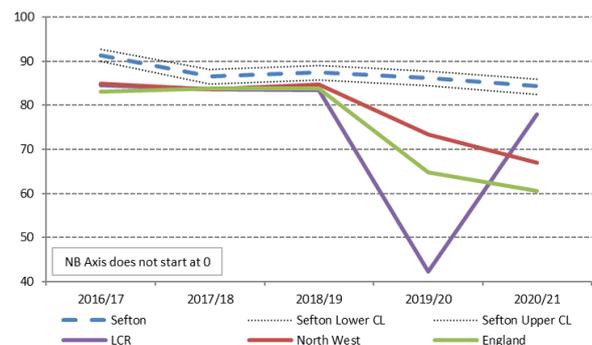
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2019/20	1366	80.5	78.5	82.3	70.6	62.4	54.4
2020/21	1295	74.6	72.5	76.6	74.3	73.6	71.0
		< 80%	80% to 90%		≥ 90%		

Two Doses (13 – 14 years old)

Take-up of the second dose HPV vaccine in females aged 13 - 14 (Figure / Table 37):

- Sefton has been significantly better than the LCR, North West and England for the last five years
- Recent trends show Borough rates are decreasing and getting worse
- Below 90% target for the last four year

Figure / Table 37: Population vaccination coverage – two doses of HPV in females (% of female population aged 13 – 14)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	1420	91.4	89.9	92.7	84.5	84.9	83.1
2017/18	1419	86.5	84.8	88.1	83.7	83.6	83.8
2018/19	1362	87.5	85.7	89.0	83.4	84.8	83.9
2019/20	1401	86.2	84.4	87.8	42.3	73.5	64.7
2020/21	1366	84.3	82.4	86.0	78.0	67.1	60.6
		< 80%	80% to 90%		≥ 90%		

Measles Mumps Rubella (MMR)

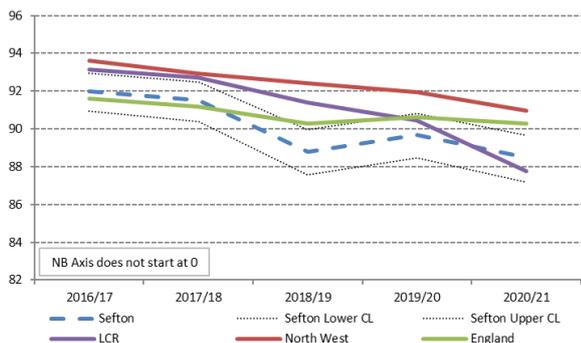
‘MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.’ Office of Health & Disparities

One Dose (2 years old)

Take-up of one dose of MMR vaccine in those aged 2 (Figure / Table 38):

- Sefton has become significantly worse than the England in 2020/21 and has continually been worse than the North West
- Recent trends show Borough rates are decreasing and getting worse
- Below 95% target each year

Figure / Table 38: Population vaccination coverage – one dose of MMR (% of population aged 2)



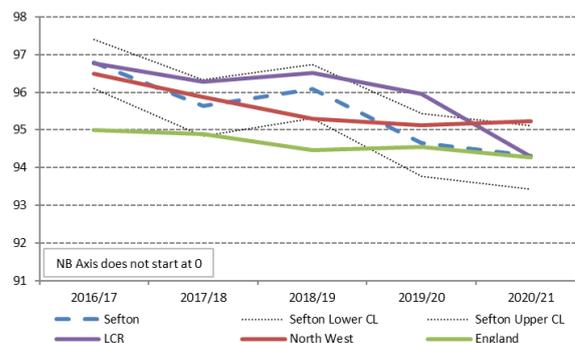
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2555	92.0	90.9	93.0	93.1	93.6	91.6
2017/18	2476	91.5	90.4	92.5	92.7	92.9	91.2
2018/19	2372	88.8	87.6	89.9	91.4	92.4	90.3
2019/20	2378	89.7	88.5	90.8	90.5	91.9	90.6
2020/21	2264	88.5	87.2	89.7	87.8	91.0	90.3
		< 90%	90% to 95%		≥ 95%		

One Dose (5 years old)

Take-up of one dose of MMR vaccine in those aged 5 (Figure / Table 39):

- Sefton has been similar to England for the past two years
- Recent trends show Borough rates are decreasing and getting worse
- Below 95% target for the last two years

Figure / Table 39: Population vaccination coverage – one dose of MMR (% of population aged 5)



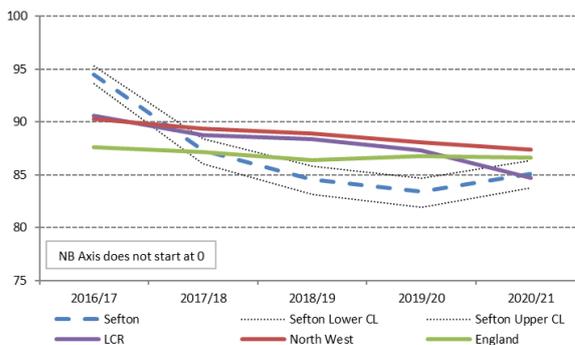
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2757	96.8	96.1	97.4	96.8	96.5	95.0
2017/18	2770	95.6	94.8	96.3	96.3	95.9	94.9
2018/19	2730	96.1	95.3	96.7	96.5	95.3	94.5
2019/20	2662	94.7	93.8	95.4	96.0	95.1	94.5
2020/21	2752	94.3	93.4	95.1	94.3	95.2	94.3
		< 90%	90% to 95%		≥ 95%		

Two Doses (5 years old)

Take-up of two doses of MMR vaccine in those aged 5 (Figure / Table 40):

- Sefton has been significantly worse than the North West and England for the past three years
- Recent trends show Borough rates are decreasing and getting worse
- Below 95% target each year

Figure / Table 40: Population vaccination coverage – two doses of MMR (% of population aged 5)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2691	94.5	93.6	95.3	90.6	90.3	87.6
2017/18	2528	87.3	86.0	88.5	88.8	89.4	87.2
2018/19	2402	84.5	83.2	85.8	88.4	88.9	86.4
2019/20	2345	83.4	82.0	84.7	87.3	88.1	86.8
2020/21	2459	85.1	83.8	86.4	84.7	87.4	86.6
		< 90%	90% to 95%		≥ 95%		

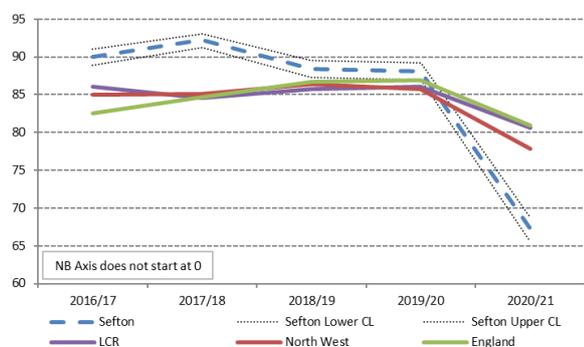
Meningococcal ACWY (MenACWY) Vaccine

‘The MenACWY vaccination was introduced into the national immunisation programme in autumn 2015 to respond to a rapid and accelerating increase in cases of invasive meningococcal group W (MenW) disease, which was declared a national incident. The MenACWY conjugate vaccine provides direct protection to the vaccinated cohort and, by reducing MenW carriage, will also provide indirect protection to unvaccinated children and adults. This follows advice from the Joint Committee on Vaccination and Immunisation (JCVI). It is routinely offered through schools in academic school Years 9 and 10 (rising 14 and rising 15 year olds). The indicator measures local authority level MenACWY vaccine coverage for students at the end of school Yr 10.’
Office of Health & Disparities

Take-up of two doses of MenACWY vaccine in those aged 14 – 15 (Figure / Table 41):

- Sefton became significantly worse than LCR, the North West and England in 2020/21
- Recent trends show Borough rates are decreasing and getting worse
- Below 90% target for the last three years

Figure / Table 41: Population vaccination coverage – MenACWY (% of population aged 14 – 15)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2765	90.0	88.9	91.0	86.0	85.0	82.5
2017/18	2963	92.2	91.2	93.1	84.6	85.1	84.6
2018/19	2894	88.4	87.3	89.5	85.8	86.3	86.7
2019/20	2845	88.1	86.9	89.2	86.0	85.7	87.0
2020/21	2176	67.3	65.6	68.9	80.6	77.8	80.9
		< 80%	80% to 90%		≥ 90%		

Meningococcal B (Men B) Vaccine

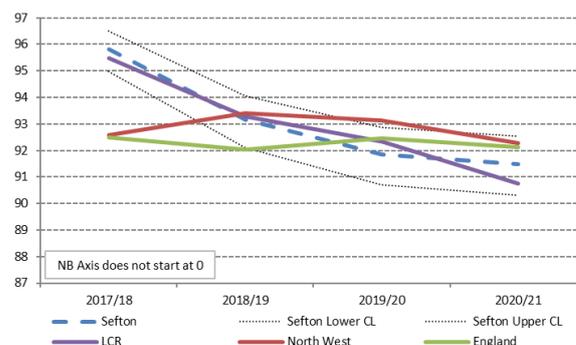
‘The MenB vaccine protects against invasive meningococcal disease capsule group B most commonly presenting as either septicaemia or meningitis, or a combination of both. The vaccine was introduced into the routine childhood immunisation programme in September 2015 for babies at 8 and 16 weeks of age with a booster dose after the first birthday.’ Office of Health & Disparities

1 year old

Take-up of MenB vaccine in those aged 1 (Figure / Table 42):

- Sefton had similar rates to LCR, the North West and England in 2020/21
- Recent trends could not be calculated as there is only four years of data
- Below 95% target for the last three years

Figure / Table 42: Population vaccination coverage – MenB (% of population aged 1)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017/18	2534	95.8	95.0	96.5	95.5	92.6	92.5
2018/19	2433	93.1	92.1	94.1	93.3	93.4	92.0
2019/20	2280	91.9	90.7	92.9	92.3	93.1	92.5
2020/21	2268	91.5	90.3	92.5	90.7	92.3	92.1
		< 90%	90% to 95%		≥ 95%		

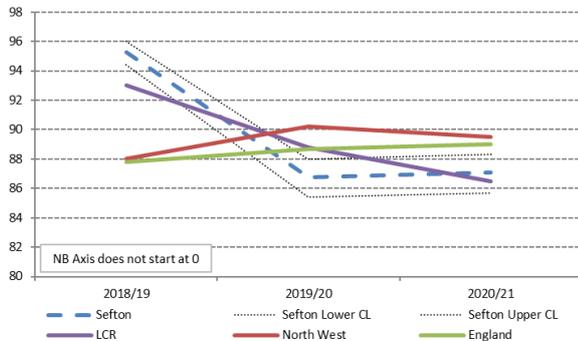
Booster (2 years old)

Take-up of MenB Booster vaccine in those aged 2 (Figure / Table 43):

- Sefton became significantly worse than the North West and England in the last two years

- Recent trends could not be calculated as there is only three years of data
- Below 95% target for the last two years

Figure / Table 43: Population vaccination coverage – MenB Booster (% of population aged 2)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2018/19	2545	95.3	94.4	96.0	93.0	88.0	87.8
2019/20	2300	86.8	85.4	88.0	88.8	90.2	88.7
2020/21	2228	87.1	85.7	88.3	86.5	89.5	89.0
		< 90%	90% to 95%		≥ 95%		

Rotavirus

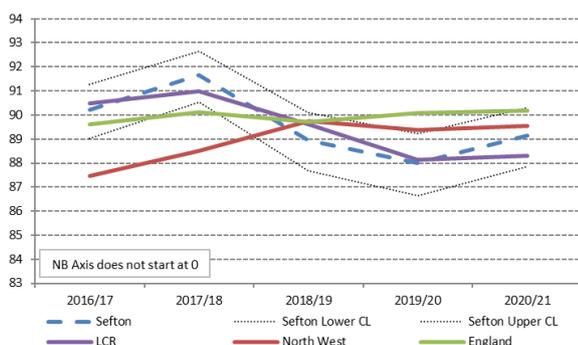
‘An oral vaccine against rotavirus infection is given to babies as part of their routine childhood vaccinations.

Rotavirus is a highly infectious stomach bug that typically affects babies and young children, causing diarrhoea and vomiting, tummy ache and a high temperature.’ NHS

Take-up of Rotavirus vaccine in those aged 1 (Figure / Table 44):

- Sefton had a similar rate to England in 2020/21
- Recent trends show Borough rates are decreasing and getting worse
- Below 95% target each year

Figure / Table 44: Population vaccination coverage – Rotavirus (% of population aged 1)



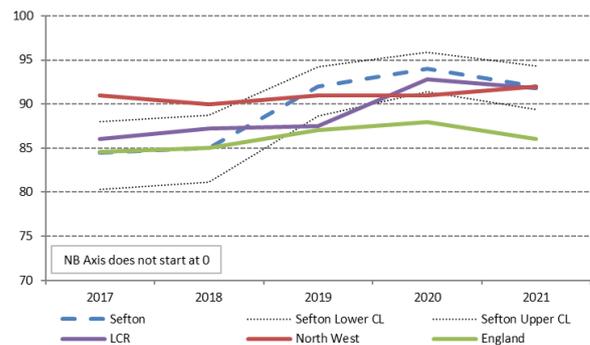
Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2016/17	2443	90.2	89.0	91.3	90.5	87.5	89.6
2017/18	2424	91.6	90.5	92.6	91.0	88.5	90.1
2018/19	2323	88.9	87.7	90.1	89.6	89.7	89.7
2019/20	2184	88.0	86.7	89.2	88.1	89.4	90.1
2020/21	2210	89.1	87.9	90.3	88.3	89.5	90.2
		< 90%	90% to 95%		≥ 95%		

Children in Care Immunisations

‘Looked after children can be at a higher risk of missing out on childhood vaccinations.’ Office of Health & Disparities

Sefton has a significantly better rate of looked after children with up-to-date immunisations than seen nationally. The Borough has seen an overall improvement with a rate change rise of 9% from 2017 to 2021 (Figure / Table 45).

Figure / Table 45: Children in care immunisations (% of population under 18 in care)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2017	285	84.5	80.3	88.0	86.1	90.9	84.6
2018	285	85.0	81.1	88.7	87.2	90.0	85.0
2019	348	92.0	88.6	94.2	87.5	91.0	87.0
2020	410	94.0	91.4	95.9	92.8	91.0	88.0
2021	426	92.0	89.4	94.3	91.8	92.0	86.0
		Better than England	Similar to England		Worse than England		

Living Well

Self-Reported Wellbeing

‘Well-being is a key issue for the Government and ONS are leading a programme of work to develop new measures of national well-being. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.’ Office of Health & Disparities

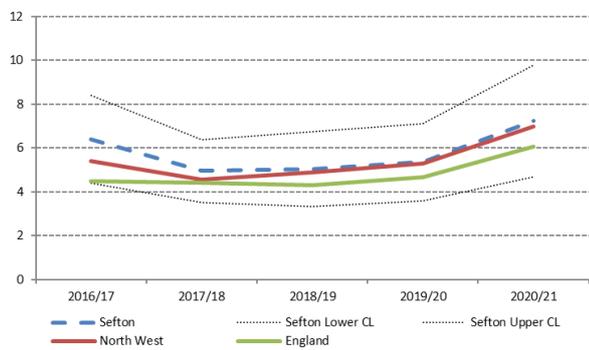
As part of the ONS Annual Population Survey (APS) they carry out the ‘Integrated Household

Survey' with questions relating to life satisfaction, happiness and anxiety levels.

Life Satisfaction

In 2020/21, Sefton saw its highest rate of low life satisfaction over the past five years a pattern also seen in both the North West and England, with the Borough being slightly higher than the national average. This could be due to the negative effect of the COVID-19 Pandemic (Figure / Table 46).

Figure / Table 46: Self reported wellbeing – People with low life satisfaction scores (% of respondents)



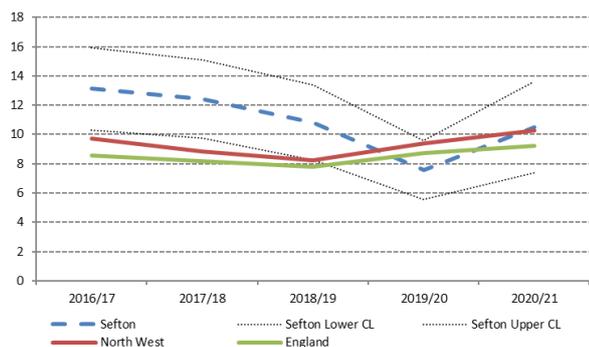
Period	Sefton			NW Rate	England Rate
	Rate	Lower CL	Upper CL		
2016/17	6.4	4.4	8.4	5.4	4.5
2017/18	5.0	3.5	6.4	4.6	4.4
2018/19	5.0	3.3	6.7	4.9	4.3
2019/20	5.4	3.6	7.1	5.3	4.7
2020/21	7.2	4.7	9.8	7.0	6.1

Better than England Similar to England Worse than England

Happiness

Low happiness levels in Sefton decreased year on year until 2020/21. The Borough has moved more in line with the regional and national levels (Figure / Table 47).

Figure / Table 47: Self reported wellbeing – People with low happiness scores (% of respondents)



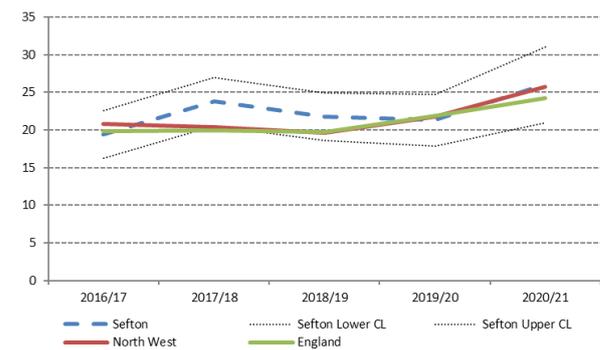
Period	Sefton			NW Rate	England Rate
	Rate	Lower CL	Upper CL		
2016/17	13.1	10.3	15.9	9.7	8.5
2017/18	12.4	9.7	15.1	8.8	8.2
2018/19	10.8	8.2	13.4	8.2	7.8
2019/20	7.6	5.6	9.6	9.4	8.7
2020/21	10.5	7.4	13.6	10.3	9.2

Better than England Similar to England Worse than England

Anxiety

Self-reported levels of high anxiety in the Borough are higher than other reported wellbeing categories, with one in four residents reporting high levels of anxiety. Sefton has shown higher rates than comparator areas across the past 5 years, although in 2020/21 Sefton had similar rates to those seen regionally and nationally (Figure / Table 48).

Figure / Table 48: Self reported wellbeing – People with high anxiety scores (% of respondents)



Period	Sefton			NW Rate	England Rate
	Rate	Lower CL	Upper CL		
2016/17	19.4	16.3	22.6	20.8	19.9
2017/18	23.8	20.6	27.0	20.4	20.0
2018/19	21.8	18.6	24.9	19.6	19.7
2019/20	21.3	17.9	24.8	21.8	21.9
2020/21	26.0	21.0	31.1	25.7	24.2

Better than England Similar to England Worse than England

An in-depth Vulnerable Adults Needs Assessment has been completed by Sefton where further information can be found on Sefton's mental health.

Overweight & Obesity

'In England, two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality (Global Burden of Disease, 2017), and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant

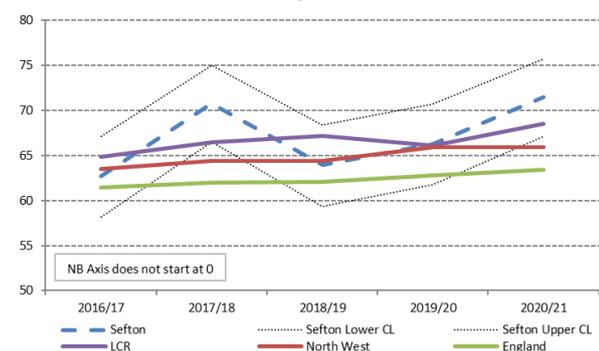
impact on an individual’s physical and mental health and wellbeing. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Average intakes of saturated fat, sugar, and salt are above recommendations while intakes of fruit and vegetables, oily fish, fibre and some vitamins and minerals in some groups are below recommendations. Average intake of trans fatty acids are within recommendations.’ Office of Health & Disparities

The proportion of adults (aged 18 and over) that has a BMI classified as overweight or obese in Sefton has shown a year on year increase over the last three years (2018/19-2020/21). With the Borough now ranked significantly above the regional and national averages (Figure / Table 49).

Adults Meeting the Recommended ‘5-a-day’ on a ‘usual day’

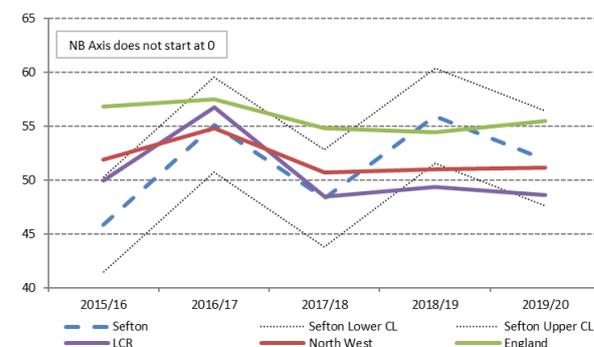
The proportion of adults (aged 16 and over) eating at least five portions of fruit and vegetables a day has fluctuated in Sefton across the past five years, though there has been an overall increase (13% rate change rise from 2015/16-2019/20). The Borough was lower than the national rate in 2019/20 but higher than the LCR and North West rates (Figure / Table 50).

Figure / Table 49: Adults classified as overweight or obese (% of population aged 18 and over with measurements recorded)



Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL			
2016/17	62.7	58.2	67.1	64.8	63.5	61.5
2017/18	70.8	66.5	75.0	66.5	64.4	62.0
2018/19	64.0	59.3	68.4	67.2	64.4	62.1
2019/20	66.3	61.8	70.8	66.1	65.9	62.8
2020/21	71.5	67.2	75.7	68.5	65.9	63.5
	Better than England			Similar to England		Worse than England

Figure / Table 50: Proportion of the adult population meeting the recommended ‘5-a-day’ on a ‘usual day’ (% of population aged 16 and over with a valid response to questions on fruit and vegetable consumption)



Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL			
2015/16	45.9	41.5	50.3	49.9	51.9	56.8
2016/17	55.1	50.7	59.5	56.7	54.8	57.4
2017/18	48.3	43.8	52.8	48.5	50.7	54.8
2018/19	55.9	51.5	60.3	49.3	51.0	54.4
2019/20	51.9	47.6	56.4	48.6	51.2	55.4
	Better than England			Similar to England		Worse than England

Dietary quality effects risk of chronic illness, for example stroke, independently of risk due to overweight and obesity.

Physical Activity

‘Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.’

Office of Health & Disparities

The [Chief Medical Officers’ physical activity recommendations](#) state that:

- Adults should aim to be physically active every day. Any activity is better than none, and more is better still.

- Adults should do activities to develop or maintain strength in the major muscle groups at least two days a week

- Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity

- Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity

The Public Health Outcomes Framework includes two physical activity measures based on data from the Sport England Active Lives Adult Survey. The percentage of physically active adults reports the percentage of adults doing at least 150 moderate intensity equivalent minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days. The percentage of physically inactive adults is the percentage of adults doing less than 30 moderate intensity equivalent minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days

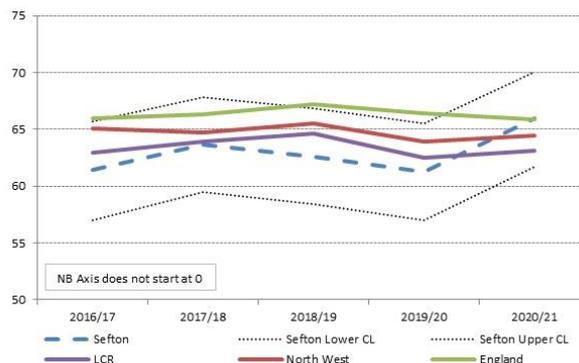
Physically Active Adults

From 2016/17 to 2019/20 Sefton had a slightly lower percentage of physically active adults (aged 19 and over) than seen in LCR, the North West and England. During the pandemic, 2020/21 saw a 7% rate change increase (from 2016/17) and moved above LCR and the North West and was on par with the England average (Figure / Table 51).

Physically Inactive Adults

The proportion of inactive adults in the Borough rose slightly from 2016/17-2020/21 (an overall rate change rise of 4%), mirroring the increases seen in the comparator areas. In 2020/21, the proportion of inactive people in Sefton was lower than LCR and the North West but slightly higher than England (Figure / Table 52).

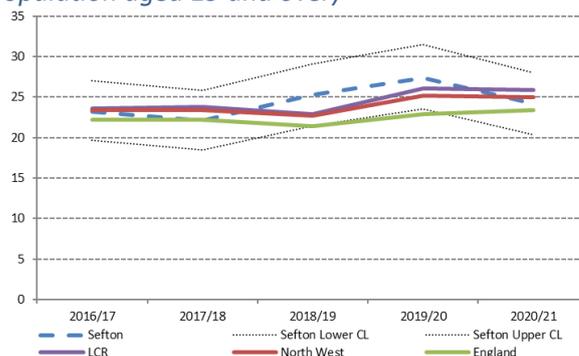
Figure / Table 51: Physically active adults (% of population aged 19 and over)



Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	61.4	57.0	65.7	62.9	65.1	66.0
2017/18	63.7	59.5	67.9	63.9	64.7	66.3
2018/19	62.6	58.4	66.9	64.6	65.6	67.2
2019/20	61.3	57.0	65.5	62.5	63.9	66.4
2020/21	66.0	61.7	70.0	63.2	64.5	65.9

Better than England
Similar to England
Worse than England

Figure / Table 52: Physically inactive adults (% of population aged 19 and over)



Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	23.2	19.6	27.1	23.6	23.4	22.2
2017/18	22.1	18.5	25.8	23.8	23.4	22.2
2018/19	25.3	21.5	29.1	22.9	22.7	21.4
2019/20	27.4	23.5	31.5	26.1	25.2	22.9
2020/21	24.2	20.3	28.1	25.9	24.9	23.4

Better than England
Similar to England
Worse than England

Sefton Leisure Services

There are six leisure centres run by Sefton MBC with a further two partner leisure centres managed on behalf of the Council. Please note the COVID-19 pandemic saw the closure and reduction of many services which will affect the numbers shown for 2020/21 and possibly early 2021/22 as pandemic restrictions were lifted.

Fitness Members

Overall fitness members numbers of Sefton leisure services have reduced between 2018/19 and 2021/22, with 13% reduction in total (Figure / Table 53).

Adult Provisions

With the exception of 2020/21 there has been a year on year increase in adult provisions provided by Sefton Leisure Services with an overall increase of 9% (Figure / Table 54).

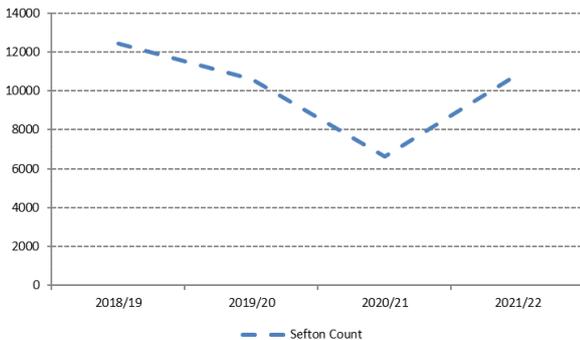
Aquatics

2021/22 has seen a significant increase in aquatics provided by Sefton Leisure Services with an increase of 206% from 2018/19 (Figure / Table 55).

Children and Young People Coached in Schools and Community Settings

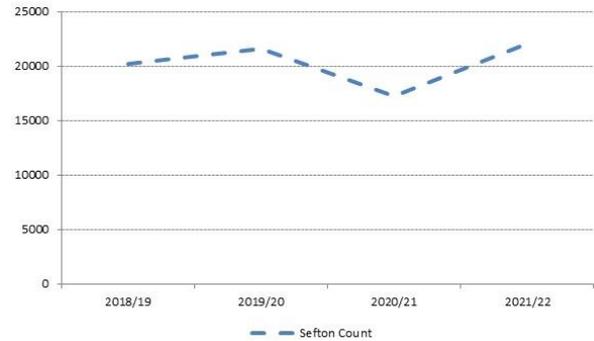
Coaching of children and young people by Sefton Leisure Services have fluctuated across the past four years with an overall reduction off 13% being seen between 2018/19-2021/22 (Figure / Table 56).

Figure / Table 53: Sefton leisure services – Fitness members (counts)



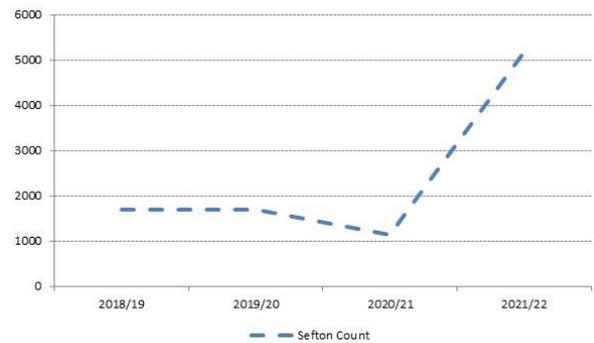
Apr-Mar	Sefton Count
2018/19	12455
2019/20	10602
2020/21	6621
2021/22	10867

Figure / Table 54: Sefton leisure services – Adult provisions (counts)



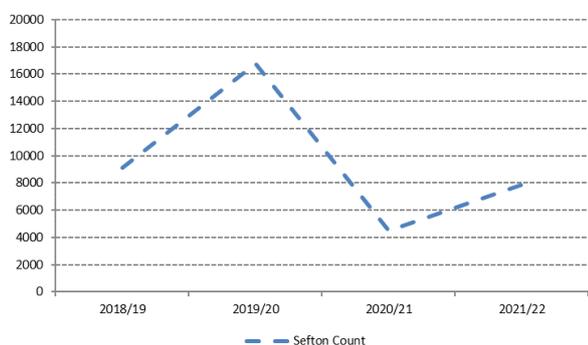
Apr-Mar	Sefton Count
2018/19	20236
2019/20	21561
2020/21	17247
2021/22	22076

Figure / Table 55: Sefton leisure services – Aquatics (counts)



Apr-Mar	Sefton Count
2018/19	1700
2019/20	1700
2020/21	1150
2021/22	5196

Figure / Table 56: Sefton leisure services – Children and Young People Coached in Schools and Community Settings (counts)



Apr-Mar	Sefton Count
2018/19	9114
2019/20	16747
2020/21	4493
2021/22	7891

Smoking

‘Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. There are still 7.3 million adult smokers and more than 200 people a day die from smoking related illness which could have been prevented.’ Towards a Smokefree Generation - 2017

The report continues ‘smoking and its associated harms continue to fall hardest on some of the poorest and most vulnerable people in our society. The difference in life expectancy between the poorest and the richest can be as much as nine years. Smoking accounts for approximately half of this difference. This is an injustice which must be addressed.

As well as dying prematurely, smokers also suffer many years in poor health. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer and make it difficult to carry out day to day tasks and engage with society and the economy. Smokers proportionately are less likely to be in work.’

Smoking Prevalence

According to the Annual Population Survey Sefton has a significantly lower prevalence of residents (aged 18 and over) who currently smoke than seen across the LCR, North West and England (Figure / Table 57). The 2021 estimate is an

increase on 2020, but not at the statistically significant level. Overall Sefton’s smoking prevalence has declined and in 2021 is significantly lower than it was 7 years ago.

Smoking Attributable Hospital Admissions (HA)

Over the last four years (2016/17-2019/20) rates of HA attributable to smoking have been stable in Sefton and consistently, significantly lower than LCR, the North West and England (Figure / Table 58).

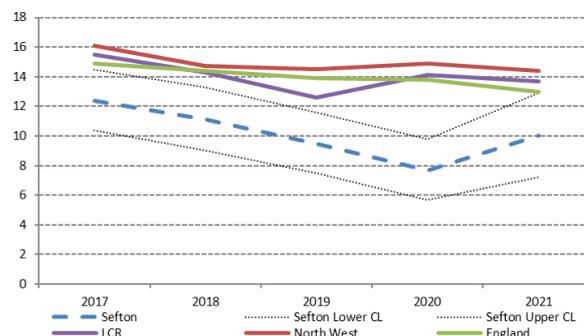
Smoking Attributable Mortality

Between 2014-16 and 2017-19 the Borough had a similar level of smoking attributed mortality to that of England but was lower than LCR and the North West. Overall (from 2013-15 to 2017-19), there has been a reduction in rate change of 24% for smoking attributed mortality in Sefton (Figure / Table 59).

Potential Years of Life Lost due to Smoking Related Illness

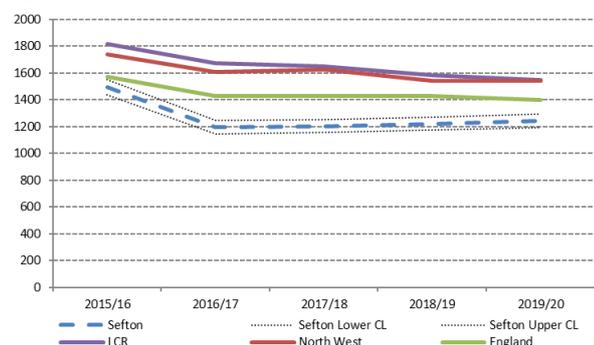
Generally, Sefton has a significantly higher rate of potential years of life lost due to smoking related illnesses than seen nationally yet is lower than the LCR and regional averages. Borough rates have shown a rate change decline of 17% from 2012-14 to 2016-18, larger than the reductions seen in the three comparator areas (Figure / Table 60).

Figure / Table 57: Current smokers – APS prevalence (% of population aged 18 and over)



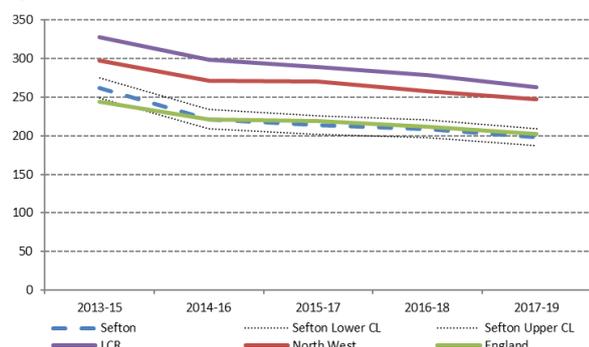
Period	Sefton			LCR	NW	England
	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2017	12.4	10.4	14.5	15.5	16.1	14.9
2018	11.1	9.0	13.3	14.3	14.7	14.4
2019	9.5	7.5	11.6	12.6	14.5	13.9
2020	7.7	5.7	9.8	14.1	14.9	13.8
2021	10.0	7.2	12.9	13.7	14.4	13.0
	Better than England		Similar to England		Worse than England	

Figure / Table 58: Smoking attributable HA (directly standardised rate per 100,000 population aged 35 and over)



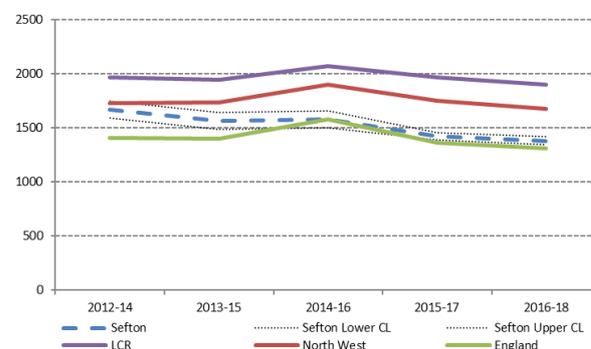
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2015/16	2750	1494.5	1438.7	1551.9	1818.7	1738.7	1571.8
2016/17	2230	1195.0	1145.5	1246.2	1671.9	1605.8	1428.4
2017/18	2269	1203.5	1154.0	1254.5	1650.2	1625.9	1428.0
2018/19	2326	1220.9	1171.3	1272.2	1585.8	1542.1	1425.8
2019/20	2400	1240.2	1190.4	1291.5	1545.8	1540.5	1398.0
	Better than England		Similar to England		Worse than England		

Figure / Table 59: Smoking attributable mortality (directly standardised rate per 100,000 population aged 35 and over)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2013-15	1489	261.6	248.4	275.3	328.0	297.8	244.2
2014-16	1277	221.6	209.5	234.1	298.4	271.4	221.4
2015-17	1250	213.5	201.8	225.8	289.0	270.2	219.1
2016-18	1243	208.9	197.4	220.9	278.8	258.0	211.8
2017-19	1195	197.9	186.7	209.5	262.6	247.5	202.2
	Better than England		Similar to England		Worse than England		

Figure / Table 60: Potential years of life lost due to smoking related illness (directly standardised rate per 100,000 population aged 35-74)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2012-14	7373	1667.6	1590.4	1748.0	1968.8	1729.8	1407.3
2013-15	6956	1564.5	1489.5	1641.6	1942.7	1736.7	1399.1
2014-16	7036	1576.8	1500.0	1655.6	2073.8	1904.0	1579.4
2015-17	6369	1422.4	1387.5	1458.0	1969.8	1753.6	1364.7
2016-18	6260	1382.0	1347.8	1416.8	1902.7	1676.9	1312.6
	Better than England		Similar to England		Worse than England		

Drugs and Alcohol

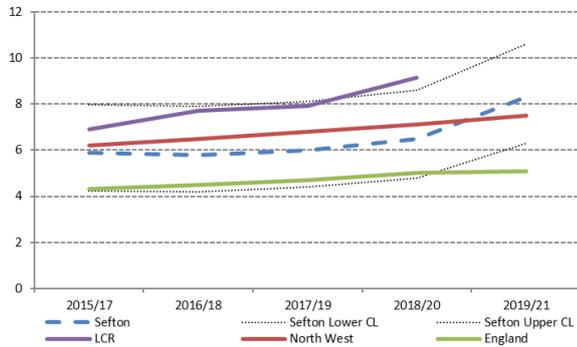
Deaths due to drugs misuse in Sefton showed a notable increase in 2020/21, with the standardised mortality rate rising significantly higher than the national average (Figure / Table 61).

The Borough consistently has a lower percentage of both non-opiate and opiate users who are counted as having successfully completed structured treatment (left free of dependence and do not return to treatment within 6 months) compared to LCR, North West and England averages.

Treatment success rates for non-opiate users in Sefton have shown overall reductions of 16% from 2016-2020 and have been stable since 2018. Opiate treatment success rates increased slightly in 2020, in keeping with a pattern of annual fluctuation over the last 5 years (Figure / Table 62 & 63).

The Institute of Public Care's PANSI (Projecting Adult Needs and Service Information) system predicts that the proportion of Sefton residents (aged 18-64) dependant on drugs will increase slightly over the next 20 years, in line with but slightly lower than rates predicted nationally (Figure / Table 64).

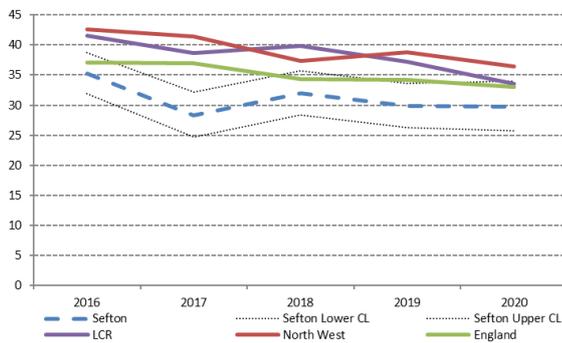
Figure / Table 61: Deaths from drugs misuse (directly standardised rate per 100,000 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2015/17	42	5.9	4.2	8.0	6.9	6.2	4.3
2016/18	42	5.8	4.2	7.9	7.7	6.5	4.5
2017/19	44	6.0	4.4	8.1	7.9	6.8	4.7
2018/20	49	6.5	4.8	8.6	9.2	7.1	5.0
2019/21	62	8.3	6.3	10.6		7.5	5.1

Better than England
Similar to England
Worse than England

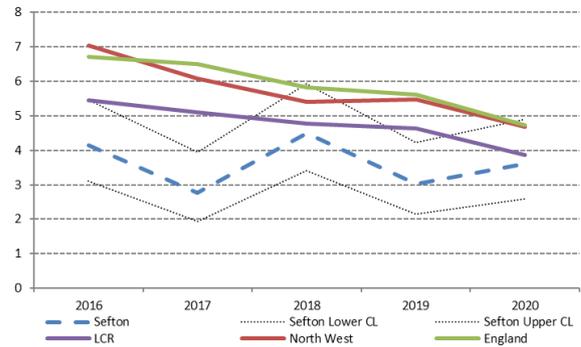
Figure / Table 62: Successful completion of non-opiate treatment (% of all non-opiate users in treatment)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	258	35.2	31.9	38.8	41.5	42.6	37.1
2017	160	28.3	24.8	32.2	38.7	41.4	36.9
2018	192	31.9	28.3	35.8	39.8	37.3	34.4
2019	179	29.8	26.3	33.6	37.3	38.8	34.2
2020	141	29.7	25.8	34.0	33.5	36.5	33.0

Better than England
Similar to England
Worse than England

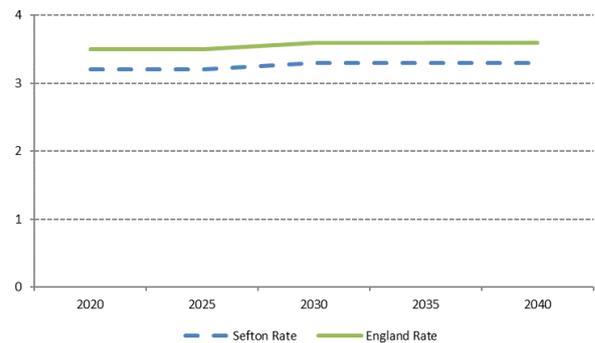
Figure / Table 63: Successful completion of opiate treatment (% of all opiate users in treatment)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	46	4.1	3.1	5.5	5.5	7.0	6.7
2017	30	2.8	2.0	3.9	5.1	6.1	6.5
2018	47	4.5	3.4	5.9	4.8	5.4	5.8
2019	32	3.0	2.2	4.2	4.6	5.5	5.6
2020	37	3.6	2.6	4.9	3.9	4.7	4.7

Better than England
Similar to England
Worse than England

Figure / Table 64: People predicted to be dependent on drugs (% of population aged 18-64)



Period	Sefton Rate	England Rate
2020	3.2	3.5
2025	3.2	3.5
2030	3.3	3.6
2035	3.3	3.6
2040	3.3	3.6

‘Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.’ *Office for Health Improvement & Disparities*

Rates of both alcohol-specific (wholly attributed to alcohol) and alcohol-related (primary or secondary diagnosis code is alcohol attributable) hospital admission episodes reduced between 2019/20 and 2020/21. This is likely due to the impact of the COVID-19 pandemic, where hospital admissions decreased in general. Prior to this, hospital admissions had generally risen. Sefton’s rate is consistently ranked significantly higher than both the North West and England rates (Figure / Table 65 & 66).

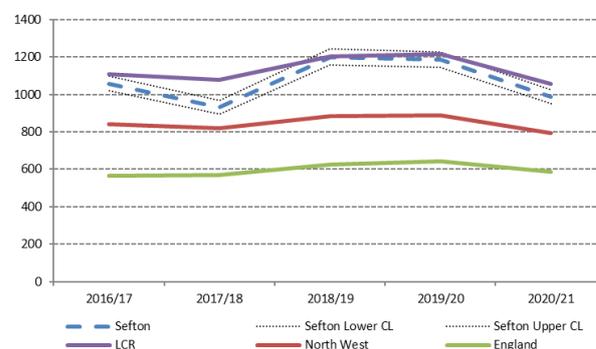
In Sefton, alcohol-specific mortality has increased over the last four years, with the Borough’s rate higher than the North West and LCR (non-significant) and significantly higher than England in 2020 (Figure / Table 67). The majority of Sefton’s alcohol specific deaths have an underlying cause of alcohol related liver disease. Nationally, an increase in alcohol related liver disease was seen during the year of the pandemic. The cause is likely complex but increased alcohol consumption amongst heavy drinkers and the disruption of alcohol related support services during this time are two factors that may have played a part.

Deaths due to alcohol typically happen much earlier in the life course – on average when a person is in their 50s, and this makes a contribution to Sefton’s large inequality in life expectancy at birth.

The Borough has a significantly lower percentage of alcohol users that left structured treatment successfully (free of dependence) who do not return to treatment within 6 months, than seen in LCR, the North West and England with Sefton rates showing minimal change from 2016-2020 (Figure / Table 68).

Alcohol dependency rates in Sefton are predicted to reduce across the next 20 years, with the Borough remaining above the national rates (Figure / Table 69).

Figure / Table 65: Hospital admission episodes for alcohol-specific conditions (directly standardised rate per 100,000 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2880	1058.3	1019.5	1098.2	1107.1	841.9	563.3
2017/18	2540	933.0	896.5	970.5	1076.8	818.4	570.0
2018/19	3240	1200.1	1158.5	1242.9	1205.3	883.4	626.3
2019/20	3210	1186.9	1145.5	1229.4	1217.7	890.6	644.1
2020/21	2705	987.8	950.3	1026.3	1057.7	794.9	586.6

Better than England
Similar to England
Worse than England

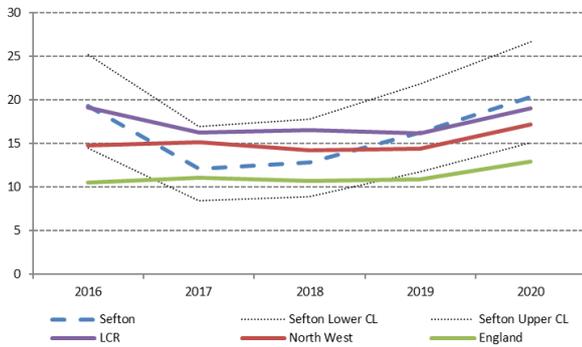
Figure / Table 66: Hospital admission episodes for alcohol-related conditions – narrow (directly standardised rate per 100,000 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	1834	662.3	631.9	693.7	686.8	562.8	492.3
2017	1724	621.3	591.8	651.7	660.5	543.4	488.2
2018	2011	732.8	700.6	766.1	725.2	573.8	512.3
2019	2114	764.1	731.4	798.0	731.8	574.5	518.8
2020	1607	580.6	552.1	610.2	597.2	500.2	455.9

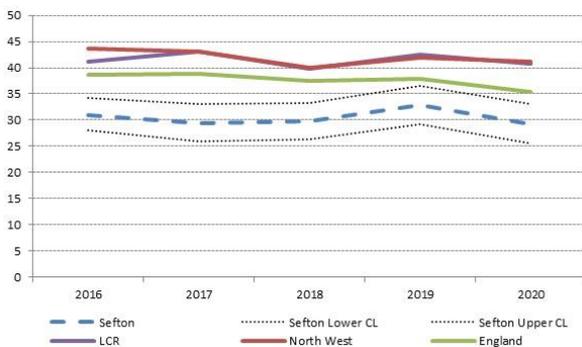
Better than England
Similar to England
Worse than England

Figure / Table 67: Alcohol-specific mortality (directly standardised rate per 100,000 population)



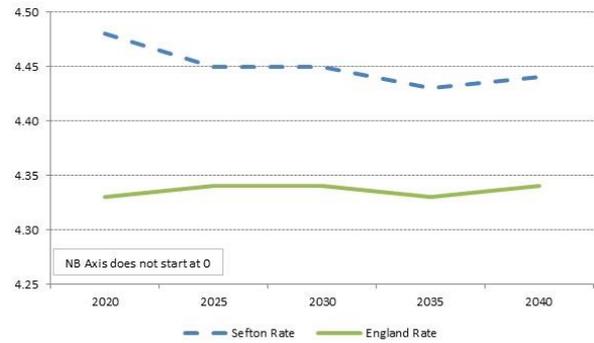
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	54	19.3	14.4	25.2	19.1	14.8	10.5
2017	35	12.1	8.4	16.9	16.2	15.1	11.1
2018	36	12.8	8.9	17.8	16.5	14.2	10.7
2019	45	16.3	11.8	21.9	16.2	14.4	10.9
2020	53	20.3	15.1	26.6	19.1	17.2	13.0
	Better than England		Similar to England		Worse than England		

Figure / Table 68: Successful completion of alcohol treatment (% of all alcohol users in treatment)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	271	31.0	28.1	34.2	41.1	43.6	38.7
2017	194	29.4	26.0	33.0	43.1	43.1	38.9
2018	205	29.7	26.4	33.2	39.8	40.1	37.6
2019	206	32.8	29.2	36.6	42.5	41.8	37.8
2020	164	29.2	25.6	33.1	40.9	41.1	35.3
	Better than England		Similar to England		Worse than England		

Figure / Table 69: People predicted to be alcohol dependent (% of population aged 18-64)



Period	Sefton Rate	England Rate
2020	4.5	4.3
2025	4.5	4.3
2030	4.5	4.3
2035	4.4	4.3
2040	4.4	4.3

An in-depth Substance Misuse Strategic Needs Assessment has been completed by Sefton where further information can be found on drugs and alcohol.

Sexual Health

The World Health Organisation (WHO) explain that Sexual Transmitted Infections (STIs) 'have a direct impact on sexual and reproductive health through stigmatization, infertility, cancers and pregnancy complications and can increase the risk of HIV.'

'More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide, the majority of which are asymptomatic.'

Each year there are an estimated 374 million new infections with 1 of 4 curable STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis.

More than 500 million people 15–49 years are estimated to have a genital infection with herpes simplex virus (HSV or herpes).'

Sefton data for sexual health is presented below up to 2021. However, some but not all this data is subject to reporting delays related to the COVID-19 pandemic and may be an underestimation of the true burden of disease. Therefore, trends

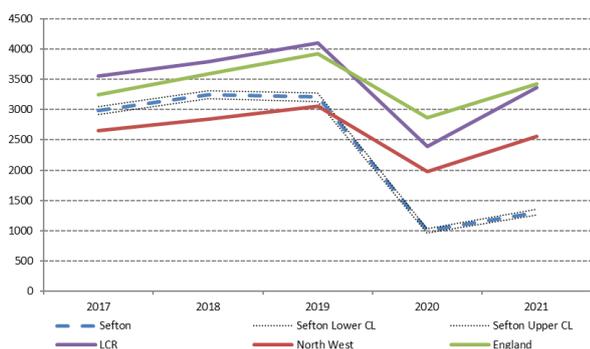
from the start of the pandemic relating to STI diagnoses should be treated with caution.

It should also be noted that many STIs go undetected. People may not access testing if they have no symptoms or due to stigma. As such, STI diagnoses will always underestimate the true population incidence.

STI Testing rate

Sefton’s STI testing rate (excluding Chlamydia in those under 25) has been consistently below the England average (Figure / Table 70). In 2020, Sefton (like all areas) saw a large fall in testing linked to the COVID-19 pandemic. In 2021, the rate has increased (to 1305.9 per 100,000), but remains significantly below pre-pandemic rates and significantly lower than England, the North West and LCR.

Figure / Table 70: STI testing rate, excluding chlamydia aged under 25, (crude rate per 100,000 population)



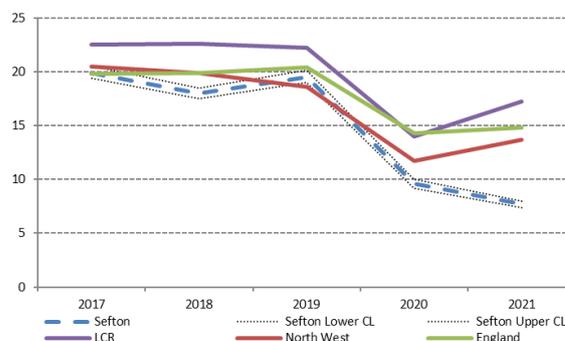
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	8187	2981.5	2917.3	3046.8	3551.4	2655.1	3246.0
2018	8939	3245.9	3178.9	3313.9	3800.1	2848.0	3597.3
2019	8865	3207.2	3140.8	3274.7	4097.3	3058.8	3926.1
2020	2759	1000.0	963.0	1038.0	2391.1	1976.6	2870.8
2021	3603	1305.9	1263.6	1349.3	3365.1	2556.2	3422.4
	Better than England		Similar to England		Worse than England		

Chlamydia Screening

Sefton and comparator areas all saw reductions in Chlamydia screening in 2020 due to the pandemic (Figure/Table 71). However whilst rates for England, the North West and the LCR have increased again in 2021, Sefton’s proportion of young people screened has continued to fall. In 2021, Sefton’s proportion of 15-24 year olds screened for Chlamydia is 7.7%. This is significantly lower than the England, North West and LCR averages.

Even before the pandemic, a declining trend can be seen for Sefton and the proportion of young people screened for Chlamydia has been significantly lower than the England since 2018.

Figure / Table 71: Proportion of 15-24 year olds screened for Chlamydia (%)



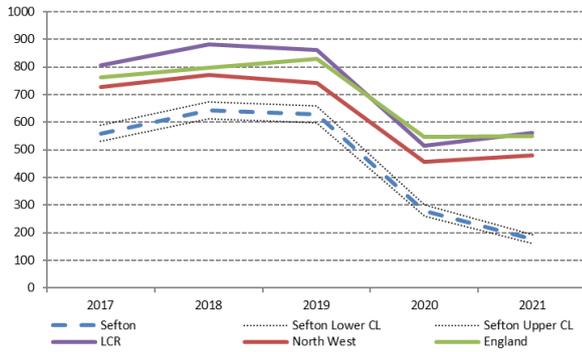
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	5598	19.9	19.4	20.5	22.5	20.5	19.8
2018	4990	18.0	17.5	18.5	22.6	19.9	19.9
2019	5383	19.5	19.0	20.1	22.2	18.6	20.4
2020	2604	9.6	9.2	10.0	14.0	11.7	14.3
2021	2086	7.7	7.4	8.0	17.2	13.7	14.8
	Better than England		Similar to England		Worse than England		

All New STI Diagnoses

In line with Sefton’s lower rates of STI testing, Sefton’s new diagnoses of STIs (incidence rate) are consistently lower than the three comparator areas (England, North West and LCR). (Figure / Table 72). Whilst STI diagnoses increased in 2021 for the North West and LCR, in Sefton the downward trend continued. In 2021 (and 2020), Sefton had the 2nd lowest rate of new STI diagnoses in the North West.

If individual STIs are considered a similar pattern is seen for diagnoses of chlamydia (Figure / Table 73), genital herpes (Figure / Table 74), genital warts (Figure / Table 75), gonorrhoea (Figure / Table 76), and syphilis (Figure / Table 77). Whilst diagnoses have increased or remained similar in 2021 for England, the North West and LCR, reductions have continued post pandemic for Sefton. Sefton’s incidence rates for all these STIs were significantly lower than the England average in 2020 and 2021

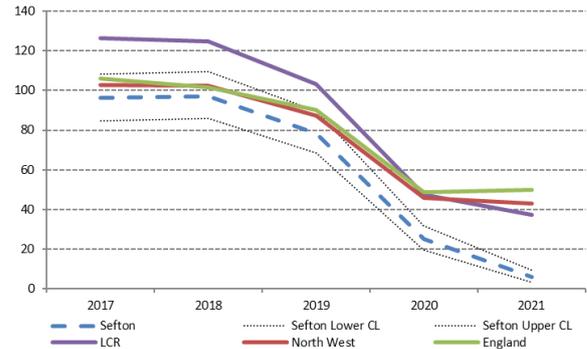
Figure / Table 72: All new STI diagnoses (crude rate per 100,000 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	137	49.9	41.9	59.0	62.5	55.1	58.9
2018	189	68.6	59.2	79.1	64.6	59.5	59.9
2019	168	60.8	51.9	70.7	63.2	59.9	60.9
2020	59	21.4	16.3	27.6	29.8	32.4	36.3
2021	15	5.4	3.0	9.0	27.6	32.8	38.3
	Significantly Lower than England		No Significant Difference to England		Significantly Higher than England		

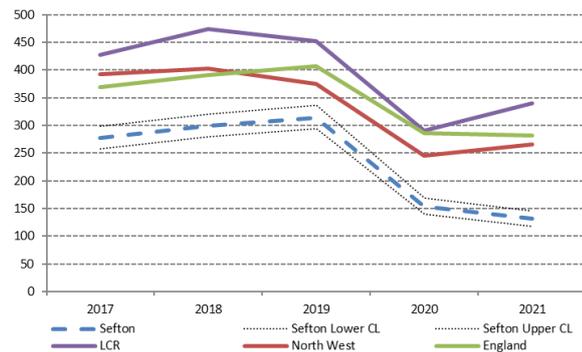
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	1537	559.7	532.1	588.4	806.3	728.4	761.9
2018	1767	641.6	612.1	672.3	880.2	769.7	798.0
2019	1734	627.3	598.1	657.6	860.5	741.3	829.2
2020	771	279.5	260.1	299.9	513.3	455.6	548.0
2021	486	176.2	160.8	192.5	560.5	481.0	551.0
	Significantly Lower than England		No Significant Difference to England		Significantly Higher than England		

Figure / Table 75: Genital warts diagnoses (crude rate per 100,000 population)



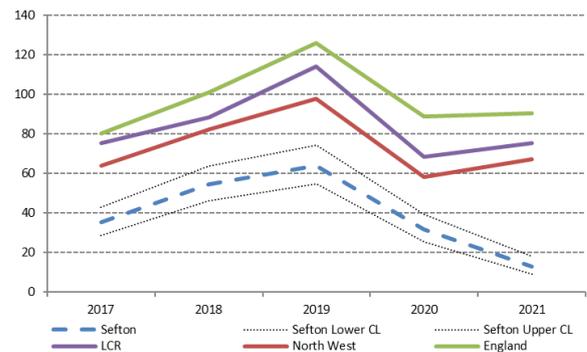
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	264	96.1	84.9	108.5	126.6	102.9	105.9
2018	268	97.3	86.0	109.7	124.8	102.3	101.6
2019	217	78.5	68.4	89.7	103.1	87.3	90.1
2020	69	25.0	19.5	31.7	47.3	45.7	48.5
2021	16	5.8	3.3	9.4	37.3	43.1	50.0
	Significantly Lower than England		No Significant Difference to England		Significantly Higher than England		

Figure / Table 73: Chlamydia diagnoses (crude rate per 100,000 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	762	277.5	258.1	297.9	427.7	392.0	368.7
2018	825	299.6	279.5	320.7	474.6	401.8	390.6
2019	868	314.0	293.5	335.6	451.8	375.2	407.6
2020	424	153.7	139.4	169.0	290.1	244.8	285.4
2021	362	131.2	118.0	145.4	339.6	265.3	282.0
	Significantly Lower than England		No Significant Difference to England		Significantly Higher than England		

Figure / Table 76: Gonorrhoea diagnoses (crude rate per 100,000 population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	97	35.3	28.6	43.1	75.3	63.7	80.4
2018	150	54.5	46.1	63.9	88.4	82.3	100.9
2019	177	64.0	54.9	74.2	114.2	97.9	126.0
2020	88	31.9	25.6	39.3	68.3	58.3	88.8
2021	36	13.0	9.1	18.1	75.4	67.0	90.3
	Significantly Lower than England		No Significant Difference to England		Significantly Higher than England		

Figure / Table 74: Genital herpes diagnoses (crude rate per 100,000 population)

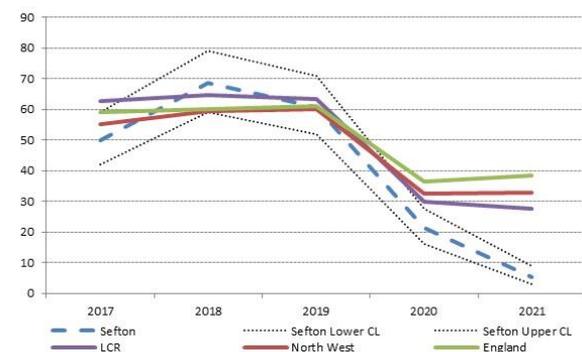
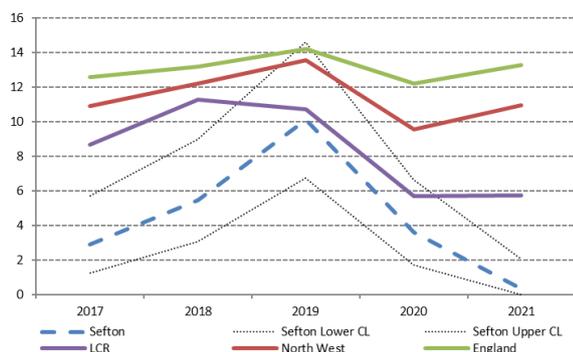


Figure / Table 77: Syphilis diagnoses (crude rate per 100,000 population)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2017	8	2.9	1.3	5.7	8.7	10.9	12.6
2018	15	5.4	3.0	9.0	11.3	12.2	13.2
2019	28	10.1	6.7	14.6	10.7	13.6	14.2
2020	10	3.6	1.7	6.7	5.7	9.6	12.2
2021	*	0.4	0.0	2.0	5.8	11.0	13.3

Significantly Lower than England | No Significant Difference to England | Significantly Higher than England

Human Immunodeficiency Virus (HIV)

'HIV (human immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections and disease.' NHS

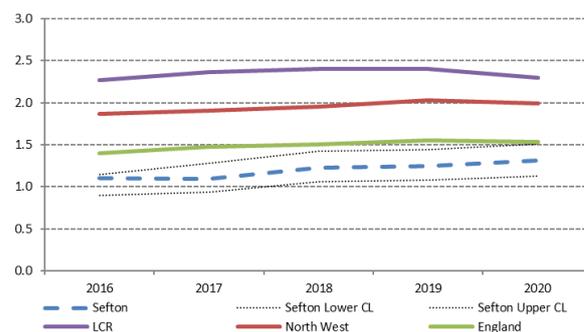
With the Office of Health Improvement & Disparities indicating that there is a vast difference in geographic distribution of HIV diagnosis across England.

Advances in HIV treatment has meant that people living with HIV can become undetectable and untransmissible meaning if they adhere to their medication, they cannot pass the virus on and can have the same health outcomes as someone without HIV.

The introduction of pre-exposure prophylaxis (PrEP) means that individuals at high risk of HIV infection are less likely to be infected if exposed to the virus. There has been a national reduction of HIV rates following the introduction of PrEP.

Sefton rates of HIV diagnosis (in those aged 15 to 59) are lower than seen in the city region, regionally and nationally. Though there has been year on year increases from 2016 – 2020, an overall increase of 18% (Figure / Table 78).

Figure / Table 78: HIV diagnosed prevalence (crude rate per 1,000 population aged 15 to 59)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2016	162	1.1	0.9	1.2	2.3	1.9	1.4
2017	163	1.1	0.9	1.3	2.4	1.9	1.5
2018	182	1.2	1.1	1.4	2.4	2.0	1.5
2019	184	1.3	1.1	1.4	2.4	2.0	1.6
2020	191	1.3	1.1	1.5	2.3	2.0	1.5

Better than England | Similar to England | Worse than England

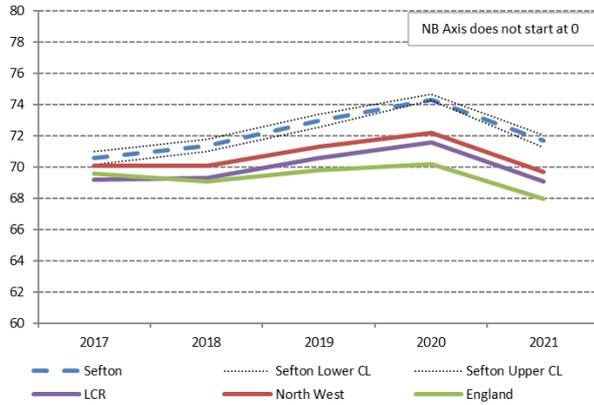
Cervical Cancer Screening (Age 25-49 years)

The NHS Cervical Screening Programme looks for the [human papillomavirus \(HPV\)](#) which can cause abnormal cells on the cervix. If HPV is found a cytology test is used as a [triage](#), to check for any abnormal cells.

Cervical screening is available to women and people with a cervix aged 25 to 64 in England. Women aged 25 to 49 receive invitations every 3 years. Women aged 50 to 64 receive invitations every 5 years.

In 2021, 71.7% of women in Sefton aged 25 to 49 who were eligible for cervical cancer screening had been adequately screened in the previous 3.5 years. Sefton's cancer screening rate in 25 to 49 year olds increased between 2017 and 2020, but reduced in 2021 – a trend similar to that seen in England, the North West and LCR (Figure/Table 79). Sefton's rate has been significantly higher than the England and North West averages since 2017 and the LCR average since 2015.

Figure / Table 79 : Cervical Cancer Screening Coverage (% of eligible women aged 25 to 49 years who were screened adequately within the previous 3.5 years)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2016	162	1.1	0.9	1.2	2.3	1.9	1.4
2017	163	1.1	0.9	1.3	2.4	1.9	1.5
2018	182	1.2	1.1	1.4	2.4	2.0	1.5
2019	184	1.3	1.1	1.4	2.4	2.0	1.6
2020	191	1.3	1.1	1.5	2.3	2.0	1.5

Better than England
Similar to England
Worse than England

General Practitioner (GP) Practices

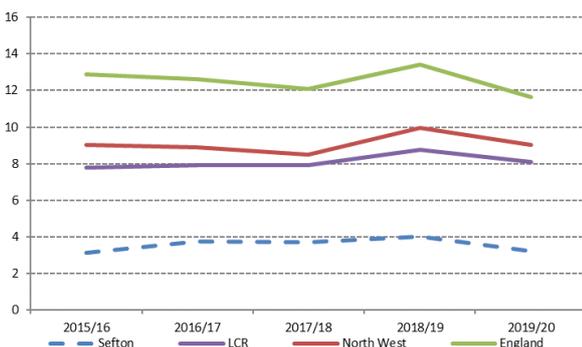
Practices and Patients

Sefton has 45 active GP practices (August 2022), which have a total of 283,949 patients (July 2022). Of these 96% are Sefton residents (please note some residents of the Borough may attend surgeries outside of Sefton).

New Migrant Registrations

In 2019/20, there were 889 new migrant registrations with GPs in Sefton, lower than the three previous years. The Borough rates are considerably lower than those seen in LCR, the North West and England (Figure / Table 80).

Figure / Table 80: GP – New migrant registrations (% of mid year population estimates)

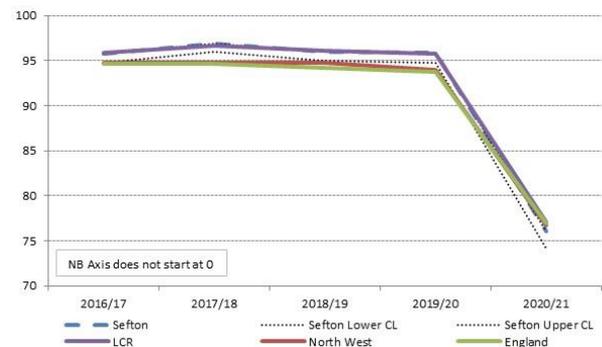


Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2015/16	858	3.1	7.8	9.0	12.9
2016/17	1027	3.7	7.9	8.9	12.6
2017/18	1024	3.7	7.9	8.5	12.1
2018/19	1106	4.0	8.8	10.0	13.4
2019/20	889	3.2	8.1	9.0	11.7

NHS Dental Services

Between 2016/17 and 2019/20 Sefton had a significantly higher rate of residents obtaining an NHS dental appointment compared to England (95.9% vs 93.7%). The COVID-19 pandemic in 2020/21 affected appointment numbers in all areas with the Borough seeing a 24% reduction (from 2016/17) and moving below LCR, the North West and England (Figure / Table 81).

Figure / Table 81: Access to NHS dental services – successfully obtained a dental appointment (% of population attempting to get an appointment)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2016/17	2545	95.8	94.8	96.6	95.9	94.7	94.6
2017/18	2419	96.9	96.0	97.6	96.6	94.7	94.6
2018/19	2436	96.0	95.0	96.8	96.1	94.8	94.2
2019/20	2081	95.9	94.8	96.7	95.8	94.0	93.7
2020/21	1944	76.1	74.1	77.9	77.1	76.7	77.0

Better than England
Similar to England
Worse than England

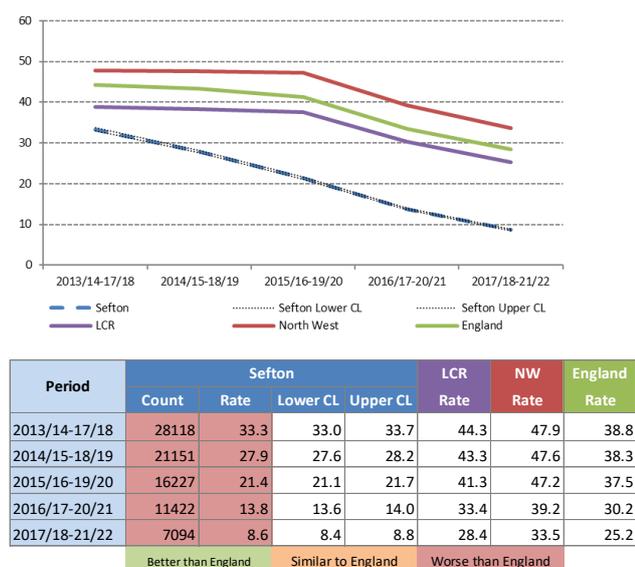
NHS Health Checks

‘The NHS Health Check is a health check-up for adults in England aged 40 to 74. It’s designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.’ NHS

The percentage of Sefton residents aged between 40 and 74 that have received an NHS health check

is significantly lower than percentages seen across the city region, regionally and nationally (Figure / Table 82). The COVID-19 pandemic may have had a detrimental effect on the number of checks carried out in 2020/21, though previous periods are indicating a reduction in the number of checks received.

Figure / Table 82: Eligible population receiving a NHS health check (cumulative % of population aged 40 to 74)



Prevalence of Diseases

Prevalence data for some long-term conditions is presented below. Many are based on General Practice Register data (Quality Outcomes Framework) which relates to diagnosed patients. Residents who are not yet diagnosed or are not in contact with general practice will not be captured by this data. It is also important to note that differences in prevalence based on disease registers may reflect differences in case identification and diagnostic practice as well as community prevalence.

Chronic Kidney Disease (CKD)

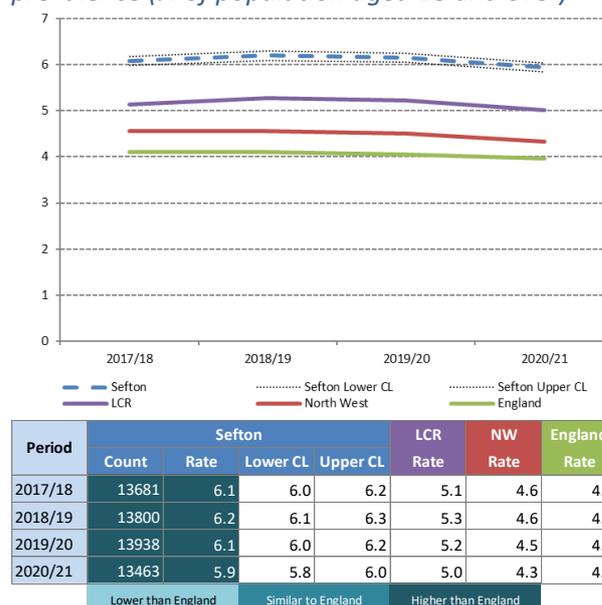
‘Chronic kidney disease (CKD) is a long-term condition where the kidneys don’t work as well as they should.

It is a common condition often associated with getting older. It can affect anyone, but it is more common in people who are Black or of South Asian origin.

CKD can get worse over time and eventually the kidneys may stop working altogether, but this is uncommon. Many people with CKD are able to live long lives with the condition.’ NHS

CKD prevalence in Sefton remains significantly worse than the LCR, North west and England over the last four years (2017/18-2020/21), with minimal change being seen during this time in the Borough (Figure / Table 83). Age, diabetes, and hypertension are among risk factors of CKD, Sefton has higher than average levels of all three.

Figure / Table 83: Chronic Kidney Disease – QOF prevalence (% of population aged 18 and over)



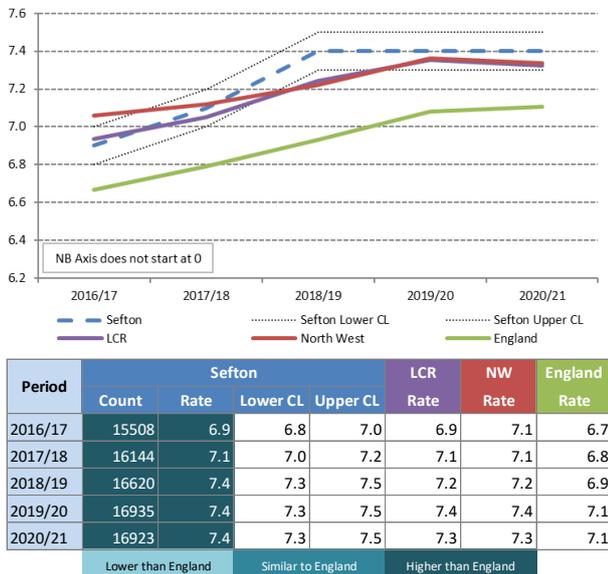
Diabetes

‘Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity.’ Office of Health & Disparities

Sefton has significantly higher rates of residents with diabetes than England and is similar to the LCR and the North West. There has been an increase (9% rate change) in diabetes prevalence over the past five years (2016/17 – 2020/21) in the Borough (Figure / Table 84). This increase would likely have been more had the pandemic not interrupted usual patterns of diagnosis. People who are overweight or obese and / or somewhat inactive are at greater risk of diabetes mellitus type 2. This in turn can lead to several

other health issues including CKD, CVD (cardiovascular diseases) dementia and stroke.

Figure / Table 84: Diabetes – QOF prevalence (% of population aged 17 and over)



Cardiovascular Diseases

‘Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels.

It's usually associated with a build-up of fatty deposits inside the arteries (atherosclerosis) and an increased risk of blood clots.

It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes.

CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented by leading a healthy lifestyle.’ NHS

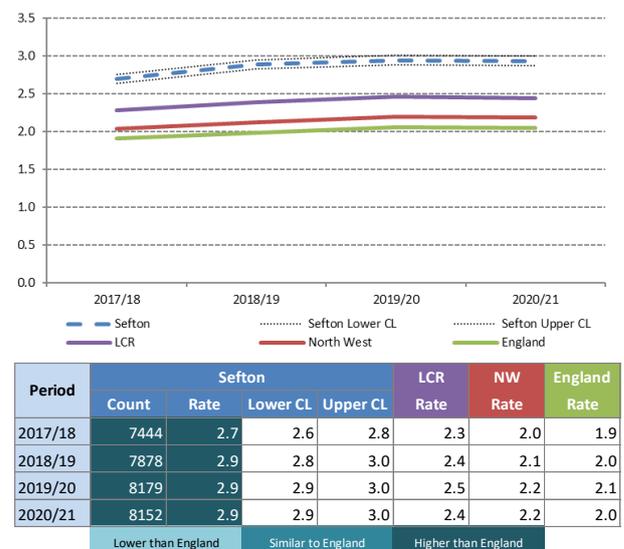
Atrial Fibrillation (AF)

Atrial Fibrillation (AF) describes an abnormal heartbeat. AF is common, and an important cause of ill health and death. Atrial fibrillation is associated with a fivefold increase in risk of stroke.

The age specific prevalence of AF is rising. This can be explained by the improved survival of people with Coronary Heart Disease (the most common underlying cause of AF). OHID suggests that one percent of a typical practice population will be in AF; five per cent of over 65s, and nine per cent of over 75 year olds.

The prevalence of diagnosed and registered AF has increased slightly over the past four years (10% overall) in Sefton, and is significantly higher than in LCR, the North West and England each year (Figure / Table 85). This likely reflects in part Sefton’s older age profile.

Figure / Table 85: Atrial Fibrillation – QOF prevalence (% of total population)



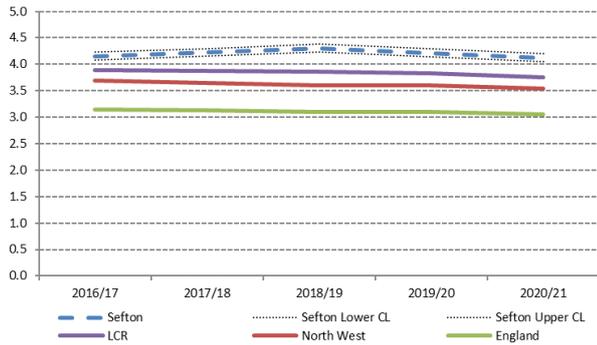
Coronary Heart Disease (CHD)

Coronary heart disease (CHD) is a condition where the major blood vessels supplying the heart are narrowed. It is the single most common cause of early death in the UK.

‘The research evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients.’ Office of Health & Disparities

In Sefton, CHD prevalence is significantly higher than LCR, the North West and England. There has been little change in Sefton’s QOF prevalence rate over the past five years (Figure / Table 86). Age is a known risk factor for CHD. Sefton has a larger than average older population - a possible reason for the differences seen between the Borough and the comparator areas.

Figure / Table 86: Coronary Heart Disease – QOF prevalence (% of total population)



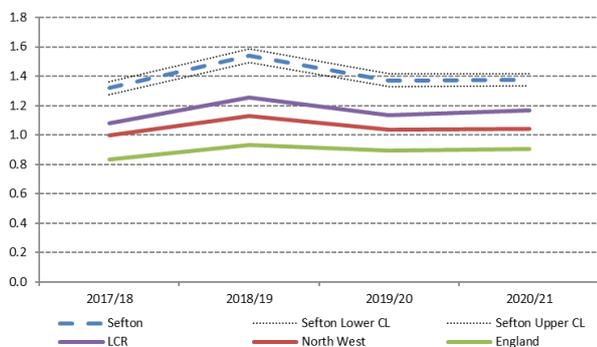
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	11295	4.2	4.1	4.2	3.9	3.7	3.2
2017/18	11663	4.2	4.2	4.3	3.9	3.6	3.1
2018/19	11747	4.3	4.2	4.4	3.9	3.6	3.1
2019/20	11719	4.2	4.1	4.3	3.8	3.6	3.1
2020/21	11455	4.1	4.1	4.2	3.8	3.5	3.0
	Lower than England		Similar to England		Higher than England		

Heart Failure

‘Heart Failure (HF) is responsible for dramatic impairment of quality of life, carries a poor prognosis for patients, and is very costly for the NHS to treat (second only to stroke).’ Office of Health & Disparities

There has been little change in the prevalence of heart failure in the Borough across the past five years. Sefton has a significantly higher rate than LCR, the North West and England (Figure / Table 87). Age is a known risk factor for heart failure. Sefton has a larger than average older population - a possible reason for the differences seen between the Borough and the comparator areas.

Figure / Table 87: Heart Failure – QOF prevalence (% of total population)



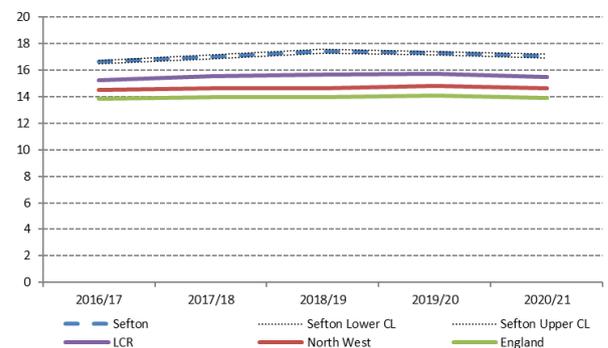
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017/18	3639	1.3	1.3	1.4	1.1	1.0	0.8
2018/19	4201	1.5	1.5	1.6	1.3	1.1	0.9
2019/20	3810	1.4	1.3	1.4	1.1	1.0	0.9
2020/21	3819	1.4	1.3	1.4	1.2	1.0	0.9
	Lower than England		Similar to England		Higher than England		

Hypertension

Hypertension is high blood pressure and is very common in the UK. High blood pressure is the major cause of strokes, but often does not have any symptoms, so can go undetected

The prevalence of diagnosed hypertension from QOF registrations in Sefton is significantly higher than in the three comparator areas. The Borough has seen a slight overall increase (5%) in Hypertension from 2016/17 – 2020/21 (Figure / Table 88). Age is a known risk factor for hypertension. Sefton has a larger than average older population which is likely to contribute to this difference.

Figure / Table 88: Hypertension – QOF prevalence (% of total population)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	45194	16.6	16.5	16.8	15.3	14.5	13.8
2017/18	46990	17.0	16.9	17.2	15.5	14.6	13.9
2018/19	47641	17.5	17.3	17.6	15.7	14.6	14.0
2019/20	48079	17.3	17.2	17.4	15.7	14.8	14.1
2020/21	47430	17.1	16.9	17.2	15.5	14.6	13.9
	Lower than England		Similar to England		Higher than England		

Peripheral Arterial Disease (PAD)

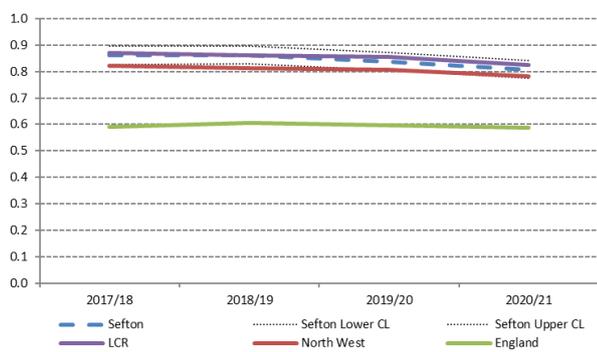
‘PAD is one of the three main categories of CVD and patients with PAD, including those who are asymptomatic, have an increased risk of mortality from CVD due to MI (Myocardial Infarction – heart attack) and stroke. The relative risks of all-cause mortality are two to three times that of age and sex matched to groups without PAD.

Treatment of PAD focuses on cardiovascular risk factor management. Smoking is a very important

risk factor for PAD and management of PAD includes smoking cessation. Other established risk factors are high blood pressure and diabetes.’
Office of Health & Disparities

The QOF prevalence of PAD in Sefton has shown minimal change between 2017/18 – 2020/21 and remained similar to the rates seen in the city region and regionally. When compared nationally the prevalence of diagnosed PAD is significantly higher (Figure / Table 89).

Figure / Table 89: Peripheral arterial disease – QOF prevalence (% of total population)



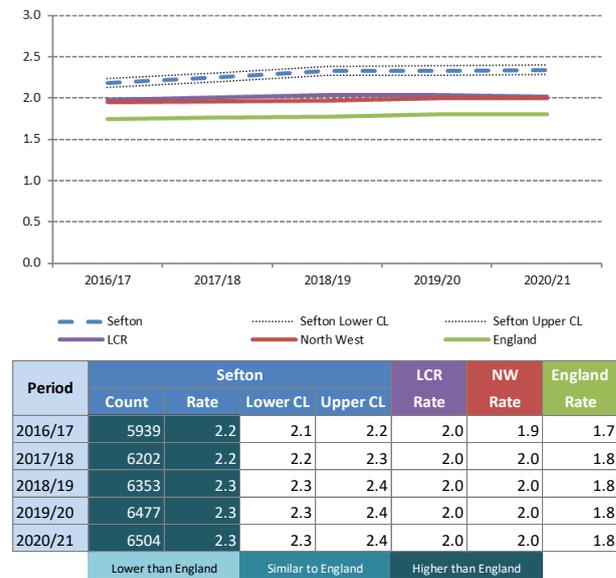
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017/18	2377	0.9	0.8	0.9	0.9	0.8	0.6
2018/19	2354	0.9	0.8	0.9	0.9	0.8	0.6
2019/20	2331	0.8	0.8	0.9	0.9	0.8	0.6
2020/21	2242	0.8	0.8	0.8	0.8	0.8	0.6
	Lower than England		Similar to England		Higher than England		

Stroke

‘Stroke is the third most common cause of death in the developed world. One quarter of stroke deaths occur under the age of 65 years. There is evidence that appropriate diagnosis and management can improve outcomes.’ Office of Health & Disparities

Sefton has a significantly higher rate of strokes compared to England, with the Borough also higher than LCR and the North West. (Figure / Table 90).

Figure / Table 90: Stroke – QOF prevalence (% of total population)



Respiratory Diseases

‘Chronic respiratory diseases affect the airways and other structures of the lungs. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension. In addition to tobacco smoke, other risk factors include air pollution, occupational chemicals and dusts, and frequent lower respiratory infections during childhood.’ WHO

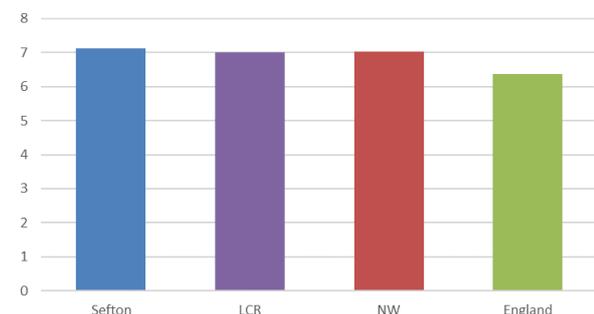
Asthma

The WHO state that asthma is a long-term condition causing the narrowing of air passages in the lungs which affects both children and adults.

Untreated or inadequately managed asthma can lead to disturbed sleep, tiredness and reduced concentration impacting on a sufferer’s daily life. In some severe cases emergency care and hospitalisation may be required, with some extreme clinical episodes leading to death.

In 2020/21, QOF prevalence figures show that the rate of diagnosed cases of asthma cases in Sefton is similar to the rate in LCR and the North West region. All three areas have a significantly higher asthma rate than England (Figure / Table 91).

Figure / Table 91: Asthma – QOF prevalence (% of population aged 6 and over)



Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2020/21	18681	7.1	7.0	7.0	6.4
Significantly above England					

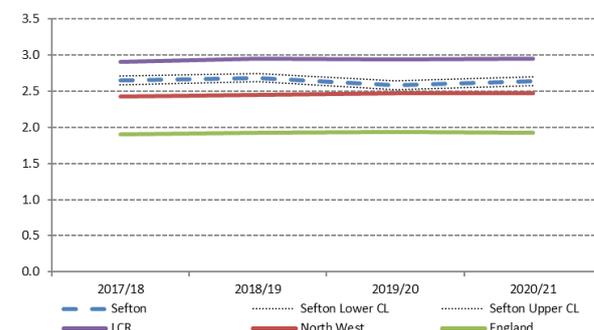
Chronic Obstructive Pulmonary Disease (COPD)

‘Chronic Obstructive Pulmonary Disease (COPD) is a common disabling condition with a high mortality. The most effective treatment is smoking cessation. Oxygen therapy has been shown to prolong life in the later stages of the disease and has also been shown to have a beneficial impact on exercise capacity and mental state. Some patients respond to inhaled steroids. Many patients respond symptomatically to inhaled beta agonists and anti-cholinergics. Pulmonary rehabilitation has been shown to produce an improvement in quality of life.

The majority of patients with COPD are managed by GPs and members of the primary healthcare team with onward referral to secondary care when required.’ Office of Health & Disparities

Rates of COPD in Sefton have remained static over the last four years (2017/18 – 2020/21). The Sefton’s COPD rate is significantly higher than regional and national rates, but lower than the average rate for LCR. Sefton is ranked within the highest 20% of LAs across England (Figure / Table 92).

Figure / Table 92: COPD – QOF prevalence (% of total population)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2017/18	7308	2.6	2.6	2.7	2.9	2.4	1.9
2018/19	7335	2.7	2.6	2.7	3.0	2.5	1.9
2019/20	7180	2.6	2.5	2.6	2.9	2.5	1.9
2020/21	7328	2.6	2.6	2.7	2.9	2.5	1.9
Highest quintile					2nd highest quintile		

Hospital Admissions

Elective Admissions

‘Elective hospital episodes’ refers to treatment in hospital that is planned rather than during an emergency admission to hospital. Examples of elective care include operations to replace a hip or knee joint. According to Nuffield trust, the rate of elective hospital episodes is negatively impacted by increasing demand for emergency care beds. This can cause patients to wait longer for treatment for example ‘affecting patients with a suspected cancer diagnosis, where faster diagnosis often leads to improved outcomes.’

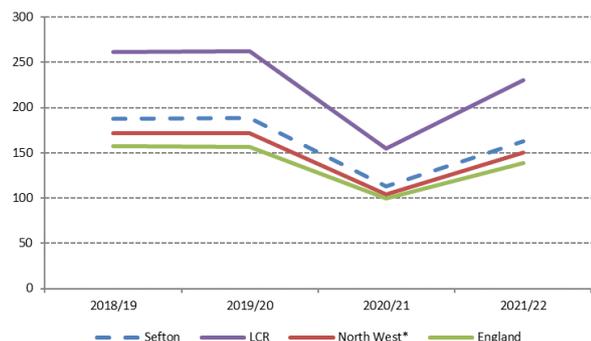
Sefton’s crude rates of elective hospital episodes have been slightly higher than those of the North West and England for the past four years. The average rate for LCR is higher than in Sefton. There is a clear reduction in 2020/21 in elective episodes due to the COVID-19 pandemic (Figure / Table 93).

Non-Elective Admissions

NHS non-elective admissions are unplanned or emergency admissions. The Borough has higher non-elective hospital episodes than seen regionally and nationally over the past four years (2018/19 to 2021/22). The COVID-19 pandemic had a minimal effect on the crude non-elective episode rate (Figure / Table 94). However, this statistic does not show the change in make-up of unplanned admissions when in-hospital treatment

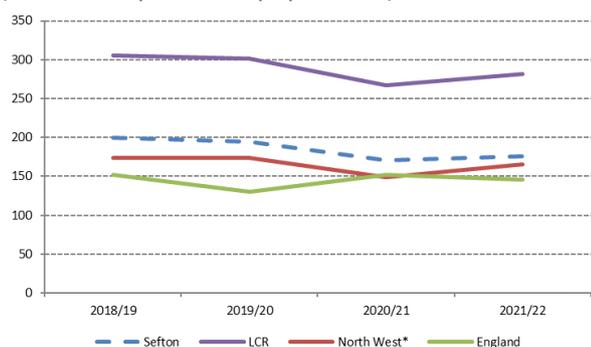
for COVID-19 effectively displaced some elective and more non-elective inpatient activity in hospitals across England. It should also be noted that as this is a crude rate differences in the age profiles of the four population areas shown are likely to account for at least some of the differences in hospital episode rates.

Figure / Table 93: Hospital episodes – Elective (crude rate per 1,000 population)



Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2018/19	51540	187.1	261.5	171.6	157.0
2019/20	52070	188.4	262.6	171.9	156.7
2020/21	31180	113.0	154.8	104.0	99.3
2021/22	44975	163.0	230.3	149.8	139.1

Figure / Table 94: Hospital episodes – Non-Elective (crude rate per 1,000 population)



Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2018/19	54955	199.5	305.5	174.2	151.8
2019/20	53740	194.4	300.9	173.5	130.1
2020/21	46960	170.2	266.8	148.5	152.1
2021/22	48370	175.3	281.2	165.0	145.5

*North West is created using the best fit former CCGs by North West LAs as a small number of the former CCGs have areas were outside of the North West region

Premature Mortality

Premature Mortality is defined as deaths occurring before the age of 75.

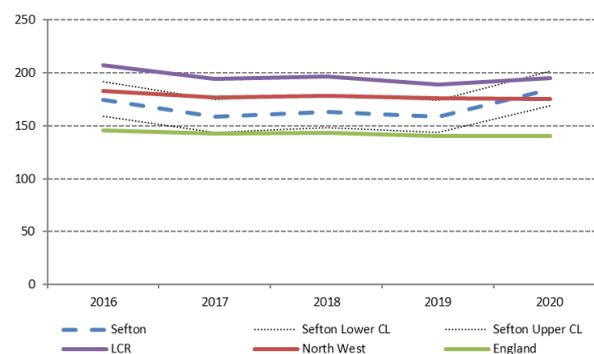
Causes considered preventable

Mortality for causes considered preventable includes deaths due to causes where all or most deaths could potentially be prevented by public health interventions.

Premature mortality from causes considered preventable is significantly higher in Sefton than England, after taking account of Sefton's population profile (fewer under 50s, more over 50s), with Sefton moving non-significantly above the North West in 2020. The Borough has shown a slight overall rate increase of 9% from 2016 – 2020 (Figure / Table 95). The main targets for primary prevention are:

- not smoking
- being active
- healthy diet and weight
- alcohol within recommended limits
- air quality
- occupational exposures
- liver infection with hepatitis virus.

Figure / Table 95: Premature mortality from causes considered preventable (directly standardised rate per 100,000 population aged under 75)



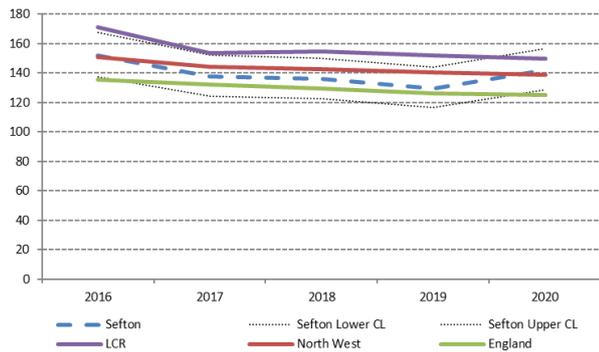
Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016	459	174.9	159.1	191.7	207.6	182.7	145.8
2017	423	158.7	143.8	174.7	194.3	176.5	142.7
2018	447	163.2	148.3	179.1	196.9	178.0	143.5
2019	429	158.3	143.5	174.1	188.7	176.1	140.6
2020	500	184.5	168.5	201.6	195.2	175.2	140.5

Better than England Similar to England Worse than England

Cancer

The rate of premature mortality due to cancer within Sefton is similar to that seen regionally and nationally, with LCR being slightly higher. Between 2016 and 2019 premature mortality due to cancer fell in the Borough, with 2020 seeing a slight rise (Figure / Table 96).

Figure / Table 96: Premature mortality – Cancer (directly standardised rate per 100,000 population aged under 75)

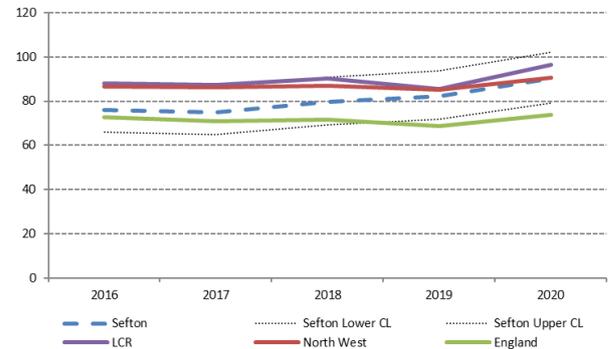


Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	412	151.9	137.5	167.3	171.2	150.5	135.6
2017	381	137.4	124.0	152.0	153.8	144.3	131.9
2018	381	135.8	122.4	150.2	154.4	142.4	129.4
2019	366	129.6	116.6	143.7	151.8	140.5	126.4
2020	408	142.1	128.6	156.6	149.4	139.0	125.1
	Better than England		Similar to England		Worse than England		

All Cardiovascular Diseases

In Sefton, premature mortality due to all forms of cardiovascular disease has shown a year on year increase from 2016 to 2020, with an overall standardised rate increase of 22%. Sefton's rate has moved significantly above England's but has remained lower or similar to the North West and LCR (Figure / Table 97). Sefton's trend appear to show a faster rate of increase than comparator areas. The 2020 rise in this and the other premature mortality indicators presented in this section is likely to reflect the direct and indirect impact of the pandemic on mortality risk in under 75s with long-term conditions, combined with large pre-existing health inequalities in Sefton; with the upward trend further accentuated by relatively small numbers of deaths in Sefton compared to the other areas.

Figure / Table 97: Premature – All cardiovascular diseases (directly standardised rate per 100,000 population aged under 75)

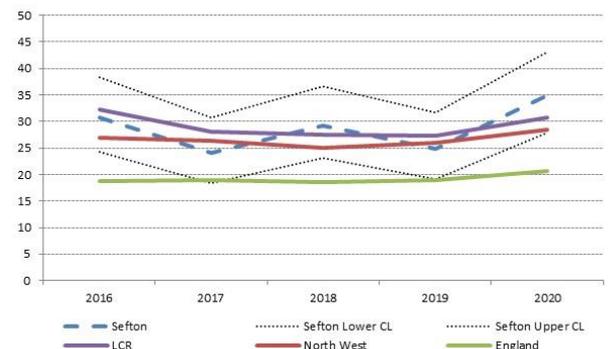


Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016	203	76.1	65.9	87.3	88.1	86.7	72.7
2017	206	74.9	65.0	85.9	87.3	86.2	70.9
2018	220	79.5	69.3	90.8	90.4	86.9	71.6
2019	228	82.2	71.8	93.7	85.6	85.1	68.9
2020	248	90.1	79.1	102.1	96.3	90.5	73.8
	Better than England		Similar to England		Worse than England		

Liver Disease

Rates of premature mortality due to liver disease in the Borough have fluctuated across the past five years (2016-2020), with 2020 being the highest rate seen. Sefton's rate was higher than the LCR and North West rates and significantly higher than England in 2020 (Figure / Table 98). Death from liver disease is almost entirely caused by preventable causes – alcohol, hepatitis and obesity. Death from liver disease usually occurs earlier in life than other chronic conditions – typically in the fifth decade. The rise in death from liver disease in 2020 in Sefton and all three comparator areas likely reflects the impact of the pandemic on health services, and changes in help-seeking behaviour and drinking behaviour.

Figure / Table 98: Premature mortality – Liver disease (directly standardised rate per 100,000 population aged under 75)

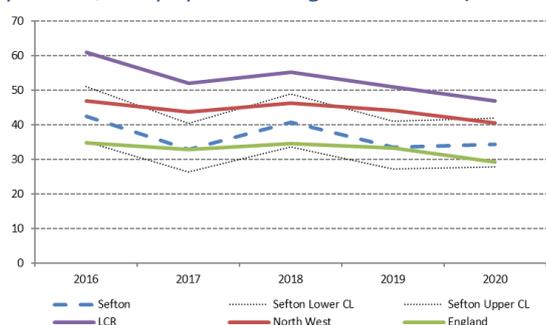


Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016	79	30.8	24.3	38.4	32.3	27.0	18.8
2017	63	24.0	18.4	30.8	28.1	26.4	19.0
2018	78	29.3	23.1	36.7	27.4	25.0	18.5
2019	66	24.9	19.2	31.7	27.2	25.9	18.9
2020	89	34.9	28.0	43.1	30.6	28.4	20.6
	Better than England		Similar to England		Worse than England		

Respiratory Diseases

Overall, there has been a rate change reduction of 13% in the premature mortality rates relating to respiratory diseases in Sefton between 2016 – 2020, a pattern seen across the three comparator areas, though Sefton remains slightly higher than England, but below LCR and the North West (Figure / Table 99). This picture is likely to reflect Sefton’s relatively lower rates of smoking compared to other areas. At the borough level, this indicator does not reflect the major inequalities in chronic respiratory disease and other smoking-related illness.

Figure / Table 99: Premature mortality – Respiratory diseases (directly standardised rate per 100,000 population aged under 75)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016	114	42.5	35.1	51.1	60.9	46.9	34.8
2017	91	32.9	26.5	40.5	52.1	43.7	33.0
2018	114	40.7	33.5	48.9	55.3	46.2	34.7
2019	95	33.6	27.2	41.1	50.9	44.3	33.3
2020	99	34.4	27.9	41.9	46.9	40.6	29.4
	Better than England		Similar to England		Worse than England		

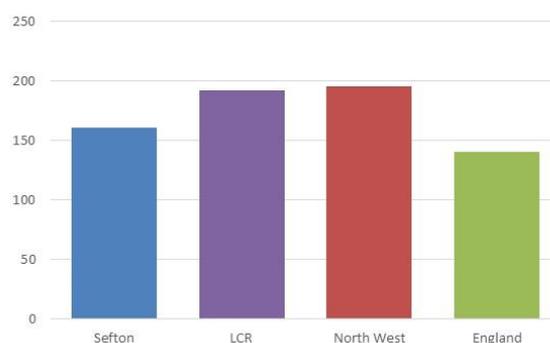
COVID-19 Mortality

In 2020, there were 567 deaths in Sefton associated with COVID-19 (where COVID-19 was mentioned anywhere on the death certificate), with 59% of those dying being male. 139 deaths related to residents under the age of 75. After adjusting for age differences across populations, the Borough had a significantly higher mortality rate than England but lower than the North West

and Liverpool City Region (LCR) levels (Figure / Table 100 & 101).

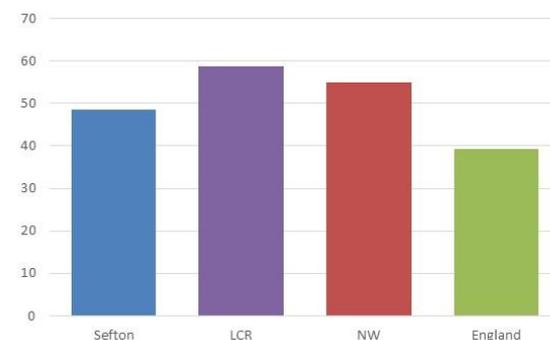
A socioeconomic gradient exists for COVID-19 mortality. Across England, the age standardised COVID-19 mortality rate for people living in the most deprived ten percent of the population is almost 3 times than for those living in the least deprived ten percent. For the under 75s, the gap is wider - approximately 4.5 times higher in the most deprived compared to the least deprived. As such it is important to recognise that COVID-19 mortality will not have been distributed evenly across the Sefton population, with certain communities experiencing a greater burden than others.

Figure / Table 100: Mortality rate for deaths involving COVID-19 (directly age-standardised rate per 100,000 population)



Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2020	567	161.1	192.5	195.8	140.1
	Better than England		Similar to England		Worse than England

Figure / Table 101: Mortality rate for deaths involving COVID-19 in those Under 75 (directly age-standardised rate per 100,000 population aged under 75)



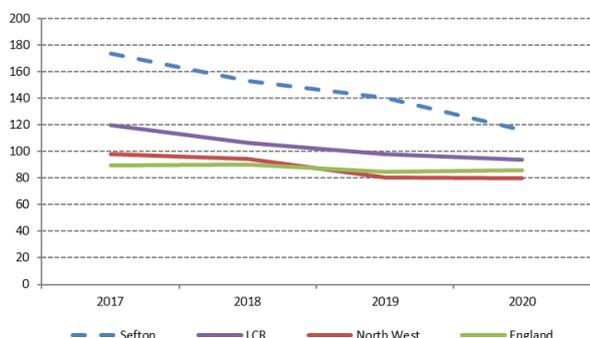
Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2020	139	48.5	58.8	54.9	39.2
Better than England		Similar to England		Worse than England	

KSI Casualties on England’s Roads

‘Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. The need for safer roads is also linked to public health strategy, and existing government-backed initiatives, to increase "active travel" and physical activity.’ Office of Health & Disparities

Sefton’s KSI rates on England’s roads have reduced year on year from 2017 – 2020 with an overall decrease of 44% in the annual number of deaths. The Borough consistently has higher rates than the three comparator areas, but the gap has closed considerably over time (Figure / Table 102).

Figure / Table 102: KSI on England’s roads (crude rate per 1 billion vehicles)



Period	Sefton		LCR	NW	England
	Count	Rate	Rate	Rate	Rate
2017	143	173.3	119.6	98.1	89.5
2018	127	152.9	106.5	94.5	90.0
2019	121	140.5	97.8	80.7	84.8
2020	80	116.2	93.5	79.5	86.1

Values are modelled or synthetic estimates

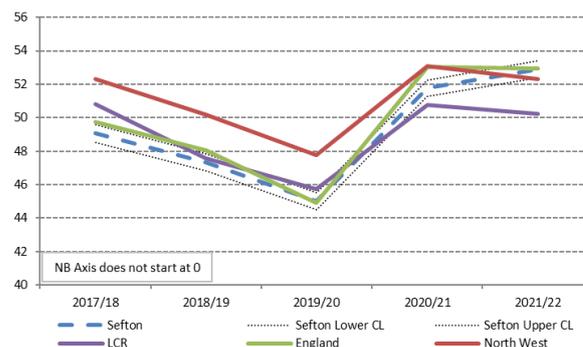
Vaccinations

Flu (at risk groups)

A target has been set by the NHS to vaccinate 55% of at-risk people (aged between 6 months and 64) against Flu. Sefton, however, has not met this target between 2017/18 and 2021/22, a pattern

also seen across LCR, the North West and England. In the Borough, there has been a considerable increase in uptake over the past two years with 2021/22 having the highest rate within the past five years (Figure / Table 103).

Figure / Table 103: Population vaccination coverage – Flu (% of at risk individuals aged 6 months to under 65 excluding ‘healthy’ pregnant women and carers)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2017/18	17887	49.0	48.5	49.6	50.8	52.3	49.7
2018/19	17594	47.3	46.8	47.9	47.6	50.2	48.0
2019/20	15510	45.0	44.5	45.5	45.7	47.8	44.9
2020/21	20749	51.8	51.3	52.2	50.8	53.1	53.0
2021/22	21016	52.9	52.4	53.4	50.3	52.3	52.9

< 55% ≥ 55%

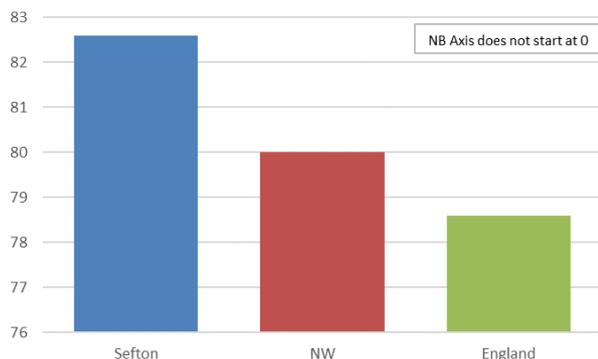
COVID-19

As of 19 January 2023, there have been:

- 213,912 first doses of the COVID-19 vaccination administered to Sefton residents (aged 12 and over) this makes up 83% of the population, which is higher than the North West and England uptake (Figure / Table 104).
- 205,901 second doses have been administered in Sefton – 80% of residents (aged 12 and over), higher than the North West and England uptake (Figure / Table 105).
- 167,618 of the Borough’s residents received the booster / third dose, 65% of Sefton’s population (aged 12 and over) compared to the 60% seen both regionally and nationally (Figure / Table 106).

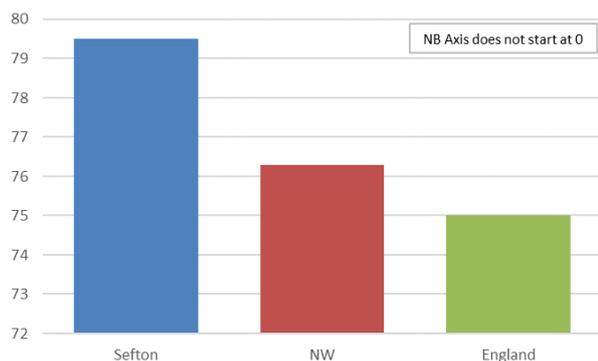
It is important to note that vaccination coverage varies across the Borough. Areas with higher numbers of young people and higher levels of socio-economic disadvantage have lower rates of vaccination.

Figure / Table 104: COVID-19 vaccinations – First Dose (% of population aged 12 and over)



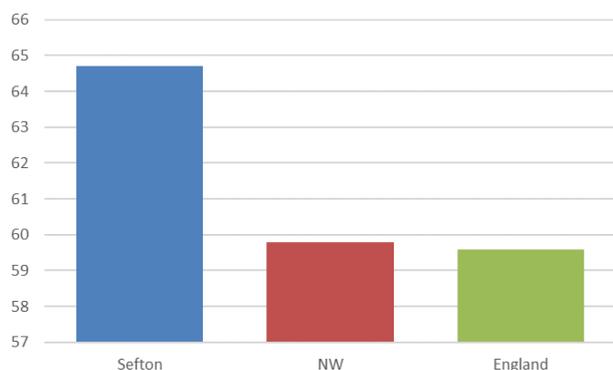
Dose	Sefton		NW	England
	Count	Rate	Rate	Rate
1st Dose	213,912	82.6	80.0	78.6

Figure / Table 105: COVID-19 vaccinations – Second Dose (% of population aged 12 and over)



Dose	Sefton		NW	England
	Count	Rate	Rate	Rate
2nd Dose	205,901	79.5	76.3	75.0

Figure / Table 106: COVID-19 vaccinations – Booster / Third Dose (% of population aged 12 and over)



Dose	Sefton		NW	England
	Count	Rate	Rate	Rate
Booster / 3rd Dose	167,618	64.7	59.8	59.6

Ageing Well

Dementia

“Dementia is a syndrome characterised by an insidious but ultimately catastrophic, progressive global deterioration in intellectual function and is a main cause of late-life disability.” *Office for Health Improvement & Disparities*

Research by the Alzheimer’s Society estimates that there are 850,000 people with dementia in the UK – 1 in 14 of the population aged 65 and over. Alzheimer’s disease is the most common form of dementia, accounting for 50 - 75% of cases. Vascular dementia, the second most common subtype, is estimated to account for 20% of cases.

NHS England states ‘There is a considerable economic cost associated with the disease estimated at £23 billion a year, which is predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke.’

General practice registers of patients diagnosed with dementia can give an idea of prevalence locally. However, it is important to acknowledge that this data relates to diagnosed patients. Residents who are not yet diagnosed or are not in contact with general practice will not be captured. As such it is likely that these figures underestimate local prevalence. When comparing these figures to comparator areas it is also important to note that differences in prevalence will reflect differences in demographic profile (e.g. age, ethnicity) and possibly diagnostic and recording practices.

According to the 2020/21 Quality and Outcomes Framework (QOF – an annual voluntary data collection relating to the health of patients registered at participating GP practices) 1% of all residents in Sefton (2,574) have dementia, with the Borough consistently having a significantly higher rate than the comparator areas of LCR, North West and England (Figure / Table 107).

In 2020, there were 77 people in Sefton under the age of 65 recorded to have Dementia, the

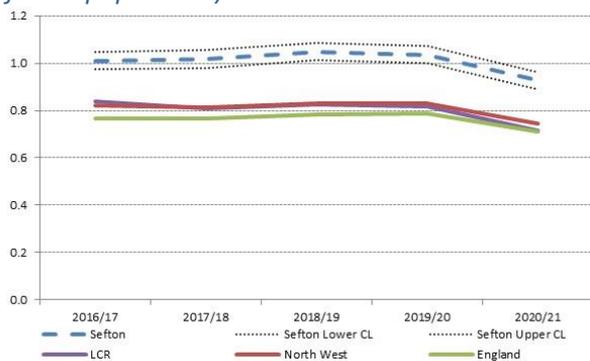
Borough has had a similar rate to England over the past four years (Figure / Table 108). Rates have reduced year on year in Sefton (2017 to 2020). The recent impact from the pandemic on prevalence and diagnosis is unclear.

Similarly, the prevalence of diagnosed dementia in those aged 65 and over in the Borough who have the condition is similar to England but shows a reducing trend over the past four years (Figure / Table 109). In 2022, 63% of Sefton’s population aged 65 and over estimated to have dementia, actually have a recorded diagnosis of dementia (2,643 people) (Figure / Table 110).

The COVID-19 pandemic has likely played a part in recent reductions in patients recorded on dementia registers. The move away from face-to-face primary care assessments, disruption to local memory clinics and changes in patients’ health seeking behaviour during this period all impacting on diagnosis rates.

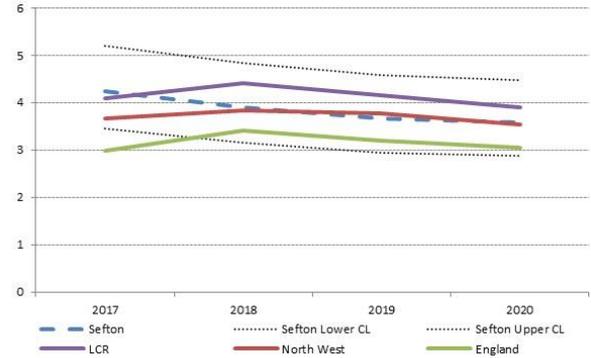
Emergency hospital admissions due to dementia have shown year on year increases in Sefton, with the Borough rates being significantly higher than the North West, where rates have fallen and England in 2019/20 after adjustment for population age differences (Figure / Table 111).

Figure / Table 107: Dementia – QOF prevalence (% of total population)



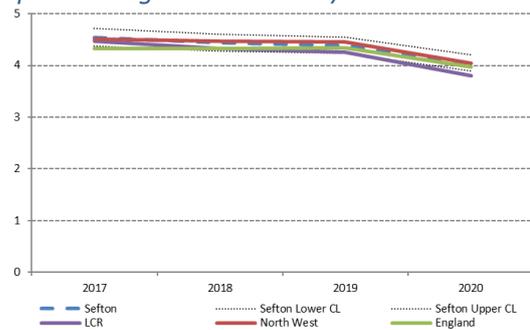
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2016/17	2746	1.0	1.0	1.0	0.8	0.8	0.8
2017/18	2805	1.0	1.0	1.1	0.8	0.8	0.8
2018/19	2862	1.0	1.0	1.1	0.8	0.8	0.8
2019/20	2878	1.0	1.0	1.1	0.8	0.8	0.8
2020/21	2574	0.9	0.9	1.0	0.7	0.7	0.7
	Lower than England		Similar to England		Higher than England		

Figure / Table 108: Dementia – Aged under 65 crude recorded prevalence (crude rate per 10,000 population aged under 65)



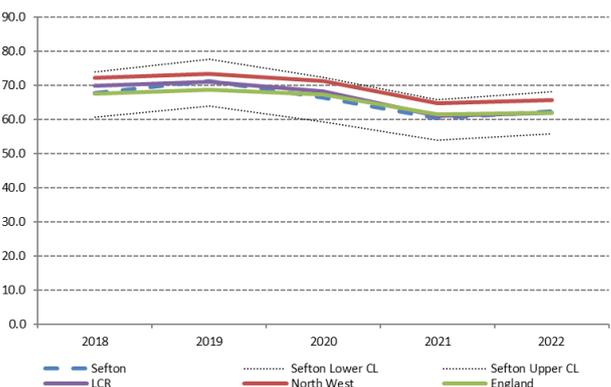
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	91	4.2	3.5	5.2	4.1	3.7	3.0
2018	84	3.9	3.2	4.8	4.4	3.8	3.4
2019	79	3.7	2.9	4.6	4.2	3.8	3.2
2020	77	3.6	2.9	4.5	3.9	3.5	3.0
	Lower than England		Similar to England		Higher than England		

Figure / Table 109: Dementia – Aged 65 and over crude recorded prevalence (crude rate per 10,000 population aged 65 and over)



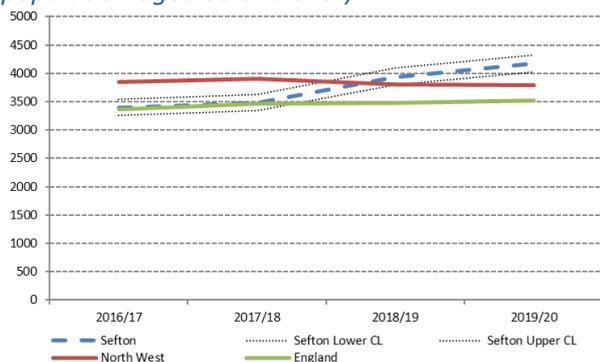
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	2770	4.5	4.4	4.7	4.5	4.5	4.3
2018	2752	4.4	4.3	4.6	4.3	4.5	4.3
2019	2759	4.4	4.2	4.6	4.3	4.5	4.3
2020	2544	4.0	3.9	4.2	3.8	4.0	4.0

Figure / Table 110: Dementia – Estimated diagnosis (% of population aged 65 and over estimated to have dementia who have a dementia diagnosis)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2018	2718	67.7	60.7	73.9	70.0	72.2	67.5
2019	2930	71.3	63.9	77.7	71.0	73.4	68.7
2020	2764	66.3	59.4	72.4	68.3	71.3	67.4
2021	2503	60.3	53.9	65.9	61.0	64.9	61.6
2022	2643	62.5	55.9	68.2	62.0	65.7	62.0
	Better than England		Similar to England		Worse than England		

Figure / Table 111: Dementia – Emergency admissions (directly standardised rate per 100,000 population aged 65 and over)



Period	Sefton				NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL		
2016/17	2280	3398.3	3259.3	3541.6	3850.0	3364.6
2017/18	2375	3480.3	3340.8	3624.1	3903.6	3470.8
2018/19	2740	3938.9	3791.7	4090.3	3806.9	3479.8
2019/20	2980	4175.6	4026.0	4329.4	3794.6	3517.3
	Better than England		Similar to England		Worse than England	

Falls

‘A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. Having a fall can happen to anyone; it is an unfortunate but normal result of human anatomy. However, as people get older, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures.’ Office of Health & Disparities

Multiple risk factors are often involved in falls including:

- muscle weakness
- poor balance
- visual impairment
- the use of multiple medicines or certain medicines
- environmental hazards (e.g. wet floors, dim lighting)
- some specific medical conditions, which might make a person more likely to fall

Falls are often preventable and reducing their occurrence is important for keeping residents healthy and independent as they age.

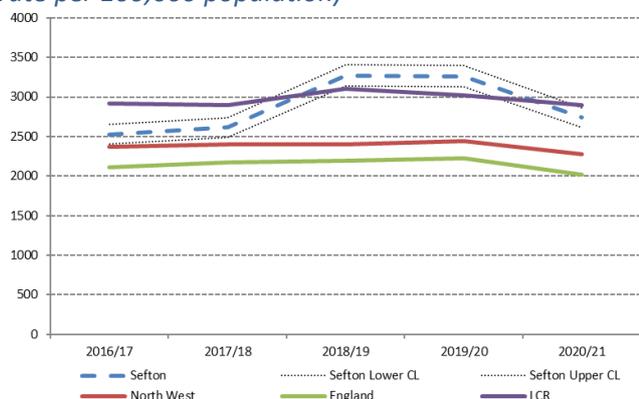
Sefton’s standardised rate of emergency hospital admissions due to falls in people aged 65 and over was significantly lower in 2020/21 compared to 2019/20. Some of the reduction is likely linked to the COVID-19 pandemic. However, it should be noted that Sefton has seen a sharper reduction than comparator areas. Prior to 2020/21, Sefton’s rate had generally risen (a 29% rate change increase between 2016/17 and 2019/20). Sefton’s rate has consistently been significantly above the England and North West rates (Figure/Table 112).

Sefton’s standardised rate of emergency hospital admissions for hip fractures in people aged 65 and over has remained relatively stable between 2016/17 and 2020/21. Sefton’s rate in 2017/18 was significantly lower than the North West rate but no other significant differences were found between Sefton and the comparator areas (Figure/Table 113).

Estimates of emergency hospital admissions due to falls and hip fractures in people aged 65 and over have been produced for 2021/22. These use population estimates from the 2021 Census and are therefore not comparable with the previous estimates above, which use older population estimates.

In 2021/22 Sefton’s rate of emergency hospital admissions due to falls in people aged 65 is 2761 per 100,000. This is not significantly different to the LCR rate but significantly higher than the North West and England rates. Sefton’s rate of emergency hospital admissions for hip fractures in people aged 65 and over is 604 per 100,000 – not significantly different to the LCR, North West or England.

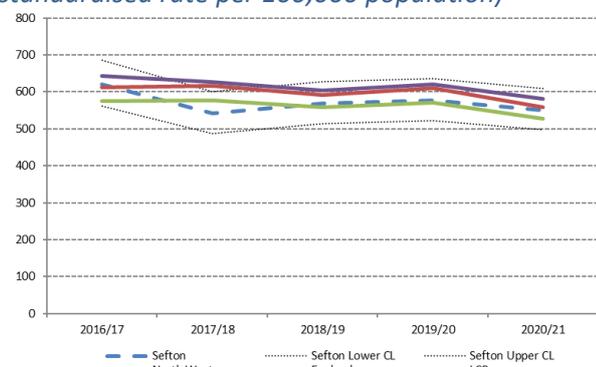
Figure / Table 112: Falls – Emergency admissions in people aged 65 and over (directly standardised rate per 100,000 population)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	1658	2529	2408	2655	2916	2373	2114
2017/18	1751	2615	2493	2742	2901	2399	2170
2018/19	2215	3273	3137	3413	3102	2404	2199
2019/20	2270	3259	3125	3396	3017	2437	2222
2020/21	1915	2739	2617	2865	2894	2273	2023

Better than England
Similar to England
Worse than England

Figure / Table 113: Hip Fractures– Emergency admissions in people aged 65 and over (directly standardised rate per 100,000 population)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	406	621	562	685	644	612	575
2017/18	367	542	487	601	627	617	578
2018/19	390	569	513	629	604	591	559
2019/20	410	577	522	637	620	610	572
2020/21	390	551	497	609	580	559	529

Better than England
Similar to England
Worse than England

Sensory Impairment

Sensory impairment is when someone has a problem with one or more of their senses, for example hearing or vision. People can be affected by sensory impairment at any stage of life, but the older a person the greater their risk.

Sight loss

A Certificate of Vision Impairment (CVI) certifies a person as either sight impaired (partially sighted)

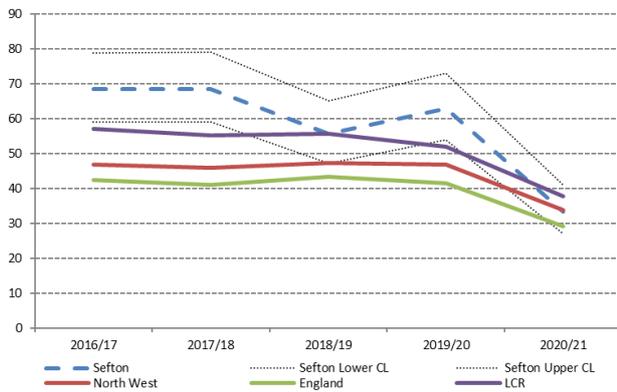
or severely sight impaired (blind). The CVI provides access for someone with sight loss to social care services.

In 2020/21, Sefton’s crude rate of sight loss certifications was 33.3 per 100,000 – just over half of the 2019/20 rate (62.9 per 100,000). The COVID-19 pandemic likely played a part in the reduction of sight loss certifications. In 2021, The Royal College of Ophthalmologists suggested that there was a substantial backlog of people who were not offered certification when lockdown restrictions were in place. In 2020/21 Sefton’s rate of sight loss certifications was not significantly different to the England, North West or LCR rates. However, prior to the pandemic, Sefton’s rate was consistently significantly above the rate for England.

The most common cause of preventable sight loss in those aged 65 and over is age-related macular degeneration (AMD). AMD causes changes to the macula, affecting a person’s central vision (vision used when looking straight at something e.g. when reading). In 2020/21, Sefton’s crude rate of sight loss certifications due to AMD saw a big reduction compared with 2019/20. However, Sefton’s rate had been decreasing prior to the pandemic (a 27% reduction in rate can be seen between 2016/17 and 2019/20). Sefton’s rate of certifications due to AMD has not differed significantly from England or the North West since 2018/19 and was significantly lower than the city region average in 2020/21.

It should be noted that sight loss certification is voluntary, so the true prevalence of sight loss is likely to be higher than presented here. The Royal National Institute for Blind People (RNIB) Sight Loss Data tool estimates that in Sefton, approximately 11,770 people are living with sight loss and the majority are aged 65 or over (9,810). By 2032 the total number of residents with sight loss is predicted to rise 16% to 13,600 people.

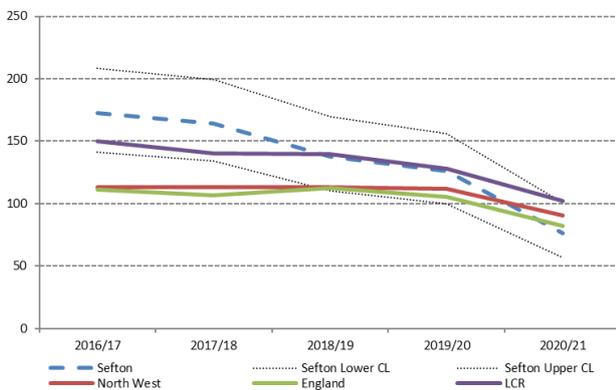
Figure / Table 114: Sight Loss Certifications (Crude rate per 100,000)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	188	68.4	59.0	78.9	57.0	46.7	42.4
2017/18	188	68.5	59.0	79.0	55.1	45.8	41.1
2018/19	153	55.6	47.1	65.1	55.6	47.3	43.4
2019/20	174	62.9	53.9	73.0	52.0	46.7	41.4
2020/21	92	33.3	26.9	40.9	37.7	33.8	29.2

Better than England
Similar to England
Worse than England

Figure / Table 115: Sight Loss Certifications due to Age-Related Macular Degeneration (Crude rate per 100,000)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL	Rate	Rate	Rate
2016/17	108	172.5	141.5	208.3	150.2	113.3	111.3
2017/18	104	164.3	134.2	199.1	140.4	113.0	106.7
2018/19	88	137.4	110.2	169.3	139.4	113.3	112.3
2019/20	82	125.9	100.1	156.3	127.8	111.7	105.4
2020/21	50	76.4	56.7	100.7	102.2	90.3	82.0

Better than England
Similar to England
Worse than England

Hearing Loss

‘A person is said to have hearing loss if they are not able to hear as well as someone with normal hearing, meaning hearing thresholds of 20 dB or better in both ears. It can be mild, moderate, moderately severe, severe or profound, and can affect one or both ears.’ World Health Organization

As with visual impairment, hearing loss can occur at any age but prevalence increases with age. The

Royal National Institute for Deaf People (RNID) suggests that hearing loss affects 40% of people over 50 in the UK rising to more than 70% of people over 70. Age related hearing loss is the single biggest cause of hearing loss.

NHS England modelled estimates of hearing loss suggest that in Sefton 54,405 adults aged 18 or over have a hearing loss of 25 dB or more. This equates to approximately 26% of the adult population, slightly higher than estimates for the North West region and England (both 22%). In those aged over 60, 46,570 are estimated to have a hearing loss of 25 dB or more.

These figures are also predicted to rise. In Sefton, by 2030 it is estimated that 65,770 people aged 18 and over and 55,587 people aged over 60 will have hearing loss of 25 dB or more.

Table 116: Sefton adults with hearing loss of 25dB or more by age group (Modelled Estimates)

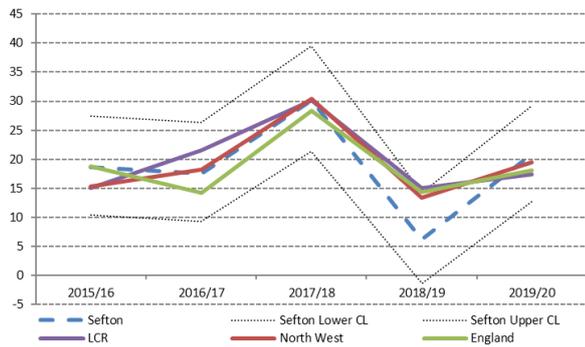
Age	2015	2020	2025	2030	2035
18-30	714	671	619	619	649
31-40	780	849	894	874	796
41-50	3,033	2,561	2,419	2,630	2,771
51-60	7,645	7,754	7,068	6,061	5,792
61-70	12,624	12,912	14,265	14,633	13,497
71-80	15,269	16,991	18,159	18,855	21,050
>80	14,878	16,667	18,513	22,099	24,562
Total	54,942	58,405	61,938	65,770	69,118

Excess Winter Deaths

‘The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well-equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Research carried out by the Eurowinter Group and Curwen found that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.’ Office of Health & Disparities

The excess winter death index within Sefton has fluctuated across the past five years. In 2019/20 the Borough had a slightly higher index than that of LCR, the North West and England (Figure / Table 117).

Figure / Table 117: Excess winter deaths index (%)



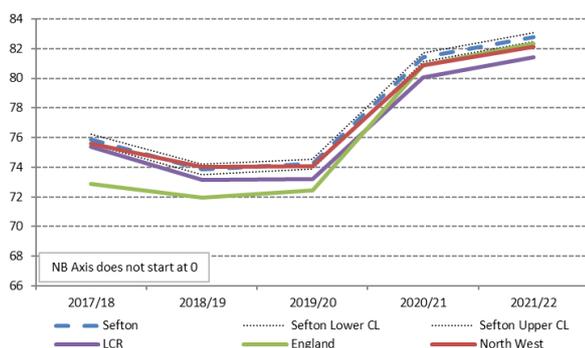
Aug-Jul	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2015/16	190	18.6	10.4	27.4	15.1	15.3	18.8
2016/17	170	17.5	9.3	26.3	21.6	18.2	14.2
2017/18	310	30.2	21.4	39.5	30.1	30.4	28.4
2018/19	60	6.2	-1.4	14.3	15.1	13.4	14.4
2019/20	230	20.8	12.8	29.3	17.4	19.5	18.1
		Better than England	Similar to England			Worse than England	

Vaccinations

Flu in those 65 and Over

The number of residents aged 65 and over receiving the flu vaccine in Sefton has increased substantially between 2017/18 and 2021/22 with an overall rise in numbers of 7%. Similar results can be seen across the comparator areas. The NHS target for this age group is set at 75%. Sefton has met this target in three of the last five years (Figure / Table 118).

Figure / Table 118: Population vaccination coverage – Flu (% of population over 65)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2017/18	46222	75.9	75.5	76.2	75.4	75.6	72.9
2018/19	45774	73.8	73.5	74.2	73.2	74.0	72.0
2019/20	46650	74.2	73.9	74.6	73.2	74.1	72.4
2020/21	50923	81.4	81.1	81.7	80.1	80.9	80.9
2021/22	49347	82.8	82.5	83.1	81.4	82.1	82.3
		< 75%	≥ 75%				

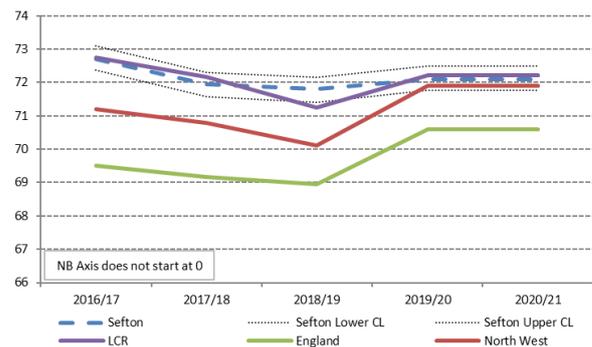
Pneumococcal Polysaccharide Vaccine (PPV)

'Pneumococcal infections can be non-invasive such as bronchitis, otitis media or invasive such as septicaemia, pneumonia, meningitis.

Cases of invasive pneumococcal infection usually peak in the winter during December and January. The PPV protects against 23 types of Streptococcus pneumoniae bacterium. It is thought that the PPV is around 50-70% effective at preventing more serious types of invasive pneumococcal infection' Office of Health & Disparities

Within Sefton there has been a slight reduction in the uptake of PPV between 2016/17 and 2020/21, though it remains within the mid-range benchmark. The Borough has significantly higher uptake than seen nationally and is similar to the LCR and the North West (Figure / Table 119).

Figure / Table 119: Population vaccination coverage - PPV (% of population over 65)



Period	Sefton				LCR	NW	England
	Count	Rate	Lower CL	Upper CL			
2016/17	44337	72.7	72.4	73.1	72.7	71.2	69.5
2017/18	41909	71.9	71.6	72.3	72.2	70.8	69.2
2018/19	41335	71.8	71.4	72.1	71.2	70.1	69.0
2019/20	42404	72.1	71.8	72.5	72.2	71.9	70.6
2020/21	42404	72.1	71.8	72.5	72.2	71.9	70.6
		< 65%	65% to 75%	≥ 75%			

COVID-19 Booster

In Spring 2022, a COVID-19 booster vaccination was offered to people aged 75 years and over. Later in the Autumn of 2022 people aged 50 years and older were also offered a booster vaccination (the Autumn booster).

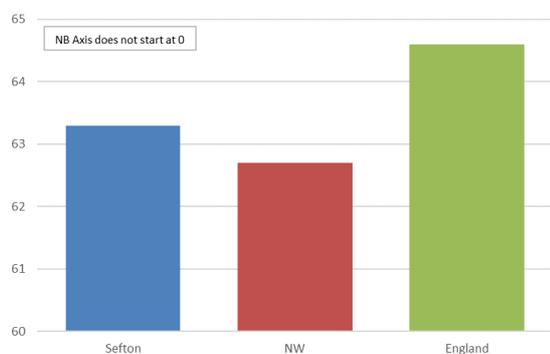
As of 19th January 2023:

- 82,658 Sefton residents aged 50 and over have received an autumn COVID-19 booster vaccination (63.3%), slightly lower than England (64.6%) but slightly higher

than the North West average (62.7%) (Figure/Table 120)

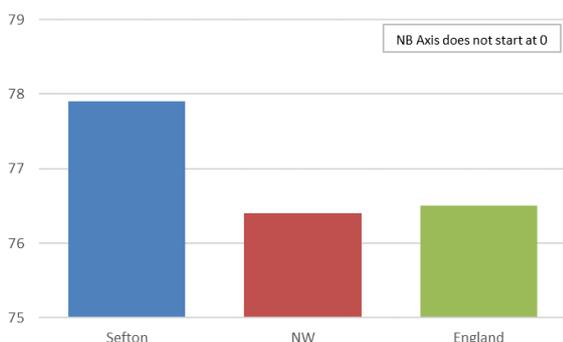
- Autumn booster uptake is higher amongst older age groups compared to younger groups – Over 80% of those aged 75 and over have received an Autumn booster compared to less than half of 50-59 year olds
- 25,838 people aged 75 and over received the Spring booster (77.9%), slightly higher than both the North West (76.4%) and England proportions (76.5%) (Figure/Table 121)

Figure / Table 120 : COVID-19 vaccinations – Autumn Booster (% of population aged 50 and over)



Dose	Sefton		NW	England
	Count	Rate	Rate	Rate
Autumn Booster	82,658	63.3	62.7	64.6

Figure / Table 121: COVID-19 vaccinations – Spring Booster (% of population aged 75 and over)



Dose	Sefton		NW	England
	Count	Rate	Rate	Rate
Spring Booster	25,838	77.9	76.4	76.5

Cancer Screening

The UK currently has 3 cancer screening programmes - for bowel, breast, and cervical cancer. These programmes aim to find cancers at an early stage or changes that could develop into cancer if left untreated.

Bowel Cancer Screening

In England, bowel cancer screening is offered to men and women aged 60 to 74 years every 2 years. The programme is expanding to make it available to everyone aged 50 to 59 years. This is happening gradually over 4 years and started in April 2021

Sefton’s proportion of 60- to 74-year-olds adequately screened for bowel cancer increased to 63.2% between 2017 and 2020. However, in 2021 the proportion reduced to 57.4%, the lowest rate since 2016 (Figure/Table 122). The Borough has significantly lower uptake than seen nationally and regionally but significantly higher uptake than the LCR average.

Cervical Cancer Screening

Cervical screening is offered to women between the ages of 25 and 64. After the age of 50 women are invited to screening every 5 years. Prior to this screening is offered every 3 years (figures for cervical screening in 25 -49 year olds is available in the Living Well section of this report).

In 2021, 71.6% of women in Sefton aged 50 to 64 who were eligible for cervical cancer screening had been adequately screened in the previous 5.5 years. This was a fall in coverage for 2021– a trend similar to that seen in comparator areas (Figure/Table 123). Sefton’s proportion of 50 to 64 year olds screened has been consistently lower than the England and North West averages but does not significantly differ from the LCR.

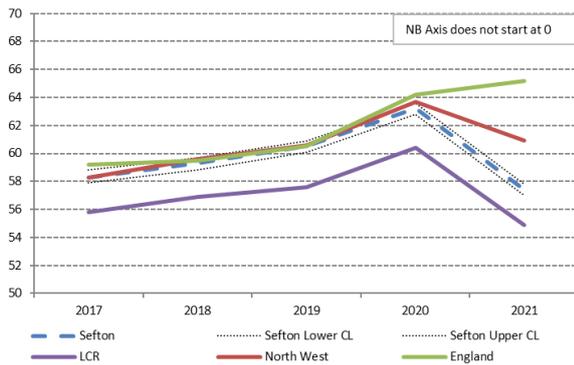
Breast Cancer Screening

Women first receive an invitation to breast cancer screening between the ages of 50 and 53. They are then invited every 3 years until the age of 71.

Up to 2020, the proportion of eligible women in Sefton adequately screened for breast cancer had shown small increases (Figure/Table 124). However, in 2021 a large reduction was seen, with the proportion falling by 12 percentage points to 60.3%. This follows the national and regional

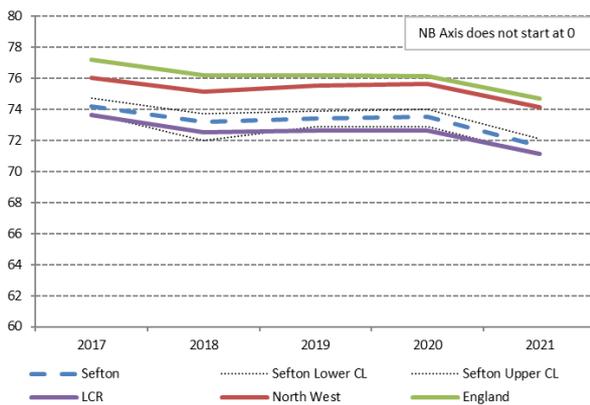
trend, where breast cancer screening coverage also fell by approximately 10 percentage points. In 2021, Sefton’s breast cancer screening coverage is significantly lower than the England and North West averages, though not statistically significantly different to the LCR.

Figure / Table 122 : Bowel Cancer Screening Coverage (% of eligible men and women, aged 60 to 74 year olds invited for screening who had an adequate screening in previous 30 months)



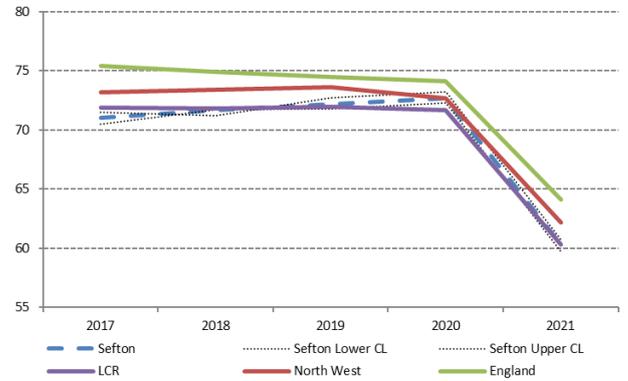
Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	29,354	58.3	57.9	58.8	55.8	58.3	59.2
2018	30,302	59.3	58.8	59.7	56.9	59.6	59.5
2019	31,384	60.5	60.1	60.9	57.6	60.6	60.5
2020	33,272	63.2	62.8	63.6	60.4	63.7	64.2
2021	30,869	57.4	57.0	57.8	54.9	60.9	65.2
	Better than England		Similar to England		Worse than England		

Figure / Table 123: Cervical Cancer Screening Coverage (% of eligible women aged 50 to 64 years who were screened adequately within the previous 5.5 years)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	20,327	74.2	73.7	74.7	73.6	76.0	77.2
2018	20,480	73.2	72.0	73.7	72.5	75.1	76.2
2019	20,855	73.4	72.9	73.9	72.6	75.5	76.2
2020	21,062	73.5	72.9	74.0	72.6	75.6	76.1
2021	20,727	71.6	71.1	72.1	71.1	74.1	74.7
	Better than England		Similar to England		Worse than England		

Figure / Table 124: Breast Cancer Screening Coverage (% of eligible women aged 53 to 70 years with a screening test result recorded in the past 36 months)



Period	Sefton				LCR Rate	NW Rate	England Rate
	Count	Rate	Lower CL	Upper CL			
2017	25,006	71.0	70.5	71.5	71.9	73.2	75.4
2018	25,473	71.7	71.7	71.2	71.8	73.4	74.9
2019	25816	72.2	71.8	72.7	72.0	73.6	74.5
2020	26199	72.7	72.3	73.2	71.7	72.7	74.1
2021	21935	60.3	59.8	60.8	60.3	62.2	64.1
	Better than England		Similar to England		Worse than England		

Data Gaps and Issues

When interpreting the data provided in this report several issues should be borne in mind:

- There is no local consultation or engagement viewpoints included within this report.
- There is frequently a time lag so the latest data that is reported generally describes population one to three years ago. As yet, few indicators in this report are registering the effects of cost of living rises on population health in Sefton.
- Health data is mostly published on a LA basis, meaning in-depth analysis for small areas such as LSOA is not always available. For some indicators national data partitioned by deprivation has been presented to give an indication of health inequalities affecting Sefton. Small area data is included in other JSNA reports such as ward profiles.
- Age-related breakdowns are not available for many indicators. Information from national epidemiological research has been included to provide context for relevant indicators.
- The Coronavirus pandemic affected the collection of data, with quality and timing

being main issues. The pandemic affected people's health directly. It also changed how health services operated and residents of Sefton interacted with their healthcare system. Changes to social and economic circumstances during the pandemic also tended to exacerbate health inequalities. All these impacts should be considered when interpreting trends.

- Linking up of individuals' anonymous data from different organisations does not yet contribute widely to the open-access health data sources that have been used in this report. Therefore, this report focuses on single risks and outcomes, and this tends to downplay the extent to which these are clustered in certain parts of the population and in certain parts of the borough.

Conclusions

Although the current quantitative data requires supplementing with qualitative data from our communities a few key areas for focus over the short to medium term are clear. This includes a need to understand and act on issues including:

All age

- Average life expectancy at birth in Sefton is higher than LCR and the North West, but lower than England. There is a large health inequality in life expectancy when comparing areas across the Borough due to underlying differences in deprivation
- The wellbeing of Sefton residents appears to have worsened with the COVID-19 pandemic. Rates of residents reporting low life satisfaction, low happiness and anxiety all increased in 2020/21. Prevalence of high anxiety was over one in four.
- The new national health index lists drug use, alcohol use, life satisfaction, overweight and obesity in children, and STIs as health issues that were furthest below the national position in 2015.

Starting Well

- Infant mortality is higher in Sefton than the three comparator areas and has risen since 2014-16. Although not statistically significant changes, this is important to monitor as infant mortality is closely linked to the socio-economic environment and reflective of a population's health more generally.
- A&E attendances and emergency hospital admissions for children and young people, including for drug and alcohol use are higher in the Borough than seen across the North West and England.
- Improvements have been seen in key child and maternity indicators such as smoking at time of delivery, breastfeeding prevalence at 6-8 weeks and tooth decay in children. However, breastfeeding prevalence and tooth decay rates remain worse than England and further work is needed to tackle health inequalities in all these areas.
- Access to NHS dental appointments have been negatively impacted by the Covid19 pandemic in Sefton and the comparator areas.
- The proportion of children living with obesity has increased in Sefton compared to before the pandemic. The prevalence of children living with obesity increases with increasing deprivation and the gap between Sefton's most and least deprived has widened.
- In general, vaccination uptake in Sefton for children has reduced over the past five years with 2020/21 showing some of the lowest rates. With the Borough being lower than England in 13 of the 16 vaccinations discussed in this report.
- In contrast the rate of immunisations for children in care has continually improved in the Borough, with Sefton being significantly better than England for the past three years.

Living Well

- The prevalence of most diseases in Sefton are significantly worse than those of England (with the exception of HIV)
- Sefton also has premature mortality rates for cancer, cardiovascular diseases, liver diseases

and respiratory diseases that are higher than England. This reflects more recent and continuing risks from obesity, dietary quality, alcohol use, low physical activity, and tobacco use. The unequal pattern of unfavourable social and wider determinants of health, risk factors, health outcomes and premature mortality results in the large inequality in life expectancy in Sefton.

- The proportion of adults living with obesity has increased in Sefton compared to before the pandemic, with the Borough now being significantly worse than the national average, and this is anticipated to contribute to premature mortality, even as smoking related mortality continues to fall.
- Deaths due to drug misuse and deaths due to alcohol have also increased in recent years, with Sefton's rates worse than England.
- Sefton currently has higher levels of hospital admissions due to alcohol and drugs misuse than seen in the North West and England. With treatments success rates being significantly worse in the Borough than seen across the three comparator areas.
- NHS health checks uptake in Sefton is significantly worse than seen in LCR, the North West and England, with levels reducing considerable over time.
- Sefton has lower rates of diagnosed STIs than seen in the three comparator areas with general decreases across the last five years. However, this may reflect Sefton's rates of testing. Sefton's STI testing and chlamydia screening rates have consistently been below the England average and in 2021 remain significantly lower than pre-pandemic rates
- Sefton's cancer screening coverage for bowel, breast and cervical cancer fell in 2021. With the exception of cervical screening in 25-49 year olds, Sefton's coverage for all cancer screening programmes is significantly lower than national and regional averages

Ageing Well

- Whilst Sefton meets the NHS uptake target for Flu vaccination in residents aged 65 and over (75%), this is not the case for at risk

individuals under 65 years old. Despite recent improvements, the Borough's coverage remains below the NHS target for people aged under 65 years with an at risk condition (55%)

- Sefton has higher than average QOF prevalence of all major long term conditions. This reflects both the age profile of Sefton's population and past exposure to major risk factors such as smoking.
- The prevalence of dementia across the total population in Sefton is significantly higher than seen in Liverpool City Region (LCR), the North West and England which reflects increased life expectancy and exposure to modifiable risk factors.

Recommendations

The conclusions from this Joint Health Needs Assessment clarify and affirm aspects of population health in Sefton with the greatest potential and need for change. Leaders, decision-makers, stakeholders, and Sefton residents should apply the approach to change set out in Sefton's Health and Wellbeing Strategy in order to drive sustainable and fair improvements on these important health issues.

Some findings from this report warrant additional data-led investigation in order to better characterise the underlying issues: alcohol-related hospital admissions, diagnosed STI prevalence, hospital admissions due to dementia (falls and fractures data suggests there is scope for more admissions avoidance activity).

Supporting Information & Context

Drugs & Alcohol Assessment

Wider Determinants Assessment

Vulnerable Adults Assessment

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Glossary of Terms / Acronyms

A&E – Accident and Emergency

AF – Atrial Fibrillation

AMD – Age-Related Macular Degeneration

APS – Annual Population Survey

BME – Black and Minority Ethnic Groups

BMI – Body Mass Index

CHD – Coronary Heart Disease

CKD – Chronic Kidney Disease

COPD – Chronic obstructive pulmonary disease

CRD – Chronic Respiratory Diseases

CVD – Cardiovascular Disease

Dtap – Diphtheria, Tetanus & Pertussis / Inactivated Polio Vaccine / Haemophilus Influenzae Type B

GP – General Practitioner

HA – Hospital Admissions

HES – Hospital Episode Statistics

Hib – Haemophilus Influenzae Type B

HPV – Human Papillomavirus

HIV – Human Immunodeficiency Virus

IA – Inpatient Admissions

IPV – Inactivated Polio Vaccine

KSI – Killed or Seriously Injured

LCR – Liverpool City Region

MBC – Metropolitan Borough Council

Men ACWY – Meningococcal ACWY

Men B – Meningitis B

Men C – Meningitis C

MI – Myocardial Infraction

MMR – Measles Mumps Rubella

NCMP – National Child Measurement Programme

NHS – National Health Service

NW – North West

ONS – Office of National Statistics

PAD – Peripheral Arterial Disease

PPV – Pneumococcal Polysaccharide Vaccine

QOF – Quality and Outcomes Framework

RNIB -Royal National Institute of Blind People

RNID – Royal National Institute of Deaf People

RTI – Road Traffic Incidents

STI – Sexual Transmitted Infections

TB – Tuberculosis

WHO – World Health Organisation

Yr R – Year Reception

Yr 6 – Year 6

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Smoking

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[Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022 2 .pdf \(publishing.service.gov.uk\)](#)

[Prevalence in Adults](#)

[Public Health Outcomes Framework -OHID \(phe.org.uk\)](#)

[Smoking attributable HA](#)

[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)

[Smoking attributable mortality](#)

[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)

[Potential years of life lost due to smoking related illness](#)

[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)

Vaccinations – Adults

[Vaccinations](#)

[How do vaccines work? \(who.int\)](#)

[Flu Vaccine](#)

[At risk – Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[65+ – Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[PPV Vaccine](#)

[Definition – Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Prevalence – Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[COVID-19 Vaccines](#)

[Vaccinations in Sefton | Coronavirus in the UK \(data.gov.uk\)](#)

Vaccinations – Children

[Vaccinations](#)

[Why vaccination is safe and important - NHS \(www.nhs.uk\)](#)

[Dtap / IPV / Hib](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Dtap / IPV / Hib – \(1 year old\)](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Dtap / IPV / Hib – \(2 years old\)](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Dtap / IPV Booster](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Flu Vaccine](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Flu Vaccine – 2 to 3 years old](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Flu Vaccine – Primary School Age](#)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Hib / Men C Booster](#)

[Definition – Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[Prevalence – Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

[HPV](#)

[Information on HPV vaccination - GOV.UK \(www.gov.uk\)](#)

HPV – One Dose (12 - 13 years old)

Females – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Males – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

HPV – Two Doses (13 – 14 years old)

Females – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Males – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

MMR

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

MMR – One Dose (2 years old)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

MMR – One Dose (5 years old)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

MMR – Two Doses (5 years old)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Meningococcal ACWY

Definition – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Prevalence – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Men B

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Men B (1 year old)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Men B Booster (2 years old)

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Rotavirus

Definition – [Rotavirus vaccine overview - NHS \(www.nhs.uk\)](#)

Prevalence – [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

Children in Care Immunisations

Definition – [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Prevalence – [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Appendix

Comparative National Position

The following chart illustrates the relative positions of Sefton (●) compared to the range of values for all local authorities nationally, and highlights the England (|), North West (|), and Liverpool City Region (|) rates where available. It should be noted that the chart does not depict whether the illustrated differences are statistically significant or not

