St.Helens Joint Strategic Needs Assessment 2018

2. Life Expectancy, Mortality, and Major and Long Term Conditions
Cancer (25%) Cardiovascular (24%) Respiratory (16%) Mental (11%) Digestive (6%) Other (18%)

Under 75 Mortality

Male 49.5% Female 50.5%

1918 Deaths

1918 Deaths

2003

2017

Life Expectancy

79 YEARS 74.3 YEARS

81 YEARS 77.5 YEARS

Mortality

698 Deaths

2003

2017

1918 Deaths
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1. Introduction

This section of the JSNA considers the key public health issues of life expectancy, mortality and major long term causes of illness. Indeed, life expectancy (and inversely, mortality) may be considered one of the ultimate measures of public health.

Life expectancy across the UK has been rising continuously over the previous two centuries. As well as improvements in healthcare, much of this increase has been due to improvements in wider determinants of health, such as housing, sanitation and nutrition.

Over the last 30 years, life expectancy at birth in the UK increased by eight years for men and six years for women. This is highly positive, however it is also very important to ensure that quality of life stays high as well. Therefore we have also considered healthy life expectancy in comparison against comparator areas.

These increases in life expectancy also pose their own challenges, and have contributed to the ageing of the population of St.Helens illustrated in the JSNA Section 1 – Demographics and Wider Determinants. An older population potentially means more people living with long term conditions, such as cancer or respiratory diseases such as chronic obstructive pulmonary disease. Therefore this section also considers these major conditions, including current prevalence. Potentially increases in the number of people living with these conditions both increases the effect on local people and increases pressures on healthcare and social care services. This information should be used by commissioners and providers to plan services to best meet current and future need, both improving people’s quality of life and reducing demands on health and social care services.
2. **Key Findings**

a. **Life Expectancy**
   - Life expectancy at birth for men in St. Helens is now 77.5 years. Female life expectancy is now 81.0 years.
   - While the long-term trends in life expectancy at birth in St. Helens are upward, it has decreased by 0.4 years for men and 0.6 years for women since 2011/13.
   - There is nine years difference in life expectancy between the highest and lowest wards in St. Helens for men, and seven years difference for women.

b. **Prevalence of Disease**
   - 17.6% of the St. Helens GP registered population are recorded as having high blood pressure (2016/17), which is the highest prevalence amongst all CCGs in Cheshire and Merseyside and almost 4% higher than the national average (13.8%). (This may in part reflect the significant efforts locally to identify and treat previously undiagnosed hypertension).
   - Between 2009/10 and 2014/16 the cancer incidence rate increased by 15% in St. Helens CCG, 11% regionally and 8% nationally.

c. **Mortality**
   - Male mortality is higher than female for the majority of causes apart from diseases of the nervous system.
   - Cancer mortality rates in both males and females have decreased in 2017 from the previous year.
   - Premature mortality in St. Helens (less than 75 years) reached its lowest rate in 2011 for both men and women, but up to 2016 the rates had steadily increased. The 2017 under 75 mortality rates have seen their first decrease since 2011 for men and since 2013 for women.
   - The St. Helens annual mortality rate for liver disease between 2014 and 2016 was the second highest across Merseyside, and ranked 145th out of 150 upper tier and unitary local authorities in England.
   - Cardiovascular disease mortality rates in Town Centre and Parr wards are nearly four times higher than in Rainford ward.
   - Rates of early deaths due to cancer are double in the highest ward (Parr, 308) compared to the lowest ward (Rainford, 154).
   - Respiratory disease mortality rates have increased (particularly in females) by 30% from 2009/11 up to 2015/17. The St. Helens under 75 respiratory disease mortality rate in 2015/17 is 58 per 100,000; significantly higher than both regional (45) and national (38) rates.
   - Town Centre ward respiratory disease mortality rates for males are six times higher than in the ward with the lowest male rate, Rainhill. Parr ward respiratory disease mortality rates for females are eight times higher than in the ward with the lowest female rate, Rainford.
3. Life Expectancy

Life expectancy at birth is an estimate of the average number of years a newborn baby would survive if he or she experienced the particular area’s age-specific mortality rates for that time period throughout his or her life. It is not therefore the number of years a baby born in the area could actually expect to live, both because the death rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives. (Public Health England)

In St.Helens between 2014 and 2016, the life expectancy was 77.5 years for men and 81.0 years for women. As shown in Figure 1, life expectancy has decreased since 2011-2013 (by 0.4 years for men and 0.6 years for women).

For 2014-2016, the life expectancy at birth for St.Helens was significantly worse than the England average (77.5 years for males in St.Helens compared to 79.5 years across England; 81.0 years for females in St.Helens compared to 83.1 years across England).

Figure 1. Life expectancy at birth trends in St.Helens, males and females, 2007-16

The life expectancy of people in St.Helens has increased over the past decade (though there has been a slight decrease since 2011/13). Male life expectancy has increased more than for females, reducing the gap between the sexes. In men, life expectancy has increased by 3.1 years between 2001-03 and 2014-16, which is the 2nd lowest in Merseyside. Furthermore, the increase for St.Helens is less than the England average (3.3 years) and ranked 18th amongst 23 North West local authorities.
Figure 2. Increase in male life expectancy at birth (2001-03 to 2014-16)

Life expectancy in females has also increased, by 1.9 years, over the past 13 years. Female life expectancy in St. Helens increased less than the England average (2.4 years).

Figure 3. Increase in female life expectancy at birth (2001-03 to 2014-16)
Within St.Helens, life expectancy varies substantially. For male life expectancy (Figure 4), there is a 9 years difference between wards, varying between 73 years in Town Centre and 82 years in Rainford. For women there is almost a 7 year difference, increasing from 77.5 years in Town Centre to 84.4 years in Eccleston (Figure 5).

**Figure 4. Life expectancy by ward for males (2011-15)**

![Chart showing life expectancy by ward for males](chart1.png)

*Source: Local Health, PHE*

**Figure 5. Life expectancy by ward for females (2011-15)**

![Chart showing life expectancy by ward for females](chart2.png)

*Source: Local Health, PHE*
Healthy life expectancy adds a quality of life aspect to the life expectancy measure by estimating the time spent in self-rated "very good" or "good" health, as recorded in local surveys. St.Helens had a lower healthy life expectancy than the England average in 2014-16. Men in St.Helens had an average 58.5 years in good health compared to 63.3 for England, and women in St.Helens had 59.4 years in good health compared to 63.9 for England.

Table 1 compares life expectancy and healthy life expectancy at birth for St.Helens and neighbouring local authorities in 2014-2016. It shows that life expectancy in St.Helens is ranked sixth for males and fifth for females; when looking at healthy life expectancy, St.Helens ranks second lowest for men and third lowest for women.

For healthy life expectancy amongst all 152 upper tier and unitary local authorities in England, St.Helens ranks 131st for males and 124th for females.

**Table 1. Life expectancy (LE) and Healthy life expectancy (HLE) 2014-2016**

<table>
<thead>
<tr>
<th>local authority</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LE</td>
<td>HLE</td>
</tr>
<tr>
<td>Warrington</td>
<td>78.9</td>
<td>64.0</td>
</tr>
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<td>Sefton</td>
<td>78.3</td>
<td>60.7</td>
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<td>Wirral</td>
<td>78.1</td>
<td>61.4</td>
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<tr>
<td>Wigan</td>
<td>77.8</td>
<td>61.0</td>
</tr>
<tr>
<td>Halton</td>
<td>77.5</td>
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<tr>
<td>Knowsley</td>
<td>76.7</td>
<td>59.2</td>
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<tr>
<td>Liverpool</td>
<td>76.4</td>
<td>57.6</td>
</tr>
</tbody>
</table>

*Source: Office for National Statistics, 2018*

**Figure 6. Healthy Life Expectancy (HLE) Trend - 2009 - 2016**

![Healthy Life Expectancy Trend Chart](chart.png)
4. Mortality

All age all-cause mortality is a key indicator of the overall health of the Borough. This gives an overall rate of mortality and is standardised by age to allow fair comparisons between different areas. It is linked to life expectancy so if the mortality rate falls, life expectancy increases.

In 2017, there was a slight change in all age all-cause mortality rates in St.Helens. For males, the rate increased from 1284.1 per 100,000 in 2016 to 1330.4 per 100,000; and for females, decreased from 1040.9 to 983.2. Mortality rates in St.Helens are slightly higher than those for the North West, but are significantly higher than the national average for both men and women.

Mortality rates for females in 2017 were slightly lower than they were in 2010. Male mortality rates in 2017 are slightly higher than they were in 2010.

In numbers, 950 men and 968 women died in St.Helens in 2017.

Figure 7. All age all-cause mortality rate, 2009-2017

Source: Office for National Statistics; * St.Helens Public Health Intelligence from Primary Care Mortality Database
The long term trend in mortality in St. Helens is downward. Both male and female mortality rates have decreased by over a quarter (28%) over the last 20 years. However, the inequality in mortality rate between men and women has, despite some annual fluctuations, stayed at a similar level over the last 20 years.

**Figure 8. Long-term all-cause mortality rate in St. Helens, 1997-2017**

![Graph showing the long-term all-cause mortality rate in St. Helens, 1997-2017. The graph displays a downward trend in mortality rates for both males and females.](image)

*Source: Office for National Statistics; *St. Helens Public Health Intelligence from Primary Care Mortality Database*

Figure 9 below displays the causes of death across St. Helens in 2016 by type. Cancer (28%) and cardiovascular diseases (22%) are the greatest causes.
Figure 9. Main causes of death in St. Helens, 2017
4.1 Mortality by Condition

Further information can be gained by analysing the causes of deaths by condition type. Table 2 provides the annual mortality rates by condition for all ages. The year with the highest rate for each condition is highlighted red; the lowest rate highlighted in green.

### Table 2. Directly standardised rates of mortality in St.Helens for males and females by year and condition, 2008-2017

<table>
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<td>355</td>
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<td>229</td>
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<td>260</td>
<td>201</td>
<td>237</td>
<td>248</td>
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<td>44</td>
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<td>58</td>
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<td>89</td>
<td>67</td>
<td>74</td>
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<td>22</td>
<td>30</td>
<td>64</td>
<td>53</td>
<td>41</td>
<td>65</td>
<td>72</td>
<td>63</td>
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<tr>
<td>Death not caused by disease</td>
<td>59</td>
<td>65</td>
<td>54</td>
<td>47</td>
<td>68</td>
<td>54</td>
<td>57</td>
<td>44</td>
<td>73</td>
<td>70</td>
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<tr>
<td><strong>Females</strong></td>
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</tr>
<tr>
<td>All Cause</td>
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<td>1029</td>
<td>964</td>
<td>954</td>
<td>990</td>
<td>960</td>
<td>1017</td>
<td>1050</td>
<td>983</td>
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<tr>
<td>Cancer</td>
<td>256</td>
<td>268</td>
<td>257</td>
<td>264</td>
<td>256</td>
<td>252</td>
<td>261</td>
<td>266</td>
<td>272</td>
<td>217</td>
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<tr>
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<td>284</td>
<td>264</td>
<td>231</td>
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<td>226</td>
<td>237</td>
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<tr>
<td>Respiratory Diseases</td>
<td>202</td>
<td>188</td>
<td>188</td>
<td>166</td>
<td>165</td>
<td>193</td>
<td>160</td>
<td>180</td>
<td>193</td>
<td>166</td>
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<tr>
<td>Mental &amp; Behavioural Disorders</td>
<td>49</td>
<td>59</td>
<td>58</td>
<td>81</td>
<td>95</td>
<td>112</td>
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<td>55</td>
<td>54</td>
<td>59</td>
<td>51</td>
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<tr>
<td>Diseases of the nervous system</td>
<td>24</td>
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<td>46</td>
<td>34</td>
<td>45</td>
<td>34</td>
<td>46</td>
<td>54</td>
<td>64</td>
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<td>Death not caused by disease</td>
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<td>17</td>
<td>23</td>
<td>21</td>
<td>31</td>
<td>20</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: St.Helens Public Health Intelligence from Primary Care Mortality Database; ONS population estimates

Cancers had the highest rate of deaths in St.Helens in 2017, and accounted for 25% of all deaths. This was closely followed by Circulatory diseases (or Cardiovascular diseases - CVD), such as heart disease and stroke with 24%. Together, cancer and CVD contributed to half of all deaths in St.Helens.

In recent years, the highest cause of mortality for men was CVD; however, from 2014 to 2017 Cancer became the highest cause, and in 2017 equated for 28.3% of male deaths. This is because male deaths due to CVD have fallen significantly since 2008, although they have risen again in 2017 (25.8% of male deaths).

Although the cause is still marginally the highest proportion of all female deaths, cancers in females have decreased to a low point in 2017 (22% of all female deaths; 217 per 100,000).

Table 2 highlights that men have a higher rate of mortality than women for most types of condition. The following charts (Figure 10 and Figure 11) display the changes in mortality by condition for men and women between 2008 and 2017. Rates of CVD have tended to fall amongst both males and females, although female mortality from CVD increased between 2013 and 2014 from 226 to 237 per 100,000, although not significant this corresponded to 19 more deaths.
In 2017, the mortality rate for respiratory disease for males and females combined was 181.8 per 100,000. This rate has decreased since 2008 (229.1). The 2017 male mortality rate from respiratory diseases remains lower (214 per 100,000) compared to 2008 (270 per 100,000). The female rate (166 per 100,000) has decreased since 2008 (202 per 100,000).

Mortality rates for mental and behavioural disorders have increased in St Helens in recent years for both males and females. The male and female mortality rates have both doubled since 2008, rising from 49 up to 128 per 100,000 for females, and from 56 up to 134 per 100,000 for males.

Mortality rates for diseases of the nervous system have also increased in the borough since 2008, particularly among females. The female mortality rate for this condition increased from 24 per 100,000 in 2008 to 72 per 100,000 in 2017 (51 additional deaths).

**Figure 10. St.Helens ‘all age’ mortality rates for Males, 2008-2017**

**Figure 11. St.Helens ‘all age’ mortality rates for Females, 2008-2017**

*Source: St.Helens Public Heath Intelligence from Primary Care Mortality Database; ONS population estimates*
4.2 Mortality by Age Group

The mortality rates for males and females by age bands are shown in the following four charts. Over the past 9 years, 2014 saw the highest rates for both males and females in the 50-64 age group. For males the mortality rate amongst those aged 50 to 64 years decreased by 16% between 2014 and 2015 (24 fewer deaths) but has remained comparatively level into 2017. The female rate decreased by 13.4% from 2016 to 2017 (12 fewer deaths).

The mortality rate amongst males and females aged 85+ had increased in 2015 and again in 2016 for females, after its lowest rate since 2008 in 2014, although there has been an increase in the number of deaths compared to 2008, which is due to more people living until they are 85 and over.

Between 2015 and 2017 the mortality rate amongst males aged 35 to 49 increased by 30% (12 more deaths); however, there has been a 34% decrease in mortality rates for women aged 35 to 49 (11 fewer deaths).

**Figure 12. St.Helens mortality rates for Males by age bands 20 to 64, 2008-2017**

**Figure 13. St.Helens mortality rates for Females by age bands 20 to 64, 2008-2017**
Figure 14. St. Helens mortality rates for Males by age bands 65 to 85+, 2008-2017

Source: St. Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimates.

Figure 15. St. Helens mortality rates for Females by age bands 65 to 85+, 2008-2017

Source: St. Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimates.
4.2.1 Premature Mortality (under 75 years)

The following tables and charts provide the rates of mortality for St.Helens residents aged less than 75 years. This is to allow a consideration of premature death and to avoid the charts being dominated by residents aged 75 years and over.

Out of the 1,918 deaths in St.Helens in 2017, 698 were aged under 75. Cancer, as is the case with all ages (Figure 9), is the most common cause of death amongst under 75s (Figure 17). Three in ten (33%) premature deaths were due to cancer (233 deaths), compared to 25% across all ages. Deaths from digestive diseases and those not caused by disease made up a larger proportion of all deaths in under 75s than across all ages (9.7% and 8.6% respectively). Within digestive diseases, all deaths due to alcoholic liver disease (20 deaths) occurred amongst those aged under 75.

The chart below displays the mortality rates for primary causes of death in St.Helens for 2017. Generally male mortality rates are higher for all causes, apart from digestive diseases which is higher in females, 41.5 compared to 39.1 per 100,000; diseases of the nervous system are also slightly higher in females, 13.7 compared to 13.5 per 100,000.

Figure 16. Directly standardised rates of under 75 mortality in St.Helens for males and females by condition, 2017
Figure 17. Main causes of death amongst under 75s in St. Helens during 2017

Source: St. Helens Public Health Intelligence, Primary Care Mortality Database 2017

Deaths in Under 75 year olds in St. Helens (2017) 698

Cancers & Neoplasms 233 (33%)
Circulatory Diseases 145 (21%)
Liver Disease 68
Digestive Diseases 25
Musculoskeletal system
Transport Accidents
Alcoholic Liver Disease
Vascular, Intestinal Disorders
Liver Disease 68

Deaths not caused by Disease 60

Diseases of the Nervous System 23
Musculoskeletal system
Transport Accidents
Alcoholic Liver Disease
Vascular, Intestinal Disorders
Liver Disease 68

Respiratory Diseases 104 (15%)
Pneumonia 29
Respiratory Diseases
Mental and Behavioural Disorders 13
Dementias 9

Cancers & Neoplasms 233
Lung 58
Kidney 21
Breast 12
Oesophagus 12
Ovary
Uterus
Stomach / Digestive organs
Liver
Prostate
Stomach / Digestive organs

Accidents / Accidental Poisoning 18
Suicides 11
Poisons / Intentional Self-harm 7
Falls 6

St. Helens Council

* Signifies less than or equal to 5 deaths
Table 3 gives the changes in mortality rates for men and women aged less than 75 years, by year, since 2008. Premature mortality in St. Helens reached its lowest rate in 2011 for both men and women, but since then rates have increased (for men, from 430.1 per 100,000 in 2011 to 489.3 in 2017; and an increase from 301 per 100,000 to 343.7 for women).

Table 3. Directly standardised rates of under 75 mortality in St. Helens for males and females by year and condition, 2008-2017

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<td>501.5</td>
<td>430.1</td>
<td>502.7</td>
<td>521.2</td>
<td>521.6</td>
<td>521.6</td>
<td>535.4</td>
<td>489.3</td>
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<tr>
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<td>57.3</td>
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<td>Mental &amp; Behavioural Disorders</td>
<td>9.4</td>
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<td>Digestive Diseases</td>
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<tr>
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<td>11.0</td>
<td>17.4</td>
<td>10.4</td>
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</table>

Figure 18. % change in mortality condition from 2011 to 2017
When compared to neighbouring authorities, St.Helens under-75s mortality for all persons is lower than the majority with only Sefton and Wirral having better rates in 2014. All of the Merseyside local authorities have a higher (worse) rate of under-75 mortality than England.
4.3 Specific Causes of Mortality

4.3.1 Liver Disease

Liver disease is one of the top causes of death in England and increasingly people are dying from it at younger ages. Most liver disease is preventable and much is influenced by alcohol consumption and obesity, which are both amenable to public health interventions.

Public Health England publishes information highlighting premature mortality across England, with rates of deaths before 75 years compared between 150 upper tier local authorities from 2014 to 2016. The St.Helens annual rate of 33.8 deaths per 100,000 between 2014 and 2016 was the second highest mortality rate for liver disease across Merseyside, and ranked 145th out of 150 authorities in England. This is the highest rate since the 2007-2009 figures, when St.Helens was the highest in Merseyside and fourth worst in England. The rate in St.Helens corresponds to 165 actual premature deaths over the three years, averaging 55 deaths per year.

The highest total number of deaths under 75 years from liver disease in the last seven years was in 2014 when 66 people died, this compares to 50 in 2017. The number of women dying prematurely from liver disease in 2017 was 22, a slight decreased since 2014 when there 24, which was the highest since 2008 and was 50% higher than the total for 2013. There were 28 deaths amongst men aged under 75 due to liver disease in 2017, this has decreased by 33% (14 deaths) since 2014.

In males, mortality rates from liver disease reduced by 31% between 2008/10 (45.1 per 100,000) and 2011/13 (31.2 per 100,000), however between 2013 and 2015 (43.9 per 100,000) rates had risen to the highest value since before 2008/10. In 2017 the rate decreased slightly to 43.8 per 100,000.

Mortality rates from liver disease in females have remained fairly constant since 2004/06, despite a peak in 2007/09 and a smaller rise in 2012/14. The rate in 2014/16 was 23.9 per 100,000. Since 2001 the St. Helens rate for females has only ever been below the regional average once, in 2004/06 when the rate was 16 per 100,000.

Figure 21. St.Helens under 75 liver disease mortality rate by gender, 2001-2016

Source: Public Health England (based on ONS source data)
4.3.2 Suicide and Undetermined Injury

Suicide is a major issue for any area as even small numbers of suicides have a great impact on immediate family and friends and the wider community. Nationally one person dies every 2 hours as a result of suicide and often these are young people with many years of life to live. Also nationally, men are three times as likely to take their own lives as women, and the highest rates of suicide are amongst those aged 35 to 49 years old. Currently one person dies every 90 seconds by suicide across the UK.¹

Figure 22 gives the three-year rates for suicide for men and women. Most deaths due to suicide locally were men. The overall rate of deaths due to suicide and undetermined injury in St.Helens was 15.8 deaths per 100,000 in 2014-16, which corresponds to 73 deaths over the three years. This rate was significantly higher than the national average of 9.9 per 100,000, and one of the highest rates in England.

It must be stressed however that the overall number of deaths per year is low; however we cannot be complacent and need to understand the overall reason behind the suicides and what additional prevention activities we can initiate to mitigate a continued rise. Locally further work has been undertaken to look into the issue in more depth, and to receive information more quickly. This has led to direct actions to support those affected and the identification of risk factors, enabling interventions.

Figure 22. Deaths by suicide and undetermined injury - 3 year age-standardised rates - Gender - 2008/10 to 2014/16

Source: Public Health England (based on ONS source data)

(Gaps in the St. Helens female rate line above are due to numbers being too small for value to be calculated)

4.3.3 Excess Winter Deaths in St. Helens

Excess winter deaths are defined as any increase in deaths that occur for a population between the months of December and March, compared with the number of deaths that would be expected, given the same chance of death across the rest of the year. Nationally there is an increase in mortality during these months, with frequent increases in deaths due to respiratory disease for example. Also, the elderly are particularly vulnerable to higher death rates in winter. However, there is evidence that excess winter deaths are preventable and that mortality in England increases more in winter than in countries with colder climates. Reducing excess winter mortality is one of the outlined outcomes for the “Healthy Life Expectancy and Preventable Mortality” domain in the Public Health Outcomes Framework ‘Healthy lives, healthy people: Improving outcomes and supporting transparency’ published in January 2012.²

In 2015/16, 94 additional deaths occurred in St Helens in the winter months (December to March) compared with 121 in 2014/15 (22% decrease). Although a moderate decrease, the number of excess winter deaths also decreased considerably across the North West (42%) and nationally (46%).

The corresponding national excess winter mortality index score was 14.6%. St Helens therefore is slightly higher than the national average and similar to the regional average (15.4%).

It should be noted year on year comparisons must be treated with some caution as the small numbers of deaths (particularly at the Local Authority level) mean that counts of early winter deaths and EWMI rates are extremely volatile. The decrease also in part reflects higher numbers of excess winter deaths in the borough and nationally in 2014/15.

**Figure 23. Excess Winter Deaths Comparison 2000/01 – 2015/16**

Source: Office for National Statistics, Excess Winter Mortality Data. NB. Data for 2015/16 is provisional

Calculating EWMI rates for combined 5-yearly periods overcomes some of this volatility in the data. The chart below shows trends in 5 yearly numbers and rates of excess winter mortality in the borough.

The long-term trend in St Helens is a downward one, with the number of excess winter deaths per year falling from 140 in 2008/09-2012/13 to 106 for the latest 5 year period (2011/12-2015/16).

Whereas in 2008/09-2012/13 an additional one in four deaths (25.7%) occurred in St Helens in winter, for the latest 5 year period (2011/12-15/16) this figure has reduced to an additional one in five deaths (18.7%).

The St Helens long-term trend is more favourable than those seen for both the North West and nationally, which both saw their numbers of excess winter deaths decrease in 2009/10-2013/14 but then increase again in 2014/15 and 2015/16.

**Figure 24. Changes in Excess Winter Deaths in St Helens (5 Year Average)**

Within St. Helens, excess winter mortality Index scores were highest in Rainhill (41.9) and Blackbrook (31.7) wards where over a third more winter deaths occurred than the non-winter mortality rate. Put another way these 2 wards accounted for almost a quarter (23.7%) of early winter deaths in St Helens over the period, but contain only 12% of the borough’s population.

Excess Winter Mortality was also above the St Helens average in Billinge (28.8), Moss Bank (25.2), Eccleston (24.9), Rainford (23.4) and West Park (20.1).

By contrast, the Excess Winter Mortality rate was lowest in Bold (-0.8) and also particularly low in Thatto Heath, Parr and Town Centre.

The three wards with the smallest number of excess winter deaths – Bold, Thatto Heath and Parr – accounted for only 7.2% of all excess winter deaths in St Helens, but contain 19.7% of the borough’s population.
No attempt is made to compare changes in wards over time as the relatively small numbers of deaths involved result in extremely volatile changes.

Housing quality and insulation levels may well be important differences contributing to the variations within St. Helens, and it may be that areas such as Rainhill and Blackbrook could be targeted specifically for winter support in the future.

Figure 25. Excess Winter Deaths by Ward, 2011/12 to 2015/16
5. Major Long Term Conditions

5.1 Cancer

5.1.1 Introduction
Cancer is a collective name for related diseases when abnormal cells in the body divide in an uncontrolled way, which can then spread to cause a lump or tumour. Many cancers start due to gene changes that happen over a person’s lifetime, but some cancers are genetic; when a faulty gene is inherited.

Commissioning of cancer treatment and care is the responsibility of the Clinical Commissioning Groups (CCG), screening such as bowel cancer screening, breast screening and cervical screening is commissioned by NHS England, whereas the prevention of cancer programmes lie with public health within Local Authorities. A plan of work has been developed to ensure that locally we are striving to achieve better outcomes for our residents.

5.1.2 Key Statistics
At the end of 2015 there were 6,253 people were living in St.Helens who had been diagnosed with cancer. Better detection and treatment programmes are helping people live longer.

5.1.2.i Why is Cancer a significant health issue?
Cancer is very common with more than one in three people developing some form of cancer over their lifetime. The four biggest causes of cancer are lung, colorectal, breast and prostate accounting for 53% of all new cases nationally in 2016. Nationally, breast cancer is the most common cancer in women and whilst prostate is the most prevalent in men.

Cancer is the biggest cause of death in St.Helens both for all ages and for people dying early, under the age of 75. In 2011 for the first time cancer rather than cardiovascular disease was recorded as the largest cause of death, with 30% of all deaths; the trend remaining similar through to 2016 but a slight reduction in 2017. The number of deaths due to cancer has decreased in each of the last two years, with 557 deaths due to cancer in 2015 compared with 486 in 2017.

Despite cancer being our biggest cause of death the overall trend is downwards. Since 1995 the rate in St.Helens has fallen by 18.9% just slightly more than the England rate (18%) and more than the rate in the North West (16.3%). These rates have not fallen as steeply as other conditions such as cardiovascular disease and the last few years have seen little progress in the rate of reduction.

The overall picture shows that rates are high, but compared to our Merseyside neighbours for early deaths due to cancer in 2014-16, only Sefton and Wirral had lower rates.
Cancer is specifically more prevalent in older age groups due to gene changes over time; this is illustrated in the age profile of cancer deaths in St. Helens seen in Table 4. Cancer mortality rates for men and women decreased from 2015/16 to 2017 for all ages.

**Table 4. St. Helens cancer mortality rates by age, 2008-2017**

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<td>2783.0</td>
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<td>3577.0</td>
<td>3212.2</td>
<td>3364.6</td>
<td>2989.6</td>
<td>3511.2</td>
<td>4214.3</td>
<td>3272.2</td>
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<td>75-84 years</td>
<td>1997.9</td>
<td>2305.0</td>
<td>1763.0</td>
<td>1992.0</td>
<td>1818.4</td>
<td>1578.2</td>
<td>1657.7</td>
<td>1735.5</td>
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<td>65-74 years</td>
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<td>819.8</td>
<td>826.6</td>
<td>884.4</td>
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<td>50-64 years</td>
<td>262.4</td>
<td>353.9</td>
<td>346.9</td>
<td>253.1</td>
<td>261.0</td>
<td>288.1</td>
<td>1087.9</td>
<td>1005.7</td>
<td>884.3</td>
<td>703.1</td>
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<td>35-49 years</td>
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<td>57.3</td>
<td>36.6</td>
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<td>70.2</td>
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<td>39.1</td>
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<td>20-34 years</td>
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<td>14.3</td>
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<td>12.8</td>
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<td>371.1</td>
<td>354.8</td>
<td>357.9</td>
<td>338.7</td>
<td>373.1</td>
<td>395.9</td>
<td>356.3</td>
<td>344.1</td>
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<td>85+ years</td>
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<td>273.6</td>
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<td>56.3</td>
<td>20.9</td>
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<td>58.0</td>
<td>20.3</td>
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<td>64.1</td>
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Source: St. Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimates.

There has been a decrease of 13% in male deaths due to cancer from 2015 to 2017. Rates for males aged 65-74 have decreased by 35% from 2014 to 2017. There has been a decrease of 20% in female deaths due to cancer from 2016 to 2017. Rates for females aged 50-64 have decreased by 37% from 2014 to 2017.
Men have higher cancer mortality rates than women in the older age groups; with rates amongst males aged 85+ and 65-74 years nearly double their female counterparts. In the younger age groups of (20-34 and 35-49 years) females had higher rates than males in 2017.

### 5.1.2.ii Geographical Variations

Table 5 shows the three-year mortality rates (under 75s) by cancer site for electoral wards. Rates for all cancers show a link between increased deprivation and increased early cancer deaths. The link between deprivation and early deaths is less evident amongst prostate cancer deaths (although these differences are not significant).

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<tr>
<th>Ward</th>
<th>All Cancers (Persons)</th>
<th>Lung (Persons)</th>
<th>Colorectal (Persons)</th>
<th>Breast (Females)</th>
<th>Prostate (Males)</th>
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<td><strong>18.4</strong></td>
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</tbody>
</table>

Source: St.Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimate

Rates of early deaths due to cancer are the highest in Parr ward (308 per 100,000) and the lowest in Rainford ward (155). The lung cancer mortality rate of 120 is particularly high in Parr ward.
Figure 27. Under 75 mortality from cancer by ward, 3 year rate (2015-17)
The gender split in early cancer deaths is at its greatest in Earlestown, Blackbrook and Sutton wards, where the male mortality rates are much higher than those seen amongst females.

**Figure 28. Cancer mortality rates by ward, Under 75’s, Gender, 2015-2017**

5.1.3 Cancer Incidence (new cases) and Survival Rates
Cancer incidence gives the rate of new diagnoses. It helps to understand how effective local prevention strategies and screening schemes are. The aim will be to identify cancer cases as early as possible to increase the chance of successful treatment.

5.1.3.i Cancer Incidence
St Helens CCG had a new cancer incidence rate of 616 (per 100,000 population) in 2014/15, slightly higher than the Cheshire and Merseyside average of 599 and significantly higher than the England average of 523. Since 2009/10 the incidence rate has increased by 15% in St. Helens CCG, 11% regionally and 8% nationally.

**Figure 29. New Cancer Cases (crude incidence rate per 100,000) trend**

Source: National Cancer Registration Service/PHOF
Net cancer survival is an estimate of survival from cancer after adjustment for other causes of death after one year of diagnosis. This rate has generally been increasing over time which is very positive. Figure 31 indicates that St.Helens survival rates have improved, and by 2015 they were in-line with Merseyside as a whole and the England average.

**Figure 30. New Cancer Cases - Cheshire & Merseyside CCGs - 2014/15**

**Figure 31. Net cancer survival at one year after diagnosis, by CCG, 2000-2015**

*Source: Office of National Statistics*
5.1.4 Cancer Incidence by Site
While lung cancer is the biggest cause of death for cancers it is only the 3rd biggest when it comes to new cases. This suggests that whilst the rates of new cases are lower, the outcomes are worse than they are for some other cancers.

Figure 32. Rate of cancer incidence by site, all ages, 2013-15

Source: National Cancer Registration & Analysis Service, Public Health England

5.1.4.i Cancer Patient Experience
In St.Helens, 89% of people rate their overall care as excellent or very good; the England average is also 89%. People rate each aspect of their care differently: e.g. 59% reported that hospital and community staff always worked well together (compared with the England average of 61%).

5.1.5 Cancer Mortality by Site
The chart below describes both all deaths and early deaths (under 75) due to cancer in the Borough, relative to England rates.

Figure 33. Cancer mortality by site, all ages, 2013-2015
5.2 Cardiovascular Disease

5.2.1 Introduction
Cardiovascular disease (CVD or Circulatory diseases) describes disease of the heart or blood vessels. Blood flow to the heart, brain or body can be reduced due to blood clots or fatty deposits that narrow and harden the arteries. There are four main types of cardiovascular disease:

1. **Coronary heart disease**: when blood flow is reduced or stopped by a build-up of fatty materials. This can cause angina or a heart attack
2. **Stroke**: when the blood supply to part of the brain is cut off
3. **Peripheral artery disease**: when there is a blockage in the arterial blood flow in the limbs, often the legs
4. **Aortic disease**: when the largest blood vessel becomes affected, the most common is aortic aneurysm when the wall of the aorta vessel becomes weakened and bulges outward causing pain

In St. Helens cardiovascular disease is the second biggest cause of death accounting for 24% of all deaths and 21% of premature deaths (before the age of 75). Coronary heart disease caused 215 deaths in 2017, just over 11% of all deaths and more than the number of deaths from lung cancer.

The most significant element of cardiovascular disease (CVD) is that it is preventable. The key risk factors for CVD are:

- high blood pressure (hypertension)
- smoking
- high blood cholesterol
- diabetes
- lack of exercise
- being overweight or obese
- family history of heart disease
- ethnic background

Having sustained high blood pressure is the most significant risk factor as the pressure can damage the artery walls and increase the risk of a blood clot. Apart from family history and ethnic background, most of the other risk factors are affected by lifestyle and therefore there are interventions that can improve primary prevention. There are also medications that can modify risk factors such as statins for cholesterol and blood pressure treatments for hypertension (secondary prevention).

Significant risk factors for cardiovascular disease include:

- smoking and tobacco use; the toxins damage arteries, increasing susceptibility to coronary heart diseases
- Being overweight or obese increases the risk of developing diabetes which is also a risk factor for cardiovascular disease
- Lack of exercise can be related to high blood pressure, higher cholesterol and higher stress levels and can also make it more difficult to maintain a healthy weight.
5.2.2 Hypertension (High Blood Pressure)

Having continuous high blood pressure is one of the biggest risk factors for premature death and disability. High blood pressure is often preventable and can be modified by changing lifestyle factors such as diet and physical activity, however there can be a family link similar to cholesterol. People in deprived areas are 30% more likely to have high blood pressure than those from the least deprived areas. It accounts for 80% of all causes of premature heart disease. Detecting people early will help to manage cardiovascular risk and therefore improve outcomes for individuals.

Based on GP registers, 17.6% of the population are recorded as having high blood pressure (2016/17) in St. Helens, which is the highest prevalence amongst all CCGs in Cheshire and Merseyside, 3% higher than the average for the North of England (14.6%) and almost 4% higher than the national average (13.8%). As high blood pressure is often present without symptoms the public will not be aware to seek health advice, and is why it is known as the ‘silent killer’.

**Figure 34. Percentage of the population on GP registers diagnosed with high blood pressure - Merseyside CCGs 2016/17**

![Graph showing percentage of population on GP registers with high blood pressure across different CCGs in Merseyside.](image)

New estimates suggest that the annual burden to the NHS in England from conditions attributable to high blood pressure is over £2bn.

It is estimated that 7,000 quality adjusted life years could be saved and £120m not spent on health and social care costs over a 10 year period, if England achieved a 15% increase in the proportion of adults who have their high blood pressure diagnosed.
Treatment for hypertension significantly reduces the risk of heart attacks, stroke, heart failure and all-cause mortality. According to the British Heart Foundation (2016/17)\(^3\) for every ten people diagnosed with hypertension, seven remain undiagnosed and untreated - this is more than 5.5 million people in England. Identifying this undiagnosed cohort is a priority to prevent future cardiovascular disease.

\(^3\) [https://www.bhf.org.uk/healthcare-professionals/commissioning-and-services/service-innovation/bp-how-can-we-do-better](https://www.bhf.org.uk/healthcare-professionals/commissioning-and-services/service-innovation/bp-how-can-we-do-better)
5.2.3 Mortality due to Cardiovascular Disease

Trends in cardiovascular disease mortality have been decreasing over the years for St. Helens and England alike, however the rates in St. Helens had been decreasing at a faster rate and by 2011-13 were lower than the rate for the North West but still worse than the overall rate for England. The 2014-16 rate has increased slightly from 2011-13 (86.8 to 90.8 per 100,000 respectively).

Figure 35. Mortality due to Cardiovascular Disease in people aged under 75

When mortality rates are shown for males and females (under 75) it can be seen that deaths for men are much higher than for women. Mortality rates for men are also higher than those for England, whereas for women the rates in St.Helens in 2011-13 were similar to the national rate. In 2014-16 they had increased slightly and are now similar to the regional rate.
Deaths under the age of 75 due to cardiovascular disease that are considered preventable have been reducing over time and in the most recent years are just slightly higher than the overall England rate and lower than the rate in the North West. Within Merseyside only Sefton and Wirral have lower rates than St.Helens. Liverpool, Halton and Knowsley all have preventable death rates that are statistically higher than the rate for England.

**Figure 36. Trend in cardiovascular disease mortality, under 75’s, males and females**

**Figure 37. Trend in cardiovascular disease mortality, considered preventable in people aged under 75**
Within St.Helens there are significant variations in early deaths from CVD. In 2015/17 the highest ward rates in St.Helens were in Town Centre and Parr (173 and 163 per 100,000 respectively); nearly four times higher than the lowest rate in Rainford (47 per 100,000).

The greatest inequality between men and women in early CVD mortality is in Billinge. Under 75 CVD mortality rates are 8 times higher amongst men in Billinge compared to women. All wards across the Borough, except Moss Bank (female rates are slightly higher than male rates), show higher rates for men, with the smallest gender inequality seen in Haydock.

### Table 6. St.Helens CVD mortality rates trend by age, 2015-2017

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Source: St.Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimates.
Figure 39. Under 75 mortality due to CVD - Persons - 2015/17
5.3 Respiratory Diseases

5.3.1 Introduction
The category of respiratory diseases covers a wide range of conditions and diseases. Locally these range from relatively rare diseases such as tuberculosis (TB), through to the most well recognised and commonly encountered chronic obstructive pulmonary disease (COPD) and asthma. COPD and asthma are both long term conditions which cannot be cured.

5.3.2 Respiratory Disease Mortality
Respiratory disease is one of the top causes of death in England in under-75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.

Overall the rates for all persons have decreased by 10% comparing 2001/03 to 2015/17; however, after a low of 44.9 per 100,000 in 2009/11 (below regional average at the time) the rate has increased by 30% up to 2015/17. The St.Helens under 75 respiratory disease mortality rate in 2015/17 is 58.4 per 100,000; significantly higher than both North West average (45.5 per 100,000) and England (33.8 per 100,000).

Figure 40. Mortality due to Respiratory Disease in people aged under 75

Source: Public Health England (based on ONS source data)
Mortality rates due to respiratory disease increased for males and females in 2014/16, particularly for females, which has increased by 41% rise since 2011/12 and significantly above national averages. Provisional calculations suggest that these are set to rise again in 2015/2017.

Figure 41. Trend in Respiratory Disease mortality, under 75’s, males and females

Deaths under the age of 75 due to respiratory disease that are considered preventable have been reducing over time but increasing in St.Helens since 2009/11. In 2015/17 the rate of preventable respiratory disease deaths in St.Helens is 29.9 per 100,000, compared to 25.6 in North West and 18.6 nationally.

Figure 42. Trend in Respiratory Disease mortality, considered preventable in people aged under 75
Mortality rates for early deaths due to respiratory diseases show large differences within St.Helens. Between 2015 and 2017 Town Centre had the highest rate for males (141.2 per 100,000), over six times higher than males in Rainhill (21 per 100,000). Parr had the highest rate for females (181.5 per 100,000) and was 8 times higher than the lowest female rate in Rainford (23.6 per 100,000). Areas of lower deprivation such as Rainford, Eccleston and Billinge had the lowest rates, with more deprived areas such as Town Centre and Parr having higher rates of respiratory deaths. Seven wards had higher female respiratory mortality rates than male (Rainhill, Billinge, Haydock, Moss Bank, Sutton, Blackbrook and Parr). The largest difference between men and women was in Rainford.

Figure 43. Respiratory disease mortality rates by ward, Under 75’s, Gender, 2015-2017

In 2017, 308 people died as a result of a respiratory disease; 45 fewer people than in 2016. Mortality rates amongst 65-74 year old females increased by 96% between 2011 and 2017. Respiratory disease mortality amongst St.Helens male residents aged 75-84 has decreased substantially since 2011, however the rate for under 75 males has increased in recent years.

Table 7. St.Helens respiratory disease mortality rates by age, 2008-2017

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Source: St.Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimates.
Figure 44. Under 75 mortality due to Respiratory diseases - Persons - 2015/17
5.3.3 Chronic Obstructive Pulmonary Disease (COPD)

COPD is a term which refers to a number of lung diseases – chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways, this is called airflow obstruction. Typical symptoms of COPD include:

- increasing breathlessness when active
- a persistent cough with phlegm
- frequent chest infections

The main cause of COPD is smoking. It is a progressive disease as the lungs become more obstructed over time. This means early diagnosis and treatment can markedly reduce the associated morbidity and mortality.

**Figure 45. Trend in COPD mortality rates, all ages, males and females 2014-2016**

2014/2016 rates show females in St.Helens as having an even higher rate than male regional and national rates, with 79.3 per 100,000, which is 78% higher than the rate for females nationally (44.5 per 100,000).

The male rate for St.Helens is 90.7 per 100,000, which is 42% higher than the England rate of 64.1 per 100,000.

---

In St.Helens in 2017 there were 308 deaths (all ages) due to respiratory disease, this equates to 16% of all deaths in St.Helens making respiratory disease the third highest cause of all age mortality in the Borough. Amongst the contributors to this respiratory mortality was pneumonia (97 deaths) but the largest factor was bronchitis, emphysema and other Chronic Obstructive Pulmonary Diseases, accounting for 127 deaths (7% of all deaths in St.Helens, compared to 5% of deaths nationally).

Figure 46. COPD mortality rates by ward, Under 75’s, Gender, 2015-2017

Parr ward stands out for having a substantially higher rate of COPD in St.Helens with 130 per 100,000 for females and 97 per 100,000 for males in 2015/17. In comparison, the rate for males in Rainhill is 5 per 100,000 and the rate for females in Rainford is 6 per 100,000.

Source: St.Helens Public Health Intelligence from Primary Care Mortality Database and ONS population estimates.
5.4 Diabetes

Diabetes is the fastest growing health condition of our times and is now an urgent public health issue. There are now almost 3.7 million people living with a diagnosis of the condition in the UK, an increase of 1.9 million since 1998. An estimated one in four people with diabetes are unaware of their condition.

Diabetes mellitus is a chronic disease which can cause substantial morbidity and mortality. There are three main types of diabetes: Type 1 (average age on onset 12 years), where cells producing insulin are destroyed, Type 2 which is a combination of a lack of insulin being produced and ‘resistance’ to how the insulin works, and gestational diabetes (which occurs during pregnancy). Type 2 diabetes is the most common and accounts for approximately 90% of all diabetes. Diabetes mellitus and its complications can cause severe difficulties for sufferers and their families. There is no cure for diabetes and the condition entails a heavy burden on health services. Effective control of blood glucose and hypertension can prevent the development and progression of complications.

Obesity is the primary modifiable risk factor for Type 2 diabetes and the increasing prevalence of Type 2 diabetes in younger people can be attributed to the obesity epidemic in these age groups. In addition to obesity, smoking and poor control of one’s diabetes are risk factors for vascular complications in people with diabetes.

£12 billion of the NHS budget per year is spent on people with diabetes, 80% of which is spent on complications, most of which could be prevented. Every year 24,000 people die prematurely with diabetes; 100 people per week suffer amputation, diabetes is the leading cause of blindness and renal failure and greatly increases the risk of heart attack and stroke.

Drugs used in diabetes now make up 11% of total primary care net ingredient costs (NIC) and 4.7% of prescription items. In the financial year 2016/17 there were 52 million items prescribed for diabetes at a total net ingredient cost of £984 million; up from 28.9 million prescription items and £572 million in 2006/07. Antidiabetic drugs make up 45% of the total £984 million net ingredient cost of drugs used in diabetes and accounts for 72% of prescription items for all diabetes prescribing.
5.4.1 Key statistics

According to QOF data in 2016/17 there are 12,171 (7.6%) people aged 17+ years diagnosed with either Type 1 or Type 2 diabetes in St.Helens, compared to 6.9% (10,844) in 2012/13. There are differences in prevalence rates for diabetes between practices and wards within St.Helens. The prevalence by GP practice varies between 5.5% and 9.8%. This suggests a variation in many life factors.

Figure 47. Diabetes QOF Prevalence 17+ years - 2012/13 to 2016/17

Source: QOF

Figure 48. Additional risk of death in people with diabetes 2013/14 - 14/15

The risk of developing Type 2 diabetes is 20-80 times higher for people who are obese compared to those of normal weight. It is estimated that 11.3% of adults in St. Helens are obese compared to Cheshire & Merseyside (11.0%) and NHS England (9.7%).
5.5 Mental Health and Wellbeing

5.5.1 Introduction
Promoting and protecting the mental health of everyone is vital to improve the quality of people’s lives. Leading agencies in the field of mental health services advocate strategic planning for ‘Parity of Esteem’; whereby mental health issues should be afforded the same level of priority and investment as physical need.

Despite national drivers to improve outcomes for people with mental health needs and create environments that protect the population’s wellbeing, there is still a long way to go.

Mental health is a key priority for local leaders and the local population alike and there is a real appetite to drive forward action, both locally and nationally there is a commitment to improvement.

5.5.2 Key Statistics
Nationally:
- 1 in 4 adults experience at least 1 diagnosable mental health problem in any given year\(^5\)
- The NHS alone spent almost £9.2 billion in 2015/16 on mental health problems\(^6\)
- Mental health of people with serious physical ill health is often overlooked
- Mental health affects the likelihood for people to be compliant with medicines
- The wider economic impact of mental health is estimated at over £100bn annually

5.5.3 Local Need
Key population groups at risk of mental health problems include: families with multiple problems, those people misusing drugs and alcohol, people who are homeless, military veterans and offender populations.

- St.Helens Council has identified families that have complex needs relating to youth crime/anti-social behaviour, poor school attendance/exclusions and adult worklessness. These complex health and social issues mean that all members of these families are at risk if not already experiencing difficulties with mental health and resilience.

- The scale of drug and alcohol problems in the borough can be difficult to quantify, however local indicators suggest that alcohol misuse is a significant issue in St.Helens. Of the 152 upper and unitary local authorities in England, St.Helens had the fifth highest (worst) rate for alcohol-specific hospital admissions in 2016/17.

\(^5\) Mental Health Taskforce, 2016.
\(^6\) Includes spending on dementia, learning disability and substance abuse.
Table 8. Prevalence of Dementia, Depression and Mental Health based on Quality and Outcomes Framework data 2016/17

<table>
<thead>
<tr>
<th>NHS/CCG name</th>
<th>Prevalence % of Dementia</th>
<th>Prevalence % of Depression</th>
<th>Prevalence % of Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>HALTON</td>
<td>0.74</td>
<td>11.8</td>
<td>0.87</td>
</tr>
<tr>
<td>KNOWSLEY</td>
<td>0.77</td>
<td>12.9</td>
<td>1.03</td>
</tr>
<tr>
<td>SOUTH SEFTON</td>
<td>0.78</td>
<td>10.4</td>
<td>1.24</td>
</tr>
<tr>
<td>SOUTHPORT &amp; FORMBY</td>
<td>1.27</td>
<td>8.7</td>
<td>1.13</td>
</tr>
<tr>
<td>ST HELENS</td>
<td>0.97</td>
<td>12.6</td>
<td>1.07</td>
</tr>
<tr>
<td>WARRINGTON</td>
<td>0.77</td>
<td>10.3</td>
<td>0.88</td>
</tr>
<tr>
<td>WIRRAL</td>
<td>0.96</td>
<td>12.6</td>
<td>1.03</td>
</tr>
<tr>
<td>LIVERPOOL</td>
<td>0.67</td>
<td>10.4</td>
<td>1.37</td>
</tr>
<tr>
<td>NORTH OF ENGLAND</td>
<td>0.83</td>
<td>10.1</td>
<td>0.96</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>0.76</td>
<td>9.1</td>
<td>0.92</td>
</tr>
</tbody>
</table>

Source: Quality and Outcomes Framework (QOF)

The data shows that based on recording in general practice there are high levels of depression and dementia in St.Helens. These high levels may be because GPs in St.Helens code people with these conditions more accurately than in other areas, or we have higher levels of depression and dementia locally. National prevalence studies suggest that there is an under recording of dementia in all areas of the country. A proactive approach in St.Helens has seen the number of people diagnosed increase and ensures that people diagnosed early have an improved chance of better outcomes.

Based on information from national surveys a significantly higher proportion of the population indicates that they have a long term mental health condition.

Figure 49. Depression & anxiety prevalence (GP Patient Survey): % completing survey who report having depression & anxiety - 2016/17

Source: PHOF - Mental Health & Wellbeing JSNA 2018
Alongside the high numbers of people diagnosed with depression on GP records, data for 2016/17 shows that prescribing of anti-depressants in St.Helens has increased and is higher than the overall rate for England. The rate of prescribing is calculated based on average daily quantities per population (age/sex weighted). Net cost of antidepressant drugs prescribed in St Helens CCG is the highest in Cheshire and Merseyside and the second highest nationally (as at Q3 2017/18).

**Figure 50. Antidepressant prescribing: average daily quantities per STAR-PU⁷ (2016/17)**

The rate of accident and emergency attendances where the person has a psychiatric disorder are higher in St.Helens than nationally, but lower than Knowsley and Liverpool, which have particularly high rates.

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⁷ Specific Therapeutic group Age-sex Related Prescribing Unit, is a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group.
St. Helens People’s Board

Members:

St. Helens Council
St Helens Clinical Commissioning Group
Halton and St. Helens Voluntary and Community Action
Healthwatch St. Helens
NHS England
Torus
Bridgewater Community Healthcare NHS Trust
North West Boroughs Healthcare NHS Foundation Trust
St. Helens and Knowsley Teaching Hospitals NHS Trust
Merseyside Police
Merseyside Fire and Rescue

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