Much Achieved: More To Do
Reducing Health Inequalities in Knowsley

A REVIEW AND POSITION STATEMENT

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</table>
1. **INTRODUCTION**

This document is a review and a position statement in relation to health inequalities in Knowsley. It looks at the progress which has been made in Knowsley over the past 10 years in reducing health inequalities. The current challenges are assessed, and recommendations are made for the future.

In 1999, through its White Paper Saving Lives: Our Healthier Nation, the Government set out some clear targets for improving health and reducing health inequalities, by 2010. The Public Service Agreement targets agreed in the Spending Review of 2004 gave an increasing profile to tackling inequalities in health. Targets were set out to address geographical inequalities in life expectancy, cancer, heart disease, stroke and related diseases. The targets aimed to see faster progress compared to the average in the ‘fifth of areas with the worst health and deprivation indicators’. The Local Authorities and PCTs which were in those areas, the so-called Spearhead Group, were named in 2004. Knowsley was one of 70 local authorities within this Spearhead Group. These were all in the bottom fifth nationally for 3 or more of the following indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardiovascular disease mortality rate in under 75s
- Index of multiple deprivation 2004 average local authority score

The spearhead areas were given ‘stretched’ targets for cancer and cardiovascular disease, as a way of reducing health inequalities nationally. This document compares Knowsley’s progress with other Spearhead areas.

2. **ACHIEVEMENTS AGAINST THE NATIONAL TARGETS**

The following table shows the progress which has been made on average by all the Spearhead areas towards reaching the targets for male and female life expectancy and infant mortality. **It can be seen that Knowsley has made more progress than the average for Spearheads in all of these targets.** The target for male life expectancy is likely to be reached; that for infant mortality has already been exceeded. Progress towards the target for female life expectancy has not been good, though it has been better than the average for spearheads. The gap has widened by 14.3% for Spearheads as a whole, and by 13% in Knowsley. The relative risk has stayed the same in both, when the target was a 10% reduction by 2009-11 (Table 1).
Table 1: Improvements in Health Against National Targets

<table>
<thead>
<tr>
<th></th>
<th>1995-7 (Baseline year)</th>
<th>2005-7</th>
<th>Difference over 10 years</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life expectancy: males</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>74.6</td>
<td>77.7</td>
<td>+3.1</td>
<td></td>
</tr>
<tr>
<td>Spearhead areas</td>
<td>72.7</td>
<td>75.6</td>
<td>+2.9</td>
<td></td>
</tr>
<tr>
<td>Absolute gap between England and spearhead areas</td>
<td>1.9</td>
<td>2.1</td>
<td>10.5% increase in gap</td>
<td></td>
</tr>
<tr>
<td>Relative risk between England and spearhead areas</td>
<td>1.03</td>
<td>1.03</td>
<td>No change in relative risk</td>
<td></td>
</tr>
<tr>
<td><strong>Knowsley</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolute gap between England and Knowsley</td>
<td>3.1</td>
<td>2.9</td>
<td>6.5% reduction in the gap Target: 10% reduction by 2009-11</td>
<td>Improvement at faster rate than spearhead average</td>
</tr>
<tr>
<td>Relative risk between England and Knowsley</td>
<td>1.04</td>
<td>1.04</td>
<td>No change in relative risk Target: 10% reduction by 2009-11</td>
<td></td>
</tr>
<tr>
<td><strong>Life expectancy: females</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>79.7</td>
<td>81.8</td>
<td>+2.1</td>
<td></td>
</tr>
<tr>
<td>Spearhead areas</td>
<td>78.3</td>
<td>80.2</td>
<td>+1.9</td>
<td></td>
</tr>
<tr>
<td>Absolute gap between England and spearhead areas</td>
<td>1.4</td>
<td>1.6</td>
<td>14.3% increase in the gap</td>
<td></td>
</tr>
<tr>
<td>Relative risk between England and spearhead areas</td>
<td>1.02</td>
<td>1.02</td>
<td>No change in relative risk</td>
<td></td>
</tr>
<tr>
<td><strong>Knowsley</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolute gap between England and Knowsley</td>
<td>2.3</td>
<td>2.6</td>
<td>13% increase in the gap. Improvement at faster rate than spearhead average</td>
<td></td>
</tr>
<tr>
<td>Relative risk between England and Knowsley</td>
<td>1.03</td>
<td>1.03</td>
<td>No change in relative risk Target: 10% reduction by 2009-11</td>
<td></td>
</tr>
</tbody>
</table>
### Infant mortality (per 1,000 live births)

<table>
<thead>
<tr>
<th></th>
<th>1997-9 (Baseline year)</th>
<th>2005-7</th>
<th>Difference since 1997-9</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>5.7</td>
<td>4.9</td>
<td>-0.8</td>
<td></td>
</tr>
<tr>
<td>Spearhead areas</td>
<td>6.6</td>
<td>5.4</td>
<td>-1.2</td>
<td></td>
</tr>
<tr>
<td>Absolute gap between England and spearhead areas</td>
<td>0.8</td>
<td>0.5</td>
<td>37.5% reduction in the gap</td>
<td></td>
</tr>
<tr>
<td>Relative risk between England and Spearhead areas</td>
<td>1.16</td>
<td>1.10</td>
<td>5.2% reduction in relative risk</td>
<td></td>
</tr>
<tr>
<td>Knowsley</td>
<td>7.2</td>
<td>4.2</td>
<td>-2.0</td>
<td></td>
</tr>
<tr>
<td>Absolute gap between England and Knowsley</td>
<td>1.5</td>
<td>-0.7</td>
<td>No longer a gap between Knowsley and England</td>
<td>Improvement at faster rate than spearhead average.</td>
</tr>
<tr>
<td>Relative risk between England and Knowsley</td>
<td>1.26</td>
<td>0.86</td>
<td>32% reduction in relative risk</td>
<td>Target 10% reduction by 2009-11</td>
</tr>
</tbody>
</table>

Table 1: (continued) - Improvements in Health Against National Targets

### 3. LOOKING IN MORE DETAIL AT THE HEALTH INEQUALITIES GAP IN KNOWSLEY

The London Health Observatory\(^1\) has produced a model that calculates the relative contribution of various diseases to the overall inequalities gap. The model for Knowsley is outlined below (figures 1 and 2). This suggests that cardiovascular disease is the largest single contributor to the life expectancy gap (31% in males and 25% in females). Cancer and respiratory disease are also key contributory factors, with both having more of an impact than the England Spearhead Group as a whole.
The thematic report: *Health inequalities – Knowsley* looks in detail at some of the factors leading to the current trends in Knowsley. The following table summarises the absolute and relative risk reductions for cardiovascular disease, cancer and respiratory disease:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons</td>
<td>-18.3%</td>
<td>+12.3%</td>
</tr>
<tr>
<td>Males</td>
<td>-25.1%</td>
<td>+9.3%</td>
</tr>
<tr>
<td>Females</td>
<td>-7.9%</td>
<td>+19.0%</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons</td>
<td>-39.9%</td>
<td>-7.6%</td>
</tr>
<tr>
<td>Males</td>
<td>-47.6%</td>
<td>-11.1%</td>
</tr>
<tr>
<td>Females</td>
<td>-29.2%</td>
<td>-12.7%</td>
</tr>
<tr>
<td><strong>Respiratory disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons</td>
<td>-3.1%</td>
<td>+7.4%</td>
</tr>
<tr>
<td>Males</td>
<td>-6.6%</td>
<td>+7.6%</td>
</tr>
<tr>
<td>Females</td>
<td>+4.5%</td>
<td>+6.1%</td>
</tr>
</tbody>
</table>

Table 2: Absolute and Relative Risk Reductions – Knowsley Compared with England

In summary, good progress is being made in reducing inequalities for cancer mortality; reductions are being made in cardiovascular disease mortality, but not at a fast enough rate; reductions are being made in respiratory disease mortality for males, but not for females, and the rate of reduction for males is not fast enough.

The report also demonstrates that inequalities are widening between Knowsley and England as a whole for chronic liver disease (in men and women) and for cancer incidence (in men and women) and lung cancer incidence in women.

4. WITHIN BOROUGH HEALTH INEQUALITIES

We are able to look at data for the trends in mortality rates between the most deprived 20% of the population of Knowsley and the Knowsley average, between 2001-03 and 2005-07.
**Table 3: Absolute and Relative Risk Reductions – Knowsley Average Compared with Most Deprived 20% Population in Knowsley**

This shows that of the three major killers within Knowsley, there are good improvements within the Borough for reducing health inequalities for cancer and for respiratory disease, and for cardiovascular disease in men, but not for cardiovascular disease in women. The gap has widened between the most deprived 20% in the Borough and the Borough as a whole for all-age all cause mortality in women, and for cardiovascular disease in women.

5. **WHAT ARE THE RISK FACTORS LEADING TO THESE CHANGES?**

5.1 **National and International Trends**

The following diagram summarises the main factors which underlie the majority of the disease burden in developed countries:
Tobacco consumption is the biggest factor, followed by alcohol consumption, food choices/calorie intake and physical activity.

A number of recent studies have reported a slowing, or flattening of the improvement in CHD rates in several industrial countries, especially in young adults. This has been reported in England & Wales (O’Flaherty 2008), United States (Ford 2007), France, Australia and New Zealand (O’Flaherty 2009). The pattern for major cardiovascular risk factor trends is also changing, with dramatic increases in obesity and diabetes in all industrialised countries, flattening of blood pressure falls in US women, and persistent smoking in young adults in the United Kingdom and elsewhere (O’Flaherty 2009).

A recent paper has undertaken an analysis of recent trends and social inequalities in age-specific coronary heart disease mortality rates in Scotland, particularly among disadvantaged younger adults. The study finds that the overall decline in coronary heart disease age standardised mortality rates conceals a flattening in younger men and women in Scotland. Furthermore, in Scotland between 1996 and 2006, the rate of decline in young men and women aged under 54 years, was significantly slower in the most deprived groups.

The study suggests a number of possible explanations for the social mortality gradients should be considered:

- The distribution of major cardiovascular risk factors in the Scottish population showed marked socioeconomic gradients
- These “downstream” biological risk factors such as smoking, cholesterol and blood pressure are strongly patterned by

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**Figure 3: Major Burden of Disease – 10 Leading Risk Factors in Developed Countries**

(Tobacco consumption is the biggest factor, followed by alcohol consumption, food choices/calorie intake and physical activity.)

“upstream” socio-economic factors such as low educational attainment, poor housing and inadequate income.

- Different levels and rates of change for cardiovascular risk factors in different socioeconomic groups may therefore make an important contribution to the continuing inequalities in coronary heart disease mortality.

Overall these mortality changes reflect social gradients in unhealthy behaviour, lifestyle and circumstances resulting in poor diet and high tobacco consumption leading to unfavourable levels of major coronary heart disease risk factors.

5.2 Knowsley Trends

Survey data is available in Knowsley for some of the major cardiovascular risk factors, comparing 2001 with 2006. There is data on smoking, obesity, food, physical activity and alcohol, and this includes analysis by gender and deprivation quintile (Knowsley Adult Health and Lifestyle Survey 2006)\(^6\).

5.2.1 Smoking

Headline data from the survey includes the following:

- Overall, the proportion of ‘current’ smokers in Knowsley dropped from 30.0% in 2001 to 26.2% in 2006.
- Overall, males are more likely to smoke than females although not in the case of younger female adults (aged between 18 and 39).
- Adults from the most deprived areas of the Borough are significantly more likely to smoke than adults living in the least deprived areas (Figure 4).
- Female smokers from Knowsley smoke a greater number of cigarettes per day, on average, compared with males (14.1 and 13.2 respectively).
- Smokers in the most deprived areas of the Borough smoke 55% more cigarettes per day than smokers living in the least deprived areas.
- The proportion of smokers in Knowsley smoking heavily increased from 37.5% to 42.5% between 2001 and 2006.

Overall these results suggest that although smoking has improved at a population level, significant social gradients are evident (figure 4).
Figure 4

The Knowsley Schools Health Related Behaviour Surveys\(^7\) have shown that there has been a reduction in smoking amongst schoolchildren (Figure 5). However, the smoking rates are higher in girls than boys (14% compared with 8% in 2008). It is concerning that one in seven Knowsley young women are already storing up health problems for themselves in the future through smoking by the age of 15.

Figure 5

Proportion of People Who Smoked in the Last Seven Days

<table>
<thead>
<tr>
<th>Year</th>
<th>Year 6</th>
<th>Year 8</th>
<th>Year 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>11</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2000</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2001</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2002</td>
<td>2</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2003</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2004</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2005</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>FEMALES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2000</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2001</td>
<td>6</td>
<td>2</td>
<td>2</td>
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<tr>
<td>2002</td>
<td>6</td>
<td>2</td>
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<td>2003</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2004</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2005</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
There has been an encouraging reduction in the percentage of young people who reported that someone smoked in their home ‘on most days’.

**Figure 6**

For example, while in 2005, 71% of year 6 males said that somebody smoked on ‘most days’ in their home, by 2008 this figure had decreased to 51% (Figure 6). This figure is, however, still very high, with over half the children and young people in all the year groups surveyed reporting that they are being exposed to tobacco smoke in their homes on most days. Again, this is building up a risk for the next generation.

### 5.2.2 Obesity

- The proportion of obese adults in Knowsley increased significantly between 2001 and 2006 – a fifth are now obese
- The proportion of obese adults in the 40-64 age group increased significantly between 2001 and 2006, from 17.6% to 24.4%
- The proportion of overweight or obese adults increased between 2001 and 2006 – more than 50% of respondents included in this category
- Women aged 18-39 are significantly more likely to be obese in Knowsley than men
- Men are significantly more likely to be overweight than women in Knowsley
- The proportion of obese respondents analysed by deprivation quintile doesn’t show any statistically significance differences across Knowsley. However, the proportion of obese people does seem to decrease as deprivation decreases (figure 7)
Figure 7

It is estimated that there are about 10,000 overweight and obese children in Knowsley. 21% ie about one in five children, are now clinically obese by the time they reach Year 6 at school (Figure 8).

Figure 8

The rise in childhood obesity has the potential to reverse the upward trend in life expectancy. Moreover, it is known that Knowsley boys living in the most deprived areas had 1.6 times higher rates of obesity and girls around 1.75 times higher than in the least deprived areas. If these levels of obesity in girls in deprived areas are taken though into...
adulthood, then we will continue to see the problems which are emerging now of increasing health problems in women in the more deprived parts of the Borough.

5.2.3 Food

People living in the most deprived areas of the Borough were more than twice as likely to have two or more ‘poor diet behaviours’ than those living in the least deprived areas (figure 9).

![Figure 9](image)

Figure 9

The Adult Health and Lifestyle Survey 2006 also showed that respondents from the least deprived areas of the Borough were significantly more likely to eat five or more portions of fruit and vegetables per day than respondents in Knowsley as a whole (figure 10).
Figure 10

The Knowsley Schools Health Related Behaviour Surveys\(^7\) have shown that there has been an encouraging reduction in consumption of ‘junk foods’ in primary school children (Year 6) since 1999 (Figure 11). Girls’ eating habits are better than boys’ at this age.

Responses of year 6 Knowsley pupils answering to: How often do you eat the following?

Percentage responding ‘On Most Days’.

Figure 11
There was less improvement in the eating habits of young people in secondary school.

Reports of eating five or more portions of fruit or vegetables a day have improved, but they reduce as the children get older, until only 6% girls and 12% boys say they eat the required amounts of fruit and vegetables, by age 15 (figure 12).

**Figure 12**

### 5.2.4 Physical Activity

The Sport England Active People Survey 2006 indicated that while slightly more Knowsley men than the national average undertook moderate physical activity for at least 30 minutes 3 days a week, the proportion of Knowsley women undertaking such activity was lower (14.7% against a national average of 18.5%)  

**Table 4: Moderate Participation in Physical Activity**  
Based on 3 Days a Week x 30 minutes Moderate Participation  
('Moderate' participation includes some 250 sport and recreational activities)

<table>
<thead>
<tr>
<th></th>
<th>Knowsley</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>19.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Male</td>
<td>25.2%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Female</td>
<td>14.7%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

[Sport England active people survey 2006]
This correlates well with the Knowsley 2006 Adult Health and lifestyle survey which showed that women were significantly more likely to lead sedentary lifestyles than men in Knowsley, particularly in the younger age group (18 to 39 years).

Figures from the 2006 Adult Health and Lifestyle Survey show that there is a strong deprivation gradient for sedentary lifestyles, with significantly more people in the more deprived parts of the Borough (around 58%) leading sedentary lifestyles compared with those in the least deprived parts of the Borough (45%). For the purpose of the survey, ‘sedentary lifestyles’ were defined as those respondents who said that they do not exercise vigorously (e.g. jogging, football, aerobics, digging the garden) and who spend most of their days either sitting (e.g. driving or at a desk) or are bedridden.

![Percentage Leading Sedentary Lifestyle by Deprivation](image)

**Figure 13**

The 2006 Health and Lifestyle Survey indicated that fewer people in the more deprived parts of the Borough felt they had good access to leisure facilities. This inequality may have improved since the Kirkby Leisure Centre opened in 2007.

The Knowsley Schools Health Related Behaviour Surveys showed that there had been a marked increase in all age groups of children who had undertaken exercise which had made them breathe harder at least 3 times in the previous week. This is encouraging, although it should be noted that in each age group there were more boys than girls who were doing that much exercise.
Responses of year 6 Knowsley school pupils answering to:
How many times last week did you exercise and have to breathe harder and faster?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>One</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Two</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Three times or more</td>
<td>14</td>
<td>17</td>
</tr>
</tbody>
</table>

![Bar chart showing responses of year 6 Knowsley school pupils to the question about exercise and breathing harder.]

**Figure 14**

In terms of physical activity outside school, a much higher proportion of boys than girls undertake such activities (Figure 15). It is concerning that many young Knowsley women are not getting into the habit of undertaking regular physical activity while they are young; they will be much more likely to develop sedentary lifestyles as they grow older, and this will impact on the their health in the future.

Responses of year 10 Knowsley school pupils answering to: Outside lesson time, how often did you take part in the following sports and activities during the last 12 months (% weekly or twice a week)

![Bar chart showing responses of year 10 Knowsley school pupils to the question about participation in various sports and activities.]

**Figure 15**

The top 5 answers given were selected for the purpose of this graph.
### 5.2.5 Alcohol

Data from the North West Public Health Observatory\(^8\) suggests that deaths attributable to a cause relating to alcohol have reduced in Knowsley:

![Figure 16](image1.png)

**Figure 16**

There has also been a reduction in alcohol related crimes recorded:

![Figure 17](image2.png)

**Figure 17**

However, there has been an increase in hospital admissions due to alcohol:
Figure 18

In contrast to smoking and diet, there is much less of a social gradient for alcohol consumption in Knowsley. Figure 19 shows ‘unsafe’ drinking by deprivation quintile; there are no significant differences.

Figure 19

Figure 20 shows binge drinking by deprivation quintile. Although there are slightly lower levels of binge drinking reported by those in the least deprived parts of the Borough, these differences are not significant.
Figure 20

In the 2008 Knowsley Schools Health Related Behaviour Survey, 17% young people in Year 10 said they had got drunk on at least one day in the previous week.

The number of young people reporting consuming alcohol in the past week has reduced since 2005 (Figure 21). Slightly more girls reported drinking than boys, at the age of 15.

Figure 21
Comment on Risk Factor Data

The jigsaw of data is currently incomplete. It requires sophisticated modelling to relate changes in risk factor profiles to outcomes. Modelling inequalities introduces another level of complexity since differential changes by socioeconomic status in differential risk factors will interact in a complex manner. We do not have time trend data on all risk factors by deprivation for Knowsley, and in some instances the confidence intervals are wide, due to small numbers. However, social gradients are evident in smoking, poor diet and sedentary lifestyles.

More clarity of understanding is needed on why more progress is being made on reducing cardiovascular disease and respiratory disease in men than there is in women in the deprived parts of the Borough.

What is concerning is the data which indicates that more Knowsley girls than boys are growing up with poor lifestyle habits. More girls than boys are smoking and drinking, fewer girls than boys take regular physical activity, and more girls than boys in the deprived parts of the Borough are obese.

Lifestyle behaviours (smoking, diet, and physical activity) are very complex, and not based on logic or knowledge, but mixed up very much with emotions, stress, relationships, self-image, feelings of self-worth, accessibility, culture, peer pressure, spare time, cooking skills, employment and household income.

6. WIDER DETERMINANTS OF HEALTH AFFECTING HEALTH INEQUALITIES IN KNOWSLEY

What are the underlying factors which are encouraging more people towards a lifestyle which includes smoking and an unhealthy diet in the more deprived parts of Knowsley? The factors will include the following:

- Employment
- Household income
- Educational attainment
- Accessibility of healthy food
- Social cohesion

6.1 Employment

In her report, Working for a healthier tomorrow⁹, Professor Dame Carol Black stated that:

- Good work is good for health, reversing the harmful effects of long-term unemployment and prolonged sickness absence
- Families without a working member are more likely to suffer persistent low income, poverty and poor health
- The health of the current working age population will affect the potential of the next generation too.

The Council and the NHS are the biggest employers in Knowsley, and about 60% of the employees live in the Borough.

Figure 22 shows the distribution of employment deprivation across Knowsley and highlights the widespread nature of involuntary exclusion from the labour market in the Borough. In total, 54 of the 99 lower super output areas in Knowsley fall within the 10% most deprived in England in relation to employment deprivation.

![Figure 22](image.png)

**Figure 22**

The recent recession has increased inequalities between Knowsley and the rest of the country in relation to employment. Recent data on unemployment (job seekers allowance claimants to April 2009) shows that the inequalities gap between unemployment rates in Knowsley and both the wider North West and nationally has increased. Between April 2008 and April 2009, the inequalities gap between Great Britain and Knowsley has increased from 2.1% to 2.6% (Figure 23).
Job Seekers Allowance Claimants 2007-2009

Figure 23

The number of people claiming Job Seekers Allowance (JSA) across England has stabilised in recent months. In Knowsley, (October 2009) 6,382 people currently claim JSA, equating to 6.8% of the working age population. While the claimant rate is above both regional (4.7%) and national (4.1%) levels, it is comparable to the Borough’s ‘statistical neighbours’ (Local Authorities in a similar demographic and socio-economic position), among whom the claimant rate is now 6.9%. There has been a 60.3% increase in the number of people claiming JSA in Knowsley since June 2008, when figures began to rise consistently. While the increase is less than regional, national and statistical neighbour comparators, it is likely to be a reflection of the higher claimant rate in Knowsley at the start of the recession.

Employment Support Allowance replaced Incapacity Benefit, and Income Support on grounds of disability in October 2008. In Knowsley, 12,420 people currently claim either the new Employment Support Allowance or Incapacity Benefit. This equates to 13.3% of the working age population, and compares to a rate of 17.1% back in August 1999 (earliest record of disability benefit claimants). The claimant rate for this benefit is substantially higher in Knowsley than among our regional (9.3%), national (7.1%) or statistical neighbour (10.1%) comparators. Indeed, Knowsley has the highest claimant rate for this benefit of any Local Authority in England.

The commonest health problems which keep people off work in Knowsley are mental health problems (including depression and anxiety) and back pain.
6.2 Household Income

Figure 24 shows the distribution of income deprivation across the Borough. Kirkby and North Huyton experience high levels of poverty, with additional pockets of deprivation seen in Prescot, Whiston and Halewood. South Huyton and Halewood North are the least deprived areas of Knowsley in terms of income.

In population terms, 40.5% of Knowsley residents (61,260 people) live within the 10% most income deprived communities in England.

Table 5 shows the median gross weekly pay of full-time employees in Knowsley and in other areas across Greater Merseyside. Knowsley residents earn £82.50 (17%) less per week than people in the UK as a whole. The median weekly pay of Knowsley residents is the lowest in Greater Merseyside by more than £20.
Table 5: Median Gross Weekly Pay of Full-time Employees

<table>
<thead>
<tr>
<th>Residence</th>
<th>Median gross weekly pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>£478.60</td>
</tr>
<tr>
<td>North West</td>
<td>£451.30</td>
</tr>
<tr>
<td>Merseyside</td>
<td>£441.60</td>
</tr>
<tr>
<td>Knowsley</td>
<td>£396.10</td>
</tr>
<tr>
<td>Liverpool</td>
<td>£437.30</td>
</tr>
<tr>
<td>St Helens</td>
<td>£440.50</td>
</tr>
<tr>
<td>Sefton</td>
<td>£457.20</td>
</tr>
<tr>
<td>Wirral</td>
<td>£452.50</td>
</tr>
<tr>
<td>Halton</td>
<td>£419.10</td>
</tr>
</tbody>
</table>

Source: Annual Survey of Hours and Earnings

Child poverty is an issue which needs to be addressed in Knowsley. Children growing up in poverty are:

- more likely to experience unsafe environments
- more likely to suffer from social isolation
- less likely to achieve their academic potential
- more likely to suffer from poverty of aspiration
- less likely secure employment in adulthood
- less likely to lead a healthy lifestyle
- more likely to experience health problems in adulthood
- less likely to gain access to services designed to meet their needs

Key statistics relating to child poverty in Knowsley include the following:

- Over a fifth (20.4%) of 0-15 year olds live in poverty. This is higher than the regional (19.1%) and national average (18.9%).
- Of the 21,690 children who live in poverty, 12,050 live in workless households and 9,640 in households with work.
- Eight of Knowsley's wards have more than twice the national average of children living in families on benefits (The national average is 21%)
- In Princess ward, about 68.2% of children are living in households dependant on workless benefits - the highest rate in Great Britain.
- There is a higher than national average lone parent population, concentrated in North Huyton (6.9%) and North (5.1%) and South Kirkby (5.5%).
- In Knowsley, 15.9% (3,405) of the families have 3 or more children (children in larger families are at a greater risk of being in poverty).
6.3 Educational Attainment

Pay is linked to educational attainment and qualifications. In 2007, Knowsley had the highest proportion of people from the working age population who have no qualifications in the North-West. The proportion in Knowsley is more than 9% higher than the North-West average (24.4% compared with 15%) and almost twice the proportion in England as a whole (12.9%) (Figure 25).

![Bar Chart: Working Age Population with No Qualifications, 2007](source)

**Figure 25: Working Age Population with No Qualifications, 2007**

There have been year on year improvements in the GCSE results for Knowsley young people. In 2009, 33.1% Knowsley pupils achieved 5 A* - C GCSEs (including English and Maths); this was a 3.2% increase from 2008.

6.4 Accessibility of Healthy Food

There are parts of Knowsley which could be described as ‘food deserts’ because there is poor access to healthy food from those areas, especially for those who do not have access to a car. (In a recent Tracker Survey of Knowsley residents, only 39% of residents said that they normally travelled into, out of and around the area in which they lived, by car. Bus, walking and then taxi were the common other options used).

The following map shows the walking times to fresh food shops in Knowsley:
However, the 2006 Health and Lifestyle Survey indicated that there was no social gradient in terms of access to fresh food, although only 66% of the Knowsley population thinks they are fairly/very well placed in terms of access to fresh food (figure 27):

Figure 26
6.5 Social Cohesion

Good relationships and feeling safe in your local area are important factors affecting lifestyle behaviour.

A recent Tracker Survey of 600 Knowsley residents showed the following:

- 48% thought it had become more difficult in the last 12 months to afford the things that make them happy.

- 22% thought there was some tension between different groups in their community; 11% felt these tensions had increased in the past year. The main issues causing tensions were ‘youths hanging around/fighting’ and ‘gang problems.’ North Huyton and North Kirkby residents felt most at risk from groups of youths (56% and 58% respectively; borough average 47%)

- Almost 40% North Kirkby residents questioned said they felt at risk from drug dealing

- 28% were concerned about damage to property and theft from their homes; this rose to 40% in North Huyton.

6.5.1 Crime

The 2006 Health and Lifestyle Survey did not detect any significant social gradient in terms of the actual experience of crime in Knowsley:
However, there was a strong social gradient in terms of feeling safe after dark:

There are a number of other factors highlighted within the 2006 Health and Lifestyle Survey which indicate that those in the more deprived parts of the Borough have more issues to overcome than those in the least deprived parts of the Borough. These include:

- Neighbourhood connections
- Sense of disorganisation
- Community participation
6.5.2 Neighbourhood Connections

A composite score in relation to ‘neighbourhood connections’ was made of the responses to the following questions:

- Overall I am very attracted to living in this area
- I feel like I belong to this neighbourhood
- The friendships and associations I have with this neighbourhood mean a lot to me
- If I need advice about something I could go to someone in my neighbourhood
- I borrow things and exchange favours with my neighbours
- I would be willing to work together with others to improve things in my neighbourhood
- I plan to remain a resident of this neighbourhood for a number of years
- I think of myself as similar to people who live in my neighbourhood
- I regularly stop and talk with people in my neighbourhood

There were twice as many people with poor neighbourhood connections in the most deprived parts of the Borough, compared with the least deprived.

![Graph showing percentage with poor neighbourhood connections by deprivation quintile.]

**Figure 30**

6.5.3 Sense of Disorganisation

In order to assess the general feeling from local people about their environment and how organised they felt it was, the Health and Lifestyle Survey asked people how much of a problem the following were:

- Vandalism
- Litter and rubbish
- Smells and fumes
- Assaults and muggings
- Burglaries
- Disturbance by children or youngsters
- Speeding traffic
- Discarded needles and syringes
- Lack of safe places for children to play
- Lack of leisure facilities (parks, pools etc)
- Walking around after dark
- Noise
The answers were converted into a ‘sense of disorganisation’ composite score. The results showed that there is a strong link between deprivation and adults having a ‘sense of disorganisation’ about their environment. Adult living in the most deprived areas are significantly more likely to have a sense of disorganisation: over three and a half times more likely than adults in the least deprived parts of the Borough (figure 31).

![Figure 31](image-url)

**6.5.4 Community Participation**

Participation in some form of community activity can give people a sense of self-worth. The Health and lifestyle survey asked people if they were members of clubs or local groups or church or religious groups, or if they felt they could actively influence events in their community via organised social action. Overall, there was a fall from 45% to 40% in the proportion of Knowsley adults engaging in community activities between 2001 and 2006, the reduction being mainly in the 40-64 age group. Overall in Knowsley, men are more likely to engage in community activities than women. However, more women than men over the age of 65 get involved.

There is a strong social gradient for involvement in community activities, with only a third of people being involved in at least ‘some’ community participation in the most deprived parts of the Borough, while over 50% get involved in the least deprived parts of the Borough.
7. WHY ARE HEALTH INEQUALITIES REDUCING IN KNOWSLEY AT A FASTER RATE THAN OTHER SPEARHEAD AREAS?

There are a number of factors working together which may be contributing to the reduction in health inequalities in Knowsley. These include:

- Strong leadership and partnership working
- Tackling the wider determinants of health
- Supporting healthy lifestyles
- Providing services which make a difference

7.1 Strong Leadership and Partnership Working

Knowsley organisations take a strong partnership approach to tackling the root causes of ill health and health inequalities, with NHS Knowsley, Knowsley Council and other partner agencies working very closely together. The Director of Public Health has had a joint post between the Council and PCT since 2002, and a joint PCT Chief Executive and Director of Social Services was appointed in the same year. The latter now runs Knowsley Health & Wellbeing which is a unique partnership between NHS Knowsley and Knowsley Council’s Directorate of Wellbeing Services, incorporating social care, leisure and culture.

The additional benefits of a close partnership with the wider local authority have led to a strong political and executive commitment within the Council to tackling the wider determinants of poor health, disability and inequality. This extends across the whole spectrum of local authority responsibility including children’s services, planning and...
regeneration, direct service delivery and investment. The close working with children’s services has meant that there has been significant involvement of schools and colleges in promoting health and wellbeing.

A shared vision across Health and Wellbeing, high level of integration and the extensive use of pooled budgets and partnership agreements provide the foundation to achieve the sustained cultural change and real improvements that are already being seen in the Knowsley population. There is a culture where innovation is encouraged, and where staff learn from experience and outcomes, both positive and negative.

There is close working between Knowsley Council /NHS Knowsley and Heart of Mersey and the ChaMPs Public Health Network.

Heart of Mersey is a charity which works at local, regional, national and European levels to add value to the work being undertaken to reduce cardiovascular disease. It is able to do lobbying work at European level, on things like food subsidies, and it has done some important work at the Merseyside levels on smoking and on food. It is working to affect some of the underlying factors which can modify people’s food choices (eg salt or fat content), without them noticing the difference.

The ChaMPs Public Health Network enables cooperation across the Cheshire and Merseyside subregion on public health issues, bringing in economies of scale on some projects, for example on social marketing. Working at this level on the Snack-Right project proved to bring some helpful learning across the subregion, and further social marketing work is now being developed on alcohol. There are also workstreams on Screening, Workforce capacity and capability, Tobacco control, Healthy weight, Cardiovascular disease, Cancer, Health protection, and Public health intelligence and knowledge management.

There are also close connections with the north-west social enterprise Our Life, which is currently doing some innovative lobbying work on alcohol pricing. Knowsley is also linking some of its health promotion programmes with the national Change4Life programme.

7.2 Tackling the Wider Determinants of Health

The following aspects of this work will be considered:

- The strategic approach
- Action on child poverty
- Promoting equity and equality
- Using work to improve health and wellbeing
- Developing mental health services
7.2.1 The Strategic Approach\textsuperscript{10}

There has been a sustained and significant commitment to increasing funding for health inequalities, from both the Council and the PCT. This has included working jointly to tackle the root causes of health inequalities from different perspectives, including targeting areas for regeneration.

The commitment of the Council and the health services to work together will local people on plans to improve health has been in place since 1997, when work was begun to develop a comprehensive Knowsley Health Plan\textsuperscript{11}. The plan covered all the wider determinants of health; the process of developing this plan enabled greater understanding by the agencies working in Knowsley of the factors which were affecting health within the Borough.

There is strong commitment by all the Knowsley councillors to ensure that all strategies work towards improved health within the Borough.

The facilities available to Knowsley residents have improved immeasurably over the last five years and further developments are planned. The improved facilities for health services in the community have made it easier for people to access services. The investments have included the development of five new Primary Care Resource Centres, which allow many more health and social care services to be available under one roof, regeneration of North Huyton via New Deal for Communities and the development of new Centres for Learning. The development of the new Centres for Learning to replace existing secondary schools will result in improved facilities and new ways of delivering education with an aim to drive up aspirations and achievements in our young people.

Knowsley has a visionary Sustainable Community Strategy\textsuperscript{12} for the 15 years from 2008-2023, which includes action on education, employment, community cohesion, crime, housing, and the environment, all of which will have an impact on health.

The vision within that strategy is as follows:
By the year 2023, Knowsley will have:

- attractive, sustainable neighbourhoods with a wide choice of housing and excellent community facilities
- vibrant and welcoming town centres
- residents and communities who are able to make positive lifestyle choices
- high quality employment areas which help to drive economic growth in the Liverpool City Region
- narrowed the gap in deprivation levels, both between different parts of the borough and between Knowsley and the rest of the country.

### 7.2.3 Action on Child Poverty

A strategy is being developed in Knowsley to address Child Poverty. Included within this will be a number of projects which support early years, family life and vulnerable children. These include:

- **Family Nurse Partnership**, which provides intensive support to young parents at a critical stage of infant development to support parents to understand and respond to the needs of their baby. This is linked into appropriate support services, such as Children’s Centres.
- **Child development grant**, which incentivises those families who currently claim benefits, with children under 3 years old, to use Children’s Centres.
- **2 year old childcare places**. There is Knowsley funding from September 2009 for “vulnerable” 2 year olds to be provided with childcare. Parents are required to be in receipt of benefits, and clearly expected to use this as a route to education/employment
- **Development of family mentors** to support families into services of choice and relevant to needs.
- **Research into social networks and informal communications** to derive understanding of how services can better support socially excluded families
- **Family Intervention Pilot**. One of three, focussed on a specific aspect of poverty related to family members who have been subject to a custodial sentence
- **Extended Schools Disadvantage Subsidy** - Selected children who live in poverty/disadvantage could attract funding for activities, to be administered through schools.

Linked to this work is action on:
• **Breastfeeding** – Peer support to encourage women to breast feed, and to enable them to continue breast-feeding, at least up to six months.

• **School meals** – To enable all schoolchildren to access a healthy lunch

• **Obesity** – supporting families with obesity to be able to reduce calorie intake and become more active

• **Emotional health and wellbeing** – Providing early interventions for children who have emotional problems

• **Improving services for disabled children** – Local implementation of *Aiming High for Disabled Children*[^3], including improved access to short breaks, childcare, transition support and palliative care.

• **Teenage pregnancy.** Work to reduce teenage pregnancy, and to support teenage mothers in their own education, as well as their parenting.

• **Targeted Mental Health in Schools.** The aim is to transform the way that mental health support is delivered to children aged 5 to 13, to improve their mental wellbeing and tackle problems more quickly.

### 7.2.4 Promoting Equity and Equality

The Joint Strategic Needs Assessment in Knowsley is used to highlight areas of inequality and inequity within the Borough, and encourage action to redress those inequalities. Data used to inform this work is both qualitative and quantitative, with important emphasis being placed on the views of staff and of local people. *World Class Commissioning, Transforming Community Services, and Transforming Adult Social Care* are being used to continually improve access to services, and to ensure that high quality services are available to all. Through the development of the Health inequalities and wellbeing pathway, there are opportunities to become more targeted in our service delivery, and to address inequalities that exist in relation to lifestyle causal factors, by improving access and retention

**Health Equity Audits** are undertaken each year, on areas of work which are seen to be of high priority. Recommendations from these audits are used to inform commissioning.

**Equality Impact Assessments** are undertaken on all new policies, and amended appropriately if inequalities are unearthed through this process.

Knowsley has had a *Single Equality Scheme* since 2005. The Single Equality Scheme for 2009-12 is currently in draft form, and covers the areas of race, disability, gender, sexual orientation, religion and belief, and age.

It is seen important in Knowsley to **involve all sections of the population** in consultations about services: people from the different ethnic groups, people with physical, sensory and learning disabilities,
people with mental health problems, people with drug and alcohol problems, homeless people, children and young people, parents, gay, lesbian, heterosexual and bisexual people, people of working age and older people, men, women and transgender people.

7.2.5 Using Work to Improve Health and Wellbeing

An important element of enabling people to obtain fulfilling jobs is educational attainment. There has been great improvement in the educational attainment of Knowsley schoolchildren, and it is hoped that the new Centres for Learning, with their new approaches to teaching and learning, and their supportive environment, will enable much improved health and educational attainment for the next generation in Knowsley.

There are a number of initiatives being developed in Knowsley to help people with health problems to stay in work, or to return to work if they have been off on incapacity benefit. These include:

- **The condition management programme** – This supports individuals to manage health conditions which can present a barrier to employment.
- **Retain/Regain** – This service helps employees who are experiencing stress, depression or anxiety to return to the workplace after a period of absence. It will also help people who have recently become unemployed as a result of these conditions.
- **Tomorrow’s People** – This is based in GP practices, and supports people with health problems into either learning or employment.
- **Improved Access to Psychological Therapies** – This provides appropriate psychological support, including cognitive behavioural therapy, for people, some of whom will benefit by being able to remain in work.
- **Return to work** – Support for individuals to return to work following serious illness or injury.

NHS Knowsley and Knowsley Council are working together on the Workforce Health Initiative, which aims to support staff to lead as healthy lives as possible. The workstreams within this initiative are as follows:

- Health checks and immunisations, including flu immunisation
- Encouraging healthy eating choices, including fruit on desk schemes, access to fresh drinking water, healthy catering
- Enabling staff to keep active
  - Lunch-time walks
  - Discounted gym membership
  - Activity sessions
  - Shape management courses
  - Discounted swimming sessions
o Discounted annual swim pass

- Supporting smokers to stop smoking, including a Quit@Work service specifically for staff.
- Positive mental health, including complementary therapies and singing lessons
- Money matters, including budgeting and money guidance, and debt advice.
- Good Corporate Citizenship, including a travel plan shared across the Council and PCT.

There is also a Working Well service run by Environmental Health and Consumer Protection, for all small and medium-sized businesses within the Borough, giving them guidance and advice on how to keep their workforce healthy.

There has also been a strong commitment and programme of work to develop the workforce to equip all teams to take on the responsibility for health inequalities. Developing all front-line staff to enable them to be confident in promoting health is an important element of the workforce development programme.

7.2.6 Developing Mental Health Services

There are strong links between the Child and Adolescent Mental Health Services and the schools, to try to ensure that there is early intervention for children affected by emotional problems

NHS Knowsley and Knowsley Council have significantly invested in improved services for people with mental health problems over the past few years

Poor mental health significantly increases the risk of poor physical health and premature death – risks of heart disease are estimated to be twice as high for people with depression or mental illness and one and a half times higher for those who are generally unhappy. (Keyes, C)\(^4\). Action to improve the physical health of people with mental health problems has been seen as important in Knowsley, and a Wellbeing Nurse is employed to work on this agenda. This includes ensuring that they have access to preventative programmes such as breast, cervical and bowel cancer screening, and that they are supported to lead a healthy lifestyle.

7.3 Supporting Healthy Lifestyles

Increasingly, Knowsley has been using social marketing techniques to help support people to live more healthy lifestyles. This has involved gaining a greater understanding of the motivating factors for the different ‘segments’ of the population in Knowsley, and designing services and solutions around people’s needs.
An emphasis on social marketing and community engagement, in tandem with health data/statistics, is increasingly ensuring interventions are evidence-based, targeted at those with the greatest need and shaped to meet the practical needs of local people. A detailed analysis of a specific issue and of the different population segments of the population it affects is key to the approach. Understanding specific target audiences in terms of lifestyle, attitudes, beliefs and motivations allows frontline staff to support individuals in a relevant and meaningful way to make measurable behavioural changes but equally is influencing the way staff behave by being more conscious of designing service to fit local people’s lives. Consequently the work is increasingly underpinned by a deep understanding of Knowsley residents and places them at the heart of everything we do.

There has been a long history of community involvement and engagement in Knowsley, and there are now some very strong groups. These include:

- The Local Involvement Networks (LINks)
- SPARK - for children and young people, with the associated LINKed up for health issues relating to children and young people
- THINK - Teenage Health in Knowsley
- The Older People’s Network - a thriving group with a membership of over 400 people
- Groups for people with mental health problems and for people with learning disabilities.

Imaginative methodologies are used to make community consultation events fun and engaging; this helps to ensure that there is good engagement and that useful information is obtained. It is seen as very important to keep dialogue open with local people, and to ensure that they are given feedback and followup information following consultation events.

The model used in Knowsley demands close interaction between Corporate Communications, Social Marketing and Community Engagement and Involvement (figure 33):
Work is also being undertaken to build capacity within the community, empowering local people to take more control of their own lives. This has been taking place through community development, skills and knowledge gain and awareness raising, along with the development of community networks and support and community health champions.

Alongside this has been work to make the general environment in Knowsley more health-promoting, so that healthy choices become easier for local people.

There are strong programmes of action in Knowsley to try and help people with their lifestyles in relation to smoking, food, physical activity and alcohol.

### 7.3.1 Smoking

Knowsley has made good progress in the past few years in increasing the number of people who quit smoking. The quit-rate is now the highest in the North-West (Fig 34) and the third highest in the country:
This has been achieved through a coordinated social marketing approach. Detailed understanding has been gained about the various groups within the population who smoke, and service and promotional materials have been designed around people’s needs and motivations. The number of outlets for smoking cessation services has been increased from eight to over fifty (including community locations, pharmacies, and GP surgeries), and the timings of the services and the approaches of the staff have been tailored to local people’s needs.

There is a programme in place within Knowsley schools to support schoolchildren to quit smoking, and there have been encouraging reductions in the proportion of young people who smoke (Figure 5). This service needs to be developed further, with clear targets, to make further impact on the take-up of smoking in schoolchildren, especially in girls.

7.3.2 Food

Within Knowsley’s Healthy Weight Strategy, 2009-12, there are numerous actions to support people in different age-groups and segments of the population to eat more healthily.

This includes:

- Peer support for breast-feeding
- Snack-Right project to encourage healthy snacks for pre-school children
- Healthy food in nurseries
- Healthy school meals
• Removal of fizzy drinks, sweets and crisps from school vending machines
• Cookery classes for children and parents
• Access to healthy snacks in the leisure centres
• Mobile ‘Veggie Vans’ to bring fresh fruit and vegetables to areas with no local access to fruit shops
• Healthy catering in the Council and NHS Knowsley

The Health and Wellbeing Scrutiny Committee recommended that there should be a limit on the density of fast-food outlets in the Borough. This has been agreed by the Council’s Cabinet, but still needs to be implemented.

It would also be helpful for local people if an incentive could be given to local stores which supplied fresh fruit and vegetables in areas with poor access.

7.3.3 Physical Activity

The Energise Knowsley Healthy Weight Strategy, 2009-12 includes a wide range of initiatives to increase opportunities for physical activity for Knowsley residents. This includes:

• improvements to footpaths, cycle paths and parks
• training walk leaders, and providing literature on local walks
• providing organised cycle rides, and cycles for people with physical disabilities.
• swimming lessons for schoolchildren
• improvements to the leisure facilities in the borough
• Activity for Life – a very successful exercise on prescription scheme
• promoting dance through the Shimmy Shimmy Shake Shake project
• the Older People’s O’Lympics – fun activities, with townships competing against each other.
• supporting local sports activities, and training volunteers

There is a strong Leisure facilities strategy, support by huge investment, which will further improve leisure facilities for Knowsley residents in the future.

There remain challenges, especially in relation to teenage girls and young adult women, to encourage them into more activity.
7.3.4 Alcohol

There is an Alcohol Harm Reduction Strategy in Knowsley, which has the following service objectives:

- To use a social marketing approach to reduce risk-taking behaviour in relation to alcohol. This includes partnership working with the ChaMPs Public Health Network and with the Regional Our Life Alcohol initiatives
- To provide brief interventions, treatment and support services for people with alcohol problems
- To reduce alcohol related crime
- To work with the alcohol industry to reduce incentives for risk-taking behaviour in relation to alcohol

There are concerns that there has been an increase in the number of licensed premises which are open all day as well as in the evenings in Knowsley, encouraging people to drink more.

There are also concerns about the easy availability of cheap alcohol, either through offers in the pubs, or through the supermarkets. Some local authorities (eg Blackpool) are working towards establishing a minimum pricing policy for alcohol. Knowsley should join with Liverpool City Region to encourage similar action.

7.4 Providing Services Which Make a Difference

7.4.1 Primary Care Services

Since Knowsley PCT (now NHS Knowsley) was established in 2002, there has been determined effort to improve standards in primary care, and to work towards improved practice, particularly in the management of long-term conditions.

There are three Practice Based Commissioning Groups, all of which have put Cardiovascular Disease, Respiratory Disease and Diabetes as high priority in their Commissioning Plans. Two of them have also invested in support from a commercial weight management service for patients battling with weight problems.

The Quality and Outcomes Framework (QoF) which was introduced as part of the new GMS contract, has helped drive up standards of care for those with chronic diseases. In Knowsley, in addition to these targets, a Local Enhanced Service for Chronic Disease Management has been established. This rewards GP practices for even higher achievements than QoF requires.

Three “Communities of Practice” have been set up, for Diabetes, Respiratory Disease and Cardiovascular Disease. These
A detailed **Balanced Scorecard** has been developed for primary care, to enable practices to compare standards with each other. This encourages dialogue and helps to improve quality of care. Public health indicators (e.g., cervical screening, immunisation) are included within the balanced scorecard.

As part of the national “Fairness in Primary Care” initiative NHS Knowsley has invested in the recruitment of over **20 more GPs** over the last 2 years. This has allowed GP practices to provide more clinics for those with long term conditions. In addition to this, NHS Knowsley has commissioned **three new GP practices** as part of the Department of Health *Equitable Access to Primary Medical Care* initiative. These practices offer a unique model of care concentrating on vulnerable adults. Clinicians in the practices offer outreach services to those resident in Nursing and Residential Homes, the homeless, those in bail hostels, those who are victims of domestic violence and those who present at A & E with alcohol related illnesses/injuries.

### 7.4.2 Large-Scale Programmes

Knowsley Council and NHS Knowsley have worked together to develop and implement large-scale programmes for the high priority areas for action in order to create cultural change across the Borough.

An example of this is the large scale cardiovascular disease prevention programme, **Knowsley at Heart**. This comprehensive programme has workstreams which address short- medium- and long-term outcomes.

In order to address the short-term outcomes, **health checks** (cardiovascular risk assessments) are being conducted in community locations to identify people who are at high risk of cardiovascular disease. Intensive practical support to encourage lifestyle changes, along with appropriate medical interventions, are being provided to these individuals to help them reduce their risk. Health trainers are available after the health checks, to provide lifestyle advice and to signpost people to appropriate lifestyle support within the borough.

Community engagement and involvement is seen as key to the success of these health checks, and local people trained up as ‘**community champions**’ for the programme. There are currently over 100 community champions signed up to work on the Knowsley at Heart programme.

At the same time, **clinical pathways** are being redesigned and new community based diagnostic and treatment services are being
commissioned to improve the systematic management of established cardiovascular disease.

The CVD programme is also focusing on health promoting environments that harness and align the plans of Knowsley Council, NHS Knowsley, local businesses, the third sector and other key partners / stakeholders in providing an environment which will enable people to live more healthily and make the healthy options the easiest ones to take. This is seen as an approach to ensure sustainability of the programme and long-term cultural change.

8. HEALTH INEQUALITIES NATIONAL SUPPORT TEAM VISIT TO KNOWSLEY

Knowsley received a visit during September 2009 from the Department of Health’s National Support Team for Health Inequalities. The Health Inequalities National Support Team has been visiting every Local Authority Spearhead area in the country, with the aim of offering support to the local area in addressing health inequalities. The team focuses particularly on the National Public Health Service Agreements aimed at reducing the gap in life expectancy and mortality from the major killers between the quintile of local authorities with the greatest burden (the spearhead areas) and the national average by 2010.

8.1 Feedback from the visit

The National Support Team gave some very positive feedback. They recognised the strength and ambition within Knowsley, and the impact of the unique Health & Wellbeing Partnership. They believed that this integration was being harnessed to jointly tackle health inequalities.

Other strengths recognised by the team included strong and long-standing joint leadership, vision and commitment to addressing health inequalities, demonstrable clinical leadership, a well defined commissioning cycle, strong intelligence outputs including the Joint Strategic Needs Assessment, the Public Health Annual Report, and Unmet Needs Analysis, the use of the balanced scorecard to improve primary care quality, the ‘Knowsley at Heart’ Cardiovascular Disease prevention programme, and some excellent examples of partnership working.

The team also provided a series of recommendations for Knowsley to focus on. One of the main recommendations of the team was concerning female life expectancy. The team pointed out that the female life expectancy gap had widened, and that Knowsley was not currently on track to achieve the 2010 target. As a result the team recommended that Knowsley should adopt a focussed, targeted approach in the short term with action which will narrow the female life expectancy gap.
Other recommendations include the need for an ambitious vision for improving health outcomes in Knowsley, the development of a health inequalities action plan and delivery group, the use of public health intelligence by all commissioners across the PCT and Local Authority, the need for modelling work to understand the impact and scale of interventions required to meet the targets, market development of the local Voluntary, Charity, and Faith sector, the identification of high risk patients missing from primary care disease registers, the systematic improvement of medicines management in primary care, and the development of a health gain schedule for all health, social care, & wellbeing service providers, making improving health everybody’s business.

The team also provided us with a number of recommendations focussed around each of the workshops on Tobacco, CVD Acute Management, Excess Winter Deaths, COPD, CVD Secondary Prevention, and Cancer. The emphasis of the majority of the recommendations was on improving quality in primary care, and engaging with secondary care clinicians, as the team believes these are the recommendations that will be most effective in the short term in helping Knowsley achieve the 2010 targets.

8.2 Progress against the National Support Team Recommendations

Progress against delivery of the recommendations will be reported through the Health and Wellbeing Partnership Management Board. In addition, clinical engagement and involvement with the recommendations will be through the Health and Wellbeing Commissioning Board, the Professional Executive Committee, the Practice Based Commissioning groups and the Communities of Practice. There will also be community engagement and involvement in this as part of the work to develop the next Joint Strategic Needs Assessment.

There are some specific pieces of work being conducted to reduce cardiovascular disease mortality for women across Knowsley and in the most deprived areas of the Borough. This includes a renewed emphasis on the identification of high risk women through the Knowsley at Heart Community Health Checks, thereby leading to increased referrals to Primary Care and then the appropriate interventions being put in place. Smoking cessation services are being provided at convenient times and places for women, and CVD Community champions have been recruited to promote positive messages around CVD prevention. There are also plans to increase female engagement through the promotion of more family activities in leisure centres.
In addition, there has been an Overview & Scrutiny Committee Working Group looking at the issue of cardiovascular disease and women. This group developed a series of recommendations which will further inform work on reducing early mortality in women.

Modelling work is underway by the Public Health Intelligence Team to demystify the challenge faced by the 2010 targets. We now have a clear understanding of the numbers of female deaths we need to prevent in order to achieve the 2010 target. There is additional work on modelling underway on the impact of initiatives for both cardiovascular disease and obesity on mortality and morbidity in the future. Moreover, the North West Intelligence Consortium (NWIC), of which we are a part, is currently undertaking a regional piece of work on both modelling and horizon scanning.

A standardised approach to the use of health needs assessment and health equity audits has been developed through the public health team, and shared as good practice through the lead commissioners’ group. This will encourage the consistent use of needs assessments and equity audits through the commissioning cycle.

The Public Health Intelligence Team is currently analysing North West Ambulance Service (NWAS) data to identify hot spots of activity. This should then result in a series of recommendations designed to either prevent unnecessary emergency admissions, or to intervene with individuals requiring interventions at an earlier stage.

Differences in primary care performance are currently measured through the use of the Balanced Scorecard, which was commended by the National Support Team. The balanced scorecard is reviewed and updated on a quarterly basis to ensure the most up to date and relevant data is utilised. Engagement with Practice Based Commissioning leads is currently being undertaken to ensure it is fit for purpose. In addition, the recently purchased Health Intelligence software along with the Unmet Needs report produced by the Public Health Intelligence Team will help to identify high risk patients missing from the primary care disease registers.

Identification of a ‘list of lists’ for vulnerable people has been implemented through the planning for the pandemic flu vaccination programme, and it is intended that this list is used in the future to put in place interventions designed to reduce excess winter deaths.

Finally, a Cancer signs and symptoms campaign is currently being developed for delivery in February and March 2010, to raise awareness of the signs and symptoms of cancer and to encourage earlier presentation at primary.
9. CONCLUSIONS

The data on health trends within Knowsley is encouraging, in that it shows that Knowsley is making faster progress than the Spearhead average, particularly in relation to men’s health and infant mortality. At the disease level, the most marked improvements have been in the mortality rates for cancer, where inequalities have reduced, both between Knowsley and England, and between the most deprived parts of Knowsley and the Knowsley average.

There are some concerns about the health of Knowsley women, especially those from the more deprived parts of the Borough, where rates of heart disease are not improving. The schools surveys show that more Knowsley girls than boys are growing up with poor lifestyle habits; this is concerning in terms of the future health of women in the next generation.

There are still very strong challenges in general in the more deprived parts of the Borough. Smoking, poor food choices, obesity and lack of physical activity are the ‘signs’ of people who do not feel adequately in control of their own lives, and of people who lack self-esteem.

The above data indicates that there are many people living in the more deprived parts of the Borough for whom the following are issues:

- They are unemployed, or on a low income, so managing the weekly budget is difficult for them. A high proportion of children are living in poverty.
- Poor access to healthy food. The easiest foods to obtain are pre-packaged or take-away foods, which are likely to be high in saturated fat.
- Feeling unsafe in their local area, especially at night. This limits social interaction.
- Having poor neighbourhood connections. This reduces incentive and drive, and feelings of self-worth.
- Having a sense of disorganisation in the local area. Again, this reduces feelings of self-worth, and becomes demotivating.
- Not engaging in community activities, so not experiencing the friendship and support which could come out of this.

What has not been picked up within the surveys is the nature of personal relationships, and the proportion of people who are living with abusive relationships, or damaged by past traumas.

These are all challenges for the future. Knowsley is well-placed to meet these challenges, because of the strong leadership and partnership working, and the excellent progress which has been made already in the past 10-15 years.
9. RECOMMENDATIONS

It is recommended that partners across Knowsley continue the approaches they have been taking in their drive towards improved health in the Borough. There are clear benefits of having ownership of the health agenda across all key organisations within the Borough, and of taking a person-centred approach towards finding solutions for local people.

Some specific recommendations for the future include:

I. That the schools smoking cessation service is given clear targets, with particular emphasis on reducing smoking take-up in girls.

II. That Knowsley Council places a limit on the density of fast-food outlets in the Borough.

III. That a scheme is devised in Knowsley whereby local retailers are incentivised to supply fresh fruit and vegetables in areas with poor access.

IV. That targets are set for increased physical activity in teenage girls and young women, with specific social marketing activity designed around their motivations.

V. That Knowsley joins with the Liverpool City Region to establish a minimum pricing policy for alcohol.

VI. That more stringent limitations are put on increasing opening hours in licensed premises in Knowsley.

VII. That health information about children with disabilities is routinely collected and collated, and fed into the Joint Strategic Needs Assessment.

VIII. It will be important to continue the partnership working with Heart of Mersey, and to retain the ChaMPs Public Health Network. These are able to undertake valuable work on health inequalities on our behalf which it is not possible to do at an individual PCT/Council level.

IX. The roles of the voluntary community and faith sectors in improving health and wellbeing should be developed further.

X. Further work should be undertaken to understand the detail behind the high levels of emergency admissions of Knowsley residents.
XI. A review should be undertaken of the support for smokers in acute settings, to ensure that all patients receive consistent access to tailored support.

XII. A review should be undertaken of the cardiovascular disease elements of the Long-term Conditions Local Enhanced Service, and focussed support should be provided to encourage all practices to manage their identified ‘at risk’ patients.

XIII. Undertake a Health Equity Audit to understand the differential uptake of cardiovascular disease services, particularly by females.

XIV. Develop more detailed, systematic analysis of cancer data; incidence, staging and late presentation data is needed at a more local level with benchmarking, including by locality/geography, provider trust, ethnicity and tumour site.
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