

BOYS & MEN'S HEALTH IN KNOWSLEY

Health Needs Assessment

2025

Contents

Equalities Statement and Demographics – Page 2	Asthma - Page 33
Executive Summary – Page 2	Dementia - Page 34
Introduction - Page 6	Mental Health - Page 35
Population - Page 7	Healthy Eating - Page 42
Health Inequalities - Page 8	Overweight/Obesity - Page 44
Wider Determinants of Health - Page 8	Physical Activity - Page 47
Life Expectancy - Page 10	Immunisation - Page 50
Healthy Life Expectancy - Page 12	Economic Activity - Page 54
What kills boys & men in Knowsley? - Page 12	Crime - Page 55
Access to Services - Page 18	Domestic Abuse - Page 58
Hypertension - Page 20	Smoking - Page 60
Chronic Obstructive Pulmonary Disease (COPD) - Page 21	Vaping - Page 65
Coronary Heart Disease (CHD) - Page 22	Alcohol - Page 69
Health Checks - Page 23	Drugs - Page 73
Covid-19 - Page 26	Gambling - Page 75
Diabetes - Page 37	Masculinity - Page 78
Musculoskeletal Health - Page 30	Learning Disabilities - Page 80
Sight Health - Page 31	Digital Exclusion - Page 82
Dental Health - Page 32	Children’s Services - Page 82
	Veterans - Page 83
	References – Page 85

For the latest available intelligence and insight into our borough, please visit Knowsley Knowledge. This brings together a wide range of local data and information, to provide insight into Knowsley and how it compares, both locally and nationally.

Equalities Statement and Demographics

This document is predominantly focused on the health of cisgender boys and men, i.e. boys and men who identify with the sex they were assigned at birth. This document does not contain a detailed assessment of those who are transgender and non-binary, who may share needs and experiences, but may also have health and wellbeing needs which differ. The terms ‘boys’ and ‘men’ are used for brevity, not to exclude.

For the first time, the 2021 Census included a question on gender identity, which enabled participants to state their gender identity is, or is not, the same as their sex registered at birth. There will be further work completed to better understand the health needs of people from diverse backgrounds across Knowsley.

Executive Summary

Men in Knowsley face some of the starkest health inequalities in the region. They are expected to live shorter lives and spend more years in poor health, compared to men across the North West and England.

Nationally, the Government have recently published England’s first Men’s Health Strategy, which outlines a vision to create a society where boys and men are supported to live longer, healthier and happier lives. They aim to expand access to support services, help boys and men take better care of themselves, and tackle stigma to ensure they feel empowered to obtain help and support.

Many of the factors cited as key drivers behind the strategy resonate with Knowsley. Men live too much of their lives in poor health and die too young. Conditions such as cancer, cardiovascular disease and diabetes are presented as disproportionately impacting men’s health. In Knowsley, the data shows that mortality rates from cardiovascular disease, cancer and diabetes are higher for men in Knowsley, compared to women. Alongside this, there is also a spotlight on inequalities, poverty and deprivation — three factors that disproportionately impact a significant number of men in Knowsley, compared to nationally.

A boy born in Knowsley today can expect to live 77.2 years, almost 2.5 years fewer than the national average, and experience only 54.6 years in good health, almost 7 years less than in England. This is the lowest healthy life expectancy in Cheshire and Merseyside.

These gaps aren’t just between Knowsley and the rest of the country—they exist within the borough itself. A man in Northwood can expect to live 7.5 years fewer than one in Swanside, and those in North Huyton live nearly 6 years fewer than their neighbours in South Huyton. North Huyton refers to the Page Moss, Stockbridge and St Michaels wards, whereas South Huyton refers to the Roby, St Gabriels and Swanside wards.

Recent figures show Knowsley has seen the sharpest decline in healthy life expectancy since 2019-21, widening the gap even further. These differences are not by chance. They are shaped by the social, economic and environmental conditions in which people are born, grow, live, work and age. These include factors like housing, income, employment and education. Not all boys and men in Knowsley have the same opportunity to live a long, healthy life. For some, this means lives cut short and more years spent in pain and with chronic illness.

As well as dying earlier than women, men are more likely to die from external causes, such as accidents, violence, overdoses and suicide. Mental health and death by suicide are particular concerns for men in Knowsley, the most recent Knowsley suicide audit highlighted that 82% of those who died by suicide were men. GP data shows that just over 1 in 5 Knowsley men (aged 20+) are known to have experienced or be living with a mental health condition.

Compared to women and girls, men and boys are more likely to engage in harmful health behaviours, for example, substance misuse, smoking and problematic gambling. This is also true in Knowsley. Mortality rates from cardiovascular disease, cancer, and diabetes are higher for men in Knowsley compared to women. This is likely to be linked to evidence showing that men are less likely to adopt health-promoting behaviours, influenced by complex factors, such as gender norms, perceptions of masculinity, stigma, reluctance to seek help and lower health literacy. This is a key challenge that we will need to understand and overcome to improve the health and wellbeing of boys and men in Knowsley.

Knowsley Boys and Men Health Overview

Data shows that compared to their peers across the North West and England, for causes considered preventable, males (Under 75) in Knowsley have a **higher**:

- Mortality rate along with the 2nd highest rate across C&M (2022-24).
- Mortality rate from cancer and the 2nd highest rate across C&M (2022-24).
- Mortality rate from cardiovascular disease, along with the 3rd highest rate across C&M (2022-24).
- Mortality rate from colorectal cancer and the 4th highest rate across C&M (2022-24).

For U75 mortality, they also have a **higher**:

- Mortality rate from respiratory disease and the 2nd highest rate across C&M (2022-24).
- Mortality rate from cancer, along with the 2nd highest rate across C&M (2022-24).
- The 2nd highest mortality rate from lung cancer across C&M (2022-24).

For males of all ages, compared to their peers across North West and England, males in Knowsley have a **higher**:

- Mortality rate from cancer, with lung cancer being consistently higher than other forms of cancer, along with the 2nd highest rate across C&M (2022-24).
- Mortality rate from colorectal cancer, along with the 3rd highest rate across C&M. (2022-24).

- Mortality rate from oesophageal cancer, along with the highest rate across C&M. (2022-24).
- Morality rate from oral cancer, along with the highest rate across C&M (2020-22).

When considering outcomes, it's also important to reflect on access to healthcare, particularly as the government pushes towards a preventative neighbourhood model. Evidence suggests that males are less likely to access healthcare. Locally, we know that men are less likely to have an NHS Health Check in Knowsley too. This acts as a key intervention for some of the risk factors associated with the many diseases that kill men prematurely. Alongside equity of access, there are a wide variety of cultural and psychological factors which may influence a male's acknowledgement of needing support and ultimately seeking it. A key line of enquiry that requires future research is whether the percentages are lower because some men are already receiving treatment for a health condition, so there isn't an immediate desire to attend.

Data also shows that in Knowsley, 1 in 5 males (18+) are living with hypertension, along with 41.6% of males aged 50+. However, there will be a significant number of men living with undiagnosed and untreated hypertension in Knowsley. This is potentially the case with diabetes too. GP data shows that Knowsley has the 2nd highest percentage of males living with diabetes across C&M, with males slightly more likely to be living with diabetes compared with females. However, there is also a significant number living with non-diabetic hyperglycaemia, i.e. raised blood glucose levels not considered in the diabetic range. Preventing those people from becoming diabetic is essential to their long-term health and wellbeing, particularly as we know that 4 in 5 people living with diabetes in Knowsley who have had a major lower limb amputation are male, along with 3 in 4 people who have experienced a minor lower limb amputation.

Knowsley also has the highest rate of long-term musculoskeletal conditions across C&M, impacting over a quarter of adults and contributing to economic inactivity. Although Knowsley has the 3rd lowest percentage of our male population with a recorded musculoskeletal disorder across C&M, Knowsley does have the 2nd highest percentage with musculoskeletal signs and symptoms. This is influenced by economic activity and employment, which are two social determinants of health. A Musculoskeletal JSNA is currently in progress, which aims to explore the link between type of job and musculoskeletal issues.

We know that physical inactivity and being overweight are risk factors for musculoskeletal problems. Data from 22/23 to 24/25 shows that 13.4% of reception aged children (boys and girls) were living with obesity, along with 30.1% of Year 6 children. Both figures are not only higher than the North West and England equivalents, but they're also the highest across C&M and amongst the highest in England. The data shows that overweight children are at higher risk of becoming overweight adults, which emphasises the importance of a good start to life. Sport England data (2023/24) also shows that 37% of males (16+) in Knowsley are physically inactive, which is the highest percentage across the LCR. Furthermore, around 1 in 4 boys in Knowsley are active for less than an average of 30 minutes a day. Barriers to physical activity exist, particularly for those living with a disability and/or long-term health condition.

Ensuring the health protection of our communities is also a growing challenge. In a world where immunisation hesitancy is growing, ensuring our residents are able to make an informed decision based on evidence-led information is key.

Within Knowsley, the percentage of children living in relative low-income families has increased between 2015 and 2024, from 19.3% to 28.7%. Some of our communities have been disproportionately affected. Worryingly, living in a working family doesn't necessarily protect our children, as many households experience in work poverty. Of those children living in relative low-income families, 62% are in working families, which is 7.8% higher than the 2024/15 figure of 54.4%. In 2023/24, there are 2,114 more boys living in relative low-income families, compared to 2014/15. This is an increase of 8.4%. Children's services in Knowsley are also improving, and must continue, following Ofsted's inspection in November 2024.

Many of our residents struggle to access a dentist, with some areas across Knowsley affected more than others. 35.8% of 5-year-olds (male and female) in Knowsley have visually obvious dental decay, which is 9% higher than the North West and 13.4% higher than England. Evidence suggests that children who are most deprived are significantly more likely to experience decay/plaque. Additionally, the impact of tooth decay is greater than cosmetic. Untreated disease can cause toothache, sleep disruption and altered eating habits. Additionally, poor oral health may negatively impact a child's speech development, as well as lowering confidence, which can have a further impact on educational attendance and attainmentⁱ. In 2023/24, Knowsley had the 2nd lowest percentage of male and female adult patients (40.8%) who were seen in the previous 24 months across C&M, along with the 4th lowest (58.4%) percentage for children.

We also know that mental health issues are prominent in Knowsley. GP data shows that 21.1% of males (aged 20+) are known to have experienced or be living with a mental health condition in Knowsley. Of those males, around 1 in 5 are deemed to be at risk of suicide. For boys aged 0-19, 9.1% are recorded as having experienced or be living with a mental health condition. Again, around 1 in 5 of those boys are also deemed to be at risk of suicide.

We know that 1 death by suicide is 1 too many. Sadly, from 2000 to 2023, there have been 249 male deaths by suicide in Knowsley, which accounts for 77% of all deaths by suicide during this period. The average age of those who died was 43. This represents a huge and unimaginable loss, not just to those directly affected, but to our community. There is no one single cause of suicide — it's a mixture of long-term and recent risk factors. However, it's crucial that we continue to ensure boys & men feel comfortable and empowered to access support when required. Equally as important, it's imperative that the treatment received is suitable and high standard.

Although a declining number, there are still boys and men across the borough who are trapped in the cycle of smoking. Whilst acting as an effective stop smoking tool, the emergence of e-cigarettes brings its own unique set of challenges, particularly amongst young people. National data indicates that 7% of 11- to 15-year-olds are current e-cigarette users, but 22% have used one at some stage. Both figures are more than double their equivalent for tobacco use. Local data (albeit limited) suggests that 1 in 5 14 to 16-year-olds Knowsley school children use an e-cigarette regularly or occasionally.

Tackling substance (both legal and illegal) misuse is also important for the health and wellbeing of males. Across Knowsley, unmet treatment need is high. There is also growing concern around ketamine consumption, particularly amongst young people. Referrals for ketamine treatment have drastically increased in recent time, with 5 men in treatment in 2021/22 compared to 45 in 2023/24. 66.7% of those people are aged 18-29. For boys aged under-18, the majority of the referrals are for cannabis,

however, ketamine is responsible again for a big increase, with 5 referrals in 2023/24, despite there being no recorded ketamine referrals previously.

Gambling is also a concern amongst people experiencing financial difficulties. Evidence suggests men are more likely to gamble than women, and amongst those experienced the most harm from gambling, data suggests that people in Knowsley are less likely to access treatment and support compared to people across Great Britain. Boys who aren't old enough to gamble are still exposed, particularly through gambling like features and in-game purchases in gaming, along with exposure and connection through football and club sponsorships.

Amongst all the challenges mentioned, there is also an ongoing debate about the role of boys and men. Societal expectations of boys & men have an impact on health behaviours and willingness to obtain treatment and support when necessary. Stigma remains around various topics, including accessing support for mental health conditions and substance abuse. Across Knowsley, there are a wide range of community groups and organisations which are playing a crucial role in empowering boys & men across Knowsley, helping ensure they have a fair opportunity to lead happy and healthy lives.

Males in Knowsley face worse health outcomes than their most peers across the North West and England, with high rates of preventable mortality, challenges accessing health care and a need for effective mental health and lifestyle-related support.

Introduction

In November 2024, Wes Streeting (Secretary of State for Health and Social Care) announced plans for a men's health strategy. When introducing the plan, Streeting referenced the difficulty that many boys & men face in today's society, including mental health challenges, suicide and preventable killers, such as heart disease and prostate cancerⁱⁱ. Nationally, the Marmot Review highlighted some of the unfair outcomes those living in poverty faceⁱⁱⁱ, but as one of the most deprived areas in the country, boys & men in Knowsley are disproportionately affected by negative health outcomes across many indicators compared to their peers. The evidence shows that men in Knowsley are expected to live 77.2 years (2022-24), which is 0.7 and 2.3 years fewer than their peers across the North West and England^{iv}. However, taking a holistic approach to Knowsley can overlook deeply entrenched inequalities which exist amongst our communities. Within Northwood, men are expected to live 7.5 years fewer than men in Swanside.

As a council, tackling this unjust reality is embedded into everything we do. One of the 3 priorities of the Knowsley Council Plan (2025-2030) is to deliver targeted support, to encourage fairness and opportunity for those residents facing the biggest challenges^v. One of the 5 guiding principles is to deliver inclusive growth, which means everyone benefits and no one is 'left behind'. This document aims to support both existing and future work to ensure boys & men across Knowsley are able to lead happy and healthy lives. It will do so by providing a brief overview of some of the main challenges impacting boys & men's health, as well as shining a spotlight on areas of key concern¹.

¹ Within this document, some statistics are presented where there is an overlap in confidence intervals. Therefore, unless explicitly stated, it is to be presumed that comparisons between Knowsley and other areas may not indicate statistical significance.

Population

From ONS data in 2024, Knowsley’s population is estimated to be 162,565, with males accounting for 47.9% of the total population^{vi}. From 2004 to 2024, Knowsley’s population is estimated to have grown by 13,349, which equates to a total of 8.9%. Specifically, the male population has grown by 10%, whereas the female population has grown by 8%.

In comparison to other areas across C&M, there are no substantial differences in age category prevalence, however, Knowsley does have the highest percentage (21.2%) of its male population aged 0 to 15, along with the 2nd lowest percentage (16.5%) of its male population aged 65+.

From the 2021 census, among residents that answered, 92% of people in Knowsley are ‘Straight or Heterosexual’, 1.5% are ‘Gay or Lesbian’, 0.7% are ‘Bisexual’ and 0.2% are ‘All other sexual orientations’^{vii}.

Regarding religion, the majority (66.6%) of Knowsley residents identify as ‘Christian’. This is highest percentage across C&M. Aside from Sefton and St Helens, where the figures are 64.4% and 62.3% respectively, the percentage of people who identify as ‘Christian’ is distinctively high in Knowsley, compared to other areas in C&M.

Regarding ethnicity, from the 2021 census, 95.3% of Knowsley are of ‘White’ ethnicity. This is relatively similar to other areas across C&M, except for Liverpool, where people of ‘White’ ethnicity make up 84% of their population.

The 2021 census also showed that 22.6% of Knowsley residents are disabled under the Equality Act 2010.

Age Group	% of male population	% of the female population
Aged 0 to 15	21.2%	18.6%
Aged 16 to 24	10.3%	8.8%
Aged 25 to 49	32.7%	34.4%
Aged 50 to 64	19.4%	20%
Aged 65+	16.5%	18.1%

Ethnicity	% of total
White	95.3%
Mixed or Multiple ethnic groups	1.7%
Asian, Asian British or Asian Welsh	1.6%
Black, Black British, Black Welsh, Caribbean or African	0.8%
Other ethnic group	0.6%

Religion	% of total population
Christian	66.6%
No religion	27.2%
Not answered	4.8%
Muslim	0.6%
Hindu	0.3%
Buddhist	0.2%
Other religion	0.2%
Jewish	0.1%
Sikh	0.0%

It’s important to be mindful of wider social determinants of health, and their impact on the short and long-term wellbeing of boys and men. As Knowsley has a high percentage of its male population that are younger (0-15) compared to other C&M areas, the importance of early-life social determinants on long-term health outcomes cannot be understated. It’s also important to note that although Knowsley is becoming more diverse in different areas, the majority of residents identify as heterosexual, Christian and of White ethnicity. To prevent deepening health inequalities, it’s important that services are tailored not just for the majority, but for smaller groups across our borough too.

Health Inequalities

Health inequalities refer to avoidable differences in health outcomes between groups or populations^{viii}. The avoidance aspect is crucial to the definition, as the differences are viewed as both unfair and preventable. There are many factors which may impact a person's health, including structural, social and economic. There may also be differences in the care people receive and the opportunity they have to lead healthy lives^{ix}.

In 2010, the Marmot Review was published, which analysed and proposed evidence-based strategies for reducing health inequalities in England. The report states that health inequalities result from social inequalities, and the lower a person's social position, the worse his or her health^x. In addition, the report also claims that across England, a total of between 1.3 and 2.5 extra years of life would've been enjoyed by people who were dying prematurely as a result of health inequalities^{xi}. In 2020, The Marmot Review 10 Years On was published. This analysed the progress made in tackling health inequalities since the initial review. It found that since 2010, life expectancy in England had stalled and inequalities in life expectancy had increased, with striking differences across regions^{xii}. The report also stated that not only was life expectancy lower in more deprived areas, but people in more deprived areas spend more of their shorter lives in ill-health than people in less deprived areas.

Regarding health inequalities as a long-standing injustice, The King's Fund argue there is both a moral and economic case for addressing health inequalities^{xiii}. This document aims to highlight different health inequalities for boys and men across Knowsley.

Wider Determinants of Health

As previously suggested, when assessing health data, it's important to be conscious that an individual's health is not purely the outcome of individual behaviours, genetics and medical care. There are wider determinants of health, which can impact both physical and mental health^{xiv}. According to The Health Foundation, wider determinants of health are "a diverse range of social, economic and environmental factors that shape the conditions in which people are born, grow, live, work and age. They determine the extent to which people have the physical, social and personal resources to meet their needs, identify and achieve goals, deal with changes to their circumstances and ultimately lead healthy lives"^{xv}.

As stated by the World Health Organisation, the following are examples of social determinants of health^{xvi}:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable quality health services.

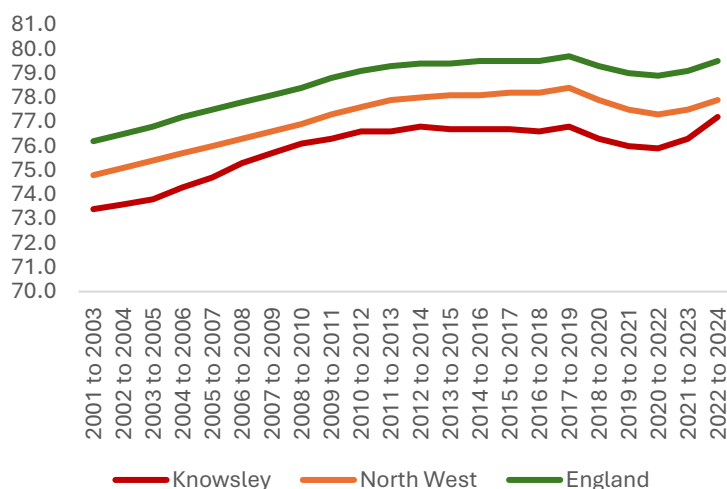


Life Expectancy

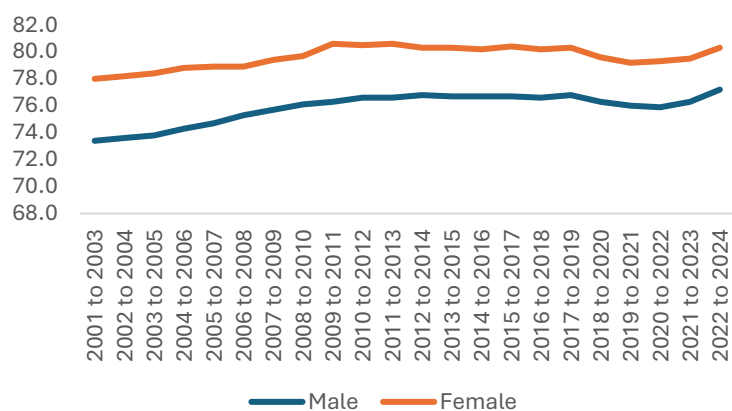
The estimated average number of years a person lives is usually viewed in two different ways, namely 'Life Expectancy' and 'Healthy Life Expectancy'. Life Expectancy refers to the average number of years a person is expected to live, whereas Healthy Life Expectancy (HLE) refers to the average number of years a person is expected to live in good or very good health^{xvii}. Although both figures are based on mortality rates, the latter adds a 'quality of life' aspect to the measurement, which is important as it allows us to review health inequalities within the lifespan^{xviii}. It's important to note that Covid-19 will have had a detrimental impact on life expectancy.

In recent years, male life expectancy in Knowsley has followed a similar pattern to the North West and England. From 2022-24 data, male life expectancy remains lower in Knowsley (77.2) than North West (77.9) and England (79.5)^{xix}. Knowsley's male life expectancy is now 0.6 years higher than the pre-pandemic (2016-18) years. The North West is still below (-0.3) the pre-pandemic figure; however, England is now identical, reaching 79.5 again. Across C&M, Knowsley's male life expectancy has consistently been near the lower end. Within Knowsley, 2022-24 data shows that females live 3.1 years more than males.

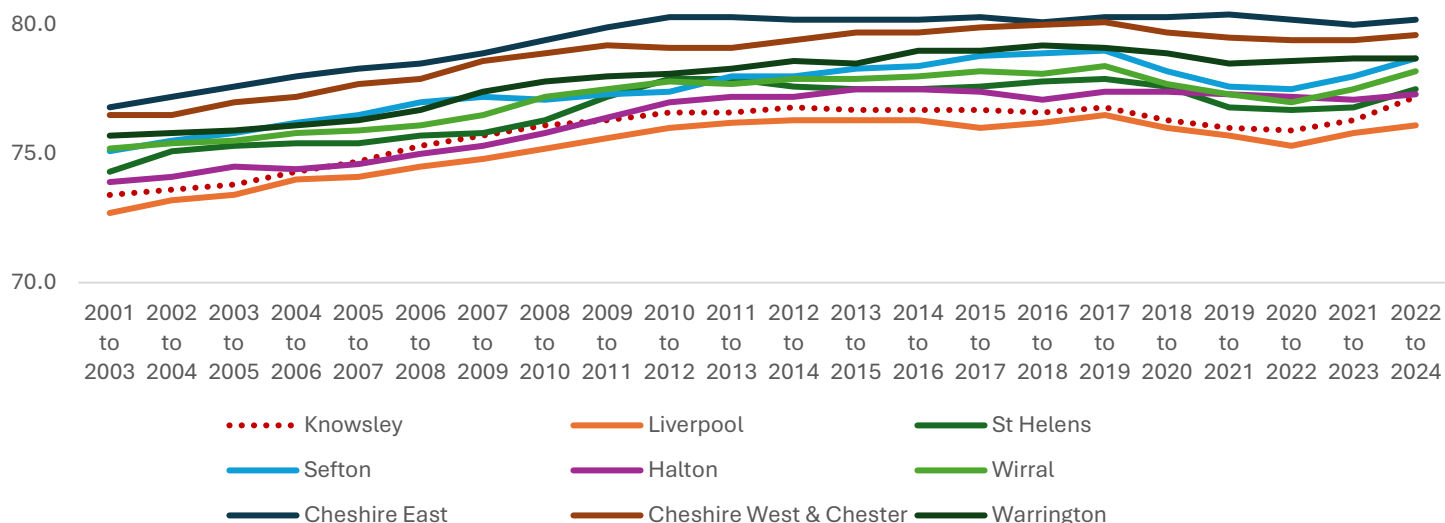
Life Expectancy (at birth) - Male - 2001-03 to 2022-24.



Life Expectancy (at birth) - 2001-03 to 2022-24. Knowsley - Male and Female.



Life Expectancy (at birth) - Male - 2001-03 to 2022-24. C&M Comparison

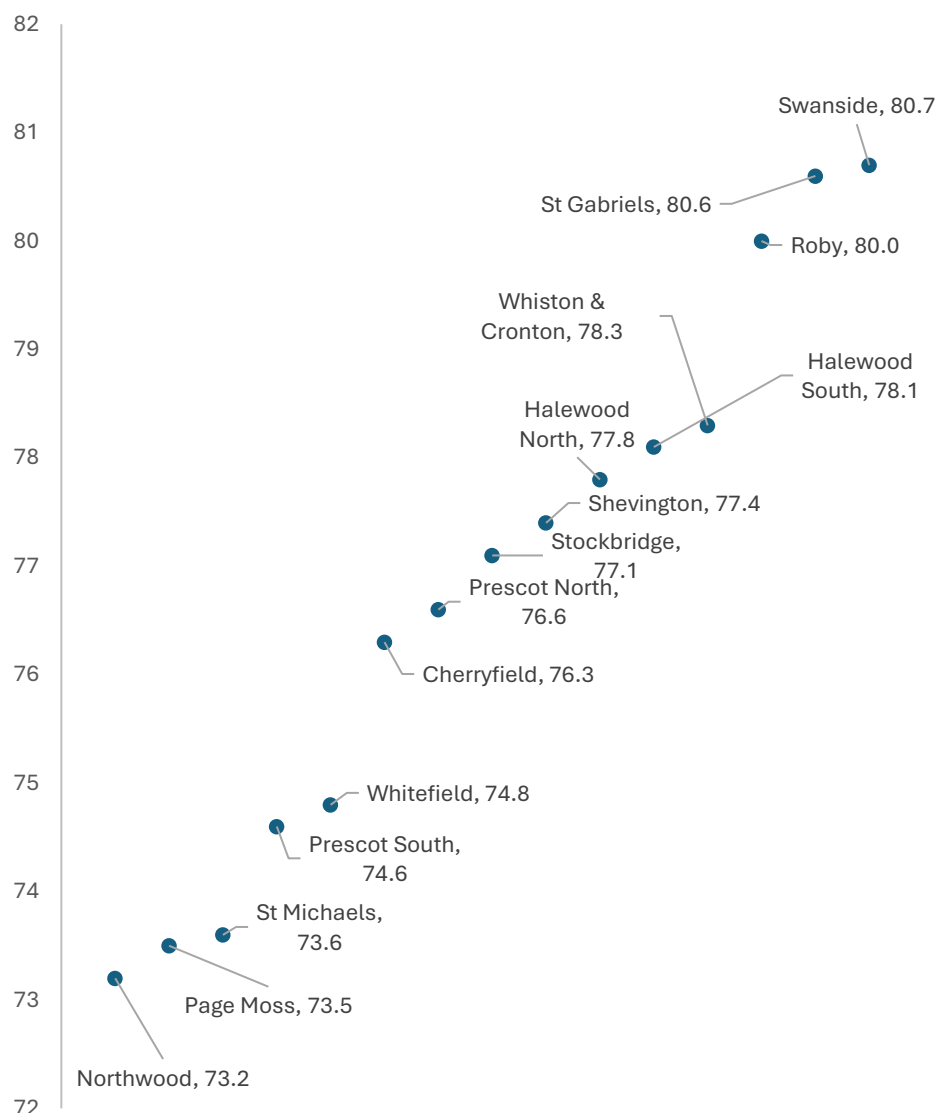


Although Knowsley has experienced the highest increase (0.9) in the latest data, Knowsley still has the 2nd worst life expectancy (at birth) for males across C&M.

There is also ward level data available for life expectancy, which shows a substantial disparity between different wards within the borough. Northwood (73.2) has the lowest life expectancy at birth, whereas the highest is Swanside (80.7). This means that on average, a male in Northwood is expected to live 7.5 years fewer than a male in Swanside.

There are also differences across townships. Within Huyton, there is a contrast between North Huyton & South Huyton. Within North Huyton, a male (combined average) has a life expectancy of 74.7 at birth, compared to 80.4 for males in South Huyton. This represents a gap of 5.7 years, despite the close geographical proximity.

Life Expectancy - males by ward - 2021-23



Healthy Life Expectancy

In Knowsley, male HLE at birth is 54.6 years (2021-23), which is lower than both the North West (59.1) and England (61.5) figures^{xx}. The male HLE has declined from 58.3 years in 2019-21 to 54.6 years in 2021-23, which represents a decline of -3.7 years. This is more than the decline observed across the North West (-1.9 years) and England (-1.2 years) over the same period.

The HLE for males in Knowsley is not only in decline, but it's consistently remained below the equivalent figures for the North West and England. The gap between Knowsley and the North West is now -4.5 years, whereas the gap with England is now

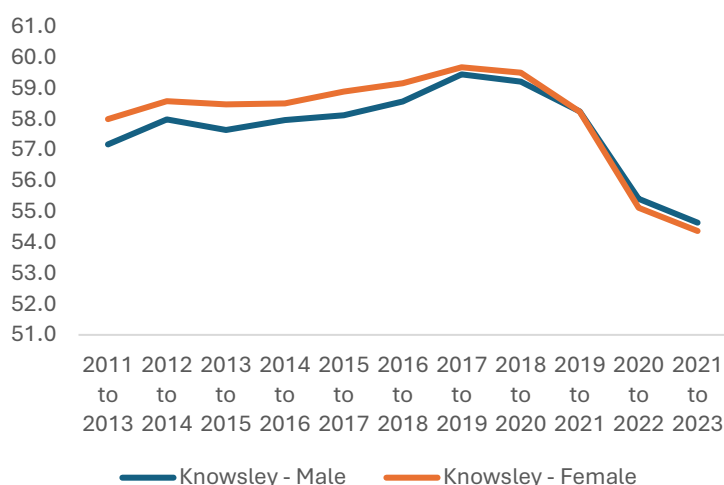
-6.9 years. This disparity is also visible for females.

From a C&M perspective, Knowsley has the lowest male HLE. Historically, Knowsley has been relatively similar to St Helens, Halton and especially Liverpool, however, there has been a noticeable divergence since 2018-20. This shift is evident when looking specifically at Knowsley and Liverpool from 2019-21 to 2021-23.

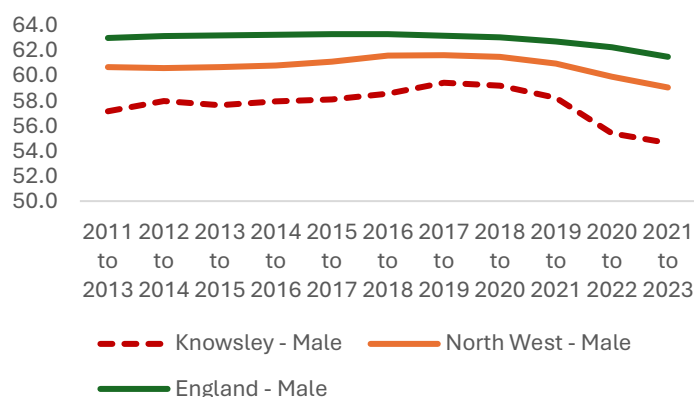
In Knowsley, although males live 3.2 years less than females, the male HLE is actually 0.2 years higher than the female HLE. The male HLE in Knowsley has been higher than the female HLE for the past 3 reporting years, however, it was lower for the previous 8 years.

As mentioned in the 'Wider Determinants of Health' section, a person's health is not purely the outcome of their behaviours, genetics and medical care. It's important to consider those wider social determinants, such as income, employment and education, which will all have an impact on a person's life and health outcomes. These determinants may explain why areas can show gaps of several years in expected lifespan, despite being geographical neighbours.

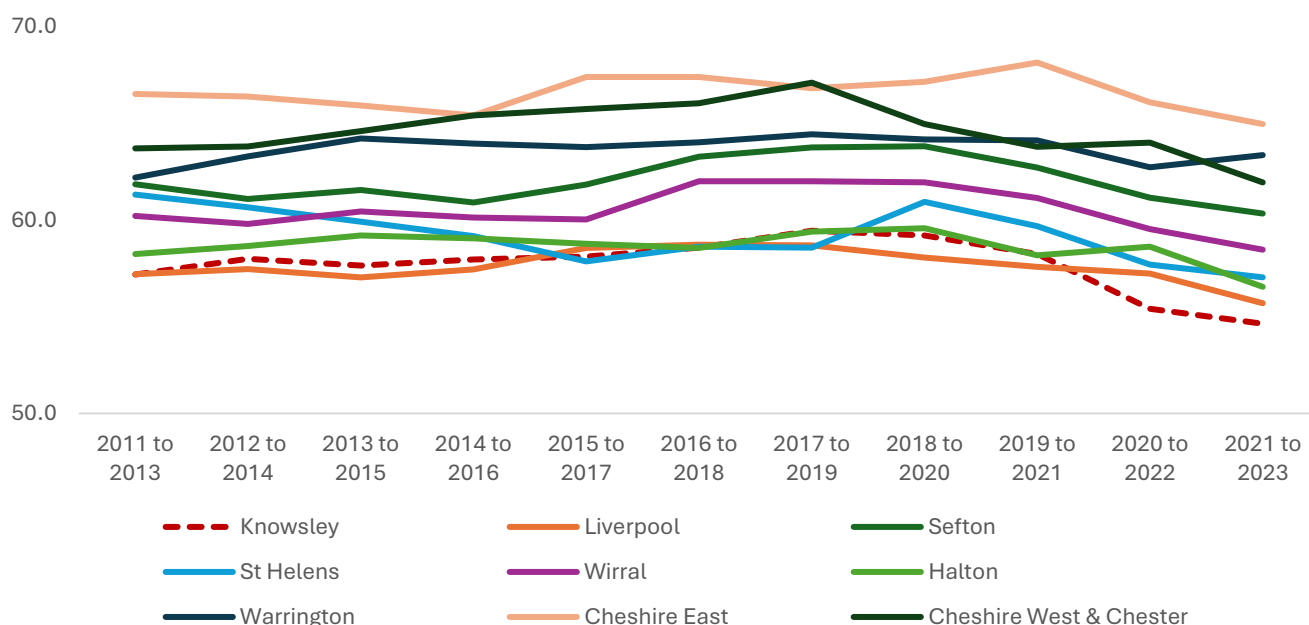
Healthy Life Expectancy (at birth) - Knowsley - Male & Female comparison.



Healthy Life Expectancy (at birth) - Male



Healthy Life Expectancy (at birth) - Male. C&M Comparison.

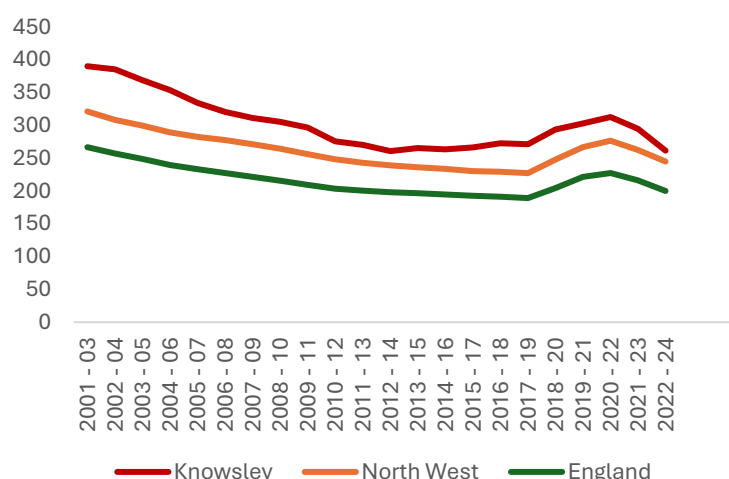


What kills boys & men in Knowsley?

Knowsley has a higher mortality rate (Under 75s) from causes considered preventable, compared to both the North West and England. Knowsley's rate is 224.3 per 100,000 population, compared to the North West at 190.1 and England at 151.2^{xxi}. When looking specifically at men, males (Under 75s) in Knowsley are also more likely to die from causes considered preventable, compared to men across the North West and England^{xxii}. Within Knowsley, men (Under 75s) are also more likely to die from causes considered preventable compared to women.

Preventable Mortality

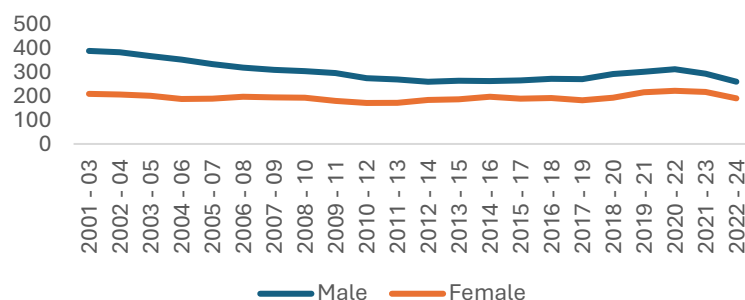
Under 75 mortality rate from causes considered preventable - Male



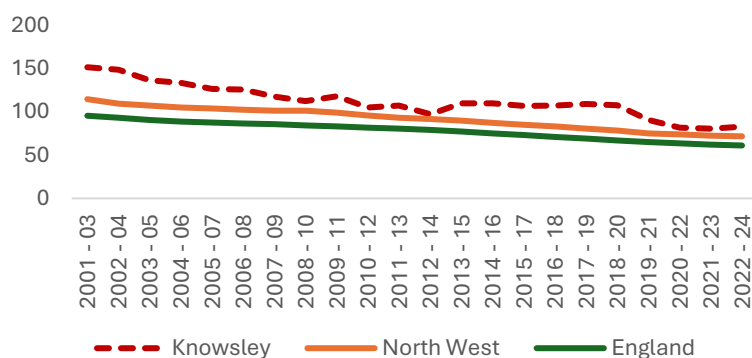
Amongst males, Knowsley's U75s mortality rate from cancer considered preventable is higher than the North West & England figures^{xxiii}. Knowsley's male figure is also consistently higher than the female figure across all reporting years. Across C&M, Knowsley has the 2nd highest figure in 2022-24.

For liver disease, Knowsley's U75 male mortality rate is higher than England, but lower than the North West^{xxiv}. Knowsley's male figure is higher than the female equivalent, however, the confidence in the data is low.

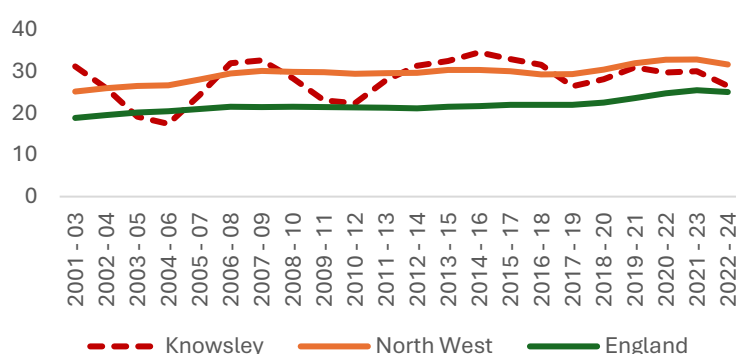
Under 75 mortality rate from causes considered preventable - Knowsley - Comparison by sex.



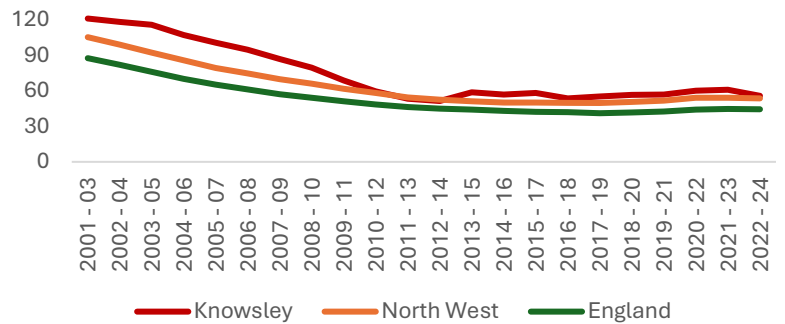
Under 75 mortality rate from cancer considered preventable - Males



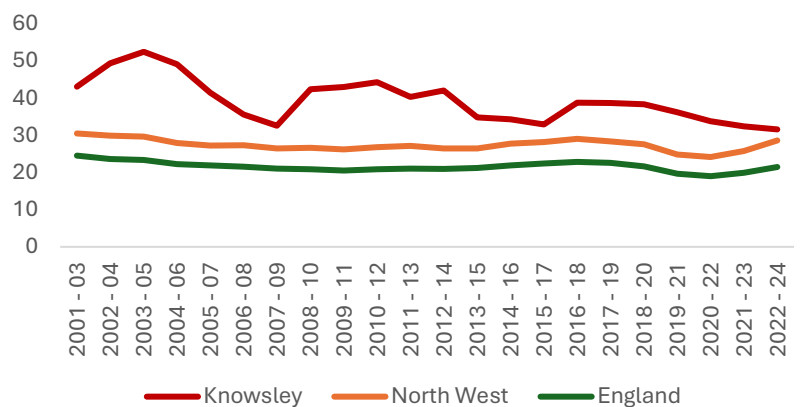
Under 75 mortality rate from liver disease considered preventable - Male



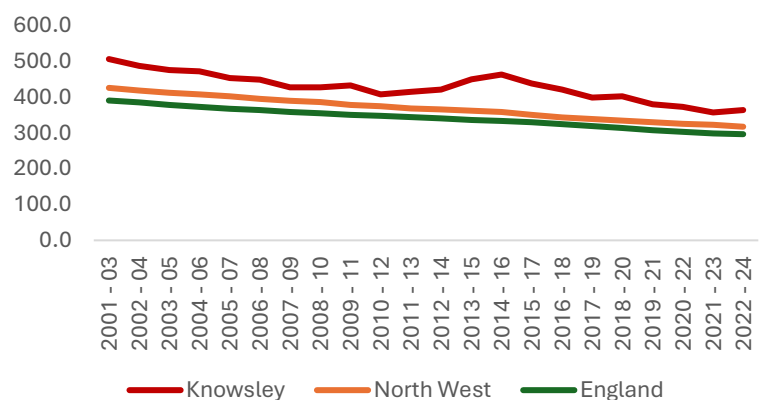
Under 75 mortality rate from cardiovascular disease considered preventable - Male



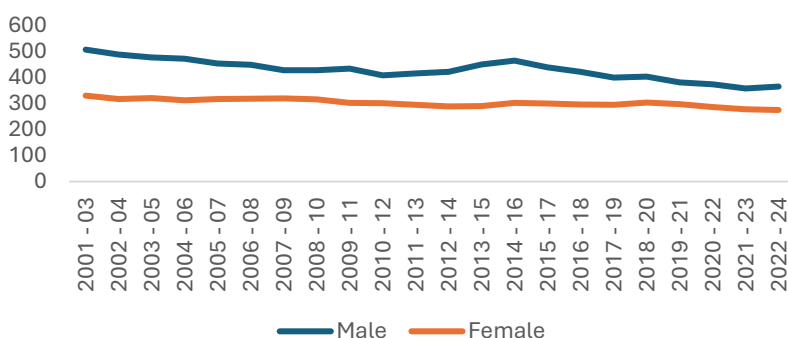
Under 75 mortality rate from respiratory disease considered preventable - Male



Mortality rate from cancer, all ages - Male

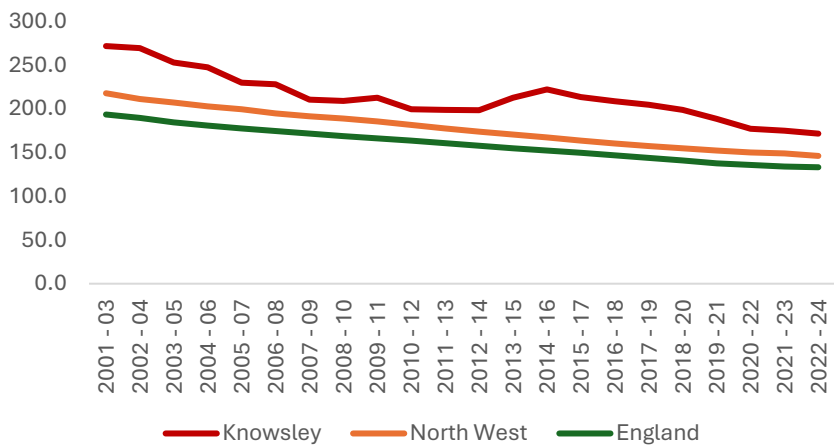


Mortality rate from cancer. All ages. Male & Female comparison. Knowsley.

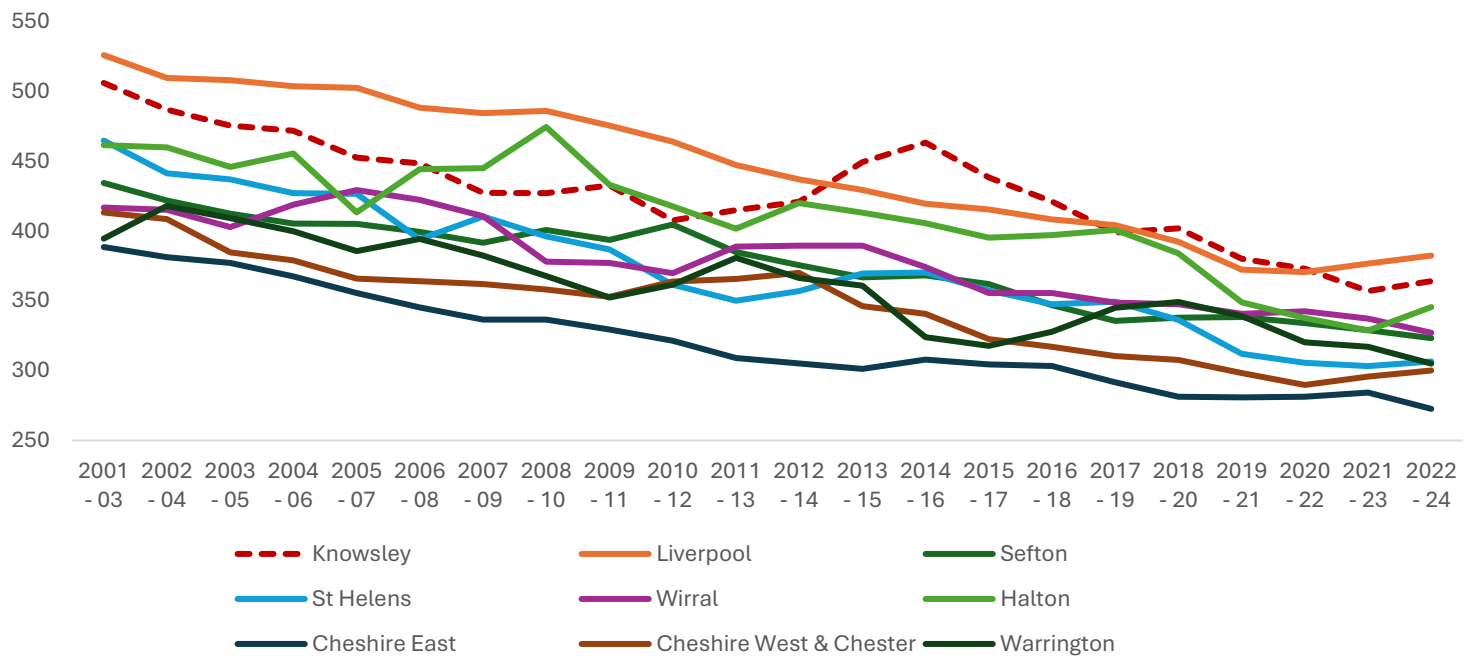


For under 75 mortality (2022-24) from cancer, the Knowsley male rate (171.8) is higher than both the North West (146.2) and England (133.3) rates. Knowsley's male rate is also the second highest across C&M.

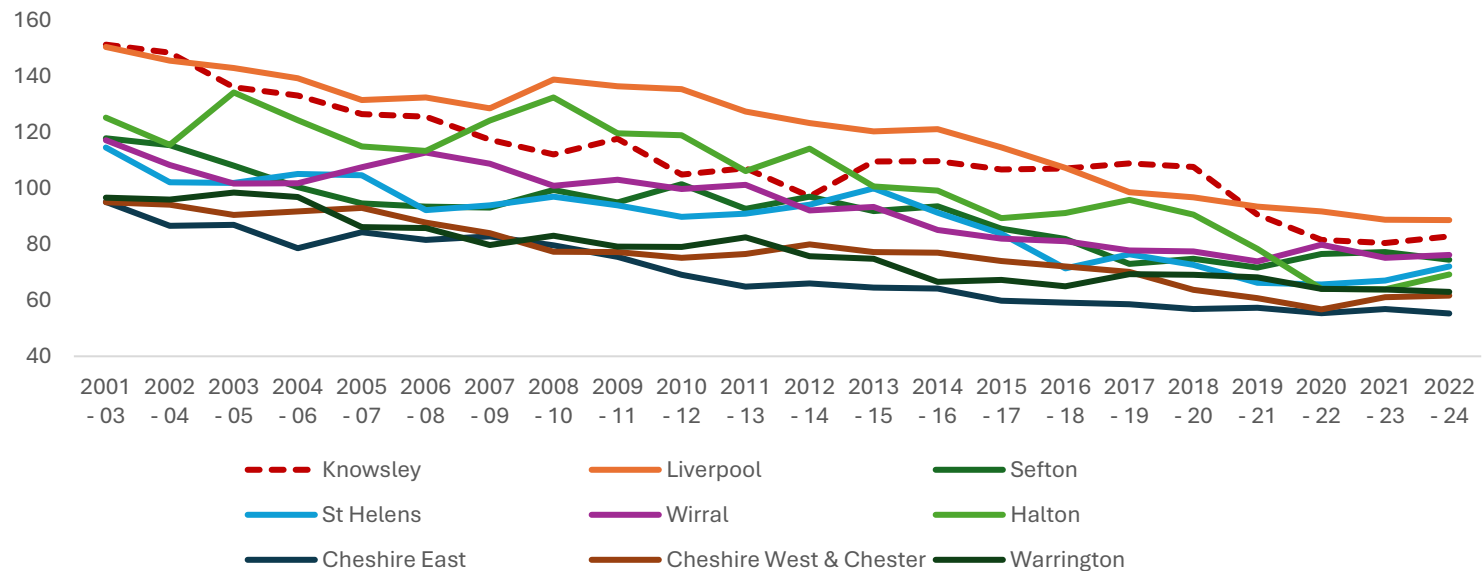
Under 75 mortality rate from cancer - Male



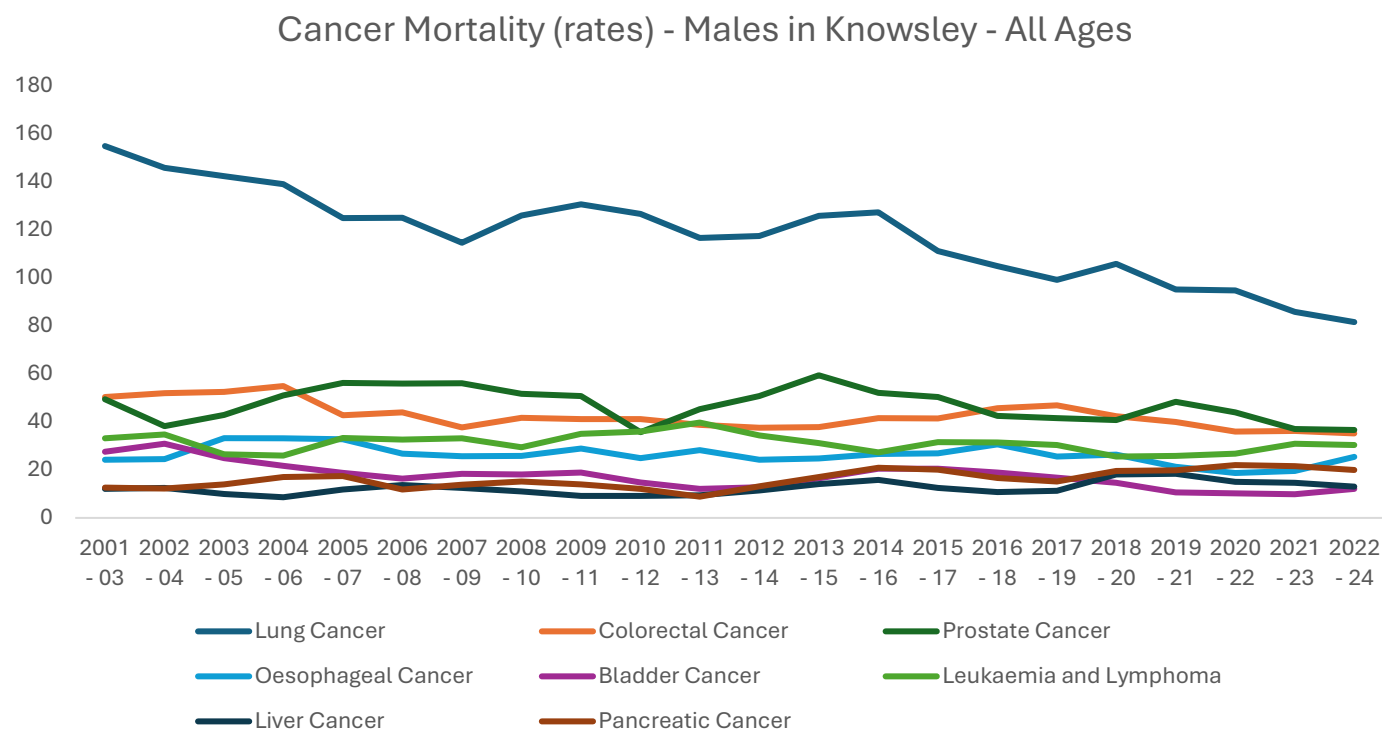
Mortality rate from cancer, all ages. Male. C&M Comparison.



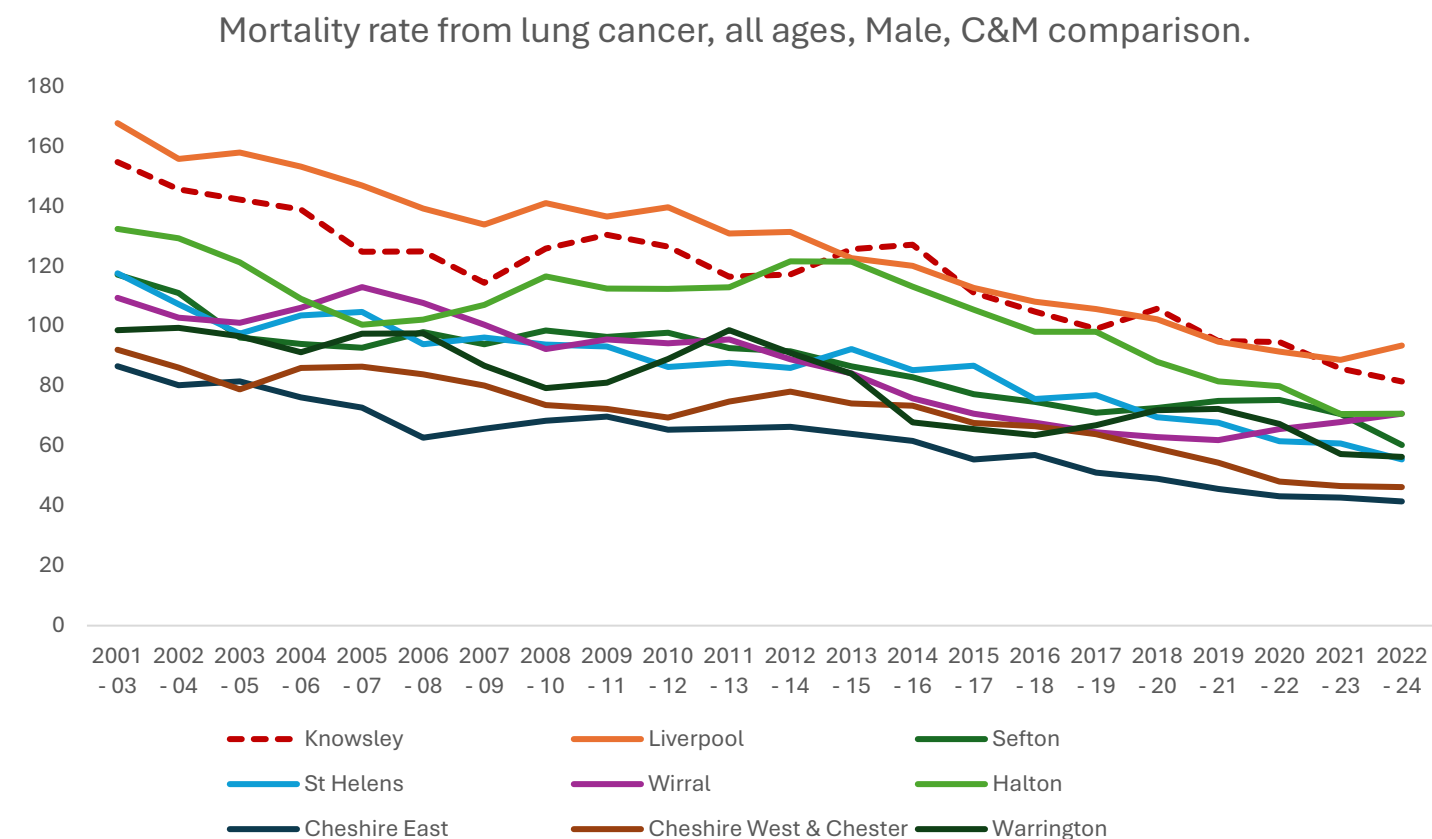
Under 75 mortality rate from cancer considered preventable, Male, C&M Comparison



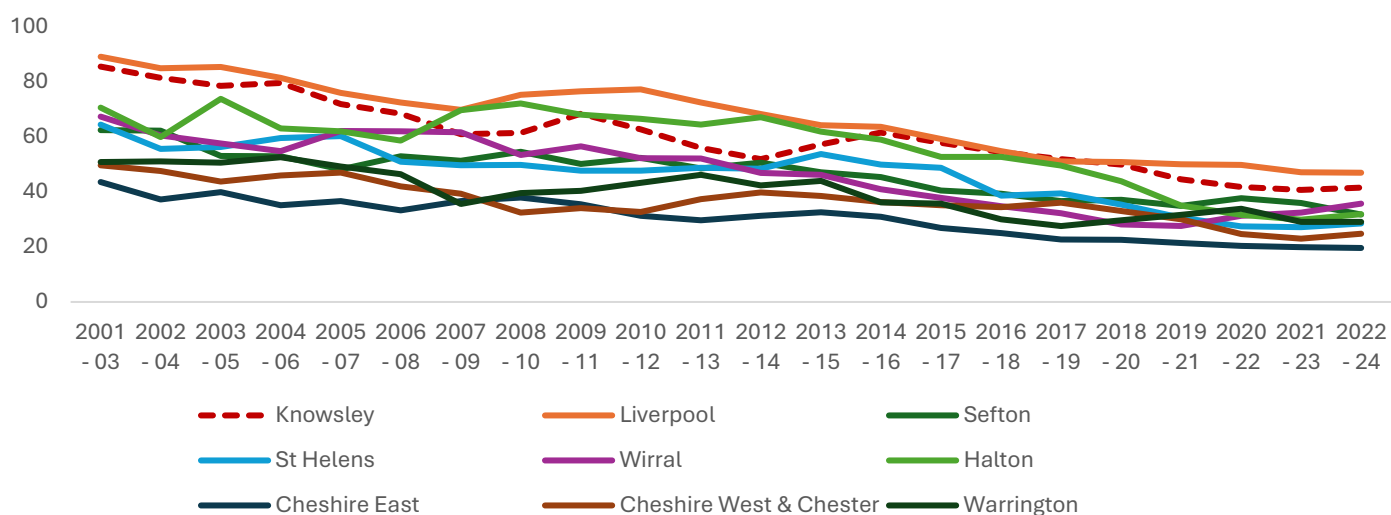
Within Knowsley, lung cancer is consistently higher than other forms of cancer for all-age male mortality.



Across C&M, Knowsley has the second highest male mortality rate (81.4) from lung cancer, which is just below Liverpool's rate. This is for both All Age and Under 75 mortality.

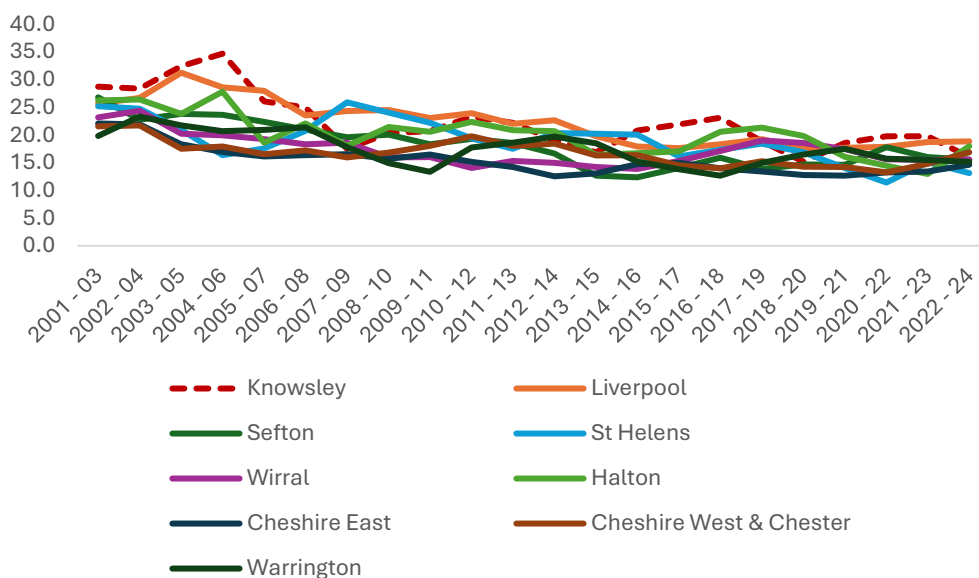


Under 75 mortality rate from lung cancer, Male, C&M Comparison.



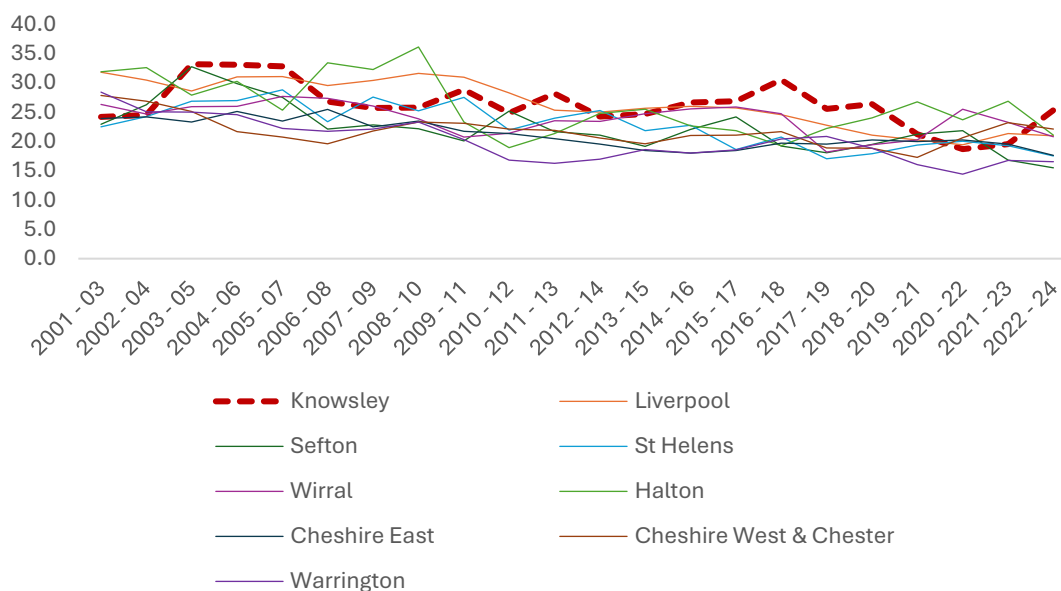
Under 75 mortality rate from colorectal cancer,
Male, C&M comparison

The male mortality rate (35.1) from colorectal cancer (all ages) is the second highest across C&M. Knowsley's male U75 mortality rate (16.0) from colorectal cancer has gone from being the highest in 2021-23, to the 4th highest in 2022-24 across C&M.



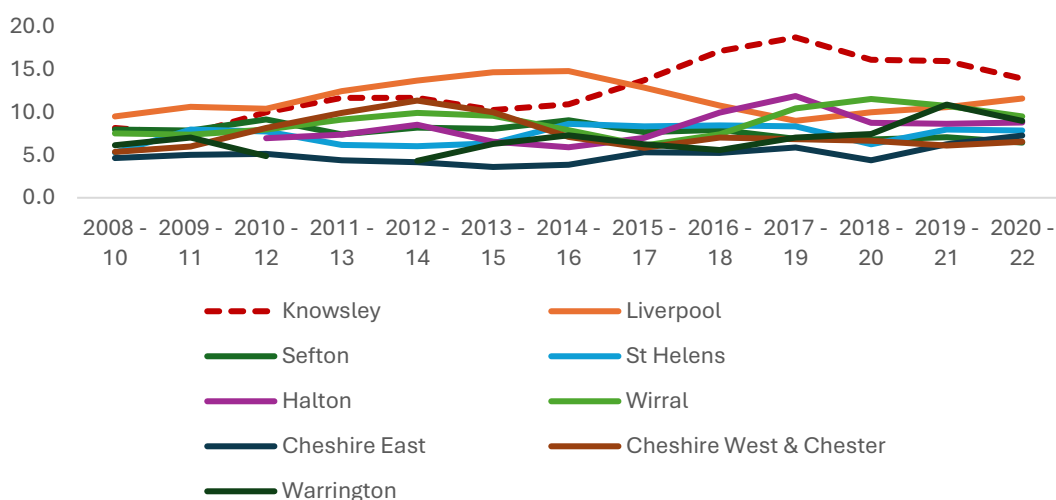
Mortality rate from oesophageal cancer, all ages, Male,
C&M comparison

Knowsley male mortality rate (25.3) from oesophageal cancer (2022-24) is the highest across C&M. In Knowsley, the male mortality rate is significantly higher than the female mortality rate of 8.5.



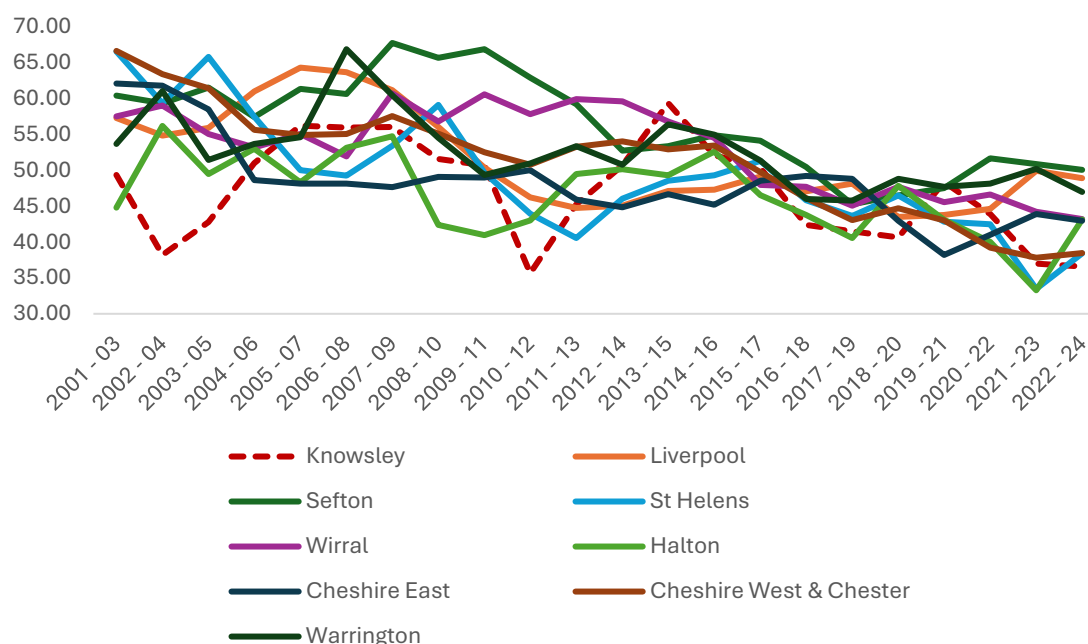
Knowsley's male mortality rate (13.9) from oral cancer (2020-22) is the highest across C&M. Within Knowsley, the breakdown by sex is limited, as there is no recent data for females. However, for the two reporting years when there was data, the Knowsley male rate was more than double the female equivalent.

Mortality rate from oral cancer, All Ages, Male, C&M Comparison



Knowsley has the lowest mortality rate from prostate cancer (all-ages) across C&M. Knowsley's rate is also lower than the North West (43.3) and England (43.0) figures.

Mortality rate from prostate cancer, all ages, Male, C&M comparison



Knowsley's rate appears to spike, as in 2019-21, Knowsley's rate was above both the North West & England, however, it has sharply declined since.

Under 75 years mortality (Male)	Knowsley						North West
	2021	2022	2023	2024	Difference from 2023	Rank in the North West (out of 24)	2024
All causes	603.7	578.3	537.7	479.1	-58.6	13th highest	467.4
Cancer	176.7	183.7	164.7	167.1	2.4	3rd highest	137.4
CVD	141.7	151.5	153.1	109.2	-43.9	18th highest	124.4
Respiratory Disease	49.4	59.9	59.9	58.0	-1.9	9th highest	50
Liver Disease	37.9	28.3	45.0	31.5	-13.5	16th highest	32.4

Winter Mortality is also a measurement which is considered. Formerly known as Excess Winter Mortality, this is a measure of the difference in mortality during winter months (December to March) compared with non-winter months (the preceding August to November and following April to July)^{xxviii}. Although winter mortality is not solely a reflection of temperature, excess winter deaths are thought to be a direct consequence of the cold weather.

During the 2023/24 winter period, there were 73 excess winter deaths (EWD) in Knowsley compared to the rest of the year^{xxix}. This is a significant reduction compared to the 2022/23 winter period, which had 183 excess winter deaths. This represents an excess winter mortality (EWM) index of 14.5%; that is 14.5% more deaths occurred in winter compared to the non-winter months. Since 2001/02, there has been an average of 78 excess winter deaths per year in Knowsley, which means the number of EWDs in 2023/24 was 6.4% lower than the average over the last 23 years.

Along with lifestyle behaviours, wider social determinants of health may contribute to increased risk of certain health conditions. Within different chapters of this document, lifestyle behaviours are assessed. For example, we know that smoking increases the risk of cancer. However, we also know that there are links between smoking prevalence and deprivation. Therefore, even when assessing risk-taking behaviours, it's important to be mindful of the broader social and environmental context impacting people's lives and choices.

Access to Services

Access to health services increases early detection, treatment and prevention of illness, as well as the effective management of chronic health conditions. Access can improve health outcomes, life expectancy, healthy life expectancy and general quality of life.

Despite this, men are less likely to access healthcare, for example, in Knowsley, 26.8% of men² have had their health check compared to 33.1% of women. This is a concern as Health Checks are a key intervention when it comes to many of the diseases that kill men prematurely. Men living in deprived areas are more likely to die from preventable conditions, so health check take up is essential. Men are less likely to use a GP or visit a pharmacy and this gender difference is wider in deprived areas, for those aged 20 to 40, women attended a GP twice as often.^{xxx}

Equity of access is an additional problem, with shortage of GPs and mental health professionals common in deprived areas of the UK. According to NHS England's 2025 GP Patient Survey, only 58 percent of patients in the most deprived areas reported a positive

² Of the eligible population in the last five years,

experience of making a GP appointment, compared to 78 percent in the least deprived areas.^{xxxix}

The 2025 ONS Health Insight Survey found that 37.6% of male respondents had attempted to contact a GP in the last 28 days for themselves or someone in their household compared to 47% of females^{xxxix}. This further supports that men are less likely to access health services.

The reasons for this are complicated and not fully understood in a local context, but are likely to be a mix of cultural, psychological and systemic factors. Men are less likely to acknowledge illness or seek help when sick. Gender norms and stigma, expectations and perceptions of masculinity e.g. strong, independent, emotional toughness and avoiding vulnerability often discourage men from seeking help. This is also heavily influenced by the media, resulting in insecurities and conforming to unrealistic standards. Additionally, data from NHS Digital (2023) indicates that only 36% of referrals to NHS talking therapies are for men^{xxxix}. There may be a reluctance to engage with specific types of services, for example, mental health services, which may result in a delay in acting on issues or concerns^{xxxix}. Work may be another barrier, particularly men in low-income or insecure employment, including being worried that employers may not be sympathetic, allow them time off or even pay them if they do take time off. Location of services may be an additional barrier for some men, particularly if they do not have access to their own vehicle. Data shows that car and van ownership is generally much lower in the more deprived parts of the borough. Considering settings and location would aid support, especially if it's available in places where men and boys exist and are able to feel comfortable.

Health literacy is cited as another barrier for men. Even when men decide to access health services, many struggle to articulate their emotional distress and often use terms such as “stress” or “tension” over “anxiety” or “depression”^{xxxix}. Evidence also suggests that in the UK, men generally have lower health literacy levels compared to women, which can lead to delayed diagnosis, poorer health outcomes, and an increased risk of preventable diseases^{xxxix}. Health campaigns may not be tailored to boys and men, and clinical language may feel alienating^{xxxix}. Education is potentially a significant issue in Knowsley, with higher historic levels of SEND needs throughout the population, and general literacy levels being lower than national averages. Education and messages must be clear and accessible to remove literacy barriers to information and care. It must consider the needs of the target audience and empower boys and men to seek support.

Co design and production could be a useful strategy to improve access, as well as support behavioural change, involving traditional health partners (voluntary organisations, housing providers, schools etc) as well as the community and community groups. People who use the services, have lived experiences of health conditions, or understand the barriers to implementing healthy habits may be best placed to advise on what support and services make a real difference to supporting boys and men's access to services. They can also ensure that services and messages are culturally sensitive and appropriate. Intersectionality must

also be a consideration; barriers may be compounded for boys and men who have multiple identities that experience disproportionate inequalities and discrimination.

Hypertension

Hypertension is commonly referred to as ‘high blood pressure’. This increases a person’s risk of heart disease, heart attacks, strokes, heart failure, kidney disease and vascular dementia^{xxxvii}. Many people living with hypertension aren’t aware they have the condition^{xxxviii}. Therefore, the below figures could possibly underrepresent the true number of people living with hypertension.

According to GP data, 1 in 5 adults (18+) in Knowsley are living with hypertension^{xxxix}. 12,893 males (18+) are living with hypertension, which equates to 21.1% of the male population. In comparison, 21.0% of females (18+) are living with hypertension, therefore, within Knowsley, there isn’t a substantial difference in sex. However, when looking at hypertension prevalence amongst those aged 50+ in Knowsley, we can see that 41.6% of the male population are living with hypertension, compared to 40.1% of the female population.

Across C&M, Knowsley has the 2nd lowest percentage of its male (18+) population living with hypertension. However, amongst those aged 50+, Knowsley has the joint 2nd highest percentage of its male population living with hypertension. It’s important to consider that the above data refers to hypertension which is officially recorded. As mentioned in the first paragraph, many people living with hypertension aren’t aware of it, therefore, it’s important to consider access to services, along with any barriers that boys & men face in doing so.

CIPHA, May 2025

	Knowsley	Liverpool	St Helens	Sefton	Halton	Wirral	Cheshire East	Cheshire West & Chester
% of the male population (18+) living with hypertension	21.1%	16.2%	23.0%	22.5%	21.8%	21.7%	21.6%	21.2%
% of the male population (50+) living with hypertension	41.6%	40.0%	42.1%	39.8%	41.6%	40.0%	38.4%	38.2%

Within Knowsley, there are difference across townships, with South Huyton having the highest percentage of its male (18+) population registered as living with hypertension, along with the joint highest percentage of its male (50+) population living with hypertension, at 23.5% and 42.9% respectively. Kirkby has the lowest percentages, with 19% of its male (18+) population registered as living with hypertension, along with 39.3% of those aged 50+.

CIPHA, May 2025

	Kirkby	North Huyton	South Huyton	Prescot, Whiston and Cronton	Halewood
% of the male population (18+) living with hypertension	19.0%	19.3%	23.5%	21.9%	22.7%
% of the male population (50+) living with hypertension	39.3%	40.8%	42.9%	42.3%	42.9%

There are also differences across wards. Roby (25.0%), Whiston and Cronton (25.0%) and Halewood North (24.3%) have the highest percentage of its male (18+) population living with hypertension. Northwood (17.1%), St Michaels (18.4%) and Stockbridge (18.5%) have the lowest percentages.

CIPHA, May 2025

	Northwood	Whitefield	Cherryfield	Shevington	Page Moss	St Michaels	Stockbridge	Swanside	Roby	St Gabriels	Whiston and Cronton	Prescot North	Prescot South	Halewood North	Halewood South
% of the male population (18+) living with hypertension	17.1%	21.4%	19.0%	18.7%	21.3%	18.4%	18.5%	23.0%	25.0%	22.4%	25.0%	20.5%	20.6%	24.3%	21.2%
% of the male population (50+) living with hypertension	38.2%	40.0%	37.6%	41.5%	45.1%	40.0%	37.8%	42.9%	44.0%	41.9%	45.1%	41.5%	40.2%	43.9%	41.9%

For those aged 50+, Page Moss (45.1%), Whiston and Cronton (45.1%) and Roby (44.0%) have the highest percentages of their male (18+) population living with hypertension. On the contrary, Cherryfield (37.6%), Stockbridge (37.8%) and Northwood (38.2%) have the lowest percentages.

In consideration of other data within this document, hypertension prevalence shows an unusual trend, as prevalence appears higher in more affluent areas. This may reflect differences in health awareness, engagement and diagnosis. However, this can also be partially due to differences in age structures between areas, as risk of hypertension does increase with age.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is the name for a group of lung diseases, which cause restricted airflow and breathing difficulties^{xi}. It includes emphysema and chronic bronchitis. Many people do not realise they have COPD, but it does tend to gradually worsen over time, which may limit normal activities. The main cause of COPD is smoking^{xli}.

Prevalence of COPD in Knowsley is a significant problem, however, the majority of those with a diagnosis are female. Although a breakdown by sex isn't available, 2024/25 QOF data shows Knowsley's prevalence of COPD is 3.6%, which is much higher than both the North West (2.4%) and England (1.9%) figures^{xlii}.

In Knowsley, GP data from May 2025 shows that 4% of males (18+) in Knowsley are living with COPD, compared to 5.3% of females. For those aged 50+, 8.5% of males are living with COPD, compared to 10.7% of females. This shows that in Knowsley, COPD is an issue which affects females more than males, however, it remains a significant health issue for many males across Knowsley.

Across Knowsley, 97% of all people living with COPD are aged 50+. Kirkby has the highest percentage (10.5%) of its male population (50+) living with COPD, whereas South Huyton (6.3%) has the lowest.

CIPHA, May 2025

	Kirkby	North Huyton	South Huyton	Prescot, Whiston and Cronton	Halewood
% of males 50+ living with COPD	10.5%	10.0%	6.3%	7.5%	6.9%

Across wards, Northwood (11.7%), Whitefield (10.7%), Page Moss (10.5%) and Stockbridge (10.5%) have the highest percentages of its male population (50+) living with COPD. Roby (4.9%), Halewood North (5.3%) and Swanside (5.9%) have the lowest.

	Northwood	Whitefield	Cherryfield	Shevington	Page Moss	St Michaels	Stockbridge	Swanside	Roby	St Gabriels	Whiston and Cronton	Prescot North	Prescot South	Halewood North	Halewood South
% of males 50+ living with COPD	11.7%	10.7%	10.1%	9.2%	10.5%	9.2%	10.5%	5.9%	4.9%	8.1%	7.7%	7.0%	7.9%	5.3%	8.5%

92.8% of males (18+) living with COPD in Knowsley are either current or past smokers. Although we do not know if those people are engaging in other activities which may cause respiratory harm (i.e. vaping), this percentage highlights the importance of prevention rather than intervention.

Coronary Heart Disease (CHD)

CHD is occasionally referred to as ischaemic heart disease or coronary artery disease. This is when a person’s heart blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries^{xliii}.

QOF data shows Knowsley’s prevalence of CHD is 4%, which is slightly higher than the North West (3.4%) and England (3%) figures^{xliv}. Knowsley’s percentage has been higher than both areas for the entirety of the twelve reporting years.

GP data in May 2025 shows there are 7,070 adults (18+) living with CHD in Knowsley, 4,206 of whom are male. In Knowsley, males (18+) are more likely (6.9%) to be living with CHD, compared to females (4.6%).

For those aged 50+, males are also more likely (14.2%) to be living with CHD, compared to females (9.2%) in Knowsley.

From a township perspective, Kirkby has the highest percentage (7.3%) of males (18+), along with the highest percentage (15.9%) of males (50+) living with CHD. On the contrary, North Huyton has the lowest percentages, at 6% for those aged 18+ and 13.2% for those aged 50+.

CIPHA, May 2025

	Kirkby	North Huyton	South Huyton	Prescot, Whiston and Cronton	Halewood
% of males (18+) living with CHD	7.3%	6.0%	6.9%	6.7%	7.1%
% of males (50+) living with CHD	15.9%	13.2%	13.3%	13.7%	14.1%

From a ward perspective, Whitefield (8.4%), Whiston and Cronton (7.7%) and Halewood North (7.6%) have the highest percentages of their male (18+) population living with CHD, whereas, St Michaels (5.4%), Prescot North (5.8%) and Page Moss (6.2%) have the lowest.

For males aged 50+, Northwood (16.6%), Whitefield (16.5%) and Cherryfield (15.4%) have the highest percentages of their male population living with CHD. On the contrary, St Michaels (11.8%), Roby (12.2%) and Prescot North (12.7%) have the lowest percentages.

CIPHA, May 2025

	Northwood	Whitefield	Cherryfield	Shevington	Page Moss	St Michaels	Stockbridge	Swanside	Roby	St Gabriels	Whiston and Cronton	Prescot North	Prescot South	Halewood North	Halewood South
% of males (18+) living with CHD	7.2%	8.4%	7.4%	6.3%	6.2%	5.4%	6.7%	7.1%	6.7%	7.0%	7.7%	5.8%	6.8%	7.6%	6.7%
% of males (50+) living with CHD	16.6%	16.5%	15.4%	14.8%	13.8%	11.8%	14.4%	13.8%	12.2%	13.9%	14.6%	12.7%	14.0%	14.5%	13.7%

Health Checks

NHS Health Check (NHS-HC) is a check-up of a person's overall health, which is offered to those aged 40 to 74, who do not have a specified set of pre-existing conditions^{xlv}. The appointment consists of various health checks, which helps a person to understand their risk of certain conditions, as well as receiving advice on how to reduce it. The check acts as a preventative measure, which aims to reduce a person's current and future health risks.

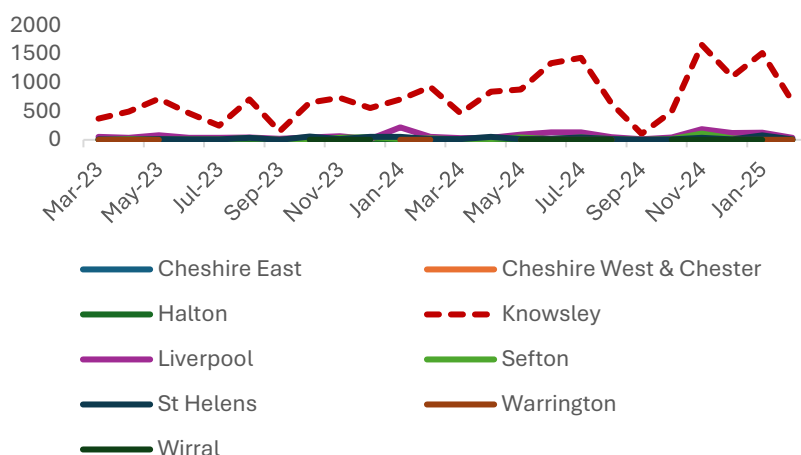
Between 15 March 2023 and 28 February 2025, males in Knowsley were significantly

more likely to have received a health check invite, compared to males across C&M.

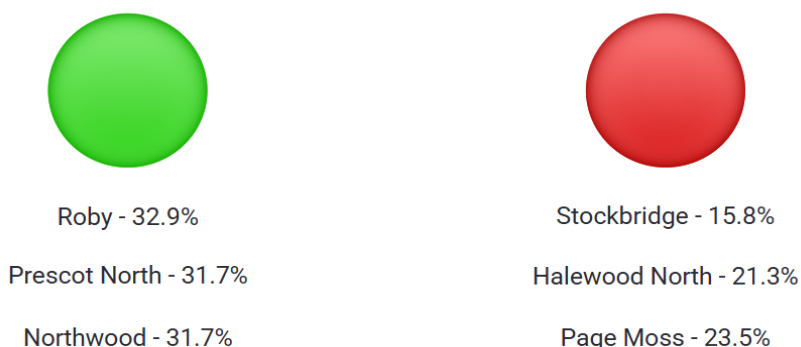
Within Knowsley, males are less likely to complete an NHS-HC, compared to females. The percentage of eligible male patients who have completed a check in the last 5 years is 26.8%, compared to 33.1% of females.

Focusing back on the male breakdown, there is a noticeable difference in the percentage of eligible patients who have completed a health check across different areas. The area with the highest percentage is Kirkby, with 30.1%. On the contrary, North Huyton is the area with the lowest at 21.5%. Interestingly, South Huyton has a percentage of 29.4%, which means there's a gap of 7.9% between North Huyton and South Huyton. This gap also exists for women, though it's slightly higher at 10.9%.

Males sent a Health Check invite
between 15/03/2023 - 28/02/2025 by
local authority



NHS Health Checks
(Male)



There is also a discrepancy amongst wards. The wards with the *highest* percentage of eligible male patients with a completed NHS-HCs are Roby (32.9%), Prescott North (31.7%) and Northwood (31.7%). The wards with the *lowest* percentage of male patients who have completed an NHS-HC are Stockbridge (15.8%), Halewood North (21.3%) and Page Moss (23.5%).

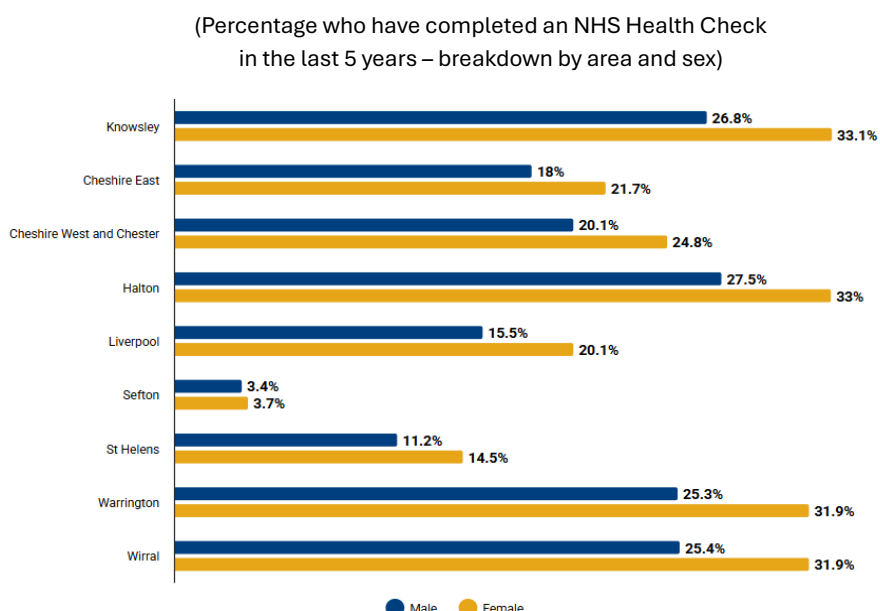
In comparison, the wards with the *lowest* percentage of females who have completed an NHS-HC over the last 5 years are identical, however, they are in a slightly different order. Stockbridge (17.6%) is the lowest, followed by Page Moss (25.6%) and Halewood North (27.9%). Two of the wards with the highest are the same (Northwood with 40.1% and Prescott North with 38.3%), however, Whitefield was also in the top 3, with 43.2%. It's worth noting a GP Practice in Stockbridge is known to have experienced significant resourcing issues, which has likely had a detrimental impact on the Stockbridge percentage.

To provide additional context for our male health check figures, the data shows variation between different practices across the borough. Although Knowsley Central and South PCN has the highest percentage of eligible male patients without a health check in the last 5 years

(80.3%) it does also have two practices which have the 1st and 3rd lowest percentage of male patients without a health check in the last 5 years.

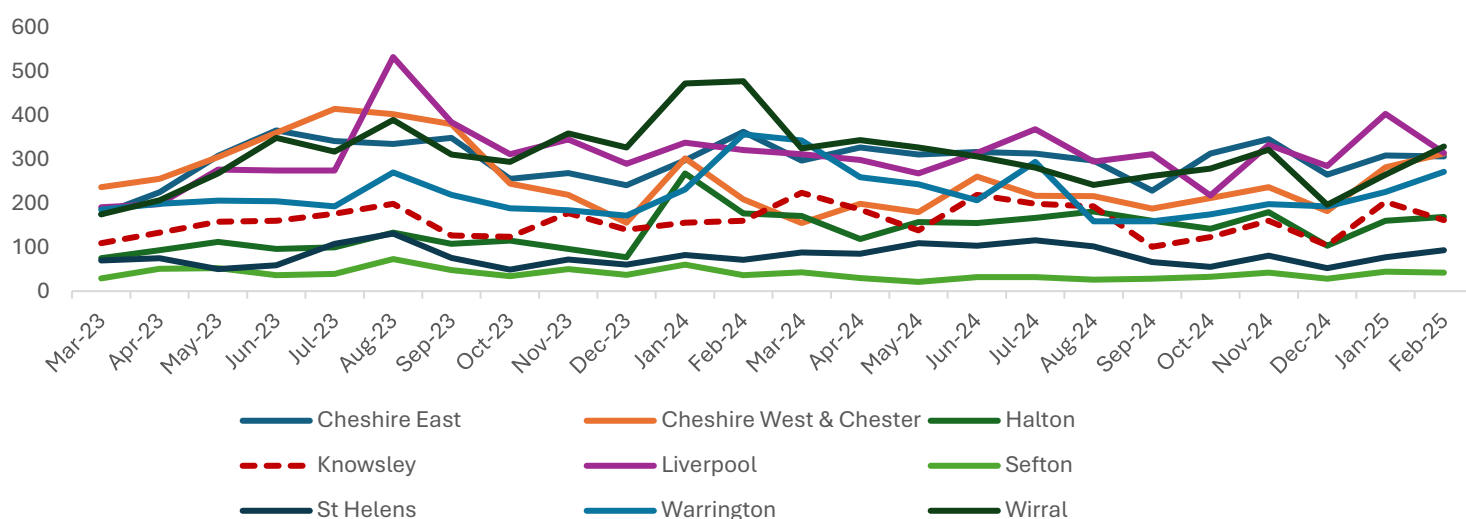
Although 93% of the eligible population are of 'White' ethnicity, we can see a difference amongst various ethnic groups. Asian or Asian British men (29.1%) are most likely to have completed an NHS HC, whereas men of 'Other ethnic groups' are least likely with 22.9%.

Across Cheshire & Merseyside ICB, men are less likely to complete an NHS-HC compared to women. However, the gap between male and female completion differs across years. Knowsley has the 3rd biggest (6.3) gap between males who have had an NHS-HC, compared to females who have had an NHS-HC.



The chart (below) shows the trend amongst local authorities within Cheshire & Merseyside ICB for male health checks over the last 2 years. Given the differences in population size between the areas, the trend is the important part, rather than the positioning of each line. Although there is fluctuation across months, Knowsley's line is relatively stable across the previous two years.

Trend of all completed male health checks over the last 2 years
(15/03/2023 - 28/02/2025)



Finally, it's crucial to remember the many factors that influence take up of an NHS Health Check. A key line of enquiry is whether the take up is relatively low because people aren't engaging, or whether people are already experiencing health conditions which may discourage people from attending a general check, as they're already engaging with health services and are aware of their issues.

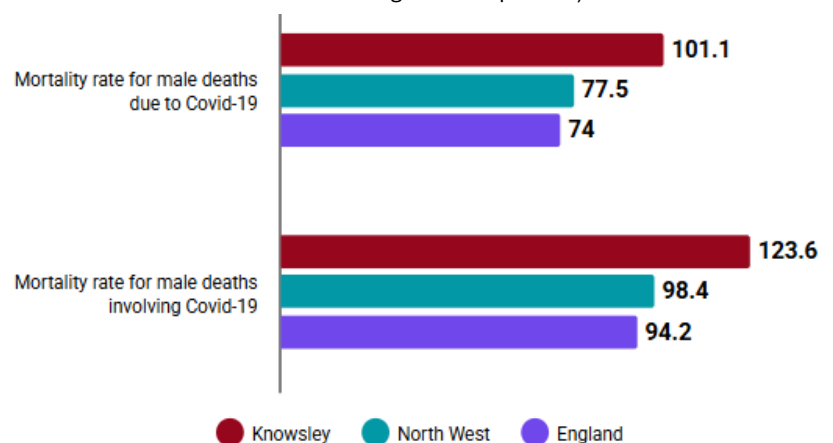
Covid-19

During the pandemic, there were 3 lockdowns, which came into force in England on 26 March 2020, 5 November 2020 and 6 January 2021^{xlvi}. On 8 March 2021, England began a phased exit from lockdown^{xlvi}, however, Covid-19 has arguably had a lasting effect on public health. Alongside the over 200,000 people who lost their lives to Covid-19^{xlvi}, the pandemic had a much wider impact on delayed medical intervention/diagnoses, along with a negative effect on mental wellbeing. A survey launched by Mind in April 2021 found that around one third of adults and young people said their mental health had got much worse since March 2020^{xlvi}. Additionally, the British Medical Association (BMA) state the pandemic exacerbated health inequalities and that some groups were more adversely affected, particularly those who already had worse health outcomes before Covid-19^l.

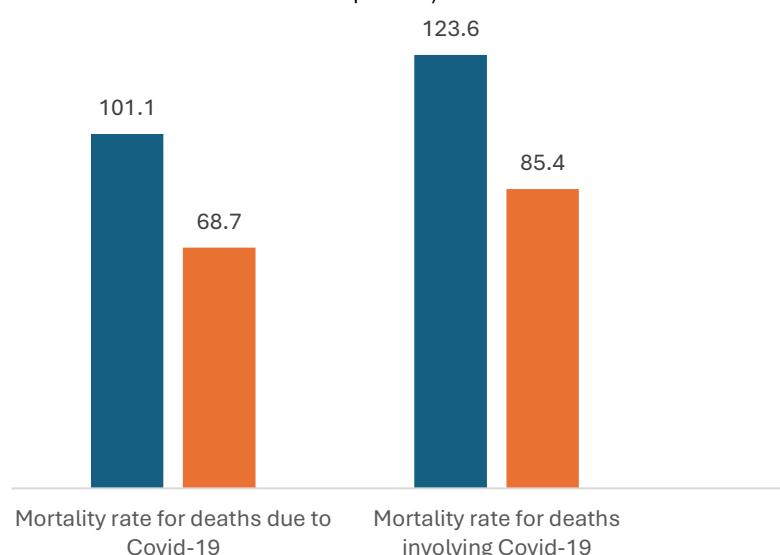
Knowsley had a higher mortality rate (2021-23) for male deaths (101.1) per 100,000 population due to Covid-19 (all ages), compared with the North West (77.5) and England (74.0) figures^{li}. The male rate within Knowsley was also significantly higher than the female rate of 68.7^{li}. The rate has fallen significantly in the latest data (2022-24), but Knowsley remains slightly higher than the North West and England figures.

Knowsley also had a higher mortality rate (2021-23) for male deaths (123.6) per 100,000 population *involving* Covid-19, compared to the North West and England, where the figures were

(Mortality rate for male deaths due to/involving Covid-19 – Knowsley, North West and England comparison)



(Mortality rate for deaths due to/involving Covid-19 – Knowsley – Male & Female comparison)



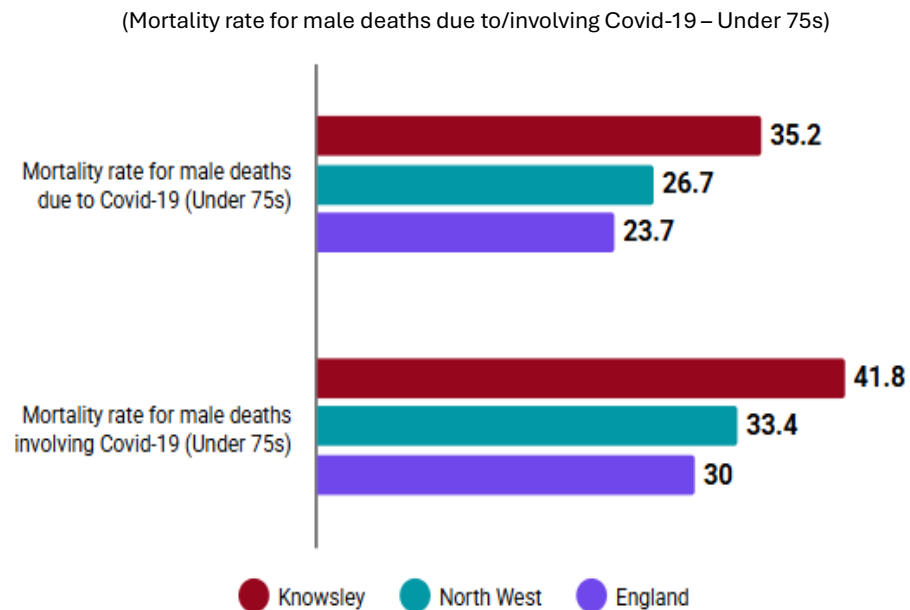
98.4 and 94.2 respectively^{liii}. The male rate was also slightly higher than the female rate (85.4) in Knowsley.

Amongst those under 75, Knowsley's male mortality rate (35.2 per 100,000 population) for deaths (2021-23) due to Covid-19 was higher than across the North West (26.7) and England (23.7). Knowsley's male rate was also slightly higher than the female rate, which was 31.2. The mortality rate (amongst under 75s) for deaths involving Covid-19 was also higher amongst males in Knowsley, with a rate of 41.8 per 100,000 population (2021-23). This compares to 33.4 in the North West and 30.0 in England. The Knowsley male rate was also higher than the Knowsley female rate of 37.6. Again, in the latest data (2022-24), mortality rates have significantly dropped since the previous reporting year.

It's important to note that there are caveats with this data. Testing wasn't always available, therefore, there were likely deaths due to/involving Covid-19 that were not registered as such.

Diabetes

Diabetes is a condition that causes a person's blood sugar level to become too high. There are two main types, namely Type 1 & Type 2. In the UK, over 90% of adults living with diabetes have Type 2^{liv}. It's important to exercise caution with the following figures, as they refer to people with an official diagnosis. Many people are living with Type 2 diabetes, without realising, as the early symptoms tend to be general or limited^{lv}. This is inevitably

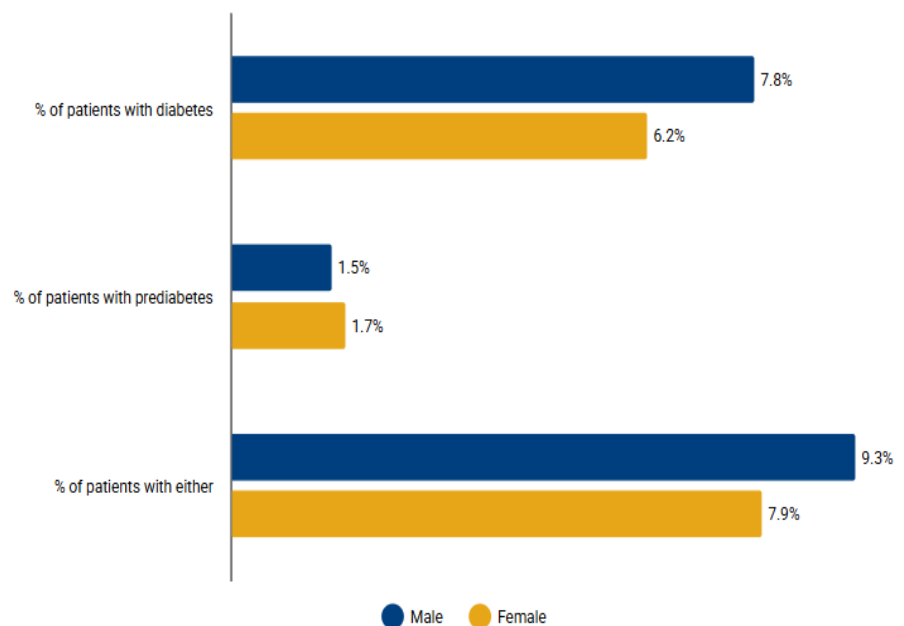


impacted by people not accessing medical attention, which is further discussed in this document.

Knowsley has a slightly higher percentage (8.4%) of the population (aged 17+) living with diabetes, compared to the North West (7.9%) and England (7.7%)^{lvi}. From GP data, there are 11,091 adults (18+) in Knowsley living with diabetes, with a further 2,524 identified as living with pre-diabetes. In total, this equates to 8.6% of the adult population living with either diabetes or pre-diabetes. 91.4% of people living with diabetes in Knowsley have Type 2 diabetes.

Knowsley – Comparison by Sex (CIPHA) – April 2025

In Knowsley, males are slightly more likely (7.8%) to be living with diabetes, compared to females (6.2%). On the contrary, females are slightly more likely (1.7%) to be living with prediabetes, compared to males (1.5%). In Knowsley, 85.6% of males living with diabetes are aged 50+. It's worth noting that the risk of Type 2 diabetes does increase with age^{lvii}.



There are also 10,373 people with non-diabetic hyperglycaemia, which refers to raised blood glucose levels, but not in the diabetic range. This equates to 6.5% of Knowsley's population. Of the 10,373 people, 45.6% are male and 54.3% are female.

For people living with diabetes in Knowsley, males make up 81.8% of those who have had a major lower limb amputation, along with 76.4% of those who have had a minor lower limb amputation. This suggests males may be more prone to complications. Also, in Knowsley, males who are living with diabetes are slightly more likely (4.8%) to have disengaged, compared with females (3.6%). This refers to patients who have not had a reported health check in the last 12 months. This is in line with the rest of C&M, as in every single area, males living with diabetes or prediabetes are more likely to have disengaged compared to females.

From GP data, Kirkby has the highest percentage of the male population (18+) living with diabetes, with 10.4%.

Area	Number of males (18+) living with diabetes	% of the male (18+) population living with diabetes
Kirkby	1,824	10.4%
North Huyton	1,504	9.8%
South Huyton	1,022	9.5%
Prescot, Whiston and Cronton	1,214	10.2%
Halewood	798	9.7%

CIPHA, April 2025

From a ward perspective, Cherryfield (11.2%), Whiston & Cronton (10.8%) and Prescot South (10.7%) have the highest percentages of the male population living with diabetes. In contrast, Roby (8.7%), Halewood South (8.9%) and St Michaels (9.0%) have the lowest percentages.

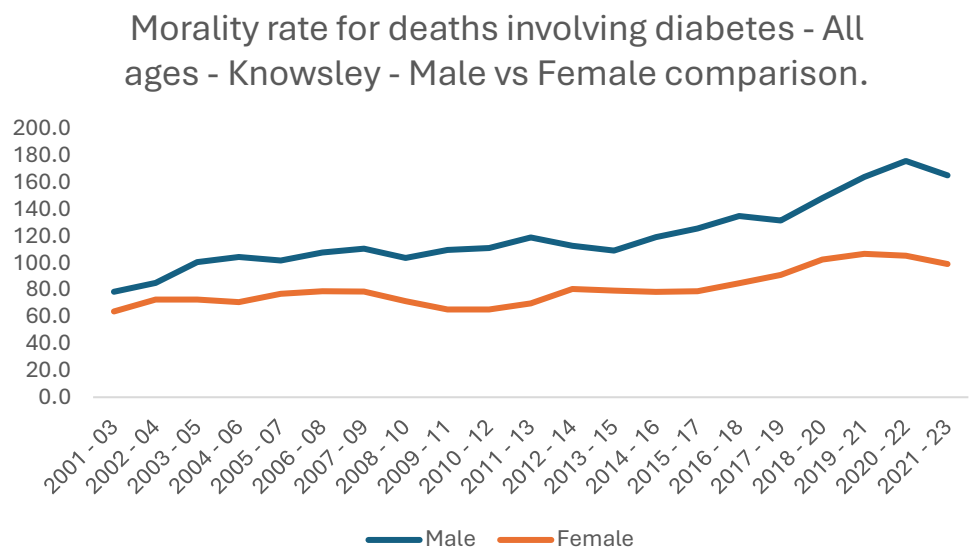
Across C&M, GP data shows that Knowsley has the 2nd highest percentage (10.4%) of its male population (aged 20+) living with diabetes, which is just behind Halton at 10.5%. It's worth noting that this percentage differs from the previously stated 8.4%, as it consists of a different age range. For those living with pre-diabetes, Knowsley has the joint lowest (2.0%) percentage across C&M. Overall, Knowsley has the lowest percentage of its male (aged 20+) population living with either diabetes or pre-diabetes.

Area	Number of males (18+) living with diabetes	% of the male (18+) population living with diabetes
Cherryfield	463	11.2
Northwood	502	10.2
Shevington	423	9.9
Whitefield	436	10.5
Page Moss	466	10.4
Stockbridge	487	10.5
St Michaels	551	9.0
Swanside	330	9.8
Roby	320	8.7
St Gabriel's	372	10.2
Prescot North	417	9.2
Prescot South	394	10.7
Whiston and Cronton	403	10.8
Halewood North	417	10.5
Halewood South	381	8.9

CIPHA – April 2025

	Total Male Patients	With Diabetes	With Prediabetes			
Knowsley	59,297	6,140	1,202			
Cheshire	292,000	25,717	13,711			
Halton	48,238	5,055	963			
Liverpool	224,180	17,835	10,601			
South Sefton	54,344	5,321	2,214			
Southport and Formby	45,982	4,343	2,579			
St Helens	72,768	7,304	3,490	10.0%	4.8%	14.8%
Warrington	83,417	7,079	3,755	8.5%	4.5%	13.0%
Wirral	114,620	11,092	6,309	9.7%	5.5%	15.2%

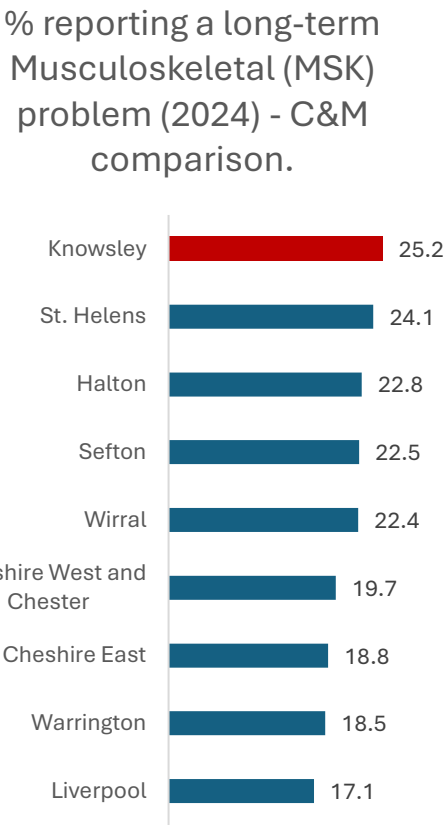
Within Knowsley, the mortality rate (per 100,000) for deaths involving diabetes is consistently higher amongst males (165.3) compared to females (99.1)^{lviii}. Over the last 5 years (2016-18 to 2021-23), the male rate has increased by 22.4%, compared to the female increase of 16.6%. However, it's worth noting that over the last 10 years, the male rate has increased by 38.8%, whereas the female rate has increased by a slightly higher percentage of 41.9%.



Musculoskeletal Health

Good musculoskeletal health is an essential part of maintaining a person’s functional abilities throughout the ageing process^{lix}. In 2023/24, musculoskeletal disorders accounted for 7.8 million days of work lost due to work-related ill health across Great Britain^{lx}. On average, each person suffering took 14.3 days off for musculoskeletal disorders^{lxi}. Data from 2024 shows that 25.2% of people (aged 16+) in Knowsley report a long-term musculoskeletal condition^{lxii}. Although this is survey data, Knowsley’s figure is higher than both the North West (19.7%) and England (17.9%) figures. Knowsley also has the highest percentage across C&M.

GP data shows that in Knowsley, males are less likely to have a musculoskeletal disorder, or have musculoskeletal signs and symptoms, compared to females. GP data from May 2025



shows the percentage of people (aged 16+) in Knowsley with a musculoskeletal disorder is 10%.

8.4% of the male population have a registered musculoskeletal disorder, compared to 11.7% of females. 8.4% of Knowsley’s patient population have recorded musculoskeletal signs and symptoms. 6.7% of the male population have these signs and symptoms, compared to 10% of the female population.

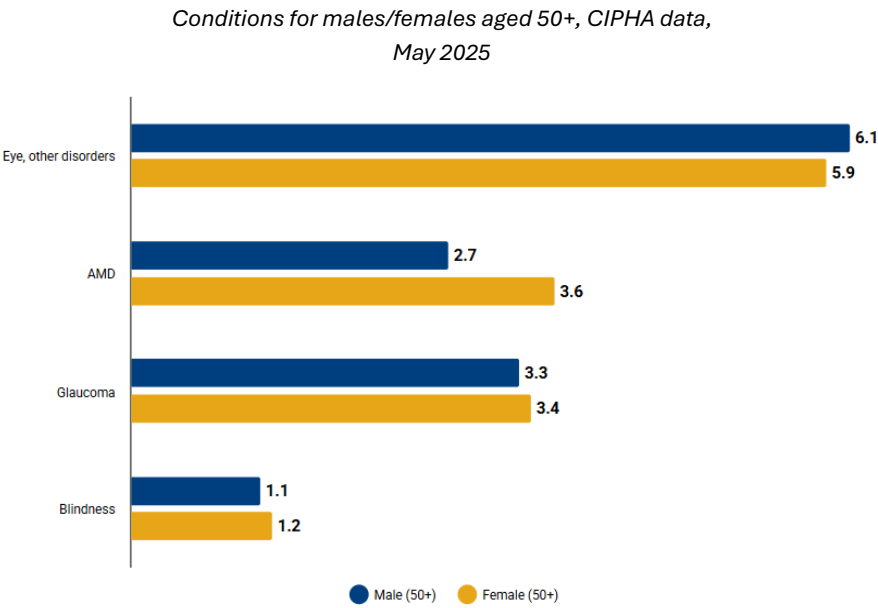
Across C&M, Knowsley has the 3rd lowest percentage (8.4%) of its male population with a recorded musculoskeletal disorder, however, Knowsley has the 2nd highest percentage (6.7%) of its male population with musculoskeletal signs and symptoms. Musculoskeletal health is being explored in further detail in an upcoming Musculoskeletal JSNA. There are different social determinants which may influence a person’s musculoskeletal health, including employment, job type and education of posture, exercise and injury prevention.

Sight Health

Vision impairment has serious consequences for an individual. Although vision may naturally deteriorate with age, there are cases of sight loss and blindness which are preventable.

GP data from May 2025 shows that in Knowsley, aside from ‘eye, other disorders’, females are more likely than males to be living with age-related macular degeneration (AMD), glaucoma and blindness.

Across C&M, males (50+) in Knowsley generally perform well with regard to the stated conditions. Although Knowsley has the joint 3rd highest percentage of men (50+) with an ‘other eye disorder’, the percentage (6.1%) is shared with two other areas.



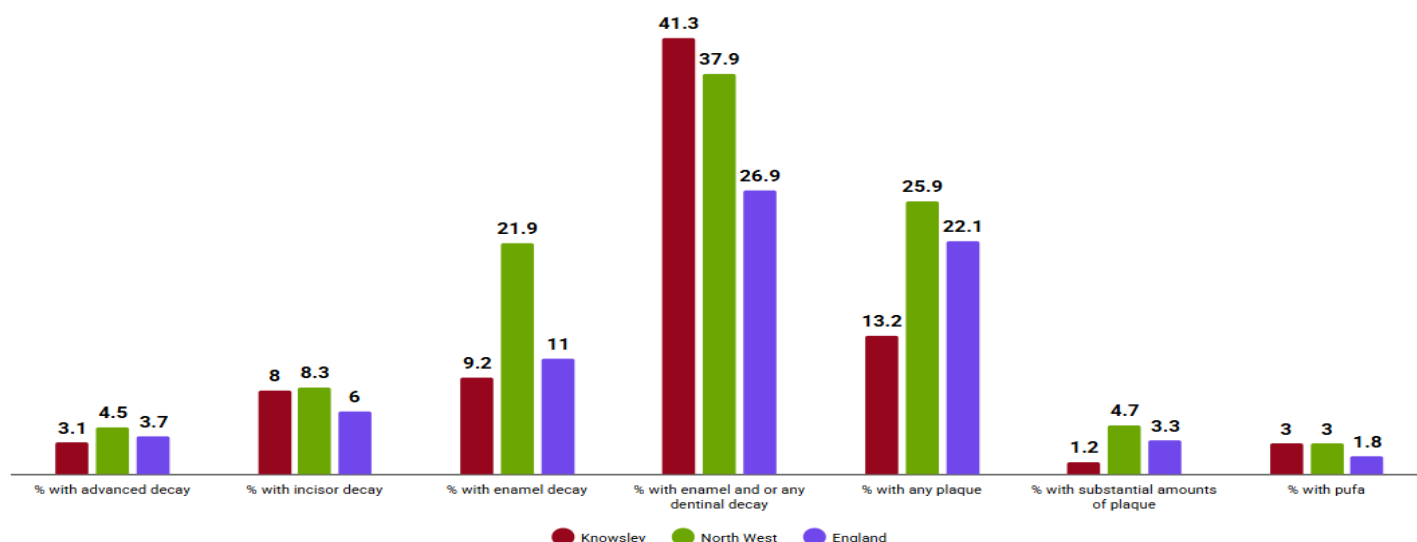
Conditions for males aged 50+, C&M comparison,
CIPHA data, May 2025

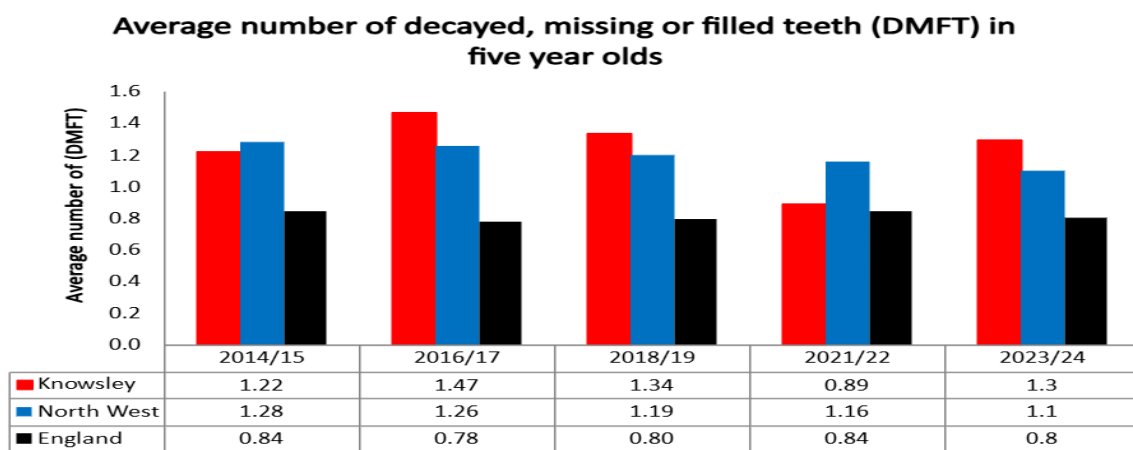
	Knowsley	Liverpool	St Helens	Sefton	Wirral	Halton	Cheshire East	Cheshire West & Chester	Warrington
% - Eye, other disorders	6.1%	5.8%	6.1%	5.6%	5.4%	6.7%	6.1%	6.3%	5.4%
% - AMD	2.7%	3.5%	2.9%	8.4%	2.6%	3.8%	3.6%	3.6%	2.4%
% - Glaucoma	3.3%	3.2%	3.9%	4.7%	3.7%	3.7%	4.0%	3.7%	3.5%
% - Blindness	1.1%	1.6%	3.1%	1.3%	1.8%	1.5%	1.0%	1.3%	0.8%

Dental Health

In Knowsley, the percentage of 5-year-olds with experience of visually obvious dental decay has increased from 31.2% in 2021/22 to 35.8% in 2023/24^{lxiii}. This is higher than the latest percentage for England (22.4%) and the North West (26.8%). From 2021/22 to 2023/24, Knowsley's percentage has increased by 4.6%, whereas the North West has increased by 3.8% and England by 1.3%. Knowsley also has a higher percentage (41.3%) of children aged 5 with enamel and or any dental decay, compared to the North West (36.8%) and England (26.9%) figures.

From a national perspective, although males generally have higher percentages of decay/plaque, there isn't a significant percentage difference compared to females. The national data also shows that children who are most deprived are significantly more likely to experience decay/plaque.





In the 2023/24 financial year, there were a total of 101,589 count of courses of treatment in Knowsley, 55.3% of which were Band 1, 29.1% were Band 2, 5.1% were Band 3 and 10.5% were urgent^{lxiv}.

2023/24 data also shows that the percentage of adult patients in Knowsley who were seen in the previous 24 months, as a percentage of the population was 40.8%, which is the second lowest percentage across C&M. For children who were seen in the previous 12 months, as a percentage of the population, Knowsley's percentage was 58.4%, which is the 4th lowest across C&M.

The wider social determinants of health are particularly important for adult dental health. For many people, accessing a dentist as an NHS patient can be difficult. Even still, if a person is able to access a dentist, many people are required to pay, which can be a significant barrier to treatment. Although there is help available for those who have to pay but are on a low income, many people will not meet the threshold, but may still struggle to pay for treatment. This is an access barrier which may be particularly problematic in an area where deprivation exists.

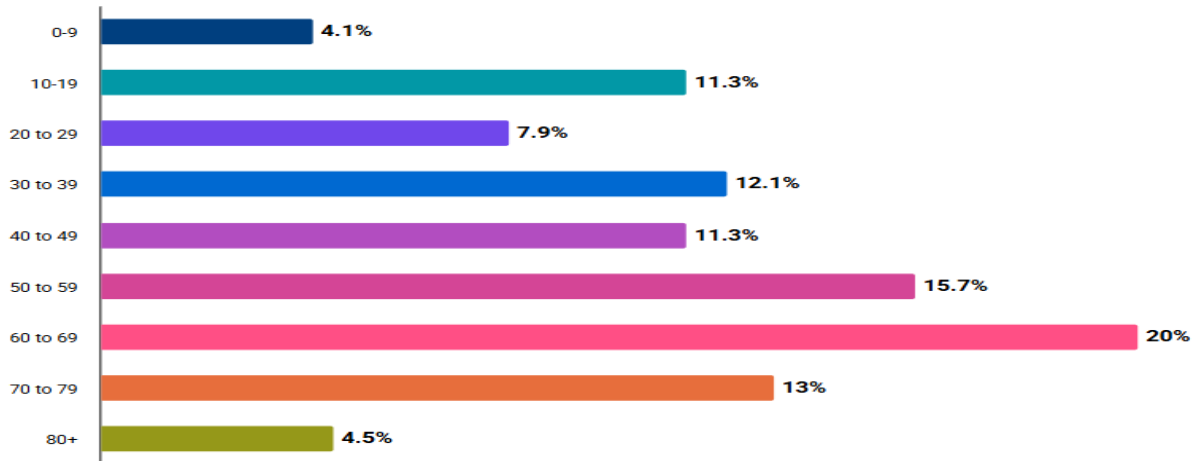
Asthma

Asthma is a long-term lung condition which affects the airways, causing them to become inflamed^{lxv}. It's a common condition which can be managed; however, an asthma attack can be life threatening. This is where an individual experiences severe symptoms, making it difficult for them to breathe^{lxvi}.

Across Knowsley (Sub-ICB), GP data shows there are 10,101 people living with Asthma, which equates to 6.4% of the population. In Knowsley, 5.5% of the male population are living with Asthma. Males make up 43.4% of people living with Asthma in Knowsley. In every sub-ICB across C&M, females not only make up the majority of people living with Asthma, but they're also statistically more likely to be living with Asthma.

Amongst males in Knowsley, the age of those living with Asthma is broad. However, the majority (52.3%) of males living with Asthma in Knowsley are aged 50+. Of those men, 15.9% are listed as a 'current smoker', with 42% listed as a 'past smoker'. This means 57.9% of males living with Asthma in Knowsley have been exposed to smoking.

Percentage of males in Knowsley living with Asthma, by age group, April 2025

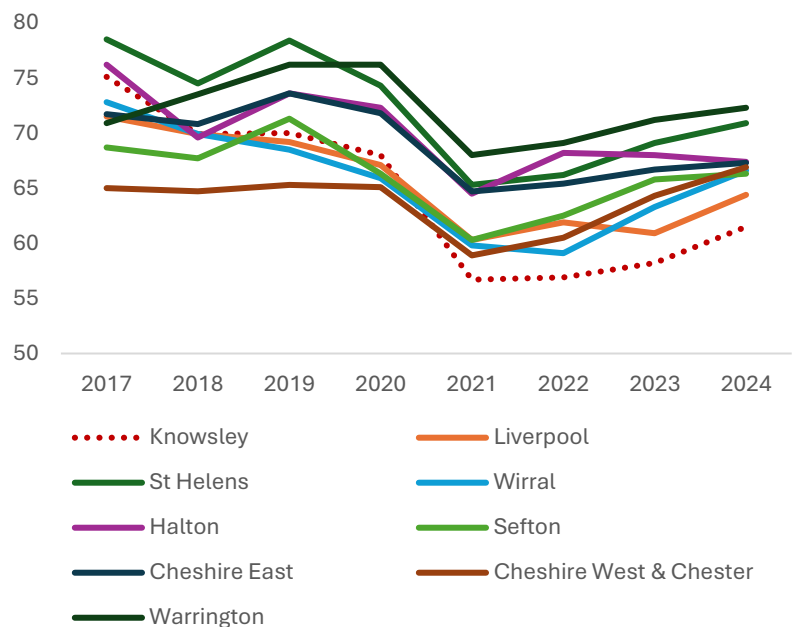


From a township perspective, Prescott, Whiston and Cronton have the highest percentage (5.9%) of their male population living with Asthma. This is also the case when looking exclusively at those aged 50+, as 9.2% of males aged 50+ in Prescott, Whiston and Cronton are living with Asthma. This is followed by 8.4% in Kirkby, 8.1% in North Huyton, 7.9% in South Huyton and 7.6% in Halewood.

Dementia

In recent years, there has been a focus on increasing the estimated dementia diagnosis rate. This is underpinned by a view that a timely diagnosis helps people living with dementia, along with their careers and healthcare staff, to plan accordingly and improve health and care outcomes^{lxvii}. The latest data (2024) shows the estimated dementia diagnosis rate for those aged 65+ is 61.5 in Knowsley, compared with 68.9 in the North West and 64.8 in England^{lxviii}. This is calculated by comparing the number of people aged 65+ with a recorded diagnosis to the number of people estimated to have dementia. Although Knowsley is underperforming, the 2024 figure marks a third consecutive increase. For context, there is a wide gap in confidence intervals, so the figure is likely to be anywhere between

Estimated dementia diagnosis rate (aged 65 and older), All Persons, C&M comparison.



54 and 67.9. Knowsley’s diagnosis rate is the lowest across C&M.

According to GP data, 3.6% of people aged 65+ in Knowsley are recorded as living with dementia, compared to 5.2% of females. Knowsley’s male percentage of 3.6% is the lowest percentage for males (65+) across C&M. As stated further in this chapter, it’s mentioned that local insight suggests there’s still a stigma which prevents people from approaching their GP about memory concerns. Taking into consideration the data in this chapter, it’s crucial that we ensure men feel comfortable and are willing to reach out for support.

CIPHA data, May 2025

	Knowsley	Liverpool	St Helens	Wirral	Sefton	Halton	Cheshire East	Cheshire West & Chester	Warrington
% of males aged 65+ with a 'dementia' register on their GP record	3.6%	3.7%	3.8%	3.9%	4.2%	3.9%	4.2%	4.1%	4.4%

From local insight, those involved in providing support services to people living with dementia and their carers have informed us:

- They wish for more creativity when presenting respite care options, to ensure it’s accessible for carers.
- There’s concern about the demands placed on post-diagnostic support services, as the number of people who require support will continue to increase with an ageing population and improved diagnostic services.
- There needs to be increased community awareness, as there’s still a stigma, which prevents people from approaching their GP about memory concerns.
- As Knowsley’s ethnic diversity is increasing, it’s important that support services are accessible and culturally appropriate.
- There are also slight concerns about long-term funding.

Mental Health

This chapter contains discussion of self-harm and suicide, which may be distressing or triggering for some readers. Please feel free to skip this section if needed.

Ill mental Health is a significant challenge for many people in Knowsley. Data extracted from GP systems in May 2025 shows that 21.1% of males (aged 20+) are known to have experienced or be living with a mental health issue. This is the 4th highest percentage across C&M. 1.7% of Knowsley’s 20+ male population are known to have experienced Severe Mental Illness (SMI), which is the 3rd highest percentage across C&M. 4.6% of 20+ males in Knowsley have been found to be at risk of suicide from their GP record, which is the 2nd highest percentage across C&M. 1.5% of Knowsley’s 20+ male population have a record of self-harm, which is the 4th lowest across C&M.

	Knowsley	Liverpool	St Helens	Sefton	Halton	Wirral	Warrington	Cheshire East	Cheshire West & Chester
% - Living with a Mental Health issue	21.1%	19.0%	21.3%	20.0%	22.2%	24.8%	16.5%	16.6%	17.4%
% - Living with a Serious Mental Illness	1.7%	2.0%	1.6%	1.8%	1.4%	1.5%	1.2%	1.0%	1.1%
% - At risk of suicide	4.6%	4.5%	3.9%	4.2%	5.6%	4.2%	2.8%	2.8%	3.5%
% - Record of Self-Harm	1.5%	1.8%	1.8%	1.7%	2.3%	2.2%	1.1%	1.1%	1.2%

Of those aged 20+ males who have experienced, or are living with a mental health issue, 21.7% are deemed to be at risk of suicide, which is the 3rd highest percentage across C&M. 7.2% have a record of self-harm, which is joint 3rd lowest percentage across C&M.

Within Knowsley, there are noticeable differences across townships. Kirkby has the highest percentage of its 20+ male population with a general mental health condition (23.4%), severe mental illness (1.9%), known to be at risk of suicide (6.2%) and with self-harm recorded (1.8%) in their GP record. There are also disparities across wards. Cherryfield (25.1%), Northwood (24.5%) and Page Moss (24.4%) have the highest percentage of its 20+ male population living with a mental health condition, whereas Roby (15.1%), Prescott North (15.2%) and Halewood North (15.7%) have the lowest.

Northwood (7.6%), Cherryfield (6.9%) and Shevington (5.7%) have the highest percentage of its 20+ male population at risk of suicide. Roby (2.3%), Swanside (3.0%), Prescott North (3.0%) and Halewood North (3.0%) have the lowest percentages.

Northwood (2.0%), Cherryfield (2.0%) and Prescott South (1.9%) have the highest percentage of its 20+ male population with a record of self-harm, whereas, Roby (0.8%), Swanside (0.9%) and Prescott North (0.9%) have the lowest.

Prevalence percentages for males (aged 20+) across different areas

	Kirkby	North Huyton	South Huyton	Halewood	Prescot, Whiston and Cronton
% - Living with a Mental Health issue	23.4%	18.7%	18.9%	19.7%	19.1%
% - Living with a Serious Mental Illness	1.9%	1.6%	1.6%	1.7%	1.5%
% - At risk of suicide	6.2%	3.8%	3.3%	3.8%	3.8%
% - Record of Self-Harm	1.8%	1.4%	1.1%	1.5%	1.4%

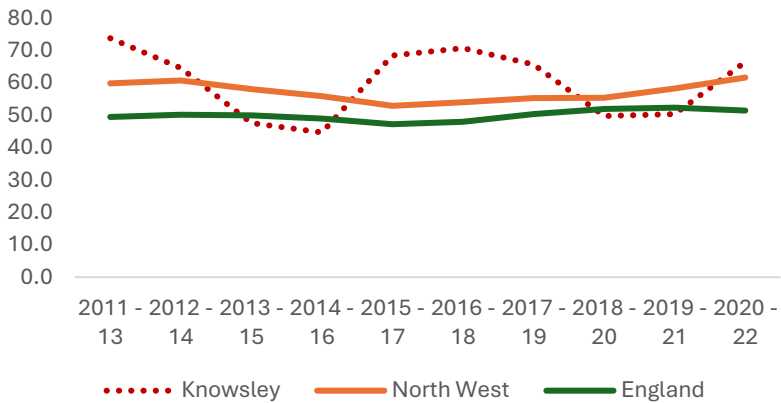
There is wider QOF data available on depression. NHS England data (2022/23) shows the percentage of people (18+) who have an unresolved record of depression in their patient record is 20.4%, which is significantly higher than the North West (16.4%) and England (13.2%)^{lxix}. Across the last 10 reporting years, Knowsley's percentage has been higher than both areas. For further context, Knowsley's average percentage from 2013/14 to 2022/23 is 14.9%, which is higher than North West (12.1%) and England (10.1%) averages. For new diagnoses of depression, 2023/24 data shows that Knowsley is higher (3.1%) than the North West (2.2%) and England (1.5%). From 2013/14 to 2023/24, Knowsley's average is 2.5%. Again, this is higher than both the North West (1.8%) and England (1.4%) figures. Although this doesn't provide male specific data, this demonstrates that depression is a massive problem in Knowsley and has been for many years.

Suicide is the act of intentionally taking one's own life. Behind each death is immense pain for those affected and a loss to our communities. From 2000 to 2023, there have been 249 male deaths by suicide in Knowsley, which makes up 77% of all deaths by suicide. The age category with the highest number of deaths is 35-39, followed by 40-44. The average age of death by suicide during this period is 43.

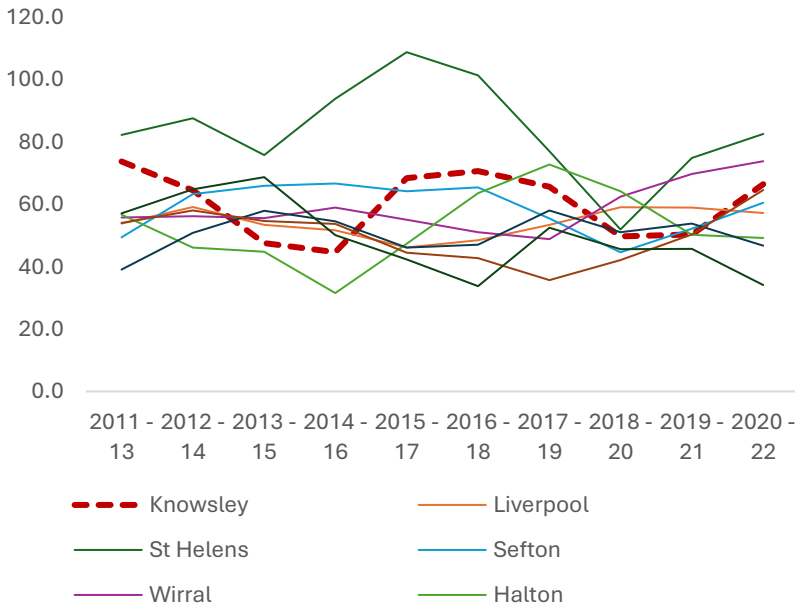
The impact of a person dying by suicide goes far beyond a single loss. For every one suicide, there can be 135+ people impacted, which means in 2021, over 37,500 people in Cheshire and Merseyside were affected by suicide^{lxx}. This is multiplied each year, as those impacted live the rest of their lives with the impact.

Knowsley has a higher number (2020-22) of years of life lost (males aged 15-74) due to suicide, compared to both the North West and England. This is an estimate of the length of time a male would have lived, had they not died prematurely. For Knowsley, the figure is 66.5, compared to 61.6 in the North West and 51.5 in England^{lxxi}. However, it's worth noting that the confidence

Years of life lost due to suicide - Males - 2011-13 to 2020-22.



Years of life lost due to suicide - Males - 2011-13 to 2020-22.



intervals for the Knowsley data are broad, ranging from 44.7 to 94.4.

Knowsley's average across the past 10 reporting years (2011-13 to 2020-22) is 60.2, which is slightly higher than the North West (57.2) but substantially higher than England (49.9). From a C&M perspective, Knowsley has the third highest number. In the latest reporting year, Knowsley has had the biggest increase (16.3) from the previous reporting year.

In 2021, a report titled 'The National Confidential Inquiry into Suicide and Safety in Mental Health' was published by The University of Manchester^{bxii}. Using national mortality data to identify men aged 40-54 who died by suicide between 1 January 2017 and 31 December 2017, the report further investigated 20% of these deaths. They found:

- 30% were unemployed at the time of death and 47% had been unemployed for over 12 months.
- 27% lived in the most deprived areas in England.
- 45% were reported as living alone.
- 11% had reported recent social isolation.
- Bereavement was reported in 34% of deaths. 80% of those who were bereaved had suffered the death of a parent. Suicide bereavement was reported in 6% of deaths.
- 15% were reported to have used the internet in ways that were suicide-related, including searching for information on suicide methods.
- 52% of men had physical health conditions, with 33% being chronic.
- 36% reported a problem with alcohol misuse and 31% reported illicit drug use. 49% had either alcohol/drug misuse or both.
- 53% had expressed suicidal ideation or intent at some stage; 20% in the week prior to death.
- 44% had a known history of self-harm; 7% in the week prior to death.
- 66% had a mental health diagnosis. 30% were 'affective disorders', i.e. mood disorders. 56% of those with a mental health diagnosis also had a physical condition. 14% of men had no mental health diagnosis, however, it was suspected by their family members and/or partner.
- Adverse life events within 3 months of death were common, including issues with family relationships (36%), finance (30%), housing (28%) or the workplace (24%). 57% were experiencing an economic problem of some kind at the time of death.
- 91% had been in contact with at least one front-line service or agency, 38% within one week of death and 49% more than 3 months prior. 50% had been in contact with mental health services and 30% with the justice system. 2% were in contact with employment services.

Within the report's key messages, it's highlighted that middle-aged men are the group at highest risk of dying by suicide. This is in line with the 'Suicide prevention in England: 5-year cross-sector strategy' policy paper, which states that middle-aged men are one of the priority groups who could benefit from bespoke support^{bxiii}. As per the enquiry, the driving factors

aren't straightforward – there's a mixture of long-term and recent risk factors, and if we attribute deaths by suicide to single causes, we will make prevention less effective.

Even though lots of men are aware of the potential benefits of talking about mental health problems, many still remain uneasy doing so, as there's a perception that expressing emotion is a form of weakness. However, another of The University of Manchester's report key findings was that it's too simplistic to say men do not seek help. From their investigation, almost all of those who died by suicide had been in contact with a front-line service or agency at some time. This highlights the importance of not only ensuring men are not only empowered to seek help, but that the help and support they receive is adequate.

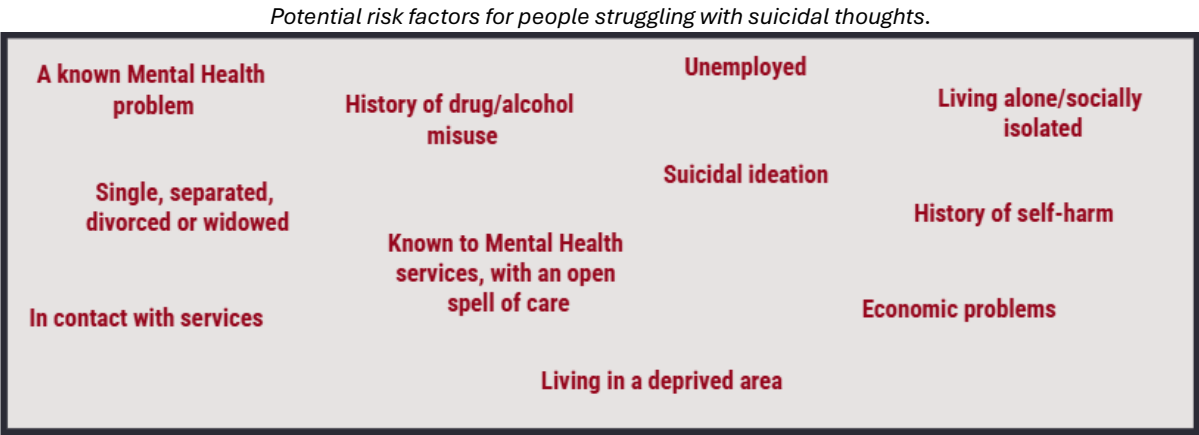
In Knowsley, the latest Suicide Audit report was published in 2025. This document reviewed deaths by suicide between 1 January 2019 and 31 December 2023. The audit searched for evidence of 20 different factors known to be associated with suicide. Deaths with a suicide conclusion were reviewed, with Covid-19 and associated lockdowns considered as a factor for deaths that occurred from March 2020 onwards. Additionally, a number of deaths with a narrative, drug or alcohol related or open conclusion were reviewed. Although not definitively a death by suicide, a number of cases were included where it was possible to learn from the cases to support future prevention. Although a breakdown by sex isn't included, the audit population mostly consists of men.

Some of the audit's findings include:

- 73% of people had a noted mental health problem, either on medical records or from witness statements. 37% of people had a recorded previous attempt of suicide.
- 45% of people had a history of drug misuse. 39% of people had a history of alcohol misuse.
- 45% of people were single at the time of their death. When people who were separated, divorced or widowed were added to this group, the percentage increased to 63%.
- Of those known, 33% of people were employed, 33% were unemployed, 7% were long-term sick or disabled and 12% were retired.
- 33% of people were known to mental health services. Of those people, 60% had an open spell of care within mental health services. Of those with an open spell of care, 47% was within one week of death.
- 65% of people had been in contact with their GP or other Primary Care team members within 12 months of their death. 10.6% had been in contact more than one year prior to their death. The last contact was unknown for approximately 24% of people.
- Other less common risk factors identified included history of sexual assault or violence, having a terminal illness or neuro-diverse diagnosis and being in youth justice or prison system within the last 12 months.

- The LSOA with the highest deaths by suicide is in the 10% most deprived areas in England and ranks highest (worst) in Knowsley within the Health Deprivation and Disability Domain and 51st highest (of 32,844 LSOAs) in England.

The majority of people displayed multiple risk factors (on average, three risk factors have been founded in the information gathered per person), with the most common being challenges with their physical and mental health. Given the above data, the descriptions in the image below (in combination) could be viewed as potential warning signs that someone may be struggling with suicidal thoughts. However, every situation is different, and the presence (or lack of) of the following doesn't necessarily mean a person is or isn't susceptible to suicide. These do relate to social determinants of health, including employment status, relationship status and economic conditions.



In February 2025, Centre for Mental Health published a report, which focused on the importance of investing in children’s mental health^{lxxiv}. Within the report, they claim the NHS is only able to support around 40% of those in need with current levels of funding. They describe services being unable to meet demands as a “ticking time bomb” with human and economic consequences not just for children and young people, but for families and the nation as a whole.

GP data from May 2025 shows that 9.1% of males in Knowsley (aged 0-19) are recorded as living with a mental health condition. Of those males, 22.4% are deemed to be at risk of suicide and 19.7% have a record of self-harm. Both figures are the 2nd highest percentages across C&M.

CIPHA, May 2025

	Knowsley	Liverpool	St Helens	Sefton	Halton	Wirral	Warrington	Cheshire East	Cheshire West & Chester
% - Living with a Mental Health issue	9.11%	9.78%	12.00%	12.19%	13.98%	17.53%	7.87%	10.60%	14.76%
% - Living with a Serious Mental Illness	0.06%	0.08%	0.06%	0.03%	0.05%	0.04%	0.05%	0.06%	0.04%
% - At risk of suicide	2.04%	1.75%	2.34%	2.37%	3.66%	2.32%	1.63%	1.95%	2.25%
% - Record of Self-Harm	1.80%	1.28%	1.87%	1.56%	2.84%	2.51%	1.09%	1.56%	1.78%

Halewood has the highest percentage (5.6%) of males (0-17) who have experienced, or are living with a mental health condition, whereas Prescott, Whiston and Cronton has the lowest (4.1%).

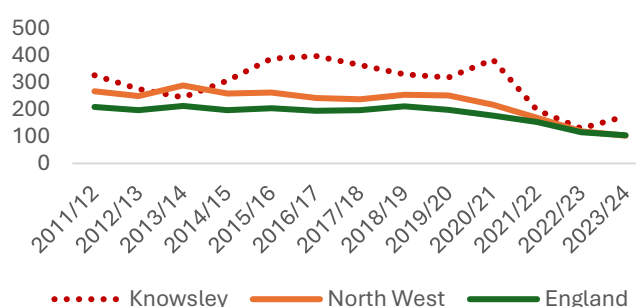
Self-harm refers to an expression of emotional distress via an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act^{lxxv}. There are different reasons why people may self-harm, however, it may be a way of someone dealing with very difficult feelings, painful memories or overwhelming situations and experiences^{lxxvi}.

Hospital admissions as a result of self-harm (aged 10-24) are significantly higher amongst females in Knowsley, compared to males, both historically and in the latest reporting year. However, amongst males, the latest data (2023/24) does suggest a bigger issue in Knowsley (174.6 per 100k), compared to both the North West (102.7) and England (104.3)^{lxxvii}. The robustness of Knowsley's data is limited in comparison to the regional and national data, however, Knowsley's rate has been higher for a number of years, and has recently increased, whereas the regional and national rates have decreased.

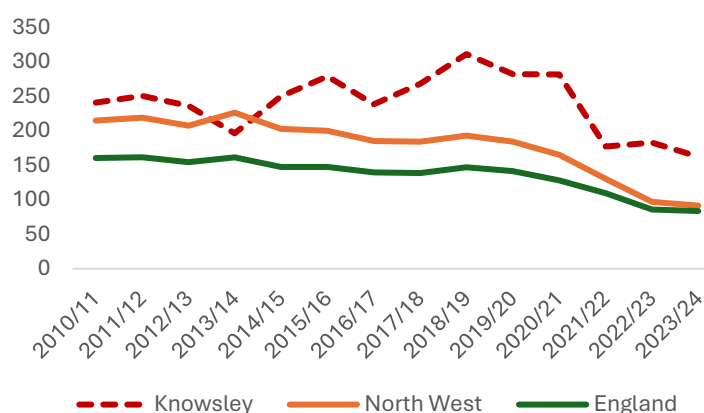
From a C&M perspective, the 2023/24 data shows Knowsley has the 3rd highest rate amongst males. In the latest reporting year, Knowsley was one of only 3 areas which experienced an increase. Knowsley also experienced the highest increase, with an increase of 34.7%.

For 2023/24, the directly age standardised rate for Emergency Hospital Admissions for Intentional Self-Harm amongst males (of all ages) in Knowsley was 162.2 per 100,000 population^{lxxviii}. For context, 99% of hospital admissions for intentional self-harm are emergencies. Although the rate amongst females (244.3) in Knowsley is significantly higher, the Knowsley male rate has been consistently higher than the North West and England for the past 10 reporting years. This indicates that although females are significantly more likely than males to be admitted for intentional self-harm, males in Knowsley are significantly more likely than males across the North West and England. From a C&M perspective, Knowsley has the 2nd highest rate amongst males.

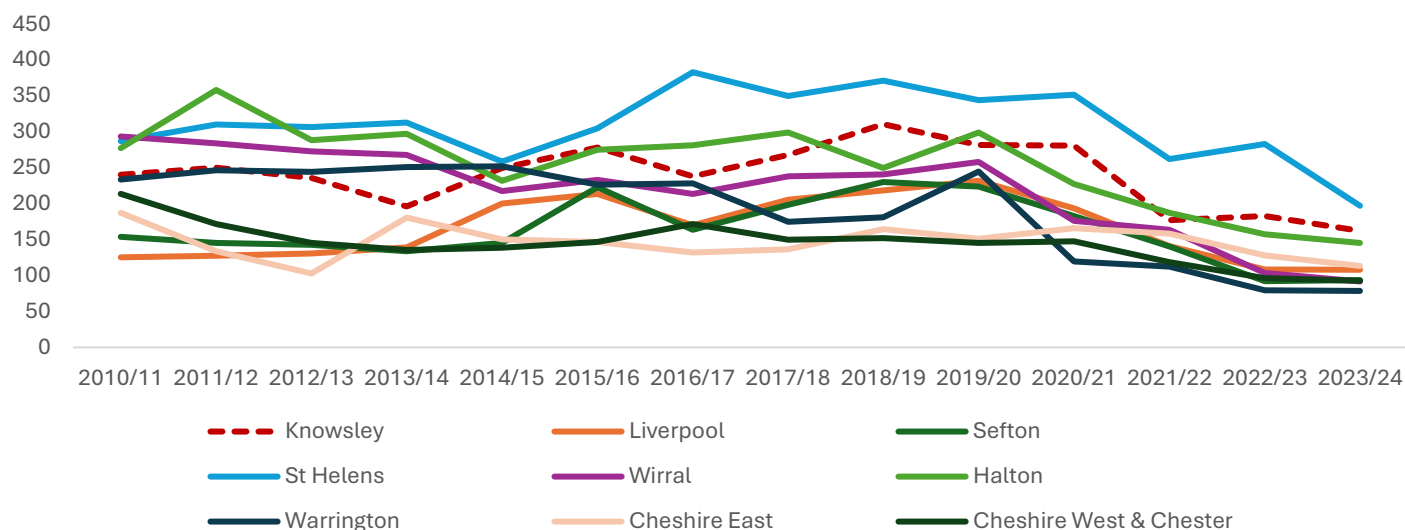
Hospital admissions as a result of self-harm (10 to 24 years) - Males



Emergency Hospital Admissions for Intentional Self-Harm - Males



Emergency Hospital Admissions for Intentional Self-Harm - Males



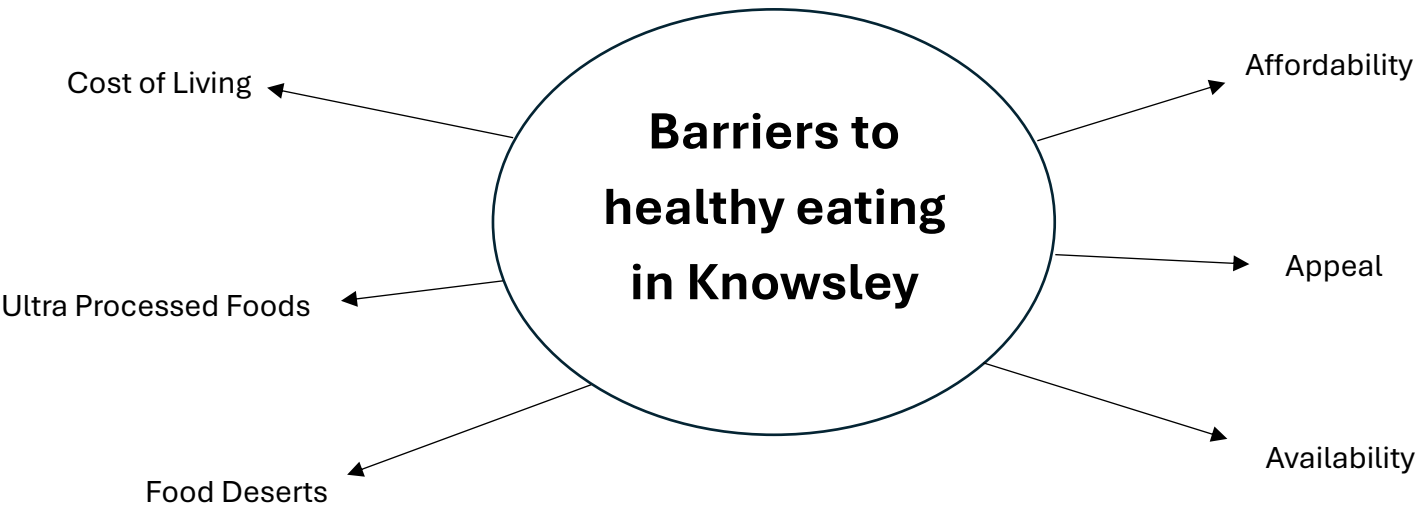
We know that ill mental health can impact anyone, at any time, however, we also know that the wider social determinants of health have an influence on the wellbeing of boys & men across Knowsley. It's important that mental wellbeing support takes into consideration the wider factors, such as education, housing and access to services. Local insight suggests that some ill mental health challenges may be situational, i.e. they've been triggered by a change in circumstances. For example, an increase in rent may cause anxiety and worry, which may spiral. Ensuring that people receive good quality, accessible and compassionate care is crucial.

Healthy Eating

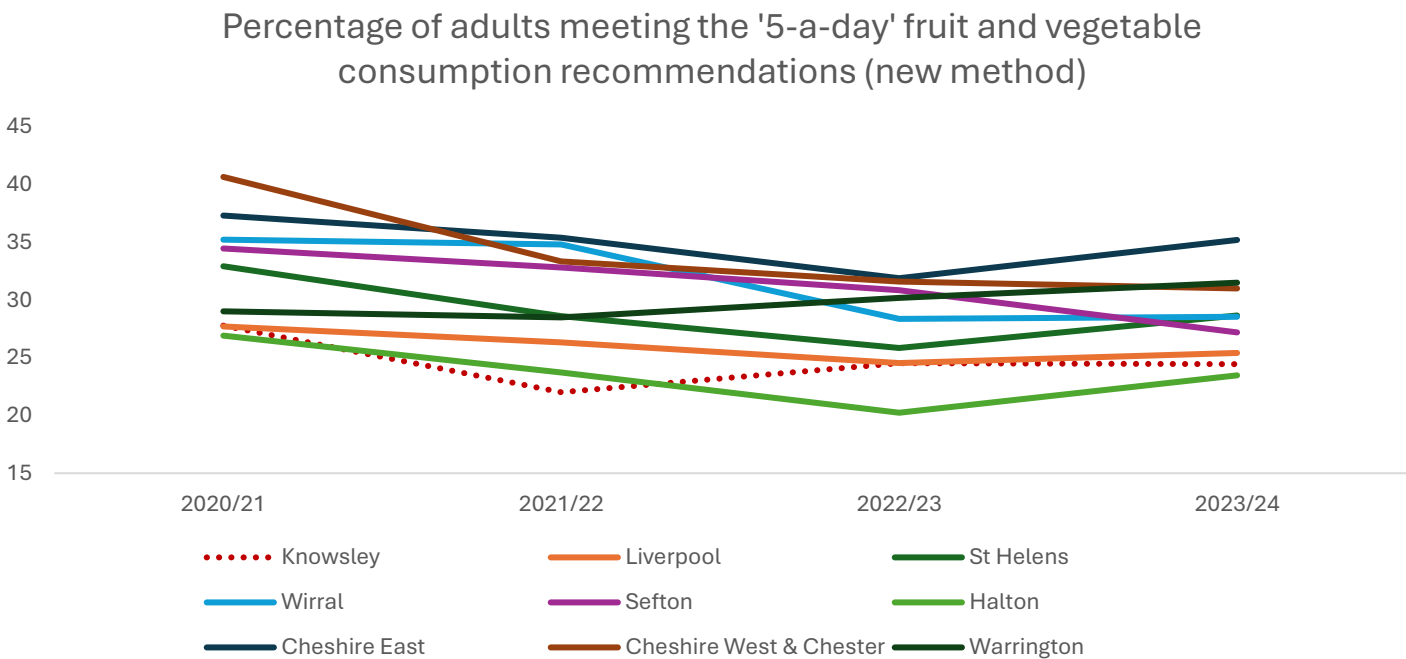
The NOVA classification system groups foods into 4 main groups; unprocessed/minimally processed foods, processed culinary ingredients, processed foods and ultra processed foods^{lxxxix}. Rather than analysing the nutritional value, the NOVA classification system evaluates the extent to which food has been processed and its potential impact on health^{lxxx}. In the UK, ultra processed foods (UPFs) make up more than half of all calories consumed, with cheaper prices and long shelf lives driving consumption^{lxxxi}. There is an ongoing debate as to whether it's more important for people to consume food that is unprocessed/minimally processed, or whether it's more important that food is nutrient dense. The Scientific Advisory Committee on Nutrition (SACN) has found associations between higher consumption of UPFs and adverse health outcomes, however, it notes that there is a limited evidence base^{lxxxii}. It does also reiterate that on balance, most people are likely to benefit from reducing their consumption of "processed foods high in energy, saturated fat, salt and free sugars, and low in fibre".

As mentioned in the 'Overweight/Obesity' section, one of the challenges we face in Knowsley is the number of people who have a BMI classification of 'overweight' or are living with obesity. Recently, a Healthier Weight Strategy 2025-2030 has been produced, which aims to reduce the levels of adults and children who are overweight and/or living with obesity in Knowsley^{lxxxiii}. The strategy takes a life course approach; however, the primary focus is to increase the number of children starting school at a healthy weight and reducing the number who are overweight

and/or living with obesity at Year 6. As identified in strategy, there are several barriers to healthy eating in Knowsley, including:

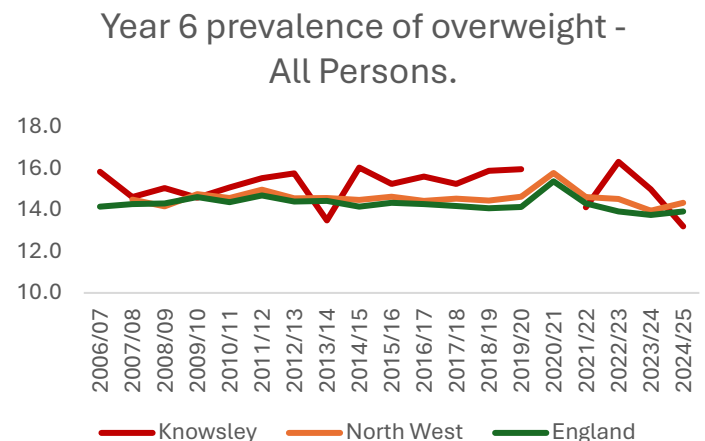
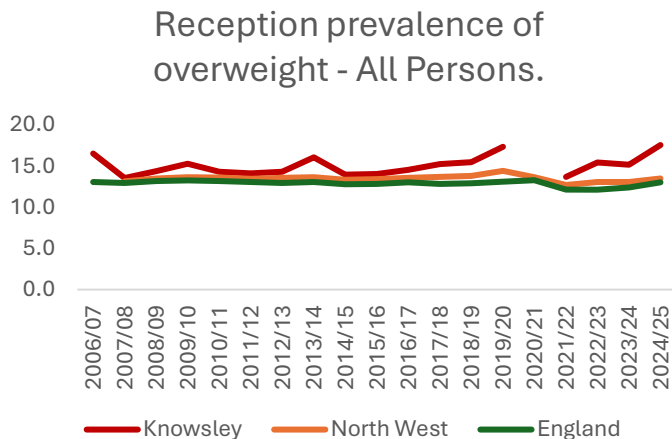


Data from 2023/24 also shows that Knowsley has the 2nd lowest percentage of adults (16+) meeting the ‘5-a-day’ fruit and vegetables recommendation^{lxxxiv}. Although there is no breakdown by sex available, this data suggests that more may need to be done to ensure people across Knowsley are eating enough fruit and vegetables. More positively, data from 2024 shows that Knowsley has the 9th lowest rate of fast-food outlets per 100,000 population in England, with a figure of 77.9^{lxxxv}. Although variations would exist across the borough a further breakdown was available, Knowsley’s figure is lower than both the North West (137.9) and England (115.9) figures. It’s also the lowest figure across C&M.



Overweight/Obesity

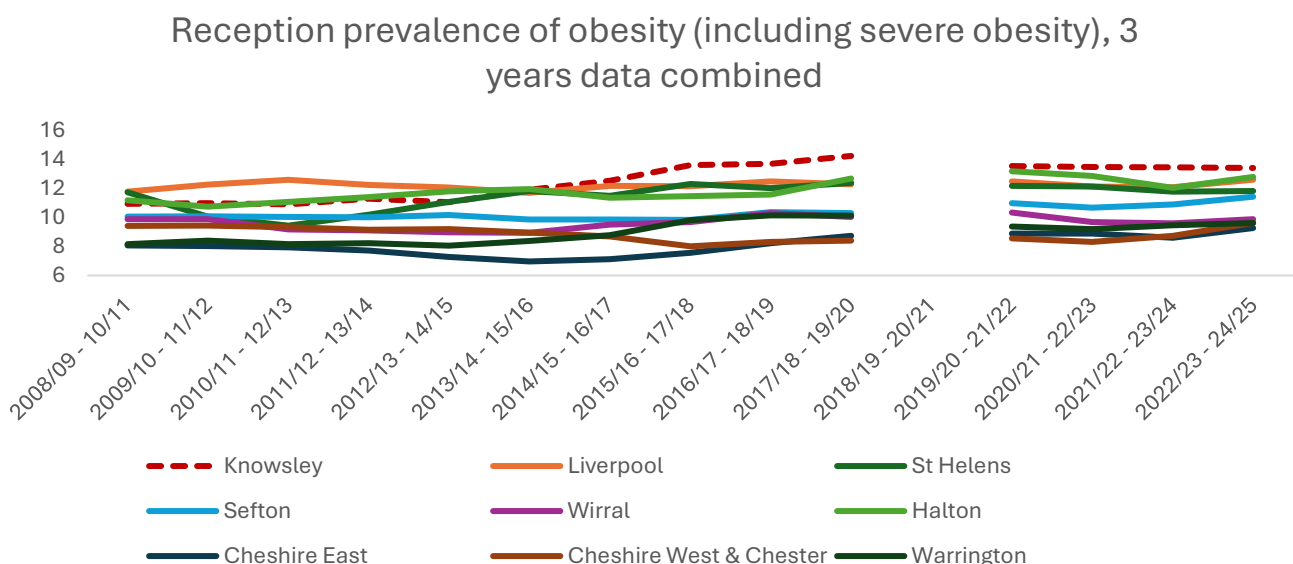
Obesity is a medical condition involving excess body weight in the form of fat^{xxxxvi}. NHS guidelines state that for most adults, if an individual's BMI is between 25 to 29.9, they're in the overweight range, whereas a BMI of 30 to 39.9 is the obese range and a BMI of 40+ is the severely obese range^{xxxxvii}.



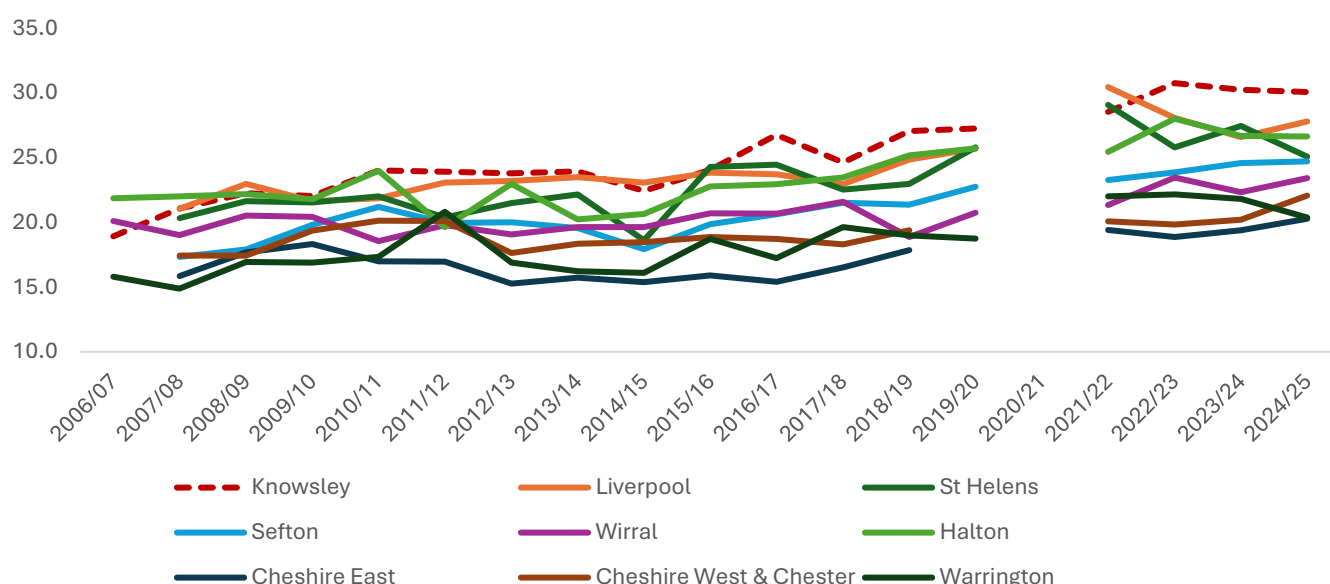
Knowsley has consistently had a higher percentage of reception aged children classed as ‘overweight’, compared to both the North West and England. In 2024/25, Knowsley’s percentage was 17.6%, compared to 13.5% across the North West and 13.0% in England^{lxxxviii}. With regard to Year 6 children, in the latest reporting year, Knowsley has a lower prevalence (13.2%) of children who are ‘overweight’, compared to the North West (14.3%) and England (13.9%)^{lxxxix}.

Obesity is an increasing problem across not just in Knowsley, but England as a whole. In recent years, Knowsley has attracted headlines for high numbers of children living with obesity^{xc}. Data between 2022/23 to 2024/25 shows the prevalence of obesity amongst reception aged children was 13.4% in Knowsley, compared to 10.5% in the North West and 9.8% in England^{xcj}. Across C&M, Knowsley has the highest percentage of reception aged children living with obesity.

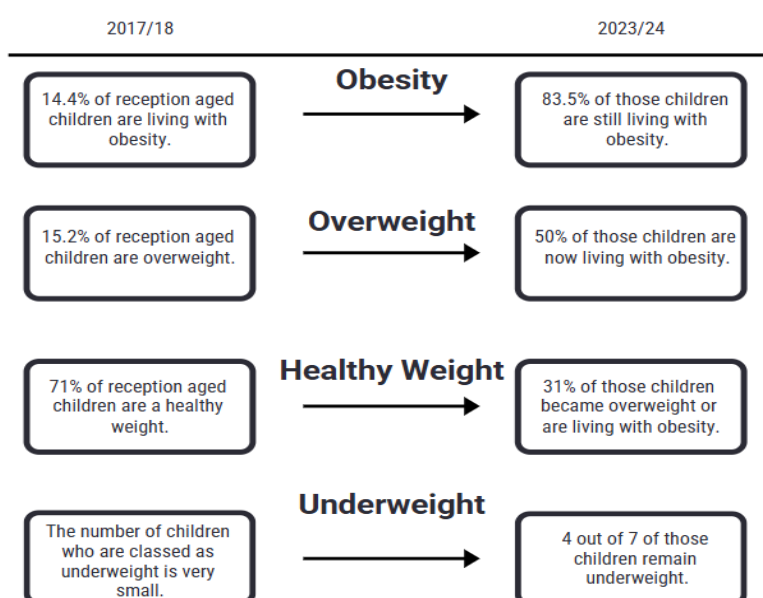
2022/23 to 2024/25 data also shows that Knowsley also has a higher percentage (30.1%) of Year 6 children living with obesity, compared to both the North West (23.6%) and England (22.2%). Knowsley also has the highest percentage of Year 6 children living with obesity across C&M.



Year 6 prevalence of obesity (including severe obesity)



Data from previous years shows the importance of a good healthy start for children. In Knowsley, 83.5% of reception aged children who were living with obesity in 2017/18 were also living with obesity when they reached Year 6 in 2023/24. 50% of reception aged children who were overweight in 2017/18 became obese when they reached Year 6 in 2023/24. 29% became a healthy weight and 21% remained a healthy weight. Around 2/3 of those children who were a healthy weight in 2017/18 remained in this category in 2023/24. Around 1/3 became overweight (14%) or were living with obesity (17%). The number of children who are classed as underweight is very small, however, 4 out of 7 reception children that were underweight in 2017/18 remained underweight in 2023/24.

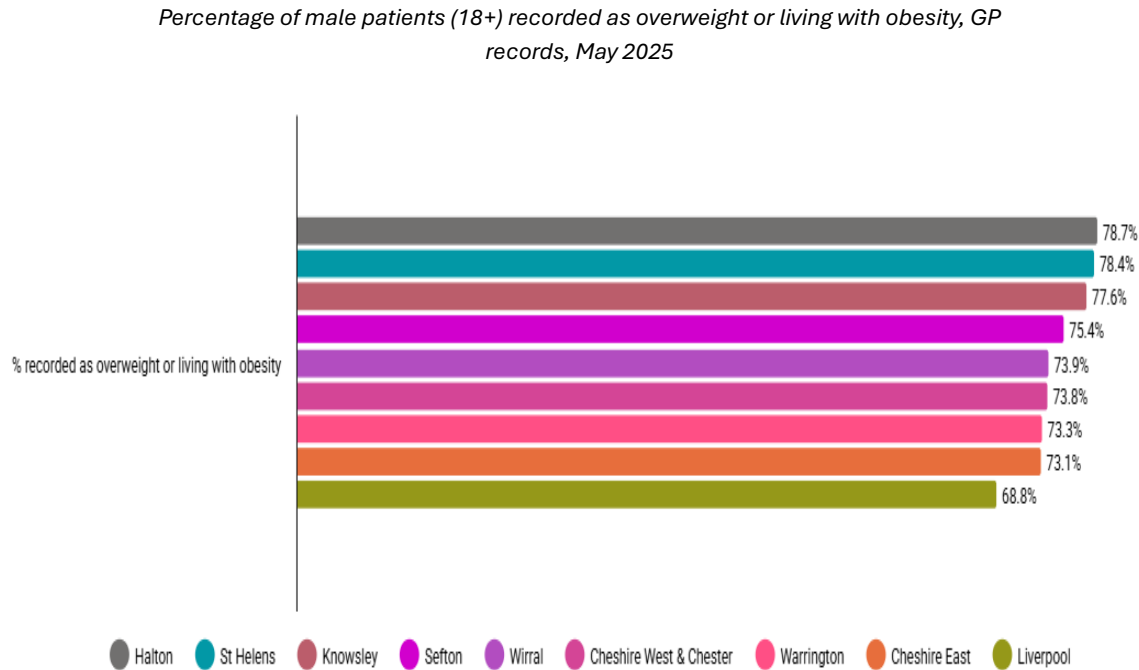


The prevalence of obesity amongst men is also a big health concern within Knowsley. Data (2023/24) shows the prevalence of obesity in Knowsley (for both male & female) amongst adults aged 18+ is 32.9%, which is higher than both the North West (28.4%) and England (26.5%) figures^{xcii}. Knowsley's 2022/23 prevalence was the 9th highest rate across England; however, Knowsley's prevalence is now 26th highest in England. For all reporting years, which date back to 2015/16, Knowsley's prevalence is consistently higher than both the North West and England.

There is live GP data available on the BMI category of people across Knowsley, however, there are several limitations which must be considered. Firstly, it only reflects data inputted during the past 12

months, which is limited as people’s weight may fluctuate over time. Most importantly, there is a BMI category record for just 50.1% of patients across Knowsley. This reduces to 43.1% for males. This means there is a significant percentage of the population that we don’t know about. However, this is *not* uncommon across C&M. The average percentage across C&M for males is 42.8%. Furthermore, the data may be distorted, as those who may visually cause concern may be more likely to be weighed. It’s also worth remembering that for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background, the criteria for ‘obesity’ is 27.5kg/m2. However, due to small numbers, a separate breakdown hasn’t been included in this document.

It’s also worth considering that using BMI to identify obesity has significant limitations. Although for most people, BMI is useful and provides a reasonable indication of whether they’re a healthy weight, for individuals with higher levels of muscle mass, their BMI may indicate overweight/obesity, despite them having small levels of body fat. It can also be problematic for older people, as although their BMI may indicate they’re a healthy weight, they may have lost muscle and be carrying excess fat. The simple label of ‘obese’ has also been critiqued, with terms such as ‘clinical obesity’ and ‘pre-clinically obese’ being suggested^{xciii}. The former would be used for people with a medical condition caused by their weight, whereas the latter would refer to someone living with obesity without any further complications. Across C&M, Knowsley has the 4th lowest percentage of its male population who are recorded as ‘overweight’. Knowsley has the 3rd highest percentage of its male population living with obesity. When combining both those recorded as overweight and living with obesity, Knowsley’s 77.6% is the 3rd highest across C&M.



In Knowsley, GP data (May 2025) shows that males are much less likely to have a weight recorded, compared to females. However, when analysing those who do have a weight recording, males (18+) are more likely to be ‘overweight’ (37.1%) compared to females

(29.1%). However, males are slightly less likely (40.5%) to be living with obesity compared to females (40.6%). In total, within Knowsley, the available data shows that 73.1% of males are overweight or living with obesity, compared to 69.7% of females.

When interpreting the following data, it’s important to be mindful of the percentage of the population (top row) with a weight recording. From a ward perspective, Roby (41.6%), Halewood North (40.5%) and Swanside (40.1%) have the highest percentages of its male patients recorded as ‘overweight’. Northwood (33.6%), Stockbridge (34.6%) and Page Moss (34.9%) have the lowest percentages.

Shevington (45.1%), Whiston & Cronton (43.1%) and Cherryfield (43.0%) have the highest percentages of its male patients recorded as living with obesity. Roby (35.9%), St Michaels (37.4%) and Halewood North (37.7%) have the lowest percentages.

Percentage of male patients (18+) recorded as overweight, living with obesity or both, GP records, May 2025

	Cherryfield	Halewood North	Halewood South	Northwood	Page Moss	Prescot North	Prescot South	Roby	Shevington	St Gabriels	St Michaels	Stockbridge	Swanside	Whiston & Cronton	Whitefield
% with a weight recording	44.5%	41.6%	39.0%	43.8%	42.2%	44.0%	42.1%	46.4%	43.2%	44.7%	43.5%	38.5%	44.2%	44.0%	45.7%
% - overweight	35.8%	40.5%	37.4%	33.6%	34.9%	38.2%	37.7%	41.6%	35.7%	37.3%	37.4%	34.6%	40.1%	37.3%	35.7%
% - obese	43.0%	37.7%	42.5%	41.9%	40.8%	39.1%	39.5%	35.9%	45.1%	40.0%	37.4%	41.0%	38.2%	43.1%	41.7%
% - either	78.8%	78.2%	79.9%	75.4%	75.7%	77.4%	77.2%	77.5%	80.9%	77.3%	74.8%	75.6%	78.3%	80.4%	77.4%

Within Knowsley’s 2024/25 Public Health Annual Report, Chapter 7 details weight stigma in healthcare settings^{xciv}. It highlights the wider shift in food environments, physical activity and commercial influences, which all impact weight. An example of Ultra-processed foods is provided, detailing how they’re often cheap, heavily marketed, drive overconsumption, and can be high in fat, sugar and salt. They may also be cheaper and less time-consuming than making a meal from scratch. Ensuring we, as a society, are aware of the wider factors that contribute to a person struggling with weight issues helps eliminate blame and shame, which may act as deterrents to support.

Physical Activity

Physical activity is widely regarded as an important contributor to good physical and mental wellbeing. In the UK, the Chief Medical Officers’ physical activity guidelines are^{xcv}:

Age	Guidelines
Infants (less than 1 year)	Should be physically active several times a day, in a variety of ways, including interactive floor-based activity, e.g. crawling. For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day.
Toddlers (1-2 years)	Should spend at least 3 hours per day in a variety of physical activities at any intensity.

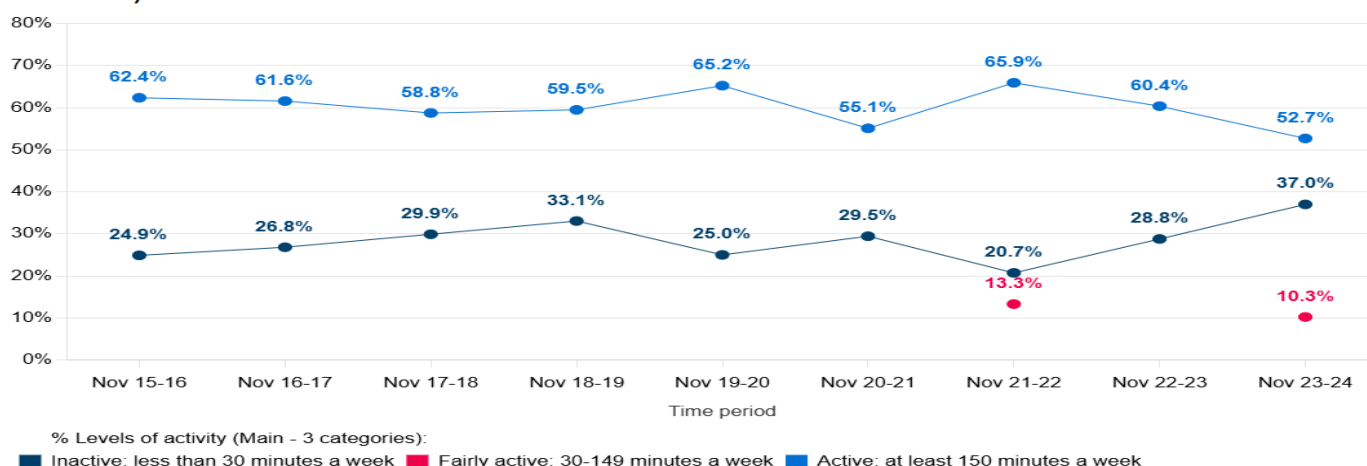
Pre-schoolers (3-4 years)	Should spend at least 3 hours per day in a variety of physical activities at any intensity. This should include at least 60 minutes of moderate-to-vigorous intensity physical activity.
Children and Young People (5 to 18 years)	Should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. There should be a variety of types and intensities throughout the week.
Adults (19 to 64 years)	Adults should aim to be physically active every day. Activities during the week should develop or maintain strength in major muscles groups on at least two days a week. Adults should also accumulate at least 2.5 hours of moderate intensity activity, or 75 minutes of vigorous intensity activity, or shorter durations of very vigorous intensity activity. Ideally, this should be a combination.
Older Adults (65+)	Older adults should participate in daily physical activity. They should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility, on at least two days a week. These could be combined with sessions involving moderate aerobic activity. They should aim to accumulate 2.5 hours of moderate intensity aerobic activity, building up gradually from currently levels. Those who are already regularly active can do 75 minutes of vigorous intensity activity, or a combination.

The guidance does stress that although more is better, for those who aren't already active, relatively small increases in physical activity can be beneficial. People who do regular physical activity have a lower risk of many health problems, along with a lower risk of early death^{xvii}.

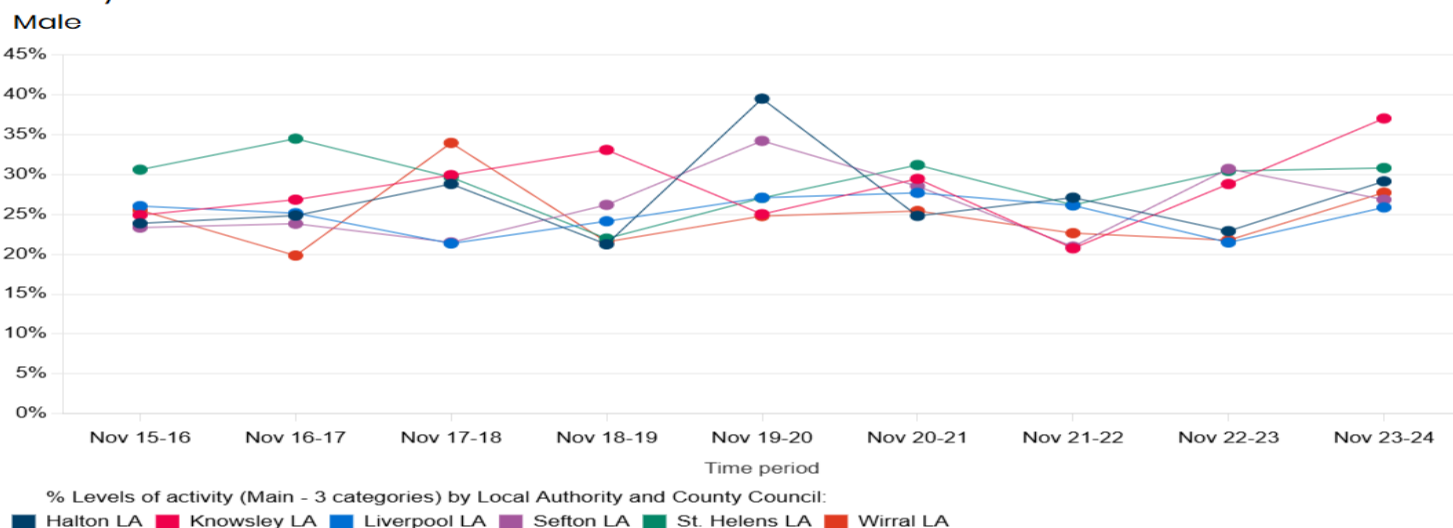
The following physical activity data is collected via survey, therefore, the accuracy depends on the ability of participants to recall their physical activity levels correctly. Additionally, the sample sizes are small, and Knowsley's data is limited, in comparison to the North West and England. One further caveat is the Covid-19 pandemic, as there were restrictions on activity centres along with general outdoor activity, which may have impacted the figures.

Sport England data (2023/24) shows that the percentage of males (16+) in Knowsley who are physically inactive (less than 30 minutes a week) is 37%, which is the highest percentage across LCR^{xviii}. This is also slightly higher than the female percentage (35%) in Knowsley, although in recent years, females have generally had a higher percentage than males in Knowsley.

Levels of activity (Main - 3 categories) - Local Authority and County Council - Gender : Male Knowsley LA



Levels of activity (Main – 3 categories) : Inactive: less than 30 minutes a week – Local Authority and County Council – Gender



10% of males in Knowsley are ‘fairly active’ (30-149 minutes a week), which is a 3% reduction on the 2021/22 percentage (10%). Knowsley’s male percentage is also lower compared to the female (17%) percentage. However, the male data for this category is fairly limited across time.

53% of males in Knowsley are ‘active’ (150+ minutes a week), which is the lowest percentage across LCR. However, this is higher than the percentage (48%) for females in Knowsley.

For academic year 23-24, 26% of boys (aged 5-16) are ‘less active’ (less than 30 minutes a week) in Knowsley, which is the lowest recorded percentage across LCR. In comparison, 21% of girls are less active in Knowsley. Boys are more likely (22%) to be ‘fairly active’ (average of 30-59 minutes a day) than girls (20%) in Knowsley. Finally, boys are less likely (52%) to be ‘active’ (average of 60+ minutes a day) compared to girls (59%) in Knowsley. Boys in Knowsley are the 2nd least active across LCR.

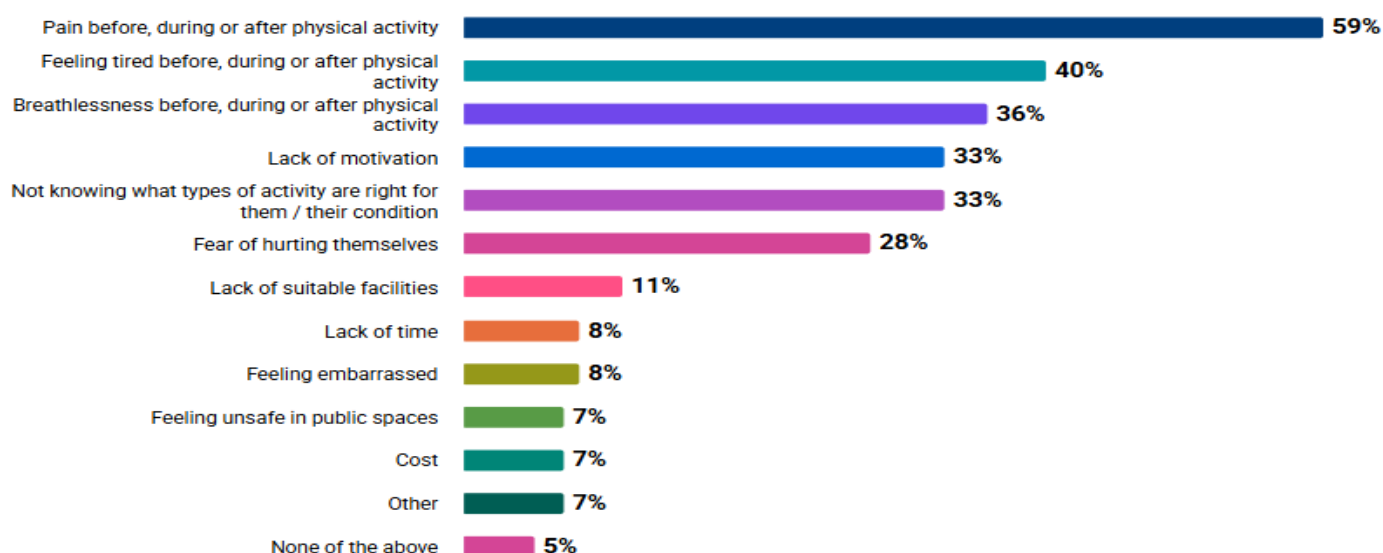
Further analysis of physical activity and the wider determinants is detailed in the Sport & Physical Activity intelligence report, published in August 2024.

When discussing barriers to physical activity, it’s important to note that they’re often sectioned into different categories, i.e. internal/external, real/perceived and psychological/environmental. The most challenging category is ‘perceived’, as this arguably suggests that a perceived barrier is imaginary, but to the individual, it can be just as real as any other barrier, though, this becomes problematic when the ‘perceived’ barrier is based on a belief that is factually incorrect. For example, if an individual states a barrier is a gym’s closing time of 5pm, but it’s actually open 24 hours, this barrier would be based on a belief that’s factually incorrect.

Commonly cited barriers to physical activity include^{xcviii}:

- Insufficient time to exercise.
- Inconvenience of exercise.
- Lack of self-motivation.
- Non-enjoyment of exercise.
- Boredom with exercise.
- Lack of confidence in one’s ability to be physically active.
- Fear of being injured or having been injured recently.
- Lack of encouragement, support, or companionship from family and friends.
- Non-availability of parks, sidewalks, bicycle trails, or safe and pleasant walking paths close to home or the workplace.

However, given Knowsley’s health challenges, it’s important to note that not everyone has the same opportunity or ability to engage in physical activity. Although 96% of people with long-term conditions (LTCs) say being active is important^{xcix}, 2 in 3 people living with LTCs want to be more active but face barriers in doing so^c. From research conducted across England, Britain Thinks (commissioned by The Richard Group of Charities) discovered the following barriers may prevent people with LTCs from engaging in physical activity^{ci}:



Q. The following are some barriers that might stop people with long-term conditions from doing physical activity. Please select the biggest barrier you think would be most likely to stop people with long-term conditions from doing physical activity.

Immunisation

Immunisation refers to receiving a vaccine and then becoming immune to a disease. A full dose of vaccination generally provides immunity similar to that provided by the natural

infection, but without the risk of the disease or its complications^{cii}. As per the NHS, diseases like smallpox, polio and tetanus that used to kill to disable millions of people are either non-existent or extremely rare^{ciii}.

Through the rise of the internet and social media, information has never been more readily available. However, in the context of public health, this can be problematic if the information is not factual or supported by evidence. There is a difference between evidence-based scrutiny and misinformation, however, it can be difficult to distinguish between information that is medically supported and false or discredited information. The NHS states that “all the current evidence tells us that getting vaccinated is safer than not getting vaccinated”^{civ}.

Within this chapter, where C&M is referenced, Warrington has been excluded as there is a known data quality issue.

Flu

Within Knowsley, GP data from May 2025 shows that males (65+) in South Huyton are most likely to have received a flu vaccination (69.5%) whereas males in North Huyton are least likely (62.6%). Within North Huyton, males (65+) in Page Moss are least likely (60.2%) to have received a vaccination, followed by Stockbridge (61.7%) and St Michaels (65.1%).

	Knowsley	Liverpool	St Helens	Wirral	Halton	Sefton	Cheshire East	Cheshire West & Chester
% of males (65+) who have received a Flu vaccine during the current season (September - August)	66.6%	65.2%	72.7%	73.8%	72.9%	72.3%	78.7%	77.7%

The Flu vaccine is recommended for people who are at higher risk of getting seriously ill from flu^{cv}. In Knowsley, for those aged 65+, males are slightly more likely (66.6%) to have received a flu vaccination during the current season (September – August) than females (65.5%). Across C&M, GP data from May 2025 shows that Knowsley has the 3rd lowest percentage of its 65+ male population who have received a flu vaccination during the current season.

	Kirkby	North Huyton	South Huyton	Prescot, Whiston and Cronton	Halewood
% of males (65+) who have received a Flu vaccine during the current season (September - August)	65.6%	62.6%	69.5%	68.2%	67.8%

Pneumococcal

As per the NHS, “the pneumococcal vaccine helps protect against serious illnesses like pneumonia and meningitis. It's recommended for people at higher risk of these illnesses, such as babies and adults aged 65 and over”^{cvii}. The following data is from test results available from the past two years.

In Knowsley, 41.5% of males (65+) have received a pneumococcal vaccine in the past two years, which is the 2nd lowest across C&M. Knowsley has the highest percentage (15.9%) of males (65+) who have declined the vaccine across C&M.

	Knowsley	Liverpool	St Helens	Wirral	Halton	Sefton	Cheshire East	Cheshire West & Chester
% - Completed	76.0%	77.4%	81.9%	81.5%	82.5%	82.4%	85.8%	83.2%
% - Unvaccinated	21.5%	20.3%	17.1%	17.8%	16.7%	16.1%	13.6%	16.2%

Across C&M, Knowsley has the highest percentage (21.5%) of boys aged 0-1 who have not received a vaccination.

MMR

The MMR vaccine provides protection against measles, mumps and rubella. As part of the NHS vaccination schedule, babies and young children are given two doses, with the first provided at 1 year old^{cvii}. In Knowsley, we've recently experienced a measles outbreak, which emphasises the importance of ensuring our population are protected, particularly those most vulnerable.

Knowsley has the 3rd highest percentage (24.8%) of children aged 1-2 who are 'unvaccinated' according to their GP record. Knowsley also has the 2nd highest percentage of children aged 1-2 who have an unknown MMR vaccination status. There is very little difference between the percentage of boys and girls that are unvaccinated in Knowsley. It's worth noting that there are data quality issues which exist, therefore, the figures quoted may not be wholly representative.

Aged 1 to 2	Knowsley	Liverpool	Sefton	St Helens	Wirral	Halton	Cheshire East	Cheshire West & Chester
First	67.6%	63.2%	70.5%	74.5%	75.3%	76.2%	77.4%	79.0%
Unvaccinated	24.8%	27.4%	26.5%	24.4%	22.1%	21.6%	21.6%	20.4%
Unknown	7.3%	9.1%	2.8%	0.9%	2.5%	1.4%	0.8%	0.4%

Attitudes

Data from YouGov (2019-2024) suggests there is little difference between males and females in their views on the harmful effects from vaccinations being concealed^{cviii}.

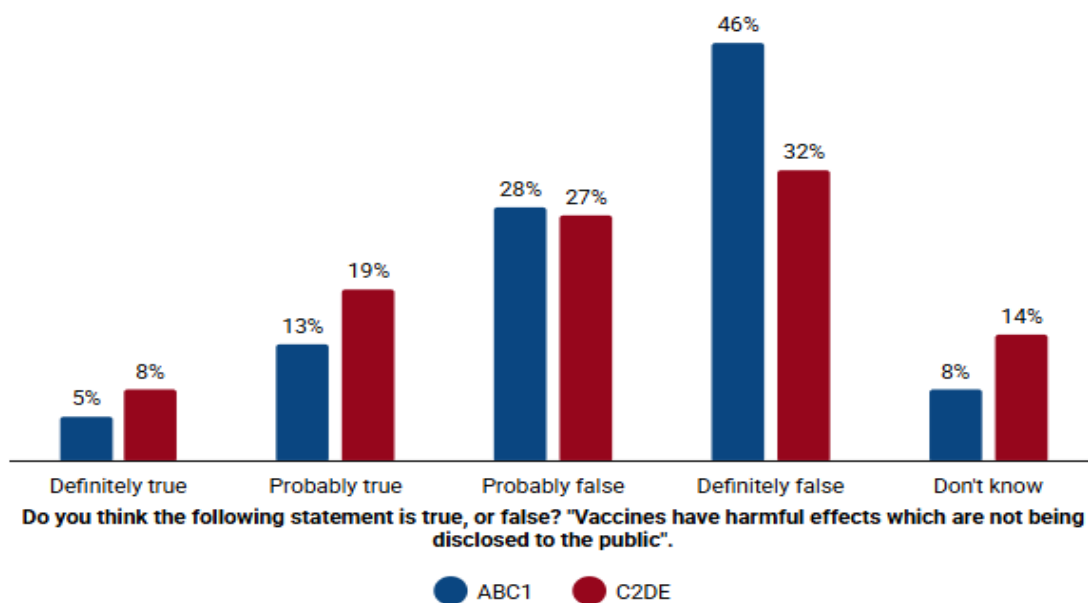
Between 2019 to 2024, YouGov asked people whether they believe the following statement is true or false:

“Vaccines have harmful effects which are not being disclosed to the public”.

22% of both males and females stated this was either ‘definitely true’ or ‘probably true’. 69% of males believed the statement to be ‘probably false’ or ‘definitely false’, whereas the figure dropped slightly to 66% for females.

Regarding social grade classification, there is a more prominent distinction in attitude.

28% of participants in the ‘C2DE’ category believe the statement is either definitely or probably true, compared to just 18% of participants in the ABC1 category. On the contrary, 74% of ABC1 participants believed the statement to be probably or definitely false, compared to just 59% of C2DE participants.



As reducing health inequalities is a priority in Knowsley, it's important to be mindful of a possible link between deprivation and lower vaccination uptake, as this can lead people who are already disadvantaged to be more vulnerable to negative health outcomes. Albeit national, the YouGov data does suggest there is a difference in vaccination scepticism across socioeconomic groups. Additionally, education and health literacy may differ across Knowsley, which may result in people being more susceptible to misinformation, particularly online. This can have a knock-on impact on future generations, as vaccination uptake amongst children is decided by their parent/carer. If a parent/carer is opposed to, or sceptical of vaccines, it is unlikely that they will then ensure their own children are vaccinated.

Additionally, GP availability and transport links differ across the borough. This may influence uptake across different communities. One of the measures in place to tackle such issues is 'The Living Well Service', which is commonly referred to as the 'Living Well

Bus'. This is a drop-in clinic offering all routine immunisations, along with physical health checks, advice and guidance. This is delivered by Cheshire and Wirral Partnership NHS Foundation Trust and travels to different locations across the borough.

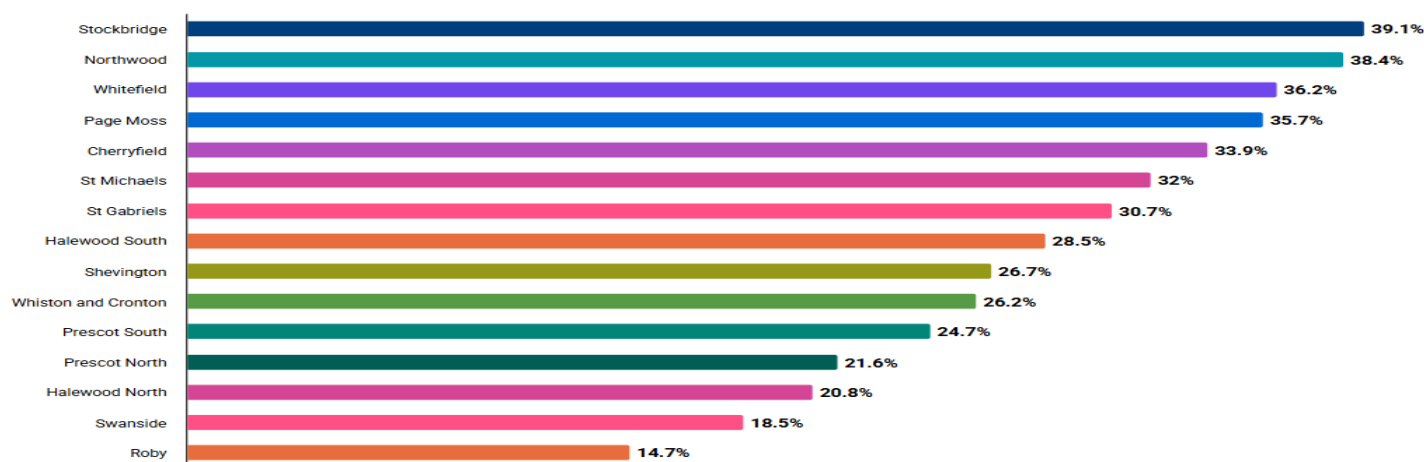
Economic Activity

Children in Relative Low-Income Families

The number of children living in relative low-income families in Knowsley has increased from 2015 to 2024. In 2015, Knowsley's percentage was 19.3%, however, 2024 data shows this is now 28.7%, which is an increase of 9.4%^{cix}. Knowsley's percentage increased by 0.2% from 2023 to 2024, which is the joint lowest increase across LCR, however, Knowsley's 9.4% increase from 2015 is the 2nd highest increase across LCR.

From a ward perspective, Stockbridge (39.1%), Northwood (38.4%) and Whitefield (36.2%) have the highest percentages. Roby (14.7%), Swanside (18.5%) and Halewood North (20.8%) have the lowest percentages.

(Number of children living in relative low-income families in Knowsley, 2024)



The area with the highest percentage of the male population who have received a vaccination is South Huyton at 64.9%. On the contrary, North Huyton has the highest percentage of those who are unvaccinated at 45.2%.

In February 2025, there were 6,024 claimants of Employment and Support Allowance (ESA) in Knowsley, 46.6% of whom were male^{cx}. With regard to male claimants as a percentage of the male working age (16-64) population, Whitefield (8.6%), Stockbridge (8.6%) and Northwood (8%) had the highest percentages, whereas Roby (2.4%), Swanside (3.9%) and Shevington (4.1%) had the lowest.

From August 2025, 22.5% of working aged (16-64) males in Knowsley are in receipt of Universal Credit^{cx}. Amongst those males, 58% of claimants have 'no work requirements', 21.9% are 'searching for work', 11.7% are 'working with no requirements', 4.7% Amongst those males, 58% of claimants have 'no work requirements', 21.9% are 'searching for work', 11.7% are 'working with no requirements', 4.7% are 'working with requirements' and

3.6% are 'preparing for work'. Stockbridge (37.6%), Northwood (36.4%) and St Michaels (29.2%) had the highest percentages of their male working age population in receipt of Universal Credit, whereas Roby (7.8%), Swanside (11.8%) and Halewood North (15.7%) had the lowest percentages.

In November 2024, males made up 56.2% of Disability Living Allowance (DLA) claimants in Knowsley. 64.6% of those males are in receipt of the lower rate, compared to 45.4% of female claimants in Knowsley^{cxii}.

For Care Award Type, 43% of male claimants in Knowsley are in receipt of the highest rate, which is the 3rd highest male percentage across C&M^{cxiii}. Although there is a decrease in the total number of male claimants from January 2018 to January 2024, the number of male claimants is increasing at a sharper rate compared to females in Knowsley.

In Knowsley, the most common reasons for claiming PIP in October 2024 are 'Mental and Behavioural Disorders' (36.3%), Diseases of the Musculoskeletal system and Connective Tissues (29.9%), Diseases of the Nervous System (9.6%) and Diseases of the Respiratory System (5.3%)^{cxiv}. From October 2024 data, 15.9% of Knowsley's population (16+) claim PIP, compared to 9.2% across the North West and 7% in England. The majority of PIP claimants in Knowsley (56.8%), the North West (54.3%) and England (54.8%) are female.

As economic conditions is one of the main social determinants of health, it's important that support is available to those in need. From 2015 to 2024, children living in relative-low income families has increased by 9.4%. Behind the percentage is significantly more children living in challenging circumstances, where they may not have access to the same resources and opportunities as their counterparts. This disadvantage can have a lasting effect on childhood development and adulthood.

With regard to adult economic activity, unemployment and reliance on welfare may correlate with poorer health outcomes. This can be a vicious cycle, as poorer health outcomes may also correlate with economic inactivity. This is visible in the most deprived areas across Knowsley.

Crime

Crime harm refers to the negative impacts of crime on individuals and society^{cxv}. Harms may include a wide range of outcomes for individuals, such as financial loss or physical harm, and for communities and wider society as a whole, such as fear of crime and increased use of health and victim services^{cxvi}.

Data from the Crime Survey for England and Wales (CSEW) for the year ending March 2024 shows that 15.6% of men (aged 16+) reported being a victim of a CSEW headline crime, compared to 16.6% of women. This includes theft, robbery, criminal damage, fraud,

computer misuse and violence with or without injury. Amongst men, the percentage of people who report they were victims of crime decreases by age.

Between April 2021 and March 2025, the Knowsley average rate of crimes and anti-social behaviour incidents per 1,000 population was 8.7^{cxvii}, which is the 4th highest rate across C&M. Between 2023/24 and 2024/25, Knowsley experienced an 8% reduction in crime, with a decrease of 1,171 offences. With regard to anti-social behaviour (ASB) there were 1,821 offences recording in the latest reporting year, which is a 7% increase on the previous year. This is the 2nd highest rate of ASB across Merseyside, which equates to a rate of 11 incidents per 1,000 population^{cxviii}.

Tackling serious and organised crime (SOC) is one of the 3 priorities identified as part of the Community Safety Plan 2025-28^{cxix}. In 2024/25, Merseyside Police executed 43 major and moderate organised crime disruptions across the borough^{cxx}

	Knowsley	Liverpool	Wirral	Sefton	Halton	St Helens	Cheshire East	Cheshire West & Chester	Warrington
Rate of crimes and ASB incidents recorded in an area per 1,000 population - average between April 2021 - March 2025	8.7	12.3	7.8	8.0	9.2	9.6	5.2	6.3	7.0

Knife Crime

Local survey data from secondary schools in Knowsley showed that boys are more likely to carry knives and be a victim of a knife crime than females^{cxxi}. 11.9% of male participants reported they have considered carrying a knife, with 7.6% having done so. In comparison, 7.1% of female participants have considered carrying a knife, with just 0.8% reporting they have done so. Male participants were slightly less likely (18.5%) than female participants (19.7%) to claim they've witnessed an incident involving knives. However, males were much more likely (7.6%) to claim they've been a victim of knife crime, compared to female (4.8%) participants. The majority of both male (57.7%) and female (78%) participants feel more on edge about knives because of stories in the news and on social media. It's important to note that the number of participants in the survey is relatively low, therefore, caution is required when extrapolating the findings for Knowsley as a whole.

Local police data shows that from April 2024 to November 2024 (year-to-date), there's been a total of 59 knife crime offences in Knowsley, with 39 serious violence knife crime offences. The number of knife crimes leading to arrest is 23. Although there has been an increase in the number of women involved in incidents of knife crime, the majority of incidents still involve male offenders. In 2023, for those who committed a knife crime in Knowsley, males made up 85% of perpetrators, whereas in 2024, they make up 72%. For

serious violence knife crime, the percentage of male perpetrators in 2023 was 91%, with an increase to 94% in 2024. In 2024, 23.4% of knife crimes led to arrests, with 73.9% of those arrested being male offenders.

In 2010/11, after being asked by the then Home Secretary, Brooke Kinsella visited local anti-knife crime projects across England and Wales. In her report, it's stated that although each area was different and had its own local problems, the core causes of youth crime appeared to be 'poverty or for financial gain', 'lack of opportunities' and 'gang mentality'^{cxxii}. In particular, she found there were two key factors behind knife crime. Firstly, young people felt afraid that others were carrying weapons, therefore, they claimed they also needed to do so for self-protection. Additionally, it was seen as fashionable or cool. They were labelled as the 'fear and fashion' factors^{cxxiii}.

The Ben Kinsella Trust helps educate young people on the dangers of knife crime. From a survey of nearly 10,000 young people who attended their Choices & Consequences workshop between 2022-2023, they found that 2 in 3 young people have felt anxious about knife crime in their area^{cxxiv}. Their report also found that prior to delivering their workshop, 26.5% of male participants felt carrying a knife would protect them, compared to 20.5% of female participants^{cxxv}. Although this isn't Knowsley data, it demonstrates the impact of knife crime on young people. Even though they may not necessarily be a direct victim of knife crime, the prevalence of it arguably increases an overall sense of fear, which perpetuates the initial 'fear' factor previously highlighted.

The Knife Angel is a 27-foot-high sculpture, made of thousands of knives confiscated from 43 police forces across the country. It was created by Alfie Bradley and is a memorial for victims of knife crime. It was displayed outside Liverpool's Anglican Cathedral in December 2018 to January 2019.



Building on Brooke Kinsella's findings, poverty and lack of opportunities may contribute to young people becoming involved in crime. Although there are many people who experience hardship who don't become involved in crime, understanding the wider context of what may lead people down the wrong path is important for preventing future generations from making similar mistakes. Additionally, 'gang mentality' is mentioned by Kinsella, as this may provide status, meaning and belonging.

Fear of crime can also negatively affect our communities. This may contribute to anxiety, fear and a decline in community cohesion. This can also have a disproportionate impact on certain groups. Local insight and data suggest that women feel less safe than men in certain public spaces, particularly at night. This may limit social participation, physical activity and overall feelings of safety, all of which can have a detrimental impact on health.

Domestic Abuse

Domestic abuse involves a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner^{cxxvi}. Although a significant majority are women, men can also be victims of domestic abuse. Men may be discouraged from seeking help due to stigmatisation, concerns about being believed, not recognising they're a victim and being unaware of available services^{cxxvii}. Along with men, boys can also be victims of domestic abuse. Within The Domestic Abuse Act 2021, a child who sees, hears or experiences the effects of domestic abuse, and is related to the person being abused or the perpetrator, is also regarded as a victim^{cxxviii}.

A common misconception of domestic abuse is that it must involve physical violence. Although it can, the absence of physical violence doesn't mean that a person is not subject to domestic abuse. A victim of domestic abuse may be subject to psychological, sexual, financial and emotional abuse^{cxxix}.

Although not an exhaustive list, Mankind, which is a male domestic abuse charity, explain that some men facing domestic abuse experience the following^{cxxx}:

- Seem afraid of or are anxious to please their partner.
- Having to check in often with their partner to report where they are and what they're doing.
- Belittlement and humiliation.
- Parental alienation.
- Threatened with false accusation that you're the perpetrator.
- Gaslighting.
- Increased sensitivity and crying.
- Difficulty sleeping.

For boys, domestic abuse may have both a short-time and long-term effect on a boy's cognitive, behavioural and emotional development. The effects may differ for different age groups, but they may include the following^{cxxxix}:

- Lower grades in school.
- Feeling guilty and to blame for the abuse.
- Physical and mental health problems.
- Engaging in risky and damaging behaviours.

What are the risk factors of domestic abuse?

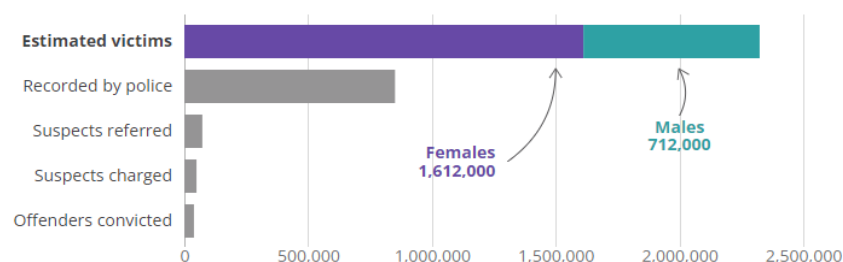
Risk factors are characteristics that may appear more often amongst victims of domestic abuse. It's important to note that any characteristics aren't a determinant – some may simply increase an individual's susceptibility to domestic abuse.

Of the risk factors described by the National Institute for Health and Care Excellence (NICE), the following may apply to boys/men^{cxxxix}:

- Aged 16 to 19.
- Transgender (including cross-dressers, transgender and transexual people, and other gender-variant people).
- Affected by a long-term illness, disability or mental health problem.
- Separated or in the process of separating from a partner.
- Socio-economically disadvantaged.

How many men are affected by domestic abuse?

Due to the nature of domestic abuse, it remains largely unreported and it's difficult to know exactly how prevalent it is amongst our communities. Data from the Crime Survey for England and Wales (2023) suggests that male victims of domestic abuse are less likely to tell anyone compared to women. Just 18.9% of *all* domestic abuse victims told the police. Although there's no breakdown by sex, the most cited reasons for not telling the police were 'too trivial/not worth reporting' (43%), 'didn't think they could help' (31.8%) and 'embarrassment' (22%)^{cxxxix}. For those who did tell the police, 38.9% claim the police took no action, and just 6.9% claim the perpetrator was charged.



Source: Crime Survey for England and Wales from the Office for National Statistics

According to the Crime Survey for England and Wales, approximately 2.3 million people aged 16 and over experienced domestic abuse in the year ending March 2024, 1.6 million women and 712,000 men. This equates to an estimated 6.6% of women and 3% of men^{cxxxiv}.

Data from 2023/24 shows that Knowsley's rate of domestic abuse related incidents and crimes (per 1,000) recorded by the police is 28.5, which is lower than the North West (30.0) but higher than England (27.1)^{cxxxv}. Warrington, Cheshire East and Cheshire West & Chester are covered by Cheshire Constabulary. Their rate is 26.0, which is slightly lower.

Barriers to Support

As stated in the Women and Girl's JSNA, in Knowsley, practitioners and victim-survivors tell us that the main barriers are^{cxxxvi}:

- Waiting lists - when a Victim-Survivor is ready for support, if a service has a waiting list this can push them back to their perpetrator.
- Communities that either have a mistrust of authorities or feel shame in contacting authorities, are less likely to ask for help. This could include people who work in professional backgrounds (including the police, the local authority) or those affected by serious and organised crime.
- Substance misuse can be a significant barrier to accessing support, both in terms of how substance misuse can suppress memory and experiences, and how it can be used as a means of control by perpetrators.
- While there has been an increase in reported domestic abuse within familial relationships (where the perpetrator is the adult child or grandchild of the victim), reporting and acting against the perpetrator is difficult, with the victim-survivor often inclined to protect their perpetrator.

It's important to note although the above barriers may be shared, there may also be specific barriers to support faced by boys and men. Eliminating domestic abuse within our communities would eradicate the negative physical and mental health impact that people (who are experts by experience) that have experienced domestic abuse may face. Experience of domestic abuse can influence health outcomes across various areas, embedding inequalities at both an individual and family level.

Smoking

There is a mixture of local, regional and national data on smoking prevalence for boys. Data from 2023 paints a national & regional picture of smoking amongst secondary school pupils (in years 7 to 11) in England, with most pupils aged between 11-15 years

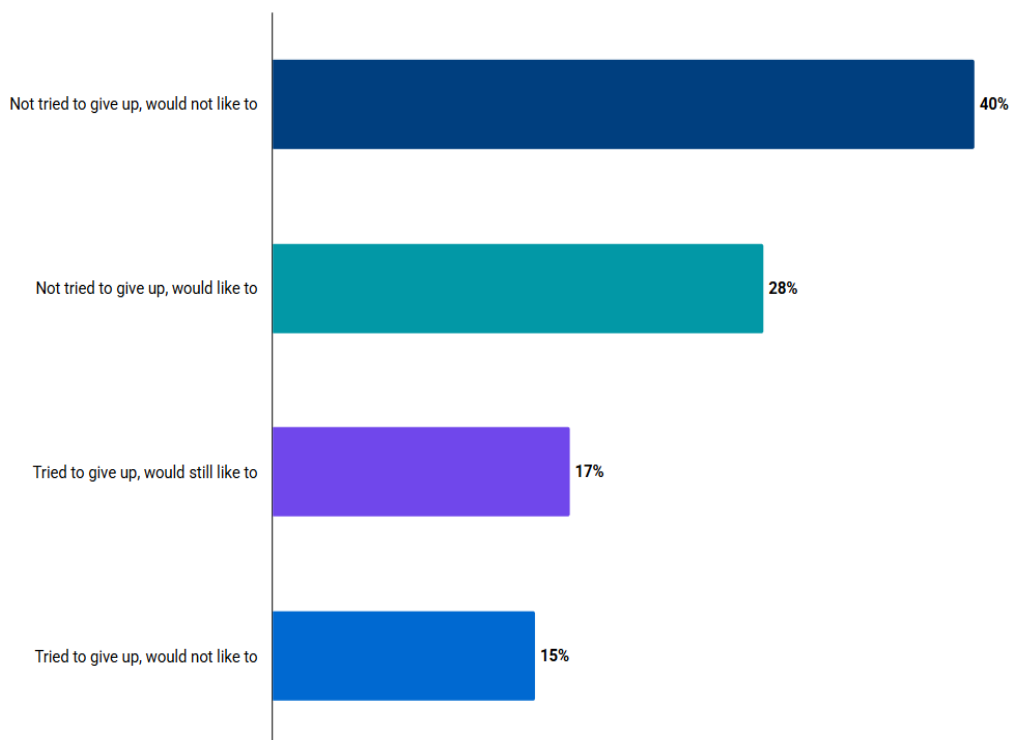
old. Most boys (90%) have never smoked and the levels of ‘regular smokers’ has decreased over time^{cxxxvii}. 3% of boys are current smokers and 10% have ever smoked. The proportion of boys who are ‘regular smokers’ is 1%, which is significantly lower than figures recorded in previous surveys. Since 2013, the average is 2%. Going further back to 1982, the average is 6.3%.

Boys aged 15 are most likely to have been exposed to smoking, with 20% of 15-year-olds having ever smoked. It’s important to note that both categories (current smokers & ever smoked) include those who selected ‘occasional smoker’. This includes pupils who described themselves as non-smokers, but who reported smoking at least one cigarette in the last week.

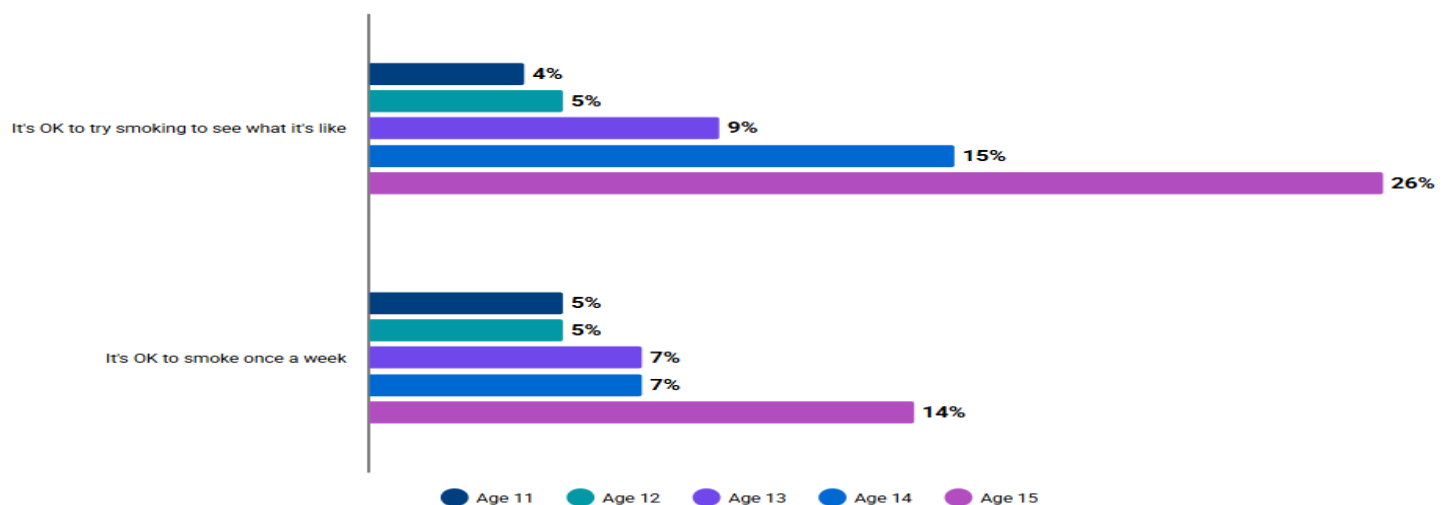
For regular smokers, the median number of cigarettes smoked during the last week has significantly decreased over time. For 2023, the figure is 7. The median average from 2013 onwards was 16.8. This means the figure has more than halved.

Although 32% of boys (regular smokers) have tried to give up smoking, 68% have not, with 40% expressing they wouldn’t like to stop. This poses a difficult problem for those tasked with helping young people stop smoking. Although there will naturally be differing levels of understanding of the consequences of smoking, if we presume most pupils would know smoking is considered damaging, this doesn’t appear to result in most boys wishing to stop.

(Male respondents who stated they were regular smokers)



The 2023 data also shows that the older a boy becomes, the more likely they are to believe it's not only OK to try smoking to see what it's like, but it's also OK to smoke once a week. Although exposure to cigarettes may increase with age, to a certain extent, this also applies to exposure to education and awareness of the consequences of smoking. 64% of boys said they received lessons about smoking in school in the last year. Only 54% of boys in Year 7 said they received lessons, whereas this increases to 63% for those in Year 11. If we presume that exposure to education, and awareness of the consequences of smoking increases with age, this may highlight a need to inspire people to quit, rather than focusing on scaring or deterring people from smoking.



GP data isn't useful for determining the number of boys who are smokers, as less than 1 in 5 boys have a smoking status recorded. Furthermore, due to the nature of the topic, boys may be more reluctant to tell their GP if they smoke.

From a local perspective, Mustard published 'Evaluating the changing attitudes and behaviour towards drinking, smoking, vaping and knives amongst 14–17-year-olds in Knowsley' in 2023, after collating data from two secondary schools. In total, there were 340 respondents, 187 of which identified as male. There were no 17-year-old participants, therefore, the data collected is from 14- to 16-year-olds. Participants were encouraged to be open and honest and were assured that their responses would be treated anonymously and confidentially.

There was almost no difference in smoking prevalence between boys & girls. 82.3% of boys reported they've never tried smoking, compared to 82.4% of girls^{cxxxviii}. 17.7% of boys and 17.6% of girls claimed they have been exposed to smoking. With regard to boys, of the 17.7% who have been exposed, 14.3% stated they either didn't like it, or they have given up.

With regard to adult smoking rates, the available data is more extensive and provides a more detailed painting of the Knowsley picture. In Knowsley, there are 57,039 males (89.7% of the 18+ male population) with a smoking status on their GP record. 21% are recorded as a current smoker, 26.2% are recorded as a past smoker and 52.7% are recorded as having never smoked^{cxxxix}.

Across townships, North Huyton has the highest percentage (25%) of males (18+) registered as current smokers, along with the highest percentage of males who have been exposed (51.5%) to smoking. In contrast, South Huyton has the lowest percentages, at 14.5% and 38.1% respectively.

	Kirkby	North Huyton	South Huyton	Prescot, Whiston and Cronton	Halewood
% of men (18+) who are current smokers	23.4%	25.0%	14.5%	16.8%	17.3%
% of men (18+) who are past smokers	25.7%	26.5%	23.6%	24.5%	24.0%
% of men (18+) who have been exposed to smoking	49.1%	51.5%	38.1%	41.3%	41.2%
% of men (18+) who have never smoked	50.9%	48.5%	53.7%	49.4%	48.9%

There are also disparities at ward level. For those we know about, which ranges from 86.3% to 92.4% across wards, Northwood (28%), Stockbridge (27.7%) and Page Moss (25.4%) have the highest percentage of men (18+) who are current smokers. Roby (11.1%), Swanside (13.6%) and Halewood North (17.2%) have the lowest.

Northwood (54.2%), Stockbridge (54.1%) and Page Moss (51%) also have the highest percentage of men (18+) who have been exposed to smoking, i.e. they're either a current or past smoker. Again, Roby (37.2%), Swanside (37.9%) and Halewood North (43.4%) have the lowest percentages.

	Northwood	Whitefield	Cherryfield	Shevington	Page Moss	St Michaels	Stockbridge	Swanside	Roby	St Gabriels	Whiston and Cronton	Prescot North	Prescot South	Halewood North	Halewood South
% of men (18+) who are current smokers	28.0%	20.6%	23.0%	21.3%	25.4%	22.7%	27.7%	13.6%	11.1%	22.6%	18.0%	18.0%	19.8%	17.2%	21.0%
% of men (18+) who are past smokers	26.2%	26.9%	25.5%	24.2%	25.6%	27.2%	26.4%	24.3%	26.1%	26.5%	29.2%	26.0%	26.0%	26.2%	26.9%
% of men (18+) who have been exposed to smoking	54.2%	47.5%	48.5%	45.5%	51.0%	49.8%	54.1%	37.9%	37.2%	49.2%	47.2%	44.0%	45.7%	43.4%	47.9%
% of men (18+) who have never smoked	45.8%	52.5%	51.5%	54.5%	49.0%	50.2%	45.9%	62.1%	62.8%	50.8%	52.8%	56.0%	54.3%	56.6%	52.1%

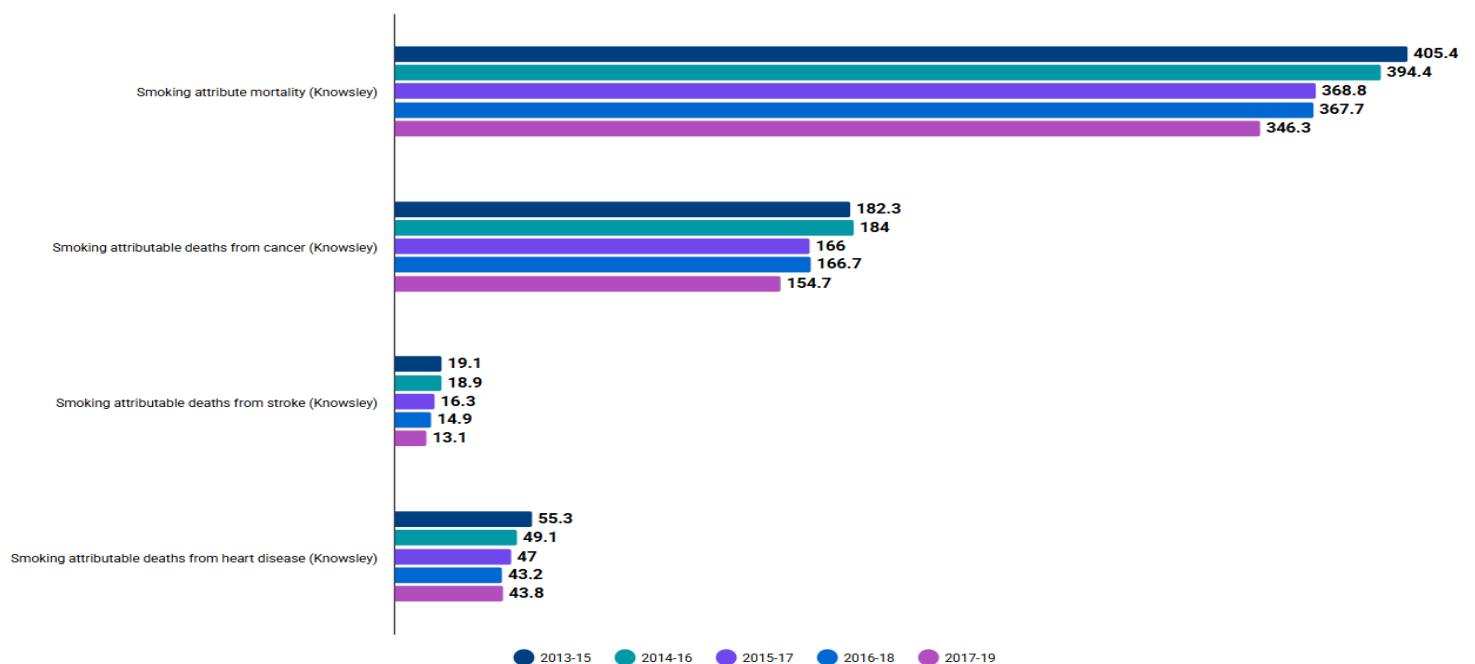
Despite the relative geographical closeness between Stockbridge and Roby, there is a huge contrast in the smoking figures. 27.7% of men in Stockbridge are current smokers, compared to just 11.1% in Roby. For those who have been exposed to smoking, Stockbridge's figure is 54.1%, which is significantly higher than Roby's 37.2%.

There are other data sources to determine smoking prevalence in Knowsley. Data from the Annual Population Survey (APS) shows that the percentage of male smokers aged 18+ (2024) in Knowsley is 13.5%^{cxli}. The previous year (2023) was 5.8%, however, with the wider data we have, it's likely that 5.8% understated the prevalence. In 2022, the percentage was 12.4%, and the average between 2011-2023 was 17.8%.

According to 2017-19 data, Knowsley has the 5th highest smoking attributable mortality rate (346.3 per 100k population) in England^{cxlii}. This is worse than both the North West (247.5) and England (202.2) figures. Although there's no breakdown by sex, there is smoking attributable mortality rates by disease. The mortality rates by disease are higher in Knowsley than both the North West and England. In particular, smoking attribute deaths from cancer are significantly higher.

Data (2017-19 per 100k population)	Knowsley	North West	England
Smoking attributable deaths from cancer	154.7	107.6	89.6
Smoking attributable deaths from stroke	13.1	10.3	9.0
Smoking attributable deaths from heart disease	43.8	37.1	29.3

Although Knowsley performs worse in comparison to the North West and England, by focusing solely on the local picture, there has been a significant reduction in each figure from 2013-15 to 2017-19.

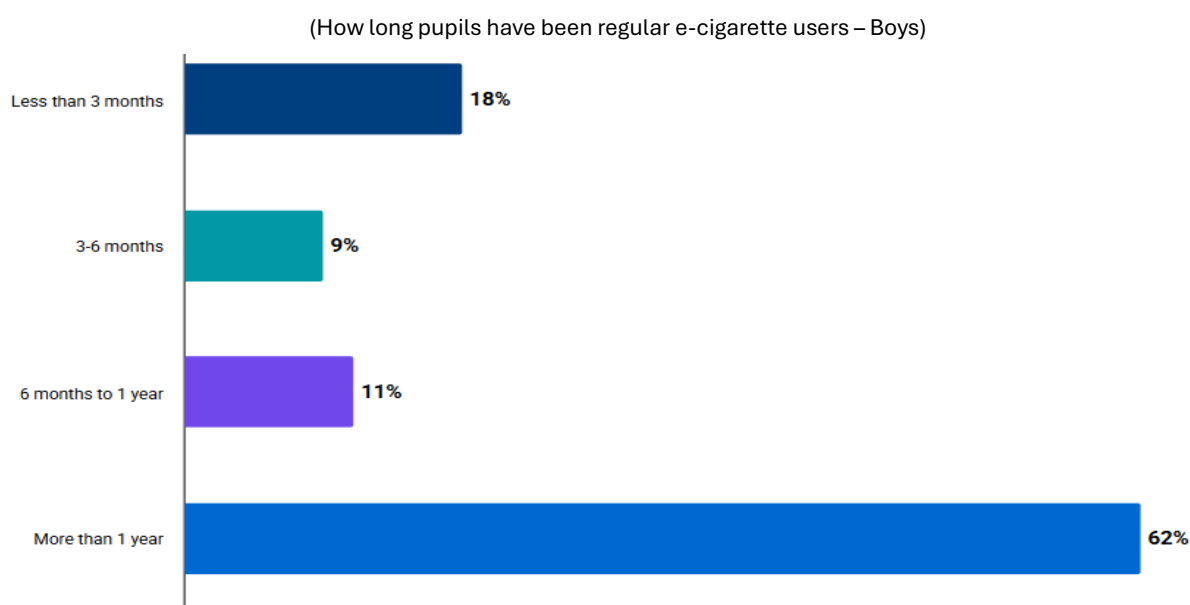


Vaping

The emergence and use of e-cigarettes have received a mixed reaction. For those using e-cigarettes to reduce or eliminate tobacco cigarette use, it has been beneficial and has helped people to reduce or stop smoking. Evidence indicates e-cigarettes are far less harmful^{cxlii}, however, there is wider concern that some of those using e-cigarettes aren't doing so to reduce or stop smoking. In the process, they're exposed to the dangers of vaping and they're potentially developing a dependency on nicotine. This is especially evident for children and young people.

For male secondary school pupils in England, between age 11 and 15, 7% are current e-cigarette users and 22% have used an e-cigarette at some stage^{cxliii}. Both figures are more than double their equivalent for tobacco cigarette use. If pupils were using e-cigarettes rather than tobacco cigarettes, this would be viewed as a less harmful behavioural choice. However, the survey data (2023) shows that just 4% of boys started regularly smoking tobacco cigarettes before first trying e-cigarettes. This compares to 10% in 2021. Those who started regularly smoking tobacco cigarettes *after* first trying e-cigarettes is 5%.

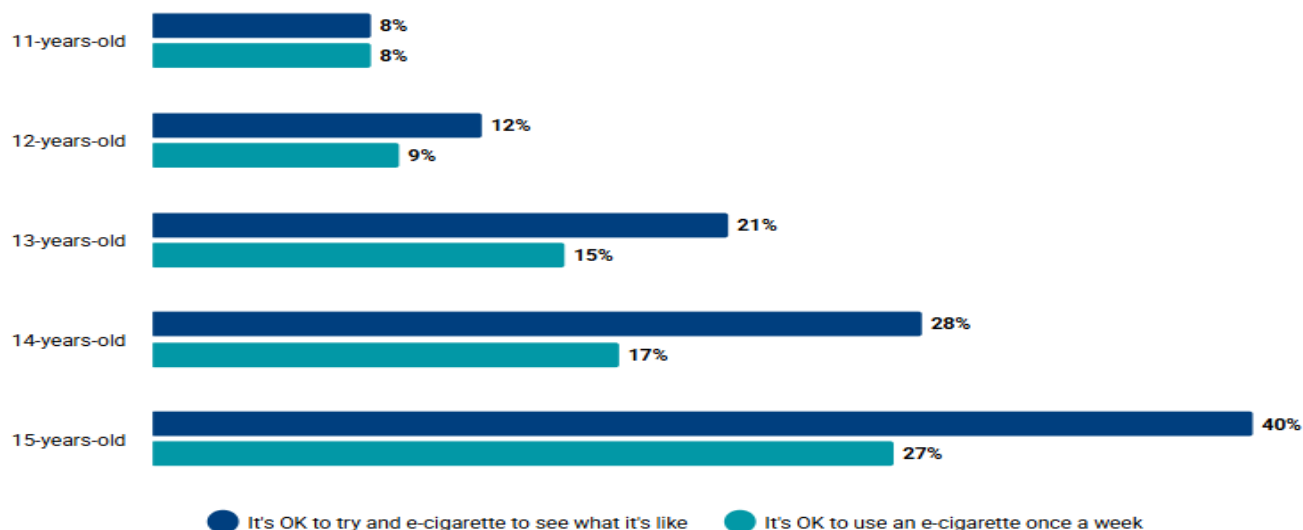
In comparison, 11% of female secondary school pupils in England (between age 11 and 15) are current e-cigarette users and 27% have used an e-cigarette at some stage. Both figures are higher than the male equivalent. Females are also slightly more likely (6%) to have started regularly smoking tobacco cigarettes before first trying e-cigarettes. The majority of boys who are regular e-cigarette users have been using long-term. 62% have been regular users for more than a year.



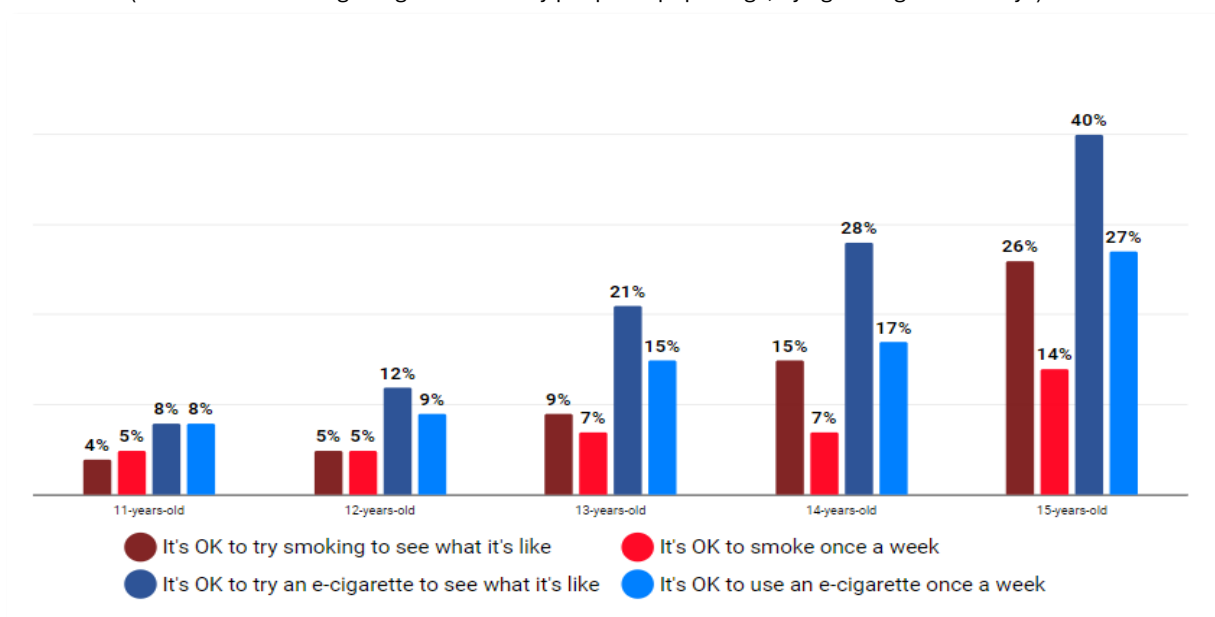
As with smoking, the data shows that the older a pupil becomes, the more likely they are to think it's OK to use an e-cigarette. For boys aged 11, 8% believe it's OK to try an

e-cigarette to see what it's like. 8% also believe it's OK to use an e-cigarette once a week. This compares to 40% of those aged 15 who believe it's OK to try an e-cigarette to see what it's like, and 27% who believe it's OK to use an e-cigarette once a week.

(Attitudes to e-cigarettes use by people of pupil's age, by age and gender – Boys)

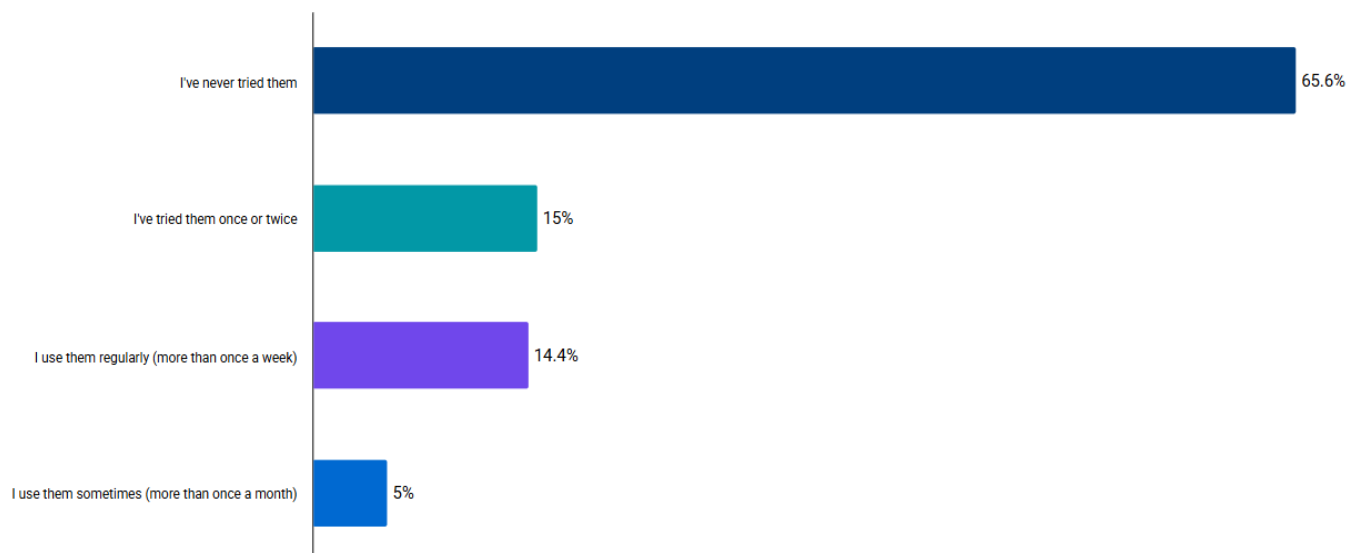


(Attitudes to smoking/e-cigarettes use by people of pupil's age, by age and gender – Boys)



Although the national and regional data is valuable, the best available vaping data for boys in Knowsley was published by Mustard in 2023^{cxliv}. Despite the use of e-cigarettes being a huge concern amongst young people, the majority of male respondents (65.8%) have never tried vaping. 19.4% either regularly (more than once a week) or occasionally (more than once a month) use e-cigarettes. In comparison, female participants are much more likely to have tried vaping. Just 39.8% claimed they've never tried e-cigarettes, whereas 33% stated they were either regular or occasional users.

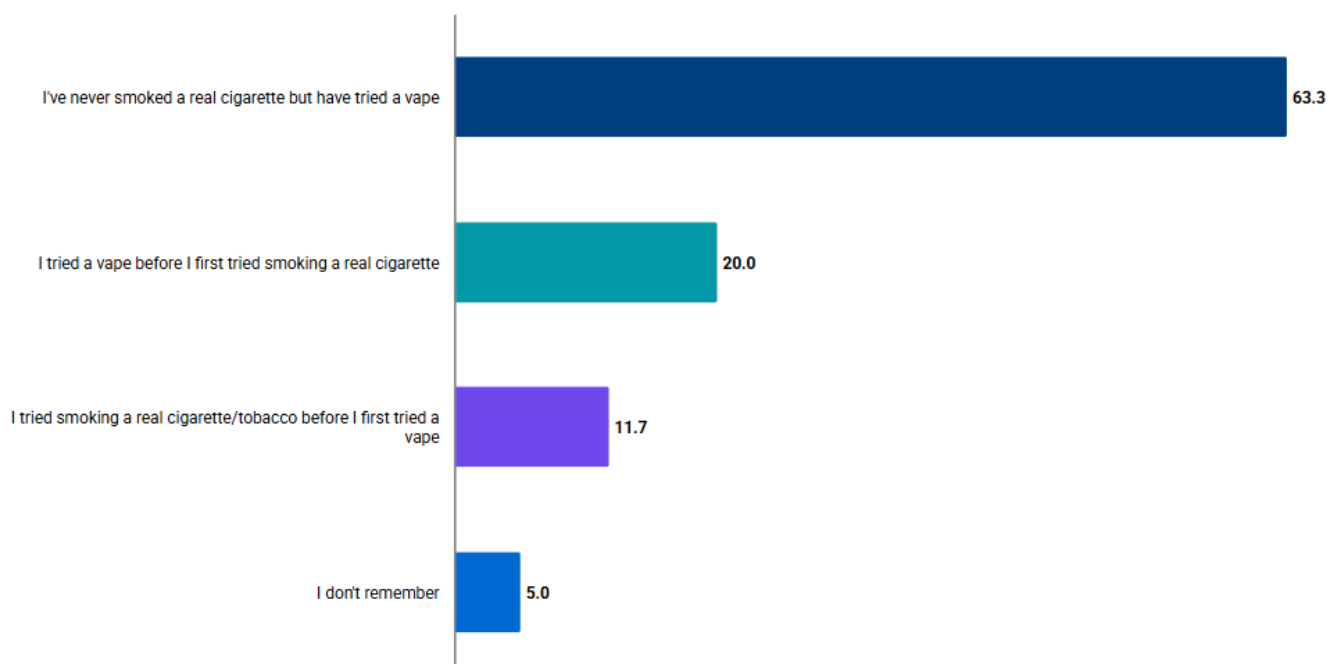
(Which of the following best describes your experience of vapes? – Male)



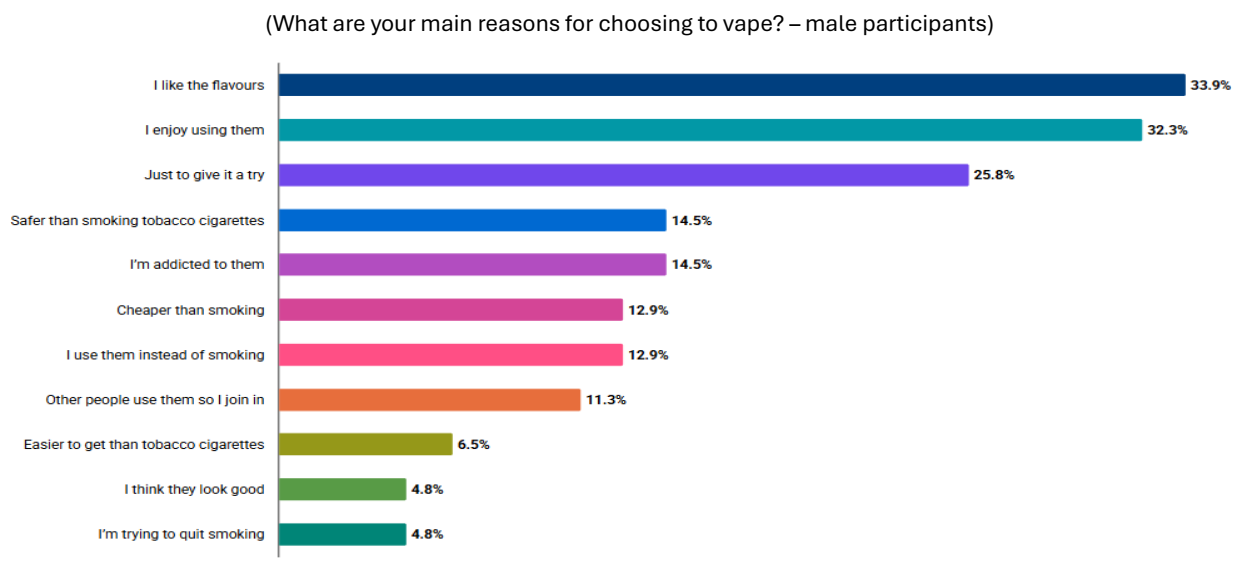
There is a mixture of reasons why those aged 14 to 17 choose to vape. It's important to exercise caution when drawing conclusions from the percentages, as although it's the best available data at a Knowsley level, the data is generated from a limited sample size, so it will unlikely be representative of the Knowsley population.

For those who have used an e-cigarette, 63.3% have never smoked a real cigarette but have tried a vape. From a positive perspective, despite the associated risks, if a young person is going to engage in harmful behaviour, it's preferable that they use an e-cigarette rather than a tobacco cigarette, as the evidence suggests this is a less harmful behaviour. However, e-cigarette use is encouraged as a less harmful activity to stop smoking. Many of the participants who have tried an e-cigarette may not necessarily be attracted to tobacco cigarettes, therefore, there's concern that young people are engaging in harmful behaviour that they otherwise wouldn't be attracted towards.

(Which of the following applies to you?)



Arguably, the data obtained by asking participants for their main reasons for choosing to vape supports the idea that many (though not all) of those who use e-cigarettes aren't necessarily attracted to tobacco cigarettes. Participants were able to select multiple options. Male participants liking the flavour was the main reason participants choose to vape, followed closely by enjoying usage. 14.5% of respondents stated one of the main reasons they choose to vape was because they're safer than smoking tobacco cigarettes. Just 4.8% are using an e-cigarette as they're trying to quit smoking. Wider data from the survey suggests that restrictions on flavours and disposable e-cigarettes will reduce attraction, however, due to the addictive nature of nicotine, many young people who have already developed a dependency may not necessarily be deterred by future restrictions.

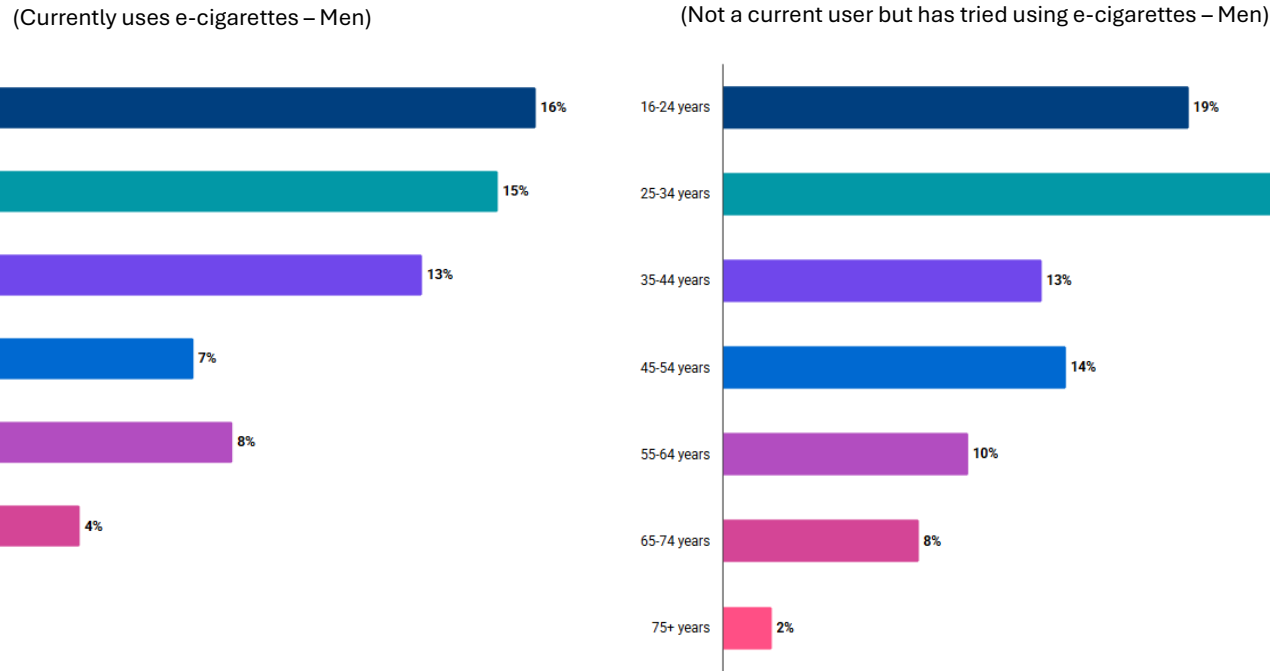


In addition to the above data, Councillor Gary Bennett attended 'Our Place' in October 2024 to meet Knowsley Young People's Health Steering Group, in order to gather vaping insight from young people. Some of the findings included:

- Vaping is widespread in Knowsley.
- Young people see it as a regular thing that people do.
- It's used as a coping mechanism.
- They're attractive to look at and the flavours are appealing.
- Although there's awareness, the health risks do not concern them.
- Addiction posed a concern to attendees.
- They don't like vapes being villainised.
- There will always be an appeal in risk taking behaviour amongst young people.

For men, the availability of e-cigarette data is limited, particularly local data. The Health Survey for England provides data on the nation’s health. Data (2022) shows that 10% of all adult men (aged 16 or over) currently use e-cigarettes, which is higher than the female equivalent, which is 8% of all women^{cxlv}. 14% of all men claimed they’re not a current user, but they have tried using e-cigarettes, which is also higher than all women at 11%.

Generally, the younger a male is, the more likely they are to be a current e-cigarette user. This is also true of those who aren’t current users, but who have tried e-



The data also shows that just 3% of those who have ‘never regularly smoked’ are current e-cigarette users whereas 24% of current smokers also currently use e-cigarettes.

One of the concerns about e-cigarettes is the availability of illegal vapes. In a presentation delivered on 21 January 2025, Knowsley Trading Standards confirmed that as part of ‘Operation Joseph’, 102 premises inspections had taken place since 1 January 2023^{cxlvi}. 42 premises inspections resulted in illegal vapes being seized. This amounted to a total of 12,621 disposable vapes seized.

Alcohol

The latest national survey data shows the proportion of boy pupils who have had an alcoholic drink (2023) is 36%^{cxlvii}. As the wording of the question changed in 2016, only the previous 4 reporting years are directly comparable. The average for boys between 2016 – 2023 is 40.1%. For girl pupils, the latest figure is 38% and the average between 2016-2023 is 42.2%.

Prior to 2016, to identify if a pupil had consumed alcohol, the question was:

“Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don’t count drinks labelled low alcohol.”

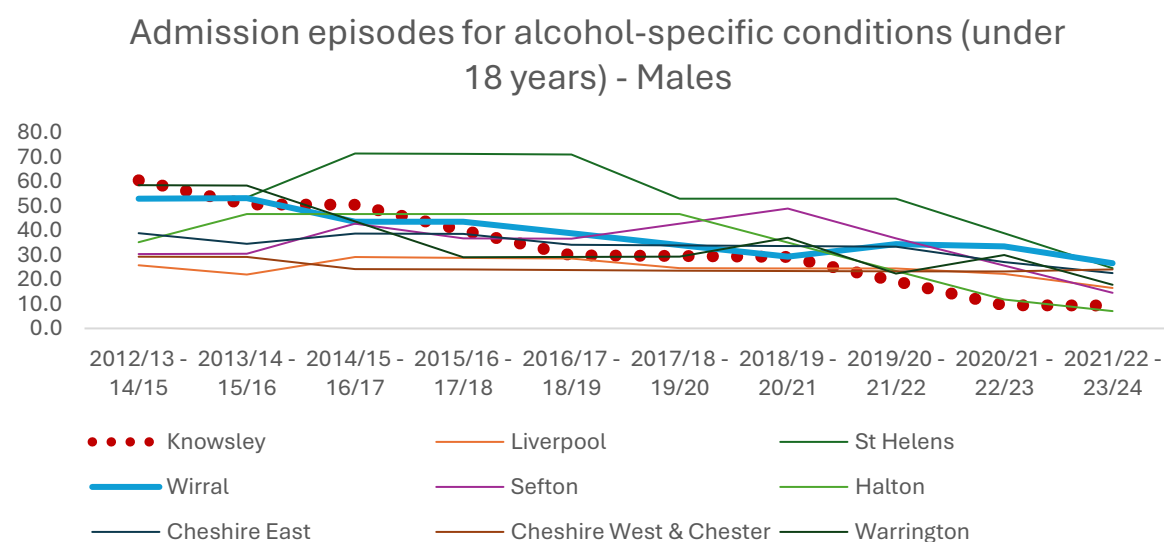
From 2016, the question was reworded to:

“Have you ever had an alcoholic drink – a whole drink, not just a sip?”

Although not comparable, large directional changes can be observed, as the impact of the new wording is small in comparison. In this context, it’s interesting to note that the average for boys from 1988 to 2023 was 53.5%. Unsurprisingly, the data shows that boys are more likely to have consumed alcohol as they age.

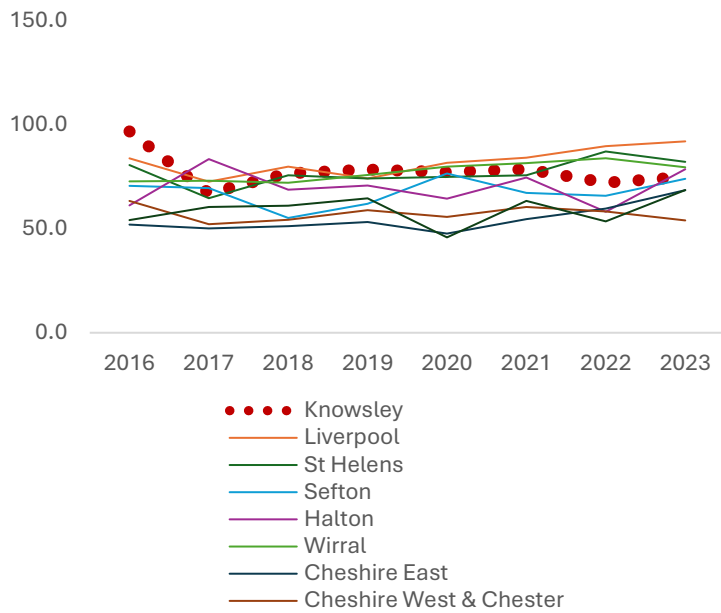
The local data also shows that most boy pupils don’t drink alcohol just to get drunk, nor do they think it is normal to get drunk. However, over a quarter (27.2%) of male respondents stated they’re not really worried about the long-term health effects of drinking alcohol.

In Knowsley, the admission episodes (crude rate per 100,000) for alcohol-specific conditions amongst males was 9.4 for 2021/22 – 2023/24. This is the second lowest rate in C&M.

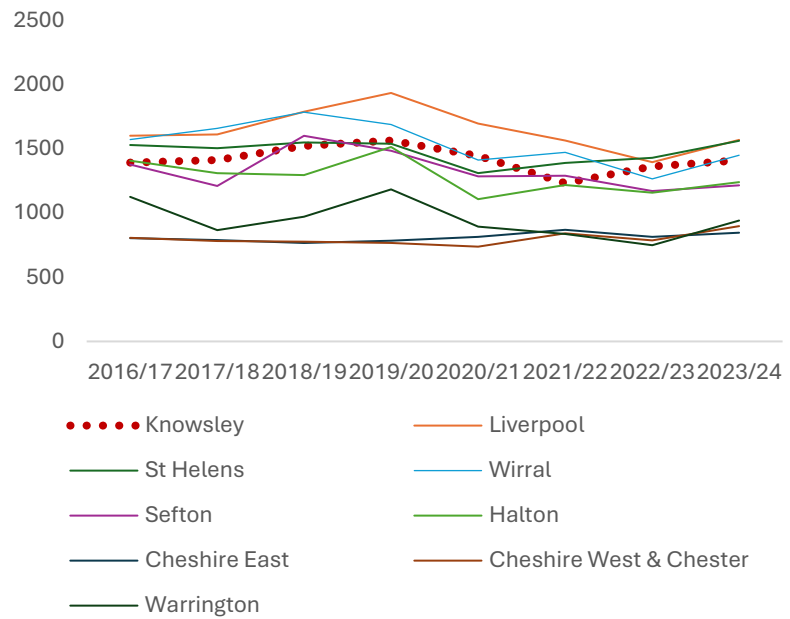


In 2023, Knowsley had the 4th lowest (74.9) alcohol-related mortality rate for males across C&M, whereas for admission episodes for alcohol-specific conditions, males in Knowsley have the 4th highest rate (1407.5) across C&M^{extlviii}. This refers to hospital admissions where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition. Across both metrics, Knowsley’s male rates are higher than the North West and England equivalents. Within Knowsley, the data shows this is a significantly bigger issue amongst males compared to females.

Alcohol-related mortality - Males, all ages, directly standardised rate, per 100,000

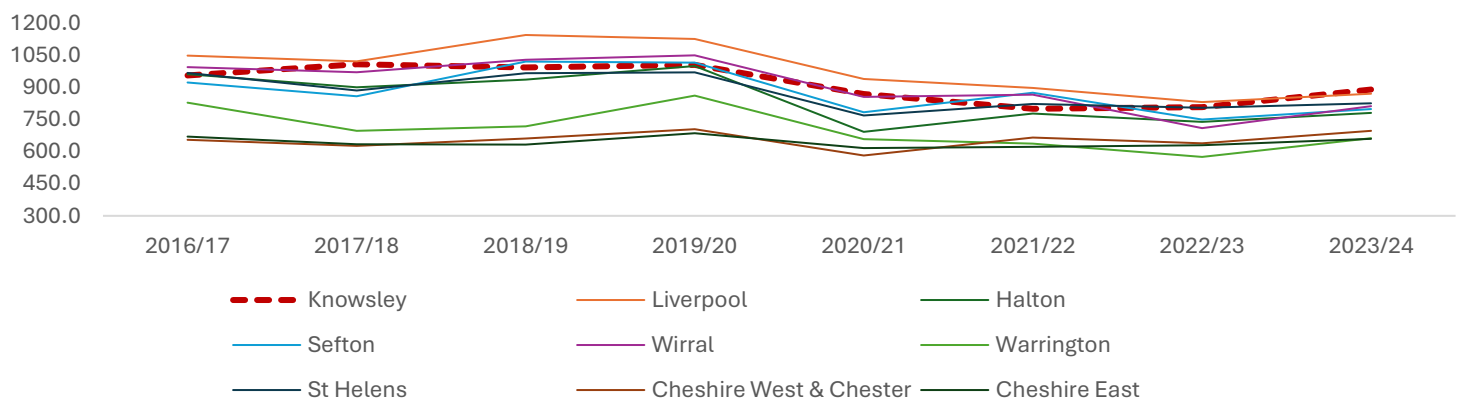


Admission episodes for alcohol-specific conditions - Males - All ages - Directly standardised rate, per 100,000

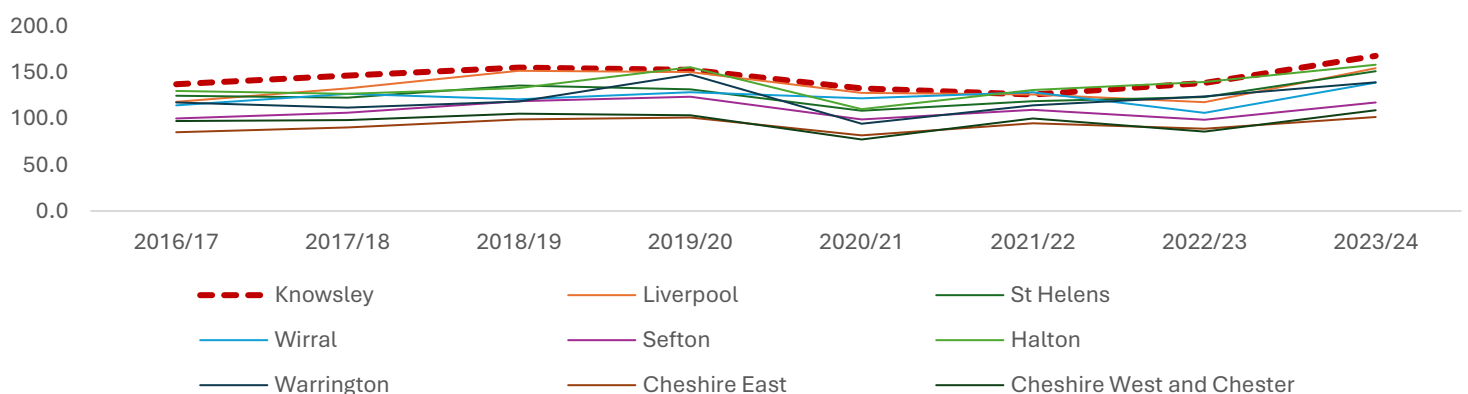


For 2023/24, Knowsley had the highest admission rate (889.3) amongst men for alcohol-related conditions across C&M^{oxlix}. The Knowsley male rate has increased each year since 2021/22. Furthermore, as with admissions for alcohol-specific conditions, the admission rate for alcohol-related conditions is a significantly bigger issue amongst males in Knowsley compared to females.

Admission episodes for alcohol-related conditions - Males - Narrow definition

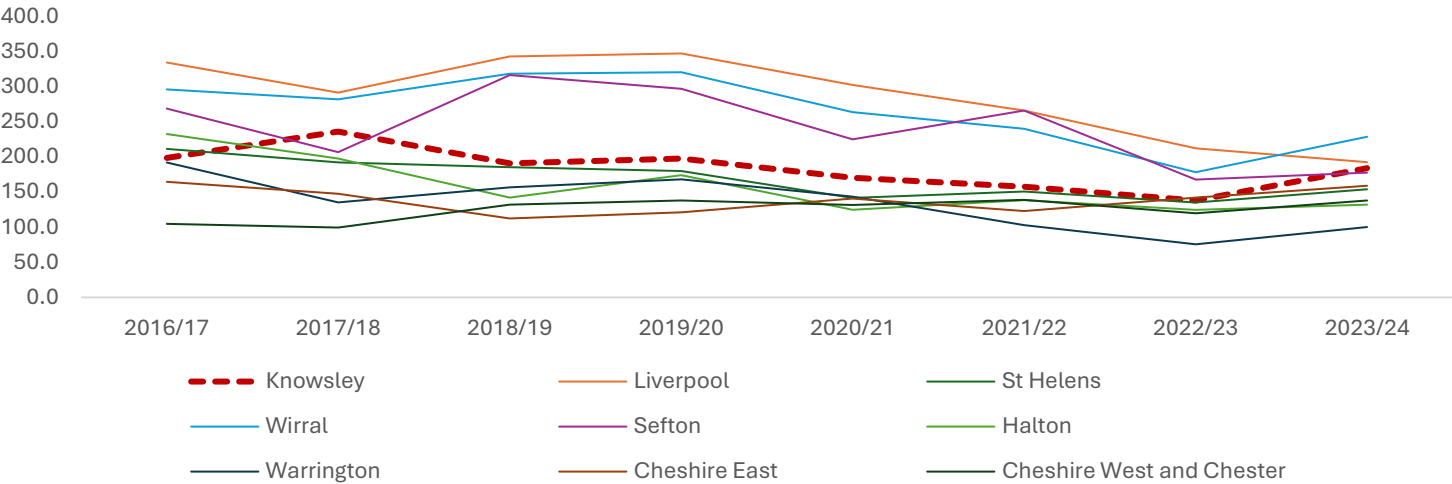


Admission episodes for alcohol-related unintentional injuries - Males - Narrow definition



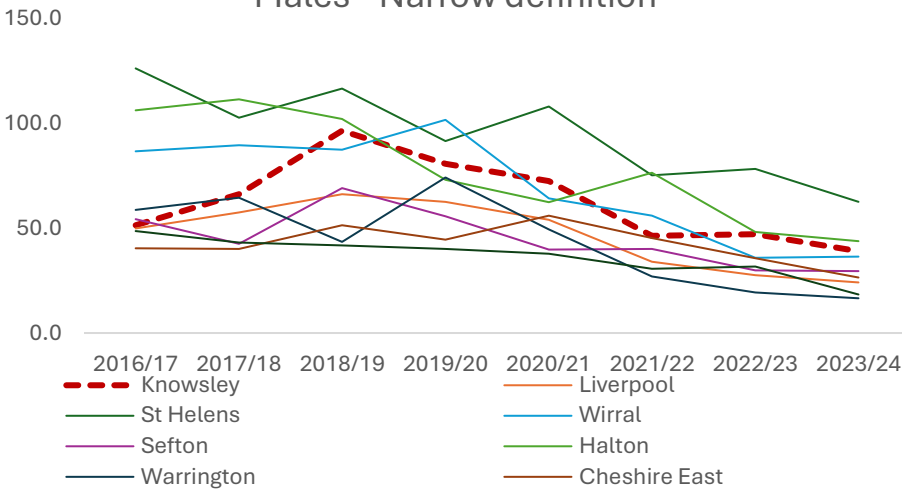
The admission rate for mental and behavioural disorders due to the use of alcohol for males (183.7) in Knowsley is the 3rd highest across C&M. In Knowsley, the percentage has increased by 33.3% from 2022/23 to 2023/24.

Admission episodes for mental and behavioural disorders due to use of alcohol - Males - Narrow definition



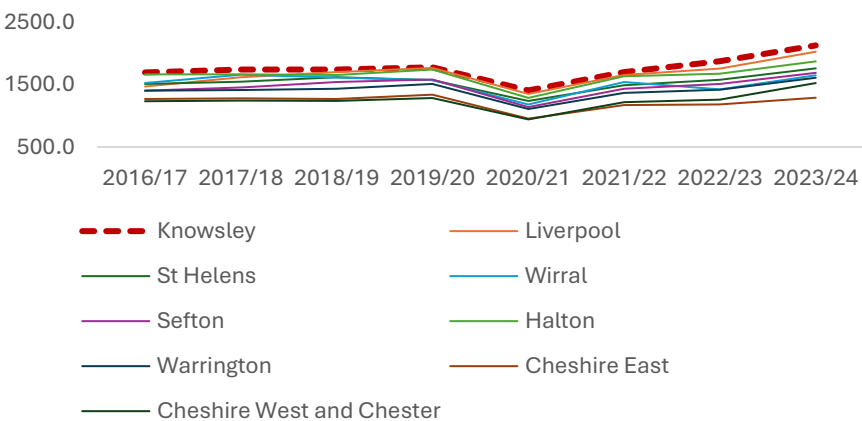
Knowsley has the 3rd highest rate (38.9) of admissions for intentional self-poisoning by and exposure to alcohol for males across C&M. Knowsley’s male rate has decreased by 17.4% between 2022/23 and 2023/24.

Admission episodes for intentional self-poisoning by and exposure to alcohol - Males - Narrow definition



Knowsley has the highest admission rate (1693.2) for alcohol-related cardiovascular disease amongst males in C&M. Not only has the rate increased each year since 2020/21, but the increase between 2020/21 and 2023/24 is 51.2%.

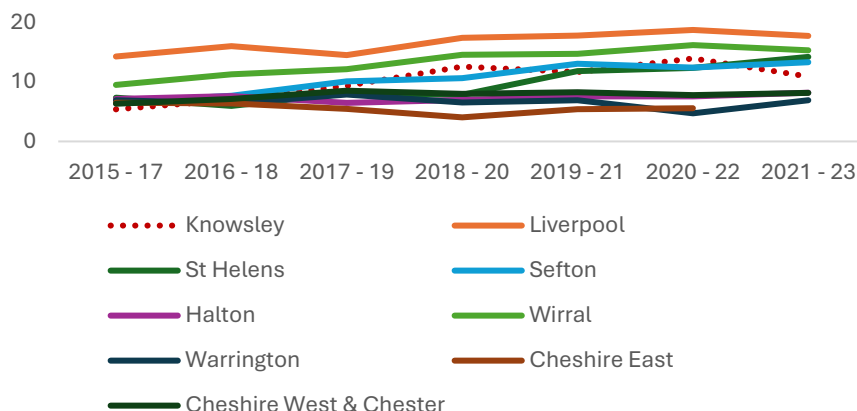
Admission episodes for alcohol-related cardiovascular disease - Males - Broad definition



Drugs

Although there is limited confidence in the data, Knowsley has the 4th lowest rate (10.9) for deaths from drug misuse amongst males in C&M. With regard to breakdown by sex within Knowsley, data for females is only available for two reporting years. From the available data, we can see there is a higher rate for males^{cl}. However, there are caveats to the data, including a wide gap in confidence intervals.

Deaths from drug misuse, Males, All ages, C&M comparison. Directly standardised rate, per 100,000



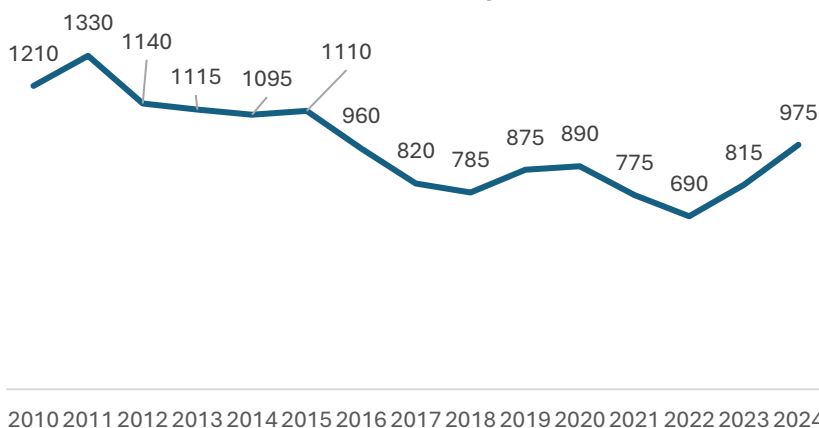
Unmet need refers to the proportion of people that are not in treatment, compared to those who are. For example, if there are 100 people struggling with alcohol dependency, and there are 60 people in treatment, the unmet need percentage is 40%, as there are 40 people who are not in contact with treatment.

In Knowsley, 2024 data show the percentage of unmet treatment need is:

- Crack only – 81%.
- Alcohol – 72.7%.
- Opiates only – 60.5%.
- Opiate and/or crack – 52.7%.
- Both opiates and crack – 34.9%.

2024 data shows there are 975 men (18+) in drug (opiate, non-opiate only, alcohol only, non-opiate & alcohol) treatment in Knowsley^{cli}. This is an increase of 160 men since 2023, along with an increase of 285 since 2022. However, long-term trends show a decrease, as all figures from 2010 to 2015 were 4 digits.

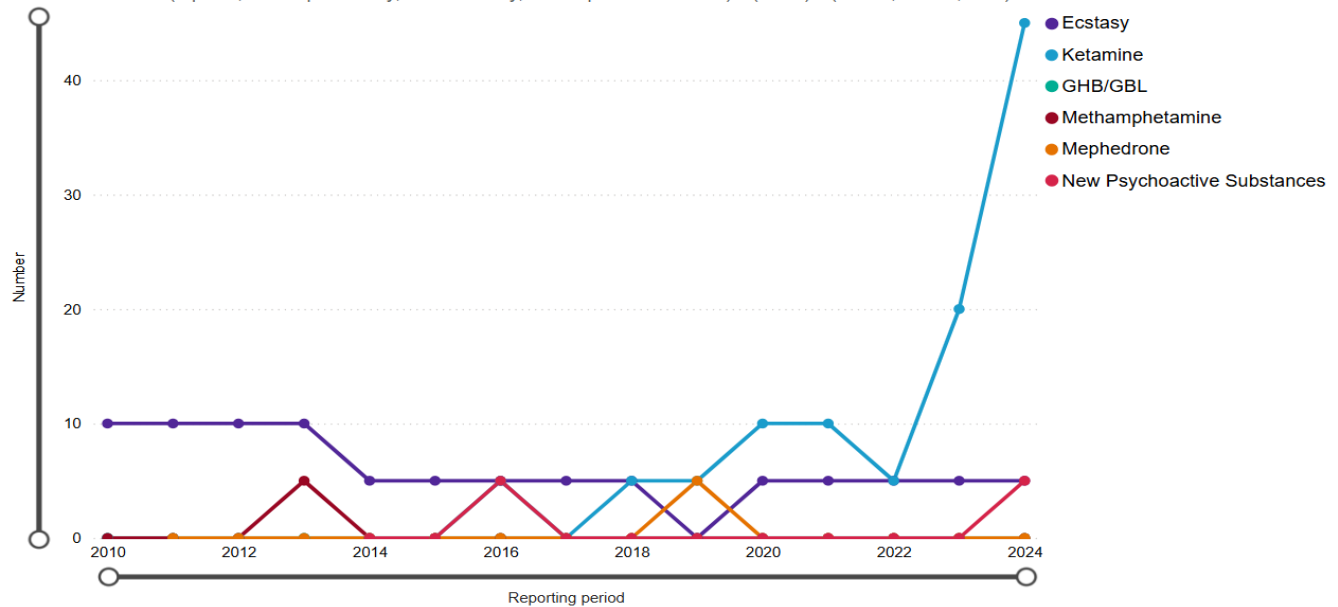
Adults in treatment (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - Male - Knowsley - 18+



Ketamine has also become a massive concern, not just in Knowsley, but across the country. In Knowsley, in 2021/22, there were 5 men in treatment for Ketamine. This increased to 20 in 2022/23, then 45 in 2023/24. The latest data shows that 66.7% of the males in treatment for ketamine in Knowsley are aged 18-29.

Club drugs and NPS

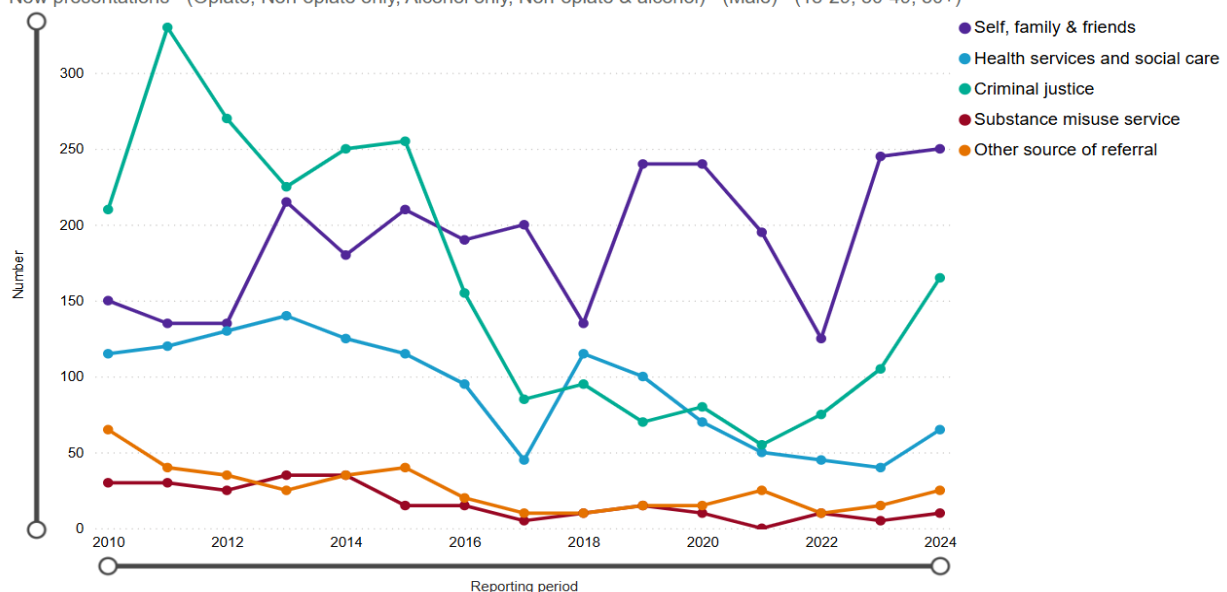
All in treatment - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male) - (18-29, 30-49, 50+)



In 2023/24, the biggest source of referral for treatment of all drugs amongst males aged 18+ was 'Self, family & friends'. However, for 'non-opiate only', criminal justice is marginally the biggest referral source.

Source of referral

New presentations - (Opiate, Non-opiate only, Alcohol only, Non-opiate & alcohol) - (Male) - (18-29, 30-49, 50+)



In 2023/24, there was a total of 55 boys (aged 17 or under) who presented to substance use treatment, which is more than double the 2022/23 figure of 25^{clii}. 72.7% of the referrals were for cannabis. The number of referrals for cannabis doubled from 20 in 2022/23 to 40 in 2023/24, however, figures show this does fluctuate across time. Interestingly, there were 5 referrals for ketamine in 2023/24, despite there being no recorded referrals for ketamine previously. For boys (aged 17 or under), in the absence of 2023/24 data, the 2022/23 data shows that youth/criminal justice was the biggest referral source for treatment.

Gambling

There are different terms used to describe problems with gambling. When gambling harms people who gamble, it's often labelled as 'problem gambling' or 'gambling addiction'^{cliii}. Another term which is commonly used is 'gambling harms', which refers to anything that negatively impacts the life of the person gambling, or the life of those around them. This may include financial difficulty, mental health problems, relationship issues, trouble at work and feeling isolated or alone^{cliv}.

Historically, if a person wished to place a bet, they would have to physically attend a bookmaker. However, in recent years, the rise of online gambling has meant it's more convenient and accessible for people to gamble. From the 2024 version of the Annual GB Treatment and Support Survey, 16% of adults surveyed in Great Britain were classified as experiencing any level of gambling problems^{clv}. This is measured through a Problem Gambling Severity Index (PGSI), which uses 9 items to measure levels of gambling behaviour which may cause harm to the person who gambles. It includes 'chasing losses', 'gambling causing health problems' and 'feeling guilty about gambling' amongst others. Each response accounts to a score (0-4) which is then used to calculate a PGSI score.

The nine items are as follows^{clvi}:

1. Have you bet more than you could really afford to lose?
2. Have you needed to gamble with larger amounts of money to get the same excitement?
3. When you gambled, did you go back another day to try and win back the money you lost?
4. Have you borrowed money or sold anything to get money to gamble?
5. Have you felt that you might have a problem with gambling?
6. Has gambling caused you any mental health problems, including stress or anxiety?
7. Have people criticised your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

8. Has your gambling caused any financial problems for you or your household?
9. Have you felt guilty about the way you gamble or what happens when you gamble?

The latest report also shows an increase in both usage of advice, support and treatment, along with demand. 31% of those who experience any level of gambling problems reported using advice, support and treatment in the previous 12 months, compared to 23% in 2023. The demand for it has increased from 23% in 2023 to 30% in 2024.

With regard to barriers, the biggest barrier to seeking advice, support or treatment was the perception that someone's gambling was not a problem. This was stated by 39% of those experienced any level of gambling problem. For those who reported 8+ PGSI, stigma (feeling embarrassed, ashamed or not wanting people to find out) was the most common (24%) barrier to seeking support. Although the report does state there are various barriers.

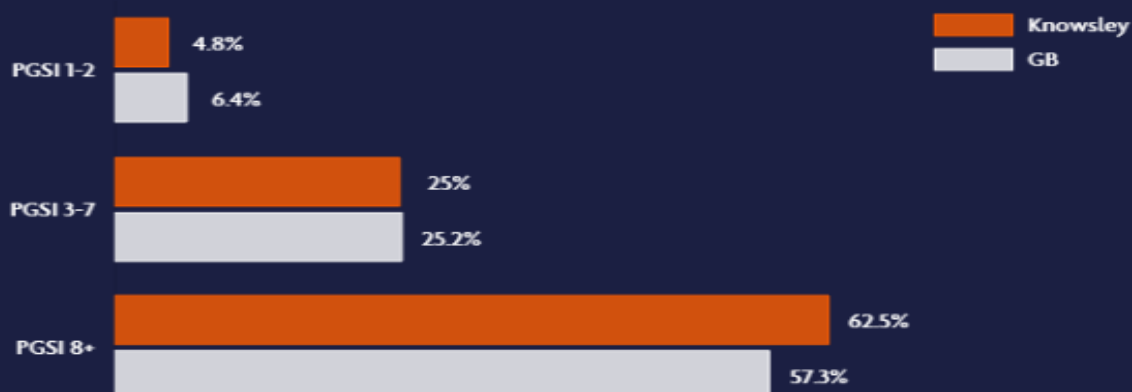
Based on the 2024 survey results, it's estimated that 8.5% of people in Knowsley have a PGSI score of 1-2 (low risk), compared to 7.2% across GB. 3.2% have a PGSI score of 3-7 (moderate risk), compared to 4.1% across GB, and 2.3% have a PGSI score of 8+ (problem gambling), compared to 3.4% across GB^{clvii}. Based on research by GambleAware, YouGov and the National Institute of Economic and Social Research, the estimated fiscal cost of 'problem gambling' in Knowsley is £2.6m per year^{clviii}.

The demand for treatment and support amongst those who gamble and would like access is relatively similar in Knowsley to GB. However, there are more stark differences when looking at those who have accessed treatment or support in the last year, particularly amongst those with a PGSI score of 8+.

(Images from GambleAware local authority dashboard, Knowsley)

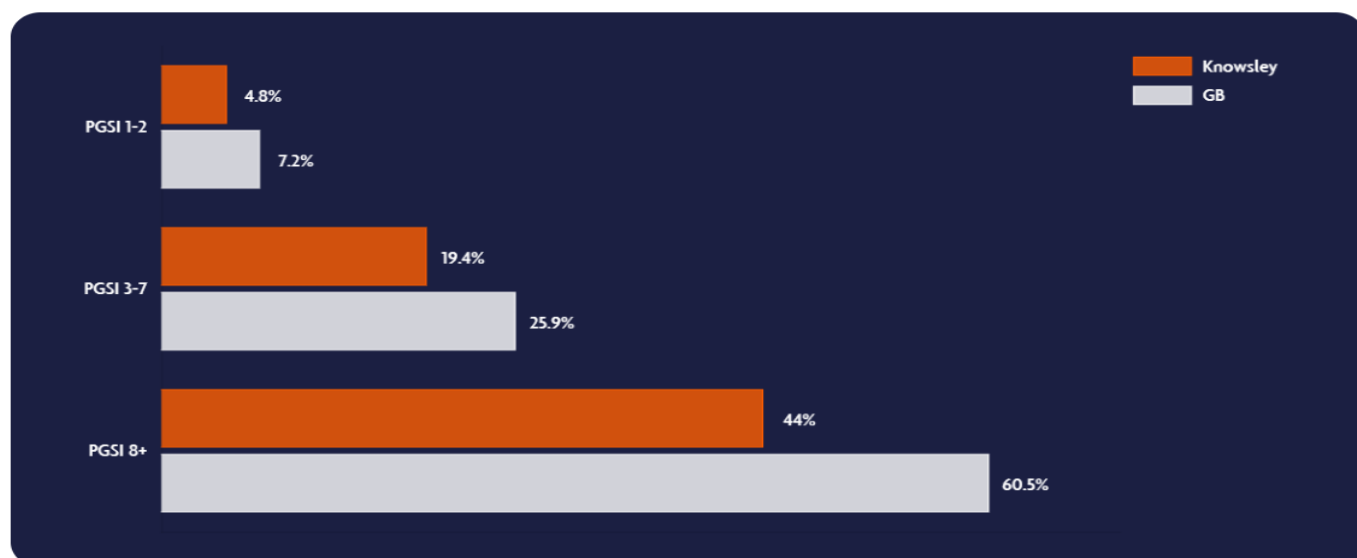
Demand for treatment and support

Proportion of adults who gamble and would like access to treatment or support, by level of gambling problems.



Usage of treatment and support

Proportion of adults who gamble who have accessed treatment or support in the last year, by level of gambling problems



In 2018, 54% of the adult population in England gambled, which reduces to 40% when excluding the National Lottery^{clix}. Men are more likely to gamble than women, particularly with regard to online gambling, where 15% of men participate compared to 4% of women^{clx}. An evidence review of gambling related harms found those who are classified as gambling are at elevated risk levels and experiencing problem gambling are typically male and in younger age groups. The socio-demographics of gamblers also appears to change as the risk of gambling increases. Harmful gambling is associated with people who are unemployed and living in more deprived areas. Within the evidence review, there was a high degree of confidence that risk factors for subsequent harmful gambling include impulsivity (a cognitive trait), substance use (alcohol, tobacco, cannabis and other illegal drugs), being male and experiencing depression^{clxi}.

Within the evidence review summary, it's mentioned that two quantitative studies report that deaths from suicide were significantly higher amongst adults with gambling disorder/problems compared to the general adult population. Additionally, qualitative studies also supported a link between gambling and suicide/self-harm.

Furthermore, follow up qualitative research with 11- to 17-year-olds after the annual Young People and Gambling survey found teenage boys to be at heightened risk of exposure^{clxii}. The research found boys often engage more intensely in gaming, which increases their exposure to gambling-like features and in-game purchases. They were also more interested in football, which heightens their exposure with links between football clubs, betting apps and sponsorship by gambling organisations. Additionally, the research found that young people are encountering gambling advertisements on social media, when checking live results and through watching content creators gamble and sharing the outcome of high-stake games^{clxiii}.

Masculinity

In a report titled ‘Lost Boys’, Andy Cook (Chief Executive) of the Centre for Social Justice states that “We need strong fathers, mentors, and role models. We need a culture that values the unique contributions of men and supports boys to grow into good, responsible adults^{clxiv}”.

In recent times, ‘masculinity’ and the role of boys and men in society have received increasing attention. Defining masculinity isn’t easy, but it’s usually associated with stoicism, dominance and self-reliance^{clxv}. Masculinity becomes problematic when it prevents boys & men from seeking the necessary help and support. This is sometimes referred to as ‘toxic masculinity’. In August 2023, from an online study of 3.7k adults aged 16+, 67% said they’ve heard a lot or a little about ‘toxic masculinity’^{clxvi}. Younger people were more likely to have heard of it, with 60% of 16- to 24-year-olds saying they’ve heard or read a lot about toxic masculinity, which is 3x the proportion of those aged 55+ who say the same.

‘Toxic masculinity’ can be particularly evident with respect to mental health. Displaying emotional vulnerability is traditionally viewed as unmasculine, therefore, accepting and requesting help for a mental health condition can be difficult and internally perceived as disempowering. This may also extend to physical health. ‘Man up’ is a commonly used phrase, but it isn’t always appropriate. Being told to ‘man up’ may encourage someone to ignore symptoms, avoid checkups and take physical risks that could harm one’s health.

In football and sport as whole, there has been a movement to recognise and manage concussions in the safest possible way. Dr Judith Gates helped set up Head for Change and is a founder and trustee of Head Safe Football. Judith was a carer for her late husband, Bill Gates, who was an ex-professional footballer who suffered from probable CTE before his passing. Judith has spoken about cultural attitudes, stating:

“The phrase ‘man up’ in Bill’s day would have been the cultural norm. I think it’s somewhat optimistic to think that cultural norm is significantly shifting — I think there is still a long way to go. One of the challenges for football is that often these outcomes that are a result of sports-related head injuries don’t manifest themselves until 20 or 30 years after playing, so then you’ve got the delayed outcomes which feed the notion that ‘nothing will really hurt me’ and the ‘man-up’ perspectives linger on. What I’d be saying to younger players is please take this head injury issue seriously, because we thought Bill was indestructible and we have learnt that he isn’t”^{clxvii}.

Loneliness and the potential negative consequences have also gathered more attention in recent years. In a study, it was found that older men were slightly less likely to score as lonely compared to older women when asked 3 questions that didn’t explicitly use the word ‘lonely’, however, when asked directly using the term, far fewer men saw themselves as lonely^{clxviii}. This shows that the use of language and the framing of support is arguably critical, as it may be difficult for boys and men to accept certain labels, which may prevent them from asking for help to obtaining support.

There are other aspects of a masculine identity which may also be problematic, involving negative risk-taking behaviour. For example, aggressiveness in the form of dangerous driving, including not wearing a seat belt and glorifying recklessness. According to Karen Donnelly, a psychologist based in Australia, there are several factors that spur young men to take risks, including^{clxix}:

- **“Sensation-seeking** – young men are more likely to seek new and exciting experiences that provide a thrill. This sensation-seeking behaviour is linked to dopamine, a neurotransmitter responsible for pleasure and reward in the brain.
- **Peer pressure** – Young men are often influenced by their peers to engage in risky behaviours, as they want to fit in and be accepted by their social group. Being part of a social group is very important for young people as they try to develop independence and autonomy from their family.
- **Overconfidence** - Young men tend to overestimate their abilities and underestimate the risks associated with their actions. This is because they have a sense of invincibility; young people tend to see death as a long way off and other negative outcomes or injuries as less likely to impact them as they feel healthy, fit and indestructible.
- **Emotional regulation** - Young people often have difficulty regulating their emotions, which can lead to impulsive decision-making. The prefrontal cortex, which is responsible for decision-making and impulse control, is not fully developed until the mid-20s.
- **Masculinity** - Young men are often socialised to believe that risk-taking is a sign of masculinity. This can lead to a desire to prove oneself and take risks to demonstrate courage and strength.
- **Testosterone** – Studies have suggested that testosterone may influence risk-taking behaviour in both men and women. In men, higher levels of testosterone have been associated with increased risk-taking behaviour, such as engaging in activities like skydiving or bungee jumping and taking financial risks”.

There is a range of organisations and charities focused on supporting the wellbeing of boys & men, including Future Men and Gosh Boys. In 2023, Dr Fiona O’Rourke and Dr Craig Haslop of the University of Liverpool launched a #Men4change interactive toolkit, which “supports young men in critically exploring and understanding masculinity, encouraging them to recognise and tackle harmful gender norms and behaviours both online and offline”^{clxx}. The toolkit is designed for youth leaders, activists and other professionals who work with young men.

Both a personal and societal view of what masculinity is, along with the characteristic a male should possess can impact behaviour. It's normal to have different perspectives, however, masculinity becomes toxic when it discourages boys & men to seek help when needed. This can lead to unnecessary suffering and poorer health outcomes. Ensuring boys and men feel able to obtain help and support is crucial for their current and future wellbeing.

Learning Disabilities

As defined by the Department of Health and Social Care (DHSC) in a 2001 publication, a learning disability is a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood with a lasting effect on development^{clxxi}.

Mencap, which is a charity for people with learning disabilities define a learning disability as “a reduced intellectual ability and difficulty with everyday activities – for example, household tasks, socialising or managing money – which affects someone for their whole life”^{clxxii}. They also explain that people with a learning disability “tend to take longer to learn and may need support to develop new skills, understanding complicated information and interact with other people”^{clxxiii}.

A learning disability may present in varying levels; mild, moderate, severe or profound. If there are two people with a learning disability, which is classified in the same category, there still may be significant differences in how it presents and the overall impact. Some people with a learning disability can work and live independently, however, there are also people with a learning disability who require substantial support each day. A diagnosis may be detected in childhood, though there are people who obtain remain undiagnosed until adulthood.

Learning disabilities are often confused with learning difficulties. However, there is an importance distinction. A learning disability is a lifelong condition, whereby a person has a reduced intellectual ability. A learning difficulty *does not* impact a person's intellectual ability. For example, dyslexia is a learning difficulty, which primarily affects reading and writing skills^{clxxiv}. A person living with dyslexia has the intellectual potential to understand and engage with texts, however, they may have specific barriers to overcome that a person without a learning difficulty would not. Although there is a difference between the two, it's important to note that a person with a learning disability may also have one or more learning difficulties.

There is a slightly higher percentage of people living with a learning disability in Knowsley, compared to the North West and England. NHS England data from 2023/24

shows the percentage of people in Knowsley diagnosed with a learning disability is 0.7%, which amounts to 1,108 people^{clxxv}. This is similar but higher than the North West and England figures, which are both 0.6%. Within Knowsley, GP data indicates around 61% of those living with a learning disability are male^{clxxvi}.

Huyton has the highest number of people living with a learning disability, along with the greatest proportion, however, when looking the proportion of the total population (including those not living with a learning disability), Kirkby has the highest percentage of people living with a learning disability in Knowsley.

CIPHA, August 2025

Area	People living with a Learning Disability	% of the LD population
Kirkby	375	33.8%
Huyton	424	38.3%
Prescot, Whiston and Cronton	167	15.1%
Halewood	142	12.8%

As health inequalities are an issue across the borough, it's important for us to identify and tackle any barriers a person living with a learning disability may have to good health. One way of doing so is through an 'Annual Health Check' (AHC)^{clxxvii}. If an individual is over the age of 14, and they're on their GP surgery's Learning Disability Register, they're entitled to an AHC. This is an opportunity for a person with a learning disability to discuss any concerns with their doctor. Many people who attend the appointment aren't suffering ill-health, but they may benefit from being able to discuss any issues in their early stage, which would prevent them from becoming more problematic. Within the previous NHS Long Term Plan, increasing the uptake of AHCs to at least 75% was an aim^{clxxviii}. Within the new 10 Year Health Plan, it's mentioned that care from a neighbourhood team will improve the life outcomes of those living with a disability (including a learning disability) through more holistic, on-going support^{clxxix}. This is part of the government's vision of a neighbourhood health service, which focuses on prevention through bringing care into local communities.

With regard to people with a LD having a GP health check, Knowsley is performing better than both the North West and England. From 2018/19 data, 63.9% of eligible adults in Knowsley had a GP health check, which is higher than the North West (52.8%) and England (52.3%) figures^{clxxx}.

Knowsley has a higher proportion (6.32 per 1,000 population) of adults (aged 18+) with a learning disability receiving long-term support from a local authority^{clxxxi}. In comparison, the North West figure is 3.92 and England is 3.46.

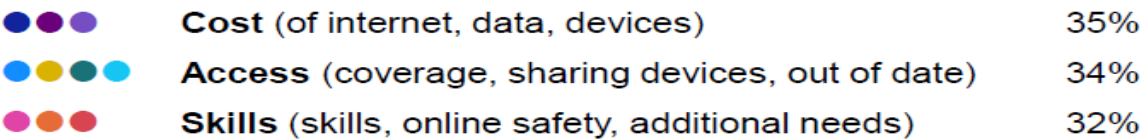
For school aged pupils, the percentage of those with a learning disability is significantly higher in Knowsley. 10.3% of pupils in Knowsley have a learning disability, compared to 5.8% in the North West and 5.6% in England^{clxxxii}. This figure is calculated across primary, secondary and special schools. Although the data is from 2017, Knowsley’s percentage is the highest across England.

Digital Exclusion

There are different definitions of digital exclusion and what it entails. In 2023, the House of Lords’ Communications and Digital Committee noted that digital exclusion “typically refers to sections of the population not being able to use the internet in ways that are needed to participate fully in modern society”^{clxxxiii}.

Across Knowsley, the availability of gigabit-capable broadband is high, with availability extending to 96.2% of addresses^{clxxxiv}. Although some service providers may offer discounted packages for those in receipt of certain benefits, affordability is potentially a barrier for some people, particularly given the level of income deprivation in Knowsley.

In October 2024, a survey titled ‘Let’s Talk about Getting Online in Knowsley’ was launched, which remained live for 6 weeks. This was distributed in 35 community venues across the borough, attracting 494 responses, 301 of which were paper entries. From data collected from participants who reported barriers, there doesn’t appear to be one particular barrier to using the internet. The barriers were categorised as ‘cost’, ‘access’ and ‘skills’, with each theme receiving a similar percentage^{clxxxv}.



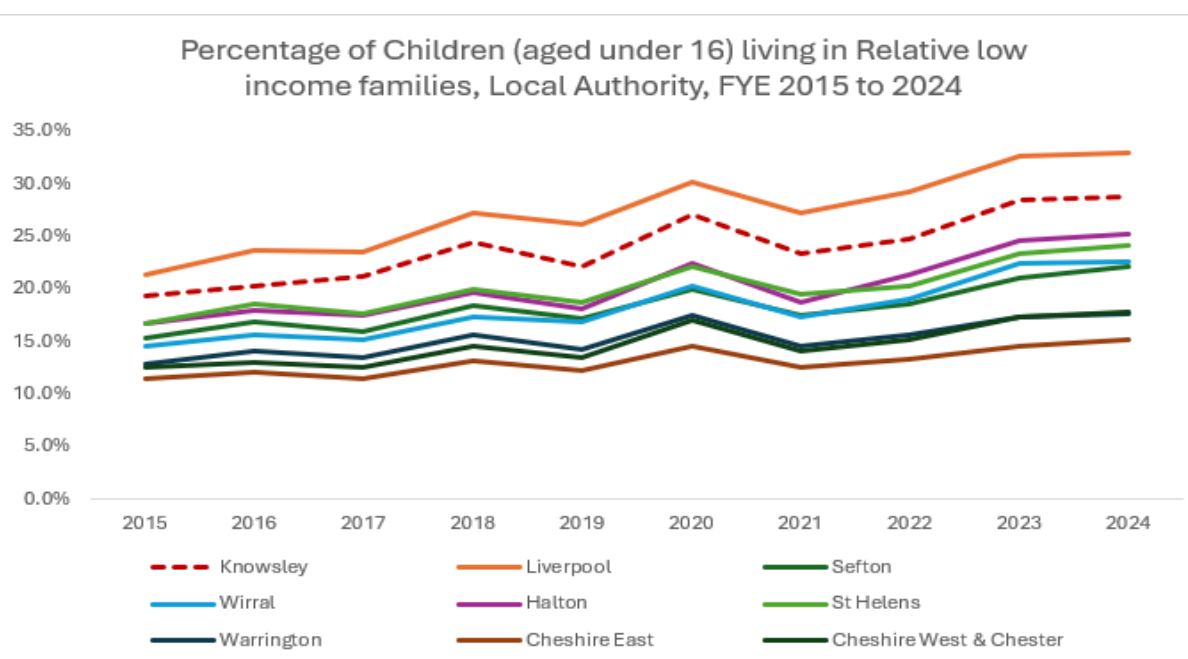
The results did show a positive increase in digital use within Knowsley, as 91% reported they do use the internet. As detailed in Section 5 of this Scrutiny Briefing Report from March 2025, there have been various measures taken to support residents online^{clxxxvi}. However, it’s acknowledged that digital exclusion may be a barrier for boys and men obtaining help and support, particularly given many services are now encouraging online activity. This approach relies on user understanding and confidence, which may not always exist.

Children’s Services

The 1,001 days (from pregnancy to the age of 2) are crucial for a child’s cognitive, emotional and physical development^{clxxxvii}. Under the Children Act 1989, local authorities have a duty to promote and safeguard the welfare of children in need in their area by providing a range of services appropriate to those children’s needs^{clxxxviii}. After a full inspection in November 2024, Ofsted judged Knowsley Council’s children’s

services' overall effectiveness to be “inadequate”^{clxxxix}. In response, Knowsley Council has acted to immediately improve the services, including individual case reviews, strengthening management oversight, delivering extensive training and making practice changes^{cxc}. There has also been a number of new staff who have been recruited. Improving services for children and families is the Council's main priority.

Knowsley has a higher proportion of children who live in poverty and who have experienced adverse childhood experiences, compared to national figures. 2024 data show the number of children living in relative low-income families in Knowsley has increased from 2015 to 2024^{cxcii}. In 2015, Knowsley's percentage was 19.3%, however, 2024 data shows this is now 28.7%, which is an increase of 9.4%. Knowsley's percentage increased by 0.2% from 2023 to 2024, which is the joint lowest increase across LCR, however, Knowsley's 9.4% increase from 2015 is the 2nd highest increase across LCR.



From a ward perspective, Stockbridge (39.1%), Northwood (38.4%) and Whitefield (36.2%) have the highest percentages. Roby (14.7%), Swanside (18.5%) and Halewood North (20.8%) have the lowest percentages.

Veterans

Data from October 2025 shows there are 788 people in Knowsley with a ‘veterans’ flag on their GP record. This equates to 0.6% of Knowsley's total population. Of those veterans, 82.4% are male and 70.1% are working age (16-64).

All those who have served in the armed forces should tell their GP. It doesn't matter how long they have served or when they left^{cxciii}. Their GP should add a ‘veterans’ flag to their file. This helps both the GP and wider medical professionals understand any

military-related health conditions and helps ensure referrals are made to veteran services when appropriate.

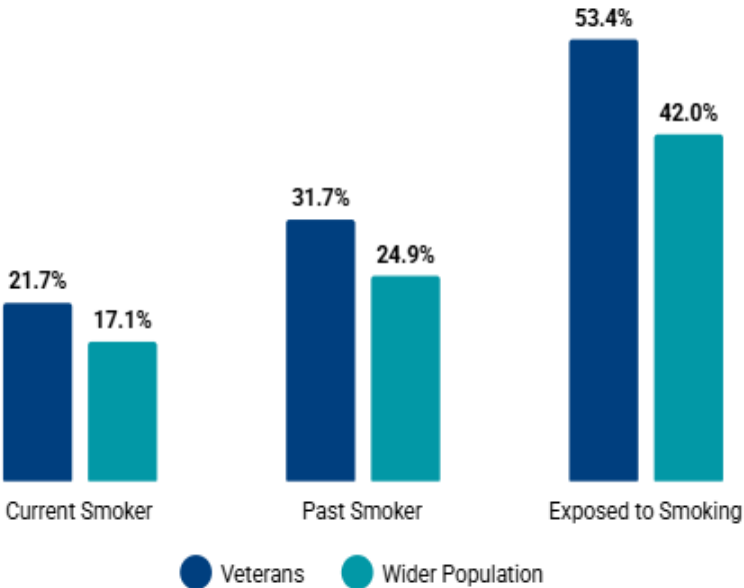
Veterans may have unique life experiences, which include combat exposure. They may also face adjustments when transitioning to civilian life. Additionally, along with strength of character, some veterans do experience challenges, including both physical and mental health^{cxci}.

GP data shows that 19.9% of veterans in Knowsley have experienced a mental health issue, 5.8% are deemed to be at risk of suicide, and 2.3% have self-harm recorded on their GP record. In comparison to the wider Knowsley population, veterans are less likely (19.9% vs 27.1%) to have experienced a mental health condition, however, a higher percentage of veterans have a record of self-harm (2.3%) or are deemed at risk of suicide (5.8%). Given that 82.4% of veterans are male, the percentage of those who are recorded as having experienced a mental health condition may be lower than the actual figure.

CIPHA, November 2025

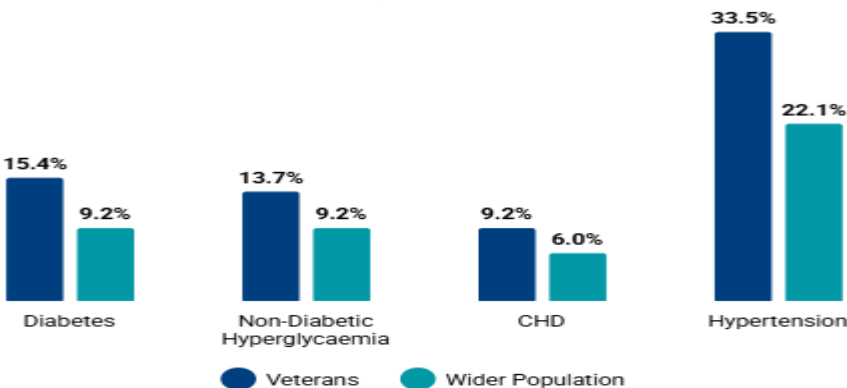
When looking further into the health needs of veterans, there are some areas where prevalence differs from the wider population.

GP data from November 2025 shows that in Knowsley, veterans (aged 20+) are more likely to be a current and past smoker, compared to the non-veteran (aged 20+) population.



Furthermore, veterans (aged 20+) are more likely to be living with diabetes, non-diabetic hyperglycaemia, CHD and hypertension compared to the wider (aged 20+) Knowsley population. Although this may be explained partially by different age structures between the populations, the data highlights the importance of ensuring that veterans, who are predominantly male, receive the necessary support to live happy and healthy lives, free from unfair and preventable health inequalities.

CIPHA, November 2025



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