

Joint Strategic Needs Assessment

Highlight Report

2018/19

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Commissioning Support & Business Intelligence Service
Data, Insight, Business Intelligence, & Performance

Document Control

Issue/Amendment Record

Version	Date of Issue	Reason for Issue
V1	12/03/2018	Initial Draft.
V2	10/06/2018	Second Draft.
V3	12/06/2018	Updated following internal review.
V5	16/07/2018	Updated following SLB feedback.
V6	19/07/2018	Updated following Public Health comments
V7	24/07/2018	Updated Wider Determinants Section
V8	25/07/2018	Thematic recommendations removed
V9	23/10/2018	Updated following Board comments

Document Ownership

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Distribution

Final for release.

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Executive Summary

The purpose of Sefton's Joint Strategic Needs Assessment (JSNA) is to identify local needs and views to support local strategy development and service planning. In order to understand whether we are achieving good health and care outcomes locally it is useful to benchmark outcomes in Sefton against the national average and look at trends over time.

It should be remembered that health and wellbeing issues can often only be tackled by taking a multi-departmental and multi-agency approach to solutions since factors influencing healthy outcomes include not only both primary and secondary health activities but also wider determinants such as quality of life issues including: social relationships; childhood poverty; air quality and pollution; affordable warmth; housing decency and affordability; traffic management and transport accessibility; activity space and opportunities; and greenspace.

The primary purpose of this Executive Summary is to identify key points from the JSNA core dataset, with particular emphasis on those areas and issues that are of greater overall concern within each part of the report. The overall local picture of health and wellbeing in the Borough is summarised below.

Core Areas of Concern

The most recent national Public Health data on 'Fingertips' indicates that Sefton is 'significantly worse' than the England average in the following areas:

- Male & Female life expectancy at birth.
- Under 75 mortality rate (all causes).
- Suicide rate.
- Hospital stays for self-harm.
- Alcohol specific hospital stays (under 18s).
- Alcohol related harm hospital stays.
- Physically active adults.
- Smoking status at time of delivery.
- Children in low income families.
- Employment rate.

Public Health England's Fingertips additionally suggests the following areas are where Sefton is 'significantly worse' than averages for the Northwest:

- Alcohol related harm hospital stays.
- Breastfeeding initiation.

More generally, based on the current relative comparison of national performance across all available health and wellbeing metrics the following issues have been identified where Sefton is performing most poorly compared to the national, NW, or LCR averages:

- Mental & behavioural disorders relating to alcohol are high as is severe mental illness and issues such as increasing levels of self-harm. In contrast alcohol and drug treatment success is low.
- Cardiac issue prevalence is high in all areas, as is the prevalence of stroke and kidney disease.
- Pupil attainment in some specific cohorts – particularly relating to those in receipt of Free School Meals is low.
- Overall persistent pupil absence is high.
- Children killed or seriously injured on Sefton roads is high.
- Children in care with up-to-date immunisations is low.
- Excess weight in children in reception is high.
- Smoking during pregnancy is high and breastfeeding prevalence is low potentially reducing the healthy life chances of new-borns. Sefton's rank of under 16 conceptions is high.
- Issues relating to older age are concerning including high predicted rates for hearing and sight loss, dementia prevalence, falls, and high rates of admissions to care homes.
- Some operational health practice areas are low including health assessments for dementia and Alzheimer's, and NHS health checks for those aged over 40.

In addition to the issues identified from specific metrics, recent analysis has identified a wider set

of themes that should be considered for action by the Health & Wellbeing Board. These include:

- Levels and localities of specific areas of ‘child poverty’ which are inextricably linked to issues around emotional and physical health and well-being and future life chances.
- Support required for the most vulnerable children – especially those looked after in care - whose health and learning outcomes can be significantly lower than the wider population.
- National Research (and local indicators) suggests that Welfare Reform will have a direct impact on poverty and potential poverty, with defined patterns of low and irregular income across the borough, which will have an impact on Health & Wellbeing in local communities.
- Availability and quality of affordable housing across the borough will have an impact on Health & Wellbeing in local communities.
- Long-term health condition prevalence especially those relating to the heart.
- Child support and development including attainment for the most deprived pupils, attendance, obesity, health issues for children in care, and wider community safety.
- Parenting & Early Years issues focussed on smoking during pregnancy, breast feeding, and sexual health education.
- Prevention and early diagnosis related health practice assessments and checks.
- Assess activity for potential amelioration of issues relating to childhood poverty.
- Implications of increasing levels of social isolation on health and wellbeing for both older and younger people.
- Implications of increasing levels of obesity on long-term health and wellbeing for all age groups.

Localities and Spatial Inequality

Whilst the issues highlighted above are core issues when looking at Sefton as a whole, there is significant, stark inequity in locality levels of health and well-being across Sefton.

In general patterns of health and well-being within localities follow the pattern of deprivation across the borough; with particular issues across much of the South, and pockets in the north.

Initial Conclusions & Recommendations

Whilst this document contains some draft initial recommendations it is for the Board to determine the overall priorities and future activity across all partners.

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

- Mental Health – particularly where connected to substance misuse.

Future activity proposed by the Board for the partnership should provide for further analysis around any recommendations at the Sefton and locality / community level of:

- Who is at risk and why?
- The level of need in the population.
- Services in relation to need.
- Unmet needs and service gaps.
- What Works?
- Recommendations for Commissioning.

Introduction

The Sefton Health & Wellbeing Board Strategy highlighted the key priorities for 2013-2018.

To support the next iteration of the plan it is important to review and re-assess the current pattern, distribution, and levels of Health & Wellbeing concerns across Sefton. The Joint Strategic Needs Assessment is a tool to support the planning, decision making, and commissioning priorities through the provision of insight into health and wellbeing issues in Sefton. This helps ensure that health and wellbeing considerations form an integral part of the delivery of statutory services within the Health & Wellbeing Partnership.

The purpose of this report is to identify issues surrounding health and wellbeing in Sefton and to some extent the factors influencing those patterns to support future evidence-based decision making.

The key priorities in the 13/18 Health & Wellbeing Board included:

- Ensure all children have a positive start in life.
- Support people early to prevent and treat avoidable illnesses and reduce inequalities in health.
- Support older people and those with long term conditions and disabilities to remain independent and in their own homes.
- Promote positive mental health and wellbeing.
- Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing.
- Build capacity and resilience to empower and strengthen communities.

This will result in:

- Healthy and well supported communities.
- Access to opportunities for all.
- Attractive and sustainable communities.
- Empowered and supported residents.

Background

Joint Strategic Needs Assessments (JSNAs) are local assessments of current and future health and social care needs that could be met by the Local Authority (LA), Clinical Commissioning Groups (CCGs), or the NHS Commissioning Board (NCB). Local Authorities and CCGs have an equal and explicit duty to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWS), through the local Health and Wellbeing Board.

The aim of a JSNA is to identify core areas of action needed to improve the health and wellbeing of the local community and reduce inequalities for all ages. It is used to help to determine what actions Local Authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

The JSNA should be used to support the commissioning of services for communities and develop the whole health and social care response so it more closely meets the needs of local people. It provides an opportunity to look ahead and support and direct the change that needs to happen in local service systems so that:

- Services are shaped by local communities.
- Inequalities are reduced and social inclusion is increased.
- Outcomes are maximised as effectively and efficiently as possible within the constraints of available resources.

The JSNA will:

- Provide analysis of data to show the health and well-being status of local communities and identify where inequalities might exist.
- Use local community views and evidence of effectiveness of interventions to help shape the future investment and disinvestment of services.
- Support the delivery of better health and well-being outcomes for the local community.
- Inform the next stages of the commissioning cycle across all areas of the LA and Health system.

The Health and Wellbeing Board has to consider a wide range of areas outlined below and the current JSNA has been developed to support this approach by considering:

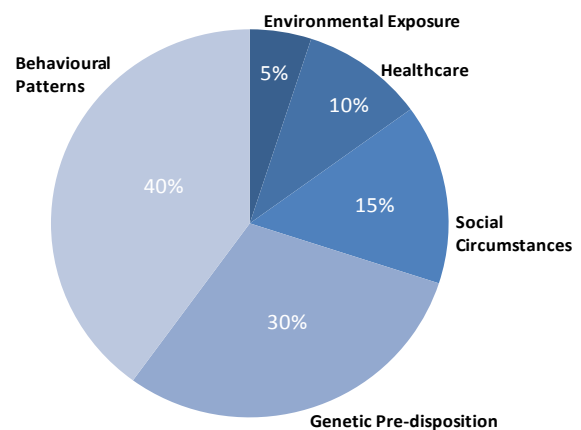
- Demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages.
- How needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services; and those with complex and multiple needs such as looked-after and adopted children, children and young people with special educational needs or disabilities, troubled families, offenders and ex-offenders, victims of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or those who have mental health conditions or behaviours viewed as challenging.
- Wider social, environmental and economic factors that impact on health and wellbeing – such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment.
- What health and social care information the local community needs, including how they access it and what support they may need to understand it.

JSNAs can also be informed by more detailed local needs assessments such as at a locality or ward level; looking at specific groups (such as those likely to have poor health outcomes); or on wider issues that affect health such as employment, crime, community safety, transport, planning or housing.

This outline document should be read in conjunction with the more detailed wider supporting data analysis and insight provided on the JSNA section of Sefton’s website, which also provides links to additional analysis undertaken by partners such as the Clinical Commissioning Groups (CCGs).

It should be noted that no single department or agency can be expected to make a significant impact on the health and wellbeing of a population by acting alone. Any successful changes will be a result of departments and agencies working in concert towards shared goals. For example research suggests that the relative impact on ill health and early death can be distributed as in Figure 1.

Figure 1 Relative Impact on Ill Health and Early Death



Tackling issues in all these areas therefore requires a cross-departmental and cross-agency approach.

Furthermore some wider themes that might not appear directly associated with primary health issues can be more damaging over the long term. For example meta-analysis research has indicated that the quality and quantity of individuals' social relationships can be linked not only to mental health but also directly to both morbidity and mortality. This analysis suggested that social isolation may be deadlier than for example smoking 15 cigarettes per day and twice as deadly as obesity (Source 1).

Analysis by the King’s Fund suggests that actions across all the following cross-cutting areas are necessary if overall health and well-being is to be improved for our citizens:

- Providing the best start in life.
- Ensuring healthy schools and pupils.
- Helping people find good jobs and stay in work.

- Ensuring active and safe travel.
- Providing warmer and safer homes.
- Providing access to green and open spaces and developing the role of leisure services.
- Developing strong communities, wellbeing and resilience.
- Ensuring robust public protection and regulatory services.
- Undertaking health and spatial planning.

Supporting Information & Context

JSNA Webpage

[https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-\(jsna\).aspx](https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx)

Children Data Chapter

<https://www.sefton.gov.uk/media/1413870/jsna-2018-children.pdf>

Health Data Chapter

<https://www.sefton.gov.uk/media/1413871/jsna-2018-health.pdf>

Lifestyles Data Chapter

<https://www.sefton.gov.uk/media/1413872/jsna-2018-lifestyles.pdf>

Vulnerable Adults Data Chapter

<https://www.sefton.gov.uk/media/1413873/jsna-2018-vulnerable-adults.pdf>

Wider Determinants Data Chapter

<https://www.sefton.gov.uk/media/1413873/jsna-2018-wider-determinants.pdf>

Population Projections

https://www.sefton.gov.uk/media/1436091/sefton_population_projections_2016.pdf

Pharmaceutical Needs Assessment

<https://www.sefton.gov.uk/media/1400123/Sefton-PNA-2018-For-Publication.pdf>

Overview of Life Expectancy & Healthy Life Expectancy at Birth

https://www.sefton.gov.uk/media/1428566/Life_Expectancy_Overview.pdf

Child Poverty in Sefton

https://www.sefton.gov.uk/media/1428231/Child_Poverty_in_Sefton_Analysis_2018.pdf

Review of Poverty in Sefton

https://www.sefton.gov.uk/media/1405220/Welfare_Reform_and_Anti-Poverty_v3.pdf

Sefton Local Plan

<https://www.sefton.gov.uk/localplan>

Housing Strategy Delivery Framework Plan

<https://www.sefton.gov.uk/housing/general-housing-information/housing-strategies-and-policies.aspx>

Community Safety Needs Assessment

<https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance.aspx>

Useful External Links

<https://www.kingsfund.org.uk/projects/improving-public-health>

<https://fingertips.phe.org.uk/>

Comparative Position - Overview

The following four sets of charts illustrate the relative position of Sefton when compared to the range of values for all local authorities nationally, and highlights the averages of the Northwest and Liverpool City Region (LCR). The data indicators are split by the core themes for the JSNA and that are reported in more detail in the accompanying documents.

Interpretation: The distribution of data is based on the rank of all local authorities for the specific metric. The LCR and NW values are calculated as averages for those regions and these are then ranked as appropriate against all LAs. The blue line represents all values (ranks) for all local authorities in England with the lowest on the left and the highest on the right. The black dot represents the value for Sefton. The red vertical line represents the average for LCR and the yellow vertical line represents the average for the Northwest.

For all sections these graphs show the relative position of Sefton (●) compared to other Local Authorities in England, along with LCR (|) and the North West (|). Low values are to the left, high to the right.

Emerging Themes

Based on the current relative comparison of national performance the following issues can be identified where Sefton is performing most poorly compared to the national, NW, or LCR averages.

- Mental & behavioural disorders relating to alcohol are high as is severe mental illness and issues such as increasing levels of self-harm. In contrast alcohol and drug treatment success is low.
- Cardiac issue prevalence is high in all areas, as is the prevalence of stroke and kidney disease.
- Whilst generally ok, pupil attainment in some specific cohorts – particularly relating to those in receipt of Free School Meals is low.
- Though pupil exclusions are ok, overall persistent absence is high.
- Children killed or seriously injured on Sefton roads is high.

- Children in care with up-to-date immunisations is low.
- Excess weight in children in reception is high.
- Smoking during pregnancy is high and breastfeeding prevalence is low potentially reducing the healthy life chances of new-borns. Sefton's rank of under 16 conceptions is high.
- Issues relating to older age are concerning including high predicted rates for hearing and sight loss, dementia prevalence, falls, and high rates of admissions to care homes.
- Some operational health practice areas are low including health assessments for dementia and Alzheimer's, and NHS health checks for those aged over 40.

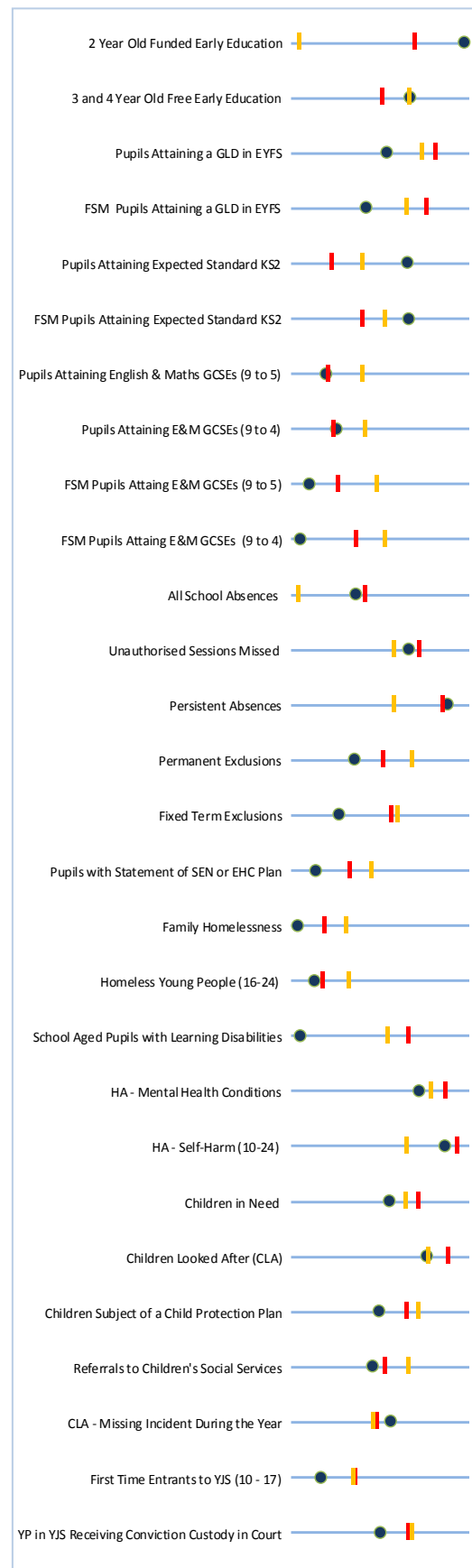
Common Threads

In addition to the issues identified from specific metrics, recent analysis has identified a wider set of themes that should be considered for action by the Health & Well-being Board. These include:

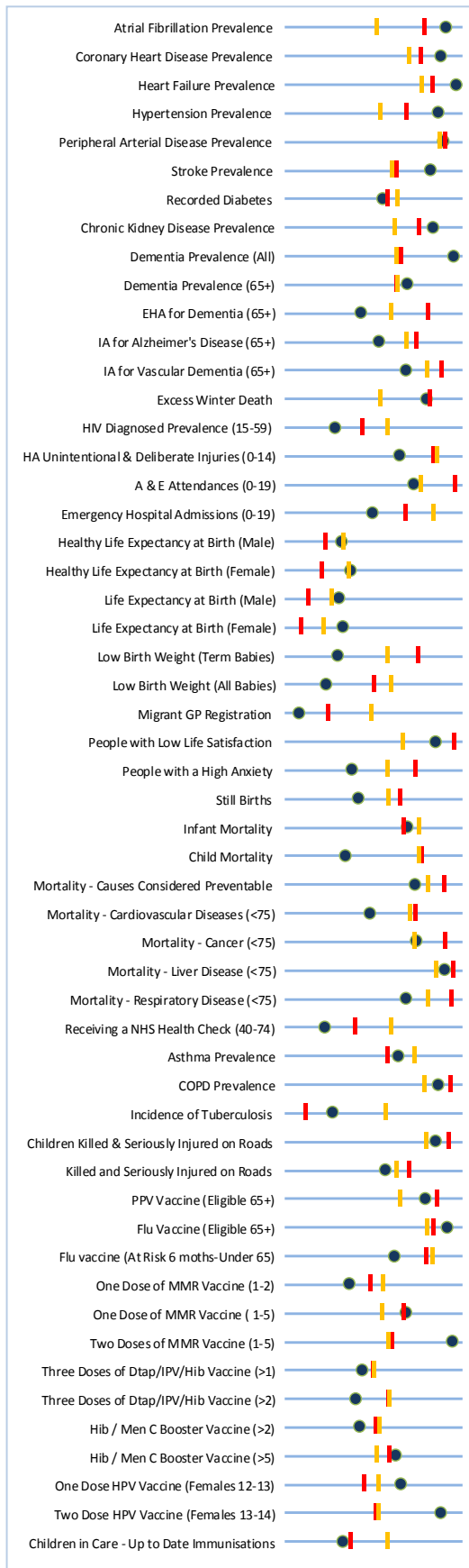
- Levels and localities of specific areas of 'child poverty' which are inextricably linked to issues around emotional and physical health and well-being and future life chances.
- Support required for the most vulnerable children – especially those looked after in care - whose health and learning outcomes can be significantly lower than the wider population.
- Ensuring that wider determinants of health and wellbeing are holistically integrated with activity across the HWB partnership and recognition that work towards better health outcomes requires action across departments and organisations.
- Implications of increasing levels of social isolation on health and wellbeing for both older and younger people.
- National Research (and local indicators) suggest that Welfare Reform will have a direct impact on poverty and potential poverty, with defined patterns of low and irregular income across the borough, which will have an impact on Health & Wellbeing in local communities.

- Availability and quality of affordable housing across the borough will have an impact on Health & Wellbeing in local communities, however this is dealt with within the Council’s Local Plan.
- Implications of increasing levels of obesity on long-term health and wellbeing for all age groups.

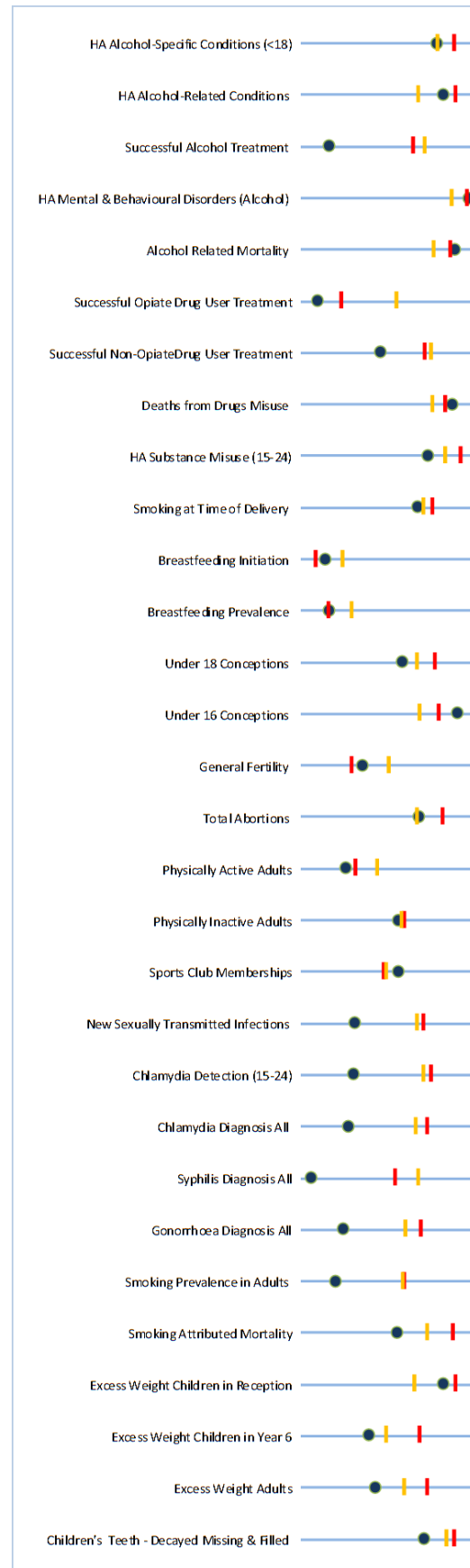
Comparative Position - Children



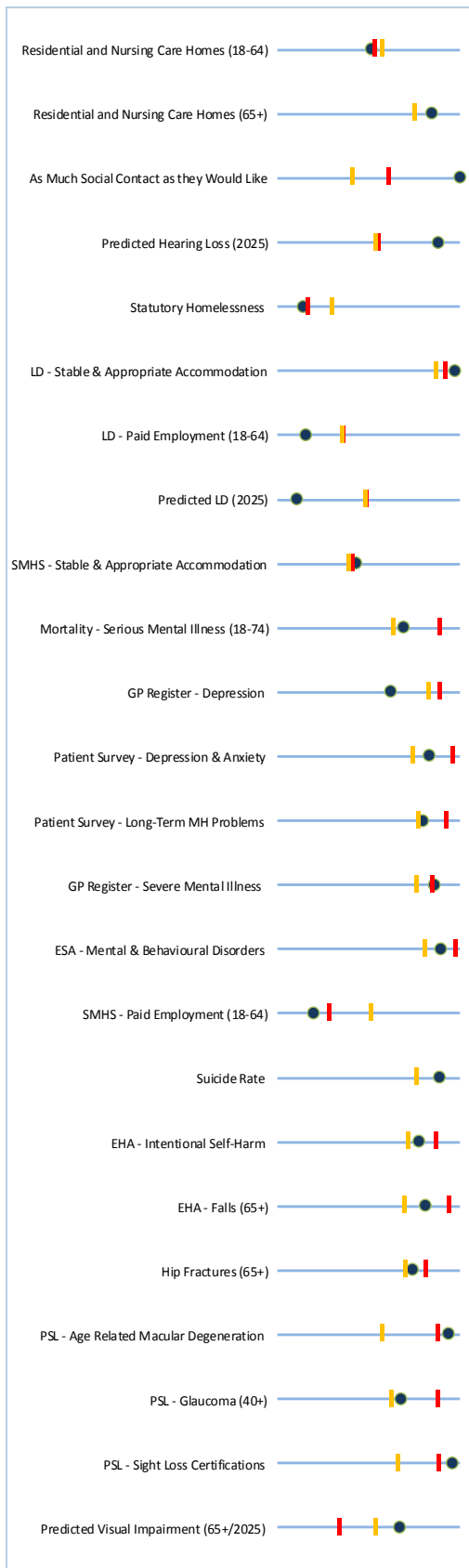
Comparative Position - Health



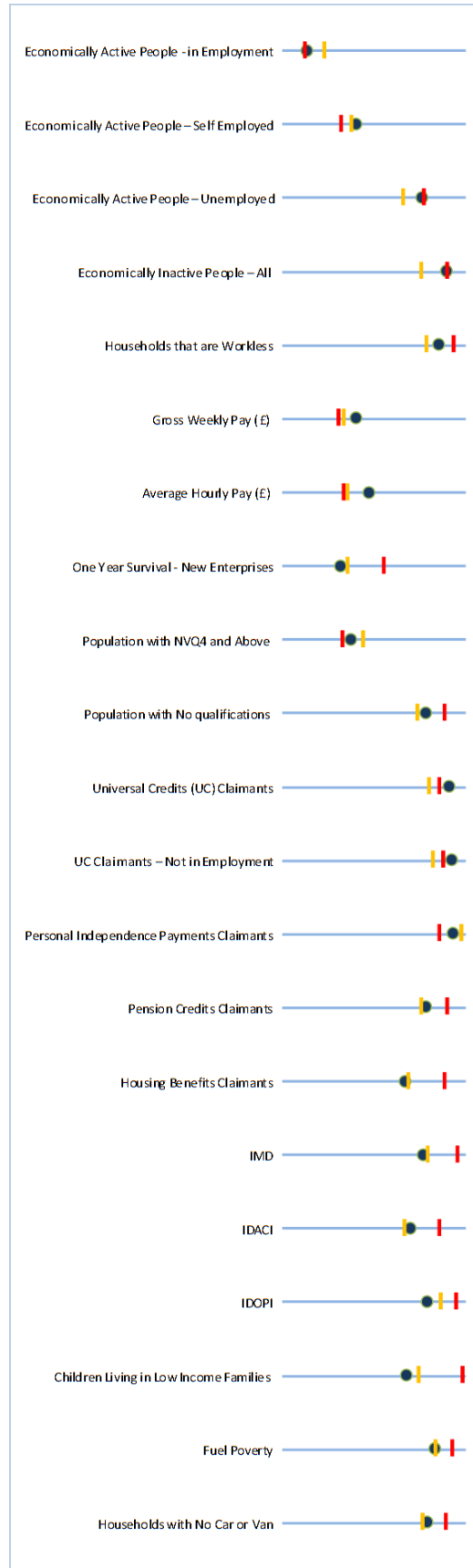
Comparative Position - Lifestyles



Comparative Position – Vulnerable Adults



Comparative Position – Wider Determinants



Core Issues by Theme

The following section reviews the core current patterns and trends in health and wellbeing issues affecting children, health, lifestyles, and vulnerable adults across Sefton.

Children

Generally KS4 attainment levels for children receiving free school meals in Sefton have been consistently lower than the England rates 12/13 to 15/16. The way some GCSE's (namely English and Maths) are graded changed in 2016/17, however, children receiving free school meals in Sefton still had lower attainment levels than those seen nationally.

Continual increases can be seen in Sefton's rate of hospital admission for self-harm in those aged 10 to 24, and this has increased to 602 per 100,000. This is significantly higher than the England average, which has shown only small changes over the past five years. Nationally self-harm admissions have been found to be higher for young women than young men.

Sefton's rate of hospital admission for mental health affecting those aged under 18 has fluctuated over the same time period, with a high 146.6 per 100,000 in 2015/16. There has been a reduction in 2016/17 yet Sefton is still higher than England (similar to self-harm rates mental health admissions in England have shown minimal changes year on year).

The rate of young people not in employment, education or training (NEET) aged 16 to 17 within Sefton has been higher than the rate seen across England since the measure's introduction (2016); however these have shown a year on year reduction.

The rate of children looked after in Sefton has shown an overall increase from 2012 to 2017, and has continually been above the rate seen across England during this period.

The proportion of children looked after who had a missing incident during the year have seen considerable increases across the past three years for both Sefton and England; however, this may be due to the indicator being relatively new and improvements being made to the reporting / recording of these episodes.

The rates of Sefton young people who have received a custodial sentence have fluctuated, the current year is below the national rate. However, three of the past six years have had higher rates than that of England. First time entrants to the youth justice system rates in Sefton have shown year on year reductions and have been below the England rate in for the past four years.

Health

The prevalence of cardiovascular diseases (as measured on GP practice registers) is higher for Sefton than England as a whole.

Dementia prevalence in Sefton has been estimated to be slightly higher than for England as a whole and the number of people on dementia registers has increased both in Sefton and nationally.

With improving healthcare and people living longer this trend is predicted to continue. The number of over 65s living with dementia in Sefton is predicted to rise to 5,560 by 2020 and to over 7,000 by 2035.

The number of unplanned (non-elective or emergency) hospital admissions amongst Sefton residents has risen in recent years although the rate of Accident and Emergency (A&E) attendances in 0-19 year olds in Sefton has declined, by 33% between 2011/12 and 2015/16.

The Office of National Statistics has been working to develop new national measures of well-being. The latest survey results (2016/17) found Sefton residents reported poorer well-being than England overall. In particular the percentage of Sefton respondents with a low life satisfaction score was higher than the national rate.

For adults, mortality rates tend to be higher for Sefton than for England as a whole. Cancers are the largest single cause of death in Sefton (29% of deaths) followed by diseases of the circulatory system (23%).

Sefton's rate of mortality from causes considered preventable has decreased over the past decade but has been significantly worse than the England average since 2001-03. Improvements have been seen in Sefton's under 75 mortality rates for cancer and cardiovascular disease. However, deaths in under 75s due to liver disease and respiratory disease have recently increased.

Sefton is ranked the 16th highest of 150 local authorities for deaths due to liver disease.

Nationally, uptake of the NHS health check has decreased since the programme's inception. Uptake in Sefton has also declined, however at a much steeper rate. The proportion of Sefton's eligible population receiving a NHS Health Check decreased by over a third between 2013/14 and 2016/17. In 2016/17 5.9% of Sefton residents eligible to receive a health check did so compared with 8.5% nationally.

Respiratory diseases are the third highest cause of death in Sefton, responsible for 14% of all deaths. Respiratory diseases include acute infections such as pneumonia and bronchitis as well as chronic conditions such as Chronic Obstructive Pulmonary Disease (COPD) and asthma.

GP practice registers show that Sefton has higher levels of chronic respiratory conditions such as asthma and COPD than England as a whole. However the actual prevalence of these conditions may be even higher. Modelled estimates suggest the COPD prevalence for Sefton is 3.7%, equating to approximately 2,430 undiagnosed cases of COPD in Sefton.

Sefton's rate of people killed and seriously injured on roads has increased by 22% since 2009-11 and is now not significantly different to the national rate. Prior to 2013-15 Sefton's rate was consistently significantly lower than the England average.

Whilst Sefton has achieved good childhood immunisation coverage for children overall it does not meet the 95% target for children in care. The proportion of children in care with up to date immunisations dropped from 91.7% in 2014 to 64.9% in 2015. Coverage increased to 77.8% in 2016 but remains significantly lower than the England and North West rates (87.2% and 90.4% respectively). However in 2017, there has been an increase, which has brought Sefton (84.5%) in line with the national rate (84.6%).

Vulnerable Adults

The rate of Sefton residents aged 18 to 64 admitted to residential and nursing care homes has shown overall increases from 2012/13 to 2016/17. Sefton has higher rates of admissions in four of the five years than seen nationally.

Similarly for those aged 65 and over admitted to residential and nursing care homes Sefton rates are considerably higher than those seen nationally. Sefton has until recently seen an overall increase in rates, compared to reductions seen nationally.

A trend based on historic levels of provision provides a 'linear' projection for those aged for 18-64 and 65+ that shows increases in the levels of adult social care service users. Population based projections (assuming current percentages of the population provided a service remains the same) suggest that services provided to those aged 65+ will increase dramatically.

Similarly projections for residential and Nursing home residents in Sefton show the number of those aged 65+ will increase considerably (both linear and population based).

Domestic Abuse crime rates have shown significant increases over the past five years across Sefton and Merseyside as a whole, with the Merseyside rates continually being higher than those seen in Sefton. In December 2015, a new law was passed relating to controlling or coercive behaviour in intimate or familial relationships. This could be a possible explanation for some of the dramatic increase in recorded Domestic Abuse crime.

Overall the rate of Domestic Abuse incidents have reduced in both the Borough and County, again, Sefton has continually had lower rates than seen across Merseyside.

It is predicted that the rate of those with hearing loss in Sefton is set to increase over the next 15 years, and is continually predicted to be higher than the rates seen nationally.

The rate of clients supported by Sefton's Adult Social Care service with learning disabilities who are in paid employment have continually been below the rates seen across England.

There are generally high levels of mental health need in Sefton. Sefton registers suggest that nearly 10% of adults have been diagnosed with depression and 1.2% with a severe mental illness (such as bipolar, schizophrenia and other psychoses). This equates to approximately 21,200 Sefton adults with depression and 3,200 with a severe mental illness. The proportion of Sefton

patients on depression and mental health registers has increased in recent years. However, these are still likely to underestimate mental health conditions in Sefton, given that some of the population (especially those not in contact with health services) will remain undiagnosed.

Self-reported measures (GP Patient Survey) suggest that the proportion of residents experiencing depression and anxiety (15.4%) and long term mental health problems (6.3%) are higher than national rates. Similarly the rate of Employment Support Allowance claimants for mental and behavioural disorders is one and a half times the England rate and has more than doubled between 2012 and 2016.

Rates of mortality and disease are higher amongst people with mental health problems than the general population. Sefton's rate of excess under 75 mortality in adults with serious mental illness is significantly higher than the England rate; as is Sefton's suicide rate, which has doubled from a low of 6.4 per 100,000 in 2007-09 to 12.8 per 100,000 in 2014-16. Emergency hospital admissions for intentional self-harm have shown overall increases over the last five years (however, when comparing 2015/16 to 2016/17 there has been a reduction). Sefton remains significantly higher than the England rate.

Falls pose a significant health risk for older people, ranking as the ninth leading cause of disability in England. Sefton's rate of emergency hospital admissions due to falls and rate of hip fractures in the over 65s are the lowest in the Liverpool City Region. However the rate of emergency hospital admissions due to falls in over 65s is significantly higher than the England rate. Emergency hospital admissions due to falls vary across Sefton with higher rates found in the more deprived wards of south Sefton.

Almost 2 million people in the UK are living with significant sight loss, 50% of which is estimated to be avoidable. In Sefton just under 9% of the over 65 population are estimated to have a serious visual impairment, equating to approximately 5,600 people. Sight loss certifications have remained around 54 per 100,000 population since 2011/12. This is significantly higher than national and regional rates. Sefton's latest rate of age related macular degeneration was significantly higher than England but rates for glaucoma and

diabetic eye disease did not differ significantly from the national and regional rates.

Lifestyles

The harmful use of alcohol ranks as one of the world's five largest risk factors for disease disability and death. The Chief Medical Officer advises that to keep to a low level of risk of alcohol related harm adults should drink no more than 14 units of alcohol a week. Public Health England estimate that almost 30% of Sefton adults drink above this guideline, equating to 82,300 residents. A further 4,300 Sefton adults are estimated to be alcohol dependent, according to a study by The University of Sheffield and Kings College London.

The rate of alcohol related mortality within Sefton is 57.3 per 100,000. However the rate is higher for men (82.1 per 100,000 population) than women (36.1 per 100,000 population). The rate for alcohol related mortality for females is not significantly different to the England average; however the rate is significantly worse for males.

The rate of hospital stay for alcohol related harm in Sefton is 800 per 100,000 population, and represents 2,200 stays per year. This is significantly worse than the England average rate which was 636 per 100,000 population. For Sefton's under 18s, the rate of alcohol specific hospital admissions has decreased year on year since the 2006/07-2008/09 time period. The 2013/14-2015/16 rate was significantly lower than the North West average and no longer significantly higher than England. However, the period 2014/15-2016/17 has seen an increase and has once again become significantly higher than England.

Treatment completion for both opiate and non-opiate users has declined over the last 5 years. At the same time Sefton's rate of deaths from drug misuse and hospital admissions due to drug misuse in 15-24 year olds have both increased.

Approximately 13% of mothers in Sefton are estimated to have smoked during pregnancy, significantly above the England rate.

Fifty-eight percent of Sefton mothers breastfeed their babies in the first 48 hours after delivery. At 6 to 8 weeks after birth this drops to 30% of babies being fully or partially breastfed. This is

significantly lower than national breastfeeding rates where 74.5% of mothers initiate breastfeeding and 44% are breastfeeding at 6 to 8 weeks.

In Sefton it is estimated that only 65% of adults aged 19 and over meet the Chief Medical Officers (CMO) recommendations for moderate physical activity. Furthermore almost a quarter of Sefton residents aged 19 and over are estimated to be inactive – that is they do less than 30 minutes of moderate physical activity per week.

Approximately 68% of the Sefton adult population are estimated to be overweight or obese. This is significantly higher than the national rate (61%). For children, data from the National Child Measurement suggests that 1 in 4 reception children (aged 4-5 years) and 1 in 3 Year six children (aged 10 to 11 years) are overweight or obese. Obesity rates in both age groups were higher for Sefton's most deprived communities than for Sefton as a whole. The Year 6 obesity rate in the most deprived quintile (24.5%) was more than double that of children living in the least deprived quintile (11.6%).

Public Health England predicts that 70% of adults will be overweight or obese by 2034 and being overweight and obese has been characterised as one of the most serious challenges to health and social wellbeing facing us today. Overall, obesity is estimated to reduce life expectancy by an average of 3 years and severe obesity reduces it by 8-10 years. National statistics show obesity is strongly correlated with socio-economic status and is highest amongst children in deprived areas.

The causes of obesity are complex and therefore take a whole systems approach that impacts on all aspects of individual, community and the population.

Wider Determinants

In 2015, the percentage of children living in low income families across Sefton was the lowest it has been in the past five years, however, the Borough has remained above the national average since 2011.

Between 2015 and 2016 there has been sharp increase in 'fuel poor' households in Sefton, with Sefton being the 55th highest LA in England in 2016.

There were approximately 2,400 foodbank vouchers issued in Sefton between April 2017 and March 2018, an increase of 66% from 2013/17. Some 5,500 individuals were helped, 40% of which were children.

Sefton has had a higher average IMD score than that of England in all assessment periods (2004, 2007, 2010 and 2015). The Borough is ranked 75th out of 326 LAs. Similarly Sefton's Index of Deprivation Affecting Older People (IDAOP) has been above the national average scores each assessment, with Sefton having the 69th highest IDAOP of the 326 LAs.

13,655 Sefton residents are claiming Employment and Support Allowance (ESA), considerably higher than the national rate. 51% of all ESA claimants were in receipt of the benefit as a result of Mental Health issues, with a further 11% due to Musculoskeletal diseases.

8,709 Sefton residents, are claiming Universal Credits (UC), over two thirds (67%) of these claimants were not in employment, with more than half (58%) being aged between 20 and 39.

There are 9,105 Personal Independence Payments (PIP) claimants in Sefton aged 16 to 64 years old. 45 to 64 year olds make up over two thirds of the co-hort. PIP is made up of 18 disability categories, within Sefton six categories make up 94% of the claimant cohort. The most prolific category is psychiatric disorders making up over 42% of all claimants.

In Sefton 19,452 households are claiming Housing Benefits, this makes up 15% of all households within Sefton. 60% of the households are socially rented properties, will 11% having a Spare Room Subsidy reduction applied.

Sefton has a lower rate of employed economically active people than that of the North West and England; although the rate of those who are self-employed has been increasing yearly, and is higher than the LCR and North West rates.

Sefton has a high level of workless households compared to other local authorities in England and it ranked 49th highest out of 326 LAs.

Fifteen percent of households in Sefton were receiving housing benefits in February 2018, although this has shown year on year reductions over the last five years.

70% of Sefton residents aged between 16 and 64 are in employment, (60.7% were employees and 9.5% were self-employed). The unemployment rate of economically active people aged between 16 and 64 in 2017 in Sefton was 5%, slightly higher than both the region and nationally (4.4%).

In 2017 the average gross weekly pay for full time workers in Sefton was £524, higher than the North West (£514.50) but below the Great Britain rate (£552.70).

According to the Experian's Mosaic Public Sector tool there were 125,353 households within Sefton in 2018, of these 33% had an estimated annual household income between £30k and £49k; nearly a fifth of households (19%) had less than £15,000 coming in a year.

Sefton residents travel some 1.6 million kilometres (km) for work, equating in an average distance of 15.6km.

Localities & Inequality

Detailed information for localities can be found in the ward profiles on Sefton's website

(<https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/borough-ward-profiles.aspx>).

Table 1 in Appendix 1 illustrates the relative rank of core health related issues for each ward in Sefton.

In general patterns of health and well-being within localities follow the pattern of deprivation across the borough; with particular issues across much of the South, and pockets in the north.

Overall levels of health and well-being vary significantly throughout Sefton. Age-specific mortality rates within eleven wards (most of which are located in the centre of the borough) are lower than those seen both nationally and across Sefton, meaning residents of these wards are likely to live longer, healthier lives.

A similar but opposite pattern is seen for hospital admissions for injuries in under 15 year olds with eight wards (predominantly in the South) having higher rates than the borough, Liverpool City Region, Northwest, and national averages.

For overall Standardised Admission Ratios (SAR) five wards (all found in the south) have higher levels of emergency hospital SAR than Sefton,

LCR, the North West and England. Overall six Sefton wards fall into the top 10% of wards nationally in terms of rate of emergency admissions.

For specific SARs:

- Four wards are in the top 10% for Chronic Obstructive Pulmonary Disease (COPD) – all in the South.
- Three wards are in the top 10% for Coronary Heart Disease (CHD) – all in the South.
- Four wards are in the top 10% for hip fractures.
- Half of the wards in Sefton (11) have higher SAR levels of Stroke than the Borough, LCR, North West, and England.
- Six of Sefton's wards fall into the top 10% of affected areas nationally for Alcohol Harm related hospital admissions.
- Six wards in the Borough are deemed significantly worse than the Sefton average in terms of hospital admissions relating to Intentional Self-harm with two wards being in the top 10% of affected areas nationally.

There are close links between levels of health from birth and ultimate levels of diseases and mortality rates. For example Linacre ward has the highest levels of poor health, and also has the highest Standardised Mortality Ratio (SMR) of all wards in England. In contrast Harrington ward has the lowest level of poor health and SMR in Sefton.

In terms of the Standardised Incidence Ratio (SIR) for all cancers nine wards in Sefton fall into the top 10% of affected wards nationally, with Linacre having the highest rate in England. In contrast Blundellsands is in the group of lowest 20% of affected wards across England.

Health and Disability deprivation is a domain within the overall Index of Multiple Deprivation. Again there is significant variation across the Borough. Church, Derby, Ford, Linacre, Litherland, Netherton & Orrell, and St Oswald) along with Dukes / Cambridge wards in the north have extremely high levels of Health and disability deprivation (31 lower super output areas from these wards fall into the top 5% health deprived areas nationally). In contrast wards like Ainsdale

and Harington have some of the lowest levels nationally (five lower super output areas from these wards fall into the bottom 30% of affected areas nationally).

Community Perspectives

At present the JSNA covers significant quantities of qualitative data and the core issues have been identified using this information. However a key part of the JSNA is the supplementation of this information with priorities and challenges from local communities. At present this is a gap in the analysis.

Strategic PESTELO Assessment

Political

Brexit

Whilst the timescale and format of the British withdrawal from the European Union is unknown, it will dominate the political landscape for some time to come. The impact of any changes will need to be closely monitored to ensure Sefton is prepared for any potential impact on health and wellbeing across the Borough.

Delayed Transfers of Care (DToc)

Currently Central Government policy is driving NHS Trusts and Adult Social Care to work more closely together in order to prevent 'bed blocking' in hospitals. The Government has set targets to significantly reduce Delayed Transfers of Care from Hospitals back into the community. These changes will undoubtedly see major changes to the way Social Care and Hospital teams work together, but may also potentially result in unintended consequences such as higher rates of re-admission and higher Social Care costs with implications 'down-stream' for the wider health and well-being of citizens in Sefton.

Economic

Growth & Deficit Reduction

Continued Central Government focus on deficit reduction has downstream implications both for Health and Social Care budgets. Pressure will continue on partners to do more with less and to make hard choices about services they will continue to support. The effect being:

- Any new initiatives will have to be delivered within existing or reducing budget and resources.
- A key element of successful partnership ventures will support the delivery of crime and disorder reductions and an acknowledgement of each parties own performance objectives.

Unemployment & Poverty

Research suggests that there is a close link between economic and health and well-being and continued high levels of unemployment, particularly in some very deprived areas of the Borough, will continue to impact on our ability to reduce health inequality across the Borough. However, due to the roll out of Universal Credit, and the phasing out of Jobseeker's Allowance (JSA), it is difficult to determine the detailed patterns of unemployment levels in Sefton, at this current time.

In 2016, there were 15,900 (19%) workless households within Sefton, higher than the North West and Great Britain. An estimated 9,000 children (0-18) were being raised in 5,000 households claiming out-of-work benefits in May 2016. (DWP, Children living in benefit claimant households May 2016, published November 2017.). Again these levels of economic issues will continue to blight future generations and their health outcomes without wider action to improve prospects and outcomes for children in the Borough.

Social

Population Change

Sefton's total population is estimated to be growing slowly. However, this hides a significant 'population time-bomb' with Sefton having some of the highest projected rates of increase in 'older people' in England. Overall the number of older people resident in Sefton is set to increase dramatically, with those aged 65 and over rising by 36% by 2041 and those aged 85 and over increasing by 87%.

It is likely that these people will be living longer and in ill health placing significant demands on services across the Borough. Without early

preventative services focussed on those aged over 50 and associated interventions it is unlikely that budgets will be able to cope with levels of demand on the health economy based on the proportions of people supported at the same rate as today.

Housing Costs and Availability

High housing costs, high demand, and limited supply can all contribute to greater overcrowding. This can include unlicensed houses in multiple occupation (HMOs) and exploitation of, particularly, new migrants and younger adults. It is recognised that overcrowding can have negative impacts on both physical and mental health and wellbeing.

Home ownership and home rental costs have both increased significantly in the Borough since 2001, in line with national trends.

While house prices started to level off then dip during and after the 2008-09 recessions, they started to climb again in 2014 and this continued into 2017. The Borough's median house price to earnings ratio in 2017 was 6.01 which, is lower than the England rate of 7.91, yet higher than that of the North West (5.81). This ratio combined with high deposit requirements, may present problems of affordability to those on lower earnings.

While the combination of government programmes such as Help to Buy, which is targeted at first time buyers, and record low interest rates have improved access to housing, affordability is a major issue, particularly for first time buyers. Concern has also been expressed about the ability of homeowners who have borrowed heavily to service those mortgages when interest rates rise.

The number of private rentals in the Borough rose by 77% (6,893) between 2001 and 2011 and from 8% of all households to 13%. It has undoubtedly grown further since 2011.

Deprivation

The 2015 Indices of Deprivation indicate that overall deprivation levels in the Borough is within the top 30% of English local authorities affected by deprivation, though there has been some deterioration in the Borough's deprivation levels since 2010.

The average figures masks some significant deprivation in the urban area, with five Lower Super Output Areas (LSOA) in parts of Linacre and Derby wards being among the 1% most deprived areas in England on the Index of Multiple Deprivation (IMD), a further 20 LSOAs across Sefton (including the remaining LSOAs making up Linacre) are in the top 5% of affected areas.

A total of 53 areas are now within the 0-20% most deprived nationally compared to 47 in 2010.

Average overall deprivation levels have also increased since 2010 in 13 of the Sefton wards.

Of the 47 areas which were within the 0-20% most deprived areas nationally in 2010, 45 were still within this deprivation level in 2015 and the majority became more deprived, suggesting that deprivation is deeply entrenched in many parts of the Borough.

Welfare Changes

A number of changes have been made to welfare benefits, and further proposed changes have been announced in recent Budget statements. The impacts are widespread and will see some benefits cut, others frozen and, in some cases, changes in eligibility rules will mean some people no longer qualify for the benefit. While these changes are being accompanied by greater employment and training support, the concern is that loss of benefit income will potentially create income gaps or unintended consequences.

These changes will require close monitoring to help identify any early impacts on the Health and Well-being of our communities.

Homelessness

The number of those defined as homeless has seen increases both nationally and across Sefton. Homelessness has a number of layers with Rough Sleepers very tightly defined as in/on bedding in the open air and does not include those residing in shelters or simply could not be found when the count took place.

Within the homeless population of Sefton there are challenges around alcohol & substance abuse, mental health, economic migrants who are unemployed and have no recourse to public funds and the various individual difficulties which led to someone sleeping on the street. The challenge for

the partnership will be to work alongside other agencies supporting these individuals into a more positive future.

Community Engagement

Within the additional statutory duties emerging from legislation around Domestic Violence, Child Sexual Exploitation (CSE), Prevention of radicalisation (Prevent), Female Genital Mutilation (FGM) there is an expectation that the partnership is engaged with our communities and identifying risks to vulnerable persons to safeguarding agencies.

But many of these issues are 'hidden' and it is difficult to identify trends and issues. Tackling this type of concern will require effective community engagement with 'hard to reach' communities.

Technological

Innovation

Significant and rapid change is occurring in the technology available to support people in their own homes including assistive technology, remote access support, and robotics. It will be important to review these projects to identify new technology solutions that can be both cost effective and improve the quality of life of individuals.

Environmental

Development Impact

Efforts are being made to improve Sefton's economy and employment opportunities. Some of these developments (such as the Port of Liverpool) - whilst welcome - could have unintended consequences as a result of increased traffic flow and congestion which could have knock-on consequences for air quality, traffic incidents and ultimately health.

Legal

Data Protection Legislation

Recent changes in data protection legislation could have consequences for data sharing and the ability of individual members of the partnership to share and analyse data at an appropriate level to support development of targeted strategies. The impact of these changes will need to be monitored to ensure that the most effective use

of information resources can continue to be made for the benefit of our citizens.

Counter Extremism Bill

The proposed legislation which underpins the review of the Home Office Counter Extremism Strategy makes clear the local authority's responsibilities and provides additional statutory powers to carry out those duties. There is a significant emphasis on the development of a community cohesion plan to engage closer with communities, supporting and empowering those who would challenge extremism.

Homelessness Reduction Bill

The Homelessness Reduction Act 2017 (HRA 2017) came into effect on the 3rd April 2018. This Act will have significant implications for Sefton's Housing Options service provision. The Act provides a statutory duty to provide homeless prevention services to all people who are threatened with homelessness irrespective of whether they are in priority need or not. The Act also proposes earlier intervention (56 days from homelessness rather than the current 28 days) and would require each person to have an individual assessment and 'Personal Housing Plan' to include: housing, income, employment and debt advice.

Care Leavers

Recent legislation relating to care leavers gives Local Authorities a continued role in supporting care leavers aged 21 to 25 where requested. This requires partners to ensure that policies are developed to support these young people where necessary and help ensure their continued emotional health and well-being.

Organisational

Public Sector Budget Reductions

Many of the partners within Sefton HWB are facing significant resourcing challenges. The model emerging offers opportunities for making the best use of partner operation and supporting the delivery of each other's performance objectives whilst improving community health and wellbeing.

The challenge for the HWB is for partners to create internal organisational development which meet the challenges of reduced funding whilst

using the opportunities that shared resources can provide.

Gaps and Limitations in Knowledge

Quantitative data for some areas of the Health and wellbeing arena is missing, sparse, or grossly estimated.

In particular much data is not available at small areas to support localised targeting; and some data is not readily available at any level for hard to reach groups.

This can result in the voice of some vulnerable groups not being heard which in itself may be indicative of unmet needs and deprivation.

Recommendations

The following have been identified within the main body of this report and highlighted as areas of opportunity for future partnership work. They have been broken down into three key areas: Recommendations, Considerations, and Information Gaps.

They will be taken forward in to the new Health & Wellbeing Board Strategy and plan for 2018-2021 and incorporated into existing planning processes or within new Action Plans. An update of progress will be included in next year's assessment.

No	Priority Area	Recommendations
R1	<i>Promote positive mental health and wellbeing.</i>	Review and develop the mental health offer within Sefton to help reduce the level of Mental Health issues within the Borough.
R2	<i>Promote positive mental health and wellbeing.</i>	Review programmes for tackling obesity, especially for children in deprived areas to ensure positive long term outcomes
R3	<i>Ensure all children have a positive start in life.</i>	Review attainment levels for 'disadvantaged' pupils and identify options for action.

No	Priority Area	Recommendations
R4	<i>Ensure all children have a positive start in life.</i>	Review persistent absence levels for pupils and identify options for action.
R5	<i>Support people early to prevent and treat avoidable illnesses and reduce inequalities in health.</i>	Review Cardiac issue prevalence and 'prevent' strategies to identify high risk individuals and localities to provide targeted support.
R6	<i>Ensure all children have a positive start in life.</i>	Review health and well-being support for children in care to ensure the best possible outcomes for these vulnerable children.

No	Priority Area	Considerations
C1	<i>Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing.</i>	Review community safety issues around traffic safety in terms of policy, guidance, and prevention relating to children.
C2	<i>Promote positive mental health and wellbeing</i>	Review areas of low uptake of health assessments and checks to identify blockages to uptake or provision.
C3	<i>Support people early to prevent and treat avoidable illnesses and reduce inequalities in health.</i>	Review existing programmes for supporting pregnant women to ensure maximisation of outcomes.
C4	<i>Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing.</i>	Review the implications of social isolation on younger and older people in terms of mental health and morbidity outcomes to begin development of action plan.

No	Priority Area	Information Gaps
11	All	Although data is being recorded on issues such as Female Genital Mutilation, Prevent, and Asylum seekers it tends to be sparse and is unlikely to be providing a comprehensive picture of the issues. A review of data sources and opportunities for development should be undertaken to identify likely gaps and identify in particular qualitative opportunities for completing the picture.
12	All	Given issues for all partners relating to resources it is important that targeting is undertaken. However, the high level and generic nature of some publically available data sets makes precise locality based work difficult. Consideration should be given to support the analysis and location specific information and subsequent anonymization to allow a more targeted approach whilst maintaining data confidentiality where appropriate.

Conclusions

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

- Mental Health – particularly where connected to substance misuse.
- Long-term health condition prevalence especially those relating to the heart.
- Child support and development including attainment for the most deprived pupils, attendance, obesity, health issues for children in care, and wider community safety.
- Parenting & Early Years issues focussed on smoking during pregnancy, breast feeding, and sexual health education.
- Prevention and early diagnosis related health practice assessments and checks.
- Assess activity for potential amelioration of issues relating to childhood poverty.
- Implications of increasing levels of obesity on long-term health and wellbeing for all age groups.
- Implications of increasing levels of social isolation on health and wellbeing for both older and younger people.

Appendix 1 - Selected Ward-Level Metrics

Table 1

	Life Expectancy at Birth		Standardised Admission Ratios									Census 2011	Standardised Mortality Ratio	Standardised Incidence Ratio	Index of Multiple Deprivation
	Males	Females	Injuries under 15	All Causes	Chronic Obstructive Pulmonary Disease	Coronary Health Disease	Hip Fractures	Myocardial Infraction	Stroke	Alcohol Harm	Self Harm	Poor Health		All Cancers	Health and Disability Deprivation
Ainsdale	81.2	87.7	114.4	94.4	76.8	91.8	79.0	82.1	74.3	85.6	107.6	6.3%	75.5	92.0	0.24
Birkdale	80.9	84.5	117.9	106.6	91.5	96.9	89.2	79.5	96.2	99.2	120.0	4.9%	84.3	109.1	0.24
Blundellsands	82.0	85.1	95.6	85.2	44.1	85.9	89.8	84.5	81.9	71.5	28.9	5.1%	83.4	91.0	0.02
Cambridge	74.9	81.2	115.1	126.9	93.7	117.8	106.7	101.0	92.5	141.9	206.3	10.0%	124.7	101.6	1.06
Church	73.7	79.2	119.2	121.5	133.6	114.8	133.0	100.2	84.0	125.6	83.7	8.5%	152.1	112.9	1.12
Derby	74.8	80.1	151.2	149.7	237.8	145.8	129.1	113.6	110.6	154.4	107.7	9.6%	132.4	131.7	1.51
Dukes	74.6	82.1	108.9	122.8	98.1	103.2	102.7	90.7	105.5	164.4	208.1	8.8%	115.6	104.7	1.03
Ford	76.9	82.2	124.9	122.8	150.6	113.5	108.8	91.8	97.7	111.2	81.5	8.9%	109.1	121.9	1.05
Harington	80.5	86.4	116.7	83.5	47.9	82.0	85.3	71.9	77.2	68.5	60.6	4.0%	75.4	97.5	-0.18
Kew	77.2	80.4	110.3	121.8	128.1	114.0	85.1	90.3	88.7	125.4	154.7	6.5%	121.9	104.5	0.69
Linacre	69.6	76.3	138.5	164.4	292.9	154.9	129.7	137.2	117.3	195.6	108.9	12.1%	186.3	144.6	2.14
Litherland	75.3	81.4	123.3	132.8	161.0	129.2	93.1	123.2	96.7	138.3	79.2	8.3%	123.6	132.8	1.06
Manor	77.8	83.4	123.2	113.7	128.0	115.6	98.4	97.5	87.3	30.9	56.6	8.2%	102.2	119.9	0.72
Meols	79.8	84.6	114.5	108.3	74.2	115.8	87.3	109.3	90.0	93.7	121.2	5.9%	85.4	100.8	0.30
Molyneux	80.9	84.7	103.2	108.9	83.2	103.5	81.1	84.6	79.6	69.8	38.7	6.4%	83.8	105.4	0.46
Netherton & Orrell	77.6	80.9	129.9	136.1	180.8	131.6	102.4	100.2	107.4	120.1	71.4	8.6%	114.5	124.1	1.15
Norwood	76.3	82.9	121.5	120.4	137.2	108.2	98.5	94.1	112.3	113.4	147.1	5.6%	107.8	112.1	0.65
Park	79.7	84.9	108.4	103.4	58.7	92.7	92.4	79.6	76.7	66.3	46.5	5.8%	90.7	109.4	0.24
Ravenmeols	80.7	83.1	119.6	90.5	56.2	87.3	94.9	73.4	71.8	70.3	79.0	5.6%	89.0	99.5	0.10
St Oswald	74.7	78.9	142.6	151.1	220.0	143.4	136.5	128.0	104.1	151.0	72.2	10.7%	151.0	116.1	1.45
Sudell	80.5	85.4	112.0	109.3	75.4	89.7	96.1	84.4	85.0	79.9	52.8	5.8%	85.1	106.1	0.28
Victoria	85.4	82.8	108.7	97.5	84.2	114.0	94.0	94.6	92.1	72.9	41.5	5.4%	93.8	97.4	0.17
Sefton	77.7	82.5	120.2	115.9	110.7	190.0	96.4	94.1	90.9	108.5	94.8	7.3%	105.3	94.8	0.71
LCR			114.5	132.5	150.0	123.0	108.6	105.3	106.9	126.9	127.7	8.2%	115.7	112.1	1.07
North West			136.1	121.0	134.7	124.2	103.6	115.0	106.7	118.3	131.3	6.8%	111.4	105.8	0.32
England	79.3	83.0	111.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	5.5%	100.0	100.0	0.00

Glossary of Terms / Acronyms

AAR Alcohol Arrest Referral	HMP Her Majesty's Prison
ASB Anti-social behaviour	HVO High Volume Offender
ATR Alcohol Treatment Requirement	HWB Health & Well-being Board
A&E Accident & Emergency	IA Inpatient Admissions
BAME Black, Asian, and Minority Ethnic	IDVA Independent Domestic Violence Advisers
BME Black and Minority Ethnic	IOM Integrated Offender Management
CCG Clinical Commissioning Group	IMD Index of Multiple Deprivation
CCTV Closed Circuit Television	ISVA Independent Sexual Violence Advisors
CDRP Crime and Disorder Reduction Partnership	JSA Job Seekers Allowance
CEOP Child Exploitation and Online Protection	JSNA Joint Strategic Needs Assessment
CLA Children Looked After	KS4 Key Stage 4
COPD Chronic Obstructive Pulmonary Disease	LA Local Authority
CPS Crown Prosecution Service	LCJB Local Criminal Justice Board
CRC Community Rehabilitation Companies	LCR Liverpool City Region
CSE Child Sexual Exploitation	LD Learning Disability
CSEP Child Sexual Exploitation Panel	LPT Local Policing Team
CSP Community Safety Partnership	LSCB Local Safeguarding Children Board
DASH Domestic Abuse Stalking & Harassment	LSOA Lower Super Output Area
DHR Domestic Homicide Review	MARAC Multi Agency Risk Assessment Conference
DIP Drug Intervention Programme	MDS Modern Day Slavery
DRR Drug Rehabilitation Requirement	MH Mental Health
DSR Directly Standardised Rate	MSG Most Similar Group
EHA Emergency Hospital Admission	NCA National Crime Agency
EHC Education Health and Care	NCB NHS Commissioning Board
ESA Employment Support Allowance	NCRS National Crime Recording Standards
EYFS Early Years Foundation Stage	NDTMS National Drug Treatment Monitoring System
E&M English & Maths	NEET Not in Education, Employment, Training
FGM Female Genital Mutilation	NHS National Health Service
FPN Fixed Penalty Notice	NPS National Probation Service
FSM Free School Meals	NRM National Referral Mechanism
FTE First Time Entrants	NSPCC National Society for the prevention of Cruelty to Children
GLD Good Level of Development	NTA National Treatment Agency
GP General Practitioner	NVQ National Vocational Qualification
HA Hospital Admissions	NW Northwest
HBV Honour Based Violence	NWG National Working Group
HMIC Her Majesty's Inspectorate of Constabulary	OCG Organised Crime Groups
HMO House in Multiple Occupation	ONS Office for National Statistics

ORA Offender Rehabilitation Act
PCC Police and Crime Commissioner
PIP Personal Independence Payments
PPO Prolific and other priority offenders
PSL Preventable Sight Loss
RJ Restorative Justice
SAC Serious Acquisitive Crime
SAR Standardised Admission Ratio
SARC Sexual Abuse Referral Centre
SEN Special Educational Needs
SIR Standardised Incidence Ratio
SMR Standardised Mortality Ratio
SMHS Secondary Mental Health Services
SSO Serious Sexual Offences
UC Universal Credit
VOL Victim Offender Location
VS Victim Support
WRAP Workshop to Raise Awareness of Prevent
YJB Youth Justice Board
YJS Youth Justice System
YOS Youth Offending Service
YP Young People

Sources

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