



State of Health in the City: Liverpool 2040

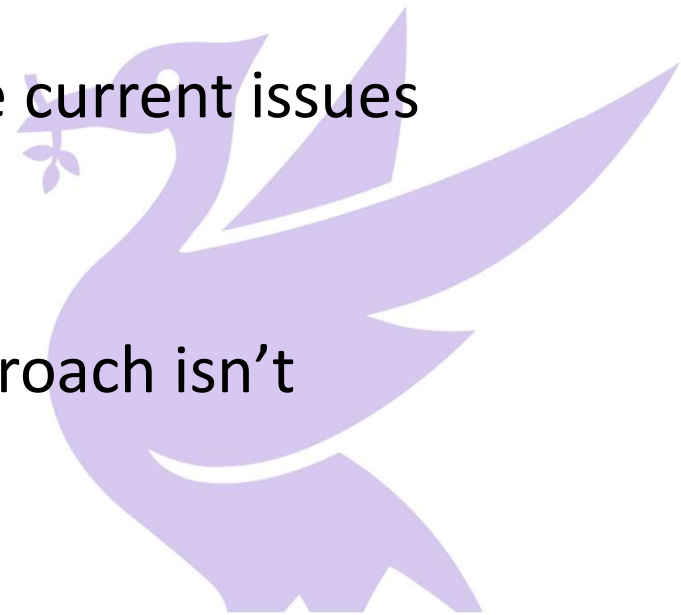
Independent Report by the Director of Public Health

Professor Matt Ashton

January 2024

Why did we do this?

- Political leadership condemning health inequalities
- Not good enough to simply count the current issues
- A call for radical action – current approach isn't enough



How we went about the task

- Established a working group pulling the data and evidence together -
- Engaged with key experts in the City and nationally in drafting and peer reviewing
- Engaged with leading partners in setting our ambition and next steps, including Leader, Cabinet Member, Corporate Management Team and the NHS



Why good health is important

1



- A matter of fairness and equity

2



- A preventable cost to the Health and Social Care systems

3



- A negative impact on the city's economy

Current state of health in 2023



LIFE EXPECTANCY

- 76.1 years for men and 79.9 years for women
- Gap with England = lower by 3.5 years for men and 3.9 years for women (2020-21)
- 1,900 die young (1,100 preventable)



HEALTHY LIFE EXPECTANCY

- 58.3 years for men and 57.9 years for women
- In our poorest areas, people live 15 years less and 18 years longer in poor health than in our most affluent areas



MAJOR ILLNESS

- 90,400 with major illness.
- People in the most deprived areas live with major illness 10-15 years sooner than the most affluent

START WELL

- 26 infants do not reach their first birthday. IMR = 4.8 per 1,000 versus 3.9 in England
- 24,000 children in relative poverty



GROW WELL

- 2,350 (43.5%) 5-year-olds with dental decay (2nd highest)
- 1,375 4-5-year-olds and 2,205 10-11-year-olds with excess weight



LIVE & AGE WELL

- 75,730 (16.1%) with depression
- 70,000 smokers = 13th highest
- 5,000 alcohol specific admissions
- 56 drug misuse deaths = 5th highest



Projected state of health in 2040



LIFE EXPECTANCY & HEALTHY LE

- 0.5-year increase in life expectancy for men, one-year decrease for women.
- Residents to live 26.1% of their lives in ill-health



INEQUALITIES

- Rise in conditions twice as high in deprived practices compared to least deprived (+86% increase versus +46%)



MAJOR ILLNESS

- Increase of 33,000-38,000
- Health conditions to increase by 546,600 (+54%)
- Up 4,000 in minority ethnic groups

CHILD HEALTH

- Key issues - child poverty, mental health and obesity
- Resultant inequalities



HEALTH CONDITIONS

- Depression (up 88,400 to 164,200 people)
- Hypertension (up 20,300 to 99,600 people)
- Cancer (up 16,100 to 34,100 people)



HEALTH CONDITIONS

- Diabetes (up 14,800 to 46,900 people)
- Asthma (up 11,600 to 44,900 people)
- CKD (up 10,600 to 35,600 people)



Drivers of poor health

1



SOCIAL DETERMINANTS

- At least 50% of our health is determined by socio-economic factors and the built environment i.e. housing, fuel poverty, crime, greenspace, social isolation and loneliness
- Liverpool is 3rd most deprived local authority, 63% of residents live in areas most deprived 20% in England

2



HEALTH BEHAVIOURS

- Up to 40% of our health is determined by healthy behaviours
- Unhealthy food, tobacco & alcohol are the three leading behavioural risk factors in the city

3



HEALTHCARE

- Between 15% - 25% of our health is determined by healthcare

What we are doing now

1



OUR AMBITION

- Healthier, happier, fairer Liverpool for all
- One Liverpool Plan (2019-2024)
- The Council Plan (2023-27)

TRANSFORMING LOCAL SERVICES

- Neighbourhood model for frontline services with 13 teams
- Family Hub supporting families where they live



4

2



PROMOTING & PROTECTING HEALTH

- Healthy Cities (WHO)
- Age Friendly Cities Network
- Child Friendly Cities (UNICEF)
- Health in All Policies

INNOVATION AND CHANGE

- 2030 Net Zero Liverpool Action Plan
- Decarbonisation
- Building resilience to climate change



5

3



SHARED PLAN FOR HEALTH

- Working with NHS Integrated Care Board, NHS Place, primary and acute providers
- Shaping services and support around people

HEALTH PROTECTION

- Strengthening vaccinations systems
- Reducing infections & antibiotic prescribing
- New Sexual Health Strategy



6

Our community is our asset

Partnership working in the city

What we need to do



HEALTH EQUITY APPROACH

- NIHR HDRC data & evidence driven approach to population health - £5M funding
- Work closely with partners, community and voluntary sectors



MARMOT CITY BY APRIL 2025

- Address the social determinants of health - housing, income, climate change, mental health and welfare



EQUITABLE ACCESS

- Improve access to health and care services for our underserved communities
- Primary and secondary prevention
- Core20Plus5 model
- Vaccination delivery model

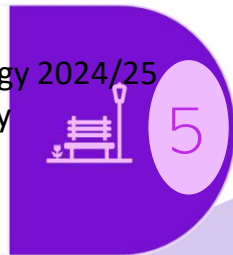
ENSURE BEST START IN LIFE

- Launch Healthy Child Programme in 2025
- Prioritise high quality & inclusive education, skills and employment
- Support & advocate care experienced children



PREVENTION

- Adult Social Care Prevention Strategy 2024/25
- Develop a Women's Health Strategy
- Tobacco Control Strategy 2024
- Alcohol Strategy 2025
- Physical Activity Strategy 2024



MENTAL HEALTH & WELLBEING

- Improve understanding across the city to shape services
- Mental health & wellbeing needs assessment in 2024



What support we need

1



DEVOLVED POWERS ON HEALTH

- Devolved powers on health would support local organisations to improve health outcomes and reduce health inequalities at pace and scale.

2



NATIONAL POLICY ACTIONS

- In the 2024/45 municipal year, the City Council, with the support of its partners, can make the case for national policy actions to address the main drivers of poor health in the City

3



NATIONAL FUNDING

- In the 2024/45 municipal year, the City Council, with the support of its partners, can make the case for changes to future national funding for health and care services in the City, including preventative investment

So what next?

- Unanimous support from Council, very positive response from partners and others
- Oversight from Health and Wellbeing Board and annual report to Council
- Programme of action with partners underway including providing a focus for key plans for health and care in the City



Conclusion



Liverpool City Council

