

Knowsley Joint Strategic Needs Assessment

Vulnerable Groups

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of the needs of the relative population groups:

- Black and Ethnic Minority People including Gypsies and Travellers;
- Lesbian, Gay, Bisexual and Transgender people; and
- Veterans of the Armed Forces Services.

In order to determine the following:

- How much impact does this detail have on the health and wellbeing of local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the Health and Wellbeing Board (HWB) determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

C o n t a c t s

For information about this report please contact:

Paul Peng, Community Cohesion Manager, Knowsley Council

Phone: 0151 443 3073

Email: paul.peng@knowsley.gov.uk

Gwen Forkin, Workforce Development Practitioner, Knowsley Council

Phone: 0151 443 3759

Email: gwen.forkin@knowsley.gov.uk

F u r t h e r i n f o r m a t i o n

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PROTECTED CHARACTERISTIC GROUPS

Introduction

Purpose of this report and what it covers and does not cover

There are particular population groups that are known to be of greater risk of having poor health and wellbeing outcomes and experiencing severe inequalities. The Equality Act 2010 identifies a number of groups as those with “Protected Characteristics”, of which many experience severe inequalities. Within the act these groups are listed as:

Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Race or Ethnic Minority which includes Gypsies and Travellers and Colour and may include Nationality, Religion or belief or non belief, Sex (Male or Female) and Sexual Orientation.

Each of the protected characteristics groups are considered within the individual topic based JSNA reports; in addition there are specific population based JSNA reports covering disability groups (learning disability, and physical disability). However, it is acknowledged that for some particular population groups the wide ranging specific needs should be in one report.

Consequently this report focuses on:

- Race or Ethnic Minorities;
- Gypsies and Travellers;
- Lesbian, Gay, Bisexual and Trans Gender people and;
- Veterans of the Armed Forces¹

The health and wellbeing empirical data on these groups is primarily drawn from national reports which are able to interpret larger amounts of different types of information. However, there is considerable anecdotal evidence which has been obtained through community development interactions.

This JSNA report is divided into four distinct sections covering each of the four identified population groups. Following this, there are sections which identify the implications for commissioners and providers; and challenges.

¹ Veterans of Armed Services is not a protected characteristic group defined in the Equality Act 2010, but has been recognised as a particularly vulnerable group in Knowsley.

Black and Ethnic Minority People including Gypsies and Travellers

The Black Health Agency (BHA) for State of Health Black And Other Minority Groups (May 2013) report intends to provide an overview of racial disparities in health currently being experienced by Black and other minority groups at a national level; though where available local information should be referenced. This is, however, limited as in most instances national evidence is replicated at a local level. The report also provides practical examples of the way in which current trends in racial disparities can be tackled from a review of existing research recommendations and individual/group feedback on the quality of health services. The intention is therefore to contribute to the priorities to be included in a Joint Strategic Needs Assessment (JSNA) from a Black and Minority Ethnic (BME) perspective and encourage commissioners to consider the impact of health inequalities on their legal obligations to protect human rights and meet their obligations within the provisions of the Equality Act 2010.

Quality of data and intelligence available

The quality of data and the available intelligence is determined by the known demographic of the Knowsley Borough. The area does not have the benefit of established representative organisations which may be found in metropolitan localities, in addition the Knowsley borough does not have any authorised Gypsy and Traveller camp sites (permanent or transit) however this report data is cross referenced by:

- The 2012 Stunell Report (tackling inequalities experienced by Gypsies and Travellers);
- British HA State of Health Black And Other Minority Groups (May 2013);
- Knowsley GP patient survey 2014;
- The Knowsley borough unauthorised Gypsy and Traveller encampment data, collated over a period of 15 months (February 2014 - August 2015);
- Annual Knowsley Population survey April 2014 – March 2015;
- Ethnicity School Census January 2015 (Year 1 to Year 11);
- Cheshire and Merseyside Protected Characteristic Profiles reports Autumn 2015 (Well being, Mental illness and Severe Mental illness);
- NHS Atlas of Variation in Health Care September 2015; and
- Anecdotal population data gathered as a consequence of local specialist service delivery (housing tenants self declarations; hate crime analysis across Knowsley wards).

Black and Ethnic Minority People

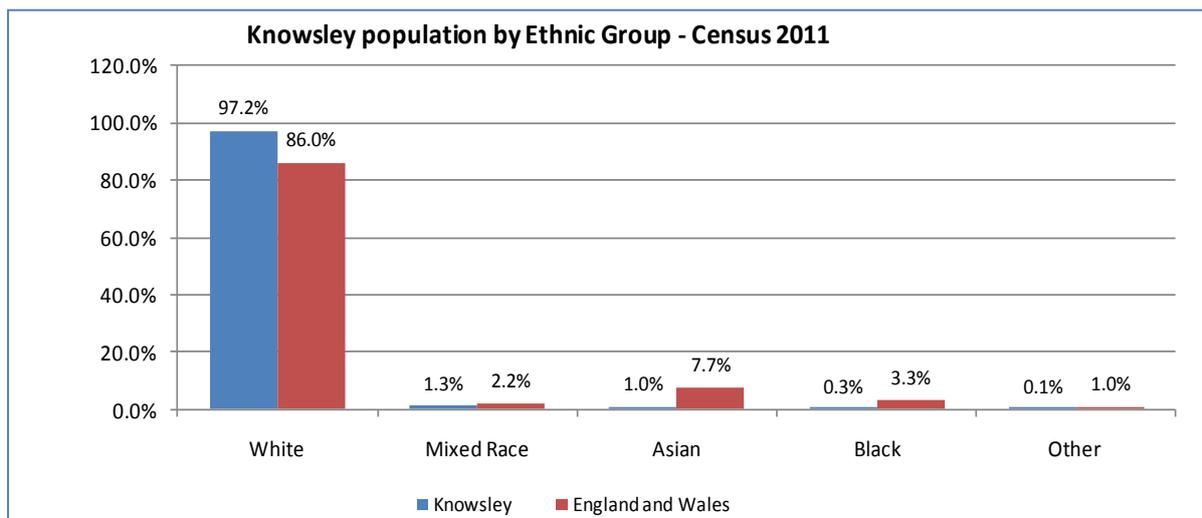
National Health and Wellbeing issues affecting this group

The pattern of risk factors and the likelihood of developing health conditions vary by ethnic group. The evidence states that the BME group is subject to the following health inequalities:

- Cigarette smoking prevalence is highest amongst the Mixed Ethnic Group (27%);
- Stroke related deaths are higher amongst the Black Ethnic Groups, with age-standardised rates of: 163 and 139 per 100,000 for black males and females respectively;
- Type 2 diabetes is up to 6 times more likely in people of South Asian descent, and up to 3 times more likely in African/Afro Caribbean;
- People at increased risk of having been exposed to TB include:
 - TB - Ethnic minority groups born in the UK who have frequent contact with high TB-burden countries – in 2013, the rate of TB in UK-born Indian, Black-African & Pakistani was 132, 123 and 114 per 100,000 respectively - higher than that in the UK born White population.
- Mental Health – Black and ethnic minority patients are more likely to receive a diagnosis of mental illness than the White British. Studies show up to seven times higher incidence of psychosis among Black Caribbean people than among the White British;
- Dementia - Early onset dementia (a rare type affecting people under 65) is more frequent among Black and other minority people with 6% of people having it compared to 2% of the white population;
- Cancer - In comparison with White ethnic groups, Black groups have significantly higher rates of stomach cancer, with the age-standardised rate for black males ranging from 16.1 to 25.6 per 100,000 (compared with 96.0 to 99.9 per 100,000 for white males.);
- Cancer - In comparison with White ethnic groups, Black groups have significantly higher rates of myeloma, with the age-standardised rate for black males ranging from 10.9 to 18.2 per 100,000 (compared with 6.1 to 6.5 per 100,000 for white males);
- Cancer - Black men have higher rates of prostate cancer, with the age-standardised rate ranging from 120.8 to 247.9 per 100,000 (compared with 14.1 to 14.7 per 100,000 for white males);
- Cancer - Asian women have increased rates of cancers of the mouth, particularly those aged 65 and over - with the age-standardised rate, (for women) ranging from 4.0 to 7.1 per 100,000 (compared with 3.4 to 3.6 per 100,000 for white females. [Source.](#)

Scale of Issue within Knowsley

According to the 2011 population Census, 97.2% of Knowsley's residents are White British, with the next highest proportion of people being of Mixed Ethnic Origin (at 1.3%). This Ethnic profile differs from that nationally, where 86% of residents are White British, followed by Asian/Asian British at 7.7%. The Ethnic composition of Knowsley and England/Wales is illustrated in the following table.



The following extract is from the Knowsley Annual Population Survey (16-64) April 2014 – March 2015:

	Number	Knowsley Population	Percentage %
Percentage of population who are white not UK national	2,400	144,400	1.7
Percentage of population who are ethnic minority UK national	3,800	144,400	2.6
Percentage of population who are ethnic minority not UK national	1,200	144,400	0.8

Anecdotal evidence also reflects emerging new nationalities and ethnic communities from The Philippines, Poland and nominal cohorts of asylum seekers and refugees from Sudan, Eritrea, Afghanistan and Syria.

Some of these are related to hereditary and ethnic origin but others are due to lifestyle choices. In addition, as detailed earlier, national evidence suggests that BME groups may not be accessing health and social care services in accordance with their level of need or in a timely manner. Research suggests this is due to poorer communication, undue expectation, possible stereotyping, need for further

training and cultural awareness that can combine to impact on BME residents in relation to their service provision and access.

For Knowsley the anecdotal evidence demonstrates the lifestyle choices and opportunities are much more positive for BME residents. This is due higher numbers of employed; professional; owner-occupiers; who are dispersed across the borough.

Gypsies and Travellers

The Gypsies and Travellers group experiences health and wellbeing inequalities, which impact both on their health outcomes and their experiences of the healthcare system. Research has identified that the culture of this group can act as a barrier to people seeking treatment and support. In addition, racism and exclusion towards Gypsies and Travellers is more of a challenge for this group than practically any other; as it remains socially acceptable to allow or ignore the discrimination they experience.

National Health and Wellbeing issues affecting this group

Statistical data are not currently collected within the National Health Service about the needs of Gypsies and Travellers, or the services they receive. National data about their health and healthcare status are therefore not available. However, the report [Inequalities experienced by Gypsy and Traveller communities: A review](#) (EHRC; Winter 2009) revealed that Gypsies and Travellers have worse health than others:

- 38% of a sample of 260 Gypsies and Travellers had a long-term illness, compared with 26% of age- and sex-matched comparators;
- Significantly more Gypsies and Travellers reported having arthritis, asthma, or chest pain / discomfort than in the comparison group (22%, 22% and 34%, compared with 10%, 5% and 22% respectively);
- They were over three times more likely to have a chronic cough or bronchitis, even after smoking status had been taken into account;
- Mobility problems were reported by 25% of Gypsies and Travellers and 15% of the comparison group;
- Saunders (2007) reported a high prevalence of diabetes and a lack of community knowledge of risk factors or of the implications of having the condition;
- An outreach project in Wrexham noted that when compared to a control group of residents from a deprived local area, Gypsies and Travellers had lower levels of exercise, a significantly poorer diet (particularly in respect of fresh fruit and vegetables), and had far higher rates of self-reported anxiety and

depression (Roberts et al, 2007). It also found that the risk of premature death from cardiac disease was particularly high for Gypsy and Traveller men;

- In the Dorset Gypsy Traveller Accommodation Needs Assessment (GTAA), 39% of a sample of 89 New Travellers reported poor health, in some cases related to addiction, and including chronic liver conditions associated with substance abuse (Home & Greenfields, 2006); and
- Gypsies and Travellers have been found to be nearly three times more likely to be anxious than others, and just over twice as likely to be depressed, with women twice as likely as men to experience mental health problems (Parry et al, 2004).

Scale of Issue within Knowsley

The Knowsley Ethnicity school census January 2015 identifies the following for Gypsy and Travellers schooled within the borough:

- Gypsy Roma = 8
- Travellers of Irish Heritage = 6

The total recorded numbers relative to Black and Ethnic Minorities attending schools in Knowsley including Gypsy and Travellers for year 1 to 11 = 650. This figure includes; any other ethnic group (25), any other Mixed Background (113), any other White Background (137) and White Irish (24). The total school population for year 1 to 11 is 13,817, unknowns = Information not yet obtained = 77 and Refusals = 40.

For Gypsies and Travellers schooled in the borough, school data confirms these as housed in the borough. School data also confirms culture as constant.

The following information reflects unauthorised Gypsy and Traveller encampments in Knowsley for the period February 2014 to August 2015 collated by Knowsley Council.

Date	Encampment Numbers	Days located in the borough
27 August 2015	15 Caravans 30 Motor Vehicles	7
11 August 2015	1 Caravan 2 Motor Vehicles	13
20 July 2015	1 Caravan 2 Motor Vehicles	8
25 May 2015	2 Caravans 2 Motor Vehicles	15
16 February 2015	1 Caravan 2 Motor Vehicles	11
6 February	6 Caravans 6 Vehicles	9
29 December 2014	1 Caravan 1 Motor Vehicle	14
12 December 2014	1 Caravan 1 Motor Vehicle	17
28 August 2014	1 Caravan 1 Motor Vehicle	6
9 July 2014	7 Motor Vehicles and Tents	4
17 March 2014	1 Caravan 1 Motor Vehicle	6
28 February 2014	1 Caravan 1 Motor Vehicle	6

Lesbian, Gay, Bisexual and Trans Gender (LGB&T) people

The LGB&T companion to the Public Health Outcomes Framework (2014) sets out a broad span of research that shows that LGB&T people experience significant health inequalities compared to the wider population from high rates of physical and emotional bullying, and risk of parental rejection and running away in childhood, through significantly higher rates of suicide and self-harm, drug and alcohol use and smoking in adulthood, and social isolation and extreme vulnerability in old age. The companion sets out the evidence base related to specific public health indicators, and makes clear recommendations for action at local, regional and national levels. The companion also highlights best practice and signposts a wide range of resources available to help everyone reduce the inequality gap for their LGB&T communities.

Quality of data and intelligence available

The quality of data and the available intelligence is determined by the known demographic of the Knowsley Borough. The area does not have the benefit of established representative organisations which may be found in metropolitan localities however this report data is cross referenced by:

- Public health white paper 'Healthy Lives, Healthy People' 2011;
- Knowsley GP patient survey 2014;
- The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document (2014);
- The Lesbian and Gay Foundation "LGBT Communities, a Summary for Joint Strategic Needs Assessment 2014";
- Annual Knowsley Population survey April 2014 – March 2015;
- Cheshire and Merseyside Protected Characteristic Profiles reports Autumn 2015 (Well being, Mental illness and Severe Mental illness);
- NHS Atlas of Variation in Health Care September 2015; and
- Anecdotal population data gathered as a consequence of local specialist service delivery (housing tenants self declarations; hate crime analysis across Knowsley wards).

National Health and Wellbeing issues affecting this group

The Lesbian and Gay Foundation (LGF) cites the public health white paper 'Healthy Lives, Healthy People' as identifying poor mental health, sexually transmitted infections (STIs), problematic drug and alcohol use and smoking as the top public health issues facing the UK. All of these disproportionately affect LGB&T populations. The LGF further states a number of specific statistics, referencing priority health focus areas as the following;

- 1 in 10 men who have sex with men are living with HIV, and 1 in 3 HIV positive men (in major UK cities) have undiagnosed HIV infection;
- Illicit drug use amongst LGB people is at least 8 times higher than in the general population;
- Around 25% of LGB people indicate a level of alcohol dependency;
- Nearly half of LGB&T individuals smoke, compared with a quarter of their heterosexual peers;
- Lesbian, gay and bisexual people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm; and
- 41% of Tran's people reported attempting suicide compared to 1.6% of the general population.

The LGF report that demand for health and social care services is increasing at the same time as funding is falling across the public, private and voluntary sectors. For example, during 2010/11, the Lesbian & Gay Foundation (LGF) helped 58% more counselling clients compared to the previous year, and delivered 28% more counselling sessions. The severity of issues reported by service users also increased, with nearly half (47%) of counselling clients having previously attempted suicide.

Wider determinants or other challenges to good health for LGB&T people include:

- Care pathways for Tran's people are not meeting the international standards as set out by the World Professional Association for Transgender Health (WPATH). Care pathways remain inconsistent due to uneven commissioner and GP awareness of trans people's needs; 25% of trans people have been refused health treatment because a practitioner did not approve of gender reassignment;
- LGB&T older people are far more likely to live alone with fewer support networks, which means they are more likely to be isolated and/or unable to access social care. Social care is behind other health services in looking at LGB&T issues;
- A recent Equalities and Human Rights Commission report into homecare stated: "older lesbian, gay, bisexual and trans people quite often face harassment or misunderstanding ... or ignorance of their needs in [care] services so they often have to go back "into the closet" for fear of the reaction that they might get from care providers";
- Research suggests that gay men and lesbians are less likely to have routine screening tests than heterosexuals;
- 37% of lesbian and bisexual women identified they had been told by a health professional that lesbian and bisexual women did not require a cervical screening test;
- A survey of mental health professionals showed that 17% of therapists, psychoanalysts and psychiatrists have assisted at least one client/patient to

reduce or change their homosexual feelings, despite that the British Association for Counselling and Psychotherapy (BACP) has stated “it would be absurd to attempt to alter such fundamental aspects of personal identity as sexual orientation by counselling”, and such ‘reparative’ therapies may actually cause significant long term harm; and

- 20% of health care professionals admit to being homophobic. This has serious consequences for both care quality and patient outcomes.

A GP patient survey commissioned by the Department of Health has operated since 2009. The survey provides information on patients’ overall experience of primary care services and their overall experience of accessing these services. Analysis derived from the latest (2014) survey, is based on data aggregated from two separate waves – dated: January to March 2014 and July to September 2014 respectively. In particular, the analysis focuses on the Ethnicity, Sexuality and Religion datasets (N.B. Religion datasets are not the focus of this report).

The LGBT group experiences the following health inequalities, which impact both on their health outcomes and their experiences of the healthcare system.

- Significantly higher rates of attempted suicide, self-harm and mental ill health across all minority groups compared to the general LGB&T population. For example, data was extracted on 214,344 heterosexual and 11,971 non heterosexual people aged 12 and over. Meta-analyses revealed a twofold excess in suicide attempts in lesbian, gay and bisexual people (pooled risk ratio for lifetime risk); and
- The risk for depression and anxiety disorders (over a period of 12 months or a lifetime) on meta analyses were at least 1.5 times higher in lesbian, gay and bisexual people and alcohol and other substance dependence over 12 months was also 1.5 times higher.
- Domestic violence rates are higher among minority LGB&T groups than in the general LGB&T population. For example, evidence provided by Stonewall states that half of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17 per cent of men in general.
- Surveys suggest a slightly higher proportion of the LGB&T population are living with a disability than the general population
- Evidence from the 2013 Integrated Household Survey suggests that smoking rates are higher among lesbian, gay, bisexual and Trans (LGBT) people than among other communities.
- BME lesbian and bisexual women appear to have higher risk of cardiac disease, diabetes and cancer as well as different patterns of risk behaviours compared to their white LB and heterosexual counterparts.

Solutions which can be considered as part of the JSNA and Joint Health and Wellbeing Strategy process could include:

- Ensuring there is information regarding the needs of LGB&T people included in the JSNA;
- Consider linking evidence about local general populations to other evidence about LGB&T people; for example high rates of harmful drinking in a local area will inevitably include a disproportionate amount of local LGB&T harmful drinkers
- Work in partnership with LGB&T voluntary and community sector groups such as The Lesbian & Gay Foundation, who have experience in bringing local LGB&T communities issues and needs to local decision makers and service providers

Scale of Issue within Knowsley

Estimates of the size of the LGB population vary, but surveys designed to capture sexual orientation and behaviour show 5-7% of the population is LGB, which is the figure the Government used when modelling the affects of civil partnership legislation. Taking 6% as the midpoint and using the most recent population estimate of 52.2m people in England, we can reasonably estimate that the LGB population of England is 3.1m people.

In terms of the Trans population specifically the information is poorer. The Gender Identity Research and Education Society (GIRES) estimate that around 1% of the population is 'gender variant' to some degree, although not all will seek medical treatment. The number of people seeking treatment is increasing at around 11% each year.

Although there is limited information on sexual orientation at a local to Knowsley level, data derived from the latest (2014) GP patient Survey (see table below), showed 94% (2,283) of people responding to the 2014 GP Survey stating that their sexual orientation was Heterosexual (straight). Of the remaining 6%, 47 (2%) said they were gay or lesbian and 25 (1%) said they were bisexual.

Sexual Orientation	Number	Percentage.
Heterosexual / Straight	2,283	94%
Gay / Lesbian	47	2%
Bisexual	25	1%
Other	*	*
Prefer not to say	67	3%
Total	2,430	

N.B.: the sum of individual proportions may not correlate with the total due to suppression of low response data.

At the national level, figures on sexual orientation and a question on sexual identity was included in the 2012 Integrated Household Survey from the ONS (Office for National Statistics). This survey had 180,000 respondents from across the UK aged 16 years and over.

By gender, across the UK, 0.3% of males answered that they were bisexual and 1.5% of males answered that they were gay. Amongst women, 0.5% of respondents answered that they were bisexual and 0.7% answered that they were gay/lesbian.

Veterans Groups

In 2001 the UK Ministry of Defence formally defined the word “veteran” as a person who has served more than one day in any of the 3 services, together with his/her dependents. This is the most inclusive definition possible; and on this basis it is estimated that there are approximately 5.5 million ex-servicemen and about 7.5 million dependents who qualify as veterans – in total some 13 million people, amounting to almost 20% of the UK population.

Having established what a veteran is, the next step is to identify the population that this definition refers to. This has traditionally proved to be difficult to do with great accuracy, given that there are recorded difficulties connecting with the veteran community, a lack of monitoring and statistics that have been employed to date and the perceived reticence of veterans to approach statutory services in all but the most extreme/severe cases.

Quality of data and intelligence available

The following local, regional and national reports have been utilised to support the analysis of the targeted groups. Public health white paper ‘Healthy Lives, Healthy People’ 2011;

- Cheshire and Merseyside Military Veterans Service 2015 - (specialist mental health services for Military Veterans);
- Cheshire and Merseyside 2013 “Health needs assessment for ex-armed forces personnel aged under 65, and their families Liverpool Health Observatory.
- Knowsley GP patient survey 2014;
- Annual Knowsley Population survey April 2014 – March 2015;
- Cheshire and Merseyside Protected Characteristic Profiles reports Autumn 2015 (Well being, Mental illness and Severe Mental illness);
- NHS Atlas of Variation in Health Care September 2015; and

- Anecdotal population data gathered as a consequence of local specialist service delivery (housing tenants self declarations; hate crime analysis across Knowsley wards).

National Health and Wellbeing issues affecting this group

From a 2009 study (Amy C. Iverson & Neil Greenberg (2009) Mental health of regular and reserve military veterans in *Advances in Psychiatric Treatment* (2009) vol. 15, 100-106), The Veterans group experiences specific health inequalities, which impact both on their health outcomes and their experiences of the healthcare system. The initiative identified the following key themes as the most common mental health problems in veterans in approximate order of prevalence:

- Adjustment disorders
- Alcohol misuse
- Anxiety/panic disorder
- Depressive disorders
- Personality disorders
- Post-traumatic stress disorder (PTSD)
- Drug misuse

Although in many respects, the health of military Veterans is similar to the general population of the same age, a Royal British Legion (RBL, 2006) survey found that a number of conditions are significantly higher in the adult ex-Service community than the general adult population in Great Britain.

These are musculoskeletal (21% in the ex-Service community, compared to 15% in the general population), Cardio-vascular (21% compared to 15%), respiratory (8% compared to 6%), mental health problems (4% compared to 3%), sight problems (4% compared to 2%), and hearing problems (4% compared to 1%). The survey also found that self-reported long term illness or disability was much higher in Veterans – 52%, compared to 35% for the population as a whole.

Scale of Issue within Knowsley

The Knowsley data for this group is contained within survey results conducted by Royal British Legion (RBL) in 2007 which then identified the borough Veterans group by age and number as

16-24	25-34	35-44	45-54	55-64	<65's
323	527	1190	1214	1080	4334

These figures can be considered as reasonably accurate as NHS Wirral have latterly used the RBL report to extrapolate figures on the potential veteran population in North-West PCT' catchment areas. In addition a 2013 "health needs assessment for ex-armed forces personnel aged under 65, and their families " conducted by Liverpool Health Observatory focussing on Cheshire and Merseyside also used the above figures in determining the target area demographic which included Knowsley.

Commencing 1st July 2015 a programme of Mental Health Service provision has been implemented within the Knowsley Borough as a component of a joint "Specialist Mental Health Services for Military Veterans" initiative developed by Lancashire, Greater Manchester and Cheshire and Merseyside Clinical Commissioning Groups (CCG). Knowsley CCG is a member of the partnership activity which includes Cheshire and Merseyside.

Current service provision and actions

The Health and Wellbeing Directorate of Public Health England have been tasked with the responsibility to lead on health inequalities, to seek ways to support the implementation of the report's recommendations.

Three Points of intervention were cited as appropriate to support breaking a cycle of marginalisation for these protected characteristic and vulnerable groups.

- Development of the evidence base – besides what is fact based data add in the anecdotal;
- Increase the knowledge and engagement of policy and decision makers – targeted consultation forums; and
- Utilise the capacity of local Voluntary and community organisations – particularly those who focus on these groups.

The content of this report includes contributions from "Local Advisory Groups (LAGS)" for the purposes of determining the following:

- How do the profiles and issues relate to your area?
- Are there any local issues you think should be fed into the report?
- If the recommendations were to be implemented in your area; what difference would you see? Discuss.

The LAGS consist of elected members; community representatives and officers from a range of public, private and voluntary organisations. The LAGS were representing the four different areas within the borough i.e. Prescott, Whiston, Cronton and Knowsley Village; Huyton; Kirkby and Halewood. Their individual local area contribution agreed with the content of the report.

How expected trends are likely to impact on service provision

There are differences between each of the groups which may reflect an impact on service but due to the limited data available a specific projection would not give a statically reliable picture.

- Regardless of the increase in the Black and Minority Ethnic (BME) population (1.8% increase between 2008 and 2015); significant numbers of individual groups do not establish long term connections with the Borough.
- Gypsies and Travellers are considered within the “Local Area Plan” but there are no definitive intentions to establish an authorised site or transient pitches and therefore no indication that there will be an increased impact on service provision.
- Knowledge of the local LGBT population can only be improved through cultural changes which reflect receptivity to the different needs of those who identify.
- Veterans and their family members will be supported through a number of targeted mental health and cohesion projects which should conclude with an increase in the empirical data available.