# St Helens Public Health Annual Report 2024/25

## Stronger Communities, Better Health

# Contents


Foreword ..... 3
Executive Summary ..... 4
Introduction: A Local Picture of the Community ..... 6
Background: Community-Centred Approaches ..... 11
Our Work in Communities ..... 13
- Infant Feeding Insights ..... 13
- Youth Bursary Scheme ..... 17
- Money Matters Virtual School ..... 20
- HPV Insights ..... 24
- Arts on Prescription ..... 27
- Men's Wellbeing Project ..... 30
- Everyone on Wheels ..... 33
- Come Together Hub ..... 36
- Cervical Screening ..... 39
- St Helens Together Against Stigma ..... 42
- Connecting Health Communities in St Helens – Tackling Loneliness, Social Isolation and Stigma ..... 46

Linking to Future Directions ..... 50
Recommendations ..... 53
Review of Last Year's Recommendations – Best Start in Life ..... 54
Acknowledgements ..... 56

# Foreword

The theme for this year's Public Health Annual Report is evidence-based community centred approaches for improving health and wellbeing, which showcases examples of projects and programmes delivered during 2024-25.

Involving and empowering local communities, and particularly disadvantaged groups, is central to our public health strategy as it promotes health and wellbeing and reduces health inequalities.

Our greatest community assets are people, as they have valuable skills, knowledge, friendships and social connections. All of which supports inter-generational solidarity, community cohesion and neighbourliness. Our physical, environmental and economic resources are also assets that can enhance wellbeing, alongside assets brought by the public, private, community and voluntary sector.

With the support of our community, voluntary partners and local groups, we have strived to put people at the heart of how we identify needs and strengths, design initiatives, deliver support together, and jointly evaluate if we have made a difference.

However, it is recognised that not all places benefit from the same physical and social infrastructure, and people's sense of pride in and connection to their communities is not equally distributed.

The social, economic and environmental conditions in which people are born, grow, live, work and age have a huge impact on health. Key to our approach is embedding the eight Marmot principles which underpin and drive the focus of our public health work across the life course, to ensure all residents have equal life chances to enjoy the benefits of a long, fulfilled and healthy life.

Whilst we have made positive progress on several outcomes, such as children's early development, breastfeeding rates and vaccination uptake, there is still more work needed to improve healthy life expectancy, mental wellbeing, cardiovascular health, and to reduce smoking, drug and alcohol use.

This report provides recommendations for future working within our neighbourhoods, and I encourage all partners to adopt and embed community centred approaches within their programmes and services to improve health and wellbeing outcomes. I would like to acknowledge and give gratitude to the previous Director of Public Health, Ruth du Plessis, whose compassion for working alongside communities to address inequalities has provided a strong foundation on which to build.

I would also like to sincerely thank my team, colleagues and partner organisations who have contributed to this report, and to all community members who give their valuable time, passion and expertise in supporting others.

**Shirley Goodhew**
Interim Director of Public Health
St Helens Borough Council

# Executive Summary

This year's Public Health Annual Report highlights how community-centred approaches are central to improving health and reducing inequalities in St Helens. Despite persistent and in some cases widening health inequalities, the borough has strong assets: resilient communities, a growing voluntary and community sector, and a track record of co-production and partnership working. The report demonstrates how placing communities at the heart of decision-making can strengthen wellbeing, improve access to services and build long-term resilience.

**A borough facing inequality but rich in assets**
St Helens is home to over 185,000 residents, with population growth expected to continue. However, 37.6% of residents live in the 20% most deprived areas nationally, and over a third of neighbourhoods fall within the most deprived decile for health deprivation and disability. Life expectancy varies by up to 14.9 years between neighbourhoods, underlining stark health inequalities.

Key health challenges include:

- High mortality from cancer, circulatory disease and respiratory conditions.
- Low uptake of early maternity care.
- Rising numbers of children with special educational needs.
- High rates of self-harm admissions, chronic liver disease, obesity and alcohol-related harm.
- Lower than desired vaccination and screening uptake in some groups.

Alongside these challenges, St Helens benefits from strong employment rates, improving physical activity levels and high levels of neighbourliness and volunteering, providing a solid foundation for community-based action.

**Community-centred public health in action**
The report showcases a wide range of evidence-based, community-centred initiatives delivered during 2024/25, aligned to Marmot principles and national policy direction. These include:

- **Infant Feeding Insights**, improving breastfeeding support through lived-experience engagement.
- **Youth Bursary Scheme**, removing cost barriers to sport and leisure for vulnerable children.
- **Money Matters Virtual School**, strengthening financial capability to help break cycles of poverty.
- **HPV Vaccination Insights** and **Mobile Cervical Screening**, improving prevention and access.
- **Arts on Prescription**, providing long-term, non-clinical mental health support.
- **Men's Wellbeing Project**, tackling male suicide through peer-led, asset-based approaches.
- **Everyone on Wheels**, enabling inclusive physical activity for disabled residents.
- **Come Together Hub**, St Helens' first lived-experience recovery organisation.
- **Together Against Stigma**, challenging stigma around substance use and recovery.

- **Connecting Health Communities**, addressing loneliness, isolation and systemic stigma.

Across these programmes, common themes emerge, these are: co-production, peer support, trust, accessibility and the value of lived experience in improving outcomes and engagement.

**Whole-system working and future direction**
St Helens has been selected as an early implementer of the National Neighbourhood Health Implementation Pioneer (NNHIP) programme, reflecting the borough's maturity in community engagement and collaborative working. The report positions public health as a key enabler of this model through prevention, population insight and strong links with the voluntary, community, faith and social enterprise sector.

Public health will play a central role in:
- Supporting integrated neighbourhood health teams through prevention and early intervention.
- Strengthening vaccination, screening and health improvement outreach.
- Scaling successful community-based models across the borough.
- Using population health intelligence to target support where it is most needed.

**Key recommendations**
To sustain and build on progress, the report recommends that partners across the system:

- **Expand and diversify community engagement**, particularly with under-represented groups.
- **Embed community-centred approaches** as standard practice in public health and the commissioning of services.
- **Make better use of community assets and expertise** when designing, delivering and evaluating interventions.
- **Improve feedback loops** so residents can see how their voices shape decisions.
- **Continue celebrating and supporting voluntary and community action**, recognising its vital role in reducing inequalities.

**Conclusion**
This report demonstrates that while St Helens faces significant health challenges, a community-centred public health approach offers a powerful route to change. By strengthening relationships, sharing power and working as a whole system, the borough is well-placed to improve outcomes for residents, reduce inequalities and build stronger, healthier communities for the future.

# Introduction: A Local Picture of the Community

St Helens covers an area of 136 square kilometres, is home to over 185,000 people, and is proud to be part of the Liverpool City Region. It is a place with a strong identity and cultural history, rooted in our world-famous industrial heritage. Our strategic position at the heart of the North West provides excellent connections to and from our borough. Its mixed urban-rural nature, with over 58% of the area green belt[1], makes for a very attractive place to live, with strong growth in new housing, infrastructure, regeneration and increasing numbers of people choosing to live here. Housing development within the borough gives us a growing and more diverse population, with populations projected to reach around 200,000 by 2035.[2]

We are proud of who we are and #LoveStHelens[3]. Our residents and our community remain at the forefront of everything we do. The St Helens Borough Strategy vision is: 'Working together for a better borough, with people at the heart of everything we do by improving people's lives together and creating distinct, attractive, healthy, safe, inclusive, and accessible places in which to live, work, visit and invest.'

Belonging to a community is important for emotional wellbeing and feeling connected, promoting sound mental health and reducing loneliness. Being part of a strong community gives people a sense of belonging and purpose, allowing their voice to be listened to. Communities provide access to support systems during challenging times, and help amplify achievements when overcoming challenges, fostering resilience.

Community-centred approaches and practices within public health can help reduce health inequalities, by placing communities at the heart of decision making and actions. They can help build resilience and outcomes through social connectivity, whilst utilising local assets and resources. Some examples in practice could involve community champions, integrated health, social and community care, as well as neighbourhood health initiatives.

Health inequalities persist and are widening in some instances. For example, life expectancy at birth for males (2019-2023) differs by up to 14.9 years between two different middle super output areas (MSOA) within St Helens (Eccleston and Town Centre East & Fingerpost). St Helens remains committed to tackling health inequalities, with our Inequalities Commission at the forefront of this work, helping to reduce isolation, confront stigma, and utilise self-esteem and independence focused services, all of which are foundations to a robust community.

[1] MHCLG - Local authority Green Belt statistics for England: 2024 to 2025 (https://www.gov.uk/government/statistics/local-authority-green-belt-statistics-for-england-2024-to-2025)
[2] NOMIS: Population projections: 2022 based
[3] https://www.sthelens.gov.uk/article/13235/LoveStHelens

**Our community in brief**
37.6% of people in St Helens live in the 20% most deprived areas in the country. This equates to approximately 70,000 residents and is nearly enough people to fill Saints Rugby Stadium four times. Data from the 2021 Census shows that 6.5% of people in St Helens are from ethnic groups other than White British and less than 3% identify as LGBTQIA+.

The borough faces many health challenges, with 35.5% of all Lower Super Output Areas (LSOAs) falling within the 10% most deprived in 'Health Deprivation and Disability' domain of the 2025 Indices of Multiple Deprivation (IMD).[4]

In St Helens, in 2024, the main causes of death were[5]:

- Cancers and neoplasms: 26%
- Circulatory issues, such as heart failure: 22%
- Respiratory issues, such as chronic obstructive pulmonary disease: 14%

**Public Health issues**
Just over half (50.8%) of pregnant women had early access to maternity care in 2023/24, which was some way behind the national proportion of 63.5%. Early access to maternity care is important in identifying women who may need more care than usual. This was the 3rd lowest proportion in the region.[6]

Over 1 in 5 school age children in St Helens (22.9%) had Special Educational Needs (SEN) in the 2024/25 academic year. The proportion of SEN children in St Helens has followed an increasing trend, rising from 17% in 2018/19. A higher SEN prevalence can indicate more children with developmental delays, disabilities, or health conditions, which may be linked to factors like poverty, poor maternal health, or environmental risks, and may place greater demand on specialist services and resource.[6]

2023/24 saw the proportion of children in St Helens who were not in education, employment or training (NEET) hit the highest percentage (6.1%) in 5 years. Evidence suggests that children who are NEET may find their future job prospects and earning potential limited, as well as being at an increased risk of exploitation of gangs, drug use and other anti-social activity, as well as long term unemployment.[6]

In 2024/25, 38.7% of at-risk populations were vaccinated against influenza (flu) which is the lowest coverage since 2010/11. The national coverage follows a similar trend to St Helens. Vaccination coverage is a key measure of how well a population is protected against vaccine-preventable diseases. Immunisation remains one of the most effective healthcare interventions, and flu vaccines can significantly reduce illness and hospital admissions among vulnerable groups. Improving flu vaccine uptake in these high-risk populations can also help alleviate winter pressures on

[4] IMD 2025
[5] St Helens Borough Council: Public Health Intelligence
[6] Fingertips

primary care and hospitals. Vaccination coverage is closely linked to disease prevalence.[6]

St Helens had the 2nd highest mortality rate (41.6 per 100,000 DSR) from chronic liver disease between 2022-24 across all of England. Chronic liver disease is often linked to risk factors from lifestyle such as excessive alcohol consumption, poor diet, diabetes, high blood pressure and hepatitis.[6]

In 2023/24, St Helens had the highest directly standardised rate in the North West region for emergency hospital admissions due to intentional self-harm (285.7 per 100,000). The rate of 285.7 per 100,000 pertains to 515 admissions. Whilst having a statistically significantly higher rate of emergency admission due to self-harm compared to England, the rate in St Helens has decreased from 372.9 per 100,000 in 2022/23 (665 admissions). A high self-harm rate may indicate elevated levels of stress, anxiety and depression amongst residents, as well as influence from the wider determinants of health and inequalities.[6]

Just over 1 in 4 people (25.3%) in St Helens are physically inactive (2023/24), in line with England and the North West, which is an improvement from 29% in 2022/23. Being physically active can help reduce the risk of chronic diseases, improve mental health and cognitive function, as well as having social interaction opportunities.[6]

13.4% of people registered with a GP in St Helens were known to be current smokers in 2024/25, which is similar to the national percentage (13.5%). Whilst this figure continues to fall, it does not consider an increase in vaping behaviour, of which the health implications are still to be fully identified.[6]

Over 75% of people of working age (16-64) in St Helens were known to be employed in 2024/25. This was the highest percentage across the Liverpool City Region, highlighting the good economic growth, infrastructure and opportunities within our borough.[6]

Obesity prevalence in adults (18+) in 2023/24 was 34%, the third highest across the North West. Obesity is linked to shorter life expectancy and is associated with numerous chronic conditions, including cardiovascular disease, type 2 diabetes, more than a dozen types of cancer, as well as liver and respiratory diseases. It can also negatively affect mental health. The likelihood and severity of these conditions rise as body mass index (BMI) increases.[6]

Whilst the borough faces many health challenges, they should not be seen as obstacles but as opportunities to innovate, deliver good outcomes for residents, and unite people around a shared purpose and goal. It was clear that there was a great potential to drive community-based approaches during 2024/25 to achieve this.

The Department for Culture, Media and Sports' Community Life Survey in 2023/24[7] revealed that in St Helens:

- 64% of respondents strongly felt they belonged in their immediate neighbourhood.
- 37% feel people can be trusted.
- 21% felt they could personally influence decisions in the local area.
- 53% were proud to live in the area.
- 91% agreed people would be there for them if they needed help.
- 48% volunteered in the last year.
- 40% felt it was important to feel like they can influence decisions in the local area.
- 72% talk to their neighbours more than just to say hello.

Whilst this survey was based on smaller numbers of respondents, it does suggest that there remains some work to be done to help improve people's sense of belonging, trust, pride and ability to influence decisions in their community.

**Our community infrastructure**

The overarching priority outlined within the 2020-2030 St Helens Borough Strategy is to 'Empower and enable residents and community organisations to play a more active role in delivery'. In St Helens there are seven localities, which are derived from 18 wards. This includes three Family Hubs, two Children's Centres, one Community Hub at Chester Lane, multiple Warm Spaces, an online Live Well Directory, the Living Well Bus and various community groups, forums and networks. Within our responsibility for public health, we work closely with the voluntary, community, faith and social enterprise sector. The infrastructure organisation is called Halton and St Helens Voluntary and Community Action, or VCA for short.

Their focus is underpinned by tackling health inequalities and strengthening engagement, with a particular emphasis on those experiencing the poorest health outcomes and the most marginalised communities.

The VCA build partnerships that harness local assets, including volunteers, alternative funding sources, insights into health inequalities and prevention, as well as community resources such as residents' unique skills, knowledge, and available premises.

In addition, the VCA provide services and activities that are guided by strong values, holistic in approach and tailored to individual needs. The voluntary, community and social enterprise sector's staff and volunteers represent a vital and substantial part of

[7] DCMS - https://www.gov.uk/government/statistics/community-life-survey-202324-annual-publication

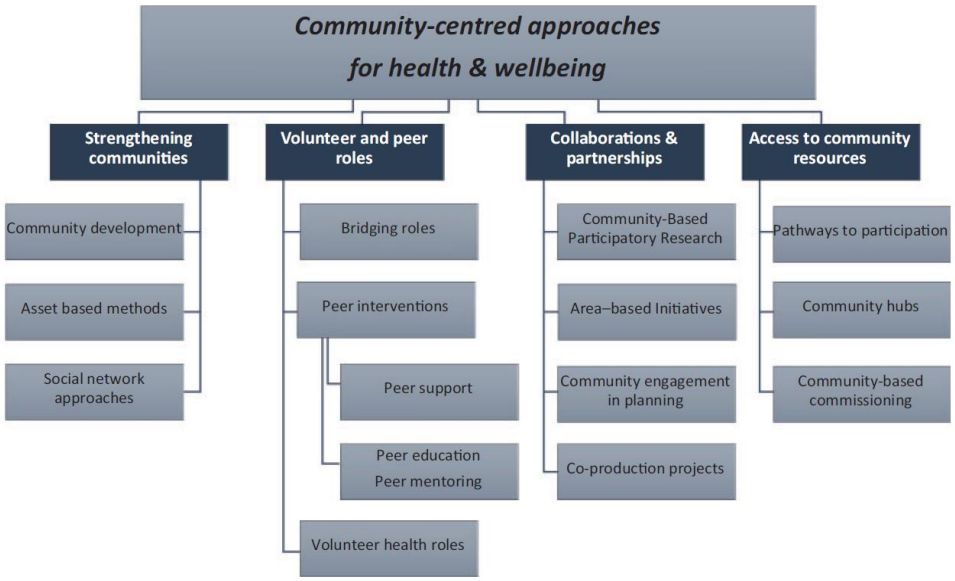
our local workforce. We support the VCA in helping St Helens become a better place to live and sustain its valued position in the heart of our community.

Within St Helens there are also assets of community value. Through provisions from the Localism Act 2011, local groups have a right to nominate land or property to be listed as assets of community value, if the principal use of the asset furthers their community's social wellbeing or social interests, and is likely to do so in the future. Our assets of community value can be found on the St Helens Borough Council website.

# Background: Community-Centred Approaches

Community-centred approaches refer to the promotion of health and wellbeing within community settings rather than healthcare or service settings. This may refer to the intervention being delivered within community settings or involving community members in the design of an intervention. In 2015, Public Health England (now Office for Health Improvement and Disparities), carried out a project to collate and review evidence on working with communities and supporting community-centred health and wellbeing interventions. The scoping review included 168 publications and resulted in four categories of community-centred approaches: strengthening communities, volunteer and peer roles, collaboration and partnerships, and access to community resources.

**The family of community-centred approaches for health and wellbeing**




Source: PHE and NHS England

Public Health has encountered examples of how community action and engagement can improve health in our society, such as the HIV movement which raised awareness, reduced stigma and increased testing rates. Community action may also result in policy change such as hospitality workers driving forward smoke-free laws across the UK. Community passion and expertise can be used when designing interventions, as this has been shown to improve relevance to the population we're aiming to reach.

Community-centred approaches are considered a strong aspect in reducing health inequalities following research by Whitehead (2007) in which four areas were identified as being main contributors to reducing health inequalities: strengthening individuals, strengthening communities, improving living and working conditions, and promoting healthy macro-policies. Walters et al (2023) defines community development as "a way of working directly with communities to build community

connectedness, community capacity and empowerment, and enable communities to realise and develop their assets and take action on needs they have prioritised".[8]

Volunteer and peer roles are frequently used within public health as the power of lived experience and support from peers is recognised. The charity Mind promote the use of peer support, as people can use their own experiences to bring people together and create a space where people feel accepted and understood.

Collaboration and partnerships have been made a central aspect of the UK's healthcare system, since the shift to integrated care systems and now the introduction of the neighbourhood model. Community-based participatory research aims to ensure that community members can contribute their personal insights into making an intervention effective and long-lasting.

Access to community resources elevates public health work as it supports any projects with community assets, knowledge, skills, environments and networks.

[8] Walters, 2023; Embedding community development approaches in local systems to address health inequalities

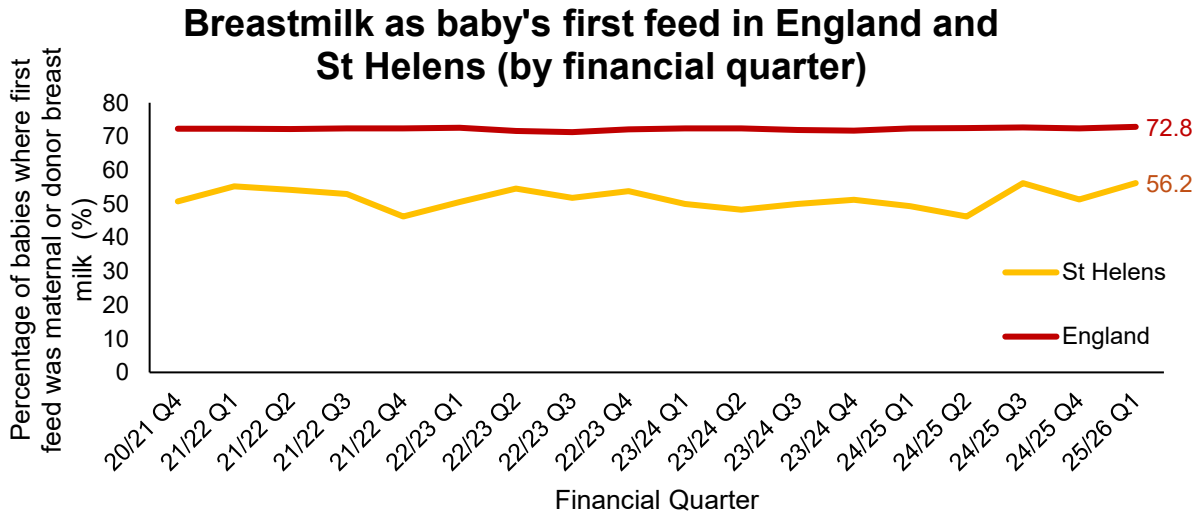
# Our Work in Communities

## Infant Feeding Insights

**Data**

Breastfeeding or infant feeding is important for baby's nutrition, fighting illnesses, reducing risk of serious health problems and a mother's postnatal recovery.

St Helens has seen an increase in the proportion of babies having breastmilk as their first feed in recent quarters (quarter 3 of 2024/25 and quarter 1 of 2025/26). Since Autumn 2024, over 50% of babies are having maternal or donor breastmilk as their first feed in St Helens. Although it is some way off the national average, there has been a recent increase following focused work within Family Hubs and insight work for infant feeding.

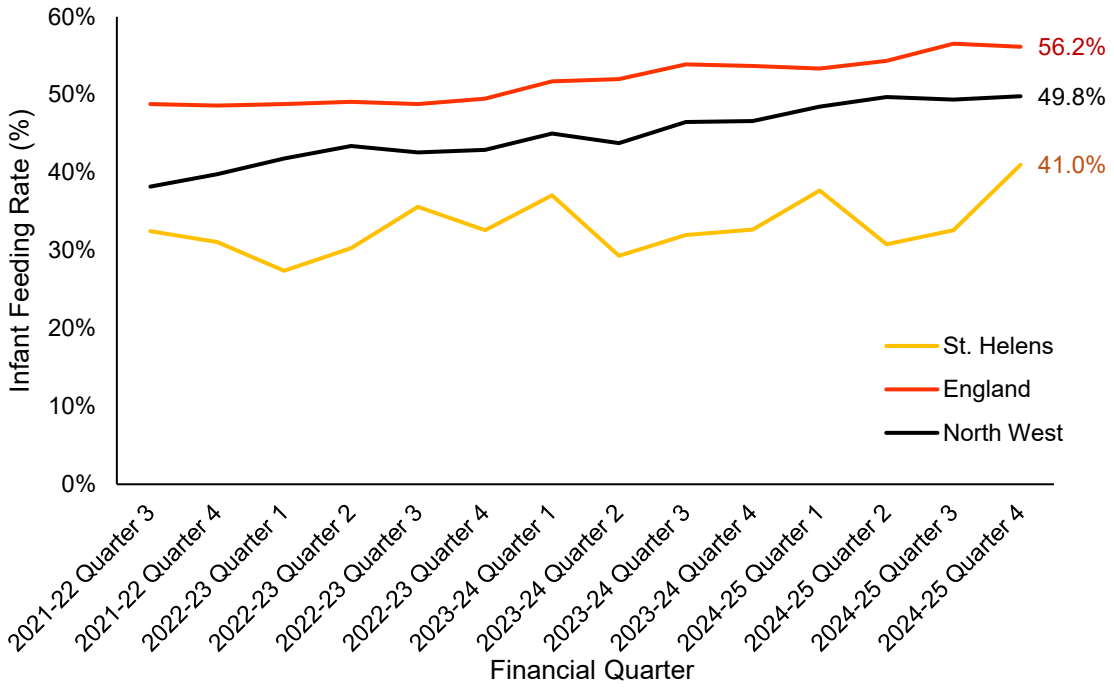



Source: NHS Maternity Services Data Set (MSDS)

A similar picture can be seen for the breastfeeding rate at 6-8 weeks. The quarterly data shows that the highest rate seen in St Helens occurred in Q4 2024/25 at 41.0%. Rates remain below the national and regional averages; however, local rates are trending up and the gap is closing.

By 6–8 weeks, most babies and mothers have settled into a feeding routine. This period is critical for ensuring exclusive breastfeeding continues, as recommended by the NHS for the first 6 months. National data shows a significant drop in breastfeeding rates between birth and 6–8 weeks. Supporting mothers during this time is crucial to prevent early cessation, especially among low-income families.

**Percentage of infants being either totally or partially breastfed at 6-8 weeks (in St Helens, North West and England)**




Sources: Wirral Community Health NHS Foundation Trust, Office for Health Improvement and Disparities (OHID)

**Brief summary**

Infant feeding insights were carried out in St Helens, to gather the views and experiences from parents/carers and professionals about infant feeding/breastfeeding. Views were gathered via an online survey and face-to-face engagement at various groups/settings, with specific questions for mums, other carers/support people and professionals/volunteers. Over 200 responses were gathered during the insight work.

**What was the timescale for the project?**

Insights were carried out from January to April 2025.

**What was the setting and target group/population?**

Insights were gathered via an online survey and face-to-face engagement at various groups/settings. Target groups were parents/carers, including mums, dads, partners, grandparents, other carers/support people, as well as professionals/volunteers working with families.

**What were we seeking to achieve?**

The insights work was conducted in St Helens to gather perspectives from parents, carers and professionals on infant feeding and breastfeeding. The aim was to

understand experiences, identify challenges, enhance support services and ensure families receive inclusive and responsive care.

**Which of the community-centred approaches does the project or activity fit into?**

- Community-based participatory research
- Community engagement in planning

**Which Marmot Principle(s) does the project align to?**

- Give every child the best start in life
- Engage and empower communities

**What did we do?**

An online survey and face-to-face engagement were carried out to gather views and experiences of infant feeding/breastfeeding. We worked with several partner agencies including St Helens Wellbeing Infant Feeding Team, Midwifery, 0-19 Service, Family Hubs, Parents in Mind, Building Attachment and Bonds Service (BABS), Home-Start, Change Grow Live (CGL) and the Deafness Resource Centre to gather as many responses as possible. The survey was also promoted through various communication channels including websites and social media. By integrating both lived experiences and professional expertise, this initiative seeks to improve education, remove barriers and strengthen infant feeding support across St Helens.

**What was the outcome?**

Over 200 responses were gathered, providing in-depth insight into people's experiences of infant feeding/breastfeeding. We found out about people's planned/actual feeding methods; breastfeeding challenges; what information, resources, groups and support people received/were aware of; breastfeeding in public experiences; and what people think would help more families to breastfeed in St Helens.

We received lots of insight through this work; here is some positive feedback that was received about the infant feeding support in St Helens:

> The infant feeding team are absolutely fantastic and I can't thank them enough. The messages and calls to check in during the first days and weeks absolutely saved my breastfeeding experience because it meant that I knew what was normal and where to get help. They helped with trying different feeding positions and improving baby's latch to make feeding comfortable.

> I have been provided with amazing help and support from the hospital and community breastfeeding team since my son. I have been signposted to where I can access help.

**What did we learn?**

Key priorities identified through this insights work include:

- Increasing support services to ensure families have access to tailored guidance and practical assistance.

- Respecting and supporting informed parental choices, ensuring families feel confident in their decisions.
- Incorporating balanced feeding education in antenatal sessions, equipping parents with comprehensive information to make empowered choices.

**What is happening next with this work?**
Several initiatives have developed since the insights work including:

- Family Friendly Pledge: a commitment made by local venues/services to create a welcoming/supportive environment for families, recognising the rights of parents/carers to care for and feed their baby/child in a way that feels comfortable to them.
- Every Feed Matters, Every Family Counts Campaign: sharing people's experiences of infant feeding and promoting the support available in St Helens.

**Where can people find out more?**
Visit the Infant Feeding Page on the St Helens Borough Council Website for information about infant feeding support in St Helens.

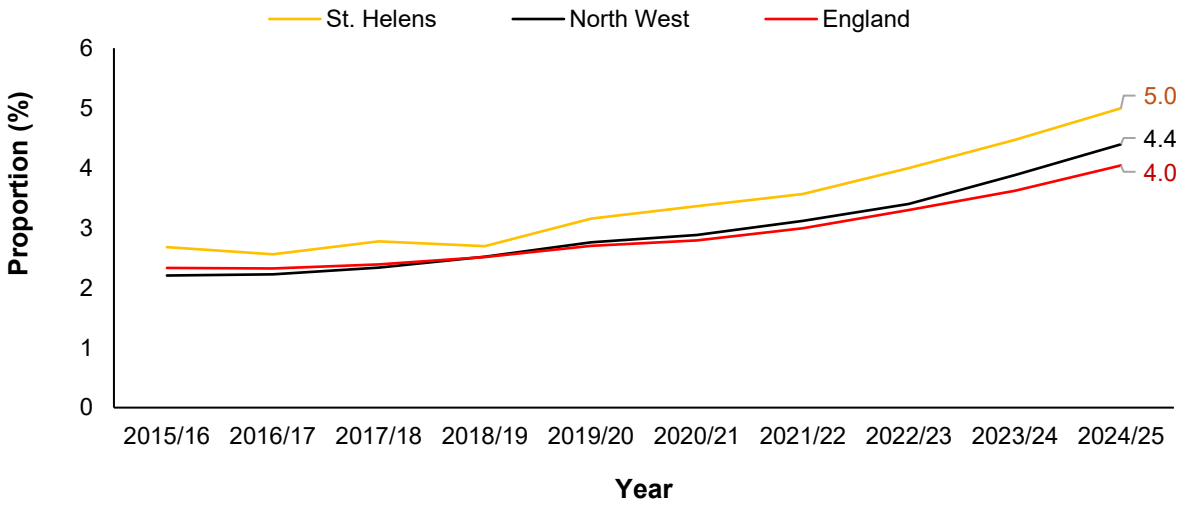
# Youth Bursary Scheme

## Data

The National Clinical Practice Guidelines published by the British Psychological Society state that children with learning or physical disabilities have a risk of developing a mental health problem compared to the national population.[9]

The proportion of school age pupils in St Helens with special educational needs, where social, emotional and mental health needs is the primary type of need, is trending in line with regional and national figures. There was an increase of just over 0.5 percentage points from 4.5% in 2023/24 to 5% in 2024/25 for St Helens, the biggest increase since this data was collected. St Helens had the 19th highest proportion in the country (from 153 local authorities).

**School pupils with social, emotional and mental health needs in St Helens, North West and England (2015/16 - 2024/25)**




Source: Fingertips

## Brief summary

The Youth Bursary Scheme provides financial support for children and young people to access sports, dance and leisure activities. By removing cost barriers, it promotes social inclusion, mental and physical wellbeing, confidence and skill development. Young people participate in bursary allocation, ensuring the scheme reflects their needs and experiences.

[9] National Collaborating Centre For Mental Health. Depression in Children and Young People - Identification And Management In Primary, Community and Secondary Care. London: The British Psychological Society; 2005.

**What's the evidence base?**
Studies show that youth sport or activity participation is associated with better physical (higher fitness, lower body fat), psychological (greater self-esteem, fewer depressive symptoms) and social outcomes (increased social skills, belonging).[10]

**What was the timescale for the project?**
12 months (Feb 2025 to Feb 2026), with quarterly bursary rounds.

**What was the setting and target group/population?**
Children and young people aged 5–17, experiencing social, financial or developmental challenges.

**What were we seeking to achieve?**
Increase access to physical, artistic and leisure activities for children facing cost or social barriers. Promote mental and physical wellbeing, enhance confidence and skills, reduce isolation and empower young people to actively contribute to bursary allocation and decision-making.

**Which of the community-centred approaches does the project fit into?**

- Asset-based methods
- Pathways to participation
- Community engagement in planning

**Which Marmot Principle(s) does the project align to?**

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Pursue environmental sustainability and health equity together

**What did we do?**
YMCA St Helens was awarded the bid to deliver the Youth Bursary Scheme, providing bursaries directly to sports, dance and leisure organisations so children could access activities they could not afford. Organisations, schools and food banks nominated eligible children. A panel including young people assessed applications, ensuring fair allocation. Feedback from participants, families and organisations was collected via surveys and dialogue. The scheme enhanced social inclusion, wellbeing, skill development and confidence, while building partnerships across the community for sustainable long-term support.

**What was the outcome?**
To date, £13,959 has been awarded to 55 children. Participants increased activity engagement, social connections and confidence. Clubs reported regional and

[10] Sañudo et al., 2024; Boelens et al., 2021; SQW & University of Warwick, 2023

national achievements. The bursary empowered young people to shape allocation and strengthened community networks supporting children's wellbeing.

> The grants have equipped children with essential equipment and travel support, allowing them to compete successfully. Two individual national champions were produced, and teams qualified for national finals. This success demonstrates the bursary's impact on participation, skills and confidence.
>
> **Newton Juniors & Ladies Angling Academy**

**What did we learn?**
Leveraging community assets such as local clubs, volunteers and young people enhances bursary impact. Engaging children in panels empowers them and ensures allocation meets local needs. Strong partnerships with schools and organisations create sustainable pathways while addressing cost, equipment and accessibility barriers.

**What is happening next with this work?**
Two more bursary rounds will continue, with anticipated higher demand. Ongoing feedback will refine allocation and engagement. Future events aim to connect services, enhance efficiency and expand access. Efforts will focus on securing continued funding to sustain and grow support for children and young people.

**Where can people find out more?**
Visit the YMCA St Helens Website for more information or contact Matthew Moreton, Youth Hub Development Director – info@ymcasthelens.org.uk

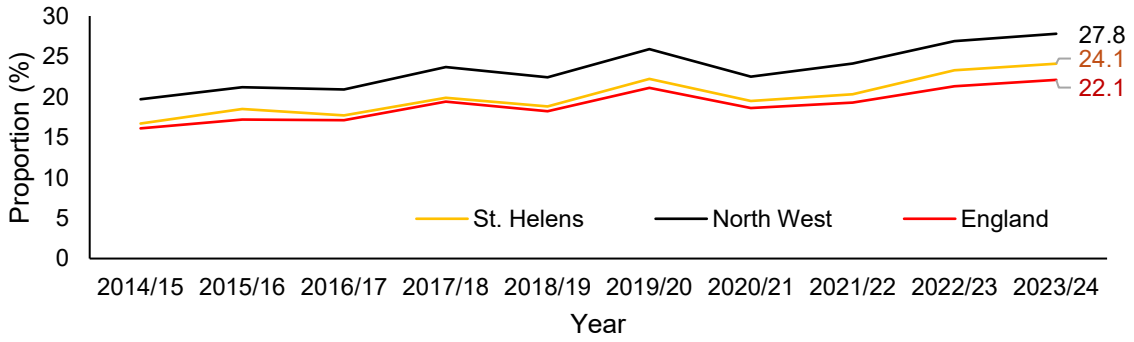
# Money Matters Virtual School

**Data**

The 2010 Marmot review highlighted that growing up in poverty can lead to poorer health and shorter lives as adults. Helping children out of poverty can improve their future health and life expectancy. Children in poverty also face many challenges that can harm their mental health. Giving children the best start in life remains a priority within St Helens as set out in the St Helens Borough Strategy[11] and the 2023/24 Public Health Annual Report.[12]

A household is in relative low income if it is below 60% of the median income for a current year. The proportion of children living in relative low income families has followed a similar trend to the England average between 2014/15 and 2023/24. With 24.1% in 2023/24, the borough has a lower proportion of children living in relative low income families than the regional average (27.8%) and a lower proportion than 3 out of 5 of the other authorities making up the Liverpool City Region Combined Authority. However, this is still two percentage points more than the England average and just under one in four children.

**Children in relative low income families (under 16s) in St Helens, North West and England (2014/15 - 2023/24)**



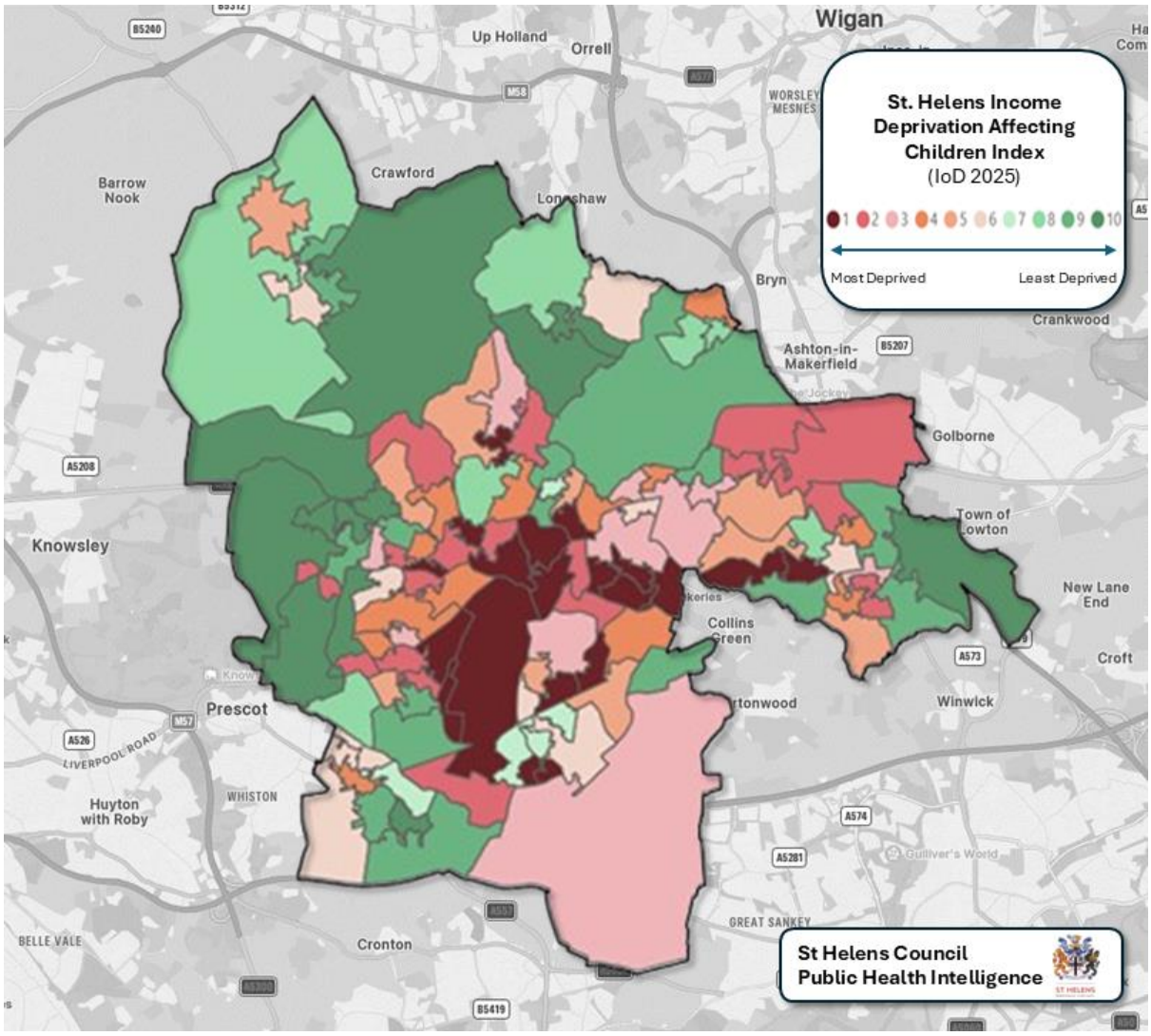

Source: Fingertips

The Income Deprivation Affecting Children Index (IDACI) for 2025 shows how many children aged 0–15 live in families with very low incomes. This includes families where adults are out of work or working but earning very little.

In St Helens, 41.6% of children (around 13,600) live in income-deprived families. This puts St Helens among the most deprived 25% of areas in England, ranking 74th out of 296 local authorities.

[11] https://www.sthelens.gov.uk/article/3053/St-Helens-Borough-Strategy-2021-2030
[12] https://sthelens.gov.uk/media/10689/St-Helens-Public-Health-Annual-Report-2023-2024/pdf/FINAL_St_Helens_Public_Health_Annual_Report_2023-24.pdf?m=1738080360477

The highest levels of income deprivation affecting children are found in Thatto Heath, Bold and Lea Green, Parr, Town Centre, Peasley Cross and Fingerpost, Newton-le-Willows West and Sutton South. The inequalities from the centre of the borough to the boundaries can be seen with the green index areas (least deprived) within the map, which include areas in Eccleston, Windle, Rainford, Billinge and Seneley Green, Newton-le-Willows East and Rainhill.




Source: Ministry for Housing, Communities & Local Government (MHCLG) - English indices of multiple deprivation (2025)

**Brief summary**

The Money Matters Virtual School supports children and young people to develop essential money management and financial decision-making skills. Through partnerships with banks and course providers, it provides schools with training, resources and ongoing support to embed financial education into everyday learning.

**What's the evidence base?**
Financial education helps pupils feel more confident managing money, develop positive financial habits, understand risks like debt, gambling and scams, and build skills that support future jobs, economic resilience, wellbeing and independence.[13]

**What was the timescale for the project?**
Two face-to-face training sessions and 26 weeks of support from September 2024.

**What was the setting and target group/population?**
Children and young people aged 5–16 across St Helens, including primary, secondary and SEND settings.

**What were we seeking to achieve?**
Improve children's financial capability by providing schools with high-quality training, resources and support to deliver money management lessons. Strengthen pupils' confidence, independence and informed decision-making while helping break cycles of poverty. Embed sustainable financial education across St Helens through teacher-led delivery supported by the Virtual School.

**Which of the community-centred approaches does the project fit into?**

- Bridging roles
- Community development

**Which Marmot Principle(s) does the project align to?**

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

**What did we do?**
St Helens Virtual School led the project, guided by children and young people through VIBE Reach engagement. Working with banks and external course providers, staff developed lesson plans, training materials and resource packs. Primary, secondary and SEND schools received training over two cohorts and embedded lessons into PSHE, maths and the wider curriculum. Supported by supervisory visits, quality assurance and pupil feedback, schools are expected to be able to continue delivering comprehensive money management lessons as an ongoing, sustainable part of their curriculum.

[13] Money and Pensions Service, 2023; UK Finance and Education Committee Reports, 2023

**What was the outcome?**
Eighteen schools across Key Stages 1–4 have been trained, each adapting materials to their curriculum. Schools improved coverage of financial topics and began redesigning provision, though some schools have not yet implemented lessons. Pupils are expected to develop stronger aspirations, independence and long-term financial skills once lessons are delivered.

Participants welcomed the programme, noting existing money management teaching as insufficient. They valued the training's adaptability, highlighting its potential to tackle poverty, improve future employment, foster independence and self-esteem, support wellbeing and address inequalities when tailored to their school's local context.

**What did we learn?**
A community-centred approach was key, with strong partnerships between schools, banks and other partners. Engaging children, teachers and the community built shared ownership. Lessons from implementation suggest a need for schools to share experiences and best practice to help others embed money management effectively.

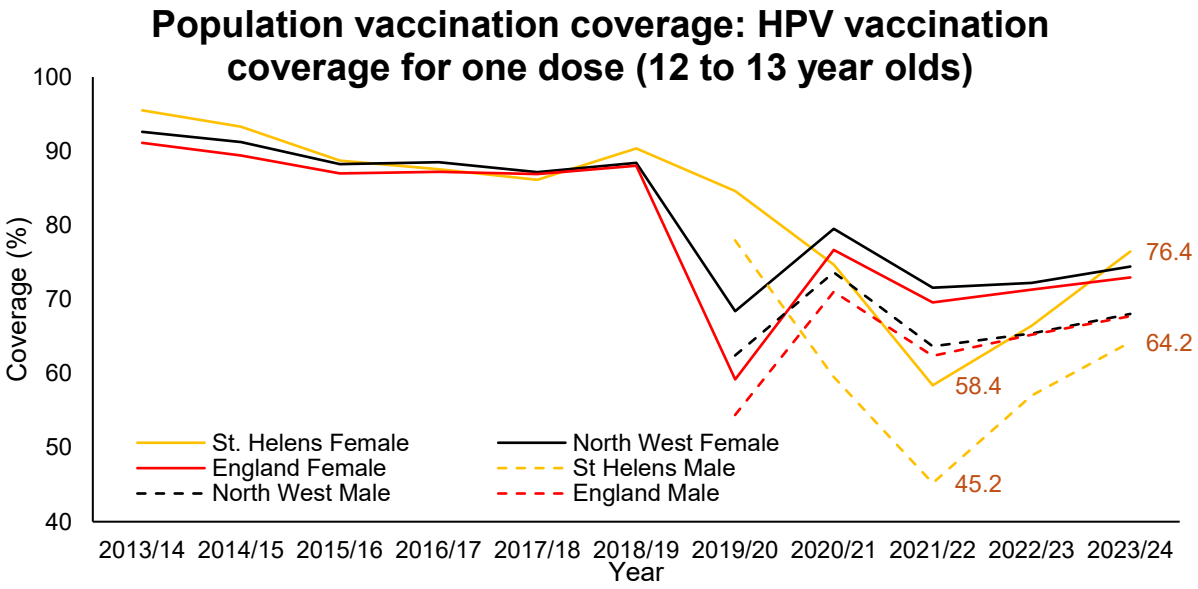
**What is happening next with this work?**
To improve reach and make it easier for schools to get trained, pre-recorded training videos have been developed and circulated to designated teachers across the borough and are currently available to anyone else who might benefit.

**Where can people find out more?**
Visit the St Helens Virtual School Website for more information or email: virtualschoolforsthelens@sthelens.gov.uk

# HPV Insights

**Data**

Since a dip in vaccination coverage in 2021/22, coverage has risen year on year for both girls and boys aged 12 to 13. Coverage rates for girls went from 58.4% in 2021/22 to 76.4% in 2023/24, which is above regional and national coverage rates and 8th best in the region. Coverage rates for boys also increased from 45.2% in 2021/22 to 64.2% in 2023/24. It is encouraging to see this more recent upward trend paired alongside the HPV insight project, as this provides further opportunity to sustain these improved vaccine uptake figures.




Source: Fingertips

**What's the evidence base?**

A study by Cancer Research UK in 2021 estimated that women who were vaccinated at the age of 12 to 13 had seen nearly 90% reduction in cervical cancer rates.[14] There is also some evidence of the emergence of herd immunity, which requires a sustained high uptake.[15] This has demonstrated the positive impact of the vaccination programme and the need for its continued promotion nationally.

**What was the timescale for the project?**

January – April 2025.

[14] The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. Falcaro, Milena et al. The Lancet, Volume 398, Issue 10316, 2084 – 2092

[15] Population-level impact and herd effects following the introduction of human papillomavirus vaccination programmes: updated systematic review and meta-analysis. Drolet, Mélanie Ali, Hammad et al. The Lancet, Volume 394, Issue 10197, 497 - 509

**What was the setting and target group/population?**
Secondary school-aged children and parents.

**What were we seeking to achieve?**
The project aimed to understand any local trends in uptake, as well as attitudes towards the vaccine, to better understand and rectify this suboptimal coverage.

**Which of the community-centred approaches does the project fit into?**
Community-based participatory research

**Which Marmot Principle(s) does the project align to?**

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Strengthen the role and impact of ill health prevention
- Engage and empower communities

**What did we do?**
To understand the rationale behind the declining uptake in St Helens, engagement was carried out by promoting an online survey.

The online survey was promoted via school newsletters on two separate occasions, on either side of the summer half term break. Additionally, efforts were made to engage parents of children who are home educated, including those within the Traveller community.

**What was the outcome and what did we learn?**
In total there were 14 survey respondents.

All respondents felt that they understood what HPV is, except for one. All respondents agreed or strongly agreed that they understood why the vaccine was offered. 13 respondents agreed or strongly agreed that the HPV vaccine was important to protect their own child, and that it was safe. The remaining respondent strongly disagreed with both statements. Most respondents felt that consenting to the vaccination should be a joint decision between child and parent.

When asked what they felt was positive about the HPV vaccine, seven respondents cited the prevention of cancer. Two also mentioned the prevention of sexually transmitted infections such as genital warts. One mentioned the protection of others, while another felt more positively towards the vaccine following a discussion with a nurse who was able to discuss the positive impact of the vaccination programme.

Three respondents offered suggestions to improve accessibility to the vaccine:

More education to parents and children.

Maybe an information event at school for parents and children to discuss all immunisations they will receive during their high school time, so parents and children know what to expect, its impacts and when.

Specialist one on one vaccine appointments for SEND students with a care giver present.

**What is happening next with this work?**
This summary has been given to the School Immunisation Service so that insights can be reflected. The St Helens Vaccine Uptake Group will also implement actions to improve education for parents and children.

**Where can people find out more?**

Visit the Mersey Care NHS Foundation Trust Website for more information about the Vaccination and Immunisation Service.

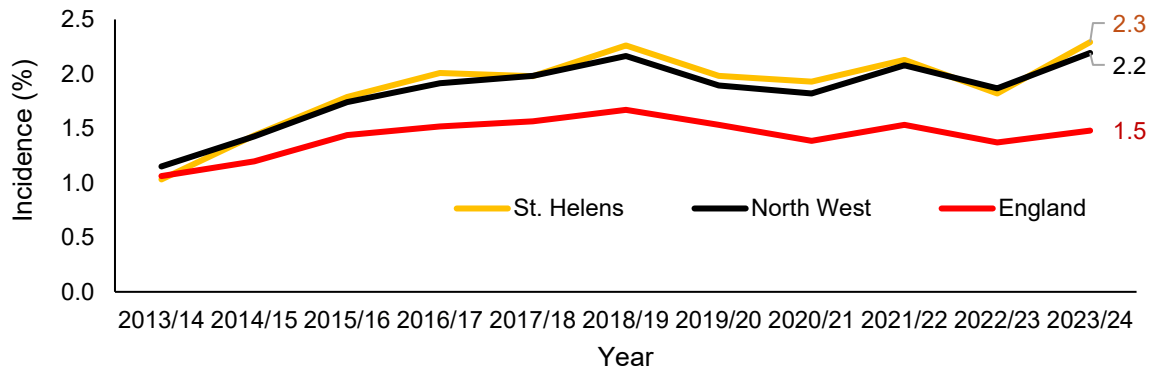
# Arts on Prescription

**Data**

Depression affects individuals in different ways, but common symptoms may include persistent sadness and hopelessness, loss of interest in usual activities, frequent tearfulness, constant fatigue, poor sleep and reduced appetite. These symptoms can significantly diminish the quality of life for the person affected, as well as for their family and/or caregivers.

The percentage of St Helens patients aged 18 and over with depression, recorded on practice disease registers for the first time in the 2023/24 financial year, was 2.3%, which was 11th highest in the country and significantly higher than the national incidence rate. Since 2013/14, St Helens has had a depression incidence rate similar to that of the regional average. However, the proportion of patients with newly diagnosed depression in St Helens from 2022/23 to 2023/24 seen the biggest increase in recent years, highlighting a need for innovative interventions and therapies.

**Depression: QOF incidence - new diagnosis (18+ yrs) in St Helens, North West and England (2013/14 - 2023/24)**




Source: Fingertips

**Brief summary**

The programme delivers arts-based activities for St Helens residents experiencing anxiety, depression, or mild to moderate mental health issues. It runs in 6 or 12-week blocks of weekly workshops featuring hands-on creative practices such as visual arts, crafts and photography, providing therapeutic engagement and supportive environments to improve wellbeing and resilience.

**What's the evidence base?**

Evidence shows art therapy benefits adults with anxiety and depression, enhancing emotional regulation, self-expression and coping skills. Systematic reviews highlight its value for those struggling with verbal therapies. Widely applied for depression,

anxiety, Post Traumatic Stress Disorder (PTSD) and related conditions, it offers a creative, effective mental health intervention.[16]

**What was the timescale for the project?**
The project has been active in St Helens for a decade and recently marked this milestone with a celebration event. This year is pivotal as Public Health and the Arts Service have secured a three-year agreement, with an option for two additional years.

**What was the setting and target group/population?**
The service is based in St Helens Town Hall, within the heart of the town. It focuses on supporting adults experiencing mild to moderate mental health challenges, offering accessible, creative interventions that promote wellbeing and connection in a welcoming, inclusive environment.

**What were we seeking to achieve?**
Our goal is to enhance participants' mental health and wellbeing, measured using the validated Short Warwick-Edinburgh Mental Wellbeing Scale. This evidence-based approach demonstrates impact, ensuring the programme delivers meaningful improvements in resilience, emotional wellbeing and overall quality of life.

**Which of the community-centred approaches does the project fit into?**

- Co-production projects
- Community-based commissioning

**Which Marmot Principle(s) does the project align to?**

- Ensure a healthy standard of living for all
- Strengthen the role and impact of ill health prevention
- Address the social determinants of health
- Engage and empower communities

**What did we do?**
Public Health collaborated with Arts Service colleagues and applied Provider Selection Regime procurement guidelines to secure a direct award commission for Creative Alternatives. This agreement guarantees delivery in St Helens for three years, with the option to extend by two more. This unprecedented move replaces annual contracts, providing long-term stability, continuity of service, and assurance that Creative Alternatives will remain available to residents until at least 2028, strengthening mental health support through creative engagement.

[16] Barnish MS, Nelson-Horne RV Group-based active artistic interventions for adults with primary anxiety and depression: a systematic review *BMJ Open* 2023;**13:**e069310. doi: 10.1136/bmjopen-2022-069310
Hu, J., Zhang, J., Hu, L., Yu, H., & Xu, J. (2021). Art Therapy: A Complementary Treatment for Mental Disorders. *Frontiers in Psychology*, 12, 686005. https://doi.org/10.3389/fpsyg.2021.686005

**What was the outcome?**
Public Health successfully built strong collaborations across services and applied emerging commissioning guidelines to secure a long-term contract for a programme that has consistently delivered positive outcomes for St Helens residents over the past decade, ensuring continuity and impact.

Qualitative feedback is gathered through quarterly performance meetings with the service. Participants consistently describe Creative Alternatives as *"a lifeline"* and *"the best support for my mental health I've ever received,"* highlighting its profound impact on wellbeing and recovery.

**Creative Alternatives Arts on Prescription 10-Year Celebration Event**

**What did we learn?**
Strong cross-service collaboration and understanding of commissioning frameworks enable long-term contracts for proven services and the programmes that they deliver. The project demonstrated the impact of strategic partnerships and proactive procurement planning in sustaining vital community services.

**What is happening next with this work?**
Looking ahead, the team aims to broaden its creative offer, forge new partnerships and launch a volunteer programme. This will empower participants to co-design the service's future, strengthen community engagement and support long-term wellbeing for residents.

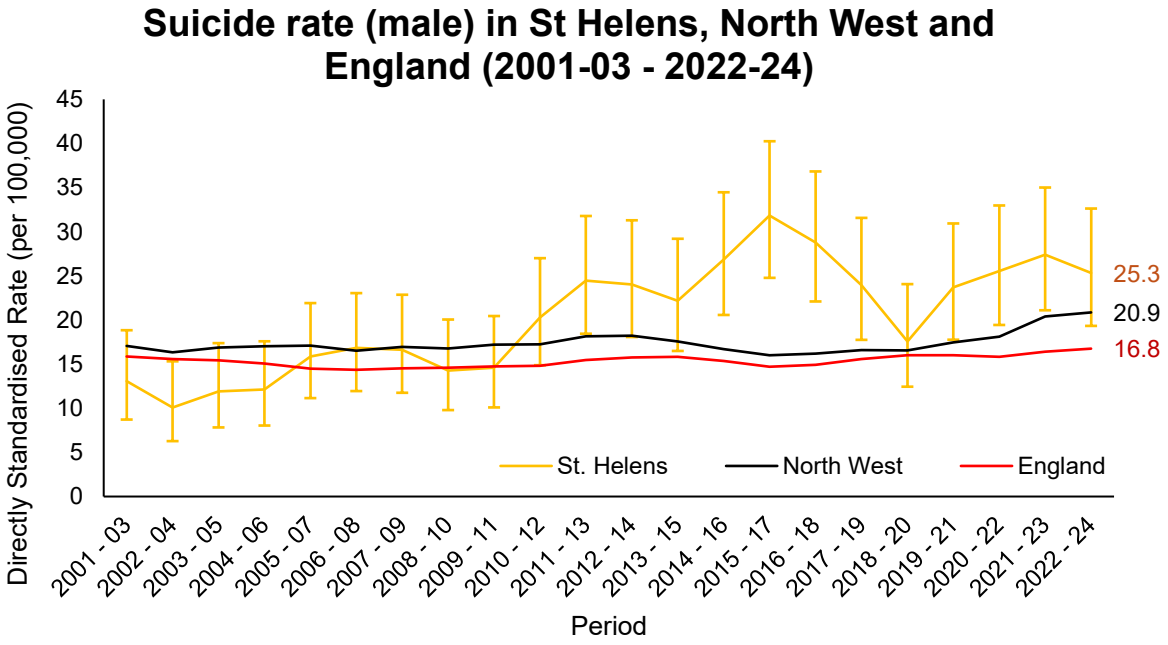
**Where can people find out more?**
Visit the Creative Alternatives Website for more information about the Arts on Prescription Programme.

# Men's Wellbeing Project

**Data**

National data from ONS (Office for National Statistics) shows that males account for around three quarters of suicide deaths registered in 2023 (4,506 male deaths; 1,563 female deaths), and this is a trend seen since the mid-1990s.

The male rate of suicide in St Helens has been statistically significantly higher than the England rate since 2010-12, except for in 2018-20. The most recent rate (2022-24) in St Helens was 25.3 suicides per 100,000 males, relating to 61 deaths. This was a slight reduction from the previous year (2021-23) where the rate was 27.4 suicides per 100,000 males. The 2022-24 rate in St Helens is higher than the England rate of 16.8 suicides per 100,000 males and the North West rate of 20.9 suicides per 100,000 males. St Helens ranks as 4th highest in the North West and 11th highest in England.




Source: Fingertips

**Brief summary**

St Helens Wellbeing Service co-produces asset-based programmes with men to improve their mental health and wellbeing. The programme recruits and trains peer mentors with lived experience. It creates safe, male-focused spaces for social, creative and sporting activities, fostering resilience and empowerment. Peer mentors lead, supported by staff governance and supervision, while offering access to mental health, housing, employment and financial support through community spaces.

**What's the evidence base?**
An evaluation of NHSEI (NHS England and Improvement) funded suicide prevention projects for men aged 40–60 in Cheshire and Merseyside, which found that listening to men's needs and using peer support were crucial. It reinforces Samaritans' call for community belonging, local hubs and government-backed funding for peer-led mental health support.

**What was the timescale for the project?**
The pilot project initially started in 2021 and in July 2025, a refreshed service specification was introduced, building on the successful post-COVID pilot model. This update strengthens delivery, expands creative opportunities and ensures the programme continues to meet evolving community needs with a more robust, future-focused approach.

**What was the setting and target group/population?**
The programmes and activities focus on men and are delivered in various settings including a community allotment and various community centres, targeting areas with high suicide rates and lower mental wellbeing within St Helens.

**What were we seeking to achieve?**
The programme supports men in preventing self-harm and suicide by creating a safe, community-led space for sharing experiences and building connections. It targets those least engaged with mainstream services, empowering men to co-design solutions that strengthen resilience, pride and community connectedness.

**Which of the community-centred approaches does the project fit into?**

- Volunteer and peer roles
- Collaborations and partnerships
- Community hubs
- Community-based commissioning

**Which Marmot Principle(s) does the project align to?**

- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Address the social determinants of health
- Engage and empower communities

**What did we do?**
The project began as a post-COVID pilot through a men's allotment initiative and has since evolved into a volunteer-led, co-produced model. It now operates across several community settings in wards with low mental wellbeing and higher suicide rates in St Helens. Participants are supported to build confidence and transition into volunteer roles, strengthening community capacity and sustainability. This approach enables staff to focus on their core mission which is upskilling the wider community in suicide prevention and mental health training, while fostering resilience, connection and long-term impact through creative engagement.

**What was the outcome?**
The initial project led to programme expansion across additional borough wards. Each initiative reports rising engagement, with outcomes measured through validated tools and qualitative feedback. Since April 2025 alone, 305 men have participated in the programmes and shared how their mental health and wellbeing has improved because of participation.

Qualitative reporting has identified many positive case studies as a result of the projects. When asked what the best thing was about one of the sessions, a recent participant replied, "The feeling of mental and physical improvement".

**Men's Wellbeing Project Participants**

**What did we learn?**
We learned that men with mild to moderate mental health challenges can engage well through peer-led social activities, and this can work well as an alternative/step up/step down model to clinical interventions. Volunteers require training in suicide prevention and safety planning, supported by robust governance and leadership to ensure safe, effective and sustainable delivery.

**What is happening next with this work?**
Men's mental health programmes will continue to grow. In 2025, the service is building capacity and has sub-commissioned Creative Frame CIC to lead in developing new men-focused activities such as songwriting, recording and performance, and empowering participants through creativity and promoting wellbeing.

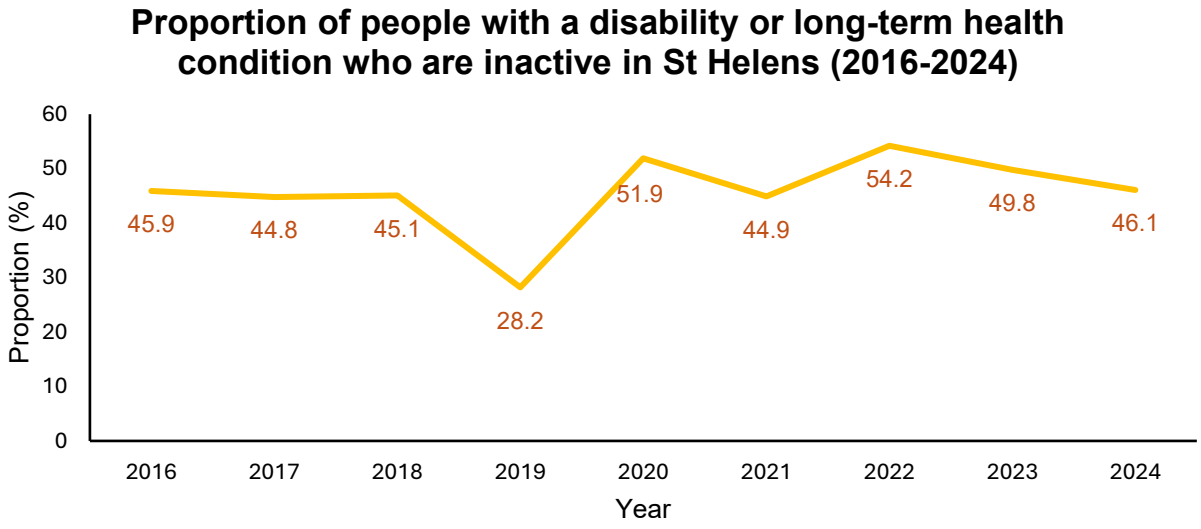
**Where can people find out more?**
Visit the St Helens Wellbeing Website for more information about the Men's Wellbeing Project.

# Everyone on Wheels

## Data

Physical activity can be a huge catalyst for social interaction, a sense of belonging in a community, and lead to improved mental wellbeing and self-esteem. Being active allows people to set goals or targets, recognise improvements and build resilience, all whilst helping reduce risk of cardiovascular diseases, support healthy weight and increase muscle and bone density.

The 2022-2027 Active Lives Strategy[17] sets out priorities to help tackle inequalities and barriers within physical activity across St Helens. Since 2022 (the highest level of inactiveness in disabled or people with long-term health conditions), the proportions have decreased each year, down to 46.1%, less than half in 2024. Whilst this remains lower than England (39.5%) and North West (42%), the reduction of over 8 percentage points highlights how these inequalities and barriers may have been reduced. Data from Sport England's Active Lives Survey is limited but it does suggest more people with a disability or long-term health condition are becoming at least 'fairly active' (30 – 149 minutes per week).




Source: Sport England

## Brief summary

St Helens Pedal Power Community Cycling Group provide Everyone on Wheels (previously known as Wheels for All) sessions at Victoria Park Cycle Hub. Everyone on Wheels provides the opportunity for residents with disabilities/additional needs to take part in weekly cycling sessions, making use of the adaptive cycles in the hub.

[17] https://www.sthelens.gov.uk/media/4101/St-Helens-Active-Lives-Strategy-2022-2027/pdf/st-helens-active-lives-strategy-2022-2027.pdf

**What was the timescale for the project?**
The project relaunched in Spring 2024. Pedal Power will continue to deliver from this hub, and we will look to expand the offer by targeting new services.

**What was the setting and target group/population?**
The programme takes place in Victoria Park in St Helens. The programme is aimed at inactive residents and people living with a disability.

**What were we seeking to achieve?**
Everyone on Wheels provides an opportunity for those with disabilities to get active by providing adapted bikes tailored to different needs/abilities. This project also meets one of the themes of the St Helens Active Lives Strategy, 'Actively Inclusive', that sets out to tackle inequalities and barriers to participation.

**Which of the community-centred approaches does the project fit into?**

- Asset-based methods
- Volunteer health roles

**Which Marmot Principle(s) does the project align to?**

- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities

**What did we do?**
Pedal Power expressed an interest to relaunch the Wheels for All sessions (now called Everyone on Wheels). We identified volunteers who would like to lead the sessions and enrolled volunteers onto an accredited Wheels for All training session. On completion of training, Pedal Power launched the programme at Victoria Park, delivering fortnightly sessions. The sessions have been a great success, as this is the only adaptive cycling provision in the borough.

**What was the outcome?**
The Everyone on Wheels offer has allowed participants to increase their physical activity levels and connect with other participants, improving their wellbeing.

**Feedback from a participant:**

<u>Benefits of being involved in Pedal Power and group rides</u>
Enabled to ride again and fantastic feeling both physically and mentally. Special disability cycles enable continued activity. Meet people from all walks of life, more social skills.

<u>How has being involved in Pedal Power improved your health?</u>
I can continue to exercise to maintain a healthy lifestyle. I am encouraged to remain active due to volunteer commitment to participants.

<u>Anything else you would like to add?</u>
Friendly, committed volunteers who really help participants. I realise this commitment is due to people giving up their time, however, I do wish it could be run more often.

My sincerest thanks to all the volunteers for making this cycling activity possible because of their consideration and thoughtfulness of others.

**What did we learn?**
Everyone on Wheels is providing positive experiences for participants, however there is a need for expansion.

**What is happening next with this work?**
We are offering more training to staff who are working in services that support adults with disabilities and additional needs who may benefit from delivering rides from the hub.

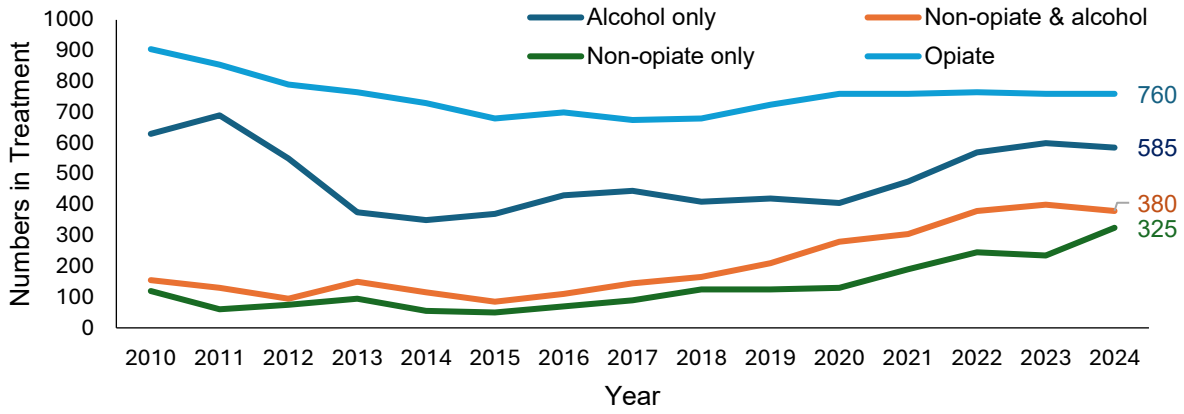
**Where can people find out more?**
Visit the Pedal Power Page on the Live Well Directory for more information about all their cycling sessions.

# Come Together Hub

## Data

The number of adults in treatment for alcohol or substance use in St Helens has been increasing since around 2015. Whilst this may appear to be a negative, getting people into treatment helps them get bespoke and holistic support to change the direction of their lives. Alcohol and substance misuse services such as Change Grow Live (CGL) address physical health, mental health, housing and employment needs, and support to wider family members to achieve successful and sustained outcomes through evidence-based interventions. In 2024, 760 people were in treatment for opiate use, 575 for alcohol only and 380 for non-opiate and alcohol use. Those in treatment for non-opiate only use increased by 90 people, from 235 adults in 2023 to 325 in 2024. This category includes substances such as cocaine, cannabis, legal highs, ecstasy, LSD and ketamine.

**Numbers of adults (18+) in treatment for alcohol or substance use in St Helens (2010-2024)**




Source: National Drug Treatment Monitoring System (NDTMS)

## Brief summary

In 2024, St Helens Borough Council commissioned Come Together Hub as the borough's first Lived Experience Recovery Organisation (LERO), funded by the 2024/25 Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant. The Hub provides peer-led recovery support, outreach and volunteering opportunities, led entirely by people in recovery. It bridges treatment and community life, promoting connection, empowerment and visible recovery.

## What's the evidence base?

Research highlights that peer-led recovery services improve engagement, retention and wellbeing.[18] The social model of recovery emphasises connectedness, hope, identity, meaning and empowerment.[19] Embedding lived experience leadership

[18] White, 2009; UKDPC, 2012; CLERO Standards, 2024
[19] CHIME framework

strengthens local recovery ecosystems and reduces stigma within communities and services.

**What was the timescale for the project?**
Researched April 2024, procured July 2024, mobilised December 2024, initial 5-month term (1 December 2024 - 31 March 2025) with continuation arrangements planned from April 2025.

**What was the setting and target group/population?**
Adults (18+) in or seeking recovery from drug and alcohol use, including those experiencing homelessness, social isolation or co-occurring health needs, living in St Helens and surrounding areas.

**What were we seeking to achieve?**
To develop a sustainable, peer-led recovery organisation rooted in lived experience. The aim was to empower people in recovery to design and deliver support, increase access to non-clinical recovery spaces, reduce stigma and strengthen community connections through volunteering, training and inclusive social activity.

**Which of the community-centred approaches does the project fit into?**

- Peer interventions
- Co-production projects
- Community-based commissioning

**Which Marmot Principle(s) does the project align to?**

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Address the social determinants of health
- Engage and empower communities

**What did we do?**
Following a competitive procurement process, Come Together Hub was commissioned to deliver St Helens' first Lived Experience Recovery Organisation. The Hub provides peer-led recovery groups, outreach, training and volunteering opportunities. It works closely with CGL, Making Space, Hope House and the Homeless Health Team, offering community-based, non-clinical support for people in recovery. Activities include social connection projects, education and training pathways and family engagement. The service embeds CLERO Standards and the CHIME framework to promote connectedness, empowerment and sustained recovery.

**What was the outcome?**
Early feedback shows improved confidence, wellbeing and engagement among participants. The Hub has created a trusted space for recovery, strengthened local partnerships and reduced barriers to accessing treatment. Its events and outreach work have promoted visible recovery and challenged stigma in the wider community.

The Hub's visibility through events like the Inclusion Cup and BBC Radio Merseyside coverage has made recovery stories public, fostering community pride and reducing stigma.

**OK2ASK FC representing Public Health at the Inclusion Cup, organised by Come Together Hub**

**What did we learn?**
Empowering lived experience leadership strengthens engagement and sustainability. Giving the organisation independence built trust and authenticity. Commissioning community assets delivers added social value beyond contract measures, supporting connection, volunteering and shared purpose in recovery. Stigma reduction is strongest when recovery is visible and celebrated locally.

**What is happening next with this work?**
The LERO contract has been extended for 2025/26 using the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) to maintain continuity. Focus areas include developing accredited training for volunteers, increasing family involvement, expanding outreach to underserved groups and building financial sustainability through social enterprise and continued partnership work.

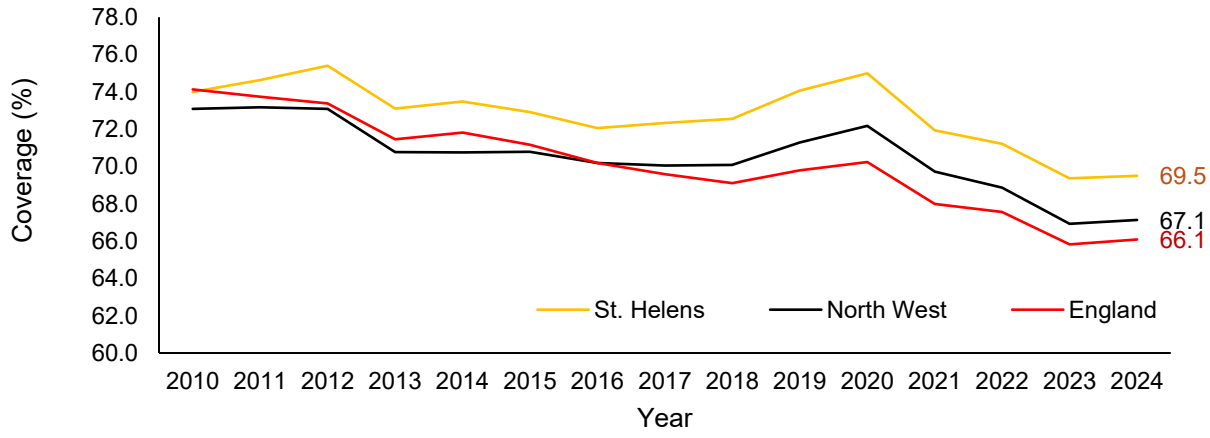
**Where can people find out more?**
- Come Together Hub Website - https://www.cometogetherhub.com
- Facebook - https://www.facebook.com/cometogetherhub
- Email - matty@cometogetherhub.com
- Phone – 07888007229

# Cervical Screening

**Data**

The NHS Cervical Screening Programme is estimated to save 4,500 lives in England each year. It helps detect cell abnormalities that could become cancerous. Increasing coverage would mean cervical cancer is more easily preventable or detected at an earlier, more treatable stage. For the first time in 4 years, cancer screening coverage in females aged between 25 and 49 increased in 2024, albeit by 0.1 percentage points to 69.5%. However, this is significantly higher than the England coverage (66.1%) and coverage for the North West (67.1%), and this has remained the case for some time. Across the Liverpool City Region, St Helens had the 2nd lowest cervical cancer screening coverage, equating to 21,413 females aged 25 to 49 years.

**Cancer screening coverage: cervical cancer (aged 25 to 49 years old) - 2010-2024**




Source: Fingertips

**Brief summary**

In January – March 2025, Cheshire and Wirral Partnership NHS Foundation Trust carried out Phase 2 of a cervical screening pilot, in which they used mobile clinics to offer walk-in cervical screening appointments at community locations. St Helens enrolled in this pilot to support accessibility and screening uptake for local residents.

**What's the evidence base?**

This pilot addressed consistently reported barriers to cervical screening such as lack of appointments, cost of travel, invitation types and language barriers. The purpose of this pilot is to also contribute to evidence of how a mobile intervention could potentially improve screening uptake in the community.[20]

[20] Bolarinwa, O.A., Holt, N. Barriers to breast and cervical cancer screening uptake among Black, Asian, and Minority Ethnic women in the United Kingdom: evidence from a mixed-methods systematic review. *BMC Health Serv Res* **23**, 390 (2023). https://doi.org/10.1186/s12913-023-09410-x

**What was the timescale for the project?**
The Living Well Bus was already a mobile clinic space designed to support the COVID-19 vaccinations so the resources were available. St Helens Public Health supported the planning and communications of the pilot in the 3 months prior to the 3-month pilot.

**What was the setting and target group/population?**
Locations were chosen based on low uptake areas within St Helens, as well as improving accessibility for those that face additional barriers to healthcare. Two of our clinics were located close to a café supporting asylum seekers and refugees.

**What were we seeking to achieve?**
This pilot aimed to offer walk-in cervical screening appointments in community locations that were easily accessible to residents without the need to book an appointment.

**Which of the community-centred approaches does the project fit into?**
- Area-based initiatives

**Which Marmot Principle(s) does the project align to?**
- Strengthen the role and impact of ill health prevention
- Address the social determinants of health
- Engage and empower communities

**What did we do?**
Public Health utilised screening data to engage with appropriate community venues that would reach our lowest uptake areas.

Public Health coordinated a collaborative communications plan with Voluntary Community Action (VCA) and our Primary Care Networks. This involved selected nearby GP practices receiving funding to send out text messages to patients who were due or overdue their cervical screening appointment. The VCA attended community groups to promote the mobile clinics in-person so that digital barriers were removed. A promotional message was also sent out via email, community newsletters and social media via Public Health, VCA, Healthwatch, City Health Care Partnership and our Integrated Sexual Health Service.

**What was the outcome?**

| Date | Day | Location | Number of screens |
|---|---|---|---|
| 09/01/2025 | Thursday | Chain Lane Community Centre | 14 |
| 30/01/2025 | Thursday | Chain Lane Community Centre | 18 |
| 17/02/2025 | Monday | Chester Lane Library and Shops | 6 |
| 17/03/2025 | Monday | Chester Lane Library and Shops | 18 |
| | | **Total screens:** | **56** |

**The Living Well Bus used for the mobile screening clinics and example of the promotional message shared with information about the clinics.**

**What did we learn?**

During the screening appointments, attendees were asked how they had heard about the service, as we'd included many methods of promotion in our communication and engagement plan. The majority of people heard about it through a GP text or by simply seeing the bus and enquiring about a screening appointment. This suggests a walk-in, opportunistic appointment is valued amongst residents, particularly for cervical screening.

**What is happening next with this work?**

Due to the success of the pilot, the Cheshire and Merseyside team will be running additional phases in which they will modify aspects based on previous findings. St Helens will be taking part in this pilot and will promote the mobile clinic through community links and GP practices.

**Where can people find out more?**

The timetable is always promoted on the Cheshire and Wirral Partnership for the upcoming month. Visit the Living Well Service page on the Cheshire and Wirral Partnership NHS Foundation Trust Website for more information.

# St Helens Together Against Stigma

**Data**

Taking Action on Addiction commissioned research [21] into the scale of dependency in the UK, with a representative sample of 2,139 UK adults aged 16 to 75. Just over one in ten adults (11%) have experienced addiction to alcohol, drugs, prescription medication or gambling at some point in their lives. Nearly half of UK adults (47%) have either faced addiction themselves or know someone who has struggled with alcohol, drug, medication or gambling dependency. This translates to approximately 23 million people nationwide being affected.

Our data shows alcohol is the most common form of dependency, reported by 49% of those with personal experience, followed by drugs or prescription medication (38%) and gambling (32%).

Contrary to hopes that this was a temporary pandemic-related issue, it does persist: 31% of individuals with personal experience of addiction say their alcohol consumption is higher than before March 2020. Furthermore, one in ten (10%) of those who have consumed alcohol since that time report that drinking has become part of their daily routine.

Among those affected by addiction - whether personally or through someone close - more than half (54%) report a decline in their physical health. Other significant consequences include emotional or psychological distress (53%), financial difficulties (46%) and strained relationships (41%).

The survey also underscores a major obstacle in addressing this issue: stigma. Between 21% and 43% of individuals with experience of addiction say feelings of shame would prevent them from seeking help from any of nine potential sources, including their GP or employer.

To put this in context of the impact of addiction related to and specific to alcohol across St Helens:

- The rate of 50.3 per 100,000 in St Helens relates to a total of 95 deaths (the previous year (2023) was 110 deaths).
- Alcohol related mortality in St Helens remains statistically significantly higher than the England rate (38.9 deaths per 100,000).
- St Helens ranks as having the 6th highest alcohol related mortality in the North West.
- The rate of 19.8 in St Helens relates to a total of 36 deaths (the previous year (2023) was 39 deaths).
- Alcohol specific mortality in St Helens (19.8 deaths per 100,000) remains statistically significantly higher than the England rate (13.8 deaths per 100,000).

[21] Taking Action on Addiction (2024) - https://takingactiononaddiction.org.uk/news/new-poll-reveals-toll-of-addiction-across-the-uk

- St Helens ranks as having the 7th highest alcohol specific mortality in the North West.

Sources: Taking Action on Addiction, Fingertips

**Brief summary**
Launched in September 2024, St Helens Together Against Stigma is a borough-wide campaign to challenge the stigma surrounding drug and alcohol use. It combines the Anti-Stigma Charter, the lived-experience film Sticks and Stones, community training and outreach events. The initiative promotes compassion, positive language and visible recovery, reducing barriers to support and creating a more inclusive borough.

**What's the evidence base?**
Research shows stigma reduces treatment engagement and worsens health inequalities.[22] Public health guidance emphasises that reducing stigma through education, language change and visible recovery improves service uptake and community attitudes.[23] Embedding co-produced, lived-experience storytelling builds empathy and accelerates culture change.

**What was the timescale for the project?**
April 2024 - March 2025 (launch event September 2024, campaign roll-out October 2024 to March 2025).

**What was the setting and target group/population?**
Whole borough approach targeting residents, frontline workers and partner organisations in health, social care and community settings. Particular focus on people affected by substance use and their families, alongside the wider community whose attitudes influence stigma and inclusion.

**What were we seeking to achieve?**
To change how substance use and recovery are understood and talked about locally. The aim was to reduce stigma, increase compassion in services and create visible recovery through shared commitments to person-first language, peer-led storytelling and public pledges via the Anti-Stigma Charter.

**Which of the community-centred approaches does the project fit into?**
- Co-production projects
- Peer interventions
- Community development
- Asset-based methods

[22] Livingston et al., 2012; Corrigan et al., 2017
[23] PHE, 2018

**Which Marmot Principle(s) does the project align to?**

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Address the social determinants of health
- Engage and empower communities

**What did we do?**

The campaign launched with the Sticks and Stones film premiere at Cineworld St Helens and the public introduction of the Anti-Stigma Charter. A multi-agency group developed branding, pull-up banners, flyers, training plans and a dedicated webpage (sthelens.gov.uk/stigma). Partners including CGL (Change Grow Live), YPDAAT (Young People's Drug and Alcohol Team), Making Space and Come Together Hub delivered outreach and workshops. Events in the Town Centre made recovery visible and brought professionals and the public together to pledge support.

**What was the outcome?**

**Public Health Practitioner Barry Akehurst alongside the St Helens Together Against Stigma pull-up banner at a St Helens Town Centre event**

The initiative sparked a borough-wide conversation on stigma and recovery. Over 100 individuals and organisations have signed the charter to date. Staff reported greater awareness of language and attitudes, and people with lived experience took on visible advocacy roles in film, media and training.

The Cineworld launch on 13th September 2024 was described by partners as "a milestone moment for St Helens," showcasing recovery stories on the big screen and inspiring collective action.

*"We're all worth a chance"* - Louise Hickey, Sticks and Stones, 2024.

**What did we learn?**

Real stories told by local people change minds faster than any policy. Co-produced resources build trust and ownership. Language shapes behaviour - once staff and residents see that, stigma loses power. The campaign proved that cultural change is possible when communities lead the conversation.

**What is happening next with this work?**
2025/26 plans include training for frontline teams, further public events like the Inclusion Cup and formal sign-up to the charter by the council. A regional anti-stigma network is forming with LJMU (Liverpool John Moores University) and OHID (Office for Health Improvement and Disparities) North West to share learning and develop a standardised training package.

**Where can people find out more?**

- Website: https://www.sthelens.gov.uk/stigma
- Sign the Anti-Stigma charter: https://akr.st/charter
- Email Public Health St Helens: publichealth@sthelens.gov.uk
- Follow CGL St Helens and Come Together Hub on Facebook for updates and events

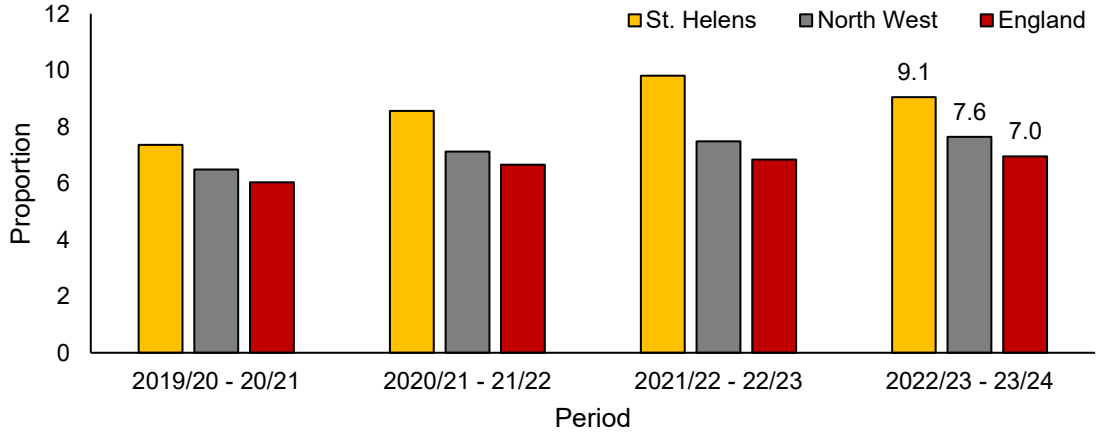
# Connecting Health Communities in St Helens – Tackling Loneliness, Social Isolation and Stigma

**Data**

Loneliness can affect anyone at any stage of life and can negatively impact both individual and community wellbeing. When someone experiences persistent feelings of loneliness most or all the time, this is known as chronic loneliness. Chronic loneliness can significantly harm a person's wellbeing and limit their ability to engage and function effectively in society. It has also been linked to premature mortality.[24]

Sport England's Active Lives Survey includes a question on loneliness and data over a two-year period allows for local estimates to be published by OHID. The proportion of people who are chronically lonely (often or always) in St Helens between 2022/23 and 2023/24 (9.1%) was higher than the North West (7.6%) and England (7%). This reduced from the previous 2-year period (2021/22 – 2022/23) where the proportion of adults who feel lonely often or always was 9.8%. Before 2022/23 – 2023/24, the figure was progressively rising each period since 2019/20-2020/21. Whilst this is somewhat positive to see reductions in the percentage of adults who feel lonely often or always, St Helens had the 23rd highest figure nationally (England), 6th highest figure regionally (North West), and 2nd highest figure locally (Liverpool City Region).

**Loneliness: Percentage of adults who feel lonely often or always**




Source: Fingertips

**Brief summary**

This project aimed to reduce loneliness, social isolation and stigma in St Helens, by listening to residents and involving them in shaping local services. Residents, community groups and organisations worked together to build trust, strengthen connections and create solutions that focus on people, relationships and making services fair and welcoming for everyone.

[24] Holt-Lunstad, J. et al. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A MetaAnalytic Review.

**What's the evidence base?**
Loneliness and social isolation damage both mental and physical health, increasing risks of depression, heart disease, stroke, dementia and early death.[25] UK reviews show community-based interventions, such as social prescribing, group arts, befriending and social support can significantly reduce loneliness in the short term.[26]

**What was the timescale for the project?**
2023 to 2025.

**What was the setting and target group/population?**
Residents of all ages and circumstances, with particular focus on young people, older adults, single parents, refugees and asylum seekers, people experiencing homelessness and marginalised communities experiencing stigma and barriers to access.

**What were we seeking to achieve?**
Reduce loneliness and social isolation in St Helens. Challenge stigma and bias in services and across the local system. Embed lived experience into service design, commissioning and leadership. Improve access to services through relational, inclusive and community-centred approaches.

**Which of the community-centred approaches does the project fit into?**

- Co-production projects
- Community development
- Community engagement in planning

**Which Marmot Principle(s) does the project align to?**

- Enable all children, young people and adults to maximise capabilities and have control over their lives
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together

**What did we do?**
We carried out surveys and community conversations in neighbourhoods like Four Acre and the Town Centre, and held four workshops with over 100 participants, including residents. We worked with local organisations to create peer-led programmes and co-produced initiatives, strengthened cross-sector collaboration through joint events and shared promotion, and involved people with lived experience in workforce training, service planning and decision-making to make services more inclusive and connected.

[25] Campaign to End Loneliness, 2023
[26] DCMS, 2023

**Andy Knox MBE, key opinion leader on stigma reduction, engaging participants in dialogue**

**What was the outcome?**
The project encouraged kinder, more inclusive ways of working. It promoted positive language, made services easier to access and improved teamwork between organisations. People with lived experience helped shape planning, stigma was challenged and we co-created the St Helens Together Against Stigma Charter which has gained wide support and national recognition.

The project emphasised systemic change by embedding community engagement and co-production, ensuring services are shaped with residents rather than for them. This is reflected in this quote from a workshop participant: *"We don't talk about people as 'hard to reach' anymore - we ask whether we're easy to approach."*

**What did we learn?**
It is important to listen to communities before commissioning new services. Poor outcomes do not always mean services are ineffective; often, access barriers are the issue. Community-centred approaches and co-production, including lived experience, build trust, inclusion and sustainable change.

**What is happening next with this work?**
To extend anti-stigma training and inclusive practice across all services, continue embedding co-production in decisions affecting loneliness and social isolation, and maintain feedback loops with communities to ensure services remain accessible, trusted and responsive to their needs.

**Where can people find out more?**

- Project Press Release: https://news.sthelens.gov.uk/article/13681/Council-and-partners-Come-Together-to-tackle-isolation
- Social Isolation and Loneliness Training: https://www.zerosuicidealliance.com/social-isolation-training
- Email: publichealth@sthelens.gov.uk

# Linking to Future Directions

### Building on Community-Centred Learning

The learning from this year's community-centred programmes gives St Helens a strong foundation to continue developing a whole-system, community-focused approach to population health.

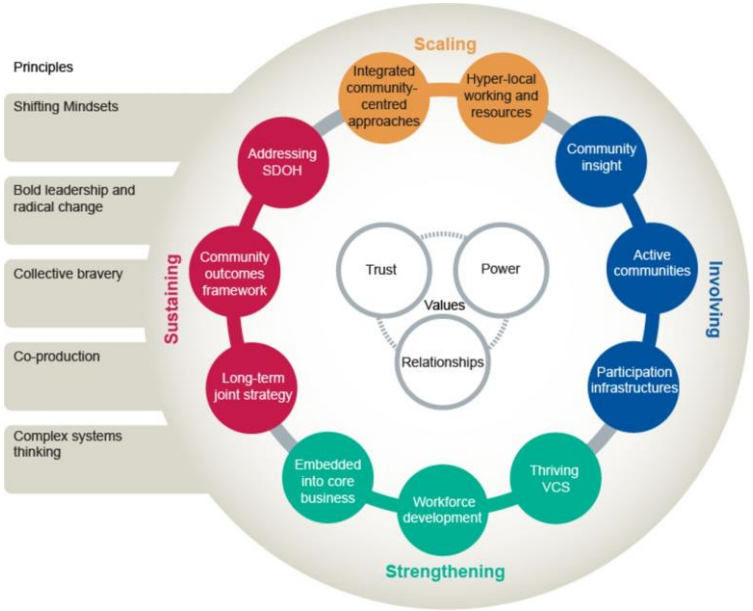
A whole systems approach to community-centred public health recognises that public health challenges, including health inequalities, are shaped by social, economic and environmental conditions. This means they can only be effectively tackled when local government services, the voluntary and community sector, healthcare providers and commissioners, education, housing, social care and neighbourhood partners work together.

National guidance describes four key areas for a whole system approach:

- **Involving communities** by listening to local insight and supporting participation.
- **Strengthening communities** through a strong voluntary sector, skilled local workforce and making community approaches part of everyday practice.
- **Sustaining the work** with shared long-term plans, outcome measures and action on wider social conditions.
- **Scaling the approach** through joined up working and hyper-local support.

This framework is grounded in trust, shared power and strong relationships, and guided by principles of new ways of thinking, bold leadership, collective courage, co-production and understanding complex systems.

**Whole system approach to community-centred public health**

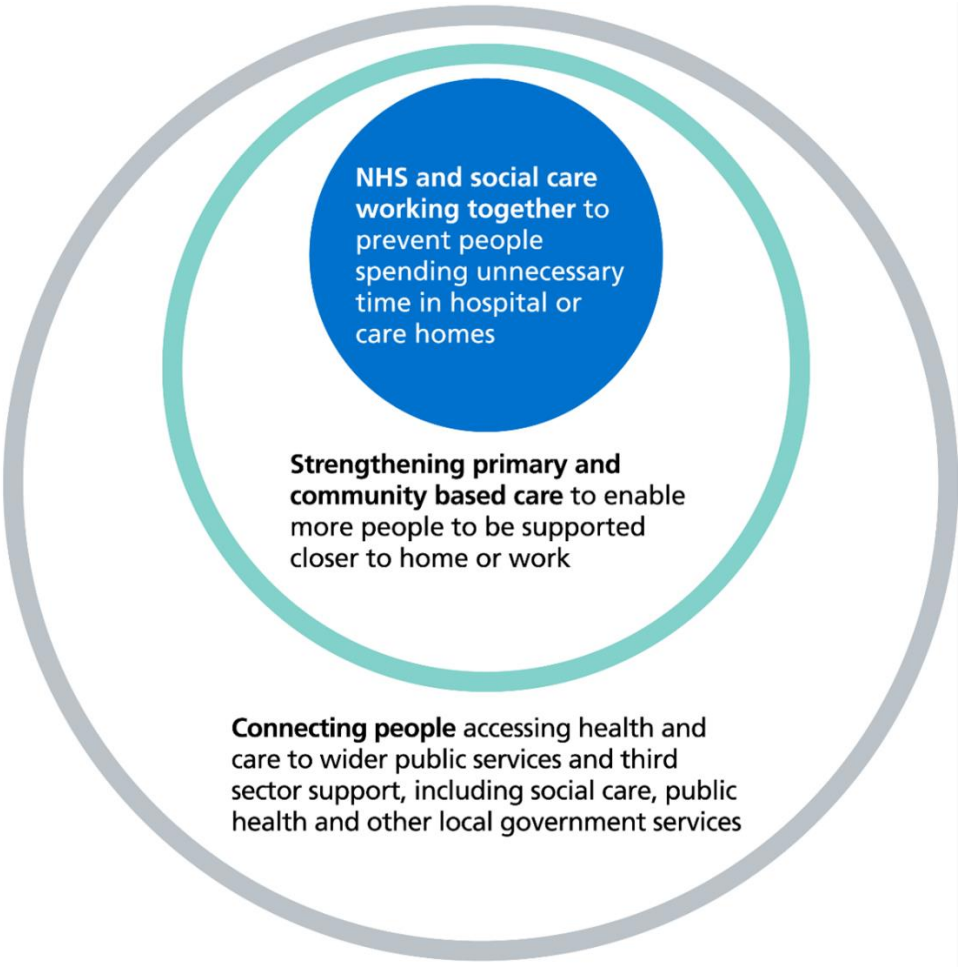



Source: Public Health England, 2020, Community-centred public health: taking a whole system approach.

**Aligning with the NHS Long Term Plan and National Neighbourhood Health**
This whole-system approach supports the NHS Long Term Plan and the new national Neighbourhood Health model, which is still in its early stages.

The model focuses on preventing people from spending unnecessary time in hospital or care homes, strengthening primary and community-based care so more people can be supported closer to home or work, ensuring residents are connected to wider public services and third sector support, and ensuring residents are connected to wider public services, including public health, as well as third sector support.

**Aims for all neighbourhoods over the next 5 to 10 years**




Source: NHS England, Neighbourhood health guidelines 2025/26

St Helens was chosen as an early implementer because of its strong experience in community engagement, co-production and partnership working at neighbourhood level. The borough has tested many of the principles needed for neighbourhood health teams, including accessibility, lived experience leadership, working with local assets and designing services around relationships and trust.

In St Helens our initial focus groups for the programme are:

- Older adults living with frailty and multimorbidity.
- Adults aged 18–40 with multiple long-term conditions including COPD (chronic obstructive pulmonary disease) and asthma.
- Children and young people with long-term conditions linked to the Families First programme.

Services for these groups work best when they focus on trust, support at home, early intervention and understanding the social and behavioural factors that affect health.

**Public Health's Role in Implementation**
Public Health will play a key role, mainly through primary prevention, while also supporting secondary and tertiary prevention where population-level insight is important. This includes:

- Leading health improvement and behaviour change programmes.
- Supporting screening and vaccination outreach.
- Delivering programmes on smoking cessation, nutrition and physical activity.
- Running mental wellbeing initiatives to help long-term conditions.

Public Health's partnerships with voluntary, community and social enterprise organisations will help build social participation, peer support and non-clinical care for each group. Its work on intelligence will help with risk assessment, community insight and population health management, supporting early help to prevent avoidable hospital admissions or worsening health.

Public Health will also play a key role in scaling the neighbourhood health model beyond the initial three focus groups by:

- Using population health intelligence to identify additional communities who would benefit from a neighbourhood approach.
- Supporting the development of preventative and community-based pathways that can be replicated across other areas.
- Strengthening links between neighbourhood teams, wider public services, voluntary sector partners, social care and local authority functions, to ensure the model can expand consistently across the borough.

Together, these actions allow St Helens to continue developing a whole-system, community-centred approach, using lessons from this year's programmes to grow the neighbourhood health model across the borough.

# Recommendations

Drawing on learning from practice and reflection on our work over the past year, we have identified the following recommendations for ourselves and our partners across population health:

**Continue doing**

- Continue to build community engagement and development into our public health programmes, commissioned services and strategies, as it is widely recognised that involving the community will lead to a more successful and sustainable outcome.
- Continue to recognise and celebrate the community initiatives taking place to support St Helens by volunteer and charity organisations.
- Although we will continue to use evidence-based interventions, we know that local nuances need to be taken into consideration to localise these programmes and interventions.

**Start doing**

- Increase community engagement opportunities to explore insights and barriers to help inform programmes and strategies to address the root causes of inequalities.
- Expand community networks to ensure that input is coming from a wider pool of community members when discussing public health challenges.
- Proactively reach underrepresented groups through trusted community settings, faith groups, grassroots organisations and peer networks, to strengthen inclusivity and equity in public health decision-making.
- Include community-centred approaches within the design, delivery and evaluation of the National Neighbourhood Health Implementation Pioneer programme.

**Do better**

- Co-ordinate, develop and share population health and inclusion health data and intelligence with local planners and policy makers, to inform resource allocation.
- Consider our community assets and expertise when planning public health interventions, to maximise our resources and current network.
- Look for more opportunities to gain feedback from St Helens residents, so that our projects and interventions can adapt and improve.
- Improve how we share feedback with communities by using clear, inclusive and easy-to-understand ways of communicating about our public health work. This will help build trust and ongoing involvement.

# Review of Last Year's Recommendations – Best Start in Life

| Recommendation | Update |
|---|---|
| We need to continue to speak up for our children, lobby the government, work together to tackle the causes of poverty, and narrow the gap between rich and poor. At the local level, we need to 'poverty proof' the lives of children and families. | Focus on early intervention, locality-based, accessible services in St Helens. Cheshire and Merseyside Directors of Public Health have provided national briefings on child poverty to influence policy. |
| We need to make sure we invest more in services to prevent children and families requiring crisis social care intervention, by investing more in services for the first 1001 days and school readiness, being data and outcome led. | Received confirmation of 3-year funding for Family Hubs. St Helens has seen improvement and good performance on several children's public health indicators. |
| We need to use evidence-based interventions. We need to be able to offer parents and carers the support they need to be the best parents they can be. For some parents and carers, this may require therapeutic interventions, for others practical support and advice. We need to provide this support in an easily accessible way, using different strategies to engage based on the family's needs. | Family Hubs offer evidence-based parenting programmes delivered by experienced, trained practitioners. Designed to give parents/carers practical tools and fresh ideas to support family life, helping to problem-solve, manage stress and build positive relationships. |
| We need to focus on child development, the importance of health, child safety, play and giving children opportunities to learn. | St Helens services have performed well to ensure the 2-2.5 year health and development checks are delivered for all children and families, enabling early identification and additional support packages as required. Family Hubs have trained early years teams to develop their play offer, and the 0-5 HENRY parenting programme is now embedded. |
| We need to focus on school readiness in the widest sense; everything from being toilet trained, to developing concentration, social skills and emotional regulation. We need to support parent and carers' understanding of child development and the important role they play in ensuring their children are school ready. | St Helens will be working towards the Government's target of 75% of children having a good level of development at the end of Reception Year at school. |
| We need to take an asset-based community development approach, so that we're listening to and involving local people, and thinking about the wider aspects of society in supporting children and families and the professionals working with them. | Family Hubs have a 'Families with Voices' forum, inviting parents/carers to share their views and help design services for families in St Helens Borough. The infant feeding insights work is a good example of asset-based community development approach. |

| Recommendation | Update |
|---|---|
| We need to deliver evidence-based interventions in a way that is destigmatising. Marmot recommends the approach of progressive universalism, where everyone gets an offer of support and those who need more are offered it. However, not in a way that compounds feelings of low self-esteem by making people feel they have failed and are therefore not capable. Support does have to be honest and address needs and concerns but in a way that people feel listened to and have agency. Another aspect of this is 'poverty proofing', where we make things free if possible or if not, do things as discreetly as we can. | Everyone is welcome at St Helens Family Hubs! The Family Hubs' evidence-based intervention offer is open to everyone and provides a range of services to ensure that children have the best start in life. Inequalities funding from NHS Cheshire and Merseyside Integrated Care Board was used by a panel to receive bids and award community grants for a range of 'start well' projects, with direct benefits for disadvantaged children and young people. |
| We need to learn from implementation theory and focus more on engaging families, building relationships, listening and understanding individual needs, and addressing the stressors that may inhibit engagement. We also need to make sure that staff are properly supported by high quality reflective supervision. We need to be kind to each other. We need to make sure our offer is accessible and flexible, responding to children and families' needs. We need to put more services in the parts of the borough with the highest levels of deprivation and available to those families most in need. | Family Hubs offer the Cradle to Career Programme in Parr. Cradle to Career is a place-based, collective impact programme led by Right to Succeed that brings together schools, community organisations and statutory partners to improve outcomes for children and young people in the Parr ward of St Helens. Co-designed through a 'Discovery' process, the programme focuses on the following strands: Education, Family, Services and Community and Youth Voice, with a shared ambition that every child in Parr thrives from early years through to adulthood. In its first year, the programme has delivered targeted literacy and inclusion work in schools, support to reduce the risk of young people becoming NEET (not in education, employment or training), the development of a co-designed youth offer, and the establishment of family connectors, early years link workers and a local multi-disciplinary team to improve access to support. Underpinned by strong partnership working, shared data and resident involvement, Cradle to Career Parr is building sustainable, locally led systems that strengthen school readiness, improve life chances and empower the community to shape its own future. |

**The Government has outlined their plan for 'Giving every child the best start in life'.**

# Acknowledgements

We would like to thank all those involved in the projects included in this report and everyone who makes a difference in the community in St Helens Borough.

**Report contributors:**

| | |
|---|---|
| Aylish MacKenzie | Public Health Practitioner |
| Barry Akehurst | Public Health Practitioner |
| Jonathan Caton | Public Health Analyst |
| Dr Kayode Afolabi | Specialist Registrar in Public Health |
| Matt Cunliffe | Public Health Practitioner |
| Matt Thompson | Public Health Practitioner |
| Melissa Halligan | Public Health Officer |
| Rachel Brown | Public Health Intelligence Lead |
| Dr Zara Hansen | Public Health Consultant |