Better Health for All

St. Helens Public Health Annual Report 2015

www.healthysthelens.co.uk
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>What does our Borough’s health look like?</td>
<td>6</td>
</tr>
<tr>
<td>Introduction to St.Helens</td>
<td>6</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>7</td>
</tr>
<tr>
<td>Individuals</td>
<td>9</td>
</tr>
<tr>
<td>Living and social environment</td>
<td>14</td>
</tr>
<tr>
<td>Lifestyles</td>
<td>20</td>
</tr>
<tr>
<td>Supporting People</td>
<td>23</td>
</tr>
<tr>
<td>Looking after the health of people facing drug and alcohol challenges</td>
<td>23</td>
</tr>
<tr>
<td>Being Active with Additional Needs</td>
<td>27</td>
</tr>
<tr>
<td>Freeze Me Up</td>
<td>28</td>
</tr>
<tr>
<td>Smokefree Mental Health Service</td>
<td>30</td>
</tr>
<tr>
<td>Suicide Prevention</td>
<td>32</td>
</tr>
<tr>
<td>Veterans</td>
<td>34</td>
</tr>
<tr>
<td>Winter Warm</td>
<td>35</td>
</tr>
<tr>
<td>Infection Control in Care Homes</td>
<td>37</td>
</tr>
<tr>
<td>Community Wellbeing</td>
<td>45</td>
</tr>
<tr>
<td>Arts on Prescription</td>
<td>45</td>
</tr>
<tr>
<td>Heart of Glass</td>
<td>47</td>
</tr>
<tr>
<td>Books on Prescription</td>
<td>48</td>
</tr>
<tr>
<td>Learn to Grow</td>
<td>50</td>
</tr>
<tr>
<td>Fit Forever</td>
<td>51</td>
</tr>
<tr>
<td>Encouraging more women to engage in physical activities and sports</td>
<td>53</td>
</tr>
<tr>
<td>Campaigns</td>
<td>55</td>
</tr>
<tr>
<td>Time to Talk</td>
<td>55</td>
</tr>
<tr>
<td>Dementia Friends</td>
<td>57</td>
</tr>
<tr>
<td>Listen to My Story</td>
<td>59</td>
</tr>
<tr>
<td>Be a Lover not a Fighter</td>
<td>61</td>
</tr>
<tr>
<td>Progress on 2014 Recommendations</td>
<td>63</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>70</td>
</tr>
</tbody>
</table>
Foreword

Welcome to St.Helens Public Health Annual Report 2015.

The last year has seen an exciting and productive time for public health in St.Helens, not least with the focus on community wellbeing services and assets such as Arts, Adult and Community Learning, Leisure, Sports Development and Libraries, mirroring the portfolio of the Cabinet Member for Public Health and Wellbeing.

This year’s report focuses on the health inequalities between St.Helens and other areas and those that exist within St.Helens itself. The title ‘Better Health for All’ reflects our commitment to improve the health and wellbeing of all our residents, whilst recognising that some communities, groups and individuals need additional or targeted support. In a year where we comprehensively refreshed our Joint Strategic Needs Assessment, the report reflects on that data and the variation in health outcomes that exist between different areas and cohorts within St.Helens and provides examples of some of the excellent work undertaken to address those variations in health under 3 sections: “Supporting People”, “Community Wellbeing” and “Campaigns”. The report also updates on the progress made against last year’s recommendations, and suggests recommendations for the year ahead.

St.Helens Health and Wellbeing Board has an important year ahead with the identification of new health and wellbeing priorities and the planned launch of a revised Health and Wellbeing Strategy. The Council’s focus, with Liverpool City Region partners, on regeneration, employment and skills will not be achieved without investment in the aspirations, health and wellbeing of our communities, including additional support for those most in need. As the Council works with partners and stakeholders to transform services towards its vision for 2020 I trust that Public Health will continue to be at the heart of shaping the future.
Whilst the Annual Report of the Director of Public Health is an independent statement of the health of the people of St.Helens, my thanks go to Councillor Jeanie Bell and Councillor Andy Bowden both of whom, during their time as Cabinet Member for Public Health and Wellbeing within the last twelve months, have led public health with a real understanding, passion and commitment. Thanks also to the wider Council, partners, colleagues and staff within the Public Health and Wellbeing Department.

I hope this annual report, whilst acknowledging the existing inequalities in health within our communities, goes some way to celebrate the achievements of the last year and inspire us all for 2016.

Liz Gaulton RGN, RMN, MPH, FFPH
Director of Public Health for St.Helens
January 2016
Introduction

Over recent years the health of people in St. Helens has improved, as measured by life expectancy, with an increase of 1.8 years additional life expectancy for men and 0.6 years for women over the last four years. This increase in male life expectancy is the fourth highest in the North West, a very positive result. In addition, deaths from cardiovascular disease have significantly reduced, teenage pregnancy and smoking in pregnancy rates continue to fall, whilst recovery from substance misuse and immunisation uptake are at their highest rates.

Although people in St. Helens are living longer they are not necessarily living a healthy life. The difference in life expectancy between people living in the ward with the highest and lowest life expectancy is stark; 10.6 years for men and 9.0 years for women.

Health inequalities are the avoidable differences in the health, wellbeing and life expectancy between people. These differences result from the conditions in which people are born, grow, live, work and age. To truly impact on health inequalities we need to not only improve the health of all the people of St. Helens faster than elsewhere but to narrow the gap between different wards and communities in the Borough.

The evidence tells us that the more unequal a society is, the higher the likelihood of poorer health and wellbeing as a whole - so greater inequality has an impact on the whole population, not just those in greatest need. We also know that there are many complex reasons for such inequality including income, opportunity, social and community support and lifestyle choices.

To date much of the emphasis on improving the population’s health, reducing inequalities and reducing demand on health and social care has been on individual behaviour change and lifestyle choices. The importance of this approach continues to be emphasised within the NHS Five Year Forward View (1) with its call for a rapid upgrade in public health and focus on partnerships.
Whilst behaviour change and a healthy lifestyle are clearly important in achieving healthy life expectancy, so is giving children a better start in life. Children’s health and wellbeing was the focus of last year’s Public Health Annual Report. Both behaviour change and early years should reflect the principles of Proportional Universalism (2) in that resources and effort should target those in greatest need, whilst also preserving the universal nature of the service.

In addition there is now a wealth of evidence from both Marmot in Fair Society Healthy Lives (3) and more recently Public Health England in Due North: The report of the Inquiry on Health Equity for the North (4) that emphasises the need to address the ‘cause of the causes of poor health’.

**Marmot - the six principles from Fair Society Healthy Lives**

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role of ill health prevention

**Due North: The report of the Inquiry on Health Equity for the North**

Recommendations were made for local and national government, the NHS and other agencies along four broad themes:

1. Economic development and living conditions
2. Early childhood as a critical period
3. Devolving power to make a difference at the right level
4. The role of the health sector
Throughout this report you will see many of the variations in health outcomes experienced by the people of St.Helens and examples of services and programmes that are in place to address those variations. Whilst progress has been made to increase life expectancy and reduce the gap in health inequalities for men, it is evident that a comprehensive approach is required.

Three years on from the formal establishment of the St.Helens Health and Wellbeing Board and Public Health’s move to Local Government, St.Helens is well placed to shape policy and delivery across the breadth of approaches needed to systematically tackle health inequalities and should seize this opportunity to do so.

References

(1) NHS: Five Year Forward View, 2014
(2) Marmot: The Health Gap, 2015
(3) Marmot Review Team: Fair Society Healthy Lives, 2010
(4) PHE: Due North: The report of the Inquiry on Health Equity for the North, 2014
What does our Borough’s health look like?

Introduction to St. Helens

St. Helens is a large town in Merseyside in the North West of England. The area grew during the 18th and 19th centuries as a significant centre for coal mining and glass making as well as other key industries such as sail making. Today, St. Helens is a busy commercial town.

Population

The resident population of St. Helens is 177,188 people (2014 mid-year estimate, ONS). This has stayed fairly constant for the past decade; however it is predicted to increase over the next 10-20 years.

The population projections indicate that there will be a 5% increase in the total population by 2025 (from the 2012 data). It is predicted that there will be a slight increase in children aged 0-15 years (7%) and the number of 65-84 year olds may increase by 25%. However the largest change is predicted to be in the elderly (85 years and older) with a 69% increase. The number of elderly males (85+) is projected to rise by 109%, whereas females are due to increase by 50%. This trend is expected to continue to 2037.
Life expectancy

Life expectancy at birth gives an estimated number of years a newborn would live, given an area's current rate of mortality. It gives a useful way of comparing between areas, as places with a higher life expectancy have a lower rate of mortality.

**Life expectancy for males and females at birth in St.Helens**

Life expectancy is increasing and currently stands at 77.7 years for males and 81.5 years for females. However, the three-year average life expectancy (2012-14) remained below the national average by 1.7 years for men and 1.6 years for women.

**In 5 years (between 2007-09 and 2012-14), life expectancy at birth in St.Helens increased by:**
- 1.8 years for males
- 1.2 years for females

Inequalities in life expectancy

Rates of mortality vary between areas which can lead to wide variations in life expectancy over a relatively small geographical area. For example, Town Centre ward has the lowest average life expectancy at birth in St.Helens for both men and women, while Eccleston has the highest for women and the third highest for men.
Life expectancy at birth across the route 35 bus service

There is a difference in life expectancy of nine years for both sexes between the wards of Town Centre and Eccleston, across a direct distance of just over 2 miles. Whilst this is the starkest inequality in terms of distance, other inequalities exist within the Borough. Reducing these inequalities in St. Helens should be a priority to ensure everybody has the best chance of living a long and healthy life.

Between 2007-09 and 2012-14, the difference in life expectancy at birth between the highest and lowest wards:

- Decreased by **2.7** years for men
- Increased by **2.0** years for women
Individuals

It is important to understand the makeup of the population of St.Helens in order to provide services that meet the need for all. Some populations have greater need for some services compared to others and there may be many who do not attend health services at all.

Gender

There are a wide range of health issues with clear differences between men and women. For example, in St.Helens alcohol specific mortality rates are higher for women than men. This is highly unusual as nationally women have half the mortality rate than men (7.5 compared to 16.6 per 100,000).

Ethnicity

Ninety-eight per cent of residents in St.Helens answered that their ethnic group was white on the 2011 census, which is a larger proportion than that for the North West and England (90% and 85% respectively). By ward, the black and ethnic minority population (BME) in St.Helens on the 2011 census varied between 1.0% of residents in Windle and 3.8% in Thatto Heath.

Sexual orientation

Nationally, a question on sexual identity was included in the 2013 Integrated Household Survey from the Office of National Statistics (ONS) and showed that 93% of men and women reported that they were heterosexual, 1.2% were gay/lesbian and 0.5% were bisexual. Applying these figures to St.Helens gives an estimated 2,274 people aged 16+ that identify themselves as being gay, lesbian or bisexual in the Borough. It should be noted that the true figure may be higher, since 4.7% of respondents nationally either answered “don't know” or did not respond to the question.
Older people

Advancing age is associated with frailty. Frail and older people are likely to have co-morbidities including sensory and cognitive impairment. As the number of older people increases, demand for adult social care services is likely to increase. People with learning disabilities are living longer, this means that more people with a learning disability will also have other age related conditions such as dementia.

Mental health

Mental health is a significant issue in St.Helens however the true size of the mental health problems can be difficult to quantify; people will often move in and out of services, may access more than one service and some people may not enter services until they are at crisis point. We know that around a quarter of people will suffer a mental health problem in any one year with the most common condition being mixed anxiety and depression. One of the ways we have of capturing the number of people affected is within general practice; there are 3 key data items collected to register those people known to have depression, mental illnesses such as schizophrenia, bipolar affective disorder and other psychosis and dementia. Based on data from 2014/15, Table 1 shows the prevalence in these three conditions for St.Helens compared with the other areas within Merseyside.
Table 1: Prevalence of diagnosed depression, mental illness and dementia based on Quality and Outcomes Framework data 2014/15

<table>
<thead>
<tr>
<th>Clinical Commissioning Group</th>
<th>Prevalence of depression (%)</th>
<th>Prevalence of mental illness (%)</th>
<th>Prevalence of dementia (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>St.Helens</td>
<td>9.51</td>
<td>1.02</td>
<td>0.79</td>
</tr>
<tr>
<td>Halton</td>
<td>8.35</td>
<td>0.83</td>
<td>0.70</td>
</tr>
<tr>
<td>Knowsley</td>
<td>10.35</td>
<td>0.91</td>
<td>0.70</td>
</tr>
<tr>
<td>Liverpool</td>
<td>7.79</td>
<td>1.29</td>
<td>0.65</td>
</tr>
<tr>
<td>South Sefton</td>
<td>8.27</td>
<td>1.20</td>
<td>0.80</td>
</tr>
<tr>
<td>Southport and Formby</td>
<td>6.83</td>
<td>1.04</td>
<td>1.11</td>
</tr>
<tr>
<td>England</td>
<td>7.33</td>
<td>0.88</td>
<td>0.74</td>
</tr>
</tbody>
</table>

Source: QOF, 2016

The data shows that there are high levels of depression and dementia in St.Helens when compared to the England average. These high levels may be because GPs in St.Helens code people with these conditions more accurately than in other areas, or we have higher levels of depression and dementia locally. We know for example that there has been active work in St.Helens to diagnose people with dementia effectively. National prevalence studies suggest that there is an under recording of dementia in all areas of the country. This proactive approach in St.Helens has seen the number of people diagnosed increase and ensures that people diagnosed early have an improved chance of better outcomes.
Suicide

Suicide is a major issue nationally and has a huge impact on family, friends and the wider community. In St.Helens, the number of suicides is low but this does not detract from the need for further understanding and prevention work in the area.

The highest numbers of reported suicide are in men; for St.Helens men represented 90% of deaths due to suicide and injury undetermined in the 3 year period 2012-2014. The most prevalent age group is people aged 35-54 years.

The death rate due to suicide and injury undetermined in 2008-10 in St.Helens was lower than England and the North West; however from 2011 the number began to increase and we have averaged 20 deaths per year since then. Whilst the absolute number of deaths is small, each death is estimated to cost society around £1,700,000 in both direct and indirect costs.

Data in Table 2 shows the trends in death rates due to suicide and injury undetermined. In 2011-13 and 2012-14 the St.Helens rate was statistically significantly higher than the England rate.

Table 2: Mortality rates due to suicide and injury undetermined (directly standardised rates per 100,000)

<table>
<thead>
<tr>
<th></th>
<th>2008-10</th>
<th>2009-11</th>
<th>2010-12</th>
<th>2011-13</th>
<th>2012-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>St.Helens</td>
<td>8.1</td>
<td>8.5</td>
<td>9.9</td>
<td>11.9</td>
<td>11.9</td>
</tr>
<tr>
<td>North West</td>
<td>9.4</td>
<td>9.7</td>
<td>9.6</td>
<td>10.1</td>
<td>10.3</td>
</tr>
<tr>
<td>England</td>
<td>8.4</td>
<td>8.5</td>
<td>8.5</td>
<td>8.8</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Source: PHOF, 2015
Learning disabilities

The total number of the adult population with a moderate or severe learning disability is estimated to be 2,577. This is predicted to reduce slightly in the next 15 years to 2,510 (PANSI, 2014).

Carers

Throughout 2014/15 there were 1,421 carers newly registered with the Carers Centre as caring for adults; there were a further 289 new carers registered as caring for children in the same period. By the end of 2014/15, there were 10,061 active carers receiving a service from the Centre. The majority were for carers supporting partners who were frail and elderly or supporting someone with dementia.

In the 2015 St.Helens Health and Wellbeing Pupil Survey 3,435 pupils from Year 6, 8 and 10 responded to a self-reporting online questionnaire. When asked about caring responsibilities, 14% of pupils stated that they care for someone ‘sometimes’.
Living and social environment

The area in which you live, your employment status and the home you live in all have an impact on your health and wellbeing.

Deprivation

The Index of Multiple Deprivation (IMD) 2015 showed that St.Helens is 36th most deprived out of 326 local authorities in the country and a quarter (24%) of small areas (LSOAs: Lower Super Output Areas) within the Borough are in the 10% most deprived nationally. Four areas are in the 1% most deprived nationally.

St. Helens Public Health Intelligence.
Source: Department for Communities and Local Government 2015
© Crown Copyright and database right 2011.
Ordnance Survey 100050516.
In terms of health deprivation, St. Helens ranks as the 12th most deprived authority out of 326 based on levels of mortality and ill health. One in four (39%) areas (LSOAs) within St. Helens fall within the 10% most deprived nationally, with 24% falling within the 5% most deprived nationally. Town Centre, Parr, Bold, West Park, Thatto Heath and Earlestown have the highest levels of health deprivation within the Borough.

**Employment**

One in fifteen (6.8%) economically active people in the Borough are unemployed; this is significantly higher than the regional (5.9%) and national averages (5.4%).

Just under two per cent of St. Helens residents claim Job Seekers Allowance however the graph below shows the numbers vary by ward.

![Graph showing number of people claiming JSA by ward.]

**Housing**

A warm home can prevent illness and disease, particularly respiratory related illnesses, and it can also improve wellbeing. Unfortunately across the Borough there are inequalities in terms of people being able to heat their homes. Recent housing analysis identified a significantly high prevalence of fuel poverty in the private rented sector with 27% of households unable to heat their homes effectively. In comparison, the level of fuel poverty in the social housing sector in St. Helens is relatively low at 9%.

Source: SHARE, St. Helens Council, 2015
The level of disrepair in the private rented sector is 36%, substantially higher than the Borough average of 6%.

**Excess winter deaths**

Nationally there are more deaths per month in winter months than in the rest of the year. Excess winter deaths are defined as the ‘additional’ deaths that occur in the winter compared to the number that would be expected, if the rate was the same, for the rest of the year. There is evidence that excess winter deaths are to some degree preventable and that the rate in England is higher than in countries with colder climates.

For 2014/15, there were 125 excess winter deaths in St.Helens, giving an excess winter mortality index score (the percentage difference between winter and non-winter months) of 20.5%. This is lower than the national average of 27.4%.

**Rainhill** has an excess winter death rate nearly 15 times greater than **Thatto Heath**
Geographical differences in excess winter deaths are evident. Rainhill has the highest five year rolling score (2010/11-2014/15) at 35.9%, with Billinge and Seneley Green close behind with 35.3%. This demonstrates that for both wards, there are over a third more deaths in the winter than in other months of the year. The wards with the lowest excess winter deaths index are Town Centre, Bold and Thatto Heath.

The wards that have the highest excess winter death rates tend to be less deprived, have a slightly older population and have lower rates of housing rented from a registered social landlord.
Domestic abuse

Domestic abuse can occur anywhere, it does not discriminate. However there are people who are at a higher risk of experiencing domestic abuse than others.

Women are at higher risk of domestic abuse than men. According to the Crime Survey for England and Wales, 28.3% of women and 14.7% of men have experienced some form of domestic abuse since they were 16 years old. If this is applied to St.Helens population data (ONS 2014 mid-year estimates), about 14,000 women and 7,000 men will have experienced domestic abuse since the age of 16. This only applies to adults aged 16-59 so therefore it is likely to be an underestimate of prevalence in the Borough.

Young adults are also at a higher risk of domestic abuse; the most common age of victims is between 20-29 years according to Merseyside Police data. This is the same for perpetrators.

People who identify themselves as LGBT (Lesbian, Gay, Bisexual, Transgender), consume alcohol or drugs, have a mental health problem, have a disability or live in a more deprived area are at a higher risk of experiencing domestic abuse than the general population.

Domestic abuse is defined as:
any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:
- psychological
- physical
- sexual
- financial
- emotional

(Home Office, 2013)

3,190 domestic abuse incidents in 2014
Pollution is a contributory factor to many illnesses particularly cardiovascular and respiratory conditions and some people will be more at risk depending on where they live. For 2015, Public Health England has estimated that the number of deaths attributable to air pollution in St.Helens will be 98, which equates to approximately one third of all deaths from respiratory illness and 5.5% of all deaths within the Borough per year.

St.Helens is identified as having 65 individual natural and semi-natural green space sites. This totals over 629 hectares of provision. A report into accessibility of green space in the Borough found there are minor deficiencies in the Rainhill and Billinge & Seneley Green areas however it is unlikely new provision is needed due to the wider level of provision across St.Helens.
Lifestyles

The health choices that the people of St.Helens make can have not only an impact on their individual health but can create inequalities between men and women or other groups, as well as between geographical areas.

Alcohol

For women, the mortality rate from liver disease is higher than the regional and national averages. The mortality rate for St.Helens ranks in 321st worst position out of 326 authorities nationally.

The rate of hospital admissions due to alcohol-attributable conditions in Town Centre is three times higher than it is in Billinge and Seneley Green (6,138 and 1,995 per 100,000 respectively).

Obesity

Excess weight (overweight and obesity) affects more than 90,000 adults within the Borough. Men in St.Helens are significantly more likely to be overweight than women and are slightly more likely to be obese. Conversely, women are much more likely (by 2-3 times) to be admitted to hospital for obesity related issues as a primary diagnosis than men.

Physical activity

Male participation in physical activity in St.Helens is higher than both the regional and national averages. Female participation however is lower than the regional and national averages and the gap is increasing.

31.2% of men participate in regular exercise compared to 16.9% of women
Smoking accounts for over half of the health inequalities between social groups in England. There are large differences between smoking rates in different groups that lead to differences in health outcomes.

In England there are higher rates of smoking among people with manual occupations, people without qualifications, people who are divorced or separated, people who are unemployed, people who live in rented housing, people who receive income support and people with low wellbeing. We know that smoking rates vary significantly by ward, with a 2014 Merseyside Fire and Rescue Service survey finding the highest rates in Town Centre and Parr wards.

The proportion of 14-17 year olds smoking in the NW Trading Standards Survey has fallen from 26% in 2009 to 8% in 2015.

Smoking rates are also high amongst people with mental health conditions. People with longstanding anxiety, depression or another mental health condition are twice as likely to be smokers as those who do not have any mental health problems. Rates of smoking increase with the severity of the disorder, ranging from 25% amongst people with eating disorders to 56% of those with probable psychosis. Over the last 20 years, smoking prevalence has changed little in those with severe illness.
Teenage conceptions

Since 2010 the teenage conception rate in St.Helens has decreased. In 2013 there were 106 under-18 conceptions, a rate of 34.2 per 1,000 15-17 year old females. In 2012, there were 123 conceptions in under-18 year olds with a rate of 38.1 per 1,000.

Within St.Helens there is a large variation in under-18 conception rates. The highest rate is over five times greater than the lowest, varying between 66.8 per 1,000 in Town Centre and 12 per 1,000 in Eccleston.

In line with the reduction in teenage conception rates across the Borough, 11 of the 16 wards in St.Helens had lower rates in 2011-13 compared to 2009-11, with rates in Thatto Heath, Earlestown and Haydock all falling by more than 25%.
Supporting People

The vast majority of us will require support from services at some point in our lives. However for some, additional support is needed either throughout their life or during a particular period. Vulnerable or hard-to-reach people are more likely to have health and wellbeing needs that are not being met, causing inequalities between these groups and the wider population. Services in St.Helens are addressing these inequalities through targeted programmes.

Looking after the health of people facing drug and alcohol challenges

Addaction provides a holistic, recovery focused service to address the needs of people affected by drug and alcohol problems. The people who present to drug and alcohol services are often experiencing a range of challenges, with varying degrees of need. For example, some individuals may be holding down a job despite their substance misuse, whilst others may be living extremely chaotic lifestyles with little structure or positive benefits. The majority of these individuals and their families will be experiencing a degree of social isolation.

In addition to recovery from drug and alcohol misuse, the service offers a menu of support based on a person’s individual needs. Breaking the Cycle is a family based programme which offers support not only to parents but to children and young people affected by parental substance misuse. Between 2014 and 2015, Addaction worked with the parents of 644 children and the results to date have been impressive with improvements in parenting and family functioning.

Kate is a 35 year old woman with 4 children. Kate was smoking heroin and crack and her children were at risk of being removed. Kate was placed on a methadone prescription and supported by Breaking the Cycle. Her keyworker updated her progress at every core group and child protection conference and the risks to her children were reduced. Her children and parents were offered support and Kate began a reduction plan from methadone. Kate enrolled at college and was supported into new accommodation. Her case was closed by social services and she feels able to function well as a parent.
Domestic abuse

There is a high correlation between domestic abuse and substance misuse. In 2014/15, Addaction had over 531 clients who stated they were currently or had previously been a victim or perpetrator of domestic abuse.

In St.Helens, Addaction has set up a domestic abuse group. This group is run weekly and is open to female victims of domestic abuse. Addaction also delivers an outreach at Helena refuge. The outreach is completed fortnightly and offers one to one advice, support and guidance and direct access to treatment and treatment services.

Marie is a 25 year old woman with two children. Marie is currently pregnant and is engaging with Addaction for support around cocaine and alcohol use. Marie was in an abusive relationship and when she disclosed the abuse to her worker she was immediately referred to the local refuge for support and was also supported to report the offences to the police. Marie received support from her worker to collect her belongings and move into the refuge. One to one support was then offered and Marie was also supported to attend the domestic abuse group.

Flu

Influenza can be a serious health problem to people in high-risk groups who already suffer from chronic disease. At Addaction in St.Helens, in February 2014, an audit of 185 service users receiving a prescription for opiate substitute therapy (OST) revealed that 52.4% were registered by their GP as having one or more chronic conditions. However, problems of stigmatisation and chaotic lifestyle mean that drug users are less likely to attend for routine healthcare and screening. An innovative approach was developed between NHS England and Addaction to deliver flu vaccinations direct to those on a prescription for OST.

It was decided that the vaccination be offered to all individuals on OST because of the likelihood of under-diagnosis of respiratory and liver conditions in this group, and also other risk factors such as homelessness, poor nutrition and general self-neglect. Of the 514 service users eligible, 340 (66%) were offered the vaccination and of those, 60% accepted (205), 31% declined (106) and 9% of service users had already received the vaccination elsewhere.
Sexual health

Problems of stigmatisation and turbulent lifestyles mean that people with drug and alcohol problems are less likely to attend for routine healthcare and screening. In St.Helens, it was identified that many service users did not attend either their GP or sexual health clinics for cervical smears, contraceptive or sexual health advice. As a result, fully trained clinicians now deliver a free, confidential sexual health clinic on a weekly basis at Addaction’s premises Lincoln House. The clinic provides smear testing, testing for sexually transmitted infections and all types of contraception. Initially attendance rates were low but awareness raising of the importance of sexual health amongst staff and service users has led to a dramatic increase in the uptake of appointments from 42% for the first 16 clinics to 65% for the second 16 clinics.

Veterans

The training and mind set of armed forces personnel can sometimes mean that veterans are a hard to reach population and need a service offer that is accessible and relevant to them. Currently, St.Helens Addaction has 30 veterans accessing services, four of whom are women. Less than 50% (8-12) attend a veteran specific group.

Addaction Right Turn project is a national project which also runs locally to create a recovery community and network for veterans. Right Turn offers a specialist group for veterans once a week held at Mill Street Barracks. Addaction have close links with local services such as Combating Stress, the British Legion, Helena Partnerships and the Job Centre to help support the veterans in the service.
A male attended Addaction in November 2014 presenting with a number of issues: substance use (alcohol), housing and social issues due to relationship breakdown, becoming homeless with impact on family, partner and children, poor mental health (suicidal ideation), post-traumatic stress disorder and physical health issues relating to alcohol use.

Between November and January with the help of Addaction, the male reduced his drinking. He engaged in treatment and accessed the veteran group, building up peer support and accessing additional specialist services. In January 2015 he completed 12 weeks of rehabilitation and graduated. During that time he rebuilt his family relationship and was able to return to his family home on completion in March 2015. He remains abstinent and has become a veteran peer mentor. He continues to access groups and hubs and supports other veterans.

**Recommendation:**

- To develop a greater understanding of inequalities and the particular needs of people attending drug and alcohol treatment services, including military veterans, and ensure that services continue to explore creative ways of meeting those needs.
Being Active with Additional Needs

Go Active Adults Club focuses on improving the health, wellness and quality of life of people with disabilities.

The health benefits of physical activity for people with disabilities have been evidenced by several studies and include improved cardiovascular and muscle fitness, improved mental health and better ability to do daily tasks.

People with disabilities experience many different and complex physical, social and attitudinal barriers that prevent their participation in work, leisure and social activities beyond those experienced by the general population. Amongst barriers to participation are unsafe environments, lack of opportunity and high cost of both access and trained support staff.

St. Helens public leisure facilities tackle these barriers head on. The Go Active programme provides a weekly session for adults at two sites in the Borough (Selwyn Jones and Queens Park) to promote and increase participation in all types of activities including exercise, swimming, games and social interaction. The sessions are run in a relaxed and flexible environment and encourage people to exercise regularly.

The Club has also provided a stepping stone for employment, with four participants currently employed at one of the centres on a part-time basis.

Organiser Michelle Binns of Go Active said: “The feedback from the session has been immense, with people telling me they can’t wait for Tuesday and Thursday to come round - it’s become part of their life. We’re like a family.”

Recommendation:

- For sports and leisure services to continue to engage with people with additional needs and disability and to increase participation.
Freeze Me Up

In 2014/15 there were 2,305 food bank vouchers claimed in St.Helens. These covered 5,314 people, of which 1,946 were children and 3,368 were adults. The increase in the use of food banks in St.Helens in recent years demonstrates the growing need for action against food poverty.

The Freeze Me Up cooking project is a joint initiative between Helena Partnerships and the Healthy Living Team. The aims of the project are to:

• Address food poverty
• Increase knowledge of healthy food choices
• Increase basic skills and knowledge of food preparation
• Improve mental wellbeing

It is a referral based programme and referrals are received from various staff across Helena Partnerships who identify supported clients who meet the following criteria:

• Experiencing food poverty issues
• Would like to learn more about cooking, cooking on a budget or healthy eating
• Socially excluded and would like to become involved in a group activity

The project enables individuals, families or groups to use community cooking facilities once a week over a four week period. To help reduce barriers in engagement, free transport is provided to and from the facilities at Sutton Children’s Centre. The industrial sized kitchen allows for 6-8 participants to work and learn comfortably with two community food workers facilitating the session.

Each week the group prepare and cook three nutritionally balanced meals to share with each other. Enough food is prepared so a family-sized portion of each meal can be taken home (and frozen) by every member. These meals can then be used at their convenience to provide a varied and healthy home-cooked meal when needed. Basic food safety, healthy cooking methods, how to plan and cook meals and how to follow a recipe are all skills that participants learn during the sessions.
What the participants have learnt from the programme:

• “It has got me thinking; just add more vegetables to my main meals.”
• “I am having a crack with new friends and enjoying putting a recipe together and enjoying the results.”
• “I am doing more oven cooking now.”
• “I've learnt not to fear certain recipes and will cook the recipes I have learned at home.”

Whilst taking part in the sessions participants stated they felt happy and stress free when carrying out set tasks in a friendly group environment. This helped them to forget any issues in their personal lives. Participants felt it made a significant difference to be able to have hot healthy meals for themselves and their families. Participants enjoy the social aspect of the cooking sessions and the programme has enabled them to meet new people and share experiences in a relaxed environment. The project provided over 100 meals for participants to take home to freeze.

Recommendation:

• To develop the Freeze Me Up programme to be sustainable within community groups, so they can run independently supported by volunteers and at the same time develop the marketing and raise awareness of the programme.
Smokefree Mental Health Service

People with mental illness often have poorer physical health. Smoking rates are high amongst people with mental health conditions; people with longstanding anxiety, depression or another mental health condition are twice as likely to be smokers as those who do not have any mental health problems. Rates of smoking increase with the severity of the disorder, ranging from 25% amongst people with eating disorders to 56% of those with probable psychosis compared with less than 20% for the population as a whole. This is a source of preventable inequalities in health.

The Smokefree St.Helens Service provided by City Health Care Partnership offers specialist support specifically for all smokers diagnosed with significant mental illness. Support for smokers is patient-led with appointments in the home setting or one-to-one in community based sessions. The most successful feature of the specialist support is the link working with the Early Intervention Psychosis Team and Home Treatment Team. During 2014-15, staff in both 5 Boroughs Partnership NHS Foundation Trust and Mersey Care NHS Trust were trained in offering advice and supporting their patients through referral and their quit attempt. This enhances the support that the specialist practitioner offers the patient throughout their treatment plan and afterwards and improves communication and feedback for the benefit of the patient.

Smokefree St.Helens is also supporting local mental health organisations to meet national recommendations to ensure that all patients receive support and treatment to help them to stop smoking. Future developments include training designated staff in mental health settings to become Health Champions, offering mentoring and support for smokers in-house.
“My name is Richard, aged 43 and I was diagnosed with severe anxiety and depression a few years ago. I am supported by a carer from the Home Treatment Team at Peasley Cross. I was a very heavy smoker since the age of ten, smoking at least 20 cigarettes a day for the past 33 years. I decided to stop smoking after I was told by my dentist that I would lose my teeth because of gum disease if I carried on smoking. My care worker told me about the Smokefree session at Crownway Community Centre so I was booked in for a one to one with Sandra. I found it difficult at first as I was very anxious about going to the session but was made to feel at ease. I didn’t stop smoking straight away so I cut down gradually then quit with help and support from Sandra and Emma. I am not as out of breath, feel healthier and my teeth aren’t painful anymore”.

Recommendation:

- To continue to develop robust systems to ensure patients with mental health conditions are offered smoking cessation support.
Suicide Prevention

Suicides are an important public health issue which affect individuals, family and friends and have a cost to wider society. Suicides are not inevitable and there are strategies and prevention schemes that can help to reduce the risk.

There are a number of initiatives happening locally for suicide prevention:

**ASK suicide risk training**

A locally developed suicide training package which covers awareness, detection and prevention is being delivered in St.Helens to tackle the issue. This training helps non-clinical and frontline staff to have a wider understanding of suicide, its complexities, how to detect risk and how to signpost and refer into appropriate services in an effective and timely manner.

**Amparo**

Amparo was launched on the 1st April 2015 across Cheshire and Merseyside and is a service that aims to support friends and family of those who have completed a suicide. The new service receives referrals from the coroners of people who may want support after an unexpected death which may be classified as a suicide. After six months, this service had supported 66 people. This is a pilot programme and will be fully evaluated at the end of the 18 month period.

**No More Strategy**

The Cheshire and Merseyside Suicide Reduction Strategic Partnership Board has launched an ambitious strategy to tackle suicide across the geographical footprint. ‘No More, Zero Suicide’ was launched in September 2015 on World Suicide Prevention Day with the overarching vision that Cheshire and Merseyside:

‘…is a region where suicides are eliminated, where people do not consider suicide as a solution to the difficulties they face. A region that supports people at a time of personal crisis and builds individual and community resilience for improved lives’.
This ambitious strategy is being driven by the Strategic Partnership Board which leads on the direction of travel and supports the local groups to deliver actions in their areas.

Some quotes from the evaluation of the ASK suicide risk training:

- “I feel the knowledge I have gained today gave me the confidence to be more direct when asking about suicide”
  St.Helens Council staff member

- “Excellent session, great pace, interesting and well delivered”
  Adult and Community Learning staff member working on a specific mental health project

- “I felt the training was not only relevant but was delivered in a way that was easily understandable and interesting. A down to earth approach meant that all details were brought home”
  Salvation Army, St.Helens

**Recommendation:**

- To develop a new St.Helens suicide prevention action plan linked to the ambitious ‘No More, Zero Suicide’ Strategy.
Veterans

Veterans provide an invaluable service to their nation, during which they may have sustained injuries, both physical and/or mental. The transition back to civilian life is a positive experience for many veterans however for some it is more difficult and can result in developing health and social problems.

The highest health risks to veterans are often alcohol misuse and mental health difficulties. Evidence suggests that risk of death associated with addiction can be 150 times higher in veterans than the wider population, and that 27.2% of veterans will experience a common mental health problem at some time post service; 13.5% are likely to experience Post Traumatic Stress Disorder (PTSD).

Currently the majority of veterans accessing health and social services are elderly but the number of veterans aged 18-54 is set to increase thus the number of veterans with complex needs requiring support is predicted to increase. Conversely, many mainstream services lack understanding of the needs of veterans and as a result veterans could be reluctant to access support.

A number of initiatives have taken place over the last year and are currently on-going. Public Health is a partner of the St.Helens Armed Forces Community Covenant, a strategic group that looks to reduce inequalities and increase opportunities for local veterans.

A veterans’ booklet has been produced which details information on local support services for veterans, covering areas such as Armed Forces Associations, Housing, Health and Employment. The booklet has been shared with the Covenant group and local services.

Public Health services are updating screening forms to ensure both serving and ex-forces personnel are identified so they can be signposted appropriately; this is important as veterans are entitled to be considered for priority care within the NHS if they have sustained an injury during their time in the forces.

**Recommendation:**

- To ensure local services are monitoring if a client is or has been a member of the Armed Forces and consider the needs of veterans within services.
Winter Warm

Overall excess winter deaths have decreased from 217 in 2008/09 to 125 in 2014/15. However within St.Helens, the rates vary considerably with Rainhill having an excess winter death rate fifteen times higher than Thatto Heath.

St.Helens Council’s Affordable Warmth Unit (AWU) works to alleviate fuel poverty and to assist in reducing excess winter deaths. In 2014/15 Affordable Warmth Outreach Officers carried out over 370 home energy advice and intervention visits to provide:

- Thermal improvements: interventions that improve the energy efficiency of homes in the Borough including insulation and heating measures and cost reducing measures such as boiler repairs, efficient heating controls and draught proofing.
- Lower energy bills: giving information and advice to encourage people to get better energy deals and publicity of the Switch Together Save Together collective energy switching scheme. The switch undertaken in March 2015 saved St.Helens residents £43,000 by getting a better deal, with average savings of £268 per household.
- Income maximisation: referring clients for benefit advice and providing support to apply for the Government’s Warm Homes Discount Scheme.
- Further outcomes: advice and intervention visits for identification of further measures to reduce hazards such as handyman service, falls prevention, occupational therapy and more.

The AWU are also responsible for the St.Helens ‘Winter Warmer’ project, an annual campaign which focuses on providing advice and information to vulnerable households throughout the winter period. The project sees the distribution of 5,000 winter warmer packs containing a number of items to encourage households to prepare for extreme winter weather. The main item within the pack is an information calendar for the following year; the calendar provides valuable information on ways to stay warm and well over winter. The scheme works with many local partners to ensure the packs and advice get to the most vulnerable; the main partner Age UK Mid Mersey are responsible for distributing the packs and to also staff the St.Helens Cold Weather Advice Line, available from October to March to offer trusted local support in the event of extreme cold weather.
The reach of the Affordable Warmth work carried out in the Borough is considerable and it is estimated that through all the schemes undertaken in 2014/15, close to 8,000 homes have received some form of advice or support.

Mr & Mrs A and their two young children were visited by the Affordable Warmth Outreach Officer. Mr A suffers from chronic asthma and breathing difficulties, conditions exacerbated by living in a cold home. Mr and Mrs A are in receipt of income related benefits. The central heating boiler was broken leaving them without heating or hot water. The boiler, over 10 years old, was inefficient and in need of updating. An application was made to provide assistance to replace the boiler, making their home warmer and healthier. They also qualified for assistance via the Warm Homes Discount Scheme reducing their energy bills.

**Recommendation:**

- St.Helens Winter Warmer project to target support at those most in need, to assist vulnerable homes to stay warm and well throughout winter and to evaluate the effectiveness of the programme in reducing excess winter deaths.
Infection Control in Care Homes

Residents living in care homes are at particular risk from infection. There are large cohorts of staff and residents living and working together which means that the potential exposure to microorganisms is increased. Residents may have increased risk due to lowered immune systems caused by age, long term medical conditions and the quantity of medications they take. They may also have had hospital admissions increasing their risk of healthcare associated infections.

The Infection Prevention and Control (IPC) team provide training, audits and surveillance and act as an advisory role for care home staff, residents and the general public.

Each care home has a link nurse who is able to cascade information to all staff in order to raise the profile of infection prevention and control and ensure that the care homes are doing everything possible to prevent the spread of infections. Many of the care home link nurses have completed the “Train the Trainer” course which encourages them to use innovative ways to introduce key infection control messages into the everyday work of all staff. Infection control audits are carried out by the infection control nurses in each care home and action plans and recommendations are monitored. If any serious issues of any nature are identified they are reported to the Council and Care Quality Commission.

The care homes complete a monthly infection control surveillance form. This helps the staff and IPC team to identify increases in infection rates and raises awareness. The IPC team encourage staff to follow up the results of specimens that have been sent to the lab and ensure that residents are being prescribed the correct antibiotics. This will help in the fight against antimicrobial resistance.
In the winter of 2014-2015 several care homes reported high incidence of flu like symptoms, and early identification helped to ensure the correct management of the residents, preventing the spread of infection in the community and in hospitals. A flu pack for care homes has now been produced to help care homes prevent and manage flu like illness.

There have been a high number of urine infections in 2015. Poor hydration of patients, issues with personal hygiene and incorrect management of urinary catheters all increase the risk of infections. The IPC team have taken a multi-disciplinary approach with all agencies providing care in the care homes to ensure the correct management of residents through training and support to reduce urinary tract infections.

**Recommendation:**

- The IPC team should continue to work proactively and reactively with care homes in St.Helens to reduce infections. They should report back to care homes on the lessons learned from root cause analysis of healthcare associated infections in order to improve practice and contribute to antimicrobial stewardship to prevent infections and appropriate use of antibiotics.
Heart of Glass Furniture Upcycling Project run by Passsoul Studio for Newton-le-Willows residents who are visually impaired

Artwork created by participants of the Creative Alternatives Arts on Prescription scheme
Fit Forever Celebration Event

'Complete Netball St.Helens' achieve the Regional Sportivate Project of the Year Award
The ‘Be a Lover not a Fighter’ campaign launch in St.Helens

Arts and Libraries staff celebrate becoming Dementia Friends
Time to Talk Event at St. Helens Town Hall

Veterans’ Event at the Centurion Centre
Winter Warm Event at Newton-le-Willows Library

‘No More, Zero Suicide’ Strategy Launch Event
Go Active Adults Club

Mural painted by local artist Robert Powell displayed in the St.Helens Recovery Centre
Community Wellbeing

Living in a clean, safe environment with good infrastructure and assets can lead to strong and healthy communities, raising aspirations and providing opportunities to thrive. Locally, there are groups that may not be as healthy or resilient as others. These inequalities in health are sometimes influenced by the conditions in which you are born, grow, live and work. To reduce these differences between communities Public Health and partners have developed programmes to target groups most at need and many of the programmes utilise those community wellbeing assets.

Arts on Prescription

The quality of our lives is influenced by our family and wider relationships, by the environment we live in and by our ability to travel and access the surrounding social and cultural landscape. This means that we can improve our mental health and wellbeing not only by accessing traditional (talking) therapies or medication but also by partaking in a wider range of non-medical activities, such as sports, cultural events and workshops.

In June 2015, St.Helens Public Health and Wellbeing commissioned Creative Alternatives to deliver a 12 month Arts on Prescription pilot scheme, open to residents of St.Helens who are experiencing mild to moderate stress, anxiety or depression. The scheme is part of the Cultural Hubs - Arts in Libraries programme and it offers people a 12-week programme of creative activities that take place in one of St.Helens’ libraries.

Creative Alternatives is an arts-based service, operating under the broad umbrella of social prescribing. Clients referred on to Creative Alternatives are given the opportunity to explore a range of art forms that enhance self-expression, relaxation and social interaction within the core workshop groups. At the end of the 12 weeks the clients are signposted towards other cultural and health and wellbeing schemes that are available in the Borough.

The benefits include increased confidence and self-esteem, reduced social isolation and new friendships, increased motivation and wellbeing, broader positive effects on lifestyle choices, increased motivation and resilience, accessing further education, volunteering and employment and increased participation in the arts and cultural landscape of the local community.
One client experiences both anxiety and depression and also has numerous physical health conditions and she needs the aid of a walking frame. She lost her husband 4 years ago and her main motivation for joining Creative Alternatives was because she was feeling very socially isolated and wanted to regain her confidence as she was at a loss at what to do with herself. She was referred to the Creative Alternatives by the Reablement Team in Adult Social Care and Health.

“Before joining Creative Alternatives I felt like I was trapped within a dark cube and there was no way out. During the first few weeks I felt afraid of anything and of everyone. Now my cube has been cracked. I now see light. I feel I can escape this cube and move forward. I thank everyone in Creative Alternatives for their support.”

**Recommendation:**

- To demonstrate the effectiveness of the Arts on Prescription Scheme in St.Helens and continue to grow the non-medical offer to mental health and wellbeing in St.Helens.
Heart of Glass

Heart of Glass is part of the national Creative People and Places programme and is made possible by investment from Arts Council England. The ultimate aim of the project is to encourage the people of St.Helens to be more involved in the arts. Through an artistic programme Heart of Glass examines the role of art and the artist in a post-industrial landscape. The work sees passionate and direct interactions between artists and communities of place and interest. Participation in the arts is widely accepted as beneficial to communities and individuals in a range of ways. A focus of the programme involves connecting with communities of place and interest and initiating and developing projects that have a range of impacts and outcomes, including quality arts experiences as well as positive impacts on a health and wellbeing basis.

In the past year Heart of Glass has worked on projects with carers, older people, young people and dementia patients and has produced work that works across the fields of Disability Arts, LGBTQ Arts, Arts & Health, Arts & Older People and Cultural Diversity and the Arts. There have been over 70 projects delivered with local, national and international artists in collaboration with a range of St.Helens communities.

22 Dragons: Furniture upcycling workshops with Paula & Piotr Pietrzak from Passsoul Studio for visually impaired residents

Working closely with a group of blind and visually impaired residents from Newton-le-Willows, artists Paula & Piotr Pietrzak delivered a series of workshops to allow participants to develop self-confidence, learn decorative skills and gain an appetite for artistic exploration and experimentation.

Recommendation:

• To improve access of high quality arts projects reaching diverse communities through strengthening partnership in St.Helens and promoting success of the programme.
Books on Prescription

Reading Well Books on Prescription helps individuals manage their mental health and wellbeing by providing access to accredited self-help reading through public libraries. Books can be recommended by GPs or other health professionals using a prescription, but are also available as self-referral for anybody to borrow from the open shelves. The programme is currently operating across two schemes, one focusing on common mental health conditions launched in June 2013 and one focusing on dementia launched in January 2015.

The programme is delivered by the Reading Agency, in partnership with the Society of Chief Librarians, and is funded by Arts Council England, with local contribution for stock from St.Helens Public Health and Wellbeing. The scheme highlights the key role that libraries play in promoting public health and contributing to the growing need for effective mental health services in the community.

In St.Helens, the two schemes are available in all 13 libraries. Public Health and Wellbeing and the Library Service have worked together to provide the core book list and associated promotional materials and the programme has been promoted to health providers to enable them to make referrals. Overall there is much praise for the scheme amongst health professionals and many have fed back appreciation for its simplicity and effectiveness.

Books on Prescription is a successful scheme nationally and this is no different in St.Helens. The majority of users of the scheme self-refer with few paper prescriptions or leaflets handed in at libraries.

The two schemes enhance the holistic offer from libraries around health and culture. The library service offers the Cultural Hubs programme and can integrate activities succinctly, introducing performances and discussions with mental health content. Library staff have also worked closely with groups from the O'Hanlon Centre to highlight the dementia offer to patients and their families.

The launch of the dementia scheme in January 2015 has diversified the original aims of Reading Well, seeking to reach carers and family members, as well as individuals with the condition. This appears to be having a strong and important impact on those engaging with the scheme.
There is to be a third strand to the Books on Prescription scheme from March 2016. This will include a book list, containing fiction and non-fiction aimed at young people aged 13-19 suffering from common mental health problems.

**Recommendation:**

- The Books on Prescription scheme for young people is offered in all libraries and is promoted through the schools’ library service and colleagues in Children and Young People’s Services.
Learn to Grow

One in four adults will experience mental health problems in any one year. Good mental health and resilience are fundamental to our physical health, our relationships and to achieving our full potential.

Locally, GP practices are recording higher levels of depression than the national average (9.5% and 7.3% respectively, 2014/15).

Consultation with mental health service users identified social isolation as a key concern with clients feeling disconnected from the wider community. Accessible, non-stigmatising support is crucial to equip adults with the skills to develop increased resilience and wellbeing.

St.Helens Adult and Community Learning was successful in obtaining 12 months’ funding (from April 2015) to run a pilot scheme, Learn to Grow, to trial the impact of informal community learning on those with mild to moderate mental health problems. Working closely with NHS services and community organisations, a suite of short courses was designed under the themes of creativity, resilience and connectivity.

To date, 124 people self-referred or referred through local agencies have attended courses. 55% had a declared disability and half came from the 20% most deprived communities nationally.

Courses, including creative writing, stress management and photography, were delivered in a variety of non-clinical local venues led by professional educators. All sessions focused on recognising growth and achievement, with participants developing individual learning plans and learning logs. Peer support and inclusion were evident across all programmes with a friendly, relaxed and supportive learning environment. 99% rated their course as good or excellent.

As well as learning new skills, learning in a supportive group has given people a range of additional positive outcomes including an increased sense of self-worth, reduced isolation and resilience.

The model of informal community learning has been shown to build resilience and improve wellbeing. During the short period of its existence Learn to Grow has had a powerful impact on individuals taking part.

Recommendation:

• To continue to develop the successful model in response to evaluation and feedback and develop the role of service users as champions.
Fit Forever

In October 2013, the Sports Development Team secured funding to address Public Health concerns regarding the health related issues of inactive men aged 60 plus who are particularly at high risk of cardiovascular disease. In addition to increasing activity levels, the programme aimed to impact on mental health and general wellbeing.

The first session of this low level intensity programme commenced early February 2014 and continues as a progressive project with over 290 males registering attendance and, albeit a male funded project, over 180 women have also registered to take part in the activities on offer.

The current programme of activity takes place at 11 different venues across St.Helens, offering a wide range of sport/recreational opportunities to suit all levels of interest and abilities. Wards such as Parr, Bold, Thatto Heath and Town Centre have been particularly targeted to reach those most at need.

The activities on offer include: archery, boccia (adapted bowls), badminton, darts, table tennis, soft ball tennis, walking football, new age kurling, kwik cricket, rounders, mini hockey, dodge ball, basic fitness circuit, indoor and outdoor bowls, Nordic walking and other activities as requested.

The majority of activities on offer are free of charge and appreciated by all who attend on a regular basis. However the table tennis class has introduced a small participation fee. This fee has not been a restrictive factor in participation in the activity.

Additional activities have also taken place throughout the project for people wishing to try something a bit more demanding as their physical abilities have progressed. Cycling at the Velodrome National Cycle Track in Manchester and dragon boating at the Liverpool Marina Water Sports Centre have also taken place. The walking football participants have entered league events at Manchester Etihad complex, competed successfully in a number of festival events and are now competing as a top team in the Everton in the Community League.
Project evaluation and feedback has evidenced improvements in physical ability and wellbeing in many of the participants and demand has seen further venues and sessions being added to the programme. The success of the walking football project has resulted in the participants forming their own constituted group and they now meet all the costs associated with the session. The long term sustainability of the activity is very likely.

Participants have said that the social aspect of the Fit Forever project is hugely important; meeting new people and sharing interests over a cup of tea or coffee is as beneficial as taking part in the activities and this part of the programme is enjoyed by all.

**Recommendation:**

- Sports Development to identify appropriate and affordable space to support ongoing and new recreational/sports activities especially within more deprived communities.
Encouraging more women to engage in physical activities and sports

Two thirds (68%) of females aged 16+ in St. Helens do not take part in physical activity and a decrease in participation of those aged 14 to 24 has been observed. This contributes to rising obesity problems and related health issues in the Borough. According to Public Health England, 67.5% of adults in St. Helens are overweight, increasing the risk of developing type-2 diabetes, heart disease and certain types of cancer.

To reduce gender inequalities, Sports Development targets inactive women through its various projects including StreetGames ‘Club1’ and Doorstep Sports Clubs, Sportivate and the Community Sport Programme. Projects are designed to be fully inclusive, targeting inactive people by providing beginner welcome social sessions and activities appealing to the female audience including fitness circuits/Bootcamps, running sessions, netball and badminton. To attract younger women, activities that young people may not have had the chance to try before are offered at suitable times, locations and cost.

The StreetGames ‘Club1’ project is specifically targeted at females aged 14 to 24 in an attempt to engage them in ‘solo’ activities. A solo activity is one that an individual can take part in independently without having to go to an organised session. Young people are given a taster of ‘solo’ activities and provided with relevant information so they can continue participation in activities. Taster events include gym sessions/inductions, weekly park runs leading to the Steve Prescott 10K, climbing/high wires, cross-fit and British Military Fitness. Young volunteers have lead roles in the organisation, promotion and delivery of the project.

Sportivate is aimed at young people aged 11-25, with a specific focus on young women aged 16-25 years. Sports Development works with local sports clubs and National Governing Bodies to deliver 8 weeks of sporting activity. The aim is to develop sporting habits and provide support to continue activities. Projects have been delivered in girls’ rugby, cricket, badminton, squash, netball and wheelchair basketball.

Community Sport targets those aged 14+ who are inactive. Projects cater for complete beginners and are delivered by 3 activators who work with local sports clubs and community groups. Sessions run for approximately 10 weeks and participants are then directed into existing clubs/groups or supported to establish new ones.
The Youth Sports programme is very effective and successful at engaging large numbers of young people in sports and physical activities. Large numbers of young women attend the sessions and the informal nature of the programme encourages their sustained participation. This helps to reduce gender inequalities in physical activity and health.

Emily completed 7 Saturday morning park runs at Victoria Park culminating in her participation in the Steve Prescott 10K, as part of the ‘Club1’ project. Emily has continued to participate in the weekly St.Helens park run at Victoria Park with her father following the ‘Club1’ taster sessions and has improved on her first run time by 8 minutes and 52 seconds. Emily said: “I really enjoyed seeing my times and the improvement I was making week on week and how much faster my personal best is since my first run!”

The Sportivate programme recently won both the Merseyside and North West Awards for its netball project, which has been hugely successful at engaging local females. As a result of the project 6 new netball teams were established and a brand new netball league launched, which now sees over 130 females playing netball every Monday evening. The project also enabled the 17 volunteers to attend courses, including Level 1 and 2 Netball Coaching, First Aid, Fundamentals and Safeguarding.

**Recommendation:**

- For partners to continue to promote physical activity in women and work to make sure externally funded programmes are sustainable.
Campaigns

Throughout 2015 a number of campaigns have been delivered by Public Health and Wellbeing alongside other departments and agencies to raise awareness of issues that are the cause of inequalities in St.Helens.

Time to Talk

Stigma and discrimination for people with mental health problems is still an issue in the UK and likewise in St.Helens. People can often feel isolated and ashamed to talk about their mental health to other people. In a national survey 90% of people who experience mental health problems said they had encountered discrimination directly related to their mental health (Time to Change, 2015).

The aim of ‘Time to Talk’ was to change the public's perception of mental health by encouraging community members to spread healthy mental health messages to friends, family, colleagues and service users.

In October 2015, to celebrate World Mental Health Day, a half day training event took place to develop locally recruited community champions to be confident to talk to people about mental health and be able to signpost appropriately. This event trained 93 people from the third sector, health services, frontline support services and members of the public. Members were asked to have ten, 10 minute conversations, with the ultimate aim that in St.Helens 10,000 minutes of conversations could be mapped by the end of 2015 (12 week post event timeframe). The event comprised of toolkit distribution, mental health and suicide local data update, guest speakers highlighting the importance of social prescribing and its effectiveness, how to hold a healthy conversation about mental health and wellbeing (using the national Time to Change materials) and information about local support services available.

Each participant was to hold a series of conversations within the 12 week period and ‘log’ them with the Healthy Living Team. These conversations were then logged on a live interactive map so that the locations of all conversations could be monitored to ensure even saturation of positive mental health messages in all areas of St.Helens.
The initial target of 10,000 minutes was reached within just 6 weeks therefore a new target of 20,000 minutes was created for the same timeframe.

Participants were asked for some feedback on some of their conversations:

• “I spoke to the group for over half an hour on how much help I needed when my son had a breakdown. The help he needed and how we are today. I was surprised to discover one of the ladies in the group told us about her son’s mental problems which no one had knew about in the group. So yes it is good to talk, we need to talk more often.” Joan

• “I had my first conversation last night, I rang a friend to ask how his dad’s cancer treatment was going and he was made up as he said people are too afraid to ask him about it. Thank you for giving me the strength to make that phone call.” Teresa

Recommendation:

• To develop higher education training packages aimed at 16-19 year olds accessing higher education settings using a peer support model.
Dementia affects 1 in 14 adults aged 65 and over, increasing to 1 in 6 in those aged 80 and over. In St.Helens 1,876 people are currently registered as having dementia and subsequently able to access treatment and support. However, the expected prevalence of dementia for the Borough is 2,076, which means approximately 200 people are estimated to be still undiagnosed and possibly not accessing necessary support.

The population in St.Helens is ageing with more people over the age of 65 living longer. However many are living for longer in poorer health with multiple complex health conditions. By 2020, it is expected that 2,631 people will be living with dementia in St.Helens.

Stigma and fear associated with dementia is an issue with communities lacking empathy, knowledge and understanding of the condition. This in turn can mean people may not visit their GP if suffering with significant memory problems and subsequently not receive necessary support.

In 2012 the Prime Minister set a challenge around dementia and from this the Alzheimer's Society, in partnership with the Department of Health, launched the Dementia Friends Campaign. This is an initiative to raise awareness around dementia, helping people to understand what it is like for someone to live with the condition.

In St.Helens we are supporting this initiative by attempting to increase the number of Dementia Friends within the Borough. This is being done through face-to-face sessions in the community with residents, internally for St.Helens Council staff, as well as promoting the online resource available to become a Dementia Friend. Currently there are 3,700 Dementia Friends in St.Helens and in 2016 we will be undertaking a campaign to increase this to 8,000.
St. Helens Council library staff became Dementia Friends raising their awareness and knowledge of the condition to help persons with dementia and their carers. This learning soon came in to practice at Chester Lane Library when a distressed resident with dementia sought the help of library staff after reporting that she was being followed. Quick thinking staff realised what was transpiring was actually between a married couple. The wife was unable to remember that she was with her husband and the confusion was being caused by her dementia. Once library staff talked to her and she became calmer she recognised her husband and left the library in a happier state.

**Recommendation:**

- To improve the number of people trained as Dementia Friends in St. Helens with a focus on: Council staff including senior directors, Councillors, Health and Wellbeing Board members, local organisations and commissioned organisations; and within this for those members to consider their general approach to ensuring settings are dementia friendly.
Listen to My Story

Child Sexual Exploitation (CSE) is a priority for St.Helens to protect the most vulnerable children in our Borough. As part of a pan-Merseyside multi agency strategic group, ‘The CSE Gold Group’ was set up to drive forward issues relating to CSE in the region. One of the first tasks was the development of an awareness raising campaign.

The CSE campaign ‘Listen to my Story’, which was led by the Police, involved the setting up and promotion of a website designed for parents, young people, professionals and businesses. The aim of the website was to raise awareness, provide guidance, improve knowledge and enable people to report CSE cases.

Awareness raising events took place with pupils in primary and secondary schools taking the form of a poster campaign, letters to parents, a drama production ‘Chelsea’s Choice‘ and a radio campaign.

Training and awareness raising resources have also been made available to all professionals, specifically taxi drivers, hoteliers and licensing departments.

A number of St.Helens case studies were produced and anonymised for inclusion on the Listen to My Story website www.listentomystory.co.uk - one such case study was Adam’s Story.

Adam truanted from school and met older men in the park who supplied him with alcohol. These older men encouraged Adam to play drinking games which involved sexual forfeits. At one point when Adam was drunk he had sex with a young girl and was filmed by the older men who then blackmailed him. Adam was scared and started to regularly go missing and as a result was assigned a missing worker who listened to his problems, didn’t judge him and helped him speak to his mum.

Adam says ‘If this happens to you, you just need to find someone that you can tell, because if you do nothing it will get worse.’
Recommendation:

• To further improve the awareness raising and prevention of CSE through:
  • The production of age appropriate materials for primary schools
  • To develop online safety messages through social media
  • Develop regular bulleting regarding children’s safety for schools
Be a Lover not a Fighter

Domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth and geography. It has a major impact upon those directly affected and their families. National evidence suggests that it affects one in three women and one in six men.

The consequences for victims and those around them are serious including, often long term, physical and mental health conditions for the adults and adverse effects on children's health, development, relationships, behaviour and emotional wellbeing. In turn this has consequences for their educational attainment, future prospects and risks of exposing their own children to the same fate are higher than those who have not lived with domestic abuse when they were younger.

The ‘Be a Lover not a Fighter’ campaign was funded by the Cheshire & Merseyside Directors of Public Health and delivered together with local partners in Public Health, domestic abuse services, police and Champs Public Health Collaborative. It was launched on 9 February 2015. The campaign ran for six weeks across the nine Cheshire & Merseyside local authority areas with the aim to raise awareness around the issue of domestic abuse, generate discussion and encourage people to talk about it - gaining public support to help end it.

Objectives included:

• Improving public understanding of the new definition of domestic abuse
• Increasing understanding of the prevalence, nature and effects of domestic abuse
• Facilitating conversations about domestic abuse and gain public support for ending it

The key message used to raise awareness of the scale of domestic abuse was “1 in 3 women and 1 in 6 men over the age of 16 have suffered domestic abuse”.

61
To assess the success of the campaign, a two-phase public survey was carried out:

- Phase 1: pre-campaign to establish baseline data on views, attitudes and opinions around domestic abuse.
- Phase 2: post-campaign to assess any changes in views, attitudes and opinions, measuring awareness of and the effectiveness of the campaign.

The “Be a Lover not a Fighter” campaign was very successful with campaign awareness amongst the Cheshire & Merseyside public high at 39%, equating to an estimated reach of 932,283 people.

The campaign also had a strong impact through making people think more about domestic abuse and in particular the importance of talking about it.

The campaign resonated well with the population of Cheshire and Merseyside showing that a public health approach to tackling the issue will work and due to its success the campaign is to be repeated in 2016, with other local authorities across the North West also taking part.

**Recommendation:**

- To promote phase 2 of the ‘Be a Lover not a Fighter’ campaign in St.Helens aimed at the impact of domestic abuse on children.
## Progress on 2014 Recommendations

### Improving Health

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Development to build upon the success of Smokefree Touchlines to develop ‘healthy sports clubs’</td>
<td>Sports Development and partners continue to work with sports clubs on Smokefree Touchlines and a number of areas to improve the health of people in St.Helens</td>
</tr>
</tbody>
</table>
| Schools to offer opportunities for healthy eating within their setting and/or the school day to as many pupils as possible | Schools have been involved in a number of local initiatives to improve healthy eating including:  
  - Tasty Tuck Awards  
  - Fit 4 Life programmes  
  - Swap the Pop campaigns  
  - Training for staff  
  - Executive Chef development |
| Public Health commissioners and service providers to extend the reach of family focused weight management programmes and develop initiatives to sustain behaviour change | Five community Fit 4 Life sessions have been delivered this year. In 2016, families, children and young adults will be able to access structured Fit 4 Life sessions (tailored to their age and needs), various community sessions and also peer support. This programme has been created in response to feedback from families as part of the weight management reviews. |
Supported by the Council, schools and early years settings to ensure children develop skills such as cycling and swimming at a young age that promote safety, health and wellbeing.

Community food team is supporting 5 nurseries to achieve the Healthy Early Years Food Award. As part of this they are also delivering the Balance-ability programme with Road Safety.

The Road Safety Team delivers cycle events for both families and adults. They also deliver the Cycling Together project which is about helping young learners aged 3 - 6 years to develop the skills needed to ride without stabilisers. The sessions are delivered from early years settings.

Bikeability also offers cycle proficiency training to all year 5/6 pupils in all primary schools in St.Helens.

Currently with approximately 1,800 children registered, Go Active SwimSkool provides a structured programme for children from the age of 0. In line with ASA guidelines, adult & child sessions are delivered through to Stage 5 then onwards to lifesaving and signposting to club swimming.
# Protecting Health

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health to work with NHS England to embed the children’s flu immunisation programme across all eligible age groups in 2015</td>
<td>The flu programme for children in years 1 and 2 has been rolled out successfully with good uptake in 2015. Uptake in preschool children is similar to previous years.</td>
</tr>
</tbody>
</table>
| St. Helens Local Safeguarding Children Board (LSCB) partners to have an on-going programme for raising awareness of child sexual exploitation amongst young people and service providers | The LSCB has an ongoing programme of training for professionals in the area of Child Sexual Exploitation (CSE) at a number of levels. There is an awareness raising module and a day-long training session for practitioners which is facilitated by a young person who was involved in CSE.  
For 2015-2016 the LSCB also ran training aimed at professionals working with the parents of CSE victims.  
A lot of training has been delivered through schools and a primary school resource is being secured to aid awareness raising within this cohort of children. |
### Supporting Academic Success

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Wellbeing Governors, supported by Public Health, to roll out the learning on reducing consumption of caffeine drinks to other schools and settings</td>
<td>Working alongside young people and Health and Wellbeing Governors, Public Health has been able to co-design and deliver a health promoting campaign across St.Helens to reduce the consumption of caffeine and sugary drinks. Pupils at Haydock High School, after having national recognition for their school based ‘Swap the Pop’ campaign, decided to lead on a local campaign in collaboration with the St.Helens Star newspaper. Over 1,800 people signed up to the ‘Swap the Pop’ pledge, all primary schools held a Swap the Pop week and a number of high profile Pledge Heroes, such as Saints and the Chief Executive of St.Helens Council Mike Palin, pledged their support for the campaign. Many schools and governing bodies have used this opportunity to improve their food policies and ensure that parents/carers are on board with this message.</td>
</tr>
</tbody>
</table>
## Listening to Children, Young People and Families

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioners and providers to continually find ways to incorporate the voice of the child into shaping service planning and delivery</td>
<td>During 2015 the Youth Forum events and the Democracy Debate focused on what it is like for a young person to live in St.Helens. Over 200 children and young people took part in these conversations and discussed their concerns and possible solutions in the following areas: Health &amp; Wellbeing, Crime, Safety and Children's Services. Whilst the basis for these conversations is about shaping service planning and delivery, it also provided an opportunity to introduce children and young people to the concept of the 2020 vision for St.Helens. These will be formed into a report and shared with commissioners and decision makers. During this reporting period, the outcomes of the 2014 Democracy Debate on mental health have been used to inform the revised service offer for children aged 0-18. Going forward the intention is to further embed participation into the heart of Public Health delivery by strengthening the Youth Forum, hosting St.Helens wide development days so as a broad range of young people can participate in the business of the Borough and explore how the Young Advisers model can be introduced into St.Helens.</td>
</tr>
<tr>
<td>Recommendation</td>
<td>Outcome</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Integrated child health commissioners and service providers to ensure that good practice from the Family Nurse Partnership model of working is embedded across the wider Healthy Child Programme</td>
<td>In the first 12 months, 66 young mums have enrolled on the programme. Successes have included:</td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding initiation 54%</td>
</tr>
<tr>
<td></td>
<td>• 100% smoking less at 36 weeks gestation</td>
</tr>
<tr>
<td>Young people supported by the TAZ team to monitor the quality and impact of the Young People Friendly Awards</td>
<td>In March 2015, 5 young people were recruited and trained as friendly assessors. The training course is an accredited AQA award and the assessors will be receiving their award on the 31st March 2016.</td>
</tr>
<tr>
<td></td>
<td>The assessors have developed a brand, marketing materials and a standardised report that they complete at each validation and moderation visit.</td>
</tr>
<tr>
<td></td>
<td>To date, 4 services have undertaken a validation visit by the assessors and have continued with the award and 3 visits to services that are looking to start the self-assessment to obtain the award.</td>
</tr>
<tr>
<td></td>
<td>A recruitment event took place in February 2016 and further training of Young People Friendly Assessors will commence in April 2016.</td>
</tr>
</tbody>
</table>
| Integrated child health commissioners from Public Health, CYPS and the CCG to increase investment and capacity in early intervention health and wellbeing services | In July 2015, St.Helens CCG and the Local Authority jointly commissioned an expanded, new early intervention service for child mental health, delivered by Barnardo's. Additional investment will be made over the next 5 years in the following areas:  
• Young people who self-harm  
• Challenging stigma campaign building on the success of the Time to Talk campaign  
• Community-based eating disorder services for children and young people  
• Improving peri-natal care  
• Help and support for children and young people with neurodevelopment conditions |

| Integrated child health commissioners from Public Health, CYPS and the CCG to continue to develop the health offer to children, young people and their families particularly for vulnerable groups | During 2015, work has continued at pace to review and improve the health and wellbeing offer to children and young people in St.Helens including:  
• Young offenders  
• Children looked after and care leavers  
• Children and young people with neurodevelopment conditions |
Acknowledgements

We would like to thank the following for their contribution/support with this report:

Councillor Andy Bowden  Statutory Lead for Children’s Services
Cath Shea  Arts Development Manager
Chris Birkett  Senior Affordable Warmth Officer
Collette Walsh  Head of Public Health Commissioning
Dave Boocock  Head of Youth and Sports Development Services
Dave Pugh  Leisure Investment Manager
Dr Dympna Edwards  Assistant Director of Public Health
Emma Ciclitira  Public Health Evidence and Needs Assessment Officer
Jan Higgins  LSCB Business Manager
Councillor Jeanie Bell  Cabinet Member for Public Health and Wellbeing
John Bostock  Public Health Evidence and Intelligence Support Officer
Kathryn Boothroyd  Service Development Manager
Mark Attwood  Public Health Analyst
Matt Davies  Public Health Programmes Officer
Melissa Halligan  Communications and Project Support Officer
Pat O’Brien  Operational and Service Development Manager
Rachel Frackelton  Public Health Evidence and Intelligence Support Officer
Dr Rose Lowe  St.Helens Addaction Clinical Lead
Sarah Holden  Public Health Service Manager
Steven Knuckey  Public Health Intelligence, Evidence and Performance Manager
Susan Forster  Assistant Director of Public Health
Tracey Lambert  Communications, Social Marketing and CPD Programme Lead for CHAMPS

We would also like to thank all those who have participated in the programmes discussed in the report.
St. Helens Council

Contact Centre
Wesley House
Corporation Street
St. Helens
WA10 1HF

Tel: 01744 676789
Minicom: 01744 671671
Fax: 01744 676895
Email: contactcentre@sthelens.gov.uk
→ www.sthelens.gov.uk

Please contact us to request translation of Council information into Braille, audio tape or a foreign language.