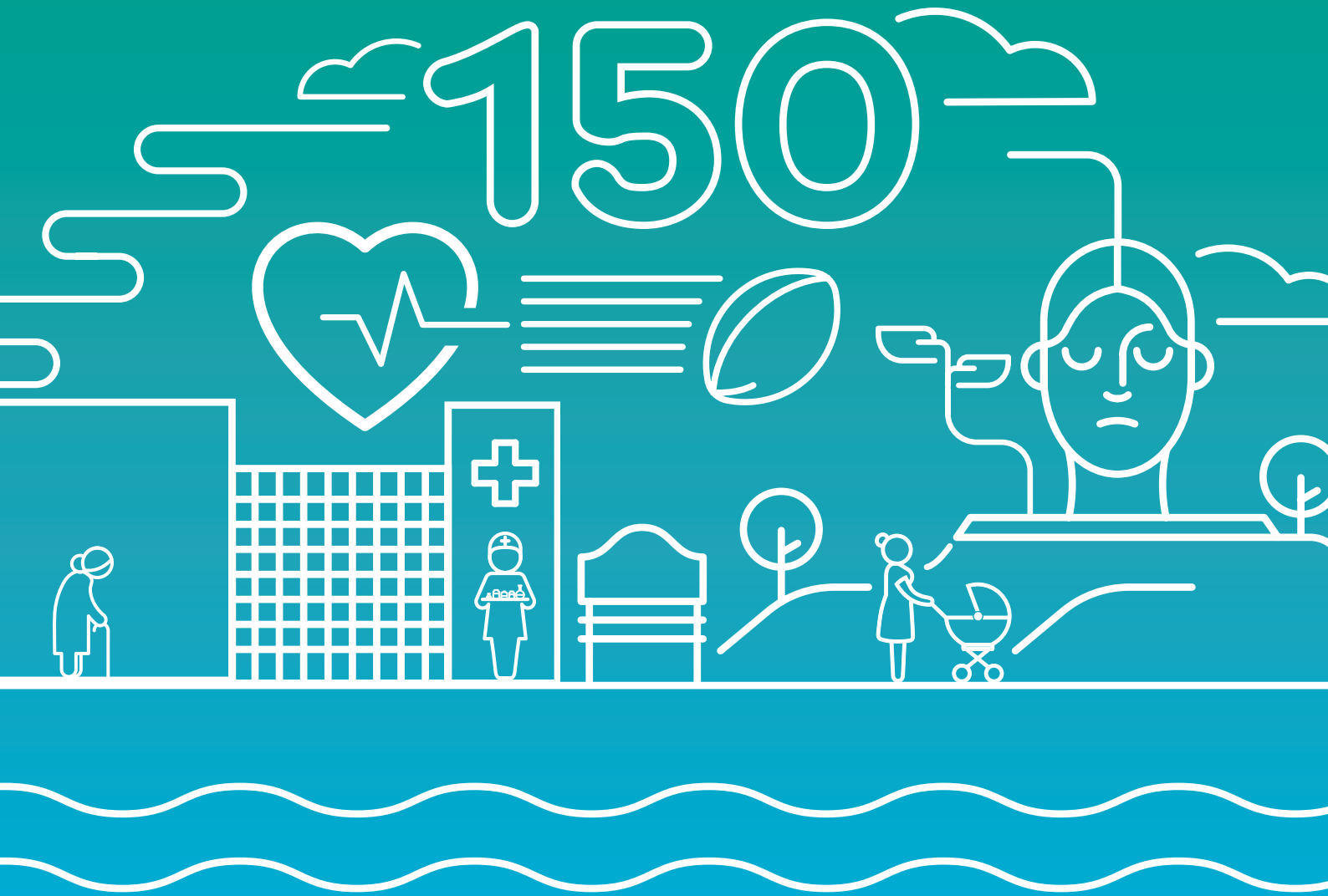




St. Helens
Council

St Helens Public Health Annual Report 2017/18





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FOREWORD

This Public Health Annual Report celebrates St Helens' 150th anniversary, with highlights of good work from the past and in 2017/18, the year of this report.

I have taken the opportunity to raise the profile of work that is underway to improve the public's health in St Helens within the key objectives of the Council and NHS St Helens Clinical Commissioning Group. We're also taking a look back at what health was like in St Helens in the past compared to now and highlighting those key moments in time that drove improvement in public health.

I was born in Windle in 1961 and it is interesting to look back to the Annual Report of the Medical Officer for the Year of 1961. In that year there was a significant increase in deaths due to respiratory diseases and cancer deaths had begun to rise over the past 5 years, notably from stomach and lung cancer. Cancer in 2017 is the biggest cause of death in St Helens, the 'Health in St Helens - 'Then and Now' section highlights some of the significant challenges we face in relation to health of the population and how that has changed over time.

The Chief Medical Officer in 1961 proclaimed how the successful campaigns for vaccinations against poliomyelitis and diphtheria had prevented outbreaks with uptake rates of 86% and 80% respectively. In this report we highlight the continued success of public health in relation to

vaccinations and immunisations. However, some of the infectious diseases we are vaccinating against are rare in today's society, and unlike in 1961 or indeed 150 years ago when children died of many of these diseases, we are today trying to highlight the need to continue high vaccination rates so we do not have outbreaks of these fatal infectious diseases.

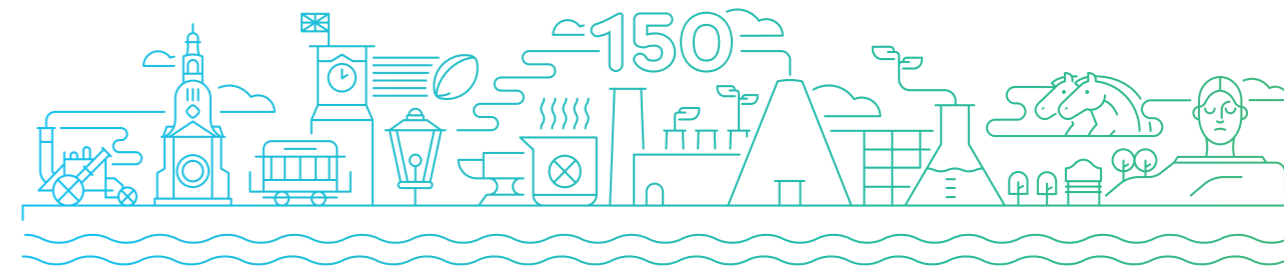
Whilst the problems either 150 years ago or 57 years ago are slightly different, in reality we are still grappling with the same underlying causes of health. In this Public Health Annual Report we analyse areas of health that need continued focus and put a spotlight on public health programmes that are improving health and wellbeing and how they fit into the wider borough objectives which are:

- Raising Aspirations and Ambitions
- Growing the Economy
- Being Connected
- Health and Social Care



Sue Forster,
Director of Public Health for St Helens

S. Forster



150 YEARS OF ST HELENS

2018 marks the 150th anniversary of St Helens. In 1868 the Borough of St Helens was formed to enable a wider population to have access to clean water. At this time in history, sanitation and access to clean water was one of the key Public Health challenges. In 1855, the sanitation of the area was so poor that a special meeting of the Improvement Commission was organised. Throughout the mid-1800s, the Commission was aiming to improve the primitive water supply for the 11,800 people living within its jurisdiction. However, as the population started to increase beyond the central St Helens Improvement Commission area, districts such as Thatto Heath, Sutton and Parr remained without an effective sanitary and water authority. A crisis relating to the water supply in Sutton arose following an outbreak of cholera in Peasley Cross and began a chain of events that led to the incorporation of the Borough of St Helens in 1868. After seeing the benefits to the incorporation of Warrington and Southport as municipal boroughs, and at the request of 89 ratepayers, a petition for incorporation was compiled at a meeting on 7th February 1865 and sent to London. The Charter of Incorporation that created the Borough of St Helens, uniting the four townships of Sutton, Eccleston, Windle and Parr, was granted by Her Majesty Queen Victoria and later signed on 5th March 1868. The other areas that now make up St Helens joined later in 1974, when St Helens became a Metropolitan Borough.

The national Public Health Act of 1875 brought together a range of Acts covering sewerage and drains, water supply, housing and disease. Local authorities now had to appoint Medical Officers in charge of public health.

The first ever Medical Officer of Health for St Helens was Robert McNicholl who was appointed in 1873. Between 1845 and 1888, public health matters were awarded importance only at times of epidemic disease. This was brought to an end by the outbreaks of 1888-1890 and the election of John Forster to the chairmanship of the health committee. He was to retain this position until 1902 and his membership of the committee until 1912. From 1890, the borough's medical officers were working in circumstances which favoured innovation, and the gentlemen appointed to this position were relatively young, with strong academic backgrounds and experience of research. They had regular contact with some of the leading medical figures in the North West through their membership of the Society of Medical Officers of Health (S.M.O.H.). The most distinguished of them proved to be John Robertson, who succeeded McNicholl in 1894. He was eventually to become the Professor of Public Health at Sheffield's University College and later at the University of Birmingham. Beginning with him, the health department was reshaped and the medical officers increased their influence over policy making.¹

Since then, the health issues that affect people have changed, for instance, deaths from infectious diseases have dropped dramatically thanks to immunisations and improved sanitation. The next section highlights key statistics and changes in health over time.

¹<https://www.hslc.org.uk/wp-content/uploads/143-9-Hawes.pdf>

HEALTH IN ST HELENS - THEN AND NOW

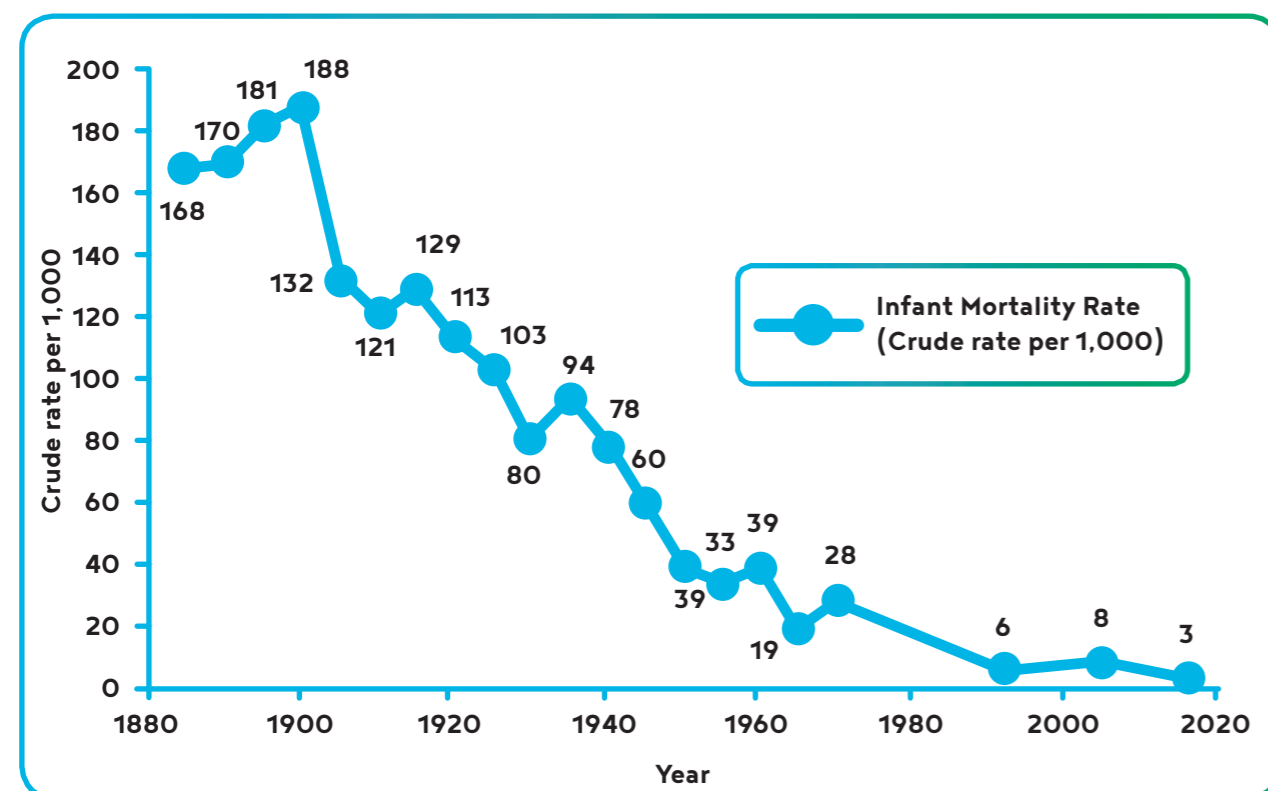
This section looks at how health in St Helens and the actions to improve health have changed since the first Medical Director's report in 1884. It also considers the key issues currently and those likely to be important in the future.

INFANT MORTALITY

In the late 19th and early 20th centuries, high rate of infectious disease in young children contributed to very high rates of infant mortality. At the turn of the 20th century in St Helens, close to one in five infants did not survive to their first birthday (188 per 1,000 in 1900). These rates were particularly high locally, with the 170 deaths per 1,000 in 1890 compared with 130 per 1,000 across England for example. As has been seen in other areas, the infant mortality rate reduced hugely over time, as housing, sanitation and other determinants of health improved, as did access to medical care such as midwifery and health visitor services.

Much of the greatest reduction in infant mortality occurred in the first half of the 20th century and this had a huge effect on life expectancy at birth overall. In 1900, a newborn baby boy in England could expect to live for 44 years on average. By 1951 this had increased to 66 years, with much of this change due to the higher chance of surviving the first year.

Infant mortality in St Helens 1880 to 2016 (crude rate per 1,000 births, selected years)



The creation of the new National Health Service and the introductions of new vaccinations also had an impact as the years went on. In 1947 for example, the rate of infant mortality in St Helens was 70 deaths per 1,000 births. Following the introduction of the NHS in July 1948, the 1949 rate of infant mortality in St Helens had fallen to just 41 per 1,000. This has been sustained subsequently, with only two years since then having rates above 40 per 1,000. The most recent rate of infant mortality in St Helens is 2.9 deaths per 1,000, which is the lowest rate in the North West of England². This means that a baby born in St Helens today is about 60 times more likely to reach their first birthday than a baby born in 1900.

²Public Health England, <https://fingertips.phe.org.uk/>

CAUSES OF DEATH

In the earliest Medical Officer reports we have for St Helens, the harm due to infectious diseases was significant, and often linked to poor quality sanitation and overcrowded housing. In 1884 for example, two in five of all recorded deaths were due to an infectious disease (39%). Within this figure were 208 people who died from tuberculosis (14%), and 131 people who died following a particularly bad outbreak of measles across the Borough (9%). Children were frequently at high risk, with the Medical Officer of the time noting that almost all the deaths from measles were children aged four years or younger.

Much of the earliest work on public health and sanitation concerned issues such as sewer construction and improvement to water quality in order to prevent disease. In the 1885 report for example, Robert McNichol noted that the introduction of a night soil service had directly led to a significant reduction in deaths due to 'fever' (including typhoid), which fell from 57 deaths in 1881, to just 8 deaths, four years later. Therefore, improving the environment was a key health issue.

By 1951, the proportion of all deaths due to infectious disease in St Helens had fallen to just 4%. The biggest cause of death was now heart disease, which killed 27% of the people who died that year. As time went by, the links of smoking and excess weight to cardiovascular disease would become clear. This led to an increased focus on prevention of disease through health promotion. In 1974, almost half

LEADING CAUSES OF DEATH IN ST HELENS IN 1884, 1951 AND 2017

Infectious diseases (inc TB)



1884 - 39%
1951 - 4%
2017 - 1.7%

Heart disease



1884 - 4%
1951 - 27%
2017 - 15%

Cancer



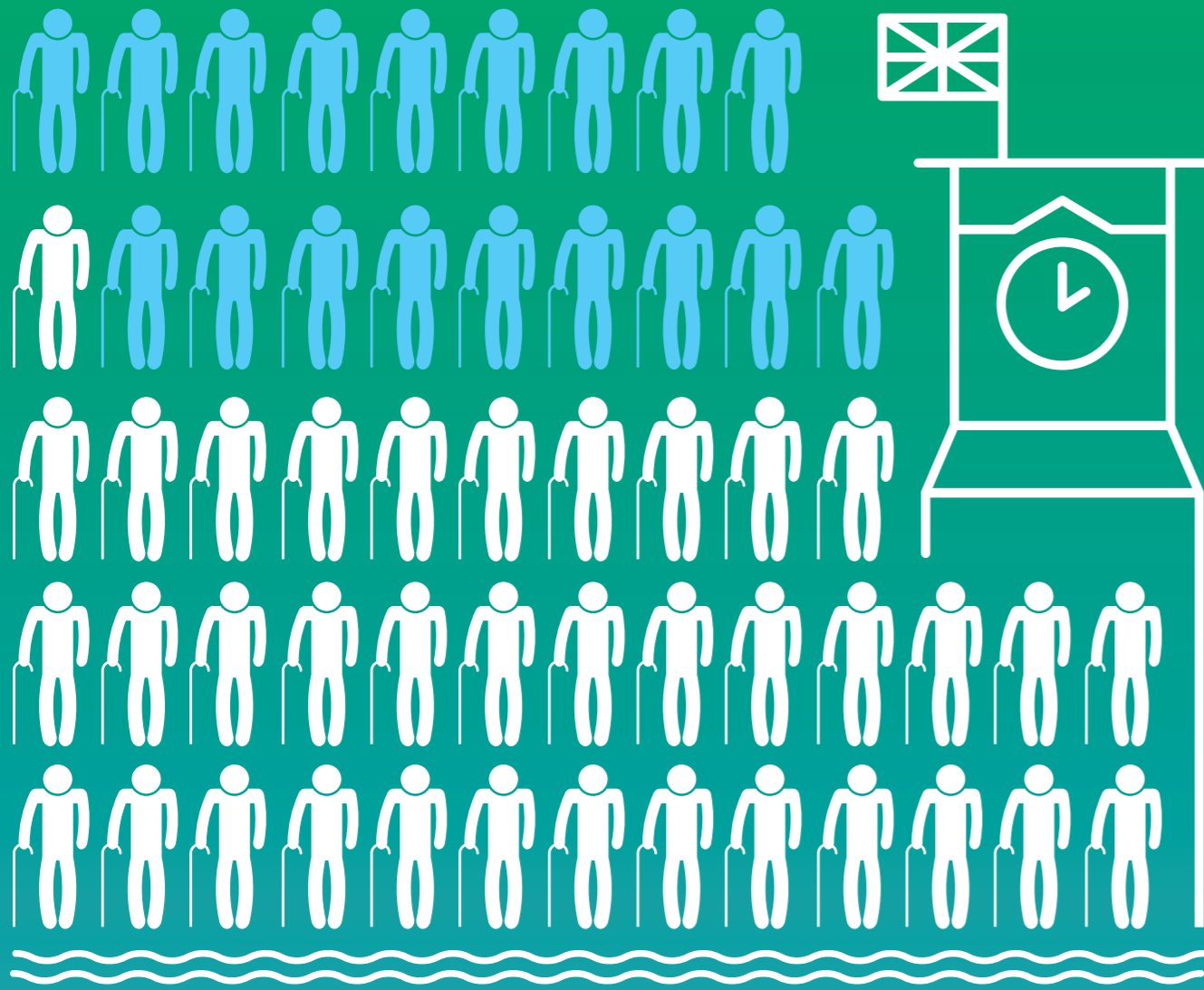
1884 - 2%
2017 - 15%
2017 - 25%

the adult population in Great Britain were current smokers, (46%), but by 2016, this had reduced to about a third of that level (16%)³. The current proportion of smokers in St Helens is now similar to the national figure, at 17.6%⁴. In the present day, the most common group cause of death is cancer, which is the underlying cause of death of one person in four (25%). This means that screening to identify cancer early is important to improve people's chances. Similarly, cardiovascular diseases were responsible for 24% of deaths in 2017 when grouped together. However, it is worth noting that these deaths will tend to be later than in previous years, as people live longer on average. Only 1.7% of deaths in 2017 were due to infectious diseases. Other specific causes of death have also changed over time. For males in their 20s for example, the most common cause of death nationally in the first half of the 20th century was tuberculosis. From the 1950s to the 1980s, the most common specific causes of death were traffic accidents. Since the 1990s and 2000s, the most common cause has been suicide. Amongst younger people there has been a general trend towards external causes - in 2015 the most common cause of death of men in their 30s was accidental drug overdose.

This change over time reflects reduction in infectious disease and improved treatment, followed by better road safety, such as the law on compulsory seat belts being introduced in 1983. However, it is important to note that while these are the leading causes of death, the numbers are smaller. In 1915, 7,222 people aged between 20 and 24 years died from all causes in England and Wales. By 2015 this number had fallen to 970 people, (a reduction of 86%), despite the population being higher. Reducing mental ill health, drug misuse and preventing suicide remain important priorities.

³<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016#smoking-habits-in-great-britain-using-data-from-the-opinions-and-lifestyle-survey-1974-to-2016-adults-aged-16-and-over>

⁴<https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/6/par/E12000002/ati/102/are/E08000013/iid/92443/age/168/sex/4>



“Between 2017 and 2039, the population aged 90 years and over in St Helens is expected to triple, from 1,300 to 4,300 people.”

KEY ISSUES NOW AND IN THE FUTURE

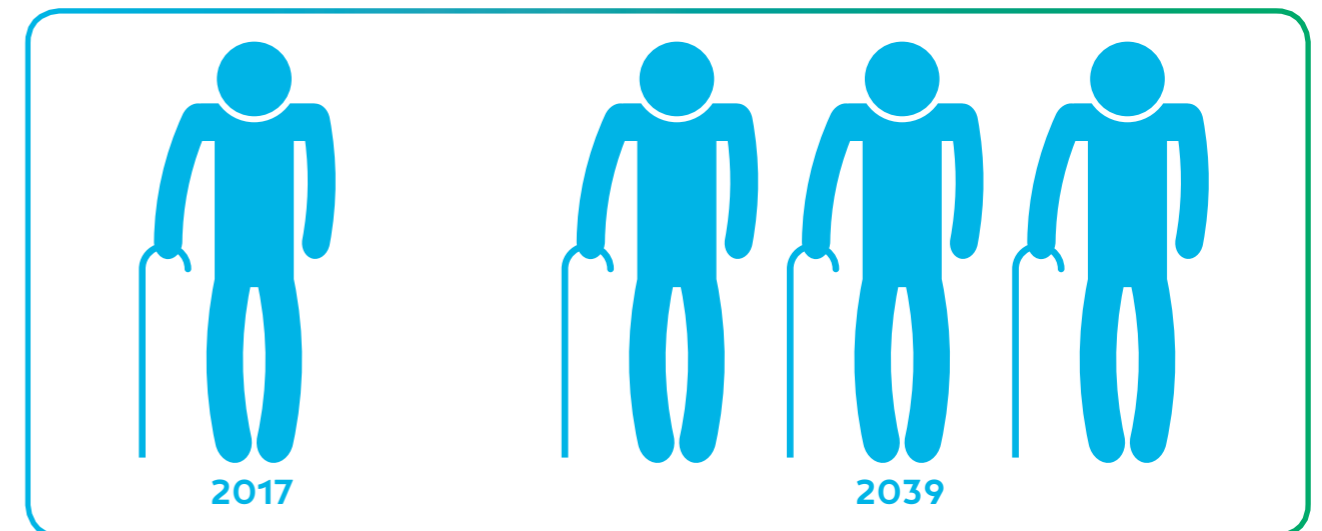
While health overall has improved greatly over both the long and short term, there remains significant health challenges in the Borough. Similarly, some issues that would have affected a smaller number of people in the past have increased over time and now have a significant impact.

Ageing population

People in St Helens and across England are living longer than they have in the past. In 1915, only 0.6% of the England and Wales population were aged 80 years or over. By 2015 this had increased to 4.8%. As shown below, this trend is expected to continue with significant increases in the local population in their 80s and 90s. People continuing to live longer is a great positive, however this will likely cause challenges for services as older people are more likely to have health and social care needs.

Population aged 90 years and over

Between 2017 and 2039, the population aged 90 years and over in St Helens is expected to triple, from 1,300 to 4,300 people.



Over the same time period the number of people in their 80s is expected to almost double, from 7,700 to 12,900.

Currently, people in St Helens live around a quarter of their lives in less than a good state of health. As people live longer we need to ensure that they live as much of their lives in good health as possible. This will mean that they have less need for support and improve their quality of life.

St Helens	Life expectancy at birth	Healthy life expectancy at birth	Time spent in poorer health
Male	77.5 years	58.5 years	19.0 years
Female	81.0 years	59.4 years	21.6 years

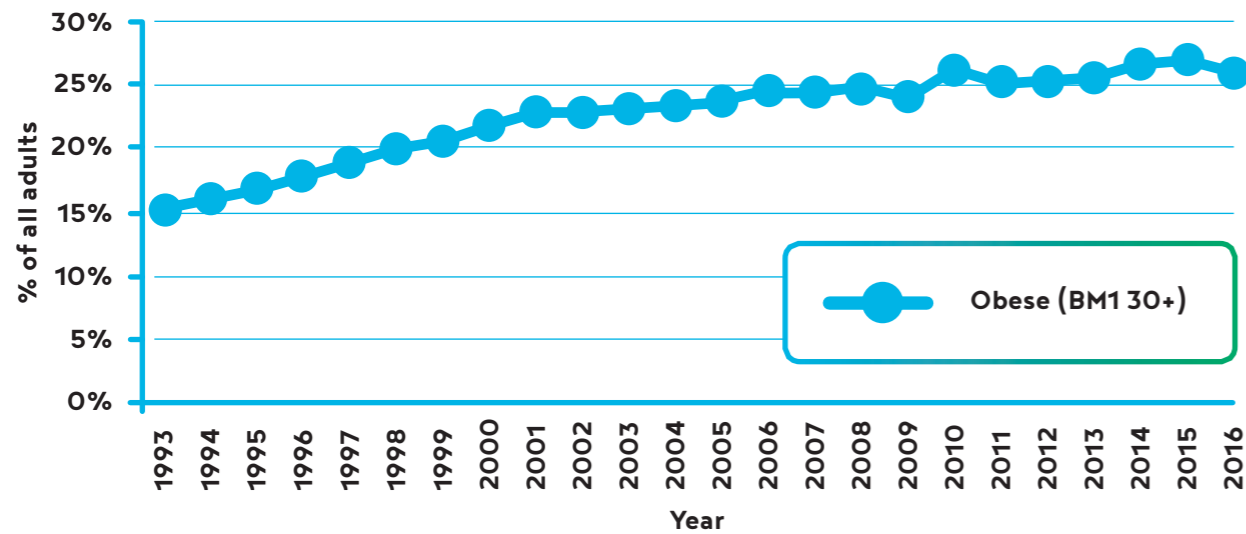
Excess Weight and Obesity

The proportion of the population classified as obese in the Health Survey for England has significantly increased over recent decades, climbing from 14.9% in 1993, to 26.2% in 2016.

Obesity and excess weight is now one of the most important public health issues both nationally and worldwide. It is a major risk factor in a wide range of diseases, such as heart disease and type 2 diabetes.



Obesity in England, Health Survey for England 1993-2016



In St Helens, **71.3%** of adults are classed as overweight or obese, which would correspond to an estimated **100,000** people in the Borough. This is significantly higher than the England average of **61.3%** and is the second highest rate in the North West. Therefore, helping more people to reach and maintain a healthy weight is a key local priority.

Breastfeeding

In the late 19th and early 20th centuries, it was difficult to bottle-feed babies safely. Therefore, in 1899, St Helens introduced one of the first 'milk depots' in the country, in an attempt to reduce deaths from diarrhoea. This provided sterilized bottles and safer milk, and people travelled from as far as Liverpool to access it⁵. A subsequent campaign to encourage breastfeeding, supported by health visitor advice, was claimed by the Medical Officer to have increased the proportion of breastfeeding babies from a low of 80% in 1901, to 95% in 1908⁶.

These rates are far higher than would be seen today. While safe supplies of baby formula are now available, breastfeeding still has a number of advantages, including reduced chance of gastro-intestinal illness. Breastfed babies also have a lower rate of child obesity as they grow older.

Current recommendations are that babies should be exclusively breastfed for the first six months. In St Helens the proportion breastfeeding at 6 to 8 weeks is about half the national rate, meaning that further work is needed to embed a culture where this is the norm.

Antimicrobial Resistance (AMR)

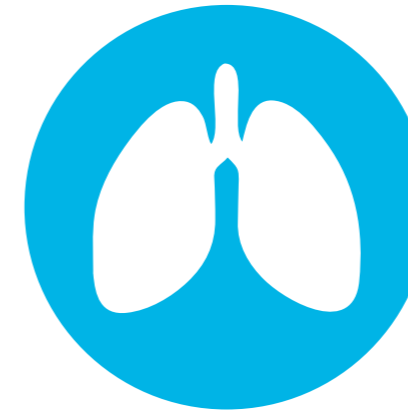
As we have seen, infectious disease has gone from being the greatest cause of death in St Helens to one that is relatively uncommon. Much of this is due to improved sanitation and living conditions meaning people are less likely to catch these diseases in the first place. Another key factor is that many of these diseases could be treated with antimicrobial drugs, such as through the wide range of antibiotics developed between the 1940s and early 1970s. This meant that diseases such as tuberculosis were no longer the threat to life they once were. However, microbes such as bacteria and viruses continually evolve, and strains that are resistant to the drugs we use to combat them survive to pass on their genes. At the same time, the development of new antimicrobial drugs has slowed since the 1980s. These factors combine to mean that antimicrobial resistance (AMR) is a highly significant health issue worldwide, and diseases such as MRSA and drug-resistant tuberculosis are both increasingly common and hard to treat. Without action it is estimated that by 2050, 10 million people could die from AMR diseases worldwide each year, which is a greater number than those who currently die due to cancer.⁷

⁵<https://www.hslc.org.uk/wp-content/uploads/143-9-Hawes.pdf>

⁶Annual reports of the medical officer of health, 1908

⁷Review on Antimicrobial Resistance. Tackling Drug-Resistant Infections Globally: Final Report and Recommendations (2016)

Estimated cases of antibiotic resistant TB worldwide⁸



480,000

Current worldwide deaths from drug resistant infections⁶



700,000

As well as being a direct cause of deaths, many current procedures which depend on preventing infections, such as chemotherapy and organ transplants, would become much riskier without effective antimicrobial drugs. Therefore, action is needed to ensure that we do not go back to the days when infectious diseases were a common cause of death and people attending hospital would often catch a new disease.

In St Helens, the rate of antibiotic use is high. By reducing this to where it is really needed we can prolong the usefulness of the antimicrobial drugs we have.

Key actions to reduce the risk of antimicrobial resistance

Ensure that both the public and health professionals:

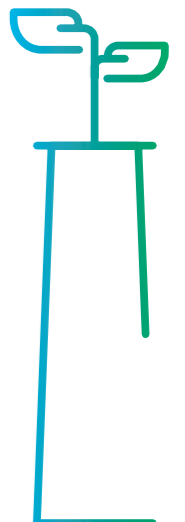
- are aware of antimicrobial resistance; and
- do not demand or prescribe antibiotics when they are not needed.

Antibiotic prescriptions per 1000 patients per day



CONCLUSIONS

The key local health and public health issues have changed significantly since the incorporation of St Helens. However, the methods to combat them, such as a focus on prevention, improving the wider determinants of health, improving access to health and social care and supporting people to look after their own health, would be familiar to the earliest Medical Directors in the Borough. With close links between council, health services and partners across the local area, working across healthcare and most determinants of health, the facility is there to continue to improve people's lives and help them to live longer and in better health.



⁸World Health Organization Global Tuberculosis Report 2014

“We know that giving every child the best start in life is essential to ensure that everyone has the opportunity to grow and develop.”



RAISING ASPIRATIONS AND AMBITIONS

Raising aspiration and ambition is the hope and desire to achieve things both now and in the future. Opportunities to learn and develop should be available throughout life, through education, the workplace and in communities. We know that giving every child the best start in life is essential to ensure that everyone has the opportunity to grow and develop and that this can help set the course for their life. We also know that for everyone to reach their full potential, we need to build the resources, opportunities and the confidence for everyone to participate in lifelong learning and skills development.

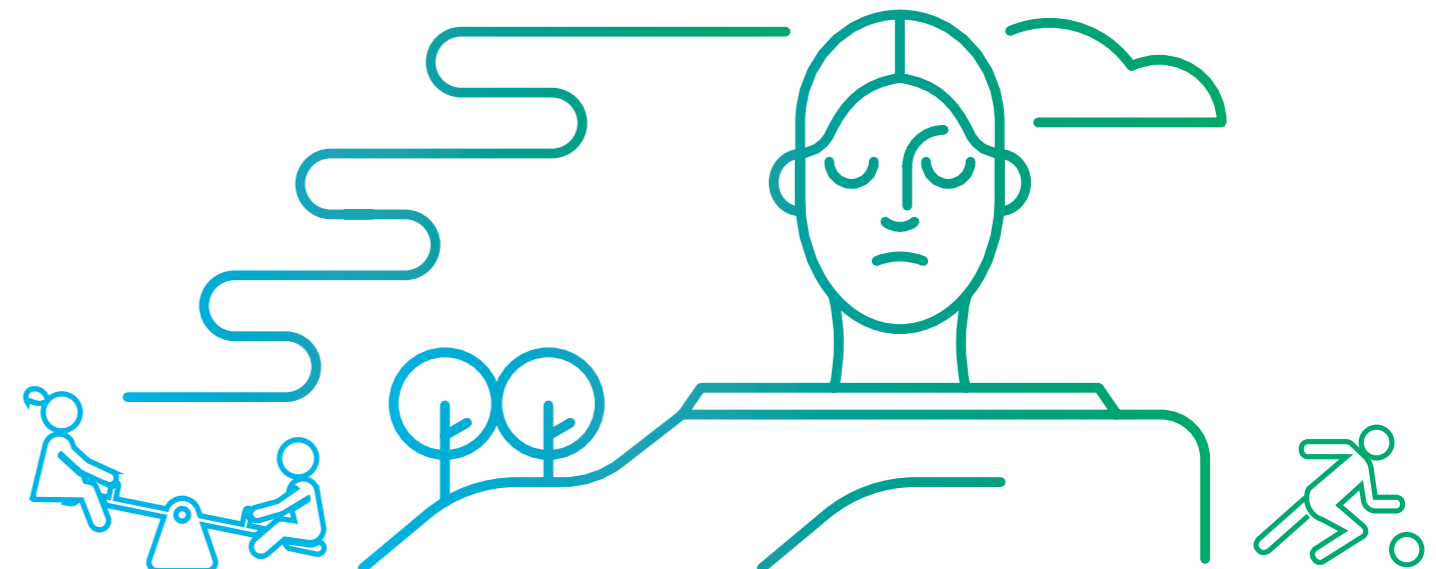
Evidence shows that learning and health are linked, that good health and wellbeing aids learning whilst learning can impact positively on health, behaviour and outcomes. Investing in the emotional and physical health and wellbeing of children and young people has the potential to raise aspirations, sow the seeds of ambition and create a lasting legacy for stronger communities. A report on our children's health by the Chief Medical Officer for England highlighted that: "promoting physical and mental health in schools and settings creates a virtuous circle reinforcing children's attainment, ambition and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential". Gaining skills and qualifications not only builds confidence and ability to succeed, it can lead to increase in income, job opportunities and job satisfaction.⁹

St Helens schools and settings have been integral in aligning health and wellbeing with learning and academic resilience and in doing so have created an ambitious and aspirational 'next generation of light'. The following include examples of how children and young people in St Helens are influencing how the Borough grows over the coming years.

In St Helens we are committed to working together locally and with partners across the sub-region through the Local Enterprise Partnership to ensure we make the most of opportunities to raise people's skills and qualification levels so they can compete for employment, business opportunities and achieve their aspirations. We are also committed to working with some of the most vulnerable to give them enhanced access to skills and learning. In addition, we are also supporting community learning and community development by creating volunteering opportunities and increasing our focus on arts and culture.

⁹Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. London : s.n., 2010. ISBN 9780956487001.

¹⁰Public Health England. The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings. London : Crown copyright, 2014.



NEW GENERATION OF LIGHT

As part of the St Helens Participation and Citizenship model, an innovative and ambitious plan was set out to ensure that children and young people are at the heart of decision making and their views are represented both at an individual and collective level. This model was informed by the United Nations Convention on the Rights of the Child (or UNCRC) and is the most complete statement of children's rights ever produced and is the most widely ratified international human rights treaty in history.

As a result of improved activity and strategic coordination of the participation and citizenship model, acknowledgement of young people's participation has been included within the corporate performance framework – these include:

- Numbers of young people voting in the youth election
- Number of children with Special Educational Needs and Disabilities (SEND) who are actively involved with their Education, Health and Care Plan (EHCP)
- Children in the child protection and care system are able to express their views, feel heard and are actively involved in their protection plans or decision making

These ambitions can be evidenced in the following ways:



St Helens Youth Council, supported by St. Helens Council, have provided a platform for young people of St Helens to have a voice in local decision making and to take part in projects to address the issues that affect them. They began their journey with a 'Local Question Time' event in autumn 2016 with Cabinet representatives and the Chief Executive Mike Palin, where the emerging Youth Council were given the opportunity to discuss and scrutinise council decisions being made. Developmental opportunities emerged as a result of this big conversation and the Youth Council was given the mandate to form as a representative body of the Council for all children and young people across the Borough.

The Youth Council Cabinet was elected in 2017 by the 44 representatives of the Youth Council, which are constitutionally elected from the School Councils in Secondary Schools and the manifesto priorities were chosen using the results of the national 'Make Your Mark' survey, where 2,837 young people in St Helens voted in this national survey and the top 3 issues that they felt needed to be addressed were:

- Stop cuts that affect the NHS
- Tackling racism and religious discrimination
- A curriculum to prepare us for life

These priorities have been subsumed into a range of work streams at both corporate and school level, and going forward the Youth Council will grow into a community based Youth Council which will engage more young people from special interest groups and they have set an aspiration to complete a Children's Charter that will be representative of all children and young people in the town.

Historical Fact

2018 marks 100 years since some women got the right to vote. This was thanks to years of hard campaigning by the Suffragettes, led by Emmeline Pankhurst. They formed in 1903 but it was only at the end of the First World War in 1918 that the Representation of the People Act came into force, giving women over the age of 30 a right to vote. In 1928 this was extended to all women over the age of 21.*

PRIMARY DEMOCRACY DEBATES

The Primary Democracy Debates give local children a say on the town's matters and give them an opportunity to offer their ideas of how we can help improve or tackle certain issues. Pupils from each primary school in St Helens are invited along to the Town Hall and are split up into 4 teams. Each team creates an idea relating to the Democracy Debate theme and presents it to the other teams; each pupil then gets to vote for which one they think is best.

The theme for the 2017 Democracy Debate was 'What should be in the Cultural and Arts offer to all children and young people in St Helens?' The Debate took place on 2 separate days which created 2 winning ideas:

- Music being integrated throughout the school curriculum
- The Big Brilliant Book Bonanza – a book trail around St Helens for families

Other ideas included a central dance and drama space for children and young people, a St Helens Children's Book Club and redeveloping an old space to turn it into a customised gallery. The pupils were tasked to go back to their schools to discuss the ideas with their School Council to see if they could utilise them in their school. The winning ideas will become part of the action plan for the Local Cultural Education Partnership, who will continue to engage with children and young people to ensure these actions are followed up.

NATIONAL YOUTH PARLIAMENT MEMBER

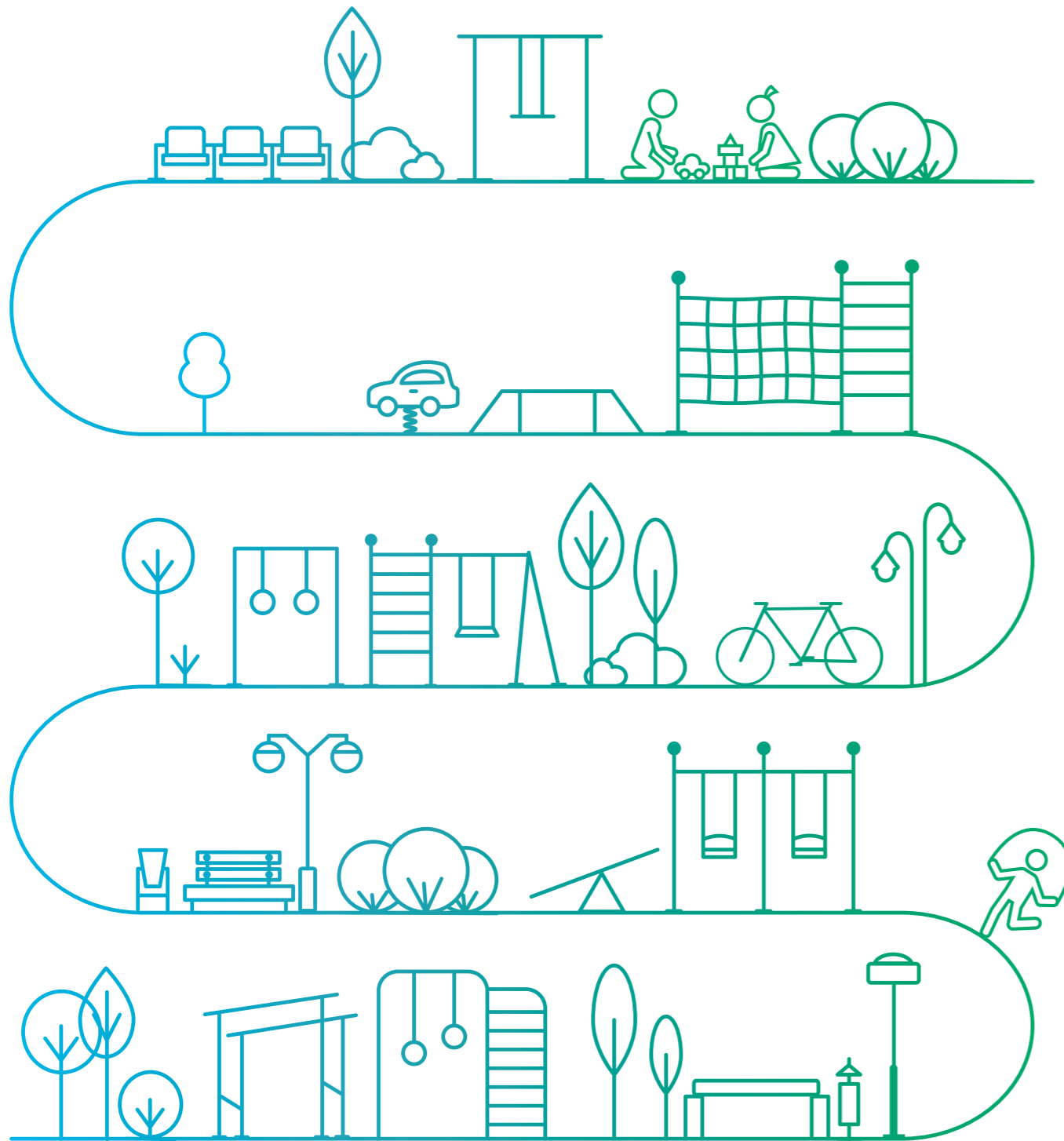
Whilst activity has developed at pace for young people's voices in St Helens, there has also been progress at a national level, with 14 year old **Kian Jepson** from Newton-le-Willows being elected to represent the children and young people of St Helens as the National Youth Parliament Member.

This has seen him sit in the House of Commons and vote on issues the UK Youth Parliament has been campaigning on, such as 'votes at 16' which gives young people the opportunity to have their voices heard and be included in the democratic process. During his time as the National Youth Parliament Member, the Hope Academy pupil, who aspires to pursue a future career in politics or law, has undertaken a leading role in better outcomes for child health issues, has met with senior health representatives and Cabinet members to discuss how the system in St Helens can be improved especially in relation to young people's mental health and physical activity.



Kian Jepson

*Reference for information about women's votes:
<http://www.bbc.co.uk/schools/gcsebitesize/history/mwh/britain/votesforwomenrev1.shtml#top>



THE ARMY OF BEAUTY

The Army of Beauty was born out of the emotionally healthy schools project with Rainford High School, Heart of Glass and artist Mark Storer. The project aimed to create an emotionally healthy environment within the school and work with staff and students in a creative way to boost wellbeing. As part of this project, 'The Army of Beauty' was created; students dressed in white overalls and flower crowns and descended onto the town giving out posies of flowers to people in the town centre, as random acts of kindness. Along with mounted police horses, the students paraded towards the Town Hall steps to deliver a declaration, written by one of the Rainford High students, to St. Helens Council and the Youth Council. This declaration is to become the foundations of a Children's Charter for the town, to ensure all children and young people's voices are listened to.

ST HELENS YOUNG ADVISORS

St Helens Young Advisors are young people aged 16 - 19 (up to 24 with additional needs), who guide community leaders and decision makers on how to engage young people in community life, regeneration and renewal. They are paid employees of the Local Authority and are locally recruited and professionally trained by the Young Advisors Network to provide links between professionals, young people and their communities, ensuring that plans and delivery are relevant and respected.

Young Advisors bring unique expertise and knowledge about being young in their area, to influence an organisation's strategic planning, decision making and budgeting processes. They can also work directly with other children and young people to encourage them to get involved in their community and issues important to them. The Young Advisors have been involved in a number of different projects including:



- Multi-Agency Knife Crime project
- GP consultation
- Improving the Local Offer for children with SEND
- Young People Friendly Assessors

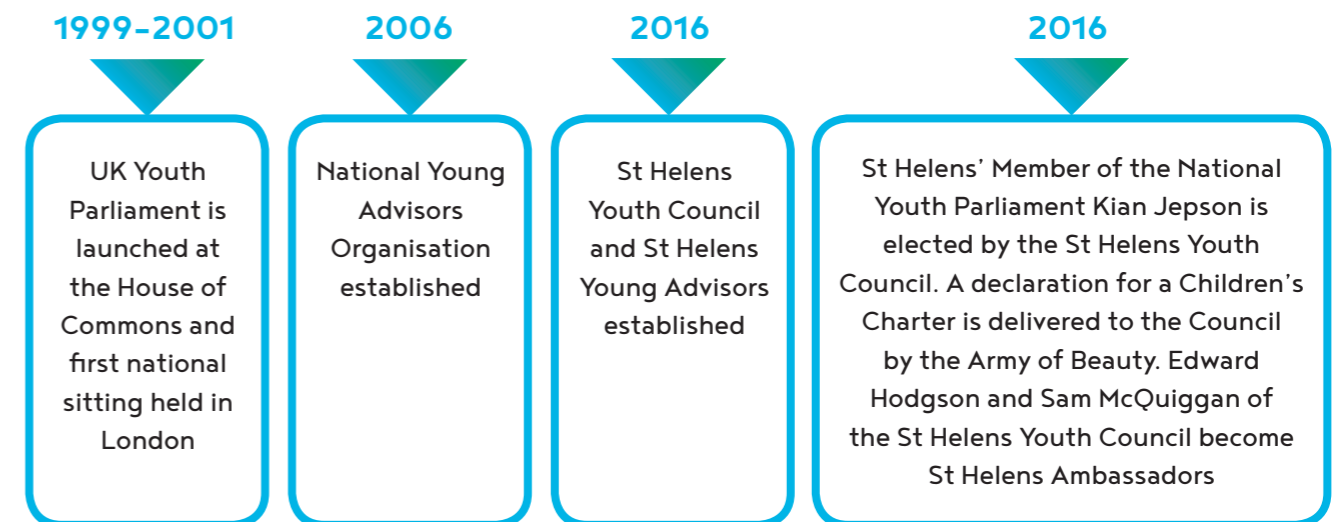
"They have brought a different and refreshing new perspective to a number of key issues, which was really evident during a recent meeting on knife crime. What is also important to recognise is that professionals are beginning to view the contribution of the Young Advisors as essential to key decision making"

Assistant Director - Children's Social Work Support

"In a project that required Young Advisors to engage with very senior leaders in several organisations, as well as provide challenge and discussion with them, they were professional, thorough and performed their tasks admirably."

Quality Assurance Officer for the Local Safeguarding Children Board

YOUTH VOICE TIMELINE





VOLUNTEERS

Volunteers are at the very heart of our public health services. They help us deliver our services, inform local people what is available to support them to better health and their voices help us shape and improve the health of our town.

Volunteering is beneficial to a person's physical and mental health. By being a volunteer, you increase your self-confidence, self-esteem and even develop a more positive outlook on life. The volunteers who work in Public Health say that doing something good for the community makes them feel a sense of pride and accomplishment and have a positive impact on their own dreams, goals, and aspirations.

Volunteering can give people a real insight into the field of health, and help them to gain valuable experiences which can confirm their career aspirations and give them valuable knowledge and skills often required to gain employment in the area of interest.

Many people who have volunteered their time with the Healthy Living Team have had positive outcomes towards advancing their career. Volunteers come initially with limited experience of working in the field of public health, and for some who want to enter into paid public health work it has led to new career prospects and their dream job. Volunteering also allows you to develop and practice skills often required in the workplace such as communicating, listening, organising, problem solving and teamwork. There are certainly many benefits to volunteering. The beauty of it all is that while you are helping others, you are also actually helping yourself.

Historical Fact

2018 marks 100 years since the end of the First World War. Men from across St Helens volunteered and fought in WW1 with the 11th Battalion South Lancashire Regiment – also known as the 'St Helens Pals'. One man in particular, John Thomas Davies, was one of the first to volunteer. He was awarded for his bravery with the Victoria Cross and it is believed he is the only live recipient of the Victoria Cross to be granted a posthumous award, when it was thought he had died in action, he was actually being held in a prison camp! He was treated to a civic reception hosted by the Mayor at the Town Hall in 1918. A commemorative paving stone now lies at the cenotaph in Victoria Square and a street in Newton-le-Willows has been named in his honour.

*Reference for information about John Thomas Davies – Sutton Beauty & Heritage

CASE STUDY

Joanne Roberts

“ I was looking for a change in my career, and after looking on the website I chose Healthy Living because of the additional opportunities and experiences they would offer me regarding areas of health I was interested in. The Healthy Living Team have given me so many great opportunities and valuable learning experience; they provided training for me, I took part in all the classes and activities ranging from cooking lessons to exercise classes to healthy food demonstrations with children. They encouraged me to take part in courses to help me learn more about being a health care advisor. I was introduced to the whole team and was made to feel more than welcome. Mel (Volunteer Coordinator) would contact me regularly to see how I was getting on and if she could help with anything. I would also call in to the office to see how things were going and if there was anything else I feel I needed with my experience. The communication was excellent between the team and myself and I always felt supported from everybody in the team, they are all so friendly.

I went originally just looking for experience and came away with so much more. I would absolutely recommend volunteering with Healthy Living Team if you have the opportunity. Not only do you get to learn new skills and gain experience you get to work with an amazing friendly team who will do whatever they can do to help you reach your goal. Mel was an amazing inspiring mentor who will do whatever she can to help and connect you to the right people and push you in the right direction. With all the valuable experience I gained over the months working with the team it certainly helped me reach a decision about my career. ”

Joanne went on to gain employment as a Customer Accounts Officer for British Airways Executive Club.

The Pause Programme (www.pause.org.uk) is a national initiative which has been developed to work with women who have experienced – or are at risk of – repeat pregnancies that result in children being removed from their care. The programme gives women the chance to pause and take control over their lives, breaking a destructive, traumatic cycle to both them and their children.

St Helens has comparatively high numbers of children who are in care. Pause is part of a wider strategic plan to re-think and invest innovatively in services which will improve outcomes for children and families, empowering them to take control of their lives and raise their aspirations, which over time will help to safely reduce the number of children who come into the care of the Local Authority.

Locally, the Pause Programme started on 30 October 2017 and is being funded as a pilot project until April 2019. The practice is the sixteenth Pause practice in England and has a similar staffing structure to other teams, consisting of a Practice Lead, a Practice Coordinator and three Practitioners. Each Practitioner will work with a maximum of seven women.

The success of the programme is dependent upon the rapport developed between practitioner and the women being supported. It is also reliant upon robust partnership working with a number of services, including Public Health commissioned services such as CGL (Change Grow Live) who provide support for people experiencing drug and/or alcohol problems, and the Sexual Health Service.

There are currently 21 women actively engaging with Pause St Helens and below describes some of the outcomes being achieved:

- None of the women have got pregnant
- 66% of women have accessed sexual health services and are using effective contraception
- 38% of the women now engage with CGL, 52% are engaging with mental health services and 19% with probation services; prior to accessing the Pause Programme, engagement with services was sporadic
- 1 woman is no longer homeless, 4 women are in stable accommodation and 2 women have avoided eviction
- 40% of women self-report feeling better about themselves
- Significantly, 2 women have secured employment with one paid and the other on a voluntary basis

Pause practitioners are supporting women who engage on this programme to achieve stability in their lives, with their finances; relationships with their children, partners and wider family; and with any health issues they may have. The outcomes show that by taking control, women feel better about themselves and are subsequently gaining aspirations to engage regularly with health services or gain employment.

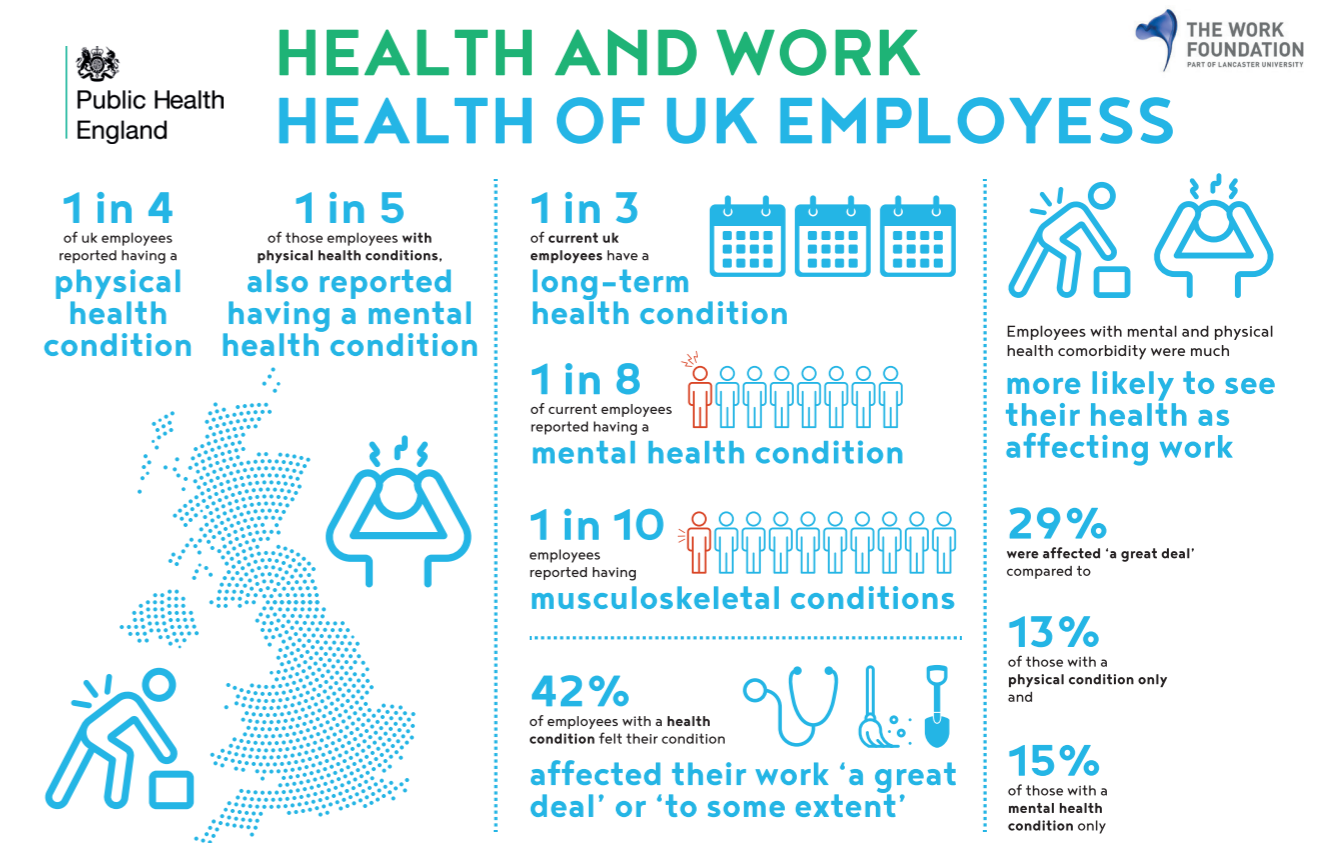
GROWING THE ECONOMY

It has long been recognised that health and wealth are linked. The 'Due North Report' published in 2014 examined the inequalities in health between the North and South and although complex, the links with socioeconomic distribution, poverty, power and resources were highlighted. Uneven distribution of economic growth has meant that areas that have higher unemployment, lower incomes, poorer housing and higher unsecured debts all have a poor impact on health outcomes. Unemployment is associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, suicide and health-damaging behaviours. Individuals unemployed for more than 6 months have lower wellbeing than those unemployed for less time. Health-related worklessness can be defined as individuals not in employment for a health reason.

Unemployment rates in St Helens are now lower than the North West and England as a whole, but challenges for St Helens relate to 'in-work' poverty and a high percentage of economically active population who are long-term sick.

St Helens Council recognised that it was important to grow the economy so that we could help to improve access to employment, and that we also needed to work with our existing workforce to ensure they stay healthy. This is not only good for the individual but good for business too. It is estimated that adults in employment are on average spending a third of their waking hours in the workplace. Workplaces therefore are a good setting to improve health outcomes.

Some key statistics have been published by Public Health England which illustrate the challenges that exist relating to the workforce in employment. These are challenges both for the individuals and for the companies they are employed by. In St Helens our workplace health programme has proactively been working with businesses and the arts and culture programme has been developed to bring resources into St Helens and generate health improvement through art and culture.



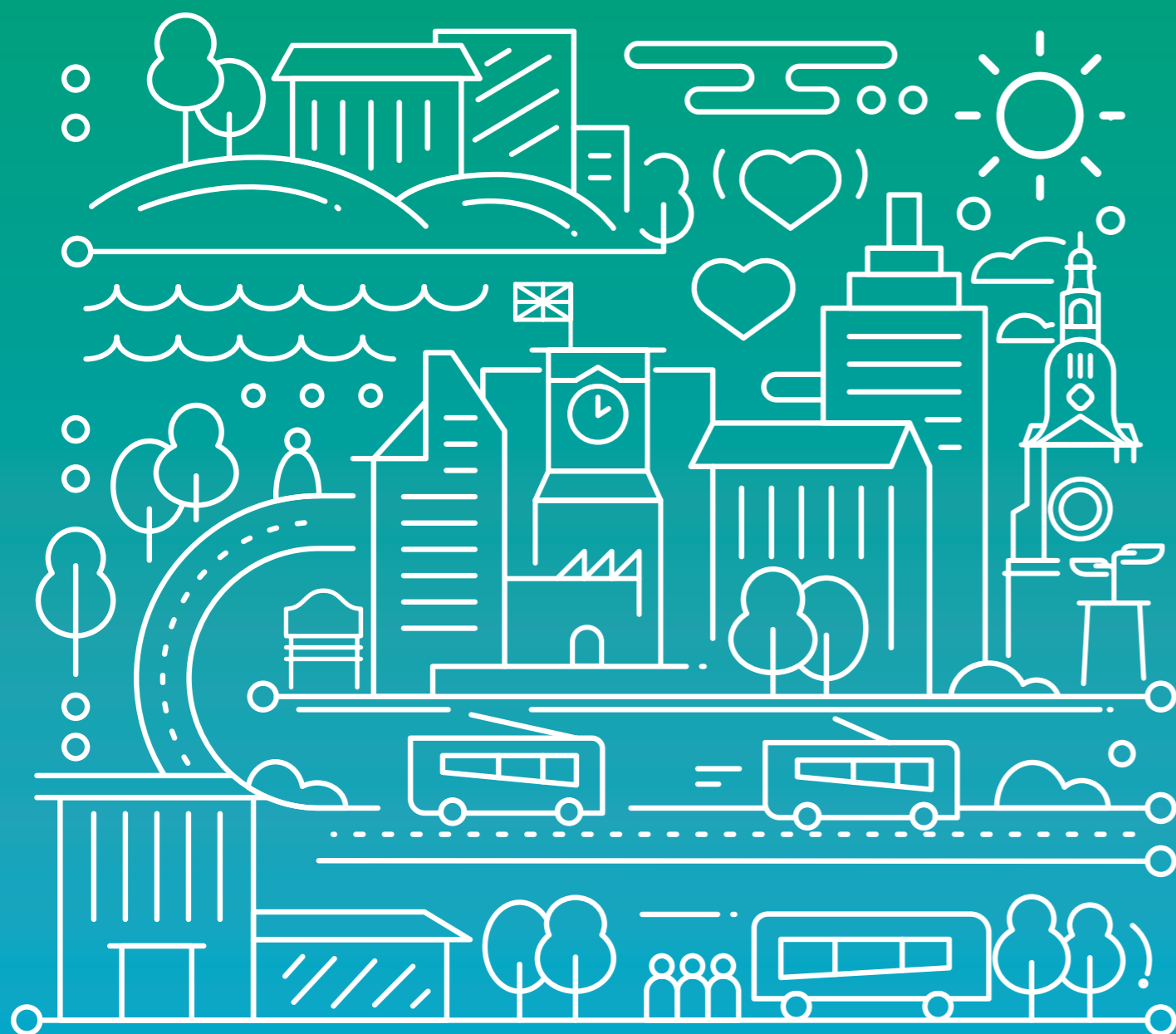
Sources: Health and wellbeing at work: a survey of employees, 2014; Labour Force Survey 2012

¹¹Whitehead M (2014) Due North Report: Inquiry on Health Equity for the North. University of Liverpool and Centre for Local Economic Strategies, 2014

¹²Public Health England (20th April 2018) Workplace health: applying All Our Health.

¹³St Helens Joint Strategic Needs Assessment 2017

REGENERATING THE TOWN CENTRE



The regeneration of St Helens Town Centre is top of many residents' wish lists, as well as being one of the council and partners biggest priorities. To help us achieve this St Helens Council has developed an ambitious strategy which sets out the direction and vision for the future of our town centre. Our vision will help us rejuvenate the town centre, encourage investment, grow the local economy and increase job opportunities - while looking after all the things that make St Helens a unique place.

The aims for St Helens Town Centre are to grow as:

- a quality day and evening hub for family entertainment, shopping, food and drink
- a nationally recognised centre for culture and the arts
- an attractive, flexible public space, suitable for events and for people to spend time in
- an accessible, modern and affordable place to live

Town centres are also becoming a place to live as well as shop, eat, drink and play - all without having to travel too far. Redundant office blocks, department stores and factories are becoming trendy town centre apartments, while on the boundary of towns, more family homes are springing up.

One of the key themes of the town centre strategy is to create an 'Arts and Culture' offer. This is linked to improving the health of the population through activities that improve wellbeing. With 2018 marking the 150th anniversary of St Helens, a year-long arts and culture programme has been devised with an array of celebrations, activities and events. From street music festivals, to a tribute to our armed forces and the commemoration of the end of the first world war, from cardboard castles to a food and drink festival to celebrate 70 years of successful partnership with the German city of Stuttgart.

We've celebrated local talent, diversity and culture, with various public art installations, pop up theatre displays, community parades and video light projections. It's been an action packed year celebrating the borough's history, culture and people.

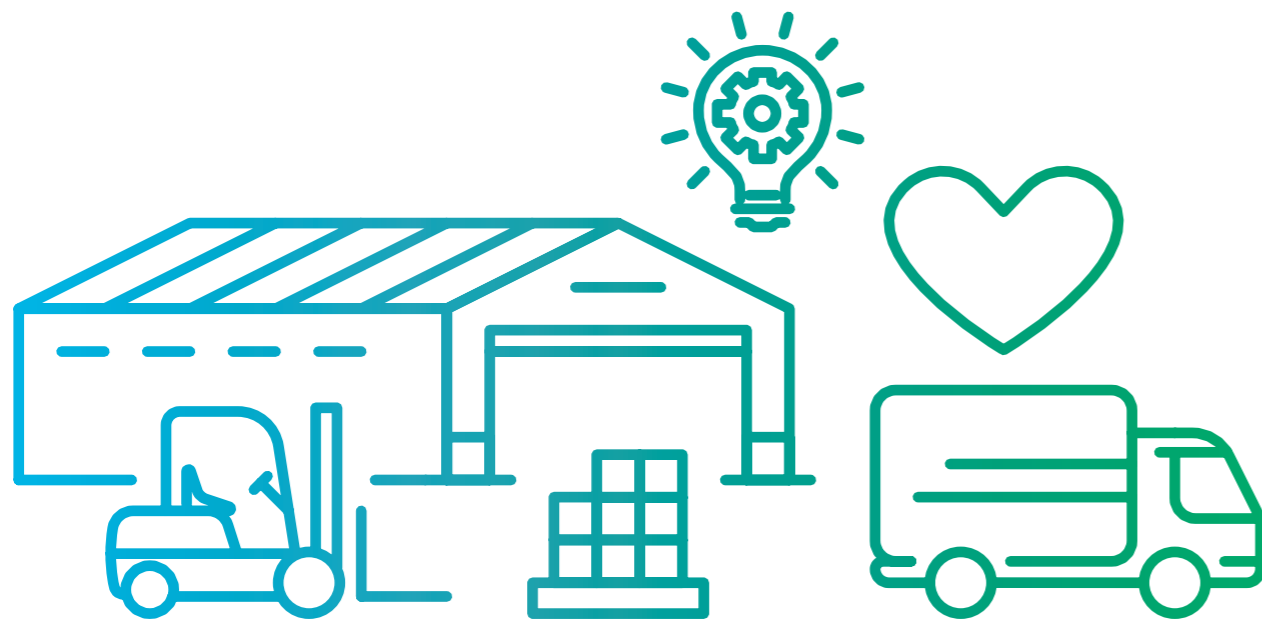
To coincide with the 150th anniversary, St Helens has been named as the first Liverpool City Region's Borough of Culture as part of its new 1% for Culture Programme. The purpose of the programme is to support cultural activities across the region; the Borough of Culture programme will be annually rotated across the region.

In 2017, Heart of Glass and St Helens Library Services (Cultural Hubs Arts in Libraries Programme) were awarded Arts Council England National Portfolio Organisation (NPO) status from 2018-2022. This is a real success for St Helens, providing a combined investment over the next four years of over £1.5million for the arts in the town. As the only borough outside of Liverpool in the City Region to have NPO status, St Helens is well on the way to being recognised as a national centre of excellence for collaborative and socially engaged arts practice. This ambition articulated by Heart of Glass and embraced by St. Helens Council, will continue to connect people through innovative arts practice well into the future.

This continued work to improve the arts and culture offer, linking practice with the place, will help to create spaces that improve wellbeing and to connect people.

Historical Fact

The Sankey Canal was the very first English canal. It was constructed to connect the town with the River Mersey to transport coal.



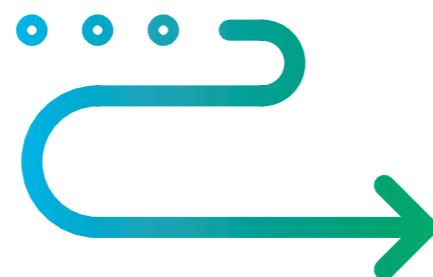
WORKPLACE HEALTH

It is widely known that being in work is good for people's health and wellbeing, but it's increasingly being recognised that a healthy workforce is beneficial to employers too. By creating a positive, safe and healthy environment for staff, businesses can increase productivity, reduce absenteeism and increase morale.

St Helens has approximately 4,800 businesses that collectively employ around 69,000 people. Employers are key players to deliver public health messages, as they have a captive audience. To support this, Public Health commissioned a Business Liaison Officer to engage with local employers around health and wellbeing.

In 2017/18, the Business Liaison Officer engaged with 78 companies offering business support including funding, skills and training, property, procurement and planning. The engaged companies covered micro, small, medium and large enterprises and employ over 5,000 staff. The main sectors were manufacturing, distribution centres and construction companies. All 78 engaged companies had discussions about workplace health of which 44% were interested, looking to start the process or were already doing good workplace health work. Over the year, 24% of the companies have had ongoing support.

The Business Liaison Officer has helped to raise awareness about the importance of a healthy workforce and local businesses have accessed a range of support to make workplace health improvements. This has included support to register and work towards the standards of the Workplace Wellbeing Charter; health interventions including health checks and blood pressure checks; lifestyle advice including smoking, alcohol, healthy eating and physical activity; support with mental health and stress in the workplace; absence management and long term absence support; and supporting workplaces to carry out self-assessments and develop policies to support healthy lifestyles.



CASE STUDY

Co-op Lea Green Distribution Centre

The Co-op Lea Green Distribution Centre distributes food to Co-op shops across the country. Wincanton is contracted to deliver the transport. Whilst there are two separate companies, operations are integrated on this site. There are just over 1,300 employees on the site. In June 2017, they hired an Engagement Officer, Georgia Hurst, to improve staff engagement. Initial activities included a marketplace in the canteen to provide staff information, events and health campaigns; three new newsletters to improve communication to staff; blood pressure checks; physical activity plan; and stop smoking support. In addition to the healthy lifestyle activities the site has made mental health their priority. The Co-op wants to tackle stigma and discrimination and develop a culture where employees feel able to talk openly about their mental health problems. During October 2017 there was a mental health campaign and promotion of the Time to Change pledge. Over 100 colleagues made pledges to 'be in their colleagues' corner'. Georgia said, "A priority of ours at Co-op Lea Green Distribution Centre is to actively promote health and wellbeing to our colleagues. Utilisation of the many great services St.Helens Council has to offer has been highly instrumental in our continued success in landing key messages – particularly around mental health."

The Co-op will continue to increase activity on mental health – future planning includes signing the Time to Change Pledge at an event planned on World Mental Health Day in October; manager and colleague mental health champion training; sessions with the Healthy Living Team, Mindsmatter and State of Mind; and recruitment of Mental Health First Aiders provided through Manchester College.





BEING CONNECTED

One of the place based strategic objectives of St Helens is to 'Be better connected'. This objective covers both place based connectivity and how St Helens connects to places within the region, country and internationally and also connectivity within our local communities. Loneliness and social isolation have a negative impact on health and wellbeing and therefore the more people can be connected with one another, the better they feel.

Social relationships are central to human wellbeing and are critically involved in the maintenance of health. The potentially harmful effects of loneliness and social isolation on health and longevity, especially among older adults, are well established. Loneliness can raise levels of stress hormones and inflammation, which in turn can increase the risk of heart disease, arthritis, type 2 diabetes, dementia and even suicide attempts¹⁴. Intelligence from the Community Lifestyles Survey in 2016/17 indicates that 5% of adults feel lonely a lot of the time¹⁵.

This section of the public health annual report looks at pieces of work that have been developed to address social connections and improve outcomes for people. This section examines how culture can improve health outcomes, how the health service can deliver programmes that link health and social issues together and how social media can be used to connect with the public.

¹⁴<http://www.theseconhalfcentre.com/wp-content/uploads/2014/02/INVESTMENT-WITH-IMPACT.pdf>

¹⁵<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10>

CULTURAL CONNECTIONS

The powerful and life changing effects that taking part in the arts can bring is well evidenced, as is the impact on individuals' wellbeing. 2017 saw arts organisations in St Helens provide a wealth of meaningful opportunities for residents to connect through the arts.

In 2017, young people connected through music in the One World One Sun performance with St Helens Council Music Service, a passion for skateboarding in workshops to design a town centre Skate Park led by Heart of Glass, a love of books with Library Services' Reading Hack, and through drama at the Citadel's Youth Theatre. The 72 primary school pupils taking part in the 2017 Democracy Debate focusing on arts and culture confirmed their thirst for more opportunities to connect through the arts. The establishment of CulturEd, the St Helens Local Cultural Education Partnership, set up in 2017 to achieve this, will begin to pay dividends in the forthcoming year. With funding from Curious Minds and Public Health, this partnership initiated by St Helens Council's Arts and Music Services, provides support to schools to broaden their arts offer for children and young people.

With over 120 arts groups in St Helens across all art-forms including dance, drama, music, visual arts and creative writing, there are so many ways for people to connect, yet many residents, especially the elderly, remain isolated at home. This problem is being addressed through the Adult Social Care and Health Cultural Co-ordinator (CC). Based across two teams at St Helens Council (the Arts Service and Integrated Access St Helens (IASH)), the CC introduces individuals to the range of opportunities on offer and accompanies people to initial sessions to reduce any anxiety that they might feel about joining a new group. One participant said:

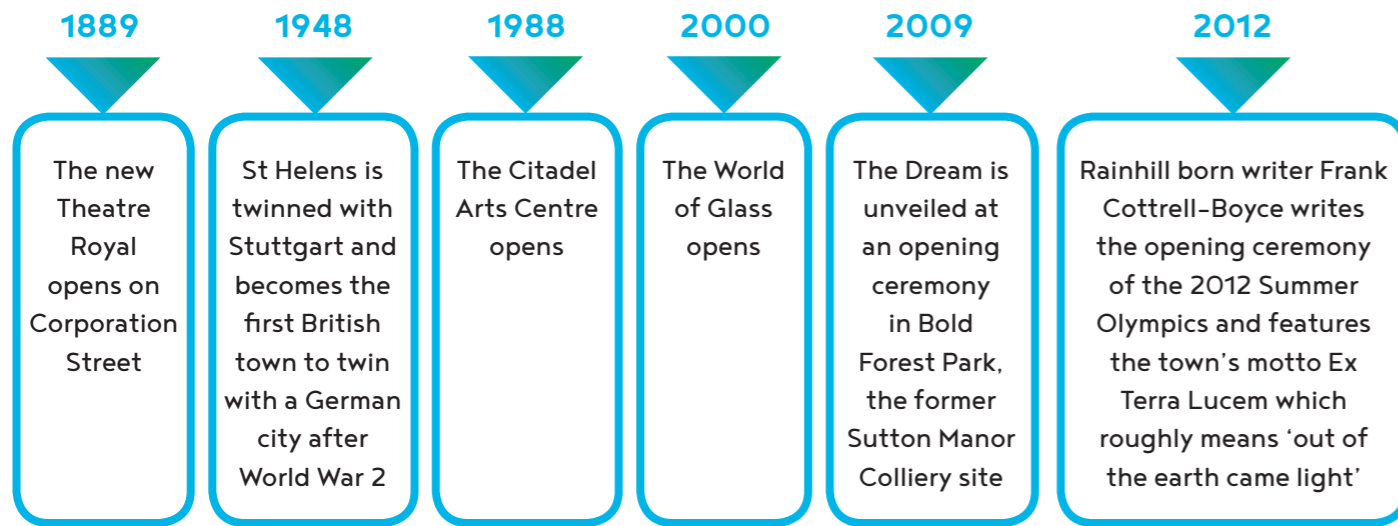
“Since I’ve picked up your leaflet from the library my life has changed. I’ve met new friends and I’ve been and done things I never thought possible. I’m now regularly accessing galleries and theatres.”

In 2017 the CC was also able to introduce people to the St Helens Art Club, who meet weekly at the World of Glass, the Citi Dis Arts programme at the Citadel, a men's art project led by Heart of Glass and to the Creative Alternatives (CA) arts programme, aiming to reduce mild to moderate stress, anxiety and depression.

Funded through Public Health, CA forms part of St Helens Library Services' Cultural Hubs Programme. This past year, the service has also begun to develop strategies to attract and engage with more males, which in turn they hope will support the wider agenda around male suicide prevention in St Helens. CA continues to be well received both by clients and referral partners in the Borough, with one participant saying:

“It has helped my depression and it has shown me that I am not a prisoner in my own house and there are safe and supportive places to go to in St Helens.”

ST HELENS CULTURAL HISTORY TIMELINE



SOCIAL PRESCRIBING

What is social prescribing?

Social prescribing is a means by which professionals seek to address the non-medical causes of ill health, with a range of non-medical interventions. There are lots of things that can negatively affect our health and wellbeing such as debt, poor housing, drug and alcohol use, low self-esteem, isolation, relationship difficulties, and physical and mental health problems.

An example of how social prescribing works is that a person may go to their doctor feeling sad because of financial difficulties, the doctor may suggest medication and/or counselling. The doctor may also refer them to a link worker who will spend time with the person, listening to their needs and help them think through potential solutions. The link worker has knowledge of a range of things that the person can access in their community such as where to find debt advice, local community groups, coffee mornings, gardening and a whole range of other activities. The person can then decide if and what they would like to do and the link worker may stay in touch to support the person for a number of months. The aim is for the person's health and wellbeing to improve and for them to increase in confidence and knowledge to be better able to access the help and support that is available in their community.

What social prescribing initiatives do we have in St Helens?

Residents of St Helens can already access a range of social prescribing interventions; some examples include arts on prescription, a scheme that runs a range of creative workshops to help people improve their wellbeing; books on prescription, a library scheme that offers a range of self-help books; and the Healthy Living Team offers a programme of activities such as physical activity classes, walks, community food sessions and more. All these initiatives offer a non-medical alternative to help people improve their wellbeing.

What's new for 2017/18?

The Healthy Living Team are working with seven GP practices in St Helens by basing a link worker in the practice one day a week. The project will be evaluated and the lessons learnt will be used to help inform the continued delivery of social prescribing across St Helens. In addition, as there are a range of services in St Helens who already have a link worker type role, and offer a range of social prescribing interventions, work is underway to bring together the vast experience and knowledge to inform and raise the profile of social prescribing in St Helens.



SOCIAL MEDIA AND HEALTH

Social media has increasingly become a big part of our lives, with 66% of people aged 16+ using social networks in Great Britain.¹⁶ With such a high usage, social media platforms are key when it comes to promoting health messages to our communities. It's also a great way of connecting people to local services and community events and activities. In Public Health we have used social media in a number of ways; here are some examples of how we've used social media over the last year:

Breastfeeding Facebook Group

The Healthy Living Infant Feeding Team supports mums and mums-to-be to breastfeed and offers a number of breastfeeding support groups across St Helens. The Team have set up a Breastfeeding Support Facebook Group for mums to be able to connect and support each other online wherever and whenever. The group has provided a forum where mums can ask for advice and guidance at any time of the day even in the small hours when perhaps other mums are experiencing the same things, and this has given mums the confidence to continue to breastfeed.

One mum commented on the Facebook group to say, "The team here have been beyond helpful. They're always there to offer help and advice over the weekends and even during the Christmas period. We are just entering month 5 of our breastfeeding journey; it's been made a very successful one with the support of everyone here, thank you."

Suicide Prevention Messages

Social media has been used to connect people with support, in particular at times of a suicide. St Helens has a higher suicide rate than the North West and national averages, with more men completing suicide than women. Social media has been used to promote suicide prevention messages and available support during awareness days and campaigns, when a suicide has occurred and following TV storylines about suicide. A local campaign #ItsOkayToTalk has been developed to encourage people to talk about their mental health and wellbeing and to raise awareness of available support. The campaign has included targeted social media advertising to reach out to men in particular, given the higher rate of men completing suicides.

FOOD IN SCHOOL HOLIDAYS

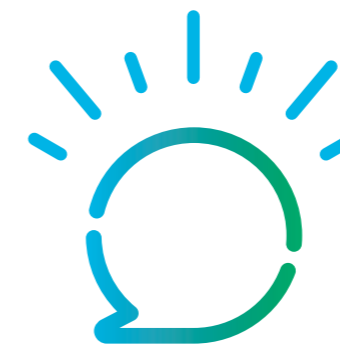
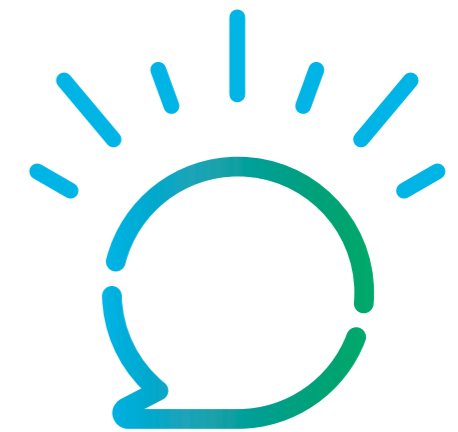
St.Helens Council's Children and Young People's Overview and Scrutiny Panel carried out a review into the offer for food provision in the school holidays in early 2017. A task group was formed and during this review, they visited a number of provisions in St Helens to see what they offer to children, young people and families during the school holidays. The findings showed that these provisions are a great success but would benefit from further promotion and in some cases, additional funds to replenish equipment and provide for more children and families.

A site visit was also carried out at Fur Clemt Café in Wigan, a Real Junk Food Project that has the motto 'Feed Bellies Not Bins', using food from supermarkets and other food suppliers that would have otherwise gone to waste. The café runs a 'pay as you feel' scheme, and is open to everybody, reducing the stigma of what may appear as 'food for the needy'. Visiting Fur Clemt Café inspired the task group to look at how this could be replicated in St Helens.

In total, 2000 children and families were supported through the 2017 summer activity programme. Overall, feedback from colleagues delivering the food and activity sessions has been positive, reporting that families have enjoyed the sessions and there has been an increase in families attending. Feedback from the children and families who attended the sessions has also been positive; for some it gave their families something fun to do over the holidays, a chance to meet up with friends and an opportunity to try something new. The food offer was welcomed by families, with some commenting that it took the stress away and a chance for their children to try new foods.

Here's what some parents said about the provision:

"It's taken away the worry and stress of cooking a meal at home"



"It has made me feel less lonely"

"It's helped my children to try new foods as they're usually quite fussy"

¹⁶Office for National Statistics: <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/ad-hocs/007401socialnetworkingbyagegroup2011to2017>

With the creation of the People's Board, a place based partnership which extends beyond health and social care to include public, private and third sector bodies, St Helens has articulated its aspiration to go further. This will be achieved through a whole system, place-based solution to the challenges of improving citizen outcomes while tackling unsustainable levels of cost and demand.

The St Helens People's Plan acknowledges that to achieve sustained improvement in population outcomes at the same time as delivering financial balance, significant change is required in the relationship between the partners that comprise the health and care system. They have decided to establish an integrated, place based, health and community care model 'St Helens Cares'.

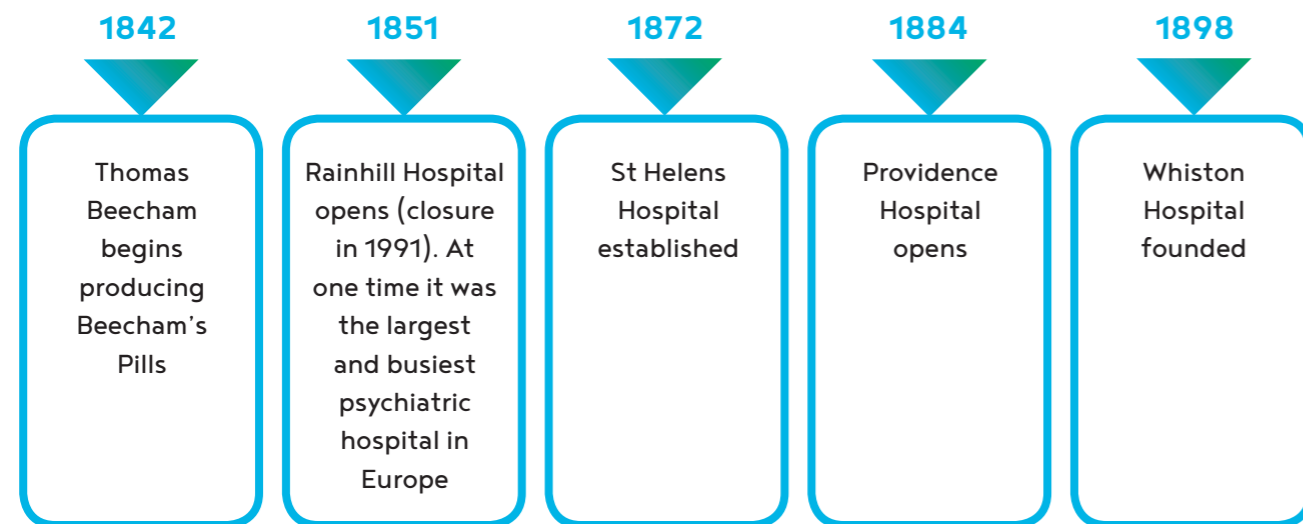
St Helens Cares started to develop in shadow form throughout 2017/18. The aim is to work on streamlining the system and to integrate the commissioning of health and social care. By the end of March 2018, The People's Department of St Helens Council, which includes Adult Social Care, Children's Social Care, Education, Public Health and the functions of the NHS St Helens Clinical Commissioning Group (CCG), had come together under the leadership of Professor Sarah O'Brien, the Strategic Director for People's Services and Accountable Officer for the CCG. The overarching aim of this is to ensure that services for health and social care are commissioned in a way that improves health and social outcomes and are not commissioned in isolation, so consider the wider system impacts. The other key development in St Helens is the plan to bring providers of health and social care together to work as a unit rather than separate organisations, under a lead provider consortium.

St Helens Cares has been working on key areas to improve health and social care in the following areas:

- Early Intervention and Prevention
- Primary Care and Community
- Front Door
- Urgent and Crisis Care

The projects highlighted in this section are some of the areas of work that have been helping to address the system problems.

ST HELENS HEALTH ESTABLISHMENTS TIMELINE



MY NHS STORY

Professor Sarah O'Brien, Strategic Director of People's Services/Clinical Accountable Officer

From a very young age, I've been interested in health and helping people, but because nursing wasn't a degree when I was completing my A levels, I was told at school that I was 'too clever' to be a nurse.

I completed a degree in politics and economics, following which I went to complete a law course. I was placed in accommodation at a hospital and within the first week living at the hospital, I just knew that I wanted to be a nurse, so I left the law course, went back home and applied for nurse training. I did my nurse training in Bradford between 1993 and 1996. During my training I did a 3 month placement in A&E, which was quite rare as a student, most student nurses don't get to have that opportunity. I saw all kinds of interesting scenarios during my time there, including my first experience of gunshot wounds! I also had 2 placements which focused on diabetes and my best friend's mum was diagnosed with type 1 diabetes during my training, and that's how I developed my interest and passion for diabetes care.

Once I completed my training, I moved to Merseyside as my husband to be lived there. Since moving here I have worked across both St Helens and Whiston Hospitals, until I became Chief Nurse for St Helens Clinical Commissioning Group in 2014. Working as a nurse in St Helens was brilliant. I became a consultant nurse in 2002 and I really loved the mix of being hands on with clinical work and research, as well as the leadership and strategic element of a consultant nurse role. Working in diabetes care, I have seen the advancements which have enabled people to live longer. Before insulin was discovered in 1922, people with Type 1 diabetes didn't survive very long, now people are living significantly longer thanks to the advancements in treatment. Diabetes UK has the Alan Nabarro Medal, for people who have lived with type 1 diabetes for 50 years. This would have been awarded very rarely in the past but now it's not uncommon for people to be awarded this. Patients are now getting really good outcomes and receiving high quality care.

Throughout my NHS career there have been a number of highlights: I'm proud to have become a consultant nurse and being able to make a difference to people's lives. Working in an award winning, evidence based diabetes service that has been recognised both nationally and internationally, through which I gained my PHD. Becoming a Florence Nightingale Scholar, this entailed a £10,000 bursary for my personal development and learning, and I used it to visit the Institute of Healthcare Improvement in Boston. I also had the chance to celebrate nursing with other nurses from around the country at an event at Westminster Abbey. I led the re-design of community nursing in St Helens and this has been one of the bedrocks of St Helens Cares.

As we celebrate the NHS 70th Anniversary in 2018, I would just like to highlight the amazing work that the NHS does. The people who work for the NHS are key and do invaluable work to make a difference to people's lives. The advancements in treatment have also been key in helping people to live longer, healthier lives. People have access to all aspects of healthcare available, and we are lucky that the NHS is free at the point of use, compared to other countries that can only access some elements of healthcare if they can afford it. Working in healthcare is never boring and I am proud to work for the NHS.



HOSPITAL AVOIDANCE CAR

Falls and fractures amongst older people are significant public health issues. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falls are multi-factorial and caused by issues such as vision defects, environmental factors, musculoskeletal issues and mental health / neurological issues¹⁷.

Although everyone is at risk of a fall, older people are more vulnerable and at an increased risk with 1 in 3 people over 65 experiencing a fall each year, increasing to 1 in 2 people for those aged 80 years and over. Around 1 in 5 people who fall will require medical attention, such as a visit from the ambulance service, for reasons such as hip fractures and head injuries but also often because the person who has fallen is unable to get back up again.

Over a typical 12 month period the Ambulance Service can attend in excess of 1700 falls incidents for people aged 65 years and over in St Helens, and of these more than 70% are usually taken to hospital¹⁸ where many are then admitted. Whilst in hospital, people over 65 can experience significant loss of muscle and mobility which can detrimentally impact on their independence once they go home. Research suggests that following a fall many people could stay in their home and not be admitted to hospital and that they are often taken to hospital due to complications from lying on the floor for long periods of time whilst awaiting assistance.

Preventing people being admitted to hospital after a fall is really important and in December 2016, a Hospital Avoidance Car pilot took place in St Helens to see if people could be supported to stay in their home following a fall.

The Hospital Avoidance Car responds to 999 'green calls' to those over 55 who fall, are frail or are at risk of a hospital admission. The service utilises a rapid response vehicle which is enhanced with specialist lifting equipment.

A Paramedic and Occupational Therapist travel in the vehicle and provide a holistic approach to care by medically assessing an individual upon arrival, safely lifting an individual where appropriate, and providing therapy based intervention/treatment and signposting to appropriate services for ongoing support.

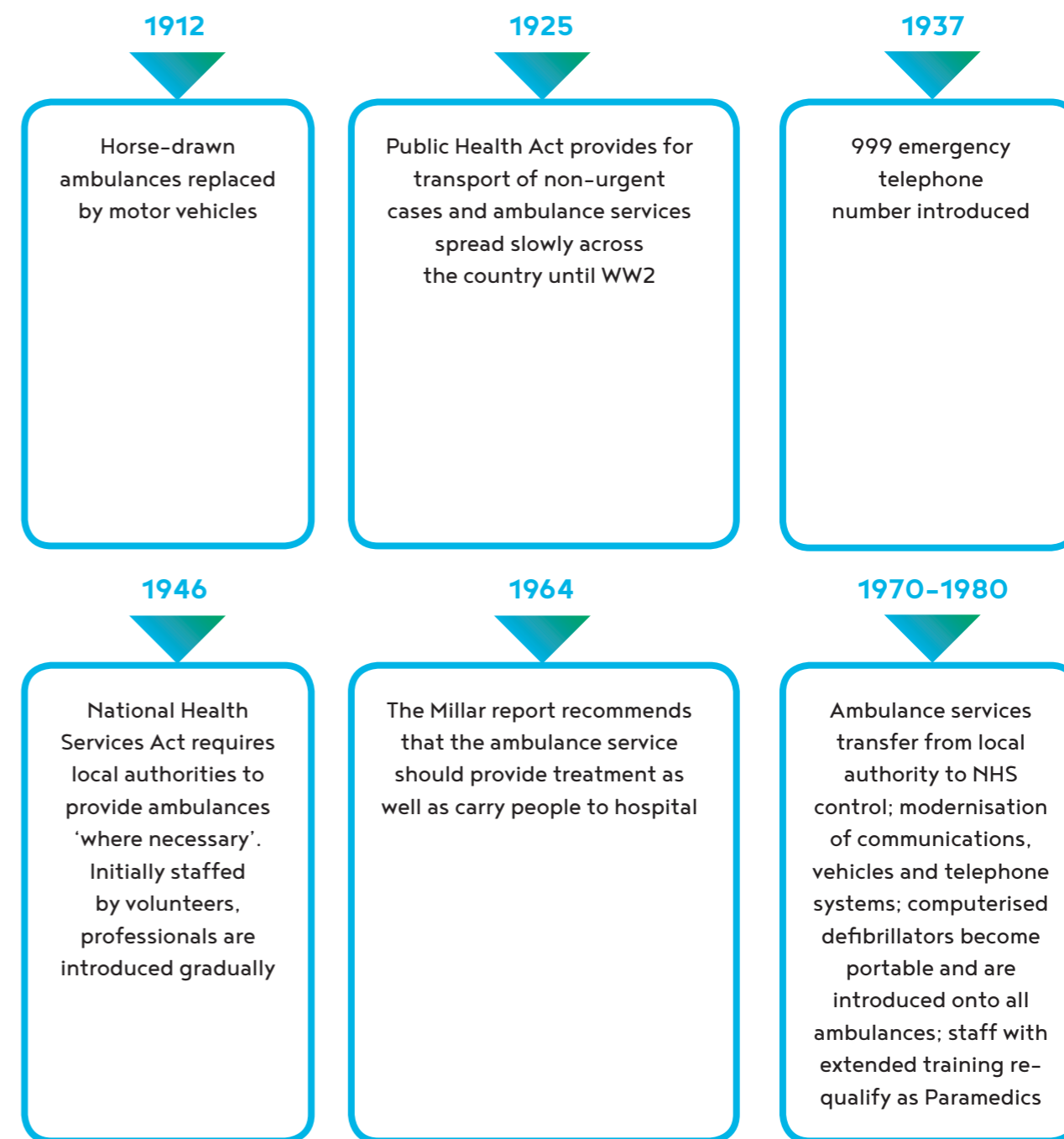
Over the last 12 months the service has responded to 896 incidents, of which 33% of people have required taking to hospital, which is a significant reduction in comparison to the 71% of people following a visit from an ambulance.

To make the service work multiple agencies worked in partnership and responded timely and flexibly to the needs of the people who were being supported. This includes the Handyman service and St Helens Rota services that both adjusted working hours and response times to help people avoid admissions.

¹⁷St Helens Falls Prevention Strategy 2014

¹⁸NWAS Informatics

HISTORY OF THE AMBULANCE TIMELINE



Reference for timeline: <https://www.lmi.org.uk/history-of-the-ambulance>

FAMILY NURSE PARTNERSHIP

2017 marked the 10 year anniversary for the Family Nurse Partnership (FNP). Whilst the FNP programme in St Helens was part of Phase 3 roll-out, the team have quickly gathered pace and have been supporting young parents for the last 3 years, with a range of successful outcomes being achieved for both young parents and their babies. The FNP programme works with parents aged 24 and under, partnering them with a specially trained family nurse who visits them regularly, from early pregnancy until their child is two.

By focusing on their strengths, FNP enables young parents to:

- Develop good relationships with and understand the needs of their child
- Make choices that will give their child the best possible start in life
- Believe in themselves and their ability to succeed
- Mirror the positive relationship they have with their family nurse with others

During the last 3 years, over 100 FNP families in St Helens have worked in partnership with FNP nurses to improve child development, build healthier relationships and reduce safeguarding risk, all of which are monitored, tracked and evidenced using approved benchmarking tools. More importantly, the voices of young parents and babies outline the difference being made to their lives:

“Thank you for everything you have done for me and my daughter. I feel like I wouldn’t be who I am now without you and anyone to have you as their family nurse is very lucky!”

“He always has a cheeky smile. He is confident, inquisitive, happy to explore his toys and interact with others. He shows an abundance of affection for his parents and has developed a strong bond with his Daddy.”



SCREENING AND IMMUNISATIONS

In St Helens there is a programme to oversee and promote the uptake of screening and immunisations; these include flu jabs and cancer screening. We’ve seen that over time, the introduction of immunisations has helped to decrease the prevalence of infectious diseases so it is important to encourage as many people as possible to get their vaccines to ensure infectious diseases do not increase. As deaths from infectious diseases decreased, deaths from cancer have risen significantly so work is underway to highlight the importance of screening and raising awareness of signs and symptoms to catch it early. Here are a couple of examples how public health and partners have promoted screening and immunisations in St Helens in 2017/18.

Flu campaign

The flu campaign is an annual programme to promote the uptake of the seasonal flu vaccination to those eligible. A local flu task group with numerous partners led this campaign to ensure key messages were delivered to the following who are eligible for a flu vaccine: over 65s; pregnant women; preschool children aged 2, 3 and 4; school children in reception and years 1, 2, 3 and 4; carers; people who work in health and social care; people with long term health conditions; and more recently those who are morbidly obese. The priority group for 2017/18 was preschool children and to encourage uptake we did the following:

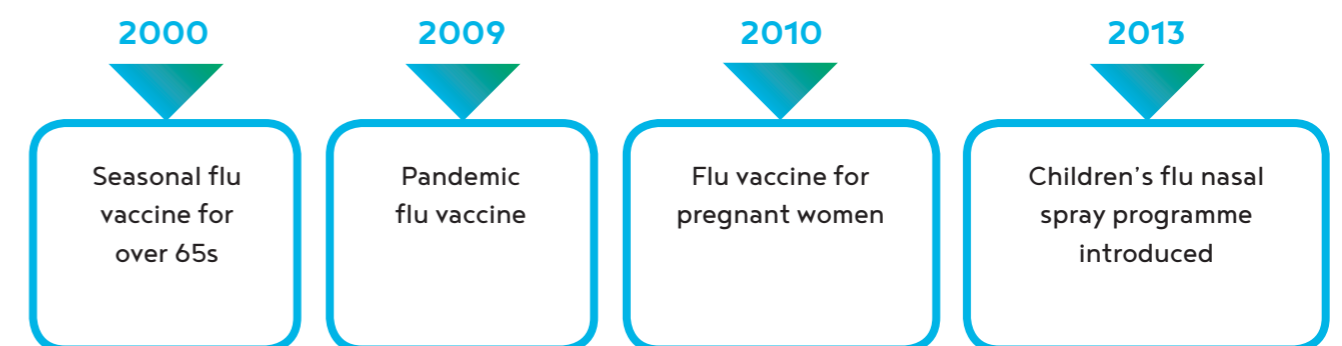
- Worked with the Early Years Team to send out messages and resources to all nurseries and childminders in St Helens; resources included stickers for the children and posters to be displayed in the settings
- Flu superhero drawing competition
- Promotional flyers handed out at early years activities in the libraries
- Posters delivered to soft-play and children’s centres
- Promotion of the ‘Flu Monster’ element of the campaign on social media and floor stencils displayed on pavements in the town centre. The Flu Monsters were designed by local children
- Press release with story from a local mum encouraging other parents and carers to vaccinate their children

Uptake still needs to be improved so early years will remain a priority for the 2018/19 programme and work to encourage uptake in all groups will continue, as the flu vaccination is the best protection against flu.

Cervical screening

Cervical Screening Awareness Week takes place every year in June. For 2017/18, we wanted to share a real life story of someone who has been through cervical cancer and highlight the importance of smear tests. That real life story was of Angelica Fenney, who alongside her friend Karen, set up a charity called Bike for Boobs, to raise awareness of cancer and raise money for people’s cancer treatment by doing cycling activities such as spinathons. Angelica told her story of going through cervical cancer and how important it is to take up your smear test invitation. Angelica’s story was shared on social media and in the local press. Around 3 in 4 women take up their invitation, but it’s important that all women take up their invitation, as it could potentially save lives. Work will continue to encourage the uptake of cervical screening.

FLU VACCINE TIMELINE





CONCLUSION AND RECOMMENDATIONS

2017/18 has been a year of celebration and achievement, with St Helens' 150th anniversary, announcement of St Helens becoming the first Borough of Culture and achieving National Portfolio Organisation status for the St Helens Library Service Cultural Hubs Arts in Libraries Programme and Heart of Glass. It's also seen the establishment of St Helens Cares and organisations working together to improve the lives of people in St Helens. It's been a pivotal year for the voice of children and young people in the borough, with the election of the Youth Council and National Youth Parliament Member, the introduction of Young Advisors and creating the foundations of a Children's Charter for St Helens.

2017/18 has seen lots of great projects that are continuing to make a difference to people's lives in St Helens. Public health is playing a key role in helping to achieve the town's objectives and improving people's health and wellbeing. To expand this work further, the following recommendations have been made:

Raising Aspirations and Ambitions

- Develop and implement the Children's Charter
- Develop a volunteer system as a legacy of the 150th anniversary celebrations

Growing the Economy

- Develop the St Helens Council workplace health programme
- Ensure public health is central to further plans to develop the town centre

Being Connected

- Evaluate social prescribing as a mechanism for better connections and outcomes
- Develop the assets in our community and the digital platforms for improving health

Health and Social Care

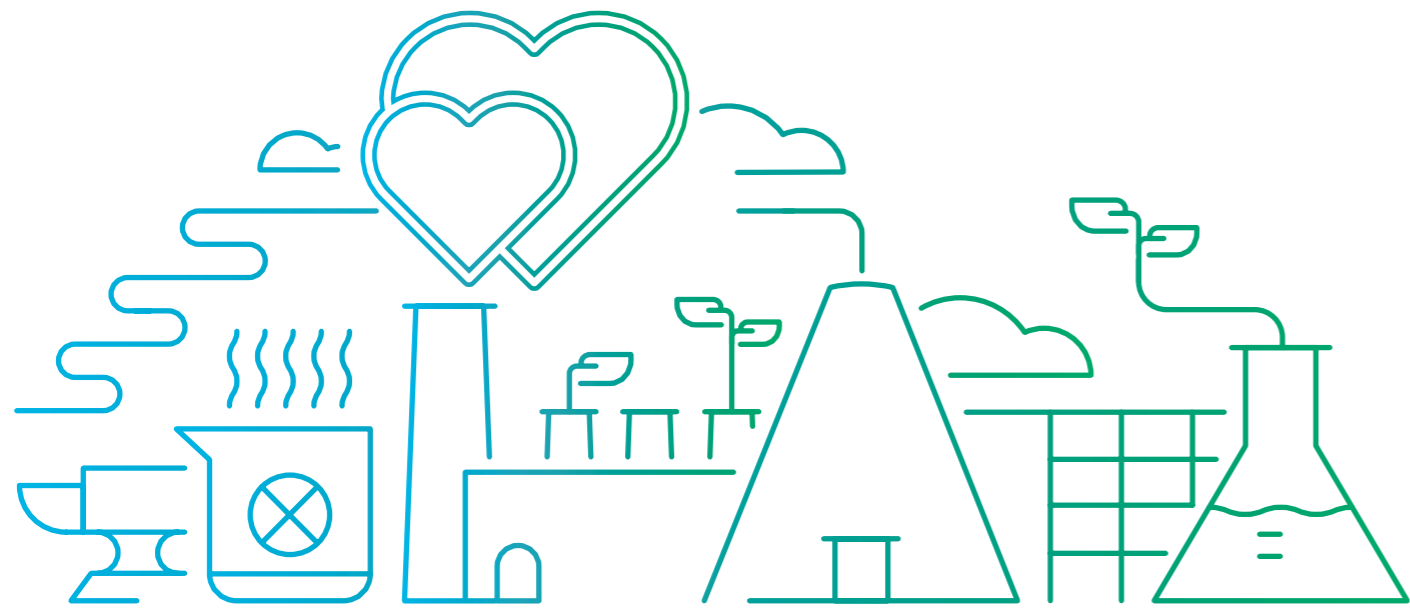
- Continue to develop the St Helens Cares integrated model
- Examine and develop the Family Nurse Partnership model for the future.

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**St Helens Public Health
Annual Report 2017/18**



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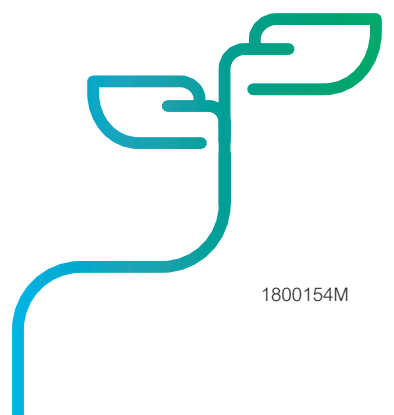
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