



## Health and Wellbeing Board

<b>Date:</b>	<b>Wednesday, 8 July 2015</b>
<b>Time:</b>	<b>4.00 pm</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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## AGENDA

### 1. DECLARATIONS OF INTEREST

Members of the Board are asked whether they have any personal or prejudicial interests in connection with any item on the agenda and, if so, to declare them and state the nature of the interest.

### 2. APOLOGIES FOR ABSENCE

### 3. MINUTES (Pages 1 - 6)

To approve the accuracy of the Minutes of the Health and Wellbeing Formal Board on 15 April, 2015.

### 4. NHS ENGLAND - QUARTERLY ACCOUNTABILITY REPORT

Verbal report – Richard Freeman.

### 5. BETTER CARE FUND QUARTERLY REPORT (Pages 7 - 12)

### 6. HEALTH & WELLBEING STRATEGY - PRIORITIES (Pages 13 - 24)

### 7. PUBLIC HEALTH ANNUAL REPORT (Pages 25 - 94)

### 8. DATE OF NEXT FORMAL BOARD MEETING

The date of the next formal Board meeting is the 11 November, 2015.



## HEALTH AND WELLBEING BOARD

Wednesday, 15 April 2015

Present:

Cllr P Davies	(Chair)
Mr D Allison	CEO Wirral University Hospital Trust
Ms S Cumiskey	Cheshire and Wirral NHS Partnership Trust
Mr P Davies	Chair, Healthwatch, Wirral
Ms J Evans	Head of Transformation, Adult Social Services
Ms C Fish	Strategic Director Families and Wellbeing
Mr R Freeman	NHS England
Mr S Gilby	CEO Wirral NHS Community Trust
Cllr P Gilchrist	Leader of the Liberal Democrat Group
Ms F Johnstone	Director of Public Health
Ms J Hassall	Director of Children's Services
Cllr C Jones	Portfolio Holder for Adult Social Care
Superintendent John Martin	Merseyside Police
Dr P Naylor	Wirral CCG
Mrs A Roberts	Voluntary and Community Action Wirral
Ms J Webster	Head of Public Health
Mr J Wicks	Wirral CCG

### 76 DECLARATIONS OF INTEREST

Councillor C Jones declared a personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Foundation Trust.

Councillor Phil Gilchrist declared a personal interest in general by virtue of being Cheshire and Wirral NHS Partnership Trust Appointed Governor.

### 77 APOLOGIES

Apologies were received from Councillor J Green, Mr G Hodkinson, Director of Adult Social Services, Councillor T Smith, Cabinet Member Children and Family Services, Andrew Cannell, CEO Clatterbridge Cancer Centre, Andrew Crawshaw, NHS England and Paul Murphy, Mersey Fire and Rescue.

### 78 MINUTES

**Resolved – That subject to the removal of the comment attributed to Dr Pete Naylor in the second paragraph of Minute 66 Update on response to Better Care Fund that the accuracy of the Minutes of the Health and Wellbeing Formal Board held on 12 November, 2014 be approved as a correct record.**

### 79 PEER REVIEW FEEDBACK, NEXT STEPS AND KEY THEMES FOR THE HEALTH AND WELLBEING STRATEGY

The Board considered a report of the Director of Public Health that outlined Wirral Health and Wellbeing Boards participation in a Peer Challenge process during 26-29 January, 2015. The Peer Challenge was the Local Government Association's health and wellbeing system improvement programme, co-created with a number of national organisations (e.g. Department of Health, NHS Confederation, Public Health England).

During the four days of the visit the Peer Challenge team had run 42 sessions and met with 84 people to support their understanding of five headline questions. The membership of the Peer Challenge team, and the key questions were provided in Appendix 1 of the report. While feedback had been given through a presentation shortly after the visit, Wirral Health and Wellbeing Board had received the letter from the Peer Challenge team included in Appendix 1 of the report, which detailed the main findings from the review and the key recommendations. The Board was now required to receive this letter and consider its next steps in response to the recommendations made.

The report noted that the Wirral Health and Wellbeing Board had identified the need for a clear vision, with a narrative for Wirral, together with effective programme management and communication with wider stakeholders as crucially important. The Peer Challengers had recommended that the partnership structure on Wirral be reviewed and the place of the Wirral Health and Wellbeing Board be clarified along with other partnerships and working groups that existed.

The report also noted a significant component of the peer review feedback focussed on the need for a clear narrative and strategic direction for the Board. It was reported that a piece of work had recently been undertaken to identify the key themes within the vision statements of key partner organisations. From this work, a number of draft strategic aims were listed in the report which could accompany the overarching vision statement.

Fiona Johnstone, Director of Public Health, commented that the Board was being asked to reflect on the Peer Review feedback. There was a general view that Board members were concerned that the Board did not have measurable outcomes. Councillor Phil Davies suggested that a smaller group could look at the broad strategic aims for the Board and report back to a Health and Wellbeing Board Development Session. Fiona Johnstone stated that this would be welcomed and asked for the nomination of a representative from each partnership for this group to be set up. It was agreed that this group could take another look at Wirral's Joint Strategic Needs Assessment, how the Board could carry out effective communication and engagement and give consideration to examples from other Health and Wellbeing Boards for reference. Its recommendations would be brought back to the Health and Wellbeing Board Development Session.

**Resolved – That;**

- 1. The feedback letter from the Peer Challenge Team dated 7 February, 2015 be noted.**
- 2. The Director of Public Health be requested to set up a smaller group with the purpose of looking at a single vision, strategic aims and associated objectives for the Health and Wellbeing Board and report**

**back to the HWBB Development session and that the partnerships forward nominations of a representative to the Director for this purpose.**

**80 VANGUARD PROPOSAL**

Members gave consideration to a report of Wirral Partners that informed the Board that Wirral had recently been successful in bidding to be a Vanguard site for the national Five Year Forward View programme developed by NHS England. The intention of the programme was to test the models of care described in the NHSE December planning guidance - The Forward View into Action.

It was reported that initially, NHSE had invited interest in four models:

- multi-specialty community providers (MCPs);
- integrated primary and acute care systems (PACS);
- additional approaches to creating smaller viable hospitals; and
- models of enhanced health in care homes.

It was reported that the Wirral bid had been submitted in partnership with three other organisations: Cerner UK Ltd (cornerstone partner in the delivery of informatics solutions and promotion population health management), Advocate Physician Partners ACO, (USA)(cornerstone partner in the delivery of modelled Accountable Care Organisation deployment and learning) and the King's Fund (cornerstone partner in the delivery of research, learning, evaluation and dissemination). A copy of the submitted application was attached to this report.

Wirral Health and Wellbeing Board partners were committed to developing a Vision for future health and social care services on Wirral since 2014. A significant amount of activity had been taking place to develop programmes and work-streams that would deliver positive services for our local population, while at the same time promoting prevention, and enabling effective demand management. The Vanguard programme provided an opportunity to integrate the ideas outlined in the Five Year Forward View with the existing approaches being developed through Vision 2018. The bid that was submitted was attached as Appendix 1 to the report.

Anthony Hassall Executive Director of Strategic & Organisational Development attended the meeting and gave members a presentation on 'New Models of Care for the Wirral'.

**Resolved – That;**

- 1. the successful outcome of Wirral's application to be a Vanguard site for the Five Year Forward View be noted.**
- 2. the Health and Wellbeing Board receive regular feedback on progress with this initiative.**

**81 BETTER CARE FUND - QUARTERLY UPDATE**

A report of the Director of Adult Social Services provided an overview of the latest position of the Better Care Fund (BCF). The BCF had been signed off with assurance from NHS England in September 2014. The BCF represented partnership working between the Clinical Commissioning Group (CCG), Local Authority and key providers.

Jacqui Evans, Head of Transformation, Adult Social Services attended the meeting to provide an overview of the report and responded to Members questions.

It was reported that there has been a recent review of the original schemes to ensure that they remained aligned with Vision 2018, the CCG 5-year plan and in line with the considerable financial challenges the Health and Social Care economy faced.

The economy would be performance measured against its ability to reduce emergency admissions through BCF investment. This figure was originally set at a reduction of 5%, against 2014/15 baseline by 31 March 2016. However, in light of A&E performance over the winter period and the challenging admissions trajectory, Wirral had revised its position to a target of 3.5%. This remained a significant challenge, equal to a reduction of approximately 6 admissions a day.

It was also reported that there was a national requirement for the BCF to be managed via a pooled budget by April 2015. Resources would be pooled through a Section 75 agreement, which set out governance arrangements including how risks such as under performance or overspend against individual schemes would be managed. It had been agreed that the pooled budget would be hosted by the local Authority. The CCG Director of Finance had jointly written the Section 75 request. The Director of Adult Social Services and the CCG Director of Finance would directly oversee the governance of the pooled budget.

Members raised concern about the areas of the Specialist Alcohol Unit and the Alcohol Triage Service savings. Superintendent John Martin highlighted the serious impact on services due to the abuse of alcohol and questioned what would be in place. Jacqui Evans gave an explanation of alcohol services and Members expressed the view that there needed to be further consideration as to how appropriate care would meet needs.

The new PNA could be accessed at the following link:

[www.info.wirral.nhs.uk/pna](http://www.info.wirral.nhs.uk/pna)

Appendices to the report provided details of the Revised Scheme Summary and a Summary of key changes.

**Resolved – That;**

- 1. the revised priorities be approved**
- 2. the progress and monitoring arrangements with regard to the section 75 pooled budget agreement be noted.**

Members gave consideration to a report prepared by Andrew Crawshaw, NHS. England. Richard Freeman, NHS England attended the meeting and provided an overview of the report. NHS England provided a quarterly Accountability report to each Health and Wellbeing Board. The report outlined the national and regional context together with specific update on priorities that the Area Teams were responsible for delivering and how these priorities were progressing.

Members were provided with an update on NHS England and informed of the progress on the Two Year Operational Plans as well as the development of the Cheshire and Merseyside Business Plan for 2015/16.

The report included details of New Care Models – Vanguard sites – Minute 80 refers. NHS England had announced the first 29 ‘vanguard’ sites that would transform care for five million patients across England. The sites, supported by the New Care Models Programme, had been chosen from 269 applications to trail blaze new ways of providing more joined-up, personal care for patients and increase efficiency.

Groups of nurses, doctors and other health staff from across the country had put forward their ideas for how they want to redesign care in their areas, and now the NHS would be backing 29 of the most innovative plans, with the aim of bringing home care, community nursing, GP services and hospitals together for the first time since 1948.

Drawing on bespoke packages of national support and a £200 million transformation fund, from April the vanguards would develop local health and care services to keep people well, reduce demand and improve productivity.

The vanguards would take the national lead on the development of game-changing care models:

- multispecialty community providers (MCPs) – moving specialist care out of hospitals into the community;
- integrated primary and acute care systems (PACS) – joining up GP, hospital, community and mental health services, and;
- models of enhanced health in care homes – offering older people better, joined up health, care and rehabilitation services.

For patients, this could mean fewer trips to hospitals as cancer and dementia specialists hold clinics local surgeries, one point of call for family doctors, community nurses, social and mental health services, or access to blood tests, dialysis or even chemotherapy closer to home.

Locally there were the following vanguard sites: Wirral University Teaching Hospital NHS Foundation Trust and Primary Care Cheshire. Further information was available on the following link:-

<http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/>

**Resolved – That the report be noted.**

83 **LEARNING DISABILITIES - SELF ASSESSMENT FRAMEWORK ASSESSMENT**

Paul Wormald, Commissioning Support Manager (Partnerships), Norma Currie, Commissioning Manager (Partnerships) and Annamarie Jones, Commissioning Lead, Department of Adult Social Services attended the meeting and provided the Board with a presentation on Learning Disabilities Self-Assessment Framework Assessment. The Joint Health and Social Care Learning Disabilities Self-Assessment Framework helped to provide a single, consistent way of identifying the challenges and caring for the needs of people with learning disabilities and documenting the extent to which the shared goals of providing care were met. The presentation outlined the type of information collected, Comparison between 2012-2013 and 2013-2014 (Rag Rated), the key successes in the last 12 months, examples of good practice and an Action Plan for 2015 - 2016.

**Resolved - That the officers be thanked for a useful report.**

84 **FOR NOTING**

A report of the Director of Public Health informed the Board that the formal consultation for Wirral's new Pharmaceutical Needs Assessment (PNA) was now complete. To meet the deadline for publication of the 1st April 2015 the Chair had approved the document in March, the Board was therefore asked to ratify the Chair's action.

**Resolved – That the decision to approve the Wirral's Pharmaceutical Needs (PNA) by the Chair of the Health and Wellbeing Board be ratified.**

85 **DATE OF NEXT FORMAL BOARD MEETING**

The date of the next Formal Board was to be held on Wednesday, 8 July, 2015.

## WIRRAL COUNCIL

### Health and Wellbeing Board

8 July 2015

<b>SUBJECT:</b>	<b>Better Care Fund - update</b>
<b>WARD/S AFFECTED:</b>	<b>All Wards</b>
<b>REPORT OF:</b>	<b>Graham Hodgkinson, Director of Adult Social Services</b>
<b>RESPONSIBLE PORTFOLIO HOLDER:</b>	<b>Councillor Christine Jones, Adult Social Care and Public Health</b>
<b>KEY DECISION?</b>	<b>No</b>

#### 1.0 EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide an overview of the latest position of the Better Care Fund (BCF).
- 1.2 The BCF represents partnership working between the Clinical Commissioning Group (CCG), Local Authority and key providers.

#### 2.0 BACKGROUND AND KEY ISSUES

- 2.1 Significant service redesign & transformational change is underway via the schemes detailed in Appendix 1, notably, the 6 key priority areas which will impact admission avoidance.

- Scheme 2 Community Care of Elderly – community older peoples service
- Scheme 5 Care home schemes
- Scheme 11 Homeless Scheme
- Scheme 15 OPAT Outpatient Antimicrobial Therapy (Moving to a 7 day service.)
- Scheme 18 NWAS street triage
- Scheme 26. Rapid Community response Service  
Intermediate Care / Transitional Care Bed Commission  
Expansion of Mobile Nights  
Up to 72hr over night support.  
ICCT's - Gearing up to a full 7 day offer by 1st September 2015.

- 2.2 System wide investment, improvement and change is underway, supporting the 7 day community offer, reducing length of stays (LoS) in hospital and enabling avoidance of admissions.

Notably, Rapid community response is preventing 3 admissions per day; OPAT has saved 601 bed days since commencement. ICCTs are fully functioning across the 4 hubs. Community older people's service has geriatricians in the Emergency Department supporting admission avoidance at the front door.

Wirral Independence Service is due to go live on 1st July 2015., which will improve response times and support in relation to Community Equipment, Assistive Technology, Falls Prevention & Pick Up.

- Care Home Schemes:
  - Improved EoL Support
  - Improved Diabetes Support
  - Streamline Information sharing Processes.
  - Reducing Number of Falls

- 2.3 Social Capital has prioritised funding for:

- Adapted flats, to enable individuals awaiting major adaptations in their own homes to be supported in the community and retain their independence.
- Bariatric Beds
- IMC Environments
- Mandatory Care Act IT Requirements.

- 2.4 Section 75, pooled budget agreement is now in place, hosted by WBC, jointly monitored with the CCG Finance Director at the monthly BCF Board.

- 2.5 The Joint Finance Post has been recruited to with a start date of August expected. This will provide the necessary capacity to support monitoring of the schemes outcomes.

- 2.6 The agreed performance target of reducing non-elective admissions by 3.5% was 0.78% short of target at Q4 in 2014-15, achieving 2.72% reduction.

Indicate performance for period 1 (April) and Period 2 (May) show 7% and 5% reduction respectively. Therefore, cumulatively over Q4 & part Q1, Wirral is showing a 4% non-elective admission reduction.

- 2.7 Comprehensive reporting mechanisms are in development to demonstrate achievement of BCF targets, 7.5 preventable admissions per day over 5 days or 4.5 admissions per day over 7 days.

- 2.8. Periodic reporting to the Local Area Team (LAT) and NHS England continues.

- 2.9 Regular teleconferences with the LAT continue. A recent workshop with NHS England and LAT explored and identified support from the Commissioning Support Unit (CSU) to assist with performance benchmarking and assistance with modelling scheme impacts.
- 2.10 The BCF will remain closely aligned with the systems resilience group and help drive the urgent care agenda.

### **3.0 RELEVANT RISKS**

- 3.1 The BCF pooled budget is agreed at £35,002,293.
- 3.2 The BCF brings both opportunities and risks. The performance related element of the fund equates to a maximum potential risk of £7,206m being withheld by NHS England to offset the element of activity not reduced in the Acute sector.

This equates to a maximum risk of £5.909m for the CCG and £1.297m for the Council. The risk sharing arrangement has previously been agreed at Health and Wellbeing Board on an 82% CCG & 18% DASS basis.

### **4.0 OTHER OPTIONS CONSIDERED**

- 4.1 N/A

### **5.0 CONSULTATION**

- 5.1 Public and stakeholder consultation took place during 2014.
- 5.2 Engagement continues with providers via Systems Resilience Group/Urgent Care recovery Plan Group and monthly Steering Group.

### **6.0 OUTSTANDING PREVIOUSLY APPROVED ACTIONS**

- 6.1 N/A

### **7.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS**

- 7.1 Voluntary Community and Faith organisations are key stakeholders in the development of Vision 2018.

## **8.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS**

8.1 For 2015/16, the total joint resource available is £35,002,923.

## **9.0 LEGAL IMPLICATIONS**

9.1 The section 75 (pooled budget) is a formal legal agreement, setting out specific risk share agreements.

## **10.0 EQUALITIES IMPLICATIONS**

10.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

No, because there is no relevance to equality. Consideration of Equality Impact Assessment will be given to specific scheme proposals.

## **11.0 CARBON REDUCTION AND ENVIRONMENTAL IMPLICATIONS**

11.1 N/A

## **12.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS**

12.1 N/A

## **13.0 RECOMMENDATIONS**

It is recommended that the Health and Wellbeing Board;

13.1 Note the progress and monitoring arrangements with regard to developments and section 75 pooled budget agreement.

## **14.0 REASON/S FOR RECOMMENDATION/S**

14.1 Wirral Council and CCG are required to report progress against the BCF priorities.

14.2 NHS England requires Wirral Council and CCG to deliver against national requirements identified in the BCF.

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## **APPENDICES**

Appendix 1: Scheme Summary To be tabled.

Appendix 2: Performance Dashboard To be tabled.

**BACKGROUND PAPERS/REFERENCE MATERIAL**

**BRIEFING NOTES HISTORY**

Briefing Note	Date

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date

## WIRRAL HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	8 July 2015	<b>Agenda Item</b>	
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<b>Report Title</b>	Health & Wellbeing Strategy
<b>Responsible Board Member</b>	Director of Public Health

<b>Link To HWB Function</b>	<b>Board development</b>		
	<b>JSNA/JHWS</b>		✓
	<b>Health and social care integrated commissioning or provision</b>		
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes	No	✓
<b>Purpose</b>	For approval	To note	To assure

<b>Summary of Paper</b>			
<b>Financial Implications</b>	<b>Total financial implication</b>	<b>New investment required</b>	<b>Source of investment (e.g. name of budget)</b>
	£	£	£
<b>Risks and Preventive Measures</b>	n/a		
<b>Details of Any Public/Patient/ Service User Engagement</b>	n/a		
<b>Recommendations/ Next Steps</b>	<p>1. Health &amp; Wellbeing Board members are asked to give comments on the proposed outline of the new Health &amp; Wellbeing Strategy</p> <p>2. If agreed, the priorities should be worked up to provide a more detailed picture of our aspirations over the next 5-10 years.</p>		

<b>Report History</b>		
<b>Submitted to:</b>	<b>Date:</b>	<b>Summary of outcome:</b>
n/a		

<b>Publish On Website</b>	Yes	✓	<b>Private Business</b>	Yes	
	No			No	✓

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## **Wirral Health & Wellbeing Strategy**

### **Background**

1. As outlined in previous reports to the Health & Wellbeing Board, a new Wirral Health & Wellbeing Strategy is required. At the previous formal meeting of the Board, the overarching vision for the strategy was agreed, together with the key principles. It was agreed that a small group should be formed to help to shape the priorities that the Strategy will incorporate. The Strategy is still in development, but this paper provides an update on progress, and the next steps that will be taken.

### **Progress update**

2. A development session of the Board was held on 26 May 2015. At the session the following strategic aims were discussed:
3. That:
  - We want to make Wirral a place where people are not disadvantaged by where they live, who they are or the circumstances they were born into
  - We do not want any child in Wirral to live in poverty
  - We will support Wirral residents to do as much as possible to keep themselves healthy, manage their own health as much as possible, and live long, fulfilling lives
  - We want people to receive the right support, at the right time, in the right place
4. Six areas for focus were put forward that had the following in common:
  - They are all areas that require significant local improvement
  - They are all areas where effective joint action could bring significant benefits to large numbers of our population
  - They are all areas where effective joint action could result in significant savings for our local economy
5. The six areas for action discussed at the session were: alcohol, employment, childhood poverty, respiratory disease (including smoking), hypertension and the implementation of a new model of care.
6. After discussion, it was agreed these areas needed further work, and re-shaping. The discussion identified a need to think further about what should be included in the children's priority, the need to include mental health within the priorities, and older people. It was agreed that further work would be done to scope out and refine our priorities. A draft outline of a possible Strategy framework is attached as Appendix 1 for comment.

### **Next steps & timescales**

- To undertake the additional work on the priorities by September 2015
- To develop a first draft of the Health & Wellbeing Strategy by October 2015

### **Recommendations**

- To note the report and provide comments

## Appendix 1: Draft framework for discussion

### NARRATIVE FOR HWB

#### ***“Health is a resource for everyday life”***

(WHO definition of health)

Health is something that when we're younger is often taken for granted. As we get older it becomes more important; we see the impact health has on those we know and love, and ultimately on ourselves. The hope that many people would have is that the years of life lived in poor health will be short. The idea of health as a resource is an important one. Being healthy should enable us to achieve our goals in life; rather than being a goal in itself, and many factors influence our ability to be healthy.

On Wirral we see very varying experiences of health. Over the past ten years, the number of years that an average person might be expected to live has increased. Unfortunately we have not seen the years lived in healthy life increase in the same way. On average, men start to experience poor health at around 60 years of age, and for women at 62 years of age. This means that people may be living many years with health problems that restrict their enjoyment of life into older age.

We know that in the next 15 years the numbers of people aged 65 and over will increase to a third of our local population and that our over 85 year olds are similarly increasing rapidly. This is a very positive thing in itself, but if quality of life is not great during those years, then the impact on people, their families and services is significant.

Our children and young people in the Borough achieve a great deal, many in spite of very difficult circumstances. But an unacceptable number of them live in poverty, or are in care. There is compelling evidence that a child's experiences in the early years have a major impact on their health and life chances.

The amount of money we have to put into public services such as Healthcare, Education and Police is shrinking. We will simply have much less to invest in services that support people who are unwell or unable to support themselves. This all means that we have two important priorities: to keep people healthy for as long as possible; and to make sure that those who do need our help and support receive this in the best way possible.

Our Health & Wellbeing Board will lead this work, taking action on a number of fronts:

We are keen to see people empowered at different stages of their lives: getting the very best start in life through to enjoying their older age. This is not a case of doing things to people – we need to do this with our communities – to respond to ***what matters to you***.

We hope to keep people well for as long as possible by reducing the levels of the main risk factors that can lead to poor health– alcohol, tobacco, high blood pressure, mental health

We will have to reshape health & social care: providing high quality integrated care and reducing the need for emergency admissions to hospital

To achieve these aims we are producing four key plans:

- A positive start to life
- A healthy older age

- Keeping people well
- Supporting vulnerable people

Each of these plans will be produced with our communities so that we understand better what matters, and to recognise that we should be at the edges of people's lives, not at the centre of them. From that insight we will focus our actions to make a real difference.

# A positive start to life

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

[Family poverty/children ready for school/children ready for work/feel safe and are safe etc]

# A healthy older age

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

OP strategy – could be wide ranging potentially include [will probably need to extract from this – include things like dementia? – this will also be a Borough strategy]

- Age friendly neighbourhoods
- Feeling safe at home and in the community
- Tackling loneliness and isolation
- Promoting Age Equality
- Increasing community capacity and involvement
- Access to good housing and a positive home life
- Enhancing Health and Wellbeing (physical and emotional health)
- Encouraging employment and economic activity
- Developing intergenerational work
- Creating dementia friendly communities
- Maximising income and spending power
- Creating positive support for carers

# Keeping people well

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

Alcohol

Tobacco

Blood pressure

## Priority area: High Blood Pressure (Hypertension)

<p>What are the issues for Wirral?</p>	<ul style="list-style-type: none"> <li>• An estimated 40-45,000 adults in Wirral currently have high blood pressure but are not aware of it</li> <li>• High blood pressure is the 2nd biggest risk factor for premature death and disability (after smoking)</li> <li>• Those from the most deprived areas are 30% more likely to have high blood pressure</li> <li>• High blood pressure is largely preventable</li> <li>• High blood pressure is estimated to cost our local economy £13 million each year</li> <li>• There are large local variations in detection and treatment of high blood pressure</li> </ul>
<p>What do we want things to look like in 5 years – what are our ambitions?</p>	<ul style="list-style-type: none"> <li>• 75% of adults aware of their blood pressure, what it means and how to get it checked</li> <li>• High levels of public awareness of how to prevent high blood pressure</li> <li>• 10,000 more local people identified with high blood pressure and treated accordingly</li> <li>• GPs in Wirral treating and controlling to best practice guidelines</li> </ul>
<p><b><u>What are the priority actions?</u></b></p> <p><i>NOTE: The actions identified here are based on national recommendations and would need to be built upon with indepth local work.</i></p> <p><i>NOTE: The overall programme would be led by PH in conjunction with the CCG (with a HWB board member champion),</i></p>	
<p><b>A) <u>PREVENTION</u></b></p> <p><b>A1) Reduce population salt intake</b></p> <p><b>A2) Reduce levels of overweight/obesity, focussing on focus on low income households and deprived areas.</b></p> <p><b>A3) Maximise impact of behaviour change interventions on diet, physical activity, alcohol, and smoking</b></p>	
<p><u>ALL PARTNERS</u></p>	<ul style="list-style-type: none"> <li>• Raise awareness of local options for lifestyle support</li> <li>• Engage with ‘Making Every Contact Count’</li> <li>• Include promotion of healthy lifestyle within any procurement or service designed</li> </ul>

	<ul style="list-style-type: none"> <li>• Identify opportunities to support employee health and wellbeing</li> <li>• Ensure that all frontline staff undergo training to enable them to offer brief healthy lifestyle interventions</li> </ul>
Council and elected members	<ul style="list-style-type: none"> <li>• Continue to create a living environment that promotes healthier lifestyles</li> <li>• Ensure appropriate commissioning of lifestyle support services</li> <li>• Commission social care services that integrate prevention and lifestyle modification as part of all pathways</li> <li>• Ensure provision (via PH) of training on brief lifestyle interventions</li> </ul>
CCG	<ul style="list-style-type: none"> <li>• Commission services that integrate prevention and lifestyle modification as part of all clinical care pathways</li> </ul>
Healthcare providers	<ul style="list-style-type: none"> <li>• Ensure that all front-line staff receive basic training in lifestyle risk factor interventions</li> <li>• Ensure provision of high-quality lifestyle advice/brief interventions</li> </ul>
Voluntary & Community Sector	<ul style="list-style-type: none"> <li>• Integrate prevention messages into all areas of activity</li> <li>• Identify opportunities for promoting healthier lifestyles within the community</li> <li>• Advise on increasing engagement of wider community</li> </ul>
Individuals & families	<ul style="list-style-type: none"> <li>• Make positive changes to their own health, and support friends and family to do the same (e.g. maintain a healthy weight, maintaining a salt intake below 6g/day, increasing physical activity)</li> </ul>
<p><b>B) <u>DETECTION</u></b></p> <p><b>B1) Promote leadership, engagement and education on detection of high blood pressure</b></p> <p><b>B2) Run local ‘Know Your Numbers’ campaign</b></p> <p><b>B3) Improve uptake of the NHS Health Check programme</b></p> <p><b>B4) Increase local options for testing blood pressure</b></p>	
<u>ALL PARTNERS</u>	<ul style="list-style-type: none"> <li>• Promote local awareness-raising campaign (owned by the HWBB)</li> <li>• Promote the importance of regular testing &amp; avenues to achieve this</li> <li>• Support data/information sharing to ensure that blood pressure readings (no matter where tested) are logged on patient</li> </ul>

	<ul style="list-style-type: none"> <li>records</li> <li>• Offer workplace blood pressure testing to staff</li> </ul>
Council and elected members	<ul style="list-style-type: none"> <li>• Work with partners to lead a local ‘Know Your Numbers’ campaign (via PH)</li> <li>• Ensure effective provision of NHS Health Check programme (via PH)</li> <li>• Collaborate with NHS and wider partners to deliver targeted additional testing (via PH)</li> </ul>
CCG	<ul style="list-style-type: none"> <li>• Promote clinical leadership, engagement and education on detection of high blood pressure in primary care</li> <li>• Consider the case for investment in enhanced community pharmacy services to provide better support for blood pressure management</li> <li>• Ensure provision of training for clinical staff to refresh skills on accurate blood pressure testing and effective results communication</li> </ul>
General practice <i>LMC?</i> <i>Pharmacies?</i> <i>Other providers?</i>	<ul style="list-style-type: none"> <li>• Ensure systematic approaches to detect high blood pressure (e.g. auditing records for unresolved high blood pressure readings and high risk adults to follow-up, supported by call and recall)</li> <li>• Improve uptake of the NHS Health Check</li> <li>• Identify opportunities to test patients according to best practice guidelines</li> </ul>
Voluntary & Community Sector	<ul style="list-style-type: none"> <li>• Provide insight into under-served communities</li> <li>• Identify opportunities for provision of alternative testing options</li> </ul>
Individuals & families	<ul style="list-style-type: none"> <li>• Learn about blood pressure and what different readings mean</li> <li>• Identify options for getting regular blood pressure testing (including home-testing)</li> <li>• ‘Spread the word’ to friends, families, neighbours</li> </ul>
<b>C) <u>TREATMENT</u></b>  <b>C1) Bring clinical practice closer to treatment guidelines</b> <b>C2) Support adherence to drug therapy and lifestyle change</b>	
<u>ALL PARTNERS</u>	<ul style="list-style-type: none"> <li>• Consider how to support general practice in achieving good levels of control</li> <li>• Identify opportunities for supporting individuals to adhere to lifestyle changes and/or medications</li> </ul>

Council and elected members	<ul style="list-style-type: none"> <li>• Work directly with local communities, neighbourhoods, and primary care to ensure that initiatives are accessible to those who need them most, and deliver sustainable programmes that work with community assets to deliver effective long-term results</li> </ul>
Healthcare commissioners	<ul style="list-style-type: none"> <li>• Promote and support clinical leadership for improvement by GPs, nurses and pharmacists</li> <li>• Consider the case for local investment in enhanced community pharmacy services to provide better support for blood pressure management</li> <li>• Support spread of good practice in primary care</li> </ul>
General practice <i>LMC?</i> <i>Pharmacies?</i> <i>Other providers?</i>	<ul style="list-style-type: none"> <li>• Ensure that key clinical staff are adequately trained in blood pressure control guidelines</li> <li>• Undertake regular practice-level audit of blood pressure control levels</li> <li>• Identify ways to further support patients with adherence to medication</li> </ul>
Voluntary & Community Sector	<ul style="list-style-type: none"> <li>• Support the dissemination of patient information materials and sources of advice and support to those managing/monitoring their own high blood pressure, particularly ensuring these are accessible and comprehensible to a diverse audience</li> </ul>
Individuals and families	<ul style="list-style-type: none"> <li>• Adhere to recommended lifestyle changes and /or medication prescribed</li> <li>• Self-monitor blood pressure levels regularly to assess success in managing the condition, raising any major changes or difficulties with a clinician</li> <li>• Identify and seek support for any barriers encountered to adherence with drug therapy or lifestyle changes</li> </ul>

### **What would be the ‘added value’ of the HWBB?**

- Champion the priority area wherever possible, including lobbying for national action (e.g. salt added to food)
- Ensure proportionate investment of resources into priority area
- Maximise partner input and impact
- Identify and facilitate opportunities for creating efficiencies within the action plan
- Break down barriers preventing agreed action taking place
- Ensure progress is made towards agreed goals
- Seek assurance that services and interventions are accessible and appropriate to those at higher risk and those in deprived areas

# Supporting vulnerable people

[what is (are) the issue(s) on Wirral]

[what do we want things to look like in 5 years – what are our ambitions?]

[what are the actions that we feel are a priority]

For each priority action:

Outcome

Activities/what can we do to get there

Measurements [stepped 5 year timeline]

Who will take responsibility

Integrated care

Planned care

Unplanned care

Healthy workforce?

## WIRRAL HEALTH & WELLBEING BOARD

<b>Meeting Date</b>	8 July 2015	<b>Agenda Item</b>	
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<b>Report Title</b>	Wirral Public Health Annual Report 2014
<b>Responsible Board Member</b>	Fiona Johnstone

<b>Link To HWB Function</b>	<b>Board development</b>					
	<b>JSNA/JHWS</b>				X	
	<b>Health and social care integrated commissioning or provision</b>					
<b>Equality Impact Assessment Required &amp; Attached</b>	Yes		No		N/A	N/A
<b>Purpose</b>	For approval		To note	X	To assure	

<b>Summary of Paper</b>	<p>Local government has long been involved in promoting health taking action to reduce harm from the things that create poor health. Wirral council, as the democratically accountable stewards of their population’s wellbeing, understands the importance of ‘place’ in promoting wellbeing. The role of the Director of Public Health is to support the strategic thinking about how to drive reductions in health inequalities, both through the things that local authorities can directly influence, and through effective, local, partnership working. One of the important questions often asked is how we can maximise our efforts and impact on the health of people in Wirral. This year’s Public Health Annual Report is based on a practical evidence based report produced By the Kings Fund in 2013 which sets out what can be done, how it affects Health and the associated business case for action. We reviewed each of the Nine priority areas to see what is being done locally and to highlight ways in Which we can strengthen our impact.</p> <p><a href="http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/publics-health-kingsfund-dec13.pdf">http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/publics-health-kingsfund-dec13.pdf</a></p>				
<b>Financial Implications</b>	<b>Total financial implication</b>	<b>New investment required</b>	<b>Source of investment (e.g. name of budget)</b>		
	£ N/A	£	£		
<b>Risks and Preventive Measures</b>					
<b>Details of Any Public/Patient/ Service User Engagement</b>					
<b>Recommendations/ Next Steps</b>	<p>One of the responsibilities of a Director of Public Health is to produce an annual report on the health of the local population, and the Council has a duty to publish that report. The intention of the report is that it is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and, thereby, serve their local populations. It is also be a key resource to inform local inter-agency action and will contribute to improving the health and well-being of local populations and reducing health inequalities.</p> <p>The 2014 Public Health Annual report provides recommendations within each</p>				

	chapter for action. Many of these actions link closely with the aims of the existing Corporate plan to support vulnerable people, promote good health and a positive environment and encourage employment opportunities.
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<b>Report History</b>		
<b>Submitted to:</b>	<b>Date:</b>	<b>Summary of outcome:</b>
Cabinet	29 June 2015	
Policy & Performance Committee	30 June 2015	

<b>Publish On Website</b>	<b>Yes</b>	<b>X</b>	<b>Private Business</b>	<b>Yes</b>	
	<b>No</b>			<b>No</b>	

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# IMPROVING THE PUBLIC'S HEALTH IN WIRRAL

ANNUAL REPORT OF THE DIRECTOR  
OF PUBLIC HEALTH FOR WIRRAL 2014

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# Introduction

A year and a half has passed since the Public Health team took its place alongside council colleagues. The Health and Social Care Act (2012), which saw in this change, makes it clear that a duty to improve and protect the health of local populations now rests squarely with local authorities. This mission has been received with enthusiasm and determination in Wirral, and Public Health professionals have been warmly welcomed to the Council family.

A lot has happened in a year and a half. We have much to be proud of; joint working with colleagues across the council is already paying health dividends, with examples highlighted throughout this annual report. But like many other councils, Wirral has also had to find millions of pounds worth of savings, with still more to follow. With a population approaching a third of a million, Wirral also has some of the widest extremes of wealth and poverty in England, leading to a life expectancy gap of 12 years for men and 10 years for women between parts of East and West Wirral.

In this context, improving the health and wellbeing of Wirral children, adults and older people relies on finding approaches that directly tackle the fundamental causes of poor health. The search is on for initiatives which offer a good return on investment, are sustainable and can be successfully delivered through the work of partners in the council and beyond.

In 2013, the King's Fund published a report entitled Improving the Public's Health. Described as a resource for local government this sixty page document builds on the ground-breaking work of Sir Michael Marmot and others; this showed how differences in health are patterned according to differences in so-called 'social determinants of health' such as employment, education and housing. The King's Fund report focuses on nine key areas spanning themes from 'the best start in life' to 'health and spatial planning'. Each chapter includes evidence-based suggestions for possible health improvement policies that local authorities can implement.

Inspired by the King's Fund report this year's Public Health Annual Report takes a local look at all nine areas in turn. Each section opens by describing why and how each area influences health followed by an overview of 'the picture in Wirral'; then asks, 'what more can be done?' and

concludes with recommendations -  
'where should we go from here?'

Last year's Public Health Annual Report on social isolation sparked community-wide conversations throughout the past year and galvanised a great deal of positive action. Increasing social inclusion and participation remain Public Health priorities in 2015-16. This year's report with its council-wide perspective offers us all another important opportunity to take stock of our successes and focus on those areas where evidence suggests we could and should do more.

I would like to take this opportunity to offer my heartfelt thanks to colleagues, within and outside the Council, who have supported the preparation of this important report. Your success stories and ambitions for the future were shared with genuine enthusiasm and interest and convey a real commitment to improving health and wellbeing across Wirral.

I firmly believe that the key to securing better health for all rests in working together and with local people. We need to capitalise on Wirral's assets, build on evidence of what works and embrace new perspectives and fresh ideas. This report reaffirms what our shared commitment must be - to create places and communities where good opportunities lead to healthy lives.



A handwritten signature in black ink that reads "Fiona Johnstone". The signature is written in a cursive, flowing style.

**Fiona Johnstone**  
**Director of Public Health**  
Wirral Council

# The best start in life



## How do the first years of life affect health?

More and more evidence shows that experiences in the first four years of life are critical determinants of health and wellbeing in adulthood.

Negative impacts can arise even before birth, depending on expectant mothers' smoking status, alcohol intake, food choices and engagement with ante-natal care. All of these are linked to significant and lasting health problems associated with being born under or overweight. Longer-term health and life chances are also influenced by the socio-cultural world into which children are born and the behaviours they see around them, e.g. smoking, eating and drinking habits, how adults interact with children and one another. When children experience neglect, the consequences for their lifelong physical and mental health are known to be particularly severe<sup>1</sup>.

### The picture in Wirral

In Wirral around one in four children aged under 16 grows up in poverty. Disadvantage begins to accumulate even before birth - overall one in seven new mothers in Wirral is smoking at the time of delivery, but in some areas of Birkenhead this rises to one in four. This pattern of smoking during pregnancy is reflected in the geographical pattern for babies who are born underweight. As in other areas, Wirral also sees significant rates of nutrition-related concerns amongst its youngest residents, for example only a third of babies are still breastfed at two months old, a fifth are overweight by the time they go to school and will typically have at least one decayed tooth<sup>2</sup>.

By the time children start school there is already an obvious gap between the richest and poorest households. In Wirral, 47% of five year olds have reached a good level of development as they leave reception class, but less than a third of children with free school status achieve this, falling to under one in five among looked after children<sup>3</sup>.

Once established, these socially patterned differences in health, behaviour and opportunity usually persist into later life. Children who have a difficult start in life typically go on to perform less well in school, experience more unemployment and poverty as adults, and die younger - a depressing picture<sup>4</sup>.

### What are we already doing?

In Wirral, there has been a focus on targeting support towards families who have the most to gain from linking with early years services. Half of Wirral's two year olds are entitled to free early education for example, but last year, one in five did not take up their place. This has now improved, with less than one in twenty not taking up their place with the introduction of providing support with applications at libraries, health settings, Children's Centres and One Stop Shops. Alongside funded early education places, Children's Centre workers also provide a package of play based activities for children delivered in the home and the community.

The aim is to enable parents to support their children's healthy development and learning in the home environment, establishing a foundation for life-long learning and promoting 'school readiness'. Since August this year, nearly 600 children have also been eligible to receive a package of six home visits, resulting in improvements to home safety, referral to other support services and help for parents to try out group activities. The impact of these on carer health and resilience can be impressive.

*"One grandparent has just enrolled for first aid training, has accessed the Citizens Advice Bureau for money advice and is attending a healthy weight management programme which will support her with her own and her families' healthy eating"*

**The Family Nurse Partnership** is a national evidence-based programme that provides long-term, intensive support to first time mums and dads under the age of 19. Specialist nurses carry out home visits from pregnancy until the child is two. Intensive investment of resource and effort at this stage aims to enhance health and life chances for parents and child far into the future. Savings generated are calculated to be five times greater than the costs<sup>5</sup>. Seeing one mum through a chaotic and unstable time during pregnancy and the year and a half that followed, one Family Nurse Partnership nurse was able to reflect on a successful outcome:

*"He is now 18 months old and is a sociable, affectionate and cheerful little boy. He attends nursery when mum is at college and has settled in well. His development to date is normal in all areas. He has a sense that he is loved and well cared for by his mum, who is also more confident and able to participate more"*

#### **The NHS Community Trust Livewell**

**Service** also works with childcare settings to ensure that staff are equipped to promote healthy choices to children and parents alike. A recent focus has been on breastfeeding. Oakdale Children's Nursery in Wallasey received support to develop its breastfeeding friendly policy. A breastfeeding mum who was returning to university also prompted Livewell and nursery staff to develop a clear guideline so mums can store breast milk at the nursery rather than switching to formula feeding.

Heygarth Primary School in Eastham became a flagship site for promoting breastfeeding as the norm to children in reception class. Opportunities to promote breastfeeding were identified in the curriculum and children also benefitted from books and posters, visiting speakers and a real life demonstration. At the beginning of the project the children associated feeding babies with bottles, but by the end the class had switched and said babies were breastfed.

## What more can be done?

The good news is that many policies and interventions that target 0-4 year olds, and particularly those born into the most disadvantaged circumstances have proven to be very effective and cost-effective tools for tackling social injustice. Creating a more level playing field right at the start of life supports every child to reach their individual potential and narrows future inequalities in health<sup>1,6</sup>. Alongside the King's Fund, landmark Public Health reports such as the Marmot Review and Due North have strongly endorsed this area as a top priority for local and national policy action, with the potential to deliver major health and economic dividends<sup>7,8</sup>.

Opportunities for positive change include poverty reduction strategies; effective implementation of government initiatives

to ensure low income families access their pre-school education entitlement; approaches to develop and improve the quality of childcare settings and programmes that provide intensive, family-focused, behavioural support for parents of disadvantaged children, including the expanded Troubled Families Programme. Public Health England<sup>9</sup> has recently drawn attention to the power of parenting focused approaches giving parents the skills and practical and emotional support to form loving attachments to their children and smooth their transition to school. Hallmarks of effective early intervention are those that encompass the full range of needs of all children and their parents and target support at groups in the most challenging circumstances.

## Where should we go from here?

1. Highly targeted approaches that safeguard and support the most vulnerable e.g. the Family Nurse Partnership should be complemented by high quality early years services (children's centres, private nurseries and child-minders) that deliver a universal investment in the physical and emotional wellbeing of children and parents. Where individuals, families or communities need more input and support to achieve the best start in life for their children, this expectation should be recognised and met; this approach is referred to as 'proportionate universalism'.
2. Health messages and advice need to be based on sound evidence, tailored to individual needs and family capabilities and consistent across ante-natal, 0-5 services and beyond. Aligning the work of services to explicit outcomes and indicators e.g. school readiness, will help embed this approach, as will the transfer of the 0-5 Healthy Child Programme to local authorities in October 2015. In Wirral, a strong answer to this call comes from Children's Services' new school readiness framework, which contains overarching indicators on health, child development, parenting capacity and resilience and parents ready to work and learn.
3. Supporting all childcare settings to meet nationally recognised quality standards<sup>10,11,12</sup> is an effective way of investing in the future of our very youngest children. Developing mentoring arrangements between the best settings and those in need of more support may be worth considering.
4. Early years professionals should be in a position to help families address the full range of problems that can destabilise family life. This might for example, include signposting to sexual health and contraception, mental health, education, debt advice or employment services. Where appropriate some of these might be delivered within childcare settings.
5. Sustainable employment and a dependable income lay the foundations for a happy and fulfilling family life. Relevant professionals should strive to create employment opportunities that recognise the particular needs of parents.

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2. Wirral Joint Strategic Needs Assessment <http://info.wirral.nhs.uk/ourjsna/wirral2009-10/>
3. Public Health England (2014) Public Health Outcomes Framework <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/0/par/E12000002/are/E08000015>
4. Due North: report on the inquiry on health equity for the north [http://kingsfund.blogs.com/health\\_management/2014/09/due-north-report-of-the-inquiry-on-health-equity-for-the-north.html](http://kingsfund.blogs.com/health_management/2014/09/due-north-report-of-the-inquiry-on-health-equity-for-the-north.html)
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10. NICE Infants and neonates <https://www.nice.org.uk/guidance/population-groups/infants-and-neonates>
11. Institute of Health Equity (2014) Measuring what matters: a guide for children's centres <http://www.instituteofhealthequity.org/projects/measuring-what-matters-a-guide-for-childrens-centres>
12. Public Health England (2014) From evidence into action: opportunities to protect and improve the nation's health [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366852/PHE\\_Priorities.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf)

# Healthy schools and pupils



## How do schools and services for children affect health?

Across society, levels of educational attainment vary hand in hand with health behaviours and longer-term physical and mental health outcomes.

Children who benefit from high quality education acquire knowledge, social skills and qualifications that open doors to diverse employment and social opportunities. School-leavers who succeed educationally are better equipped to take control of their lives and pursue further education and job opportunities that are the foundations for a secure and fulfilling adulthood. Giving people more control to shape their lives and cope with adversity lies at the heart of many approaches to reducing health and social inequalities. Contemporary thinking on the transition from childhood to the adult world recognises that an important determinant of success is how people bounce back from setbacks, termed 'resilience'. Stable, protective situations help to grow resilience. Unfortunately, this often means that those children who encounter the toughest challenges are least well prepared to overcome them. A recent report on the multiple health issues faced by participants in the national Troubled Families Programme clearly underlines this reality<sup>1</sup>. Good schools represent much more than a system for delivering exam results; as settings they can also mould pupils' attitudes, beliefs, and aspirations and build reserves of self-esteem and resilience<sup>2</sup>.

### The picture in Wirral

Low educational attainment can itself be considered a form of deprivation. Wirral surpasses the English average for the

number of pupils who receive 5 or more GCSE grades A\*-C. In parts of East Wirral around one in four pupils do not reach this level, but this falls to less than one in ten in some areas of West Wirral. Looking at the statistics for 16-18 year olds not in education, employment or training in Wirral, there is a four-fold difference which mirrors almost exactly the patterns of educational attainment. Having successful outcomes from school is a gateway to continuing education and training opportunities. In this respect it is also interesting to note that overall, Wirral has the fourth highest pupil absence rate in the North West<sup>3,4</sup>.

### What are we already doing?

Wirral Council's services have clear ambitions for pupils to be ready for school and work and to feel safe and secure. Efforts are made to ensure that initiatives reach children in vulnerable and at-risk groups and provide skills and attitudes to help young people handle the wider issues that can easily destabilise performance at school. This approach is exemplified by the work of the Youth Services Team, who recently held the Annual Youth Voice Conference, which was organised by the Youth Voice Group on the theme of emotional wellbeing. Young people from 13 local schools, colleges and youth groups met to explore contemporary issues such as isolation due to social media and gaming, dealing with loss and change, body image and healthy relationships.

### **Intensive Family Intervention Programme (IFIP)**

Wirral's response to the national Troubled Families Programme has attracted widespread recognition as an example of excellent practice. The IFIP programme works with families to get children back into school, reduce youth crime and anti-social behaviour and helps adults into employment.

Many families helped by this initiative have longstanding or even inter-generational relationships with statutory services, which have heavy financial implications. Added to these are the emotional and social costs faced by individuals and their communities.

How does the IFIP succeed where others have failed? The foundation of the Wirral approach is establishing a trusting relationship between the family and a single keyworker, giving time, listening deeply, finding solutions to immediate problems e.g. debt, and poor housing conditions, celebrating successes however small and building self-belief and resilience.

Almost 700 families were helped by the programme in 2014. Outcomes which have shown particular improvement since IFIP was introduced include school attendance, reduced anti-social behaviour, enhanced parenting skills, mental health and engagement with healthcare services. The average cost saving per family helped is estimated at £76,557, which reflects how families move to a position where they are linked into appropriate services, but are no longer service dependent. It is at this point that positive changes in health, education and

employment, parenting and social inclusion really come together.

#### **Keyworkers' reflections:**

*"Spend time with them. Families get battered down by their own issues."*

*"Get in the boat with them."*

*"Find the hook. There's always something a family does well which can be built on."*

*"Be ready to challenge perceptions from everyone."*

*"Be persistent... let them know you're not going to abandon them."*

*"It's very rare that they even consider themselves belonging to a community... we need to help them see that they can change their community from the inside."*

#### **A parent reflects:**

*"I want a better life for my children."*

*"I always look at the positives with him [her son], no matter what the situation."*

#### **KIDSTIME workshops**

Two thirds of people with mental illness are parents. This scheme specifically addresses the needs of children whose parents have a mental illness. Typical family goals include, 'to get support from other families' and 'to help my daughter have fun with her peers'. In the short-term, fun, family workshops help young people to cope with and understand their situation and to build better relationships with parents. The longer-term aim is to reduce the chances of children entering onto a path of mental illness themselves. The supportive, family-centred ethos of Kidstime has been praised by parents, children and partner organisations alike.

### **Health Service in Schools**

There are also universal services such as the Health Service in Schools for 13-19 year olds. Youth workers and school nurses work together to deliver information, advice and support in a range of ways on issues such as sexual health, smoking, drugs and alcohol, and emotional wellbeing. Almost 8,500 young people use the service over the course of a year and more than half return for further support. A source of pride for this service is the strong links that have been established with external partners such as the Brook Sexual Health Clinic.

### **Anti-Bullying**

Mersey Park Primary School in Tranmere has recently been recognised for its anti-bullying work with a nationally recognised silver award<sup>5</sup>. Mersey Park is so far the only Wirral school to attain this level. To earn this recognition the school has set up an anti-bullying steering group with roles for child anti-bullying ambassadors, parents and teachers. Pupils from across the school have done work on 'What is bullying?', drawing up class anti-bullying contracts, designing posters and setting up 'bother boxes' where children can leave a note if something is worrying them. Parents have been involved through an anti-bullying evening event and there are now also excellent leaflets, links and lines of communication so children and parents know where to turn.

### **Raising the Attainment of Disadvantaged Youngsters (the RADY project)**

This pilot project looked at the impact of equal target setting for year seven secondary school pupils from

disadvantaged backgrounds. Following an invitation from Wirral Council's Children and Young People's Service, three schools agreed to take part.

Teachers were simply asked to set all pupils the same targets for achievement over the school year, regardless of background. As usual, any pupil who was felt to be falling behind was offered additional support.

Before the project, 20% fewer children from deprived backgrounds attained the A\*-C Maths and English target compared to their peers. Just two terms later, this difference in predicted attainment had fallen to 6%.

Developing a culture of equal expectation and achievement among all pupils and their parents appears to have been critical in delivering these impressive results and enabling pupils from all backgrounds to realise their potential.

### **What more can be done?**

The policy options outlined by The King's Fund authors in this area recognise that a key aim must be to prevent the most vulnerable children from dropping out of school or being excluded. Suggested interventions include, evidence-based whole school approaches to recognise and reduce the impact of bullying and conduct disorders. This emphasis recognises a requirement for all schools to engage with these objectives, but with more intensive targeting and support for schools in greatest need. In Public Health this scaled approach is known as 'proportionate universalism' and is a guiding principle for work on inequalities<sup>6</sup>.

These types of approaches offer impressive returns on investment; Knapp et al (2011)<sup>7</sup> calculated that for each £1 invested in anti-bullying programmes there is a £15 return in adulthood, as school-leavers fulfil their productive potential by taking up higher paid jobs, whilst investment in emotion-based learning is recouped by the end of the first year through savings to social, NHS and criminal justice services.

A second policy strand focuses on maximising the potential of the school setting to influence children's self-esteem, resilience and conflict resolution skills. This provides them with the core beliefs and attitudes they need to take on life's challenges, not least those concerned with investing in their own health and wellbeing. There is also a recommendation around one-stop wellness services for children who are at risk of engaging in multiple risky behaviours.

## Where should we go from here?

1. Complementary 'whole school' approaches should be developed to underpin successful, targeted support initiatives. The whole school perspective<sup>8,9</sup> builds health and wellbeing into all areas of school policy, environment and the curriculum. Strands might include food and physical activity, emotional wellbeing and risk behaviours.
2. In particular, schools should offer universal support to enable pupils to build their self-esteem and resilience. Guidance on this topic from Public Health England offers a helpful starting point<sup>2</sup>. The Public Health team's Risk and Resilience Strategy, developed using co-production principles, will also guide and shape work with local young people.
3. The school hubs pilots described in the 'strong communities' section of this report, suggest that pupils and families can benefit enormously when schools embrace their potential as centres for whole community development.

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3. Wirral Joint Strategic needs assessment <http://info.wirral.nhs.uk/ourjsna/wirral2009-10/>

4. Public Health Outcomes Framework <http://www.phoutcomes.info/search/isolation>

5. Anti-bullying Quality Mark UK <http://www.abqm-uk.com/#>

6. Institute of Health Equity (2010) Fairer Society, healthy lives. <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review>

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# Helping people find good jobs and stay in work



## How does employment affect health?

Our working life has a major impact on health. Good quality jobs not only provide protection from poverty, they can also offer a sense of purpose, identity and self-esteem, as well as a ready made social network.

On the other hand, poor working conditions, or uncertain employment can be harmful. For example unsafe working environments can pose risks from injury, and jobs in which people have little or no control over their work are bad for mental health<sup>1</sup>. Consequences for employers large and small include reduced productivity, low morale and problematic rates of absenteeism and presenteeism.

Unemployment presents a particularly severe challenge to staying healthy. One in seven men develops clinical depression within six months of losing their job<sup>2</sup>, with knock on effects for their physical health and family welfare. An episode of unemployment is harder to overcome when financial and social support is lacking, perhaps when family and friends face similar challenges<sup>3</sup> and research has shown that ever having been classed as NEET (young people aged 16-19 who are not in education, employment or training) delivers a particularly lasting blow to future life chances and health prospects<sup>4</sup>.

A vicious circle can develop where unemployment impacts on health and further reduces long-term job opportunities. A recent, influential report<sup>5</sup> shows how in the North of England, disability and poor health are primary reasons why people are not in work and calls for actions to help prevent people leaving their jobs because of poor health as well as support to help them re-enter the workforce.

### The picture in Wirral

In Wirral the number of people receiving out of work benefits is falling year on year, but still amounts to around one in seven of working age people, with as many as one in six 16-18 year olds classified as NEET in Birkenhead and Tranmere. Health-related worklessness is double the national rate. The most common reason for receiving support due to illness and disability is mental illness, with claimants concentrated in some of our least affluent areas around Birkenhead. For more detail on these figures, see our Joint Strategic Needs Assessment at [www.info.wirral.nhs.uk](http://www.info.wirral.nhs.uk)

### What are we already doing?

#### The ReachOut Partnership

In the past three years, ReachOut has helped nearly 2,000 Wirral residents to find jobs, with over 60% still employed six months later. ReachOut has set up a network of Work Clubs with good links to other health and welfare services, for example Health Trainers, debt specialists and housing advisors. One-to-one support is available with a personal employment adviser for people with the most challenging barriers to getting into good quality employment, including mental health problems, or a history of substance abuse or crime. Initial, intensive skills-focused support maximises opportunities to enter job roles and mentorship continues for an additional six months to help people successfully negotiate a sustainable transition out of unemployment.

### **The health related worklessness programme**

As part of Wirral Council's involvement in the Public Service Transformation Network this targeted project aims to tackle long-term health related worklessness in the areas where this is most common - Bidston, St James, Birkenhead and Rock Ferry. The project will work to understand barriers to entering employment from individuals themselves and local employers. This insight will then be used to develop new approaches that forge new links with health and employment support professionals, which might include examples such as locating work clubs in GP surgeries. A key strength of this pilot is that it recognises that the people involved - people with long-term health conditions and local employers - already have many of the answers that are needed. Making employment an achievable and rewarding prospect requires agencies to appreciate the issues in the round and start to break down some longstanding professional boundaries.

### **Wirral Community NHS Trust Livewell Team**

Wirral Community Trust's Livewell team works with businesses of all sizes to help employers enhance the health benefits of being in work. As part of Stoptober's month of smoking cessation activities, the team held two events for staff from Mersey Ferries and the Mersey Tunnels. As well as stop-smoking advice, employees were given free blood pressure checks and lifestyle advice, with several signposted back to their GPs for follow up care.

### **What more can be done?**

The King's Fund suggests that local authorities should act as role-models by showcasing supportive, health-aware work environments that promote wellbeing and manage ill-health in a person-centred way. The Social Value Act (2012) also creates opportunities to positively direct council employment opportunities towards the NEET and long-term unemployed population. Other employers, including those from the private and third sector should be offered support to create work environments that are better for bodies and minds, with the understanding that this will result in better business and productivity. It is also vital to find ways to reduce health-related job loss and unemployment.

### **Where should we go from here?**

Attaining a vision of positive, health-supporting employment for all in Wirral requires action on a variety of fronts and local programmes, such as those described above, which already align well with expert opinion in this area. Future work in this area needs to address three challenges:

#### **1. Improving the health of the employed and unemployed.**

For example, by offering support to employers to implement NICE guidance on healthy workplaces<sup>6</sup> and equipping managers with the skills and knowledge to spot health issues early and signpost to appropriate support. Employment services should also be able to signpost to health and wellbeing support for their clients, and likewise health and welfare services should endeavour to include pathways to employment as part of client-centred support.

## **2. Maximising opportunities for sustainable, good quality employment.**

For example, by using the Social Value Act (2012) and collaboration with the Local Enterprise Partnership and Chamber of Commerce to channel economic activity toward local people. Building strong relationships between employers, employment services, schools and colleges based on the 'ready for work' concept is key to reducing the number of young people who are NEET.

## **3. Enabling people to overcome health-related and other barriers to employment.**

The health-related worklessness programme is an excellent development. Building in links to other services that impact quality of life and poverty reduction, for example the healthy homes programme or parenting and childcare support through children's centres can only strengthen this approach.

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6. <http://www.nice.org.uk/guidance/settings-and-environment/workplaces>

# Active and safe travel



## How do travel and transport affect health?

How we get around has a real impact on health. Incorporating bursts of physical activity in day to day life reduces the risk of many obesity-related health conditions such as heart disease, diabetes and some cancers, as well as contributing to mental wellbeing and resilience.

And what's more, the health dividends from choosing active forms of travel start to kick in almost straight away. Enabling people to walk and cycle more also brings rewards such as improved air quality and enhanced social interaction and cohesion.

A quality local transport network should make walking or cycling a convenient, safe and realistic option for children and adults. But if we want people to leave their cars at home and take to the streets, this also needs to address peoples' concerns about possible dangers, for example road traffic collisions, pollution and personal safety. People living in less affluent communities are more likely to be affected by these issues. For example, even though car ownership is comparatively low in Birkenhead, the constituency area accounts for almost 40% of road collision casualties in Wirral<sup>1</sup>. The chance of a collision which results in the death or serious injury of a child is also higher in the most deprived areas.

### The picture in Wirral

The good news is that Wirral already has one of the lowest rates of illness related to air pollution in the North West and can also celebrate having the highest percentage of adults who meet the government's targets on physical activity (six out of ten)<sup>2</sup>. The Draft Core Strategy for Wirral which sets out the Council's proposed plans, policies and vision for sustainable development over the next 10 to 15 years, supports low carbon transport development and opportunities for safer travel and more active forms of travel.

Department of Transport statistics for Wirral show an overall downward trend in accidents involving pedestrians. However, following a steady rise in the number of cyclists on our roads, Wirral now has the third highest rate of serious accidents affecting cyclists in the North West region.

## What are we already doing?

### **Wirral Council's Road Safety Team**

offers a range of programmes aimed at keeping pedestrians and road users safe. As the figure below shows these cover the needs of people across the life-course, from assistance with correctly fitting car seats, to the Safer for Longer programme for car drivers over the age of 70. Currently, 10,000 children receive road safety training each year, with 2,200 going on to complete cycling training, while 3,500 Wirral adults also receive road safety education and advice.

**Wirral Travel Solutions** is an innovative scheme that provides individual advice on travel in East Wirral specifically targeting people who are entering employment. This approach recognises that negotiating travel networks and the cost of travel can present real barriers and threaten lasting employment opportunities. The service provides assistance with journey planning and travel costs, and promotes the Bike to Work, Scooter Commuter and Maxi Taxi travel schemes. Established in 2012, the Wirral Travel Solutions Programme has issued nearly 5,000 solutions, including 1,000 for Bike to Work. Six months after receiving a solution, 80% of clients were still in employment. The health benefits of this initiative are two-fold; enabling people to overcome barriers connected with the costs or practicalities of commuting to a new workplace; and by encouraging active forms of travel, some participants also experience physical and mental health benefits, with knock-on gains in productivity for employers.

## WIRRAL ROAD SAFETY INITIATIVES ACROSS THE LIFE-COURSE

<b>All ages</b>	<ul style="list-style-type: none"> <li>• Road safety <b>events and campaigns</b></li> <li>• 102 school <b>crossing patrols</b></li> <li>• <b>Child car seats</b> - how to transport children safely</li> </ul>
<b>5-7</b>	<ul style="list-style-type: none"> <li>• <b>TAPS</b> - practical road safety session for child pedestrians</li> <li>• <b>Walk Once a Week</b> - WOW project</li> </ul>
<b>7-11</b>	<ul style="list-style-type: none"> <li>• <b>Arrive Alive</b> - teaching in schools</li> <li>• <b>Bike Right</b> - national standards on road cycling training</li> <li>• <b>Wirral Safer Roads Badge</b> - for Brownies and Cubs</li> <li>• <b>WOW</b></li> </ul>
<b>11-14</b>	<ul style="list-style-type: none"> <li>• <b>Walk Wise</b> - interactive classroom education on causes behind road traffic collision</li> <li>• <b>Bike right</b></li> <li>• <b>Free your feet</b> - Living Streets walking initiative</li> </ul>
<b>14-16</b>	<ul style="list-style-type: none"> <li>• <b>Belt Up</b> - classroom based session - pedestrian and in-car safety</li> <li>• <b>Free your Feet</b></li> <li>• <b>Suddenly from Nowhere</b> - road safety session delivered by the Fire Service</li> </ul>
<b>16-19</b>	<ul style="list-style-type: none"> <li>• <b>Engage</b> - delivered by local driving instructors with a focus on key issues for young drivers</li> <li>• <b>Young driver, young passenger</b> - teaching for year 12 pupils</li> <li>• <b>Geared &amp; Go</b> - interactive education for users of bikes, motorcycles and scooters</li> </ul>
<b>Adults</b>	<ul style="list-style-type: none"> <li>• <b>Mind your business, road safety at work</b> - practical and theory based sessions on road safety in the work place</li> <li>• <b>Bikesafe</b> - safety skills course for motorcyclists</li> <li>• <b>Geared &amp; Go</b></li> <li>• <b>Bike Right for adults</b> - national standards for on-road cycle training</li> </ul>
<b>Over 70</b>	<ul style="list-style-type: none"> <li>• <b>Safer for longer</b> - informal, interactive presentation to older drivers covering driver and pedestrian safety issues in later life</li> </ul>

### What more can be done?

The King's Fund report challenges local authorities to take the lead in promoting cycling and walking as cheap and healthy forms of active travel or recreation. This ambition is echoed by Lord Darzi in his recent 'Better Health for London' report, which called for investment in schemes to reward employees who walked the first and last mile of their commute<sup>3</sup>.

For many, switching time spent driving short journeys, for time spent cycling or walking may seem more achievable or sustainable than prioritising regular trips to the gym, whilst for others the financial saving will be a major pull factor. Whichever the case, evidence shows that enabling more people to make these choices should also be attractive for employers who want to increase productivity and reduce absenteeism<sup>4</sup>.

Wirral's green space assets already support thousands of people to walk and cycle recreationally. Making walking and cycling safer and more pleasurable in built-up areas requires co-ordination and vision from planning and transport professionals. It is essential that health

and productivity gains are not threatened by an increase in the number of pedestrians or cyclists who are injured on the road. Long-term changes can come from carefully addressing the walkability and liveability of new developments or regeneration schemes at the design stage to make the healthy choice the easy choice. In the shorter term, targeting traffic calming, including 20mph zones in selected accident hotspots in residential areas, can deliver a cost-effective reduction in road collisions, especially if local people are also involved in plans.

Although Wirral may seem a world away from cities where active travel is the norm it may be worth remembering that the cycling revolution in the Netherlands only dates back to the 1970s. It has been suggested that an equivalent investment in England would save the health economy £1.6 billion per year (the knock on costs of a single road traffic accident has been estimated at £74,000)<sup>5</sup>. The Merseyside Local Transport Plan has taken inspiration from active European cities to develop its vision of a 'new mobility culture' founded on active travel<sup>6</sup>.

## Where should we go from here?

1. Invest in further work with employers to sell the benefits of active travel, including cycle to work schemes. The NICE advice briefing on this topic for local authorities provides an excellent starting point for developing evidence-based partnership approaches<sup>7</sup>.
2. Continue to deliver road safety education in school settings and develop this approach further with local employers. Consider opportunities for additional joint working to reach other important groups whether as drivers or pedestrians, for example young, unemployed people and older people living independently.

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7. Nice (2013) NICE Advice (LGB8) Walking and Cycling <http://www.nice.org.uk/advice/lgb8/chapter/introduction>

# Warmer and safer homes



## How does housing affect health?

The roof over our heads is fundamental to our health and consequently Local Authorities have statutory duties around housing - to offer accommodation to people who are homeless, replace poor quality housing stock and ensure there are enough, appropriate, good quality, affordable homes.

Good quality housing means safe, warm and in good repair. Once people have a decent home in which to live, they can turn their energies toward looking after their health, building good relationships within their community and maintaining their independence. Having a stable tenancy arrangement also adds to the benefits for emotional wellbeing.

Children, older people and those with existing health conditions are most at risk of experiencing health problems due to their living conditions. Health issues fall into three main categories: falls or accidents at home, mental health problems from noise, security or financial worries, isolation or overcrowding and cold-related illness and death. Analysis of health data shows that people who live in poverty are much more likely to be affected by all of these issues<sup>1</sup>. This may be because landlords or home-owners have not kept up to date with safety checks and repairs or in the case of cold homes because older run-down housing stock is not energy efficient.

### The picture in Wirral

Although two thirds of Wirral homes are owner occupied<sup>2</sup>, one in ten households lives in fuel poverty<sup>3</sup>; around a fifth of properties fail the decent homes standard and one in ten has a serious hazard<sup>4</sup>.

Sub-standard housing is particularly prevalent in the private rented sector and is typified by Victorian stock and poor quality flat conversions. Each winter, local health services witness a rise in people with circulation and breathing problems brought on by living in continuously cold conditions. There need not be a 'cold snap' for this to happen; a combination of draughty homes, high fuel costs and low income is the main driver.

Most childhood accidents and falls in older people occur at home. In 2012-13, 2,623 people aged 65 and over were admitted to hospital in Wirral following a fall<sup>5</sup>. This figure is higher than the North West average, even after taking account of the number of older people living in Wirral. For pre-school children, there were almost 300 hospital admissions due to accidents and injury between 2010 and 2012<sup>4</sup>.

### What are we already doing?

Wirral Council has a range of options to assist householders whose homes may be too cold or unsafe. At the emergency end of the spectrum, this extends to provision of discretionary grants and loans to fund improvements for the most vulnerable residents where there are imminent risks to health and safety.

### **Warmer Homes**

There is wide-ranging activity on this front, for example, helping to tackle fuel poverty by addressing poor energy efficiency, low income and fuel costs. By 2012, one third of Wirral homes had been insulated through successful partnership with British Gas and Energy Projects Plus. The energy efficiency rating of private sector Wirral homes is now significantly better than the national average, although this still tends not to be the case in low income areas. Energy Projects Plus and Scottish Power continue to deliver door-to-door warmer homes advice in areas of fuel poverty and also train volunteers and frontline staff.

### **Selective licensing**

Where private landlords are involved, the Council takes a proactive approach, but also uses its powers of enforcement to ensure tenants are kept safe and protected. A proposal for 'selective licensing' takes this approach a step further by introducing conditions with which private landlords need to comply in order to hold a landlord's license. The 'selective' element refers to the fact that these initiatives are restricted to those areas where there are high numbers of poor quality or empty properties which can attract anti-social behaviour. It is hoped that this focused effort to drive up standards will have wider benefits for quality of life in the community and neighbourhood as a whole.

### **Healthy Homes**

The Wirral Healthy Homes Scheme describes itself as a 'whole person' approach to tackling poor housing and health inequality. The scheme combines practical improvements to make homes warmer and less costly to heat, as well as a discussion about other health, financial and social issues. Following a detailed home assessment, a Healthy Homes Community Worker signposts to a wide range of partner services and organisations. As well as health and lifestyle services this will often include opportunities that are not traditionally associated with health, e.g. debt advice, employment services or activities to help overcome loneliness. The Healthy Homes Scheme is promoted to health and social care professionals and other front line services that work with vulnerable households. More than two thirds of people who received assistance from Healthy Homes in the past year said that their health and wellbeing had improved as a result.

*"An older lady cared for by her granddaughter was referred as they really needed repairs doing but didn't have the necessary funds. During the Healthy Homes visit the granddaughter raised concerns over the gas fire, which was giving them headaches. The fire was checked and found to be giving out carbon monoxide. The defective fire has now been made safe."*

*"The difference the Healthy Homes team has made to my life is unbelievable. I only had 2 plug-in heaters to heat my flat, this was detrimental to my health - asthma, osteoarthritis... the cold hit me hard; I was dreading the winter. Now, with central heating, I don't have to worry!"*

### **Hospital to home**

Before the introduction of a specialist housing link-worker based at Arrowe Park Hospital, 70% of homeless people were discharged back onto the streets. Now, emergency readmissions for this group have fallen by a third and the amount of days spent on wards by homeless people has reduced by a quarter thanks to fewer delays in discharge.

Wirral's Aids and Adaptations team has also developed a fast-track hospital discharge scheme for people who need simple adaptations at home (such as stair rails to help prevent falls) before they can be discharged. Patients benefit from getting back home more quickly and given that a hospital bed costs £300 to £600 a day the smoother discharge process has led to significant financial savings.

### **What more can be done?**

The King's Fund recommends that local authorities carry out a sustained programme of home safety improvements targeted at low income households that are rented or overcrowded, or where there are children under 5.

An evidence-based falls prevention strategy should be developed. This should include targeted risk assessment and offering people adaptations to help them live safely and independently at home for longer. Making links with social care,

hospital discharge teams, community health services and opportunities for socialising all serve to strengthen a whole-person, integrated approach. An integrated service is currently being developed in Wirral to reflect this model.

To prevent cold-related illness and death in at-risk groups, local authorities need to take action on a number of fronts. Landlords and home-owners can benefit from assistance to help them access money available to make home efficiency improvements, for example installing insulation. Individual heating bills can be brought down with support to identify cheaper providers and payment options as part of financial welfare services, as well as giving tips on how to conserve energy without sacrificing warmth. There is scope for significant community involvement in developing some of these approaches.

Nationally, the health and social care costs that accrue from not improving the quality of our housing amount to several billion year after year. For example, 40% of admissions to residential care homes are the result of a fall. In 2012/13 three out of every four visits to Accident and Emergency in Wirral for treatment of an injury, amongst over 60s, was due to a fall<sup>6</sup>. Addressing unsafe and sub-standard housing is a cost-effective way of reducing dependence on high-cost medical care and improves quality of life.

## Where should we go from here?

1. Wirral already offers a number of options to improve cold or unsafe housing. It is essential that existing networks are used to effectively promote these, e.g. health services, pharmacies, schools and childcare settings, employment services, faith and community groups
2. Fuel poverty services should have strong links to partner services dealing with food poverty, debt advice, health and employment so that both long-term and immediate issues can be tackled
3. Consideration should be given to how the Healthy Homes programme could be expanded through partnership working.
4. Support and evaluate the proposed selective licensing scheme.
5. A review of childhood injury prevention should be incorporated into the Early Years Strategy.

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# Access to green and open spaces and the role of leisure services



## How do open space and leisure services affect health?

In recent years a growing body of research has clearly demonstrated that having access to good quality green spaces and coast delivers significant health benefits for local populations.

Parks attract people both young and old from across different neighbourhoods, bringing a shared sense of togetherness and belonging that boosts both individual and community wellbeing. Having a strong connection with the natural world and spending time in nature has been estimated to deliver a boost to wellbeing around a third as strong as marriage. Yet only 10% of children now play in natural areas, four times fewer than when their parents were children<sup>1</sup>.

Individuals with easy access to green space are three times as likely to participate in physical activity and 40% less likely to become obese<sup>2</sup>. Furthermore, simply spending time in natural surroundings also provides relief from day to day stresses, anxiety and depression, so people are better able to cope with life's challenges - the so-called 'restorative effect'. Research has even shown that neighbourhoods with safe, recreational green space show smaller differences between the health of the most and least well-off compared to neighbourhoods where this resource is lacking<sup>3</sup>.

Some of these benefits are hard to put a price on, but Groundwork<sup>4</sup> has estimated that giving everyone access to open spaces in England could cut the treatment costs for obesity by £2 billion. Gains at least as great are also predicted for positive impacts on mental health, policing, and environmental sustainability.

Taking up opportunities for sport and leisure activities brings similar benefits to physical and mental health, especially where facilities are within easy reach of communities and barriers, for example cost can be reduced. As these activities have the potential to reach the whole population, they have also been shown to be highly cost-effective investments in health<sup>5</sup>.

### The picture in Wirral

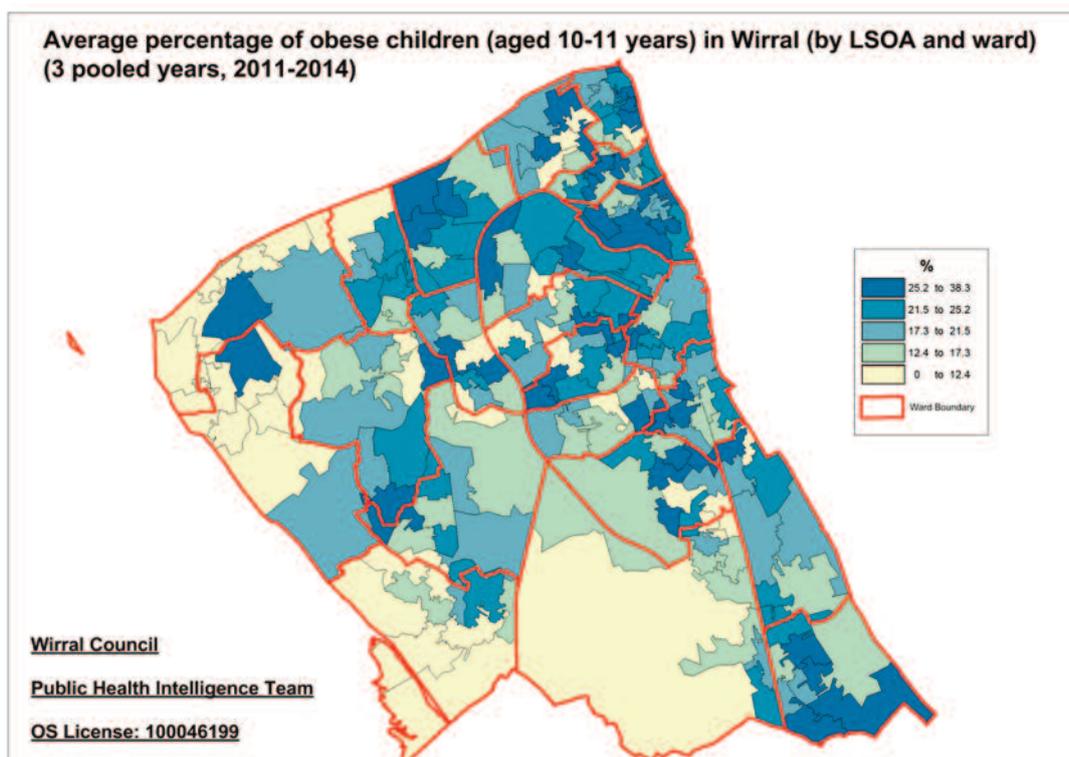
Wirral boasts over 1,500 hectares of publicly accessible green space, equivalent to 1,500 international rugby pitches. Parks, allotments and 26 miles of coastline create an attractive and distinctive sense of place, which attracts large numbers of visitors and locals alike. The pay-off in terms of getting people moving is impressive; Wirral currently tops the North West, with six out of ten adults meeting the government's recommendations on physical activity<sup>7</sup>.

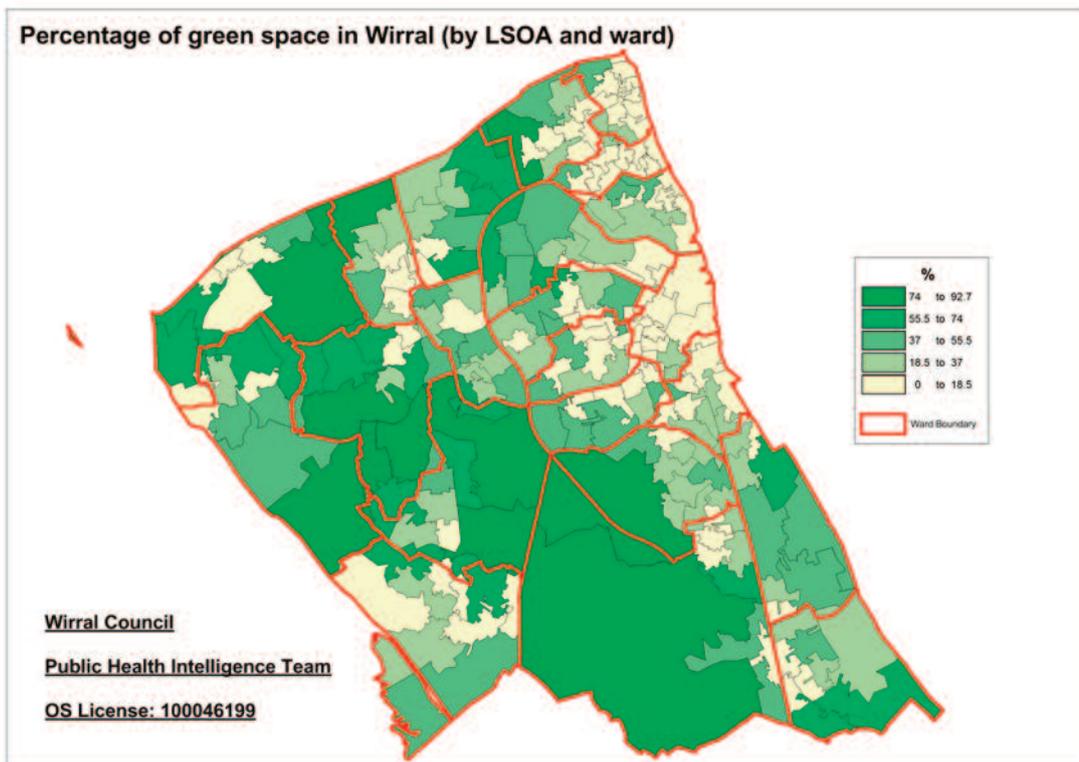
A Wirral Parks' survey in 2012 showed that two thirds of residents used a park, beach or open space more than once a week in spring and summer. The survey also showed that people tended to use open spaces that were convenient and local to them. So while some Wirral sites attracted visitors from up to an hour's drive away, two out of three people simply walked and one in six cycled. Interestingly, less than one in ten made the journey on public transport. Best estimates suggest that around one in five

people in Wirral have visited open spaces deliberately in order to benefit their health in a week<sup>8</sup>. The other main reason for visiting is to relax and have fun - outings and picnics with children, friends and family, organised events, or wildlife watching. Dog fouling was cited as the main deterrent to using these spaces even more.

The established network of parks and open spaces act as catalysts for community development and involvement, playing host to a diverse and growing range of groups and activities. One example is the 48 Friends Groups that have helped 18 Wirral Parks earn the sought after Green Flag status. In 2013, Wirral green spaces attracted around 4,350 hours of volunteer time.

All this information demonstrates that people in Wirral are clearly green space enthusiasts. Unfortunately, research shows that the quality and availability of green space in areas typically fall as levels of deprivation and poor health rise<sup>9</sup>. To illustrate this for Wirral, the maps below show how obesity in 10-11 year olds is patterned alongside local availability of green space. The dark blue areas show obesity hotspots and it is notable how these overlie the palest green areas around Wallasey and Birkenhead where green space is in shortest supply. Enabling these communities to enjoy better access to green space is one way of reducing levels of obesity and health problems such as heart disease.





### What are we already doing?

**The Wirral Green and Open Space Strategy** contains a specific objective around using parks and open spaces to drive population-wide health benefits. Current examples of cross-sector working include educational activities with schools, links between the community primary care Livewell programme and eleven new NHS funded green gyms and a joint project involving Adult Social services. The concept of Forest Schools for example - a successful initiative led by Wirral Park Rangers which encourages children to enjoy local parks and open spaces - has inspired Park Ranger

colleagues in New York to develop a similar initiative in Central Park. The focus on physical activity is complemented by plans to introduce food growing and a new strategy for allotments and playing pitches. The range of activities and volunteering opportunities that continues to spring up means that a visit to the park becomes an occasion for people of all ages to mix and socialise. For example, West Kirby's Ashton Park receives 10,000 visits a week from people attracted by the playground, sports pitches and activities such as mother and buggy fitness classes, nature events and volunteering.

**Volunteering at Tam O’Shanter Farm -  
“an essential prescription for the heart  
and soul”**

Two volunteers vividly describe the transformative benefits that they gain from volunteering:

*“Helping out on the farm has enabled me to leave the confines of my family home and given me independence and an opportunity to socially interact and meet with everyday people and other autistic individuals, like myself. The caring interaction (with the people and animals) and hard work is therapeutic, mentally stimulating and gratifying. The farm has helped to develop me into the person I am today”.*

Another volunteer, who got involved when heart surgery left him feeling low and not himself, called his experiences at the farm, “an essential prescription for the heart and soul.”

**Royden Park Project - a place to grow**

The Royden Park Project<sup>10</sup> is funded by Wirral Council Adult Social Services department. It provides opportunities for disabled people to gain sheltered training in Horticulture, Conservation and Woodwork in a supportive environment. The project is supported by volunteers and aims to enhance independence, enable people to benefit the local community and gain meaningful, person-centred work experience.

Highlights include learning to grow herbs and vegetables in the beautiful walled garden and taking them to the kitchen at the 5 star Hillbark Hotel, achieving recognised qualifications in the use of leaf blowers, trimmers, lawn mowers and log splitters, and trying out fishing and

floristry. Spending time outdoors and interacting with volunteers and other groups based in the park all adds to the positive and beneficial experience.

**Green space champions**

The Green Space Champions Pilot was developed by the Church of England Diocese of Chester as part of their Life Expectancy Wirral (LEW) campaign. The aim of the project was to increase the health and wellbeing of people living in the Laird Street area of Birkenhead by enabling them to make more use of green space. The project took shape as representatives from the Council, NHS, local churches, allotments and communities got together to create a project team.

Seven volunteer Green Space Champions were recruited and trained. The projects group network of contacts helped the champions reach out to people and introduce the scheme. From looking at the evidence the organisers targeted their efforts on older single men, mums on low incomes and single mums. Activities were tailored to groups’ preferences and included trips out to Port Sunlight and Tranmere Rovers and orienteering. The main emphasis was simply spending quality time together.

*“It’s good for my asthma, it relaxes me and I’ve enjoyed getting out. You’d just stew sitting in the house, you’d go off your head.”*

*“We had a laugh going round the park together” - some mums were then inspired to get involved in more community activities at their children’s schools.*

This pilot has now put down roots, with a Council employed community worker in place to carry the work forward. The story of how Green Space Champions carried out targeted health promotion using the green spaces on their doorstep highlights what an asset existing groups and networks can be, especially those such as faith groups, which are already working with social responsibility in mind.

**Wirral Council's Sports Development Team** has set itself an inspiring and far-reaching vision - 'improving the lives of Wirral residents and their communities through sport and physical activity'. Underpinning this are themes of community safety, training and educational opportunities and community cohesion and of course, health improvement. Successful relationships have been developed with all four Wirral constituencies, schools, the Fire Service, the Intensive Family Intervention Programme, Police, community groups and Public Health, which has resulted in the delivery of a huge range of activities across Wirral. Some of these programmes have adopted a deliberately targeted approach; for example in areas of greatest deprivation, or through working with individuals who are more likely to be involved in high-risk and anti-social behaviour.

A selection of recreational activities are provided free of charge, for example 'Doorstep Clubs'; under 18s can also enjoy free swimming in school holidays, and over 65s and people in receipt of specified benefits are able to take advantage of the Wirral Passport scheme for discounted sports and leisure activities.

The impressive wider community benefits that are achievable under the banner of sports development are well illustrated by the two case studies below.

### **National Citizens Service (NCS)**

This is a national, personal development programme for young people aged 16 to 17. It aims to provide participants with opportunities to develop their communication, team-working and leadership skills - setting the scene for a successful transition to adulthood. Local communities also benefit from enhanced social mixing and community involvement projects. The monetary benefits to society are estimated to be almost three times more than the cost<sup>17</sup>.

NCS volunteers in Wirral recently set up and delivered a monthly 'soup kitchen' event at the Charles Thompson Mission. The group began by raising money for the initiative by doing supermarket bagging, sponsored events and making funding applications. Next, they gathered unwanted clothing from friends and family, which was set out at the event. Having gained their food hygiene qualifications the twenty-strong team organised and prepared a two course roast dinner for 75 diners, many of whom were living with drug and alcohol issues or were homeless. The NCS team were able to develop real insights into the needs of this vulnerable group by talking with local professionals and guests at the event. One NCS co-ordinator reflected,

*"They have been so positive in the delivery of this programme, from fund-raising to bid-writing... and worked endlessly on the day".*

### **Operation Banger 2014**

Operation Banger was developed as a multi-agency approach to reduce anti-social behaviour, criminal damage and fire-setting around Bonfire Night, Mischief Night and Halloween. This has become one of the busiest times of the year for the Police and Fire Service, as they deal with calls from across local communities.

Using data about known incident 'hotspots', the Sports Development Team set up a series of 'diversionary sports activities' in parks, which were developed in consultation with local young people and the Youth Service Outreach Team, and delivered by Wirral Council coaches and their 'sportsmobile'.

Almost 700 young people took part in sessions. The Fire Service later reported, 'no secondary fires throughout Operation Banger in locations where Sports Development had activities in situ'. The Police reported similarly that, 'Sports Development interventions had a direct impact on the reduction in reported anti-social behaviour where diversionary activities were going on'.

The team sum up their success as coming from their 'right time, right place and right style' approach, delivering an attractive alternative to anti-social activity directly to potential perpetrators within known hotspots.

### **What more can be done?**

From its evidence-based review, the King's Fund recommends prioritising recreational space as a key strategic element of local planning and development and giving special consideration to enabling disadvantaged communities to make full use of what is on offer. In order for green space, recreation and leisure to have a real effect on health inequalities it is important to remove the practical barriers, for example transport options and access to public toilets, that are often faced by those with most to gain - older people, people with disabilities or existing health problems, and children. Forging closer links with health, educational and social services is an obvious way of bringing the health benefits of parks to people with physical, social, emotional or developmental needs. Staffing must be adequate to deter anti-social behaviour, but large-scale engagement with community groups and volunteers can also encourage local people to actively maintain the spaces they use. Creative solutions to dwindling budgets may come from working to develop private and third sector partnerships.

## Where should we go from here?

1. Colleagues in Health, Social Services, Leisure, Employment and Children's Services should explore creative new ways to further tap into the therapeutic potential of green and open space in their work.
2. If Wirral's green space assets are to make a greater impact on health inequalities we will need to work on finding ways to help overcome some of the practical barriers that can make it difficult for some people to get out into the natural environment. Local Parks' Champions and Friends Groups are well placed to develop local solutions.
3. Open spaces bring people together. They may provide a natural focus for future community development work in Wirral.
4. Subsidised leisure activities should also be supported due to their potential to reduce inequalities in physical activity.

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# Strong communities, wellbeing and resilience



## How do strong communities affect health?

In the last few years, terms such as strong communities, wellbeing and resilience have become everyday ‘buzzwords’ in councils and other public service organisations, but at the same time, the concepts they describe can seem hard to pin down. Strong communities are those where people feel good about their health, their lives and what they have to offer.

Strong communities are also more resilient and better equipped to recover from difficult times, such as the current economic situation.

Strength and resilience rest on social support networks - and by social support networks we mean families, circles of friends and other important groups such as from schools, workplaces and recreational activities. These are increasingly being recognised as precious community assets.

As local authorities look to make efficiency savings, empowering communities to tap into their unique knowledge, skills networks and resources offers the prospect of creating more resilient, less service dependent communities who can tackle the issues that really matter to them. This is often referred to as asset based community development or ‘ABCD’. ABCD is an approach that works by finding out what local people really care about and enabling them to bring about the changes they want to see. Professional community ‘builders’ and home-grown community ‘connectors’ work alongside groups and individuals to help get things off the ground.

If social support networks are good for health, the opposite is true for social isolation, which was the theme of last

year’s public health annual report. Aside from the effects on mental health the chronic stress of being alone or feeling alone impacts physical health at a level similar to heavy drinking or smoking<sup>1</sup>. Having good levels of social support around us is linked to perception of health, health-related behaviour e.g. being successful at stopping smoking and making a recovery from illness or emotional setbacks. Unfortunately, as with other determinants of health, this social resource (sometimes called ‘social capital’), is not distributed equally in the population. People living in deprivation are more likely to feel that they have no one to turn to, meaning that an event such as job loss can be even more of a challenge to come back from.

### The picture in Wirral

The good news is that just one in eight local people had a low happiness score in a recent survey. Unfortunately, more than a quarter of Wirral residents reported high anxiety levels and just under half of carers and people in receipt of social care felt they had as much social contact as they would like and one third of people aged over 65 lived alone<sup>2,3</sup>. These figures suggest that some communities are affected by low levels of individual wellbeing and correspondingly low levels of social cohesion and resilience.

## What are we doing already?

### Community Action Wirral

Community Action Wirral's mission is to provide effective support for local groups, organisations and individuals in order to enhance the quality of people's lives and build strong communities. Around 10% of people on Wirral have a voluntary role of some kind, although the national average is three times higher. Community Action Wirral assists over 5,000 people a year to discover roles that suit their skills and interests, as well as supporting a diverse array of voluntary, community, faith and social enterprise organisations. From a wellbeing and social capital perspective, this is a 'win-win' arrangement. Volunteers benefit from feeling more confident and valued, building skills, and extending networks of social support; while the public benefit from, and can get involved with, the huge range of health, leisure, support and advice services and events listed on the Wirral Well website.

### Asset Based Community Development

St Catherine's Community Centre has been chosen as the base for a pilot of ABCD working for local people living in Tranmere, Rock Ferry and Birkenhead. A community builder has engaged residents in a series of ongoing conversations about the things they would like to see developed at the centre. The case studies below give a flavour of how, with support, good ideas can blossom and take on a sustainable life of their own.

### 'IT & Biscuits'

A St Catherine's centre user and volunteer asked for some help to set up his new laptop. Soon, Wirral Lifelong and Family Learning had become involved and short IT courses were up and running, with the volunteer taking on the role of 'peer supporter'. The courses were a success and a funding application was made to John Moore's Foundation to extend the reach of the project and develop a wider range of digital skills training delivered as a drop in service - 'IT& Biscuits'. An additional £6000 of match funding was also awarded by Unionlearn North West. The volunteer and three community members are now being trained up as Digital Champions. The first IT&Biscuits session took place early in the New Year and looked at online shopping tips and know-how.

### 'Swishing'

A local woman came forward with an idea about holding a 'swishing' event - an opportunity for people to get together and swap clothes that they no longer wear. This has now developed into a Christmas gift swap shop. With very little support, she arranged for local choirs to attend as well as a children's entertainer and face-painting. Half of the money raised from refreshments is already earmarked for Wirral Foodbank. The value of this project will be in attracting people to come to the community centre, promoting neighbourliness and social cohesion, as well as raising the profile of Wirral Foodbank. The Community Builder's comments show how often it takes very little for people to act on their ambitions:

*“In terms of the support given, it really has been quite minimal - she just needed to talk through her ideas to get some clarity and put a plan in place and we have offered the use of the room, plus practical support in taking donated items and delivering leaflets. We are all really excited about this activity. Sometimes all that is needed is to listen to someone’s idea, believe that it can work and believe that they can do it!”*

### **Better Food Wirral: a food plan for Wirral**

Better Food Wirral was developed in response to accelerating levels of food poverty, increases in obesity and an opportunity to develop Wirral economically. A key aim of this work is to inspire local communities to take greater control of their own health and wellbeing and to find solutions to address local need. It places a refreshing emphasis on tackling the causes of diet-related health problems rather than simply treating symptoms.

So far, a team of community researchers has been developed and have gained rich insights into the realities of people’s lives and the full range of problems that a local food plan might need to address. A short documentary film captures local views and the Public Health team, which initiated the Better Food Wirral concept provided information to the All Party Parliamentary Food Poverty Inquiry.

‘Food exchange’ events are planned to bring together local producers, suppliers and community members and Public Sector partners are also involved, looking

at how to make the local food system healthier, fairer and more prosperous. The Better Food Wirral Innovation Fund has been established to seed grassroots initiatives. One example is Friends of Fender; this scheme will develop the community school garden, with the local allotment society providing weekly gardening sessions to members of the local community. It is hoped that the scheme will enable people to enjoy first-hand the experience of growing food and healthy eating. Excess produce will be used in the school and for weekly sessions offering soup to children, families and community members.

### **School Hubs**

Another pilot scheme has seen Holy Spirit Primary School in Leasowe and Fender Primary School in Woodchurch transformed into thriving hubs for community development. With strong leadership from the school Head teachers and dedicated support from community builders and ‘connectors’, both hubs have successfully drawn together community assets to provide parents, pupils and local people with a host of new opportunities and an easily accessible web of support. Assets refer to volunteering, new links between non-educational organisations and external funding opportunities. A few examples of activities include adult education, budget management, employment and IT support and work experience, parenting classes and early years activities, ‘can cook’ classes, English and Maths summer schools, aspiration days, community events, and health and wellbeing activities.

In the space of just a few months, hundreds of children and their parents have moved towards a place where they are more ready for school or work and feel more safe and secure. After six months, staff reported that fewer children required support from specialist services and those that did, benefitted from swifter referral, as well as extra input from hubs while this process took place. Schools have also reported adults getting back into work as a result of the skills and confidence they have acquired through hub activities.

Testimonials convey some of the positive impacts:

*"I now feel that someone cares for me and my family and I can see light at the end of the tunnel."*

This lone mum successfully re-entered education and was presented with an award in recognition of her achievements.

Head teachers reported how much children enjoyed summer hub activities and the lack of negative behaviour they witnessed. These were clearly a cherished opportunity. Asked what they would have been doing if they could not attend hub clubs, children said:

*"I would just have been on the streets... playing on X-box...sitting on the couch being bored... nothing"*

At the same time, one school noted that for the first time in seven years, there was no vandalism over the school holidays.

## What more can be done?

To support individual wellbeing councils can work on ways to help people pursue the 'Five Ways to Wellbeing - 'connect, be active, keep learning, take notice and give to others'. Supporting volunteering certainly helps people to give more, but also helps build social capital. Health related volunteering projects have shown returns of £4 to £10 for each £1 invested<sup>4</sup>. Similarly, investing in initiatives to reduce social isolation and loneliness helps people reconnect. As yet, the evidence base for interventions to tackle loneliness is still being developed, but helpful toolkits<sup>5</sup> are available and there is potential for innovative 'test and learn' approaches. Empowering people to set up and join group activities whether these are for music, exercise or some other hobby answers to our need to be active, keep learning and take notice.

Councils can also spend more time mapping out the assets that neighbourhoods already have, rather than solely focusing on deficits and unmet need. Skilled community builders can identify existing community champions and get people talking about the changes they would like to see and how they can be part of making those a reality in their neighbourhoods. This is an essentially place-based approach which is both organic and dynamic, so solutions to reduce speeding or littering in one neighbourhood might look very different in another.

## Where should we go from here?

1. Asset mapping should be built into service development in the Council and partner organisations. This opens the door to involving people more fully in developing sustainable solutions to the issues they face.
2. The initial success of the School Hubs project shows great promise and should be considered as an area for further expansion. Other community institutions e.g. Children's Centres or parks may also have potential to act as hubs for asset based development.
3. Systems should be put in place so that health, social and support services can routinely offer people opportunities to overcome isolation and participate more fully in the social life of their communities. Models might include social prescribing and community navigators. A single directory of activities, groups and volunteering opportunities building on the Wirral Well resource would further enable this approach.
4. Seek ways to measure the impact of ABCD approaches on relevant and meaningful outcomes.

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# Public protection and regulatory services



## How do public protection and regulatory services affect health?

Councils have powers of inspection, regulation and licensing that are used to help protect people from obvious, as well as potentially hidden sources of harm.

Environmental Health Teams have considerable legal powers in recognition of their health protection role, for example imposing closure notices on food outlets that pose unacceptable risks to health. Trading Standards teams carry out test purchases to check that retailers are not breaking the law by serving cigarettes or alcohol to young people under the legal age limit. They can also take action against backstreet suppliers of illicit alcohol or tobacco. Licensing falls within the remit of council planning departments, and this function has begun to attract increasing interest from Public Health professionals keen to put a halt to the proliferation of businesses selling cheap alcohol.

The return of Public Health to local authorities has inspired fresh collaborative approaches to commonplace, but important health risks. Some local examples include, toughening up on standards and inspection for tattooists to prevent blood-borne infections and enforcing restrictions on sun-bed use amongst children. The extended health promotion role incorporated into fire safety checks by Merseyside Fire and Rescue Service has earned it national recognition.

Key issues for Wirral, as elsewhere are tobacco, fast food and alcohol. Differences in smoking, alcohol intake and

obesity explain a substantial proportion of the differences in life expectancy that continue to be all too apparent across the Wirral.

In the UK, eating outside the home has become the norm and the availability of calorie-dense fast-food has sky-rocketed, especially in the most disadvantaged areas. Research shows that the more fast food outlets there are in an area, the more people will turn to junk food meals, pushing up obesity rates<sup>1</sup>.

Alcohol and alcohol-related harm remain a public health priority. Liver disease is the only major killer where rates continue to increase<sup>2</sup>, and the human cost incurred through alcohol-related violence and anti-social behaviour cannot be underestimated<sup>3</sup>. Once again, it is the poorest communities that pay the highest price from excessive drinking.

Overall, smoking rates are falling in England. However this masks a much slower decline among the most deprived 20% of people, who are also less likely to have kicked other unhealthy behaviours<sup>4</sup>. Continuing dependence on tobacco coupled with an increase in the average cost of cigarettes to around £9.00 for a pack of 20 may be pushing people towards unregulated sellers of illicit, backstreet tobacco.

## The picture in Wirral

Wirral currently ranks fifth highest in the North West for hospital admissions related to alcohol. Recent insight work with Wirral teenagers confirmed that obtaining cheap alcohol from off licences underage and drinking to get drunk are common facts of life for many. Excessive drinking is an issue across Wirral, but hotspots for deaths caused by alcohol stand out in Rock Ferry, Birkenhead, Tranmere and Bidston. These are also the areas with the lowest smoking quit rates. In West Wirral, one in six ten year olds is obese, compared to one in four in more deprived areas of the borough.

## What are we already doing?

Wirral has already seen work to ensure the adoption on skin piercing registration byelaws and the Sunbeds Regulation Act 2010, which places a duty on salons to ensure under 18s are not using sunbeds. Merseyside Fire and Rescue Service also carried out almost 15,000 Home Fire Safety Checks in the past year, with recipients benefiting from fire safety improvements and signposting and referral to other services. In the future, the use of a new information system will enable the fire fighters who undertake these checks to further prioritise their visits to reach Wirral's most vulnerable residents.

Innovative work to protect people from cheap, high strength alcohol and the unhealthy effects of frequent fast food meals warrant particular mention.

## 'Reducing the strength'

Wirral's alcohol related issues have led to a coming together of key stakeholders as part of a 'Reducing the Strength' campaign for Wirral.

Cheap 'Super Strength' products (stronger than 6.5% ABV) have been shown to be particularly attractive to young drinkers and street drinkers as a fast and cheap route to intoxication, notwithstanding all the related risk of harm in terms of individual health and wider community impacts e.g. anti-social behaviour (ASB).

Wirral Council's Public Health team has engaged with other local authority colleagues such as constituency committees, licencing and trading standards alongside other key partners including the police to work towards the gradual removal of super strength, cheap beers and ciders from sale by the borough's off-licences. This is achieved by encouraging and supporting off-licence owners to enter into voluntary agreements (preferably recorded in minor licence variations at no cost to themselves) not to sell these products.

Similarly run campaigns in places such as Ipswich have demonstrated how this approach can effectively reduce street drinking, ASB and other crime. Also, the way more and more licenced premises steadily joined in the Ipswich campaign as it progressed (from 53 at launch to 94 by twelve months later) strongly suggests it is not injurious to business and profit.

Plans are now being cemented for two areas; one in Birkenhead and one in Wallasey to pilot this work in Wirral. Measureable expectations from this work include:

- decreases in street drinking incidents
- decreases in anti-social behaviour
- increases in problem drinkers engaging with services

#### **Eat Well Wirral and Takeaway for a Change**

These sister projects designed and implemented by the Environmental Health Team, with support from Public Health are based around Rock Ferry Primary School and Children's Centre. Local takeaways agreed to offer healthier versions of their standard meals and families received vouchers to test them out. 167 families took part and feedback from participants and takeaway showed that the healthier menus proved a 'winner' with local people.

Eat Well Wirral is a complementary initiative based on a three level award scheme for fast food retailers. Takeaways can aim for a bronze, silver or gold award by switching to smaller portion sizes, increasing vegetables, reducing salt and sugar, opting for healthier fats and improved frying techniques. In return for free, positive publicity participating takeaways enable customers to automatically opt into making healthier fast food choices.

#### **'The illicit tobacco project'**

This project is undertaken by the Trading Standards team and aims to regulate and restrict the supply of tobacco products and decrease demand for illegal and illicit tobacco. This is by:

- Providing training to retailers on the risks and penalties associated with the sale of illegal/illicit tobacco.
- Carrying out underage test purchasing exercises with retailers in areas of deprivation.
- Increasing awareness of legislation amongst retailers of niche tobacco products (i.e. smokeless tobacco products such as chewing tobacco and nasal snuff and smoked tobacco products such as water pipe/shisha/hookah).

As resources are targeted in areas of high deprivation where illegal and illicit trade is most prevalent, the project will therefore address health inequalities and has an important part to play in safeguarding those who are most vulnerable to the illicit trade. Illicit tobacco trading creates a temptingly cheap supply for children and young people and encourages adults to continue smoking. It is also linked to organised crime and contributes to an underground economy worth hundreds of millions of pounds. Cancer Research UK estimates that it is a scourge which kills four times more people than smuggled illegal drugs<sup>5</sup>.

## What more can be done?

Partnership working between Public Health and other services that also have a duty to protect health has great potential. The development of multi-agency Health Protection forums in local authorities can be a catalyst for more professional joint working cross-over. Progress can be made using two main approaches. Firstly, work in co-operation with existing retailers to reduce health-damaging effects, which can involve award schemes as well as the use of statutory powers where necessary. Secondly, there may be potential to use planning and licensing policies to take greater account of the health impacts associated with applications for new businesses such as takeaways or off licences in areas where these types of establishments are already well represented and health is poor.

## Where should we go from here?

1. Continue joined up working between Public Health, Environmental Health, Trading Standards and Licensing. Future areas of joint working could include protecting people from financial risks e.g. loan sharks, doorstep sales, gambling outlets
2. It is a fact of life that people will want to consume fast food. Continuing the work of Eat Well Wirral and Takeaway for a Change reduces some of the health risks associated with this. Future work with parents and schools could further reduce the amount of fast foods and sugary drinks children consume during the school day. The section on spatial planning also highlights potential to curtail proliferations of takeaways using planning policy.
3. Consider the results of Public Health England's planned review of evidence for the inclusion of health as a licensing objective for applications to sell alcohol. This would further enhance the promising work being done within the 'Reducing the Strength' campaign
4. The potential to build on the health promoting work already undertaken by Merseyside Fire & Rescue Service should also be explored

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# Health and Spatial Planning



## How does spatial planning affect health?

The scope of council planning services is wide-ranging, from spatial planning and regeneration, to building and development control, cultural services and licensing.

Because planning processes are concerned with places they often involve close working with other powerful stakeholders such as leaders from economic regeneration and employment, housing, roads and transport, parks and leisure services and communities themselves. In this context, the potential to enable or erode health opportunities in the places where we live, work and play should not be underestimated. This is reflected in governmental guidance on developing local plans, which advises planners to work collaboratively with Public Health colleagues<sup>1</sup>.

How does spatial planning impact health? Regeneration schemes and new housing or business developments create opportunities to build more health promoting environments where the healthy choice becomes the easy choice. Obvious examples would be the layout of footpaths and transport links to encourage active travel, adequate provision of play areas for families and the deliberate inclusion of high quality shared

spaces that link neighbourhoods together and promote a deeper sense of community belonging and inclusivity. Integrated planning also helps to put people within easy reach of the things they need to live well, e.g. jobs, shops, schools, health services, community groups, green space and leisure. Removing barriers to access such as distance, travel costs or fear of crime is one way of improving health and life chances, especially for people living in deprived communities.

An added advantage is that health benefits tend to follow initiatives to increase environmental sustainability and reduce the impact of climate change, such as investing in energy efficient homes. Furthermore, because this type of work is levelled at whole communities rather than individuals, the health return on investment is impressive. NICE found that for each £1 invested in spatial planning policies concerned with walkability, there was a health benefit valued at £60, rising to £168 for cycling<sup>2</sup>.

## The picture in Wirral

### Wirral in numbers

- Population approximately 320,000
- 9th largest Council in England
- 10th worst district in England for employment-related deprivation
- 1 in 3 of adults in employment work outside the borough
- 1 in 5 houses built before 1919
- Difference in life expectancy between least and most deprived: 12 years for men, 10 years for women
- 55% land use is classified urban and 45% greenbelt
- 25 conservation areas
- 710 listed buildings

### What are we already doing?

In a similar way to Public Health, spatial planning takes the 'long view' on change and development. The Core Strategy sets down the Council's vision of what sustainable development should like over the coming 10 to 15 years, and incorporates feedback from extensive consultation<sup>3</sup>. Due to its broad scope, this framework lights on many of the issues discussed elsewhere in this report, and affirms priorities such as the regeneration of run-down urban areas, increased social inclusion, tackling poverty and worklessness through economic revitalisation, and improving the quality of housing and neighbourhood environments.

The planning perspective mirrors Public Health thinking on several fronts. For example, the central commitment to

target development and investment at those 'areas of greatest need' relates strongly to inequalities in health and opportunity. The emphasis on working with Wirral's existing built, environmental and economic assets, e.g. green space and coastline is another shared priority. There are also explicit references to the creation of health promoting environments e.g. the role of transport infrastructure.

The most transformative changes will arise out of the large-scale regeneration at Wirral Waters, which will include the creation of a new city neighbourhood at East Float and the transformation of Birkenhead town centre and three partnership neighbourhoods. As one of the largest regeneration schemes of its type, Wirral Waters is expected to attract £4.5 billion of private sector investment and create 21,000 jobs.

### **The new New Brighton**

The redevelopment at Marine Point has seen New Brighton recapture the vibrancy of its heyday and become a major retail and leisure destination in Wirral and beyond. The total investment amounted to £60 million, including £11 million to transform the Floral Pavillion into a 1,000 seat theatre and conference centre, which attracts 300,000 visitors a year. Elsewhere, families flock to the digital Light cinema and ever-popular soft play centre or spend a more traditional day at the seaside. 700 new jobs, 14 new businesses and a dramatically different atmosphere and appearance have led to an additional £6 million spend in the local economy. Still to come are 24 new apartments and £1.3 million destined to further improve public areas.

### **Port Sunlight River Park**

The efforts of a broad family of partners have led to the successful regeneration of an old landfill site on the waterfront at Bromborough. The beautiful 28 hectare park stands out in the local landscape and offers magnificent views across to the Liverpool skyline and birdlife on the nearby saltmarsh. For the first time in a generation, the coastline linking Port Sunlight, Bromborough and New Ferry is fully accessible and the local area has received an economic boost since the river park was opened.

### **What more can be done?**

Health impact assessment is a framework to systematically evaluate how a planning development or policy will affect the health of local people. HIA recommendations are aimed at making the most of the health promoting aspects and minimising or even removing unhealthy impacts. Building HIA into strategic planning is an excellent first step, but an even stronger approach is to start by understanding local public health priorities. This approach genuinely recognises a commitment to actively invest in the health and happiness of local people. Pioneering approaches such as the 'healthy streets' model can be used to take a fresh look at the small changes that make a difference to people's health on the streets where they live<sup>4</sup>.

Creating a closer working relationship between Council Planning and Public Health teams is an important first step. Access to team members with dual professional knowledge makes joint working more efficient and effective. However, fully exploring the possibilities also requires closer relationships between leaders from public health, spatial planning, housing, transport and environmental health. To inspire this new way of working, the King's Fund report looks to recent joint policy publications like Public Health England's 'Planning Healthier Places'<sup>5,6,7</sup> which uses case studies to highlight where and how Public Health teams and their colleagues can begin to work more effectively. Well known examples include the stance adopted by Waltham Forest Council, stating that,

*“planning permission will not usually be granted for Class A5 shops which fall within a 10 minute walking distance (~400m) from the boundary of either a school... youth facility... or parks”*

This has already resulted in 8 out of 10 fast food outlet applications being refused<sup>8</sup>. St Helen’s Council has also produced its own supplementary planning document on hot food takeaways. So-called cumulative impact approaches have also attracted attention from areas experiencing the health and social effects of problem-drinking.

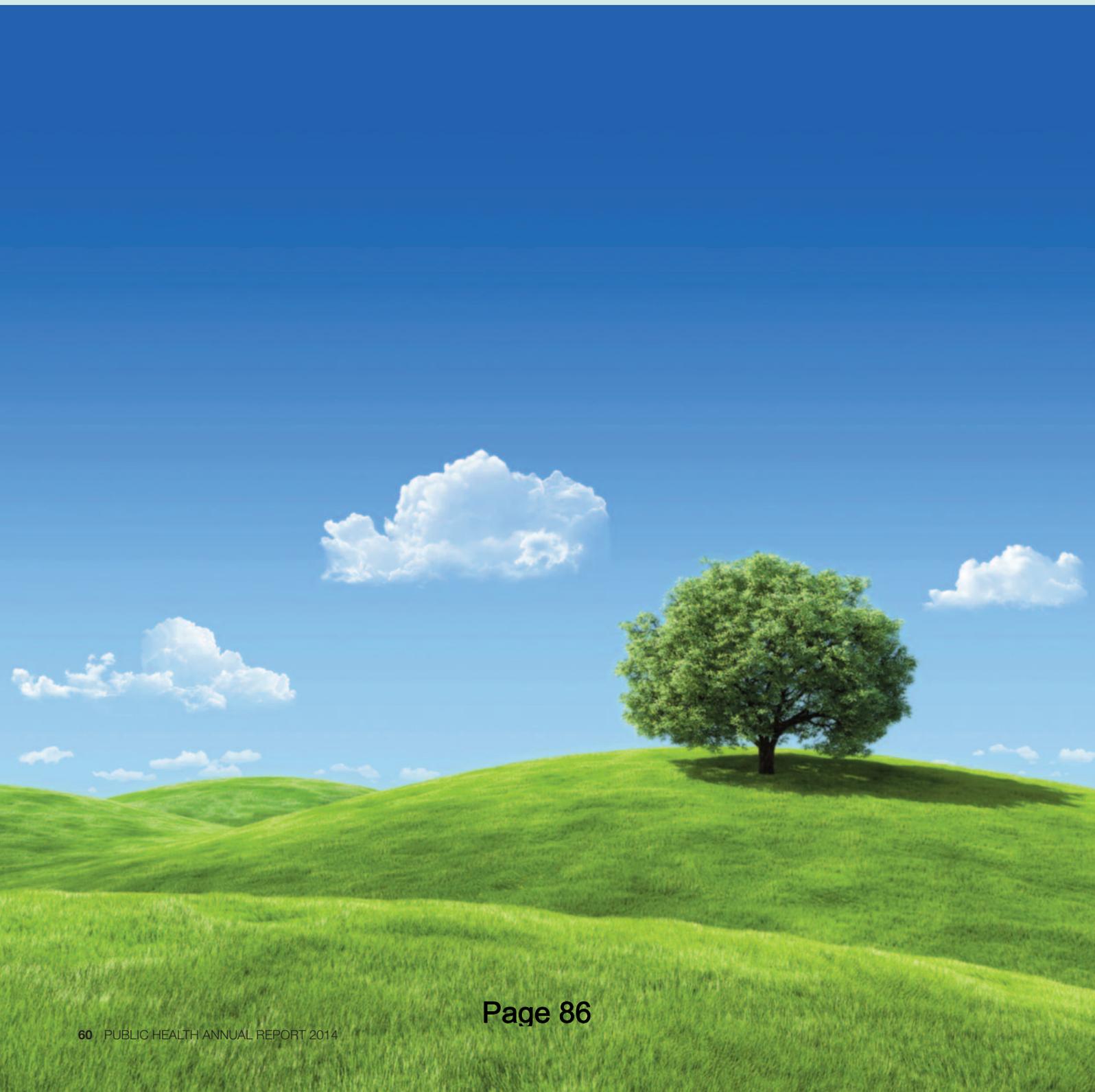
## Where should we go from here?

1. Public Health should support the planning process through closer working.
2. As a starting point greater use can be made of the growing literature on planning healthy places, but action may also be required to address gaps in knowledge and skills that could be a barrier to truly effective inter-disciplinary working.
3. Examples of the successful use of planning policy to limit excessive concentrations of fast food outlets, such as that adopted by Waltham Forest Council should be studied to see how this might work locally.

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# Looking back, moving forward



## Continuing action on social isolation in Wirral.

Last year's Public Health Annual Report on social isolation has become one of the most talked about in recent years. Social isolation and chronic loneliness are now firmly recognised as important risk factors for poor health and strike a deep chord with all of us.

Posing the question, 'everyone's responsibility?', the last Public Health Annual Report clearly spelled out why this issue should be a target for action not just in the Council, but across wider public, private and third sector partners and Wirral communities.

In order to bring focus and clarity to the task ahead the report concluded with six recommendations. Each of these is revisited below with examples of local initiatives that show how far we have already come, and the potential to do much more.

- *Individuals within local communities should be encouraged to take some responsibility for identifying, 'reaching out' supporting potentially isolated people within their own communities*

For anyone looking for an opportunity to invest some of their own time in tackling social isolation locally Community Action Wirral helps to put would-be volunteers in touch with local groups and activities, many of which have a specific focus on addressing social isolation, for example support for carers, help following bereavement or befriending. The associated website WirralWell.org receives 2,300 'hits' a month, can be translated into nine languages and lists over 1,000 different groups and activities.

Advocacy in Wirral supports people experiencing issues with their mental health, drugs or alcohol. The Women's Mental Health Peer support group is now thriving and offers dependable, friendly support to women at drop-in sessions, and also organises outings. The group recognises that when people are living with isolation every day, taking the first step and simply sitting alongside people who understand can deliver a powerful boost to wellbeing.

Another example of a self-starting initiative that is continuing to grow is 'Soup n Support'. Based at West Kirby Methodist Church, Soup n Support is a monthly lunch for carers. Coming together for just a couple of hours helps attendees take a break from the physical and emotional isolation that around half of all carers experience. There are talks from services that offer carer support, but often it is simply having the space, time and understanding to offload and re-energise that means the most.

- *The newly emerging constituency committees should play a crucial role in identifying 'community connectors' who could identify potentially isolated or vulnerable people within their neighbourhoods*

Neighbourhood managers have also taken steps to actively promote action to reduce social isolation, with notable campaigns in Wallasey and Birkenhead. In Wirral West the onset of the cold winter weather was accompanied by the launch of the 'Stay Safe, Warm and Well' project, which uses staff and volunteers from organisations such as Age UK Wirral and Magenta Living to reach out to vulnerable, often isolated older people to supply warm clothing, blankets, health checks and information on staying safe and warm throughout the winter. Elsewhere, Age UK has also been promoting its Friends in Action service for people aged 50 and over, which offers a combination of practical support and befriending, using local volunteers.

- *All frontline health and social care workers should, as part of their daily work, become aware of the dangers of social isolation and find ways to connect people to activities or organisations that can help*

Health and social care services often work with people who may have become isolated. Giving frontline staff the skills and information to help people reconnect is one important way of turning the tide of social isolation.

Wirral University Teaching Hospital NHS Foundation Trust (WUTH) recently held a social isolation event for trustees. The afternoon was led by WUTH's chairman Michael Carr, with Director of Public Health, Fiona Johnstone providing the keynote speech. The occasion was an opportunity for local groups and services

to showcase their work on social isolation and to build links with one another. Attendees heard from representatives of groups set up to support people with learning difficulties, carers, ex-seamen, men, older people, and people affected by stroke. The hospital's matron for Older People's services, Margaret Davies spoke about isolation as a key feature of dementia and highlighted the success of Arrowe Park Hospital's innovative 'Memories café'.

Other examples of organisations seeking to offer more when it comes to identifying and reducing social isolation come from within Wirral's Integrated Recovery Drug and Alcohol service, where staff have received training to promote the many health and wellbeing related activities offered by the Livewell service. Advocacy in Wirral has also developed a network of 'recovery mentors' who work within GP practices to identify people whose mental health is affected by their isolation and assisting them to get in touch with local support and social activities.

- *Health impact assessments should be carried out by all commissioning organisations on any proposed service development in order to assess the potential impact on social isolation for vulnerable groups*

Community Action Wirral's Outreach team has conducted a comprehensive piece of research into the positive impact of Wirral's network of luncheon clubs. These currently reach an estimated 1,600, mostly older people and often supply advice, support and onward referral in addition to tasty food and good company. Unsurprisingly, feeling less isolated was reported as a major benefit by regular visitors at lunch clubs. However, lunch clubs now face significant challenges to their sustainability e.g. sufficient volunteers, and rising costs of food and venues, and these are addressed with specific recommendations.

- *Statutory, voluntary and community organisations and groups must work together to ensure that community capacity is built through programmes such as Asset Based Community Development(ABCD)*

Wirral can take pride in its many new and ongoing grassroots initiatives to tackle social isolation. These are great examples of assets-based working, harnessing the energy and talents that already exist in our communities (see the 'strong communities' section of this report). Examples range from the faith-based, for example TLC (Tea, Listening and Company) at Christ Church Moreton, and the Jireh Community Project in Bebington; to groups united by a shared experience, such as AMMO (All Military Members Organisation) or West Kirby Self-Help Support Group for people with mental health problems; to community projects that generate a spirit of collective endeavour; for example the Joseph Mayer Community Partnership, which is working

to redevelop Bebington's Joseph Mayer Buildings for the use of local people.

- *Wirral's Health and Wellbeing Board should ensure that the recommended actions to address social isolation contained within separate local strategies, e.g. Wirral Carers strategy and the Wirral Ethnic Health Advisory Group strategy, are joined up where it is sensible and practical to do so*

We are currently reviewing the Joint Health and Wellbeing Strategy and will look to ensure this recommendation is visible in the future approach.

By its nature social isolation is often hard to spot and easy to overlook; the rise in awareness and proliferation of local initiatives are very positive, but now is not the time to rest on our laurels. The problem of social isolation in Wirral needs to stay in the spotlight - 'what can I do?' and 'what can my organisation do?' are questions we must continue to ask.

There is no simple 'fix' to social isolation. We are choosing to develop our work on this using systems leadership and social movement approaches, which will build on assets, existing schemes and the enthusiasm of those who recognise the need for strengthened community resilience.

## Sources of further help and information

### **Advocacy in Wirral**

Offers advice, support and representation to people in Wirral with mental health problems.

[www.aiw.org.uk](http://www.aiw.org.uk)

0151 650 1530

### **Age UK Wirral**

Provides advice, services and support to make life easier for older people.

[www.ageuk.org.uk/wirral](http://www.ageuk.org.uk/wirral)

Advice hotline: 0300 3330 0111

### **All Military Members Organisation (AMMO)**

Provides support and activities to Wirral's military veterans.

[www.recoverywirral.com](http://www.recoverywirral.com)

Advice hotline: 0151 649 0138

### **Campaign Against Living Miserably (CALM)**

Support for men of any age, who are down or in crisis via a helpline and website.

[www.thecalmzone.net](http://www.thecalmzone.net)

0800 58 58 58

### **Campaign to End Loneliness**

Draws on research and inspiration from across the UK to offer ideas to both individuals and those working with older people.

[www.campaigntoendloneliness.org](http://www.campaigntoendloneliness.org)

020 7012 1409

### **Carers Trust**

Information, advice and practical support for carers.

[www.carers.org](http://www.carers.org)

0844 800 4361

### **CAW (Community Action Wirral)**

Offers a wide range of support to all voluntary, community and faith organisations working in Wirral.

[www.communityactionwirral.org.uk](http://www.communityactionwirral.org.uk)

0151 353 9700

### **Childrens Centres**

Local centres providing childcare, family support and a range of parent and toddler activities.

[www.wirral.gov.uk](http://www.wirral.gov.uk)

0151 606 2000

### **Connexions**

Independent information, advice, guidance and support service for all young people aged 13 to 19.

[www.connexionslive.com](http://www.connexionslive.com)

0800 0126 606

### **Contact a Family**

Support for the families of disabled children.

[www.cafamily.org.uk](http://www.cafamily.org.uk)

Helpline: 0808 808 3555

### **Cruse**

Offers information and support to people after the death of someone close.

[helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

0844 477 9400

**Healthwatch Wirral** [www.healthwatchwirral.co.uk](http://www.healthwatchwirral.co.uk)  
Healthwatch Wirral is there to make sure local peoples' views on health and social care services are heard. 0151 230 8957

**Home-Start Wirral** [www.homestartwirral.co.uk](http://www.homestartwirral.co.uk)  
Home-based friendship and support to families on Wirral as part of a wider network of Home-Start schemes nationally and internationally. 0151 647 8369

**Irish Community Care Merseyside** [www.iccm.org.uk](http://www.iccm.org.uk)  
ICCM is a charity, which offers and develops culturally sensitive services for the Irish community. 0151 237 3987

**Joint Strategic Needs Assessment (JSNA)** [www.info@wirral.nhs.uk](mailto:www.info@wirral.nhs.uk)  
The source of evidence that underpins the report.

**Listening Ear** [www.listeningearmerseyside.org.uk](http://www.listeningearmerseyside.org.uk)  
A bereavement service specialising in services for people who have experience of particularly traumatic losses, for example from suicide. 0151 488 6648

**Merseyside Society for Deaf People** [www.msdp.org.uk](http://www.msdp.org.uk)  
Support to help deaf, deafened and deaf/blind people to live more independently. 0151 228 0888

**Puffell** [www.puffell.com](http://www.puffell.com)  
Puffell is an online community that helps people connect to support and encourage one another as they work towards goals to improve health, wellbeing and happiness.

**The Quays Project** [www.aiw.org.uk](http://www.aiw.org.uk)  
AiW also runs The Quays Project, which offers advice and support to anyone whose life has been affected by alcohol or substance misuse. 0151 649 0138

**RASA** [www.rasamerseyside.org](http://www.rasamerseyside.org)  
RASA provide specialist support and counselling to victims of sexual violence. 0151 633 2151

**The Right Side of Care** [www.therightsideofcare.com](http://www.therightsideofcare.com)  
The online resource for all Looked After Children in Wirral. All the information you need to help you understand the process in one place.

<b>Samaritans</b> A 24-hour confidential telephone helpline.	<b>www.samaritans.org</b> 08457 90 90 90
<b>Support Line</b> Confidential emotional support to children, young adults and adults.	<b>www.supportline.org.uk</b> Helpline: 01708 765 200
<b>Teen Wirral</b> Website that brings together a variety of information and advice for teenagers.	<b>www.teenwirral.com</b>
<b>Time bank</b> A national charity that supports individuals and businesses with volunteering.	<b>www.timebank.org.uk</b> 020 3111 0700
<b>Tomorrow's Women Wirral</b> Tomorrow's Women is a charity whose aim is to reduce female imprisonment, offending and to provide support and assistance to women who want to make positive lifestyle changes.	<b>www.tomorrowswomenwirral.org.uk</b> 0151 647 7907
<b>University of the Third Age</b> Lifelong learning co-operatives for older people no longer in full time work, providing opportunities for shared learning experiences in a wide range of interest groups and to pursue learning not for qualifications, but for fun.	<b>www.u3a.org.uk</b> 020 8466 6139
<b>Vision 2018</b> Vision 2018 is the plan to re-shape health services and social care in Wirral, whilst supporting people to take more responsibility for looking after their own health. You can find out more on the Wirral Clinical Commissioning Group's website.	<b>www.wirralccg.nhs.uk</b> 0151 651 0011
<b>Wirral Carers</b> A source of information about organisations and services that can support carers.	<b>www.wirralcarers.co.uk</b> Helpline: 0151 670 0777
<b>Wirral Change</b> A black and racial minorities outreach service.	<b>www.wirralchange.org.uk</b> 0151 649 8177
<b>Wirral Hospice St John's</b> Wirral Hospice St John's provides Specialist Palliative Care and support for patients with severe and progressive disease, where curative treatment is no longer possible.	<b>www.wirralhospice.org</b> 0151 334 2778

<b>Wirral Information Resource for Equality and Disability (WIRED)</b>	<b>www.wired.me.uk</b>
An organisation of and for disabled people and carers that provides a range of services to people, acts as an umbrella organisation for other local disability groups and promotes the inclusion of disabled people into society.	0844 880 1500
<b>Wirral Integrated Recovery Service</b>	<b>www.cri.org.uk/wirral</b>
Offers a full range of support to people who are experiencing problems with any substances, including 'legal highs', other drugs and alcohol dependency.	0151 556 1335
<b>Wirral leisure centres</b>	<b>www.wirral.gov.uk</b>
	0151 606 2000
<b>Wirral libraries</b>	<b>www.wirral.gov.uk</b>
	0151 606 2000
<b>Wirral MIND</b>	<b>www.wirralmind.org.uk</b>
Advice and support for anyone with a mental health problem.	0151 512 2200
<b>Wirral Multicultural Organisation</b>	<b>www.wmo.org.uk</b>
Advice, information and support to members of Wirral's BME communities.	0151 666 4547
<b>Wirral Pathfinders</b>	<b>www.wirralpathfinders.org.uk</b>
A self help group, providing support for anxiety and depression sufferers and their families.	0151 334 2111
<b>Wirral Society for Blind and partially sighted</b>	<b>www.wirralsociety.org.uk</b>
Offers help, support and advice to those with serious sight problems in Wirral.	0151 652 8877
<b>Wirralwell</b>	<b>www.wirralwell.org</b>
An online and telephone directory for health, social care, wellbeing and events, groups and activities.	0151 638 9179
<b>Wirral Women and Children's Aid</b>	<b>www.wirralwomensrefuge.co.uk</b>
A refuge for women and their children who need a place of safety.	Helpline: 0151 643 9766

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