

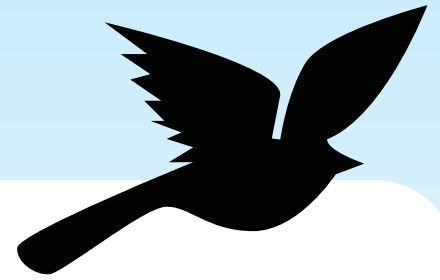
# Delivering Public Health in a changing environment

Sefton's Health 2013

Annual Report of the Director of Public Health



Wider Determinants  
Health Improvement  
Healthcare  
Health needs in Sefton  
Health Protection



I would like to thank all the people who have contributed to my Annual Report on the health of the people of Sefton. I would also like to thank everyone who has made a contribution to making the lives of people healthier and happier during the last year. I hope you will continue to do everything you can to make people's lives better.

## Acknowledgements:

### Sefton Council

Diane Bolton Maggs

Emer Coffey

Hannah Chellaswamy

Rosanna Gatehouse,  
*Risk Mitigation Manager*

Margaret Jones

Pat Nicholl

David Packard,  
*Director of Environment*

Hayley Teshome Tesfaye

Linda Turner

Carol Turton

Alex Westwell

### Public Health England and NHS England

Evdokia Dardamissis,  
*Consultant in Communicable Disease Control*

Joanne Dillon,  
*Senior Health Protection Practitioner (Nurse)*

Siobhan Farmer,  
*Speciality Registrar in Public Health, Mersey Deanery*

Richard Jarvis,  
*Consultant in Communicable Disease Control*

Daniel Seddon,  
*Screening and Immunisation Lead (Merseyside)*



# Contents

---

**Chapter 1** - page 4  
*Welcome to Sefton's Health 2013*

**Chapter 2** - page 10  
*Health Needs in Sefton*

**Chapter 3** - page 16  
*Wider Determinants*

**Chapter 4** - page 24  
*Health Improvement*

**Chapter 5** - page 30  
*Health Protection*

**Chapter 6** - page 40  
*Healthcare*

Health Protection  
Health Improvement



## Welcome to Sefton's Health 2013

Dr. Janet Atherton,  
Director of Public Health

### AT A GLANCE

"It's about looking to the future, improving Sefton's health and wellbeing."

### WELCOME

Each year, my annual report gives me the opportunity to review Sefton's health, highlight local work to improve health and wellbeing and reduce health inequalities. It also enables me to celebrate the achievements of the past year and look to the future, consider key challenges and make recommendations about priorities to improve Sefton's health and wellbeing.

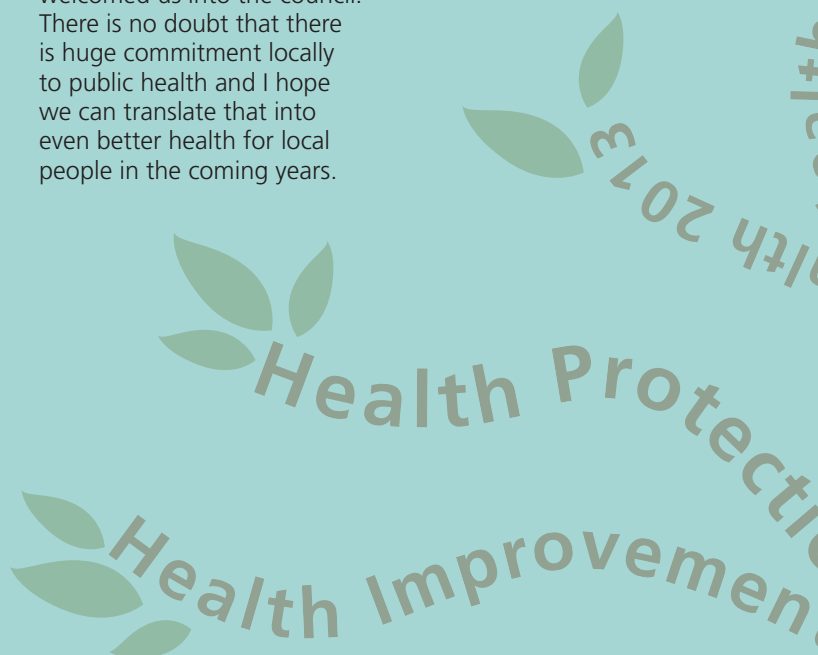
I would like to thank everyone in the Public Health team who have shown their dedication to continue to improve Sefton's health during what has at times been a difficult period of transition with prolonged uncertainty.

I would also like to thank council staff and elected members who helped us through the transfer and welcomed us into the council. There is no doubt that there is huge commitment locally to public health and I hope we can translate that into even better health for local people in the coming years.

### IN PICTURES



Dr Janet Atherton  
Director of Public Health



## New responsibilities - Improving Health and Wellbeing

### AT A GLANCE

“Most importantly, Sefton Council now has the overall responsibility for protecting and improving the health of our local population.”

### HEALTH AND WELLBEING IN SEFTON

Public health has experienced many changes during the past year as a result of the Health and Social Care Act 2012. On a national level, a new public health service has been established: Public Health England; Primary Care Trusts (PCTs) have been replaced by Clinical Commissioning Groups (CCGs) and a national commissioning body, NHS England, has been established to oversee local commissioning of health services and to provide leadership to improve quality and patient outcomes.

Locally, the most significant change for public health has been the transition of public health from the NHS into local government. This transition has brought with it new roles and responsibilities for Sefton Council. The council now has a stronger role in shaping local services and tackling health inequalities throughout the borough. Most importantly, Sefton Council now has the overall responsibility for protecting and improving the health of our local population.



Sefton Council has established Sefton's Health and Wellbeing Board. This previously met in a shadow form and became fully operational on 1st April 2013. The Board is chaired by Councillor Ian Moncur and brings together key organisations from across the NHS, Sefton Council and Healthwatch. The main functions of the Board are to examine local needs, promote integration and partnership working and to set priorities for action to improve Sefton's health and wellbeing.

The Board has developed a local Health and Wellbeing Strategy that sets out six key priority areas, on which future work will be based.

In addition, there are a number of mandatory services that the local authority must provide, including NHS Health Checks, Sexual Health Services and the National Child Measurement Programme. There are also plans in place to protect the health of the public and the local authority is required to provide public health advice to NHS Commissioners.



## Keeping Focused

### AT A GLANCE

“Sefton’s Stop Smoking Services are the most effective in the North West and within the top five stop smoking services in England”

During this time of change, we have ensured we have stayed focused on our key priorities - improving healthy life expectancy and reducing inequalities in health throughout the borough.

I am pleased to report that a lot has been achieved including:

**Sefton’s Stop Smoking Service:** Sefton’s Stop Smoking Services are the most effective in the North West and within the top five stop smoking services in England (when considering number of quitters out of the total number of smokers). 7.9% of all adult smokers successfully stopped smoking after four weeks using our stop smoking service in 2011/12 compared with only 3.5-5.3% in comparable areas.

**Smokefree Play areas:** All Sefton’s 60 play areas have become smokefree. Sefton introduced the voluntary no smoking code in all public play areas to deter children from taking up smoking – the single biggest cause of ill health and death.

**Breastfeeding:** Sefton received international recognition from UNICEF (United Nations Children’s Fund) after successfully achieving an outstanding assessment of their breastfeeding service and was awarded ‘Stage 2’ of the Baby Friendly Initiative (BFI).

**Physical activity:** Sefton’s Active Sports Programme is the first multi project initiative in the UK to be awarded the prestigious 2012 “Inspire Mark.” The Programme has inspired thousands of young people to participate in sport, physical activity and volunteering. Outdoor gyms have also been installed in 37 of our parks and green spaces.

**Abdominal Aortic Aneurysm Screening (AAA):** From June 2013 men in Sefton aged 65 years old and over are invited to participate in the AAA national screening programme. This aims to detect those at risk or with early signs of aortic aneurysm (ballooning of main artery in the abdomen).

**Health Checks:** The national NHS Health Check programme aims to assess and reduce the risk of developing heart disease, stroke, kidney disease and diabetes in people aged 40-70. Sefton has the best uptake for health checks in the Merseyside area, nearly 40,000 people have been invited for a health check since April 2010 and 22,000 people have chosen to take up their check.

**Immunisation Uptake:** Childhood Immunisation, Sefton’s rate is higher than the national average. In 2012/13, 90% of children have received their second dose of measles, mumps and rubella (MMR) vaccine by their 5th birthday. In the winter of 2012/13 more than 75% of people in Sefton aged 65 and over were vaccinated against seasonal flu.



## New Opportunities

### AT A GLANCE

“Despite life expectancy in Sefton increasing by three years over the last 10 years for both men and women, an unacceptable gap remains in life expectancy between our most affluent and poorest wards - for males this is 11 ½ years and 10 ½ years for females.”

### New Opportunities

Sefton has a long history of partnership working, which public health has been a key part of for many years. Now, as public health is part of the local authority, we are able to strengthen these existing partnerships and capitalise on new opportunities to improve health by working on the factors underpinning good health, such as housing, transport and economic development. These are more readily addressed through councils.

In addition, the transition to the local authority has provided an opportunity for us to review our current work and to plan for the future. We are currently reviewing our commissioned services.

### Challenges Ahead

Although we have many key achievements we still face a number of health challenges.

Despite life expectancy in Sefton increasing by three years over the last 10 years for both men and women, an unacceptable gap remains in life expectancy between our most affluent and poorest wards - for males this is 11 ½ years and 10 ½ years for females.

The number of premature deaths, (under 75 years) are falling but there are still approximately 380 premature deaths per year from cancers and 210 from circulatory diseases.

Public Health England has recently launched Longer Lives - in response to a recent 'Call to Action' on premature mortality by the Secretary of State for Health. Longer Lives is a website which provides an overview of the main causes of premature mortality - cancer, heart disease and stroke, lung disease and liver disease. It highlights variations across all the local authorities in England.

### Other Key Challenges Include:

**Mental health and wellbeing:** This remains the largest cause of illness and disability, with large numbers experiencing poor mental wellbeing.

**Unhealthy Behaviours:** Across Sefton 20,000 adults report a combination of three or four unhealthy behaviours such as smoking or high alcohol consumption. These levels are highest among men and in more deprived areas of the borough.

**Loneliness:** This is an increasing problem amongst older people; national figures indicate that 10% of older people feel lonely. This represents about 5,700 people in Sefton.



# Chapter 1

Welcome to Sefton's Health 2013

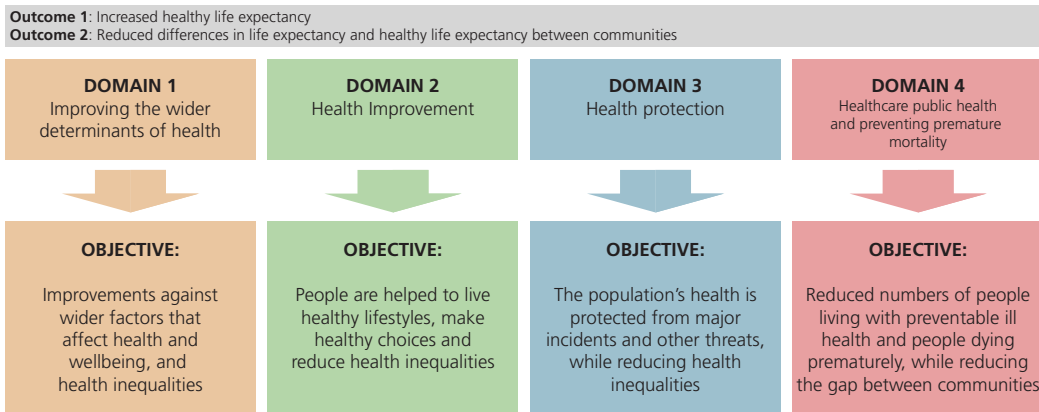


## New Ways of Working

The Public Health team structure has been aligned with the new Public Health Outcomes Framework (PHOF). The framework has four domains: Wider Determinants, Health Improvement, Health Protection and Health Care. The work of the team is divided into these four main areas.

This report provides an introduction to each public health work stream, giving examples of current work and sets out our priorities for future action.

### Public Health Outcomes Framework





## Chapter 2

# Health Needs in Sefton

### INTRODUCTION

We aim to work with others to protect and improve the health of everyone in Sefton, at the same time as targeting those with the poorest health to improve their health fastest.

We measure our progress in achieving this through the Public Health Outcomes Framework (PHOF). This framework is a nationally agreed dataset that details the desired outcomes and indicators for public health.

### IN PICTURES



Health Protection  
Health Improvement

# Health Needs in Sefton Population

AT A GLANCE

“Sefton’s population has decreased to approximately 273,800 in 2011, from 283,000 in 2001.”

POPULATION

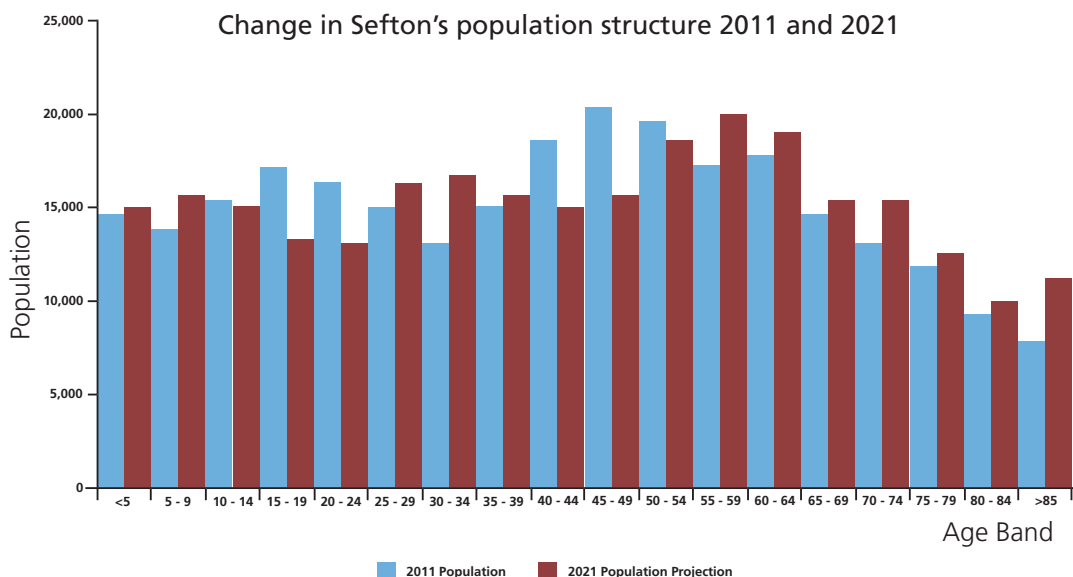
Since the last Public Health Annual Report, the results of the 2011 Census have been published. Updating Sefton’s population figures enables us to review and revise our residents health needs and determine what targeted action is required for specific groups or areas.

Sefton’s population has decreased to approximately 273,800 in 2011, from 283,000 in 2001. The greatest drop is in the under 20 years, from 71,500 in 2001 to 60,700 in 2011. In contrast the population aged 65 years and over has increased from 53,500 to 57,000. With 21% of our residents being in this older

age group, it will have a greater impact on local services than in Merseyside boroughs or the North West as a whole.

Despite a reduction between 2001 and 2011, Sefton’s population is projected to rise by 1% between 2011 and 2021 to approximately 276,800. This is predominantly due to an increase of 16% in residents aged 65 and over. There is also a projected increase of 8% in those aged 10 and under (from 31,300 to 33,700). These increases are mostly offset by a decrease in people of working age (18-64 year olds).

IN PICTURES





# Health Needs in Sefton

## Life Expectancy

AT A GLANCE

“Life expectancy in Sefton varies considerably, across wards depending on levels of affluence or deprivation.”

LIFE EXPECTANCY

Ward	Males	Females
Ainsdale	81.3	87.3
Birkdale	80.6	83.3
Blundellsands	80.9	83.9
Cambridge	75.7	81.9
Church	73.6	79.6
Derby	72.2	80.5
Dukes	74.8	80.8
Ford	76.1	81.2
Harrington	80.1	85.4
Kew	75.6	78.8
Linacre	69.7	76.9
Litherland	74.6	81.1
Manor	77.9	82.5
Meols	79.8	84.9
Molyneux	80.9	85.9
Netherton and Orrell	75.3	80.2
Norwood	77.6	81.3
Park	79.5	85.5
Ravenmeols	80.4	86.0
St Oswald	73.6	79.0
Sudell	80.2	85.9
Victoria	79.6	83.7

Life expectancy by ward 2008 - 2011

### Life Expectancy

Sefton’s average male life expectancy has increased to 77.4 years and 82.7 years for women. In England average life expectancy is 78.6 years for men and 82.6 years for women.

Life expectancy in Sefton varies considerably, across wards depending on levels of affluence or deprivation. Life expectancy in deprived wards is 11.6 years lower for men and 10.4 years for women than in the most affluent areas of Sefton.

## Public Health Outcomes Framework - Sefton's Position

### IMPROVING THE WIDER DETERMINANTS OF HEALTH

Income and wealth have considerable impacts on health and there is significant variation across the borough. In 2010, more than 11,000 children lived in poverty. In some parts of Sefton this was more than half the children, compared to an average of 20%. An additional 2,000 children (or 5%) were living in families in the 60%-70% median income bracket, and could be described as living in 'just coping' circumstances. They are a group likely to be most affected by welfare reform changes.

Almost 7,500 people in Sefton claim job seeker's allowance. This figure is higher than the regional and national average, particularly among young people.

Approximately 750 young people aged 16-18 years are not in education, employment or training. The rate (7.8%) is higher than the regional and national average.

Sefton has low levels of people killed or seriously injured on roads. This rate is lowest in Merseyside and significantly lower than the North West and England.

### HEALTH IMPROVEMENT

In 2010, more than 20,000 people in Sefton (9.5% of adults) reported three or four unhealthy behaviours (smoking, excessive alcohol use, poor diet and low levels of physical activity). Rates varied considerably across the borough.

Currently, 54% of Sefton's babies are breastfed at birth (2012/13). This is similar to the previous year, but significantly lower than the England rate of 73.9%. This rate drops to 27.5% at six to eight weeks old. This is an increase from 26.5% in the previous year but also significantly lower than the England rate of 47.2%.

The latest results from the National Child Measurement Programme (NCMP) (2011/12) show that obesity levels in children in Reception (aged 4-5) and Year 6 (aged 10-11) have dropped compared to the previous year (10.4% to 9.6% for year R and 20.7% to 19.8% for year 6). However, the proportion of overweight children has increased for year R (14.2% to 15.4%) and has stabilised in year 6 at 15%. These figures are higher than the England averages.

Recent survey results show, in Sefton, overall mental wellbeing is higher in comparison to Merseyside and the North West. Almost 15% of adults report low levels of mental wellbeing and 21% report high levels.





## Public Health Outcomes Framework - Sefton's Position

### HEALTH PROTECTION

Vaccination is a key public health action for protecting children and adults from common and serious illnesses.

Almost every family gets their child fully vaccinated against illnesses, such as measles, mumps and rubella (MMR) or tetanus, meningitis, and polio. In Sefton, more than 19 out of 20 infants complete their vaccination courses up to 2 years old.

In 2012/13 almost 90% children received their second dose of measles, mumps and rubella (MMR) vaccine by their 5th birthday. This has improved from around 85% in 2011/2012.

In 2012/13's winter, more than 75% of Sefton's residents aged 65 years and over were vaccinated against seasonal flu, which is above the national average. However, vaccination rates were not as high for the under 65's, who are at increased risk of flu complications because of chest disease or other long term conditions. Vaccination rates were also low amongst pregnant women, who can become seriously ill if they get influenza. We need to increase vaccination amongst these at-risk groups in 2013/14.

### HEALTH CARE

Early or premature (before the age of 75 years) deaths have been falling across the borough but they need to continue to decrease. Living Longer and Healthier Lives is a challenge set by the government for all local authorities.

In Sefton, between 2009 and 2011, there were almost 3000 premature deaths. Out of 149 local authorities, Sefton was ranked 138th for liver disease, 96th for lung disease, 90th for cancer and 73rd for heart disease and stroke. This means Sefton is ranked worse than the England average for all four conditions. However, Sefton is tackling these issues using interventions described in the Longer Lives website.

### FIND OUT MORE:

**Liverpool City Region Child Poverty Needs Assessment link at:** [www.liverpoolcitystrategiesces.org.uk/wp-content/uploads/2011](http://www.liverpoolcitystrategiesces.org.uk/wp-content/uploads/2011)

**Longer Lives link at:** [www.longerlives.phe.org.uk](http://www.longerlives.phe.org.uk)

**National Child Measurement Programme (NCMP) link at:** [www.noo.org.uk/NCMP](http://www.noo.org.uk/NCMP)

**NOMIS, official labour market statistics June 2013 link at:** [www.nomisweb.co.uk/](http://www.nomisweb.co.uk/)

**Public Health Outcomes Framework 2011 link at:** [www.phoutcomes.info/](http://www.phoutcomes.info/)

**Road casualties:** [www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/par/E12000002/ati/102/page/3](http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/par/E12000002/ati/102/page/3)

**“In the winter of 2012/13 more than 75% of Sefton's residents aged 65 years and over were vaccinated against seasonal flu, which is above the national average.”**







## Wider Determinants

### INTRODUCTION

### IN PICTURES

To improve the health of people who live and work in Sefton and reduce inequalities between different areas or population groups, we need to tackle the causes of poor health. As well as addressing what individuals can do, actions are needed to improve the environment in which people live or work.

We know that improving educational attainment, getting people into work, improving the quality of housing, reducing crime and fear of crime, all contribute to better health and wellbeing.

These factors, known collectively as the 'wider determinants of health', have been recognised within Sefton's Health and Wellbeing Strategy. One of the six priorities is to 'seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing.' At a national level, the government has also included this as one of the four pillars of the Public Health Outcomes Framework (PHOF).



## Wider Determinants

### SEFTON'S 20MPH SPEED LIMITS



“Local Sustainable Transport funding, awarded to both South Sefton and Southport, has enabled major expansion in walking and cycling programmes and targeted work to encourage the promotion of public transport.”

### KEY ACHIEVEMENTS

As a council public health team, we work in partnership with council colleagues, and partners in the public, private and third sector, to influence the health impacts of services. During the past year, we have contributed to a number of developments, these include:

#### 20 mph speed limits

The World Health Organization's (WHO) new Pedestrian Safety report (2013) states that one of the most effective ways to improve pedestrian safety is to reduce the speed of vehicles. An essential part of this is speed management measures, which is much more than speed limits.

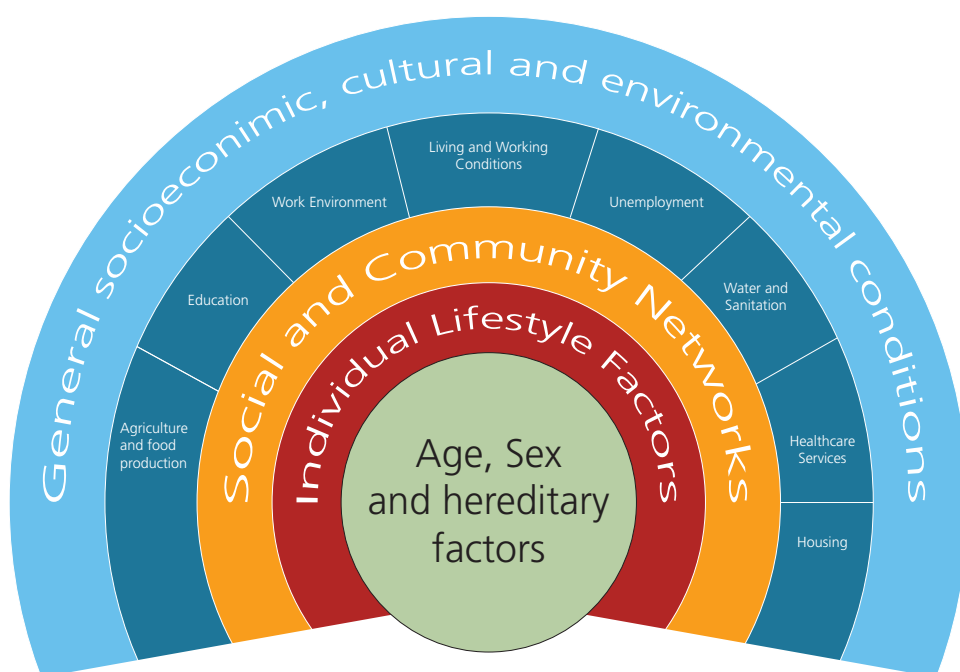
It uses a range of measures in engineering, enforcement and education and adds to the growing evidence base for the national '20's Plenty' campaign. Following the success of Portsmouth, the first city in Britain to implement a 20mph speed limit, in 2011, Sefton introduced a borough wide policy, approved by the Cabinet Member for Transport, reducing the speed limit in all Sefton's residential areas to 20 mph (with the exception of main distributor roads) as a rolling programme over a three or four year period.

In 2012/13, a series of blanket 20 mph speed limit areas were introduced in various areas within Sefton including Grantham Road, Birkdale Mornington Road in Southport and Sandringham Road in Crosby. Eight schemes have been implemented encompassing more than 25,000 residential properties, and a further eight schemes have been agreed for 2013/2014.

Linked directly to this are the education measures recommended in the WHO report. Specific key measures to increase Active Travel in targeted areas across the borough have been developed over many years. Local Sustainable Transport funding, awarded to both South Sefton and Southport, has enabled major expansion in walking and cycling programmes and targeted work to encourage the promotion of public transport.



## Wider Determinants



FACTORS INFLUENCING HEALTH

### Use of outdoor space

Healthy Lives, Healthy People outlines the Government's commitment to protecting our population from serious health threats and adopts the life course framework for tackling the wider social determinants of health. The environment (natural and built) is explicitly recognised as a determinant of health and is set out in the Public Health Framework as a key indicator, 1.16: Utilisation of green space for exercise/health reasons.

From evidence we know those at most risk of poor health often live in the worst environments, which contribute to chronic stress, low self esteem, obesity and physical inactivity. Overall, health is improved with access to green space regardless of socio-economic status. This highlights the importance of providing accessible green spaces to reduce socio-economic health inequalities and improve health outcomes. In addition, the cost effectiveness of improving outdoor space in relation to improving health is well documented.

In Sefton, we are fortunate to have 22 miles of coastline, stretching from Bootle in the south to Southport in the north and have long been aware of the opportunities this can bring to improving people's health. Over the past two years, we have installed 37 outdoor gyms in parks and green spaces across the borough. These are well used by a wide range of people of all ages and physical fitness levels.

Liverpool's John Moores University has completed an evaluation of the gyms to measure health impacts. Parks and green spaces have a range of activities linked to them, including walking and cycling programmes and the green gym. We have worked with Creative Alternatives to install two labyrinths in Marian Gardens, Netherton and Hesketh Park, Southport. The labyrinths are a creative way to address stress and mental health issues and are a welcome addition to the wide range of resources and activities within the parks and green spaces.

We have ensured that the emerging Local Plan for Sefton, setting out the direction for land use over the next fifteen years, includes objectives to 'enable people living in Sefton to live a healthy life' and to 'improve access to a choice of homes, education, jobs, services and facilities, culture and leisure opportunities, and outdoor recreation, particularly by walking, cycling and public transport'

# Wider Determinants

#### IMPACT OF ECONOMIC RECESSION AND WELFARE REFORMS

Over many years it has been documented that health is linked to wealth. In times of economic recession, improving trends in health may flatten off or worsen.

#### **The Austerity Britain Report: the impact of the recession on the UK's health according to GPs'**

Identified that over three-quarters of GPs believed the economic downturn has had a negative impact on their patients' health in the last four years. The impacts included putting off starting a family, an increase in patients drinking more alcohol, people spending less time on themselves and their families because of fears about job security and an increase in new cases of mental health conditions. A recent study has provided evidence, linking the recent increase in suicides in England with the financial crisis that began in 2008. English regions with the largest rises in

unemployment have had the largest increases in suicides, particularly among men. Significant changes to welfare systems have recently been brought in which may impact on people's health.

Many professional groups need to understand the welfare reforms and wider impacts of the economic recession in order to support clients or signpost them to services.

The Citizens Advice Bureau has provided training on welfare reforms for many front line workers.

The Public Health Nurse service was commissioned to provide training for professionals on the economic downturn and how they can support patients. This covered issues such as fuel poverty, food banks, credit unions as well as welfare reforms.

#### IN PICTURES



“Over three-quarters of GPs believed the economic downturn has had a negative impact on their patients' health”



# Wider Determinants

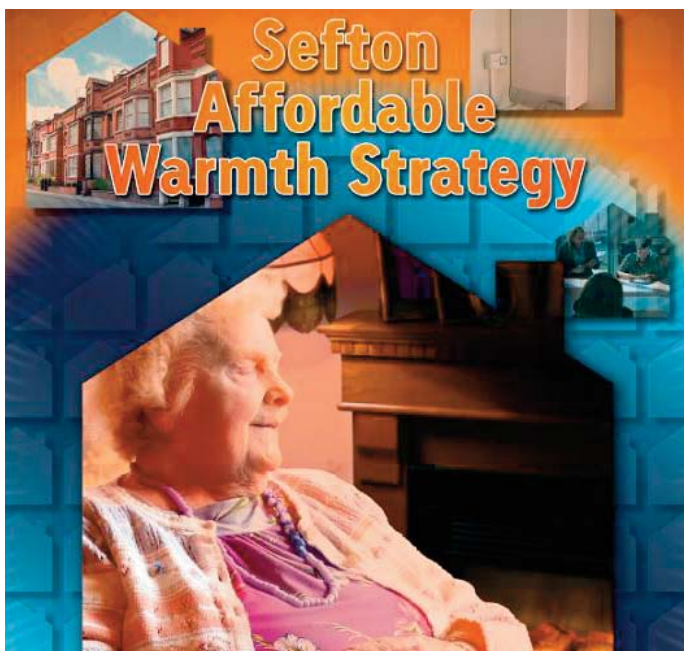
### AFFORDABLE WARMTH

Fuel poverty is when a household needs to spend more than 10% of its income to heat the home. The choices open to people in fuel poverty – going cold, going into debt to pay bills or choosing not to eat in order to heat the home - all impact on health.

The most at risk groups are older people living alone, young children and those with long term illnesses or disabilities. People's inability to heat their homes adequately has an impact on their physical and mental health. Cold damp homes contribute to the burden of preventable illness amongst the most vulnerable people in society. There are currently 205 excess winter deaths in Sefton each year, down from a peak of 277 over the last decade.

The Sefton Affordable Warmth Strategy aims to improve the energy efficiency of housing through collaborative work across organisations; raising awareness of the issue of affordable warmth and enabling organisations to signpost to advice and interventions.

### IN PICTURES



Public health funding has contributed to the council's work on fuel poverty because of the impact on people's health. In 2012/13 almost £250,000 of external funding was secured by Sefton Council's Affordable Warmth service to help residents improve affordable warmth in their homes. Two of the main

national grant schemes ended in January 2013 and have been replaced by Green Deal and the Energy Company Obligation (ECO) schemes. The impact of these changes is not yet known.

### AT A GLANCE

“People's inability to heat their homes adequately has an impact on their physical and mental health.”

# Wider Determinants

## AT A GLANCE

“Working collaboratively across the council to ensure development of the port and surrounding area maximises opportunities to improve health and minimises potential negative impacts”

## FUTURE OPPORTUNITIES AND CHALLENGES

There are many opportunities to influence the wider determinants of health and we are encouraging all partners to review their plans to see how they can improve health and wellbeing in 2013/14. The Public Health team has the following priorities:

- Influencing specific planning policies within the Local Plan to tackle key issues such as the concentration of hot food takeaways. This will include work to collate the evidence to underpin the policy.

- Working collaboratively across the council to ensure development of the port and surrounding area maximises opportunities to improve health and minimises potential negative impacts. This may include commissioning a Health Impact Assessment.
- Preparing for potential changes to licensing of premises for the sale of alcohol. If the government requirement is that health is included as an objective against which applications are to be considered, local data will be required to

make the assessment of potential impacts.

- Better understanding of the impact of gambling on health and provide this information to assist in decisions about the concentration of gambling premises and raise awareness of the impact of easily available on-line gambling.

A Local Plan for Sefton

Sefton Council

**We're all ears**

The Sefton Local Plan is a 15 year strategy to encourage economic growth and ensure future generations have opportunities to live and work in the borough.

EMPLOYMENT  
ENVIRONMENT  
HOMES  
INFRASTRUCTURE  
WELLBEING

**WHATEVER YOUR OPINION  
THIS IS YOUR CHANCE TO TELL US**

Have your say by 27th September 2013  
Go to [www.sefton.gov.uk](http://www.sefton.gov.uk) or visit any Sefton library

## Chapter 3

### Wider Determinants



# Wider Determinants

#### FIND OUT MORE:

**Dahlgren, G. & Whitehead, M. (1991) Policies and strategies to promote social equity in health. Background document to WHO – strategy paper for Europe. Stockholm: Institute for Futures Studies [Online]. Available from:**

[www.who.int/euro/1993/EUR\\_ICP\\_RPD414\(2\).pdf](http://www.who.int/euro/1993/EUR_ICP_RPD414(2).pdf)

**Healthy Lives, Healthy People link at:**

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216096/dh\\_127424.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf)

**Sefton's Affordable Warmth Strategy link at:**

[www.sefton.gov.uk/PDF/TS\\_AffordableWarmthStrategy\\_v6.pdf](http://www.sefton.gov.uk/PDF/TS_AffordableWarmthStrategy_v6.pdf)

**World Health Organisation's (WHO) new Pedestrian Safety report (2013) link at:**

[www.who.int/roadsafety/projects/manuals/pedestrian/en/](http://www.who.int/roadsafety/projects/manuals/pedestrian/en/)

**'The Austerity Britain Report: the impact of the recession on the UK's health, according to GPs' 2012 link at:**

[www.insightrg.com/downloads/austerity-britain-key-findings-august-2012.pdf](http://www.insightrg.com/downloads/austerity-britain-key-findings-august-2012.pdf)

#### IN PICTURES







# Chapter 4

## Health Improvement

### INTRODUCTION

Our Health Improvement work aims to promote healthy living and enable Sefton residents to make healthy choices.

This preventative approach aims to keep people well for longer and contributes to reducing long-term conditions.

### IN PICTURES



Healthcare  
Wider Determinants  
Sefton's Health 2013  
Protection  
Improvement  
Welcome to Sefton  
Health Needs in Sefton

## Health Improvement

### INTRODUCTION

During 2012/2013, we have been working on five priority areas: Alcohol, Breast Feeding, Healthy Weight, Mental Wellbeing and Smoking Cessation:

To support Sefton residents in making positive behaviour changes, we:

- Commission programmes which can be accessed via the Healthy Sefton phoneline. In 2012-2013 approximately 25,000 Sefton residents used the programmes.
- Provide accurate public health information which is available in primary care, healthy living centres, community and leisure facilities and increasingly through new media such as websites, facebook and twitter.
- Use marketing techniques to change unhealthy habits and provide consistent and clear health behaviour messages. We are increasingly tapping into nationally developed campaigns, such as 'Change4Life,' to get better value for money across Sefton.
- Work with many partner organisations to improve healthy behaviours within communities and provide support for individuals. For example, the three healthy living centres (Brighter Living Partnership, Southport, Netherton Feel good Factory, and May Logan Centre, Bootle) provide a hub of activity within their communities. This means, together with health promotion activity provided by Sefton CVS and One Vision Housing, we are able to reach out to some of our most vulnerable communities.

### IN PICTURES





# Health Improvement

## CHALLENGING SOCIAL NORMS - DRY JANUARY

Dry January is a social marketing campaign that sets people a challenge to have a month of not drinking alcohol. It aims to increase alcohol awareness and stimulate conversations about drinking levels around what is considered to be normal.

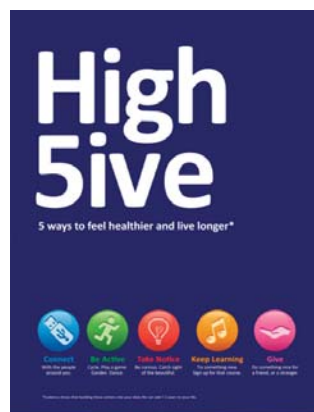
Sefton built on the national campaign by using marketing materials in the local media, pharmacies, colleges, voluntary organisations and housing associations. 190 Sefton residents took part in the campaign, with an estimated sustained reduction in habitual alcohol consumption of between 21% to 23%. Our approach in Sefton is now being used as an example of good practice by the national campaign.

## COMMUNITY DEBATE AND ACTION: TALKING WELLBEING

'Talking Wellbeing' is a toolkit designed to engage groups of young people (14 to 19 years) to discuss issues and lifestyle choices that contribute to building wellbeing. The kit, is based on the 'Five ways to wellbeing' and was commissioned by NHS Sefton, in partnership with the National Children's Bureau (NCB) and developed by Our Life.

Sefton schools, youth organisations, NCB and youth groups contributed to the content and design of the kit to maximise impact of 'Talking Wellbeing'. All schools and youth groups have been encouraged to attend workshops on how to use the kit.

## IN PICTURES



- Connect with the people around you
- Be Active
- Take Notice
- Keep learning-try something new
- Give

## Health Improvement

### BEHAVIOUR CHANGE PROGRAMMES; MOVE IT

MOVE IT is a free six week weight management course for 7-16 year olds and their families who need support with weight maintenance. The programme consists of one 60 - 90 minute session per week focusing on healthy eating and behaviour change as well as fun physical activity.



During 2012/13, MOVE IT programmes took place in 28 schools and leisure centres, with more than 307 children and 109 parents completing courses. All participants experienced positive health gains.

### DEVELOPING THE WORKFORCE - UNICEF BABY FRIENDLY INITIATIVE

The Baby Friendly Initiative (BFI), set up by the World Health Organization (WHO), is a global programme providing practical and effective ways for health services to improve the care provided to all mothers and babies.

In 2013, Sefton successfully passed the accreditation process, for supporting women throughout the borough to breastfeed and were awarded Stage 2 of the BFI.

As part of the assessment process, Baby Friendly assessors visited Sefton to interview a number of staff, including health visitors, nursery nurses and the breastfeeding peer support team, about their knowledge and skills in relation to breastfeeding. The Sefton team scored 100% in 8 out of the 13 areas assessed and over 90% in all other areas.

### AT A GLANCE

“The ‘You Can Too’ campaign was designed to encourage residents that they too can quit smoking by highlighting the number of people who had already used the stop smoking service to successfully quit.”

### YOU CAN TOO

You Can Too is a locally developed social marketing campaign. The campaign was designed to encourage residents that they too can quit smoking by highlighting the number of people who had already used the stop smoking service to successfully quit.



The campaign showcased 50 locations that provide specialist help and support clients to quit, including 26 drop - in clinics as well as 24 local pharmacies. You Can Too was well received and contributed to more than 3,300 local residents successfully quitting smoking with the local stop smoking service during 2012/13.

This is the highest number of successful quitters achieved in any single year since the service began in 2001.



# Health Improvement

## FUTURE OPPORTUNITIES AND CHALLENGES

Many Sefton residents are facing hard times and we know making health behaviour changes at such a time can be challenging. The health improvement programmes aim to support residents to take more control of their own health, for example, by making courses such as Think Differently Cope Differently and Cooking on a Budget more widely available and encouraging greater use of free or low-cost activity such as the outdoor gyms.

We plan to work collaboratively with partners, such as the CCGs to reduce the number of Sefton residents with several unhealthy behaviours, developing a more joined-up approach to individual health. When individuals seek support, for example, stopping smoking, they can also be given the chance to identify and discuss any other healthy lifestyle concerns.

In the community, there is great potential for strengthening the Healthy Places approach. We will build on our award-winning

Healthy Organisations and Community Partnership by increasing the capacity of the wider workforce, health champions and volunteers to create a vibrant network of healthy community activity, strengthening community participation and engagement.

We will use public health intelligence to inform the marketing programme. Public health marketing will ensure that people of all ages can gain access to appropriate information and programmes that improve their health.

### Find out more about:

#### Breastfeeding, links at

- [www.unicef.org.uk/babyfriendly](http://www.unicef.org.uk/babyfriendly)
- [www.feelgoodfactory.org.uk/feelgood](http://www.feelgoodfactory.org.uk/feelgood)
- [www.amazingbreastmilk.nhs.uk](http://www.amazingbreastmilk.nhs.uk)
- [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)

#### Dry January link at

- [www.dryjanuary.org.uk](http://www.dryjanuary.org.uk)

#### For more information on Health and Wellbeing physical activity stop smoking visit:

- [www.healthysefton.co.uk](http://www.healthysefton.co.uk)

or call Healthy Sefton on:

0300 100 1000





## Chapter 5

# Health Protection

### INTRODUCTION

Health protection work is about protecting people from infectious diseases and environmental hazards such as chemicals and radiation.

It also involves working to prevent and respond to incidents and outbreaks that threaten the health of the public. Many organisations are involved in health protection.

### IN PICTURES



## Health Protection

### AT A GLANCE

“The public health director and team work with many different partners to inform and advise about health protection issues, additionally scrutinising and challenging partners to ensure that people are protected. ”

### INTRODUCTION

In April 2013, as a result of the Health and Social Care Act 2012, some important changes were made to the health protection responsibilities of statutory organisations working in Sefton. Sefton Council previously held some health protection responsibilities, including the work of environmental health officers.

The council has now been given a new health protection duty:

- To provide information and advice to people and organisations working in Sefton.
- To promote the preparation of appropriate local health protection arrangements.

In practice, this means that the Director of Public Health needs to be satisfied that there are robust arrangements in place to protect people's health. The public health

director and team work with many different partners to inform and advise about health protection issues, additionally scrutinising and challenging partners to ensure that people are protected. Public Health England, (PHE), also has an important role in health protection.

PHE works at both a national and local Sefton level. PHE has a specialist role, which includes leading the response to incidents and outbreaks, on behalf of the Secretary of State. This specialist work was previously carried out by the Health Protection Agency. PHE provides specialist advice and support to all councils, including Sefton, to help protect and improve people's health.

NHS organisations are also key partners in health protection. Different parts of the NHS are responsible for planning and securing the

health services needed to protect health, mobilising NHS resources in response to incidents and outbreaks. Organisations in Sefton have worked well together in the past on health protection issues and we have continued to do so since April 2013 to ensure we have effective partnerships in the new system. A Health Protection Forum has been created and supports partnerships between agencies. This forum brings together senior representatives from different statutory agencies to provide the Director of Public Health and the Health and Wellbeing Board assurance that health protection arrangements and plans are robust across Sefton.

This chapter provides a range of examples of how partners are working together to protect the public.

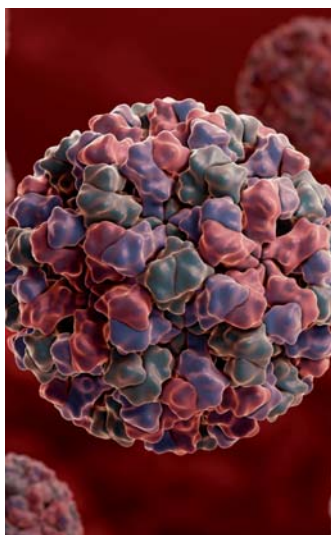






## Health Protection

### IN PICTURES



### Norovirus outbreak in Southport Hotel

In May 2013, the Local Authority, Public Health England and NHS staff investigated a Norovirus outbreak in a hotel in Southport affecting a total of 61 people. Norovirus causes infectious gastroenteritis (diarrhoea and vomiting). Generally the illness is mild, although the symptoms can be very unpleasant, people usually recover fully within a few days.

The outbreak may have initially started with hotel staff, then spread from person to person and in the hotel. Although the hotel co-operated fully, initial control measures proved insufficient as more people became ill.

The hotel had to concentrate prevention efforts on staff areas to stop the virus spreading further. In the service industry, there is a tendency to focus on public and guest areas. However, this outbreak highlighted the importance of ensuring that high cleaning standards are maintained in both guest and staff areas.

The outbreak investigation also demonstrated how different local organisations successfully worked together to reduce the risk to the health of the public.

### Crowland Street Fire

It is routine for key agencies involved in responding to health protection incidents to come together after the incident is over, to review what worked well and whether there are any lessons to learn for future planning or responses.

In April 2013, soon after our new working arrangements came into place, there was a fire at a local recycling centre. The fire was reported to Merseyside Fire and Rescue Service by a member of the public on a Saturday evening. Local residents were advised to stay indoors and close their windows as smoke from fires can affect health, especially the health of people with heart or lung problems, the very young and very old.

Fortunately, the wind was blowing the smoke away from residential areas. The fire was controlled overnight and the following day just needed dampening down.

The Director of Public Health arranged a meeting for partners involved in managing the incident, including Merseyside Fire and Rescue, the Environment Agency, NHS England, Sefton Council and Public Health England, to review the management of the incident.

Although this was not declared a major incident and the risk to the public was low, a key recommendation arising from the meeting was to consider setting up a formal command and control structure for small incidents like this where many agencies need to work together in order to share information effectively.

## Health Protection

### Crosby Coast

The coastline from Crosby to Hightown has historically been prone to erosion by the sea and the River Alt. From 1936 to the mid-1970s the eroded coastline was artificially restored by the tipping of demolition waste, builders' rubble and slag from local tin foundries.

In 2012 site investigation works highlighted that the deposited waste included asbestos-containing materials (ACMs). Due to continuing coastal erosion, the building rubble is being progressively exposed and deposited on the foreshore. Inspections of the foreshore and exposed coastline have identified the presence of asbestos containing material that poses a theoretical risk of exposure to asbestos fibres.

Taking advice from PHE, a joint health risk assessment has been made and an action plan for dealing with ACMs developed. The health risk assessment shows there is no increased risk to health from normal use of the coastal amenity or to residents living nearby.

Due to uncertainty around the constituents of the in-fill and unpredictability of erosion events that may expose it, regular assessments will be made by officers and any newly exposed material will be removed.

PHE have provided advice on sampling methods for an air monitoring strategy to identify whether any asbestos fibres are being released to air. On completion of the air monitoring programme, Environmental Health will work with PHE to assess the significance of the results and identify any appropriate longer term actions.

### Skin Piercing Infection

Piercing and tattooing are increasingly popular but are not without their risks. PHE, Environmental Health and infection control staff have recently investigated a case where a young woman who had a micro-dermal implant piercing was admitted to hospital with a serious bacterial skin infection. PHE called an urgent Incident Control meeting.

Environmental Health Officers visited the piercing premises with the Community Infection Control Team and a safety Prohibition Notice was served when poor standards of practice were found. The operator was required to cease cosmetic piercing until immediate remedial work had been carried out.

Environmental Health and Infection Control staff have continued to monitor the premises to ensure that all standards are met.

New National Tattooing and Body Piercing guidance has recently been published by PHE, and the Environmental Health team has written to all known piercers and tattooists in the Sefton area to make them aware of this. Sefton Council also used the local media to publicise the new guidance.

The link to this guidance has also been placed on the Sefton Council website. Sefton Council is also adapting local bylaws to ensure that body piercers are required to register their premises with the Local Authority prior to operation.



## Health Protection

### AT A GLANCE

“TB rates in Sefton are lower than the national average, with 17 cases of TB being reported in Sefton (9.7 per 100,000 population).”

### TB Cohort Reviews

Tuberculosis, (TB), is often thought of as a disease of the past, but it remains an issue in the North West and the UK. In 2012, there were 8,751 cases of TB reported in the UK (13.9 per 100,000 population). 794 of these were in the North West. Rates in the UK are the highest in Western Europe and are not falling significantly so we still need to continue efforts to reduce the number of people catching TB.

TB rates in Sefton are lower than the national average, with 17 cases of TB being reported in Sefton (9.7 per 100,000 population). This is an increase from seven cases in the previous year, but as numbers of cases are small they can fluctuate randomly from year to year. Most of these cases were in the older white population, and only two cases had recognised risk factors.

Partner agencies are working together to prevent TB through a new system for reviewing how cases of TB are managed, known as a cohort review. Cohort reviews have contributed to a steady decline in the rate of TB in



New York. Therefore, this practice was started across the North West of England in 2012.

Doctors and nurses from different agencies responsible for TB meet every three months to review all the cases of TB in their area. This is to check how effectively patients with TB and the people that they have come into contact with have been managed.

The review is chaired by a senior doctor who specialises in TB management from outside the local area and is attended by TB nurses, local TB doctors and senior public health staff from Sefton Council and Public Health

England. In 2012/13, ten indicators of quality were agreed.

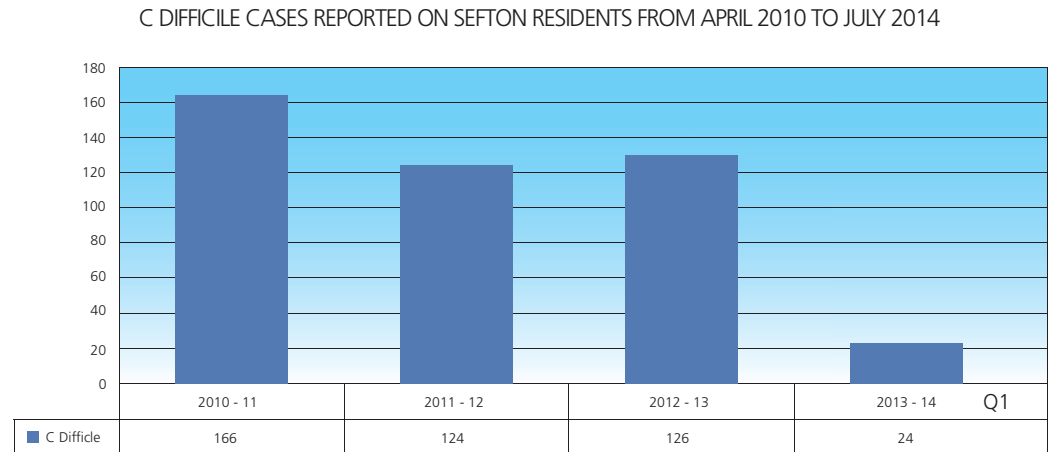
These included ensuring that 100% of people who have come into contact with children diagnosed with TB are assessed and making sure over 98% of all TB cases continue to be reviewed until their treatment is completed. Whilst it is early days, our experience so far is that the process has been useful in highlighting areas of improvement required in the way we manage cases locally.

# Health Protection

## HEALTHCARE ASSOCIATED INFECTIONS (HAIs)

Healthcare Associated Infections are infections that develop during healthcare in hospitals, clinics, nursing homes or in a patient's own home. Infections can follow medical or surgical procedures. Some (but not all) can be avoided where good infection control practices are in place, such as hand washing and the careful use of antibiotics.

Two infections, MRSA blood infections and diarrhoea associated with Clostridium difficile (C difficile), have been selected for national monitoring. Targets have been set for hospitals and CCGs. Data is collected nationally on only these two infections, but can give a useful guide to how successful prevention and control measures are.



In recent years, MRSA and C difficile infections have fallen steadily in Sefton, but there is still work to be done to further prevent infections in hospitals, primary care and care homes. The above table demonstrates the trend in the number of C difficile infections reported in Sefton since April 2010.

Although the number of C difficile infections decreased between 2010 and 2012 there was an increase in the number of infections reported during 2012/2013 compared with 2011/2012. In addition, Sefton has exceeded the targets set, by the Department of Health for C difficile for two years.

For MRSA there has been a steady decline in the number of cases reported since 2010. Since April 2013, a zero tolerance requirement has been issued to all hospitals and CCGs for MRSA. In the first quarter of 2013/14 one case of MRSA has been recorded in Sefton.



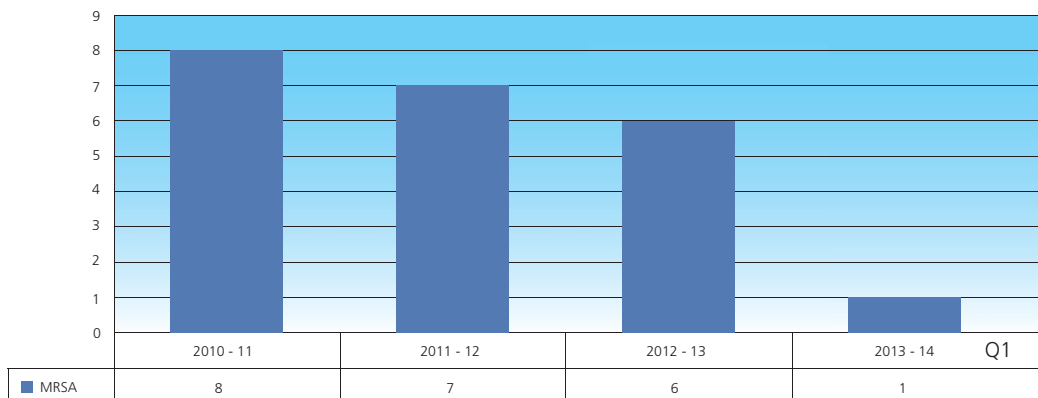
“In recent years, MRSA and C difficile infections have fallen steadily in Sefton, but there is still work to be done to further reduce infections in hospitals, primary care and care homes.”



# Health Protection

AT A GLANCE

MRSA CASES REPORTED ON SEFTON RESIDENTS FROM APRIL 2010 TO JULY 2014



A much greater emphasis is now being placed on the importance of all the agencies involved in a patient's care coming together to investigate and identify the causes of HCAIs. Information gathered from detailed reviews of each case is being used to learn important lessons for all health and social care providers to prevent recurrence of such infections.

A specification for community infection control has been agreed between South Sefton and Southport and Formby CCGs, NHS England Merseyside, Sefton Council and Liverpool Community Health NHS Trust to ensure that infection control support across the community remains robust, including continued support to GP, dental practices and social care. The specification requires close working between community and hospital teams to ensure that the prevention of infections is standardised across all health and social care providers.

“Information gathered from detailed reviews of each case is being used to learn important lessons for all health and social care providers to prevent recurrence of such infections.”

## Health Protection

### CHILDREN'S VACCINES IN SEFTON

Last year, we reported that the uptake of children's vaccines was below the WHO target uptake of 95% for all but one of the childhood immunisations – too low to protect the population effectively from preventable infectious diseases.

In 2012 there was an outbreak of measles in Merseyside because many children aged between 10 and 16 had missed out on vaccinations when they were younger. Flawed research had previously suggested a link between the MMR (mumps, measles and rubella) vaccine and autism.

This was shown to be wrong, but not before thousands of children had missed out on their MMR vaccine. During 2012 and 2013 the MMR vaccine was offered again to children who missed out. A campaign in Sefton schools during 2013 has vaccinated nearly 500 teenagers, and Sefton GPs have vaccinated another 64 teenagers.

The stories to the right show what this means for teenagers today.

*“Julie will have to wait until her baby is born before she can have the jab, and she is determined to get it as soon as possible after that, so that any future babies are protected.”*

### CASE STUDIES

#### **Kyle's story:**

*Kyle is 16 and grew up in Sefton. When he was a one year old, his mum was so frightened by the stories in the papers about autism and the MMR jab that she didn't take him for his vaccination. This year, Kyle decided he wanted to be a nurse, and he got a week's work experience in a local hospital. They asked for his vaccination history, and they insisted he had his MMR jab before his work experience. The hospital had a policy that everyone who worked there, even volunteers, had to be protected from these illnesses so that they didn't pass anything on to patients.*

#### **Julie's story:**

*Julie is 18, and got pregnant this year within a stable relationship. She and her partner were excited about the new baby, but got very worried when they realised that Julie isn't protected against German measles (Rubella) because she missed her MMR jab as a baby. Julie will have to wait until her baby is born before she can have the jab, and she is determined to get it as soon as possible after that, so that any future babies are protected.*



## Health Protection

### AT A GLANCE

Thanks to parents and carers who get their children vaccinated, GPs, their teams and those who work behind the scenes, rates for immunisations have improved significantly in the last year, they are now over or close to the 95% target. Uptake of two doses of MMR in five year olds has improved from 85% to 90%.

High immunisation uptake means that children are protected against serious illnesses such as polio, meningitis, tetanus, measles, mumps and whooping cough. We now need to maintain this much improved performance.

New vaccination programmes are being introduced this year to protect against a wider range of illnesses. 2013 will

see a new vaccine against rotavirus, a common cause of diarrhoea and vomiting in infants. This is expected to reduce hospital admissions by more than 200 across Merseyside. A new influenza vaccine will also be given to 2 and 3 year olds. Both of these vaccines don't need an injection.

“High immunisation uptake means that children are protected against serious illnesses such as polio, meningitis, tetanus, measles, mumps and whooping cough.”



### Find out more:

#### *Vaccination links at*

[www.nhs.uk/Conditions/vaccinations](http://www.nhs.uk/Conditions/vaccinations)

#### *Health Protection information links at*

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





# Chapter 6

## Healthcare

### INTRODUCTION

Public health plays a vital role in directly commissioning and supporting others to commission high quality health services.

Most of us will have had some contact with these services as they help to keep us safe and well from our early years to old age.

### IN PICTURES



Health Protection 2013  
Healthcare  
Wider Determinants  
Sefton's Health Needs in Sefton  
Health Improvement  
Welcome to Sefton

## Healthcare

### AT A GLANCE

#### We directly commission public health services including:

- Substance misuse services
- School nursing
- National Child Measurement Programme (primary school children)
- NHS Health Checks
- Sexual health services
- Breastfeeding support

#### Before commissioning we:

- Assess the needs of the population and advise on how these needs can be met using evidence - based health care.
- Ensure that reducing health inequalities is a priority of any commissioning process
- Review the evidence - base and cost-effectiveness of interventions
- Identify performance and quality indicators

#### Support provided to others includes:

- Provision of public health advice to CCGs on local health needs and work with them to integrate commissioning, e.g. healthy weight strategy
- Work with NHS England and Public Health England on programmes such as the Healthy Child Programme
- Work with ChaMPs to share resources and maximise impact of service development

“Public health plays a vital role in directly commissioning and supporting others to commission high quality health services.”





## Healthcare

AT A GLANCE

### Integration of drug and alcohol services

The transfer of responsibility for public health from the NHS into local authority has provided an opportunity to review existing contracts for service provision and identify whether services are meeting identified needs, getting the best health outcomes and achieving value for money.

The need to improve provision for people experiencing drugs and alcohol problems was identified when we engaged with local communities on the Sefton Strategic Needs Assessment.

Informed by national guidelines, evidence of what works locally and nationally and feedback from service users, the Public Health team worked with procurement, finance, commissioning and

legal colleagues from across the council, as well as key external stakeholders to review the current service provision and developed a service specification for a new Integrated Substance Misuse Service. We then developed a tool to assess and understand the current commissioning requirements for service provision.

A key aspect of the commissioning process has been an increased focus on service users' needs and service user involvement. For example, we listened to feedback from people who use the drug and alcohol services and identified the need to develop an integrated service.

The new service will deliver a recovery-focused service addressing all substance misuse, providing a seamless service to better meet the needs of individuals. This

process has enabled the development of skills within the team and will inform the development of future commissioning processes and service provision, in particular, through involving service users and key stakeholders as standard practice.

“A key aspect of the commissioning process has been an increased focus on service users' needs and service user involvement.”



## Healthcare

### AT A GLANCE

#### Review of care for diabetic patients

There are currently over 12,000 people with Type 2 diabetes registered by their GP in Sefton. Up to 80% of Type 2 diabetes cases are preventable.

It is possible to prevent or delay diabetes by targeting those at highest risk and offering access to lifestyle advice and support. Public health worked with clinicians and commissioners across Merseyside to review the care of those thought to be at high risk.

Sefton was the first borough across Merseyside where GP practices agreed to identify those at highest risk of diabetes and offer them an annual appointment. Work is now underway to develop patient information, and train lifestyle advisors to offer additional support.

#### Sefton Maternity Health Equity Audit

Sefton Maternity Health Equity Audit was undertaken in 2012/2013.

Our recent progress report has demonstrated year on year progress. Successes include the expansion of the Parent's Forum, the launch of the direct access campaign to promote early booking and a marked improvement of services for expectant mothers who are overweight or obese.

“It is possible to prevent or delay diabetes by targeting those at highest risk and offering access to lifestyle advice and support.”

#### Improving Breastfeeding Rates

Public health is committed to improving breastfeeding rates across Sefton which are well below the national average. More than half of Sefton mothers breastfeed their babies at birth. However, by 6-8 weeks, less than a third are still breastfeeding.

To address this, public health commissioned dedicated staff to work at Ormskirk maternity hospital and in the local health visiting service to secure the UNICEF Baby Friendly award. Ormskirk recently began the process and the community services who achieved Stage 2 earlier this year hope to achieve Stage 3 before the end of 2013.

UNICEF works with organisations to develop plans and strategies to increase breastfeeding. Each award follows rigorous assessments of staff knowledge and practice to ensure they are supporting breastfeeding effectively. Completion of the award can take up to five years and demonstrates an organisation's commitment to promoting breastfeeding.





## Healthcare

AT A GLANCE

Breast Start is a community - based breastfeeding support service commissioned by public health. The number of women using the service is small at present, but results are positive as 71% of women seen by Breast Start, are still breastfeeding at 6-8 weeks. Encouragingly, the rate for those women living in the most deprived parts of Sefton is only slightly lower at 65%.

The challenge is to work with Breast Start and other health colleagues to increase the numbers accessing the service and to bridge the gap between the deprived wards and the rest of Sefton.

### Enabling Health Services to Improve NHS Health Checks

Public health has commissioned all Sefton GP practices and eight pharmacies to deliver the national NHS Health Checks Programme. Since the start of the programme, in 2010, more than 40,000 people have been invited for an NHS Health Check and 22,000 people have received an NHS Health Check.

Working in partnership with the CCGs, and following a formal evaluation of the local programme, a number of improvements have been made. These include: developing posters and patient information leaflets, providing update training to staff, and working with IT to improve data collection and audit.

“Since the start of the programme, in 2010, more than 40,000 people have been invited for an NHS Health Check and 22,000 people have received an NHS Health Check.”

IN PICTURES



## Healthcare

### AT A GLANCE

#### Development of education materials for unintentional injury and early nutrition

Public health has worked with colleagues via the Merseyside Quality, Innovation, Prevention and Productivity, (QIPP), initiative on a range of projects. The Public Health, Prevention and Parenting Group identified unintentional injury and early nutrition as areas where health visitors and other children's services needed further support and guidance.

The group commissioned the production of staff educational resources to help. These included an infant feeding guide, a pack of information for use with parents and a poster highlighting the causes of accidents and injuries. The resources were launched alongside training for agencies working with children and families.

#### Future Opportunities and Challenges

We plan to re-commission two important services during 2013/14: School Nursing and Sexual Health services.

The new School Nursing service will reflect updates to the Healthy Child Programme and National Guidance in relation to the School Nursing Charter. It will be a universal service across all Sefton schools, with a focus on prevention and early intervention to support all children, especially those who have additional needs. It will provide public health advice, health assessments, health screening, brief intervention, guidance and support to children and young people, involving their families, carers and education staff where appropriate.

We have worked with clinical staff and commissioners from neighbouring boroughs to develop a new service specification for sexual health services that is in line with updated national guidance.

The focus of the service will be to:

- reduce unintended pregnancy
- reduce the prevalence and spread of undiagnosed infection, including HIV
- ensure that services are accessible irrespective of disability, ethnicity, sexuality, gender or age
- reduce health inequalities associated with poor sexual health.

“The new School Nursing service will reflect updates to the Healthy Child Programme and National Guidance in relation to the School Nursing Charter.”

#### Find out more about:

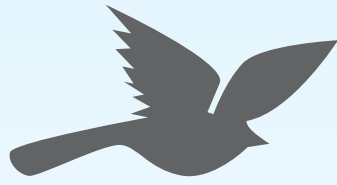
NHS Health Checks Programme [www.healthcheck.nhs.uk](http://www.healthcheck.nhs.uk)



# Health Improvement Health Protection

Health 2013  
Welcome to  
Health

If you require this publication in a different format such as Braille, large print or another language, please contact Sefton Public Health Team on 0151 934 3308



Healthcare  
Wider Determinants  
Health Protection 2013  
Health Improvement  
Welcome to Sefton  
Health Needs in Sefton

Healthcare  
Wider Determinants  
Health Protection 2013  
Health Improvement  
Welcome to Sefton  
Health Needs in Sefton