

Fair Society, Healthy Lives



Sefton's Health 2010
Annual Report of the Director of Public Health



THANK YOU

Production of a report, such as this, requires a lot of hard work and cooperation.

I would like to thank the following people for their contribution towards making this report one that I am pleased to be associated with:

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I also wish to acknowledge the contribution made by Dr Janet Atherton, Acting Chief Executive, NHS Sefton. This report builds on Janet's previous reports as Director of Public Health in 2008 and 2009.

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Hannah Chellaswamy

Director of Public Health (Acting), NHS Sefton

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Welcome to the 2010 Public Health Annual Report

FAIR SOCIETY, HEALTHY LIVES



Firstly, the good news is that the health of Sefton's population continues to improve. Overall, people are living longer. Both male and female life expectancy continues to rise in line with national averages and people are living healthier lives; smoking rates are down, fruit and vegetable consumption is up and alcohol consumption is heading in the right direction. However, we continue to face a significant challenge, as not all people in Sefton have seen improvements in their health and the gap remains between those living in the most and least deprived neighbourhoods.

As you may recall, the extent of the health inequalities experienced by local communities in Sefton was highlighted in the previous two annual reports; Sefton's Health 2008, 'Investing to Save Lives', focused on the interventions needed to narrow the gap in life expectancy in the short-term; Sefton's Health 2009, 'Invest for the Future', built upon this approach by recommending actions needed to tackle health inequalities in the medium-term. Following the publication of Professor Sir Michael Marmot's Strategic Review of Health Inequalities in England 'Fair Society, Healthy Lives' (February 2010), this year's Public Health report aims to complete the series by using Professor Marmot's framework to focus our efforts to improve health and well-being in a sustainable way for the longer term. The chapter headings in this report mirror Professor Marmot's policy objectives.

Central to my report are the continuing actions necessary for us to create a fairer society in Sefton. Inequalities in health arise because of inequalities in the conditions in which people are born, grow, live, work and age. Taking action to reduce health inequalities does not require a separate health agenda nor does it require us to focus solely on the most disadvantaged. Universal action from cradle to grave and across all the social determinants of health is vital but actions should be on a scale and intensity that is proportionate to the level of disadvantage. This way of tackling inequalities has been conceptualised by Professor Marmot as 'proportionate universalism'.

As we prepare for the establishment of Health & Wellbeing Boards, proposed in the NHS White Paper 'Equity and Excellence: Liberating the NHS', I hope that the recommendations in this



report, coupled with the evidence of need in Sefton's recently updated Joint Strategic Needs Assessment, will energise collective planning across statutory, voluntary, community and private sectors in Sefton. With less money in the whole system, there is a real need for the health service and its partners to come together and refocus priorities to ensure that combined resources are used to tackle the deep-seated issues that we face here in Sefton and, more importantly, to prevent the gap in health inequalities from widening.

I hope that this report will contribute to our collective endeavours towards supporting people in Sefton to lead happier, healthier and more fulfilling lives.



FIND OUT MORE...

Sefton's Health 2008 'Investing to Save Lives' – Annual Report of the Director of Public Health http://www.sefton.nhs.uk/Library/Board_Papers/May_2008/Layout%201s.pdf

Sefton's Health 2009 'Invest for the Future' – Annual Report of the Director of Public Health http://www.sefton.nhs.uk/Library/Publications/corporate_publication/Layout%201.pdf

The Marmot Review – Strategic Review of Health Inequalities in England post 2010 'Fair Society, Healthy Lives' <http://www.marmotreview.org>

NHS White Paper – 'Equity and Excellence: Liberating the NHS' (July 2010) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

Sefton's Joint Strategic Needs Assessment 2010 – <http://www.dh.gov.uk/en/index.htm>

Progress on recommendations made in **SEFTON'S HEALTH 2009**

It is pleasing to report that partnership working in Sefton continues to blossom and mature. Since the publication of last year's Public Health Annual Report, which focused on the work needed to address some of the wider determinants of health, a number of significant developments have taken place to help improve the life chances of people throughout Sefton.

Many of the recommendations were for medium-term actions and work is ongoing. The following provide a summary update:

1. Employment and Health

Health promoting workplaces

With the ever-growing body of evidence showing the positive impact that employment can have on health and wellbeing, a Workplace Wellbeing Charter has been developed by Liverpool City Region's Health is Wealth Commission. This charter promotes the importance of the workplace as a setting for the improvement of health and wellbeing of employees. The charter is open to all public, private and third sector organisations based within the Liverpool City Region (Liverpool, Sefton, Knowsley, St Helens, Wirral and Halton) and encourages striving towards the achievement of a set of standards and the demonstration of commitment to the health and wellbeing of employees. Many people who work in local businesses also live within Liverpool City Region and improved health of local workers will contribute to the overall health of the population. The Charter also acts

as a way of promoting local businesses. Sefton is currently in the process of rolling out the Charter.

2. Education and Health

Schools as a health promoter within the wider community

With continued support from partner agencies, all schools in Sefton are engaged in the Healthy Schools Programme. Ninety-four percent of schools have achieved National Healthy Schools Status (NHSS). As part of the programme, schools have sought to involve parents, carers, grandparents and other members of the community in a number of local 'Healthy Schools' activities. These include: Involving grandparents in gardening clubs, to help children plant and care for a variety of fruit and vegetables and inviting parents to join the children in cookery sessions at school, which use the food that has been grown. To add to these activities, Formby school councils are currently working with the Healthy Schools team, the Travel to School team, local Councillors and the local community to look at ways of making Formby a safer place for pupils to walk and cycle to and from school.

3. Housing and Health

Landlord accreditation scheme

Sefton has been successful in forming a partnership with other Merseyside Local Authorities to establish a new Merseyside-wide Landlord Accreditation Scheme. This scheme will reach out to private landlords and build stronger relationships. Using a formal



inspection regime, it seeks to work alongside landlords and the Sefton Landlords' Forum to ensure that they meet agreed standards, which should lead to an improvement in living conditions in this sector.

Sefton Council's departmental restructure has brought together key housing-related services within one single department. This has unified the housing strategy, Housing Market Renewal Initiative, housing grants and financial assistance. The 'Neighbourhood and Investment Programmes' department is part of the Council's stated intention to pursue regeneration in a more integrated manner in order to create high quality homes in well-designed settings.

4. Healthy Environments

School travel plans

Since last year's report, a further eighteen schools in Sefton have developed School Travel Plans, taking the overall total within Sefton to 109 schools out of 116 schools (94%). Walking and cycling are high on the agenda of all new plans including: the provision of secure cycle shelters throughout the borough, the assembling of pedestrian barriers at Lydiate Primary School, Farnborough Road Primary School and Trinity St Peters, the introduction of vehicle-activated signs to provide traffic-calming for Stanley High and Marshside Primary and a voluntary 20 mph speed limit at Formby High School. Introduction of these measures has helped towards creating a safer environment for the local community and have contributed towards an increase in the number of children choosing to walk to school.



5. Climate Change and Sustainability

Preparing for climate change

As part of Sefton's commitment to achieving the objectives of National Indicator 188 (NI 188: Adaptation to Climate Change), individual organisations within the Local Strategic Partnership (LSP) have formally considered the likely impact of changes in climate and weather patterns on their areas of responsibility. Using the UKCIP02 (Climate Impact Programme 2002), partner agencies have completed an exercise to identify possible issues, vulnerabilities and opportunities across a range of different departments/directorates. Outcomes from the impact assessments have been fed into a partnership 'risk assessment', the highlighted threats and opportunities ranked, and appropriate adaptive measures proposed. This risk assessment forms the basis for development of Sefton's Adaptive Strategy, which is a key requirement of NI188.



HEALTH INEQUALITIES IN SEFTON

Lead Author: Steven Ward, Senior Public Health Intelligence Officer

6. Community Cohesion

Healthy Communities Collaborative

The community and voluntary sectors create a strong force for the development of local communities. Since the publication of the last report, a range of work has been undertaken to overcome some of the challenges that are faced by communities within the borough.

As part of a national improvement programme, overseen by the Improvement Foundation, Sefton has successfully implemented the first stage of a Healthy Communities Collaborative (HCC), aimed at tackling obesity through community and clinical engagement. The HCC approach encourages multi-agency working and the development of partnerships to tackle health inequalities. The main aim of a collaborative approach to health improvement is to encourage people who live and work within local communities drive the changes.

Sefton's HCC project is borough-wide and focused within three localities - Ainsdale, Bootle/Seaforth and Netherton. These areas were chosen based on the prevalence of obesity, the level of health inequalities, whether or not the area had access to healthy living centre support and, finally, the strength of relationships with partner organisations. Significant achievements include:

- Development of teams of people committed to the healthy weight agenda and a passion to make a difference on behalf of their communities. The teams include local volunteers, community centres, housing associations, breastfeeding teams, Merseyside Fire and Rescue Service and Children's Centre staff.
- Building community capacity by educating all team members to take a more holistic view of the issue of body weight using workshops to explore influences on weight management such as breastfeeding, weaning, access to healthy (and unhealthy) food, portion control, physical activity and access to green space.
- Mapping exercise of availability of and access to food within each locality, types of venues providing exercise or slimming classes, access to childcare provision and ante-natal classes. The findings were used to help the teams to identify areas and venues they needed to target to help change the environment to a more supportive one for people to maintain healthy weight.



The Marmot Review identifies that:

- Reducing the avoidable social gradient in health is a matter of fairness and social justice.
- Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.

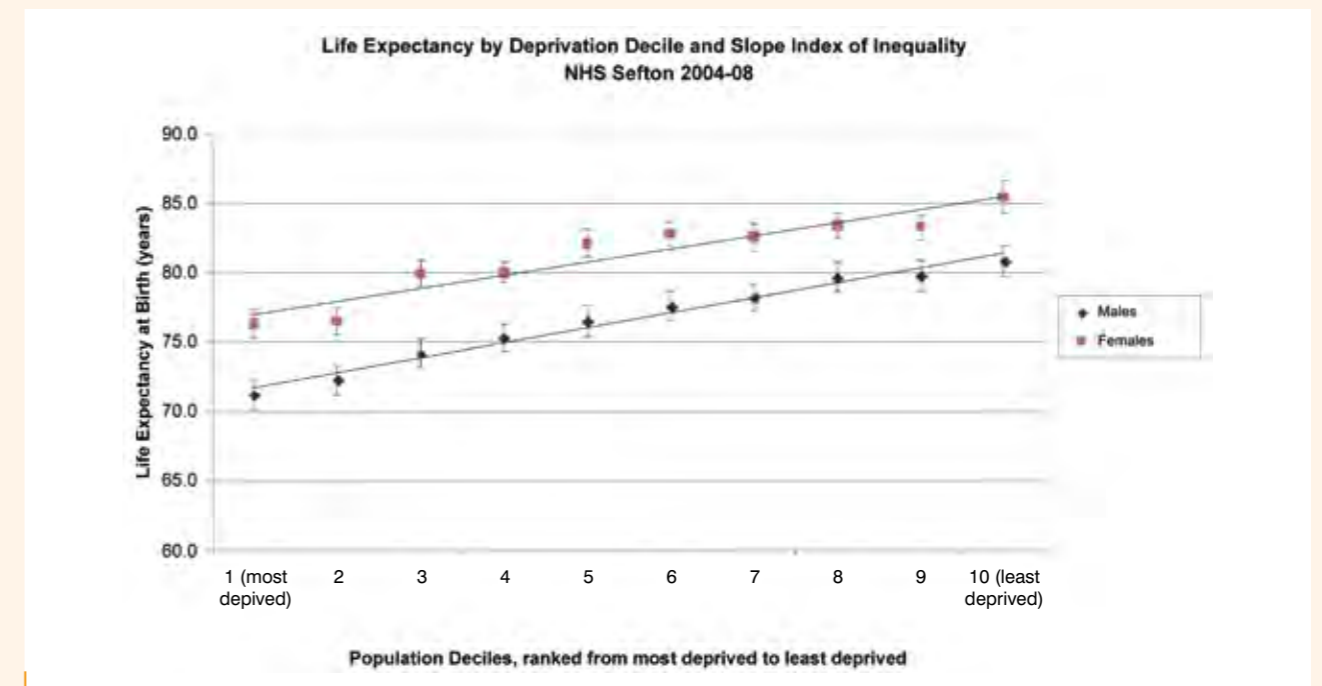
In Sefton, as in the rest of England, people living in the poorest neighbourhoods will die earlier than those in the richest neighbourhoods. These differences were highlighted in both Sefton's 2008 and 2009 Public Health Annual Reports.

Estimates for wards show that the gap between the highest and lowest life expectancy can be as great as 11 years for males and 10 years for females. Indeed, despite living within two miles of each other, females living in Molyneux can

expect to live 10 years longer than females living in Linacre. The differences are greater still when disability-free life expectancy is considered.

Even excluding the five percent poorest and richest wards in Sefton, the gap in life expectancy remains at nine years for males and eight years for females, illustrating that everyone beneath the very best-off experiences some effect of health inequalities. The fact that today, in Sefton, people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unjust.

An alternative representation of Sefton's health inequalities is the Slope Index of Inequalities (SII). This shows the gradient in life expectancy within Sefton when the population is split into deciles (ten groups) by levels of deprivation. This is similar to considering deprivation quintiles, but provides a more detailed picture.



Sefton Mental Wellbeing Survey 2009 Summary

Like the ward level estimates for life expectancy, this is Sefton's social gradient in health. The higher one's social position, the better one's health is likely to be and the steeper the slope, the bigger the gap.

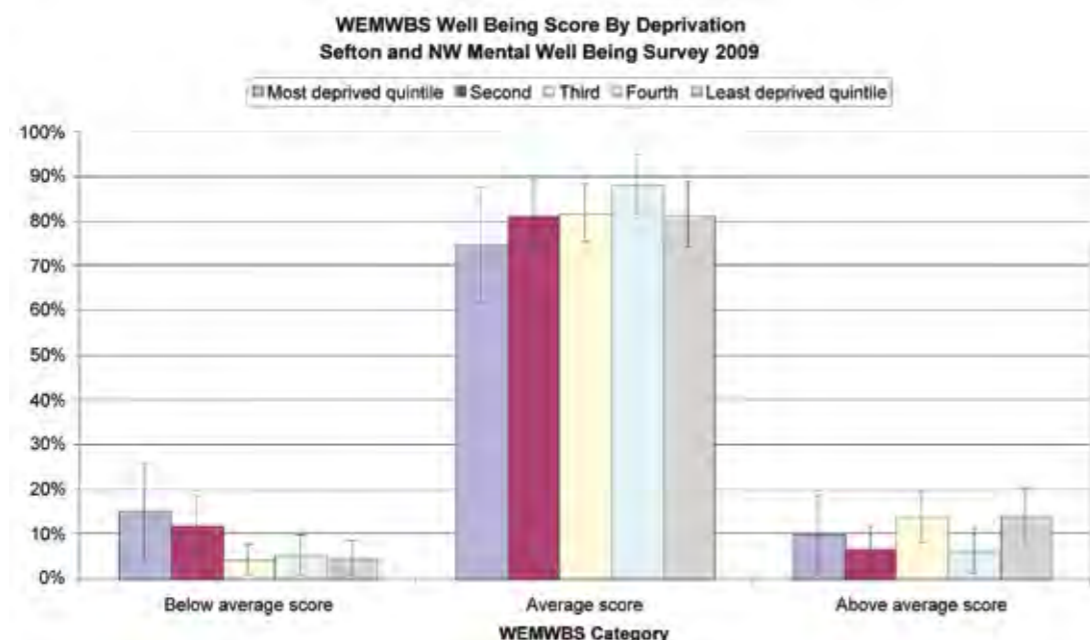
It is unrealistic to think that we could entirely eliminate Sefton's social gradient in health, but it is realistic that we aim to reduce the steepness of the gradient. This is proposed in Marmot's principle of *proportionate universalism*. Actions of sufficient scale and intensity need to be *universal* but also *proportionately* targeted to reduce health inequalities.

The Health Inequalities Gap - 2010

Progress has already been made on reducing the social gradient within Sefton. The SII for males peaked in 2002-06 and for females in 2003-07. However, progress for both males and females slowed in 2006-08.

This analysis focuses on Sefton's social gradient in health, in terms of deprivation, which takes into account geography, gender and age gradients. However, there may also be gradients in terms of religion, ethnicity, disability or sexual orientation. Evidence of a gradient in these areas is currently limited within Sefton. The national 2011 census will cover these additional areas and provide vital evidence of Sefton's social gradient. It is imperative that everyone in Sefton, including those in these groups, are encouraged to complete the 2011 census.

Additional to differences in life expectancy, the Marmot review focuses on inequalities in mental well-being. As shown by Sefton's Warwick-Edinburgh Mental Well-being Scale (WEMWBS) scores below, there is a strong social gradient in mental well being in Sefton, with residents in the most deprived quintile being almost 4 times more likely than those in the third, fourth and or least deprived quintiles to have below average mental well-being.



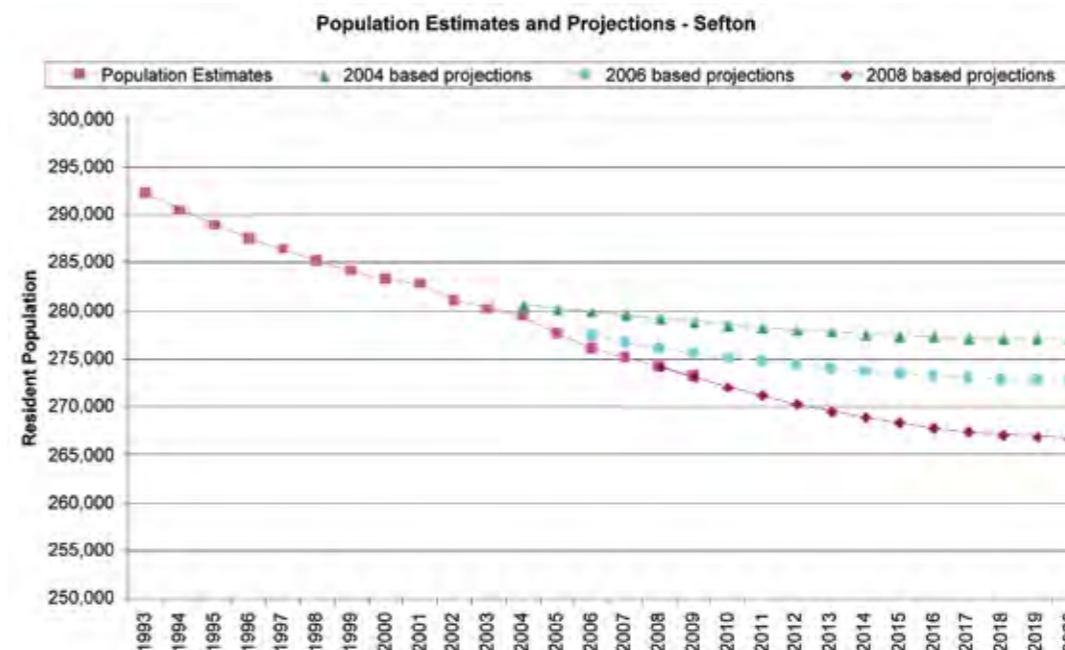
This year's report is concerned with reducing the social gradient (and thus addressing health inequalities) over the next 10-years. Although projecting current life expectancy or SII trends for the next 10-years could be viewed as tenuous, it is acknowledged that any progress in reducing health inequalities and improving life expectancy needs to be sustained.

Sefton's Population in 2020

Published population projections for Sefton cover a 25 year horizon from 2008 to 2033, but it should be noted that there is a greater degree of uncertainty the further ahead the projection is made, particularly for smaller geographical areas such as Sefton.

Currently, Sefton's population is projected to be 272,100. By 2020 the population is projected to have fallen by over 5,000 to 266,700. However, taking into consideration that over the last two decades Sefton's population has fallen by more than 10,000 per decade, Sefton's 2020 population projections maybe an under estimation than the actual turns out to be – indeed Sefton's 2020 population could be as low as 261,100.

Year	Estimated Population	Change
1990	294,000	
2000	283,300	-10,700
2010	272,100	-11,200
2020	266,700	-5,400



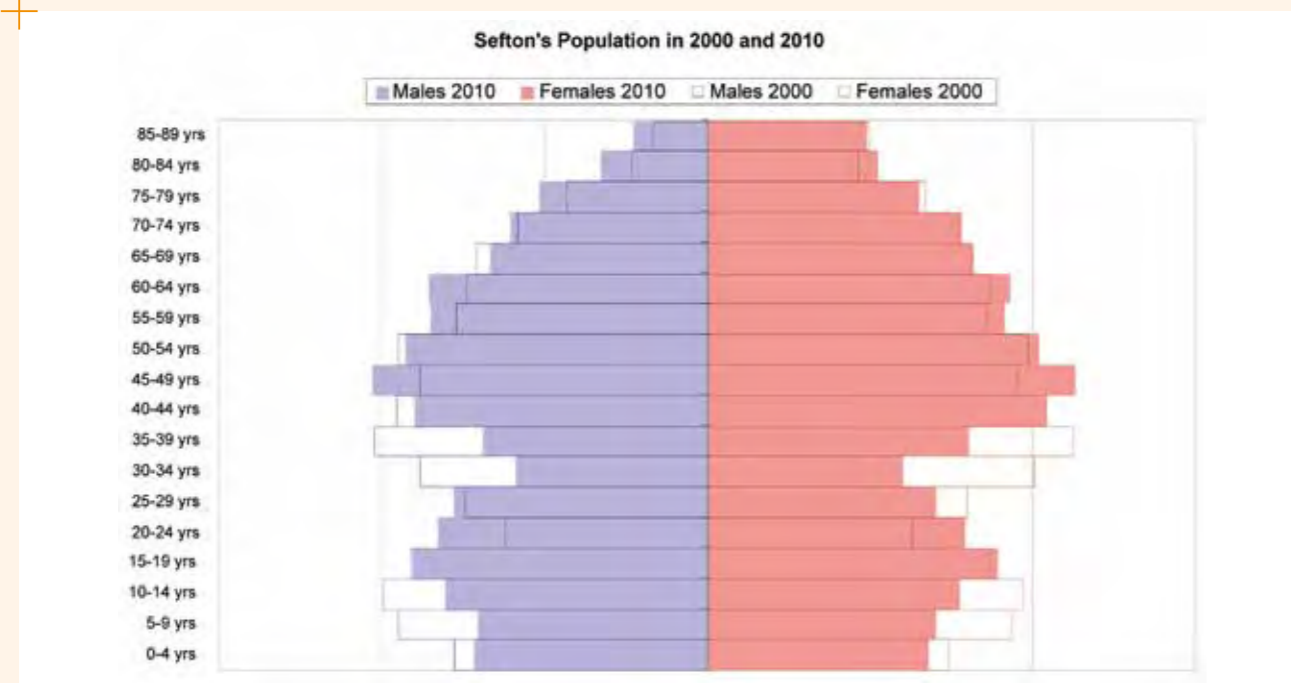


Projections are updated every two years and are based on current trends in births, deaths and migration, as can be seen from the graph on page 11, previous projections (based on 2004 and 2006 data) were higher than current projections (based on 2008 data). Changes in migration patterns are particularly hard to predict and again, if deaths continue to outnumber births and more people migrate out of than in to Sefton, it is possible that the current projections will be an over estimation.

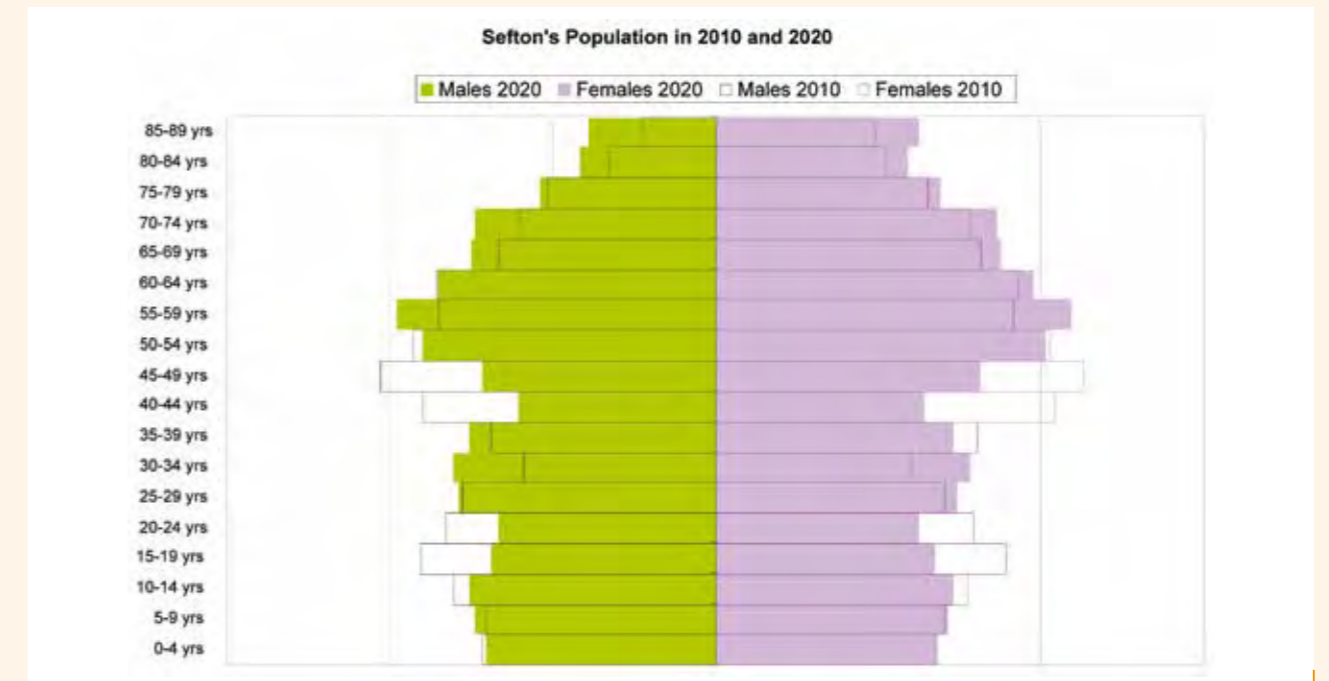
Projection Basis	Sefton's Projected 2020 Population
2004 based	277,100
2006 based	272,800
2008 based	266,700

Despite this uncertainty over the size of Sefton's population in 2020, it is reasonable to assume that not only will the population of Sefton shrink, but the make up of the population will also change.

Over the last decade, Sefton has fewer residents aged 15 years and under and 30-39 years, but more residents aged 20-24 years and 45+ years. This implies that there are fewer families with young children in Sefton, but more young adults, including international workers.



Over the next decade, Sefton is projected to have fewer residents aged 15-24 years and 40-49 years and more residents aged 65+ years. This reflects the ageing of the cohorts which grew and shrunk in the last decade and the projected improvements in life expectancy leading to people living longer.



The Health Inequalities Gap - 2020

Overall, life expectancy in Sefton continues to improve. However; not all groups of the population are experiencing the same rate of improvement. Partly due to increasing life expectancy, Sefton's population is projected to get older by 2020. It is fair to assume that, if current trends continue, the rich older people will see a greater increase in life expectancy than the poorer older people.

Sefton's options

- (i) the "Do Nothing Different" scenario

If we carry on as we are now, life expectancy is still projected to increase. Male life expectancy in the most deprived quintiles within Sefton could just about reach the current levels of life expectancy in the rest of Sefton. However, female life expectancy in the most deprived quintile will only improve slightly and for females, the social gradient will increase.

- (ii) the "focus only on the most deprived quintile scenario"

If we focus only on the most deprived areas, we could see an improvement in life expectancy that is better than the current trend (perhaps 1% or 2% better). This could see male life expectancy in the most deprived quintile pass the current life expectancy in the rest of Sefton as early as 2018. If female life expectancy improves 2% quicker than the current trend, the social gradient would begin to decrease rather than increase.

- (iii) the "focus on all areas, but particularly on the most deprived quintile" scenario

If as Marmot suggests, we adopt a principle of proportionate universalism i.e. action is taken across the whole of society, but with scale and intensity that is proportionate to the level of disadvantage, all areas of Sefton could see an improvement in life expectancy that is better than the current trend and more importantly, the social gradient in health could be reduced.



MARMOT'S POLICY OBJECTIVE A

Give every child the best start in life

Lead Author: Margaret Jones, Public Health Consultant

KEY MESSAGES...

- People in Sefton continue to experience differential levels of health, dependent on their position in society. Many of these differences are due to avoidable factors and are, therefore, *unacceptable*.
- Some progress has been made in reducing health inequalities in Sefton, but, if we continue to do what we are currently doing, it is likely that Sefton's health gap will increase, particularly for females.
- Action to reduce inequalities does not require a separate health agenda – we need action across the whole of society.
- Embracing Marmot's principle of *proportionate universalism* across the spectrum will help improve the health of all Sefton residents.



FIND OUT MORE...

NHS Sefton's Strategic Commissioning Plan (2010) "Better Health, Better Life"
http://www.sefton.nhs.uk/news_and_publications/publications/corporate.asp

Census 2011 <http://comms.census.gov.uk/controller.php>

Office for National Statistics – 2008 based Sub-National Population Projections for England <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=997>

Giving every child in Sefton the best start in life means a radical rethink on how we deliver services to support young children and their families, including quality early education and childcare.

Marmot focuses our attention on the need to make every effort to:

- Reduce inequalities in early child development (this includes differences in physical and emotional health, language, learning and social skills).
- Ensure high quality maternity services, parenting programmes, childcare and early years education.
- Build the resilience (*spirit, hardiness*) and well-being of young children.

Crucially, these efforts must be addressed across the social gradient. Overall expenditure allocated to the early years needs to be increased to ensure that every family in Sefton has access to quality maternity, health visiting, and education services, but the scale and intensity of support received should be proportionate to the level of need and disadvantage.

We already know that children's access to positive early experiences, such as nursery education is not equally distributed across Sefton. We need to be clear that the biggest share of early years' resources is targeted towards those most in need. Although important, later interventions are considerably less effective and more costly, particularly if a child has not had a good start (pre-birth to the age of 5 years).

The impact of what happens during the early years has lifelong effects on many aspects of health and well-being. These effects may be either protective; increasing self esteem, life skills, resilience and

resistance to ill-health, or hazardous; undermining social skills, the ability to learn and creating the conditions for poor mental and physical health.

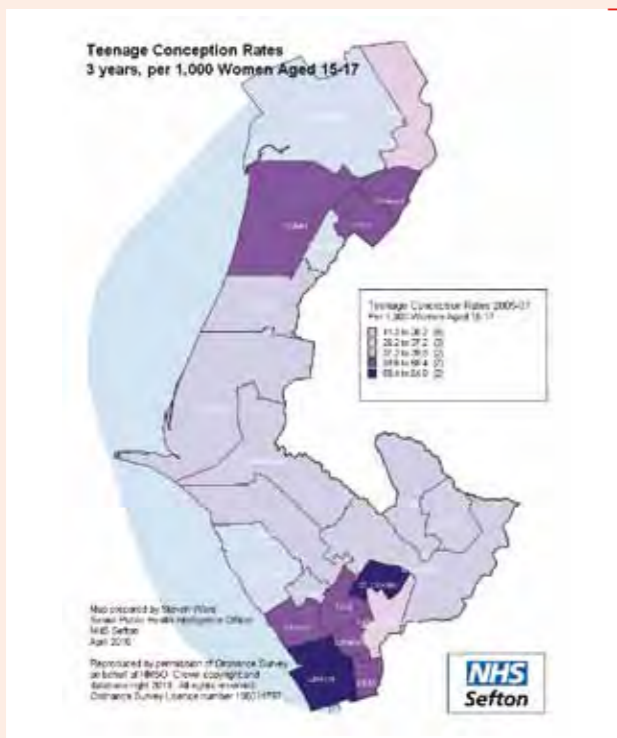
What's the problem?

Development begins before birth when the health of a baby is significantly affected by the health and well-being of the baby's mother. We know that many of the risk factors for poor health are more common in the most deprived areas of Sefton. For example, babies born in Linacre are more likely to have low birth weights, are less likely to be breastfed and their mothers are more likely to smoke.

Furthermore, rates of teenage pregnancy are higher in disadvantaged communities. Despite Sefton having the lowest teenage pregnancy rate in the North West, the differences within Sefton are staggering, with rates in the former Neighbourhood Renewal areas double the national average. For young women from disadvantaged backgrounds, teenage pregnancy can have a negative impact on a whole range of outcomes for young women including on their educational achievement, subsequent employment opportunities and their earning potential, living standards, behaviours and physical and emotional health. What's more, the child of a teenage mother is also more likely to do less well at school, and become involved in risky health behaviour and become a teenage parent, thus creating a cycle of poverty.

Poverty is not just about lack of money or spending power. The Child Poverty Act (2010) says that lifting children out of poverty is about:

Transforming the experiences, living standards and life chances of disadvantaged families with children, in order to break cycles of poverty that persist across and within generations.



Sefton has average levels of child-related deprivation, but again there are strong contrasts within the borough. Bootle in the south has many issues relating to child poverty as does parts of Southport in the north. Low levels of education, high rates of unemployment, poor housing conditions and limited family support are all important factors to consider to ensure that today's poor children do not grow up to be tomorrow's poor adults.

What works?

Marmot highlights a number of evidence-based recommendations for reducing inequalities in terms of health outcomes of children and young people. Sefton has already applied interventions relating to these recommendations with encouraging results.

Social spending on children below the age of five years is likely to be more effective in enhancing children's long-term outcomes.

1. Increased investment in early years

Healthy Child Programme

The Healthy Child Programme is a national early intervention and prevention public health programme, led by health visitors. It offers screening tests, immunisation, developmental reviews and information and guidance to support

parents. This type of pre and postnatal support is a universal programme given to all families, but also identifies families that need additional support.

In Sefton, 90 percent of families receive a core service which includes eight visits during the first three years of a child's life. The health visiting service uses a family health assessment to decide whether families need more intensive support. Assessments take account of any known health risk factors and helps health visitors to decide whether more frequent visits are needed or whether help from other health and social care agencies should be included. Health equity audits within the service have helped redesign services and allocate workload so that families with the greatest need can receive additional support.

Support for families needs to start prenatally to improve the health and well-being of both the mother and the child.

2. Support for families to develop children's skills

Family Nurse Partnership

The Family Nurse Partnership programme targets first-time young parents. Service delivery varies from area to area, but generally involves specially trained midwives and health visitors providing intense support and advice from the 12th week of pregnancy until the baby is two years old. This programme has been shown to deliver faster language development for babies, encourage greater involvement of fathers in their baby's lives, and result in better post birth health for young mothers.

This particular programme does not operate in Sefton yet. However, the concept of *proportionate universalism* and additional targeted support provided to vulnerable families is included in Sefton's Healthy Child Programme and the services delivered by midwives in the borough.

Routine support for families

The National Institute for Health and Clinical Evidence (NICE) provides evidence-based guidance on the maternity services families should receive to ensure that women (and their partners) are supported during pregnancy, birth and early parenthood. In Sefton, the Maternity Services Liaison Committee is bringing together maternity, health visiting, children's centres, health commissioners, public health and parents from

local communities to look at how services can be improved. Recognising that all parents need support at times, the group has reviewed current services and has developed an action plan to ensure service improvements. This year, efforts are focused on promoting direct access to midwives, providing a gateway to more intensive specialist support for those who need it.

Alongside this, it is important that the conditions are created to enable parents in Sefton to develop a positive relationship with their child, particularly during the first year of life. Mothers and Fathers across the social gradient need access to paid parental leave (this is linked to fewer low weight births, fewer deaths in infancy and higher levels of breastfeeding) as well as good quality childcare and flexible employment arrangements offered by employers that have adopted a family-friendly approach.

Parenting Programmes

At the heart of Sefton's Parenting Strategy is the recognition that parents have the most significant influence on a child's social, physical and emotional well-being and that meeting parents' needs for support, as early and effectively as possible, is vital if a child is to reach his/her full potential in life. To support parents in bringing up their children, Sefton champions a number of evidence-based parenting programmes, which can be viewed on a continuum from prevention and early intervention through to more specialist and intensive services.

These include:

- Breast start – a breastfeeding support programme, run throughout the borough but with additional support offered to specific groups of mothers to help them to start breastfeeding i.e. young mums and those living in the more deprived areas
- And 'Triple P' – Positive Parenting Programme provides parents of children and young people aged 2-19 years with clear and simple strategies to turn problems around and also to prevent problems from developing in the first place. The programme can be delivered on a single parent or group basis and has proven to be particularly successful for supporting children returning home from care and families with complex needs.

Parents are the most important 'educators' of their children.

3. Provision of quality early years education and childcare

Two-Year Old Offer

Building upon the successes of the 2006 national pilot scheme offering free early learning and support for the most disadvantaged two-year-olds and their families, Sefton FAST continues to coordinate the 'Two-Year-Old Offer' within the Sefton Council. For a target group of 86 children and their families living in the most deprived areas of the borough, the 'Two-Year-Old Offer' provides 10 hours of high quality, flexible childcare a week. Additional to this, there is family support offering parents access to a range of activities, for example, structured play with their child through home visiting and parenting classes, which include sign-posting to other services and training.

What local action do we need to take?

- Adequate provision for families in their children's early years needs to be seen as a responsibility of a range of agencies alongside health and children's services. To ensure efficient and joined-up commissioning of evidence-based interventions, budgets need to be pooled and where we know there is limited value or where services are being used by those who are less in need, interventions need to be more clearly targeted.
- A further key priority is to review the early years workforce to ensure that services are not unnecessarily duplicated and that they are integrated, i.e. policy and services related to the prenatal period and infancy lead into the planning and commissioning of maternity, infant and early years family support services as part of the wider multi-agency approach to commissioning children and family services.
- Findings from initiatives such as the child poverty pilot and from evaluations such as those for children's centres need to be considered in future commissioning. Where positive impacts on child outcomes are evidenced, best-practise needs to be rolled out universally, but proportionately across the borough.
- The Voluntary, Community and Faith (VCF) sector are well placed to build upon developing the health and well-being of young children across the social gradient. The experience of the VCF sector, in consultation and engagement with communities, should be further used, drawing on the enthusiasm, innovation and commitment to developing mentoring, outreach and befriending programmes such as breastfeeding peer support and developing parenting skills.



MARMOT'S POLICY OBJECTIVE B

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Lead Author: Katie Dutton, Health Promotion Specialist – Partnerships

KEY MESSAGES...

- Interventions need to focus on empowering families, building resilience and breaking the cycle of dependence.
- Investment in early years, nursery education and parenting is vital.
- Resources must be shifted from areas of less need to areas of highest need, whilst maintaining a quality universal service. Proportionate universalism will mean that not everyone in Sefton will get the same level of service.



FIND OUT MORE...

Sefton's Parenting Strategy <http://www.sefton.gov.uk/default.aspx?page=9900>

Maternity Matters – www.dh.gov.uk

The Child Poverty Act http://www.legislation.gov.uk/ukpga/2010/9/pdfs/ukpga_20100009_en.pdf



If we are serious about reducing health inequalities across the social gradient, a commitment to children and young people through the years of education must be maintained. It is important that we create the conditions to enable all children and young people in Sefton to develop skills for life and for work, as well as to attain qualifications.

Education is not just about attainment; it is about enabling children to develop so that they can fulfil their potential.

educational stages. This has significant implications for their subsequent employment opportunities, income, living standards, behaviours and physical and mental health.

Important to cognitive development is parents' transmission of skills to their children. Where parents have not gained basic cognitive skills for themselves, disadvantage is passed on from one generation to another. It is therefore crucial that reducing inequalities in skills development and educational outcomes across the social gradient remains a key priority within Sefton.

What's the problem?

Inequalities in educational outcomes are as persistent in Sefton as those for health and are subject to a similar social gradient.

Educational attainment is strongly influenced by what a child experiences during the early years. Children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional development and poorer communication, language and literacy skills than their peers.

Early Years Foundation Stage (EYFS) measures educational attainment of children in nursery and reception year. EYFS has 13 assessment scales each of which has 9 points (1 = low and 9 = high). Children are expected to achieve a total of 78 points across the scales. As illustrated in table 1, when free school meals is used as an indicator of deprivation, children in Sefton who are eligible for free school meals perform slightly lower than both the England and Northwest average and considerably lower than their counterparts not receiving free schools meals.

Within the national review of health inequalities, Marmot focuses our attention on the need to take action to:

- Reduce the social gradient in skills and qualifications.
- Ensure that schools, families and communities within Sefton work in partnership to reduce the gradient in health and well-being.
- Improve the access and use of quality life-long learning across the social gradient.

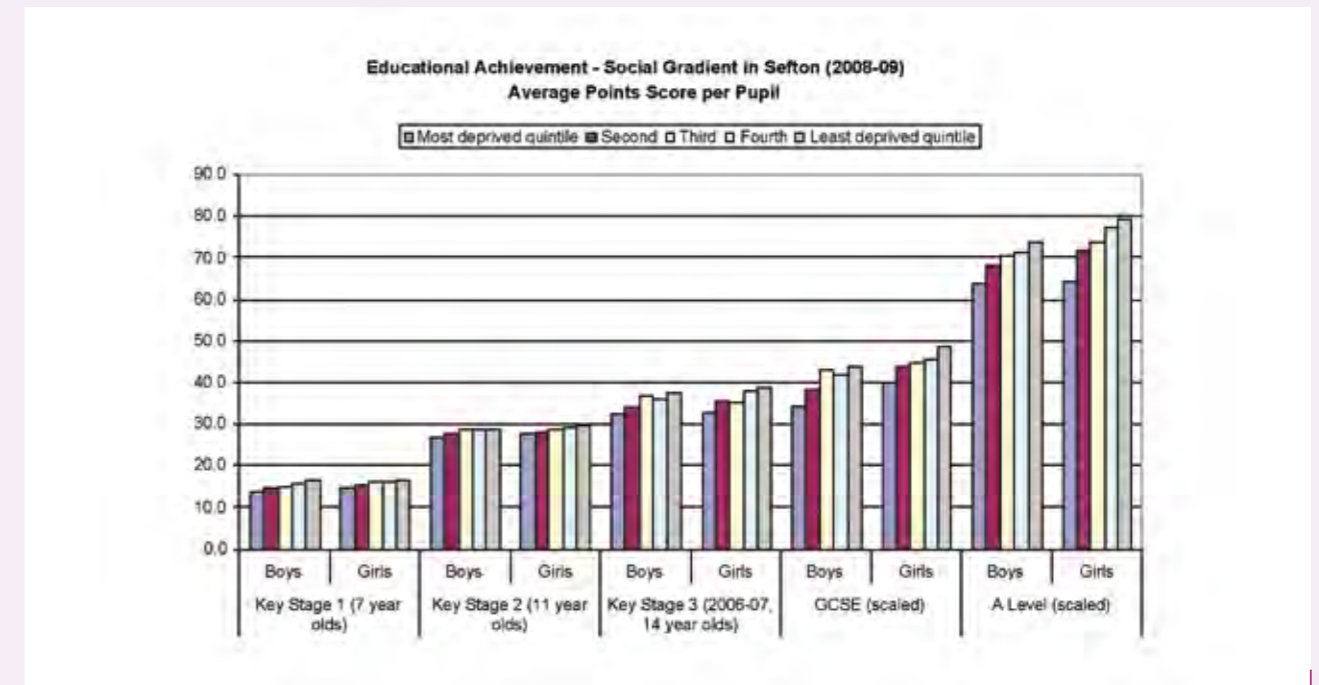
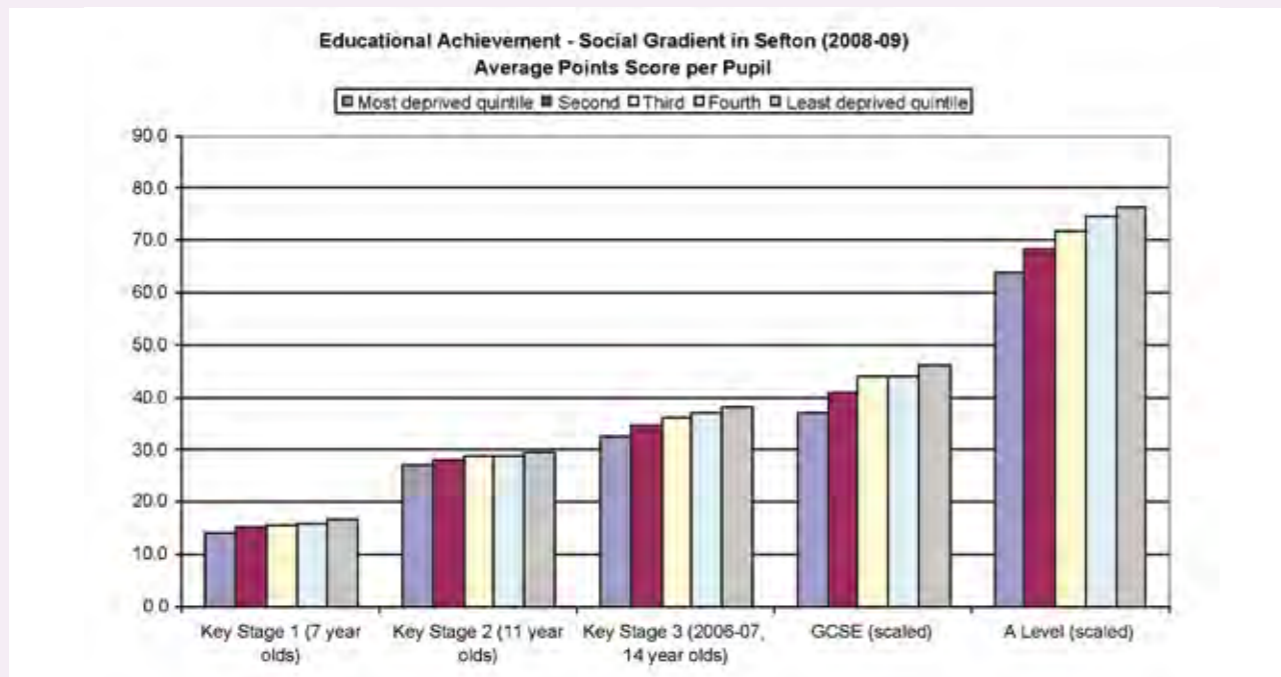
As we know, success in education brings many advantages, including good health. Central to such educational achievement is the acquisition of both cognitive (i.e. ability to learn and solve problems) and non-cognitive (i.e. attention, motivation, self efficacy) skills. A child who fails to acquire basic skills in the early years is more likely to lack school readiness - the ability to learn in a more formal setting; and is therefore more likely to fall further behind at subsequent



	EYFS eligible for FSM	Free School Meals Pupils Achieving 78 or More Points Across All Scales	Non-Free School Meals Pupils Achieving 78 or More Points Across All Scales
Sefton	15%	54%	79%
England	15%	58%	78%
NW	18%	57%	79%

Overall, educational attainment in Sefton is good, with the average point score for pupils being higher than the England average up until GCSE level (2008/09 figures). However, when we look at this indicator in more detail, we realise that the gap between the most and least deprived increases with age and across educational levels. So, by GCSE level, a pupil from the most deprived quintile is, on average, likely to achieve 20 percent lower than their counterpart in the least deprived quintile.

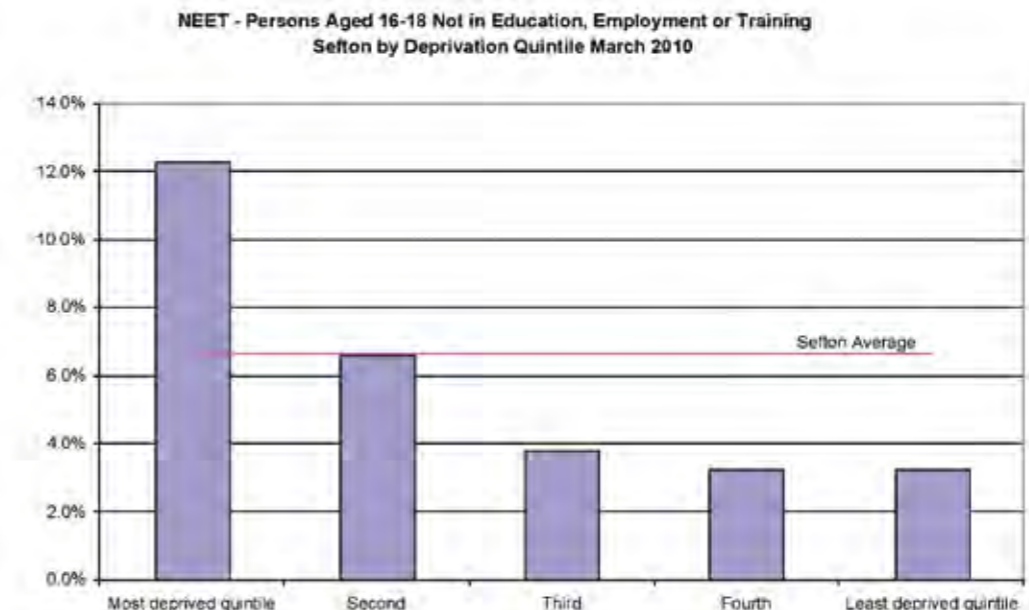
Looking even further at Sefton's social gradient in educational achievement, differences between genders can be seen across all quintiles and at all levels of education. Girls in Sefton achieve higher average point scores at every level. On top of this, the slope of inequality is greater for boys at Key Stage 1, Key Stage 2 and GCSE.



In 2008/09, there were 3,266 GCSE pupils. Of these pupils 46.1% did not achieve 5+ A* - C including English and Maths – that's 1505 pupils without level 2 qualifications.

It is well recognised in Sefton that being classed as NEET - Not in Education, Employment and Training, between the ages of 16 - 18 years is a major predictor of later unemployment, low income, teenage motherhood and poor physical

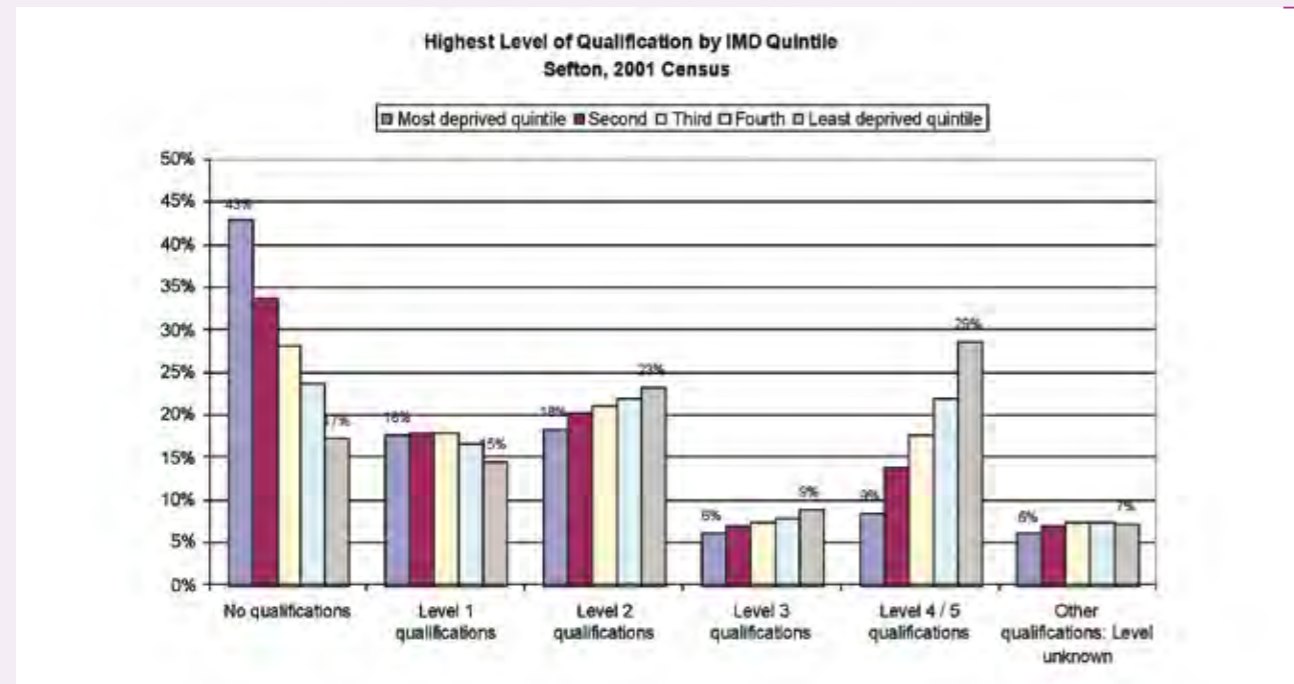
and mental health. A sustained collaborative effort by Sefton Council and its partners has seen a significant reduction in NEET in the past year and Sefton has amongst the lowest levels of NEET within the Greater Merseyside area at 6.6% (697 young people), which compares favourably with the North West and England averages. However, despite improvements, there are significant differences across the borough. Young people in the most deprived quintile are almost four times more likely to be NEET than young people in the least deprived quintile and the percentage of young people in NEET with a learning difficulty or disability in Sefton is 12.4% (119 young people).





Looking at lifelong achievement and the highest qualification achieved at the time of the last census for all of Sefton's adult population, the graph below shows that, in Sefton's most deprived quintile, 43% of people have no qualifications, 18% of people

have level 2 qualifications (5 GCSE grades A-C or equivalent) and only 10% of people have a qualification at level 4/5 (first degree, professional equivalent or higher). This compares to 17%, 23% and 29% of people in the least deprived quintile, respectively.



No qualifications	No academic, vocational or professional qualifications
Level 1 qualifications	1+ "O" level passes, 1+ CSE/GCSE any grades, NVQ1, Foundation GNVQ
Level 2 qualifications	5+ "O" Level passes, 5+ GCSEs (Grade 1) 5+ GCSEs (grades A-C), School certificate 1+ "A" levels /AS levels, NVQ level 2. Intermediate GNVQ
Level 3 qualifications	2+ "A" levels, 4+ AS levels, Higher school certificate. NVQ level 3. Advanced GNVQ
Level 4/5 qualifications	First degree, higher degree, NVQ levels 4 and 5, HNC, HND, Qualified teacher status, qualified medical doctor, dentist, nurse, midwife, health visitor
Other qualifications: level unknown	Other qualifications(eg City and Guilds, RSA/OCR, BTEC/Edexcel) Other professional qualifications

What Work's?

Marmot makes reference to a number of evidence-based recommendations to address the gap in educational achievement, thereby equipping our young people with the necessary skills, attitudes and experience to fully engage in, and contribute to, the economy and society in later years. Sefton has already started to implement a number of interventions under these priority objectives with encouraging results:

Addressing inequalities in education requires collective action outside of schools.

1. Reduce the social gradient in educational outcomes

Access to Childcare for Disabled Children

Sefton is successfully involved in a national pilot to develop services around disabled children's access to childcare (DCATCH). The project is aimed at enabling parents of disabled children and young people to access inclusive childcare with confidence, so that they are able to remain in paid or unpaid work or education, or to access training.

A key aspect of the work carried out by Sefton's DCATCH team is to support childcare providers to enhance their inclusive practice. This involves supporting childcare settings and providers to identify and address barriers to inclusion, and providing a range of training, specialist resources and advice on inclusive strategies, as well as provision of individual funding, where necessary. Through the success of the DCATCH pilot, childcare providers have increased their confidence and expertise in meeting the needs of disabled children and young people, which in turn has increased the number of parents able to remain in work, take up volunteering or access training.

Success in learning at school is rooted in the stimulation and encouragement a child receives in the home, family and community.

2. Reduce the social gradient in life skills

Every Child a Talker programme (ECaT)

The national 'Every Child a Talker' programme is designed to improve the skills and expertise of Sefton's Early Years workforce in early language. The programme aims to increase practitioners' understanding of early language development and equip them to work with both children and parents to ensure that children experience a language-rich environment, both at home and in settings. A wide range of settings within Sefton are included in the programme, including the private and voluntary sector and children's centres. The child-minder network is also represented.

Not having qualifications or having only low levels of skills are both associated with lower chances of being unemployed and being in low paid work.

3. Provide opportunities for ongoing skills development through life-long learning

Work-based learning and apprenticeships

With the aim of increasing the range of entry level opportunities available to people who wish to work for Sefton Council, the Corporate Learning and Development Unit has established a corporate apprenticeship programme, which aims to recruit 101 young people within the borough who are NEET with an appetite to work. Matching ideal candidates to a range of departments within the Authority, the apprenticeship programme offers young people the opportunity to learn through a combination of on and off the job training and education with at least 7 hours per week





dedicated to training and development; the cost for this is funded by the Learning and Skills Council. To date Sefton has had 45 young people on the programme.

From the 1st April 2010, the Apprenticeship, Skills, Children and Learning (ASCL) Act 2009 transferred responsibility for the commissioning and funding of 16-19 education and training from the Learning and Skills Council (LSC) to Local Authorities. Sefton Council now has the central commissioning role for all publicly-funded education and training for young people aged 16-19 (and for learners up to 25 who have a learning difficulty or disability) in the borough. This will align services for 14-19 year olds to ensure that all young people get the widest possible choice of learning opportunities they need to succeed.

What local action do we need to take?

As with health inequalities, reducing educational inequalities requires an understanding of the interaction between the social determinants and educational outcomes. This includes the socioeconomic status of parents/carers, family structure, neighbourhood and peers influence, child characteristics, as well as what goes on in schools.

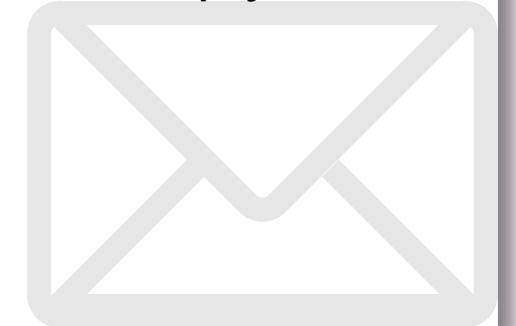
- Families rather than schools have the biggest influence on educational attainment. A whole family approach, working across school-home boundaries that foster closer links between schools, the family and the local community is required.



- A review of the school workforce mix should be undertaken to include more professional non-teaching staff with skills in, for example, enabling children's play, which forms a vital part in a happy childhood.
- Learning does not just happen in schools nor does it stop as soon as we leave school. Beyond compulsory education, investment in young adults should be prioritised to enable the full development of people's capabilities and foster their ability to take control of their lives. This includes supporting apprenticeships and work-based learning. Further support for young adults is required to develop skills for continuing education, work and training, managing relationships, debt and housing concerns, and preventing risky behaviour.

KEY MESSAGES...

- **The relationship between socio-economic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours and mental and physical health.**
- **Maintaining the reduction of inequalities across the social gradient requires a sustained commitment to children and young people.**
- **We need to invest in our children and young people during their formative years to give them better life skills and prepare them for employment in adulthood.**



FIND OUT MORE...

Department for Education <http://www.education.gov.uk/>

Sefton Council Education and Learning
<http://www.sefton.gov.uk/Default.aspx?page=1761>



MARMOT'S POLICY OBJECTIVE C

Create fair employment and good work for all

Lead Author: Nicky Speakman, Workforce Development Manager

Being in good quality employment can be protective of health and well-being. Conversely, being unemployed or indeed in poor quality employment can contribute to poor physical and mental health. Getting people into 'good' work that is sustainable, is therefore, critical if we are to reduce health inequalities.

- Improve quality of jobs across the social gradient.

Good work is characterised by a secure living wage, enables the working person to exert some control over his/her work, offers opportunities for in-work development, aims to be flexible, protects the working person from adverse working conditions, contributes to workers' well-being and attempts to support sick and disabled people into full employment, where possible.

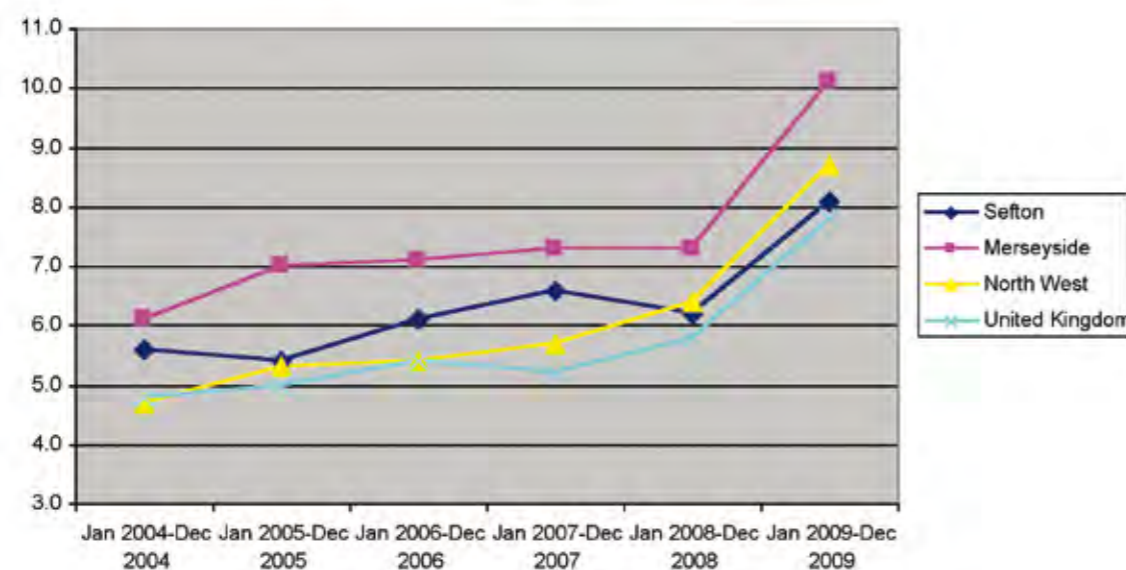
What's the problem?

Since 2008, rates of unemployment in Sefton have risen in line with rates both nationally and in the Northwest. In December 2009, eight percent or 10,500 working age (16-64 years) people were classed as unemployed in Sefton.

Marmot highlights three priority objectives to reduce inequalities in employment and working conditions:

- Improve access to good jobs and reduce long-term unemployment across the social gradient.
- Make it easier for people who are disadvantaged in the labour market to obtain and keep work.

Unemployment Rates 2004 - 2009



Employment in Sefton is unequally distributed, with people living in areas that are most deprived at higher risk of being unemployed or in low-paid, poor quality jobs with few opportunities for advancement.

People of working age who are unemployed incur elevated health risks including: increased rates of long-term illness, mental illness and cardiovascular disease. These negative effects are proportional to the duration of unemployment. Therefore, adverse effects on health are greatest among those who experience long-term unemployment. Moreover, the experience of long-term unemployment is strongly associated with an increase in overall mortality.

While unemployment and economic inactivity are associated with higher rates of poor health, it should be noted that jobs that are insecure, low-paid and that fail to protect employees from stress and danger also make people ill. Poor work conditions increase the risk of poor physical and mental health; this in turn leads to absence due to illness and potential future worklessness. In Sefton, the most common causes of work-related ill-health are mental health issues and musculo-skeletal disorders.

What works?

Marmot makes two key recommendations for creating fair employment and good work for all:

1. Prioritise active labour market programmes

Future Jobs Fund

Sefton has been involved in a number of active labour market programmes over the last few years, one of the most recent being the "Future Jobs Fund". This fund was aimed at creating new jobs in the labour market for young people (specifically 18-24 year olds who have been in receipt of Job Seekers Allowance for a period approaching 12 months) and adult job seekers in deprived communities. Opportunities to run Future Jobs for a six month period were identified across the borough, mainly focused within the voluntary, community and faith sector and public sector employers, such as NHS Sefton and Sefton Council. In those 6-months jobs provide opportunities for training and experience in a wide range of areas, including administration and health advocacy. This improves people's skills and future employability. Partners involved in the programme committed to a minimum standard 'wraparound' model, including targeted support for individuals, mentoring, job search time and an exit interview.

Work is good and unemployment is bad for physical and mental health, but the quality of work matters.



Young people (18-24 years) are the age group most likely to be unemployed and to be in low skilled jobs.

2. Development of good quality work

Sefton Routeways

Sefton MBC has been operating a number of Skills Funding Agency contracts to identify employers with vacancies and willing to work with local agencies; ensuring that workless people in Sefton have access to the jobs on offer. The 'Sefton Routeways' opportunities are targeted at people who live in the most disadvantaged communities and are open to anyone regardless of what type of benefit they are claiming, and therefore have included



local people who are wanting to leave benefit dependency behind, even though some may need assistance to manage their health condition. The 'Sefton Routeways', delivered in partnership with Jobcentre Plus, combines pre-employment training, confidence building, support with selection processes, such as interviews or competency testing, and financial help with travel and clothing. They are bespoke - designed as a direct result of employer input and they have yielded real results in opening up recruitment processes. To date, more than 550 previously workless Sefton residents have benefited from the Sefton Routeways. In addition, employers from a wide range of sectors, including retail, logistics, social care, tourism, catering and the public sector, have benefited from recruits who are motivated, energised and committed to sustainable work to benefit themselves and their families.

Employer Award

Through Sefton Council's Employment and Skills programme, an employer award is being established; this focuses on identifying and acknowledging best practice for family friendly employment. Parental employment and work progression is an essential feature to tackling child poverty and securing improved health and economic outcomes for both adults and young people. This initiative, being trialled in the Southport area, is expected to form an important part of Sefton's ongoing strategy to work with smaller employers to ensure that people who could be at risk of social and economic isolation can benefit from sustainable employment.

What local action do we need to take?

- A commitment in Sefton to working with a range of agencies to assess the implications for Sefton's communities of the proposed changes to the Welfare benefits system including tax credits, housing benefits and lone parent obligations in addition to out of work benefits.
- Furthermore, with the introduction of a new system based on the principle of assessing what people can do rather than what they cannot do, there is real concern locally that we need to gain a rapid understanding of the impact of the work capability assessment on incapacity benefit claimants who unexpectedly find themselves classified as 'fit for work'.
- More horizontal linkages are needed between health, housing and worklessness services to better integrate support systems for families to enable the transition from benefits to work.
- More work with employers in the private sector to encourage them to see people with health conditions in a more favourable light.
- More qualitative information about the effects of work on health in deprived communities.
- More continued support for people who have been long term workless to enter the labour market.

KEY MESSAGES...

- **Young people are the group most likely to be unemployed and to be in low-skilled jobs.**
- **Increasing skills and the number of people in good employment will have a positive impact on health within Sefton.**
- **We need to continue to enhance employability skills within our working age population and especially those who are not in education, employment or training.**

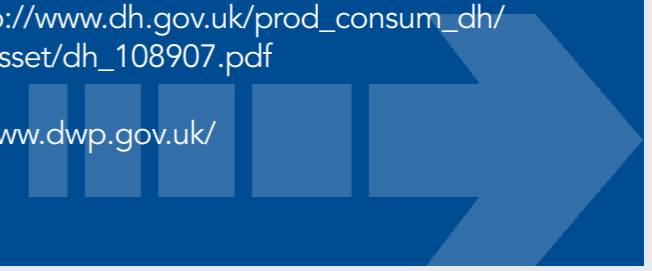


FIND OUT MORE...

Dame Carol Black's Review of the health of Britain's working age population 'Working for a healthier tomorrow' (March 2008)
<http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf>

NHS Health and Well-being Review (Nov 2009)
<http://www.nhshealthandwellbeing.org/> http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108907.pdf

Department for Work and Pensions <http://www.dwp.gov.uk/>



MARMOT'S POLICY OBJECTIVE D

Ensure healthy standard of living for all

Lead Author: Pat Nicholl, Deputy Head of Health Improvement

Insufficient income is associated with worse outcomes across virtually all domains, including long-term physical and mental health and life expectancy. Ensuring that all people receive enough money for their stage in the life course, to lead a healthy life, is therefore critical for reducing health inequalities.

In the review of health inequalities in England, Marmot proposes three priority objectives to ensure that all people have a sufficient income to live a healthy life:

- Establish a minimum income for healthy living for people of all ages.
- Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies.
- Reduce the cliff edges faced by people moving between benefits and work.

Clearly, a significant amount of action to address the priority objectives needs to happen at a national level. However, we should look to ensure that a healthy standard of living for all in Sefton is achieved through relevant local action, which recognises the different levels of need for people in different circumstances.

Before proceeding, it is important to acknowledge that household income is affected by taxation – both direct taxes for example, income tax, National Insurance and council tax, and indirect taxes, for example, VAT and duty on petrol, alcohol and tobacco. Indirect taxation is not progressive. The impact of indirect taxes fall disproportionately with people on low incomes.

What's the problem?

The adverse health effects of being on a low income are not confined to those who are 'worst off' who find it difficult to make ends meet. The graded relationship between income and health is consistent with the fact that a person's position in society is important.

Index of Multiple Deprivation 2007 – Income domains

	IMD07 (% of popn)	Income domain (% of popn)	IDACI (% of u15s)	IDAOP1 (% of retirement age)
Most deprived quintile	25%	25%	23%	22%
Second	18%	16%	12%	22%
Third	28%	29%	26%	20%
Fourth	19%	19%	22%	16%
Least deprived quintile	10%	12%	17%	19%
Sefton	100%	100%	100%	100%

- IDACI is income domain affecting children index
- IDAOP1 is income domain affecting older people index

Source: Index of Multiple Deprivation 2007 (www.communities.gov.uk)

Whilst above average, children (23% in most deprived quintile) and older people (22%) exhibit slightly lower levels of income deprivation than Sefton's overall population (25%). This perhaps implies that people of working age experience slightly higher levels of income deprivation than children or older people.

It is worthwhile noting that older people in the second most deprived quintile also have higher than average levels of income deprivation (22%), thus further demonstrating the social gradient in income in Sefton.

Sefton is ranked 43rd worst out of 354 local authorities for income deprivation (within lowest 15% nationally). Within Sefton, parts of Bootle are within the most income deprived 0.6% of England, but parts of Formby are within the least income deprived 3% of the country.

For many people in Sefton, their income plus benefits is inadequate to support a healthy life. It is well-recognised that people on low incomes refrain from purchasing goods and services that maintain or improve health and a larger proportion of their money is spent on commodities that attract indirect taxes and present increased health risks.

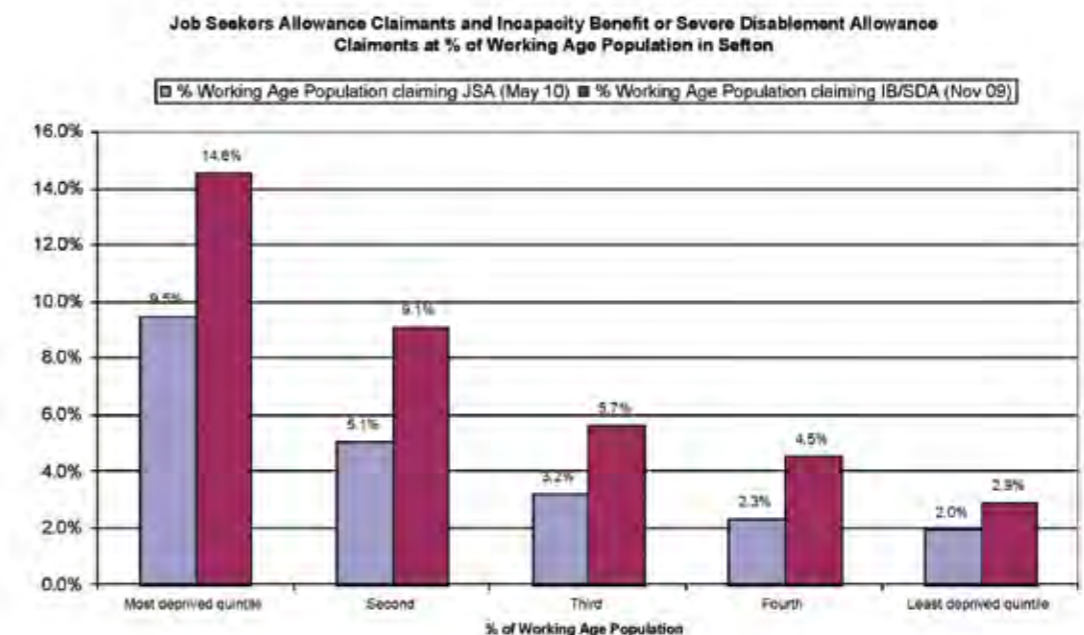
People living in the most deprived quintile are nearly five times more likely to claim benefits such as Job Seekers Allowance (JSA)

and Incapacity Benefit/Severe Disablement Allowance (IB/SDA) than people living in the least deprived quintile.

In Sefton, particular social groups are at higher risk of having low income and consequently poorer health. As outlined in the previous chapter, some groups have significantly reduced opportunities for employment and lower earning capacity; these include disabled adults, people with mental health problems, those with caring responsibilities, young people with no/low skills and qualifications and lone parents.

Poverty involves not just a lack of money, but a lack of sufficient resources to participate fully in society and to maintain human dignity. Because of Sefton's specific geography and make-up of population, there is a concentration of poor older people, low paid, temporarily employed and single people in inadequate accommodation in some parts of the north of the borough. In the south, there is a greater proportion of single parents and long term unemployed households with children.

Lack of sufficient income, combined with poor accommodation that is thermally inefficient, means certain households cannot afford to heat their homes to an adequate, safe and comfortable healthy level. Furthermore, the same lack of income also prevents those households from undertaking the necessary improvements to increase the energy efficiency of their properties to alleviate the problem.





It is worthwhile noting that the relationship between low income and poor health can operate in both directions: low income can lead to poor health and ill health can result in a lower earning capacity.

What works?

1. Develop and implement standards for minimum income for healthy living.

Tackling Child Poverty

Recognising that there are a range of factors that are connected to child poverty, including low educational achievement and unemployment, Sefton has successfully become one of eight Child Poverty Innovation Pilot sites. Focused in the Southport area and led by the Local Authority's Planning and Economic Regeneration Department, the 'Promoting Parents' programme aims to improve employment levels and employability by assisting families caught in low paid, low skilled jobs or those who wish to enter the workforce, to maximise their income and develop their choices and aspirations. A team of family coaches has been established to help target families work through their tailored progression plans, which include: training plans, advice on budgeting and debt management, advice and support in accessing child care, and health advice for example on stopping smoking.

The project has received funding for two years till March 2011. Initial findings suggest that the positive impact of the programme is not only felt by the parents, but also by the children.

Low income can lead to poor health and ill-health can result in lower earning capacity.

Citizens Advice Bureau (CAB) Health Outreach

The CAB in Sefton offers outreach sessions in health settings to people with both physical and mental ill-health. As part of the service Health Outreach Advisers offer free confidential, impartial advice on a number of issues, which maybe causing the symptoms of ill-health. As well as assisting with benefits checks to ensure that people are receiving their correct entitlements, advisers often support people who have fallen into the debt trap by taking out loans with high interest rates, or in worst cases, falling prey to loan sharks. In these situations, the adviser works with the client to help them to prioritise their debts and compile a detailed and realistic budget. During the whole process, the adviser adopts an educative role so that clients can improve their confidence in knowing how to deal with similar situations that may arise either now or in the future.



Fuel Poverty Outreach Service

Working towards the outcomes of Sefton's Affordable Warmth Strategy, Sefton Council's Energy Team, in partnership with the Supporting People Programme, is delivering a fuel poverty outreach service. As part of the programme two Affordable Warmth Workers have been appointed to provide a home visiting service to hard-to-reach residents, offering support and assistance in applying for heating and insulation grants to make their homes warmer and healthier. During the home visits, additional housing and social needs are identified and individuals are signposted accordingly to a wide range of partners (such as, community fire service, environmental health services and welfare rights teams). The role of the Affordable Warmth Worker has been very successful in Sefton by helping to enhance the work of the Council's Energy Team and ultimately enabling vulnerable people to remain living independently in their homes.

'Cliff Edges' – the distinction between being in work and being out of work.

2. Remove 'cliff edges' for those moving in and out of work and improve flexibility of employment.

Moving into work can be problematic for many people, especially for those moving from benefits to low-income jobs. Jobcentre Plus advisers work with clients to remove the 'cliff edges' between work and benefits:

- 'Better off calculations' are conducted with customers to review their current income and establish how a wage, plus return to work incentives, can provide them with a higher income.
- People who are out of work, particularly the long-term unemployed, can be nervous about taking up paid employment in case it doesn't work out and fear losing long-term benefits. To address these concerns Jobcentre Plus have a rapid reclaim process for those customers coming back onto

Jobseekers Allowance within 26 weeks of their last claim. Additionally, there are work trials available, which allow customers to remain on benefits whilst testing out a new job for up to 15 working days.

- For customers in receipt of specific benefits due to illness or disability there is a 'permitted work' scheme, which provides customers with a stepping stone into work of 16 hours per week, therefore helping to remove some of the barriers that have prevented them from securing employment.

What local action do we need to take?

The challenge for Sefton is to make the healthy choice the affordable choice. Ensuring a healthy standard of living for all in Sefton means maximising household income levels and exploring all opportunities locally to access healthy living measures.

- Income maximisation through partnership working, supporting people into work, increasing take up of benefits, tax credits, housing/council tax, providing access to debt advice, managing money, saving schemes and credit unions.
- Good work is good for being healthy and, being in-work for longer is more productive for business and the economy as a whole.





MARMOT'S POLICY OBJECTIVE E

Create and develop healthy and sustainable places and communities

Lead Author: Rachael Gosling, Speciality Registrar in Public Health

KEY MESSAGES...

- **A certain minimum level of income is necessary to lead a physically and mentally healthy life and we must work with businesses to improve better paid work opportunities.**
- **Low income households are vulnerable to national budgetary changes that result in a drop in minimum acceptable standard of living and we must advocate on behalf of our population.**
- **Continue to build on existing and thriving partnership work to implement interventions to ensure a healthy standard of living for all.**



FIND OUT MORE...

Joseph Rowntree Foundation www.jrf.org.uk

Index of multiple deprivation www.communities.gov.uk



Communities are important for our physical and mental health. The physical and social characteristics of communities all make a contribution to inequalities in health.

Marmot prioritises the following objectives:

- Develop common policies to reduce the scale and impact of climate change and health inequalities.
- Improve community capital and reduce social isolation across the social gradient.

People's health and well-being is affected by the environment in which they live, grow, learn, work and age. For example, living in a cold damp house in a deprived neighbourhood which has high levels of crime and a lack of access to open green space, impacts negatively on health.

Having strong social networks and being actively involved in the community can also bring positive health benefits. This is often described as community or social capital and chimes with the coalition Government's idea for a 'Big Society'. A range of benefits can stem from strong community capital such as improved mental health, and increased resilience to illness. Building community capital at a local level is important as it can empower local people to shape policies or programmes that affect them.

Climate change has been described as the greatest threat to global public health. Investing in measures, such as active travel, air quality, energy efficiency and the food environment, will both improve health and lower carbon emissions, thus reducing the impacts of climate change.

What's the problem?

People on low incomes are more likely to live in more deprived neighbourhoods which have social and environmental characteristics that present risks to health. These include poor housing, poor air quality, a lack of green spaces and places for children to play, and a greater risk to the impact of climate change.

The existing housing stock in Sefton can be divided into two broad groupings: the public or socially rented sector and the private sector. In recent years, a great deal of attention and investment has been placed into public and socially-rented housing to drive up the proportion of Decent Homes within the sector. There has also been a significant improvement in the number of Decent Homes within the private sector. The 2007 Sefton Stock Condition Survey (SSCS) found that only 23.1% of all private households in Sefton live in a Non-Decent Home, a significant improvement on the 2002 level of 33.2%. However, this overall figure masks significant inequalities in the standard of living within the private sector stock.

The 2007 findings relating to *economically vulnerable households* showed that, within the private rented sector, 48.9% of households live in a Non-Decent Home, in houses built pre-1919, 51.1% of households live in a non-decent home, and, where the head of the household is 65+ years, 43.9% of households live in a Non-Decent Home.

One of the main aspects of the Decent-Home Standards with the greatest impact on health is failure to provide effective insulation and/ or efficient heating. It is estimated that there are over 30,000 households in Sefton at risk of



fuel poverty (i.e. more than 10% of household income is spent heating the home). Those groups most at risk of being fuel-poor tend to be older people, lone parents with young children and those with long term illnesses.

Reducing fuel poverty in the coming years presents a number of challenges: rising fuel prices, grants being cut, much of Sefton's remaining housing stock being 'hard-to-treat' and expensive to insulate and an increasing likelihood of extreme weather events.

Under the Environment Act (1995), Sefton Council has declared three Air Quality Management Areas in the borough. This means that air quality in these areas does not comply with the National Air Quality Strategy's objectives, which are set on the basis of information on the health effects of pollutants.

These three areas include: Crosby Road North, (between the junctions with College Road and South Road), Princess Way (from the Ewart Road flyover up to and including the flyover and roundabout at Crosby Road South), and Millers Bridge around the junction with Derby Road. Within these three areas, the main sources of pollutants (fine particles and nitrogen dioxide) are road traffic and emissions from local industrial processes.

Access to green space improves physical and mental health and has been shown to reduce health inequalities. Currently, the quantity, quality and accessibility of green space (i.e. parks, play facilities and outdoor sports facilities, allotments, waterways and private gardens) varies greatly in different parts of Sefton.

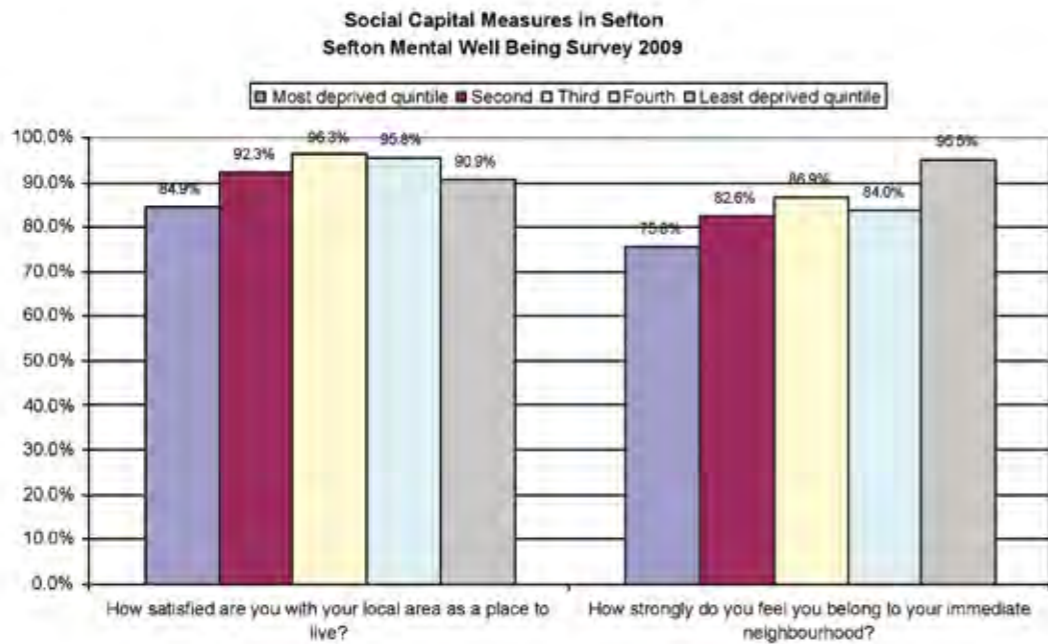


For example, those living in the most disadvantaged areas of the borough generally have smaller or no private green space and there tends to be a greater need for more high quality public green space in these areas than is currently available.

The UK Climate Impact Programme has modelled a range of future weather scenarios for Sefton, using different levels of greenhouse gas emissions. These assessments suggest that in Sefton, we will experience warmer, drier summers and warmer, wetter winters. A number of risks have been identified, such as increased likelihood of flooding, loss of habitat and species, periods of drought and the effect on

health of heat waves and milder winters. Those living in more deprived areas are more likely to suffer both the physical and mental impacts from extreme weather events (e.g. flooding) caused by climate change. The NHS is responsible for 30% of all public sector greenhouse gas emissions and all health organisations in the Borough need to be looking at how they can reduce their carbon footprint.

There is evidence that in Sefton, the environment impacts on people's wellbeing. For example, those living in more deprived areas are less likely to be satisfied with their local area and less likely to feel they belong to their immediate neighbourhood.



What works?

The Marmot review makes a number of evidence based recommendations, many of which are already being successfully implemented in Sefton.

1. To prioritise policies and interventions that reduce health inequalities and mitigate climate change.

Active travel

The Southport and Ainsdale Cycling Town Project has entered its third and final year of funding. The aim of the project is to increase the cycling rates in these areas (particularly within the centrally deprived area of Southport), by creating an environment whereby visitors and residents can choose cycling as a genuine option for travel.

Recent developments as part of the Cycling Town project include: cycle hire for non-Sefton residents (residents can access free use through the Free Wheeling scheme); additional facilities for parking bikes; additional cycle training for adults and the accessibility of Newlands as an opportunity for off-road cycling.



The creation of healthy, sustainable places and communities should go hand in hand with mitigating climate change

Good quality green spaces

The quality of the parks in Sefton is improving following increased capital and revenue investment over recent years and closer working with local communities to engender increased and better use of the parks. In order to reduce the impacts of climate change, tree planting and the creation of new green spaces is being promoted across the Borough. The Landscape Development & Management service of Sefton Council was awarded the prestigious Green Apple Award for its 'neighbourhood approach to landscape management' - caring for parks and green spaces. For those parks that are under-utilised as a result of people's perception that they are unsafe, partnerships between the local police and the Park Rangers have been established to run sports coaching activities for younger people in the evenings, thereby reducing antisocial behaviour in parks while encouraging physical activity. Outdoor gyms have also been installed and are being well used in Crosby Coastal Park and Bedford Park, Southport.

Food environment

In areas of Sefton where access to affordable good quality fruit and vegetables is poor, 'Fruit and Vegetable Co-ops' have been established through the Brighter Living Partnership in the north of the borough and the Women's Royal Voluntary Services in the south. The purpose of the cooperatives is to provide members of the community with a variety of seasonal items that are, as far as possible, sourced locally from within the North West of England. For £2.50 people can collect (or for a small additional cost have delivered to the workplace, school or home) a mixed bag of fruit, vegetables and salad. For those eligible families with children under the age of 4 years, healthy start vouchers can be used at the 'Fruit and Vegetable Co-ops', thus supporting young children to try a variety of new and fresh foods.

Improve energy efficiency

Sefton's 'House Warmers' project has recently been named as best in the North West by the fuel poverty charity, National Energy Action. The project aims to work with local organisations to help people living in properties that are cold, damp and expensive to heat by assisting them with payment for essential work that addresses fuel poverty. There are over 300 front line workers actively involved in the 'House Warmer' referral network, who have been briefed on fuel poverty and, as a result, regularly signpost households in need of assistance to local services to make their homes warmer and healthier.



Sefton's Fuel Poverty Champion, Cllr Anthony Hill, received the footprint award on behalf of Sefton along with Ian Weller and Debbie Phillips from the energy team and Dr Janet Atherton, Director of Public Health, NHS Sefton & Sefton Council.

The lack of attention paid to health and health inequalities in the planning process can lead to unintended and negative consequences.

2. Integrate planning, transport, housing, environmental and health systems to address the social determinants of health in each locality

Sefton's Core Strategy

To inform the preparation of Sefton's Core Strategy, which will set the vision, strategy and core policies for spatial development in Sefton over the next 15-20 years, a phased consultation and engagement process is underway. Involving those with an interest in the area – local residents, businesses and other organisations, initial consultation has taken place through a number of workshops held in the seven Area Committee areas. The aim of the workshops was to obtain a wide range of views about the key issues and opportunities for settlement in Sefton using four key headings:

- Housing
- Jobs and Economy
- Protecting and enhancing the environment and climate change
- Town & local centres, facilities, services and getting around.

The second stage of consultation has moved onto the preferred options of how key stakeholders in Sefton can best provide the solutions to the issues that Sefton faces in the future in light of the initial findings. Giving key stakeholders 6-weeks to formally comment on the emerging core strategy, the process is due to conclude in early 2011 with a third phase of consultation on the draft Core Strategy for Sefton.

Social capital builds trust, which leads to the cooperation and synergy that is necessary to build healthy communities.



3. Create and develop communities

Increasing social participation

Sefton Councils Environmental Protection Department has been successful in securing funding from the Working Neighbourhood Fund (WNF) and Housing Market Renewal - 'Living through change' to undertake an Environmental Services initiative with an emphasis on encouraging local people into training, (NVQ level 2), and employment within the service. The initiative was developed with local partners through identifying local environmental needs and ensuring that subsequent activities addressed local problems. As well as supporting economic development within the south of the borough, the initiative enhanced the work provided by core-funded environmental services to improve neighbourhood cleanliness such as litter, graffiti, dog fouling and reducing the rat population. To-date, the Community Engagement Team has led 106 regular clean up days to address specific problems identified during local community walkabouts, including fly-tipping, littering, dog fouling and defective drains, which attract rats.

This intervention has seen vast improvements in terms of the amount of litter, detritus and rat population in the communities, thus making parts of Sefton more attractive and healthy place to live and invest in. It has also succeeded in training a number of long-term unemployed people who have gone on to secure employment, generating health benefits for them and their families.



Reducing social isolation

Reducing social isolation among older people is a key area identified in the three-year Sefton Partnership for Older Citizen's (SPOC) strategy. There are many initiatives operating across Sefton that support older people with the aim of reducing social isolation. Examples of providers delivering these initiatives include Anchor Staying Put, Merseyside Fire and Rescue Service, Netherton Feelgood Factory, Sefton Pensioners Advocacy Centre, Sefton OPERA and Sefton CVS.

Sefton CVS delivers an initiative called the "North Sefton Social Inclusion Project". The project supports three "Ageing Well Clubs" in the Formby and Southport area. The service can be accessed by anyone over the age of 50, and are for older people who find themselves socially isolated for whatever reason, giving them the opportunity to socialise and make friends. People may feel socially isolated due to illness, a stay in hospital or bereavement and the clubs are a way of meeting people and making new friends.

Club members also benefit from chair-based exercise, learn from guest speakers and get information, advice and advocacy from the service. The initiative networks well with key partner organisations to ensure that the needs of older people in Sefton are met.

What local action do we need to take?

In order to ensure that we are tackling the social gradient, we need to target and measure interventions by socio-economic groups. Existing data sources should routinely be used to analyse the impacts of programmes and policies on the social gradient.

Action on mitigating climate change needs to be strengthened through local partnerships and, where possible, aligned to improving health. NHS Sefton needs to make greener commissioning of health services its core business if we are to reach the challenging target of reducing carbon emissions by 34% by 2020. We also need to develop action plans to respond to the health risks posed by climate change.

Given current financial constraints, there is unlikely to be funding to provide more green spaces. Therefore, we need to look more creatively at how we can use existing green spaces. For example, school playing fields can be opened up for wider public use. We need to think creatively about how the community can use land to grow food, for example through the Sustainable Schools Framework. Legal agreements between a developer and a local planning authority can be used which make planning permission acceptable, for example, to provide green space, or affordable housing. We need to ensure partnership arrangements are further strengthened so that resources for green space are based on the needs of communities and generated by new development.

Given the problems of installing insulation to current housing stock, we need to look at more innovative ways of providing affordable and efficient energy (heat, power and light) to households that are at risk of fuel poverty.

We need to make sure that the Area Management approach makes services work for all neighbourhoods and that nobody is disadvantaged by where they live. Area Committees are in a key position for engaging and consulting with local people efficiently and effectively and responding to residents concerns quickly. The move towards a "Total Place" area management approach could enhance their impact.

Marmot recommends a national policy planning statement on health. At a local level we need to influence the Core Strategy for Sefton so that it takes in to account the wider determinants of health. There is an opportunity to align policy agendas on regeneration, inequalities, climate change mitigation and the use of renewable energies. We need to work with partners (e.g. health, planning, transport, environment and housing) to produce a framework to check that decisions are made taking into account the potential impact on health inequalities in each locality.

The economic climate undoubtedly means services will be cut and this poses a challenge as to how our communities develop over the next ten years. It is imperative that the health sector, local authority, the third sector and the private sector work closely with the community to identify local needs and to identify further opportunities for economic development and joint commissioning. Making things work with less money is a challenge but can result in creative and innovative solutions. In meeting our needs today, it is essential that we do not compromise the ability of others to meet their needs, today or tomorrow.





MARMOT'S POLICY OBJECTIVE F

Strengthen the role and impact of ill-health prevention

Author: Cathy Warlow, Head of Health Improvement and Partnerships

KEY MESSAGES...

- **Health inequalities stem from deprived social, economic and physical environments. The gains made in these areas in recent years through investments in infrastructure and innovative approaches need to be built on and extended rather than abandoned in the face of a more difficult financial climate.**
- **Taking care of our environment can be cost-effective and life –enhancing for example, reducing car usage reduces pollution and pedestrian death, and installation of solar panels is very energy efficient.**
- **There are well-established community groups in Sefton and more should be done to empower communities to help shape the future of Sefton.**



FIND OUT MORE...

Green Space Strategy for Sefton www.sefton.gov.uk

Southport and Ainsdale Cycling Town www.sefton.gov.uk

The Brighter Living Partnership Food Co-operatives www.brighterliving.org.uk

A range of resources are available from the NHS Sustainable Development Unit on promoting sustainable development within the NHS, including the NHS Carbon Reduction Strategy: www.sdu.nhs.uk

Adapting to Climate Change – Guidance Notes for NI188: www.lga.gov.uk

Previous chapters have been concerned with tackling the wider social determinants of health inequalities. The purpose of this final chapter is to address health behaviours.

- Building healthy public policies
- Creating supportive environments for health
- Strengthening community action for health
- Developing personal skills
- Reorienting health services

Marmot focuses our attention on the need to:

- Prioritise prevention and early detection of those conditions most strongly related to health inequalities.
- Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

Implementing an evidence-based approach shows us that population-wide interventions need to be proportionately targeted across the social gradient but targeted interventions need to focus on particular groups. The evidence also shows that health behaviours are complex; therefore multi-faceted programmes are required across the life course to tackle the issues.

Before proceeding, it is important that we first clarify what we mean by 'ill-health prevention' and 'health promotion'. There are a couple of important definitions to consider: The first definition, adopted in 1948 by the World Health Organisation (WHO), states that health is:

Marmot is clear that ill health prevention and health promotion is a shared responsibility across local and national governments. In Sefton we need to ensure that all partners share this responsibility and have prevention as a key priority for their own organisation and are clear about their contribution to this shared agenda.

"Being in a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

What's the problem?

The second is enshrined in the WHO - Jakarta Declaration of 1997, which states that:

As previously mentioned, there have been welcome improvements in people's health in Sefton, including in the worst off; however, the gap in health inequalities has not narrowed. Inequalities in life expectancy and ill-health relating to conditions, such as cancer, diabetes, chronic lung diseases and cardiovascular disease, continue to persist. These conditions are strongly related to health behaviours such as smoking, misuse of alcohol and unhealthy eating, and we need to make healthier choices easier in Sefton. Aiming interventions at the individual alone will not reduce health inequalities. We need population-wide and individually targeted interventions, proportionately targeted across the social gradient.

"Health Promotion is the process of enabling people to increase control over their health and its determinants and thereby improve their health."

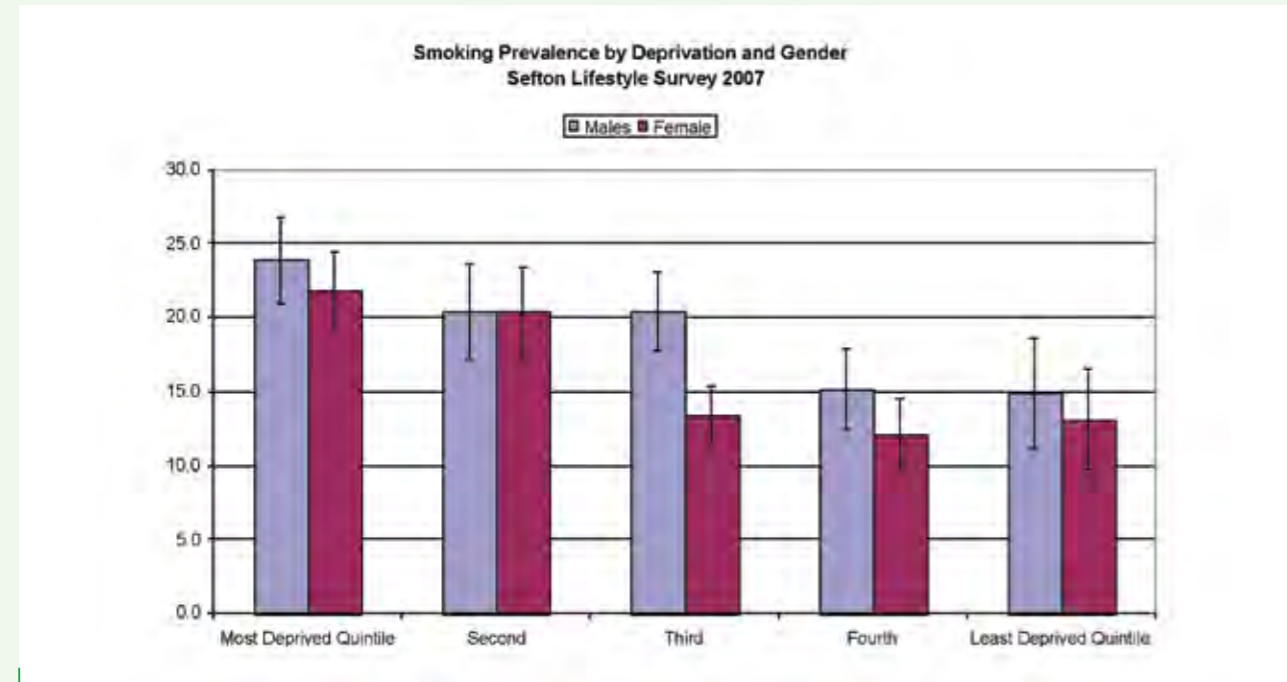
A combination of the five domains of health promotion is required to improve ill-health prevention and to have a comprehensive impact on positive health. These five domains are evidence - based and are as follows:

The NHS has traditionally been seen as having the responsibility for both the prevention and treatment of ill-health. However, nationally in 2006-7, only four percent of NHS funding was spent on ill health prevention and health promotion. In 2002 Derek Wanless recommended that health promotion expenditure should grow in line with expenditure on general practice and hospital care but this did not happen. The sub-optimal level of funding

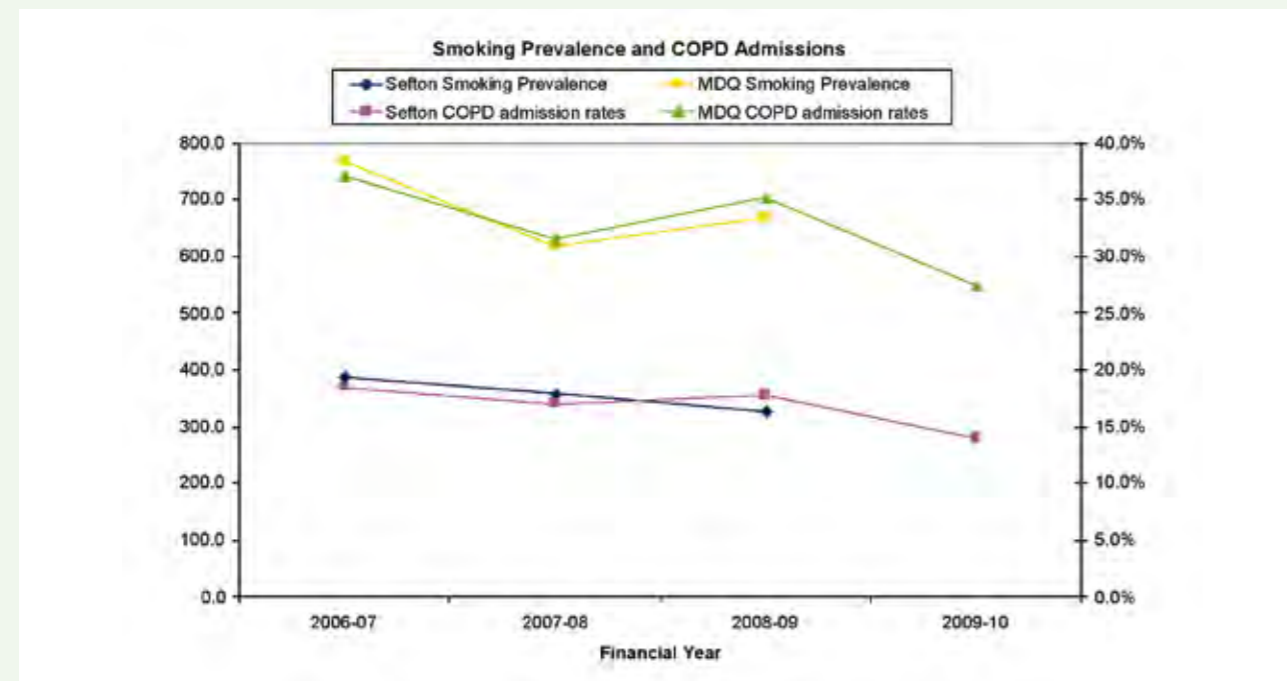
has meant that some prevention and health promotion programmes have not been on a large enough scale or never commenced.

Smoking

The graph below shows the difference in smoking prevalence rates across Sefton, with the most deprived areas still having the highest smoking rates.



We know that more than 85%-95% of Chronic Obstructive Pulmonary Disease (COPD) is smoking-related and also accounts for a significant level of potentially avoidable emergency admissions and reduced quality of life. It is interesting to note the following graph and the potential cost savings:



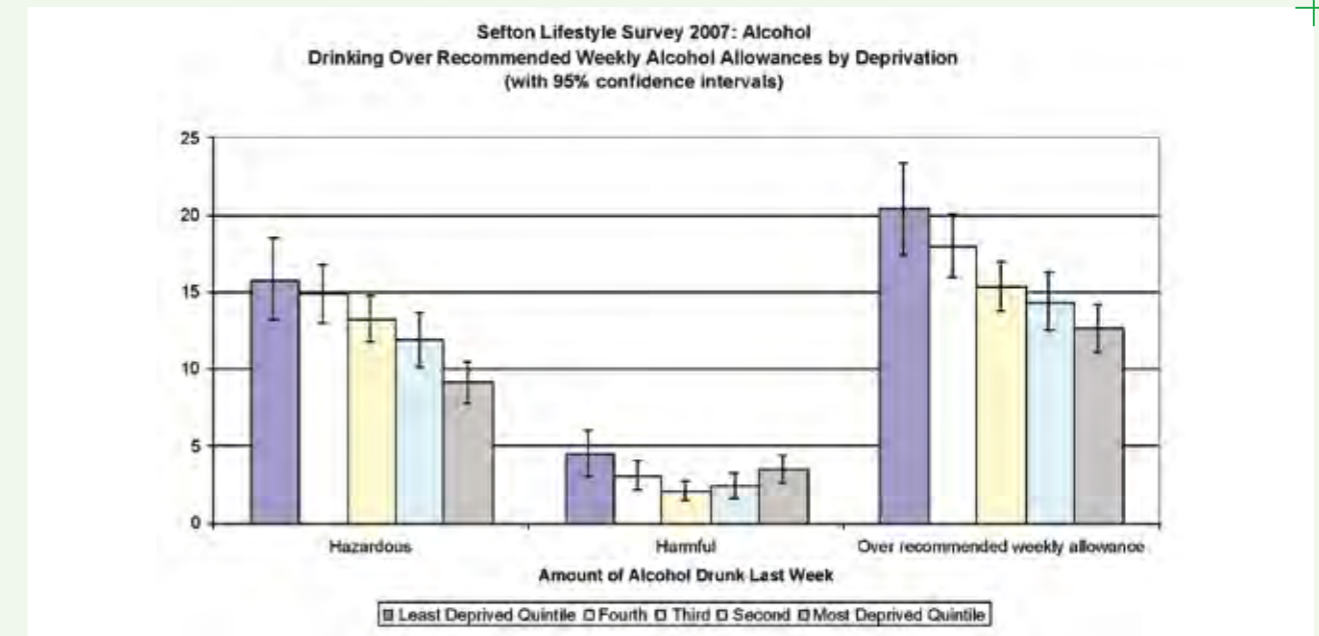
We know that roughly half of COPD admissions are from the most deprived quintile (MDQ) and we also know that a one percent reduction in smoking rates roughly equates to a one percent reduction in admissions. This one percent amounts to around 80 admissions per year.

COPD Admissions	2006 - 2007	2007 - 2008	2008 - 2009	2009 - 2010
Sefton	1025	942	985	775
MDQ	518	436	486	379

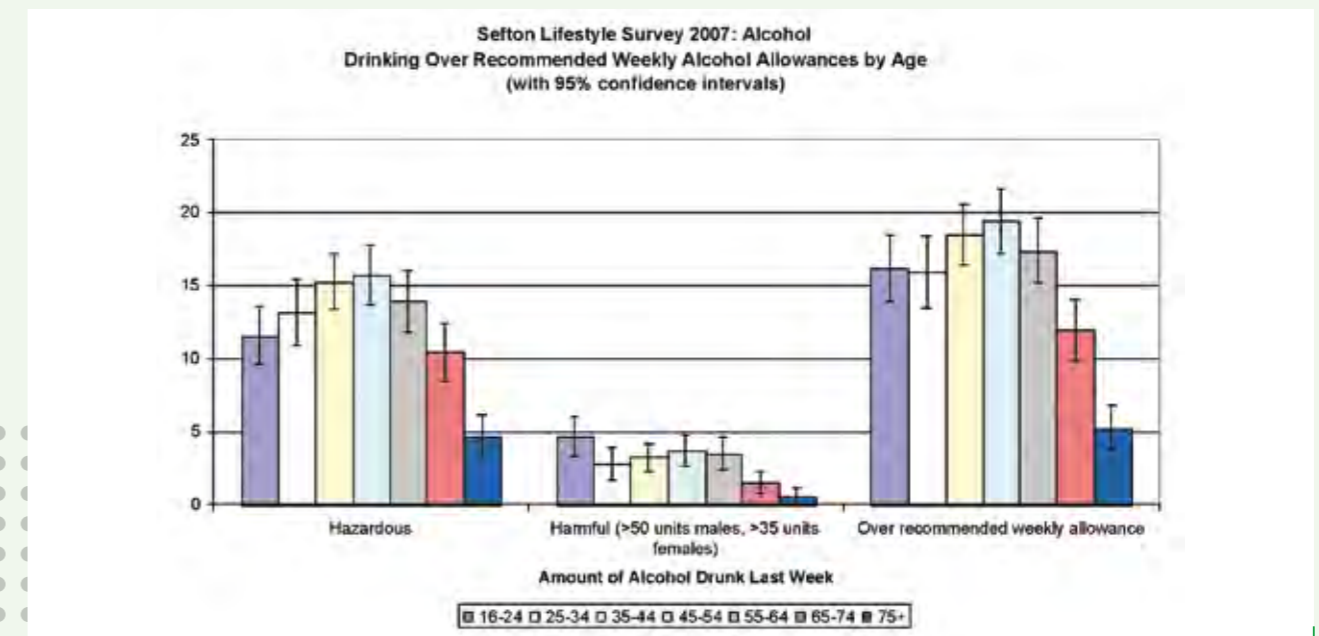
At 2008/09, prices, COPD admissions have an average price per admission of £2,270, so, reducing smoking by one percent would reduce spend on COPD admissions by £180,000.

Alcohol

From the Sefton Lifestyle Survey 2007, over 1 in 5 men and 1 in 10 women drink more than the recommended weekly amounts of alcohol, whilst 1 in 5 men and 1 in 8 women binge drink. While drinking more than the recommended weekly allowance decreases with increasing deprivation, harmful drinking is most prevalent at the extremes of deprivation.

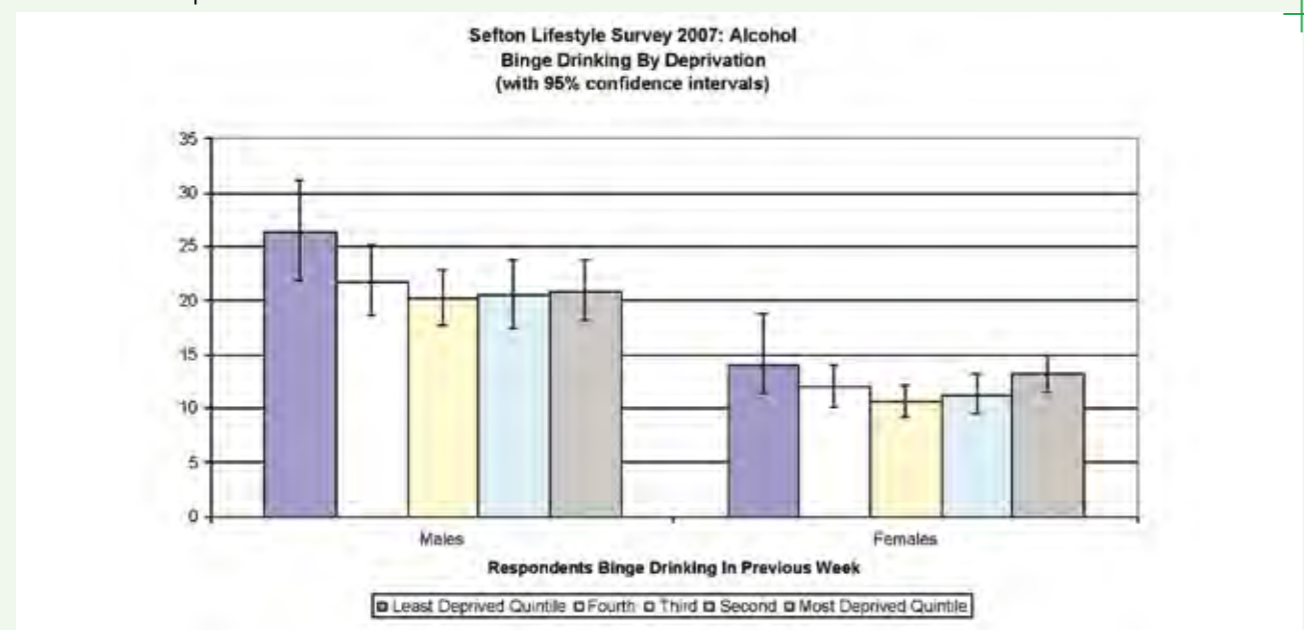


Harmful drinking is most common in the 16-24 year age group. The 45-54 year age group has the second highest percentage of harmful drinking and is also the age group most likely to be drinking over the recommended weekly allowance.

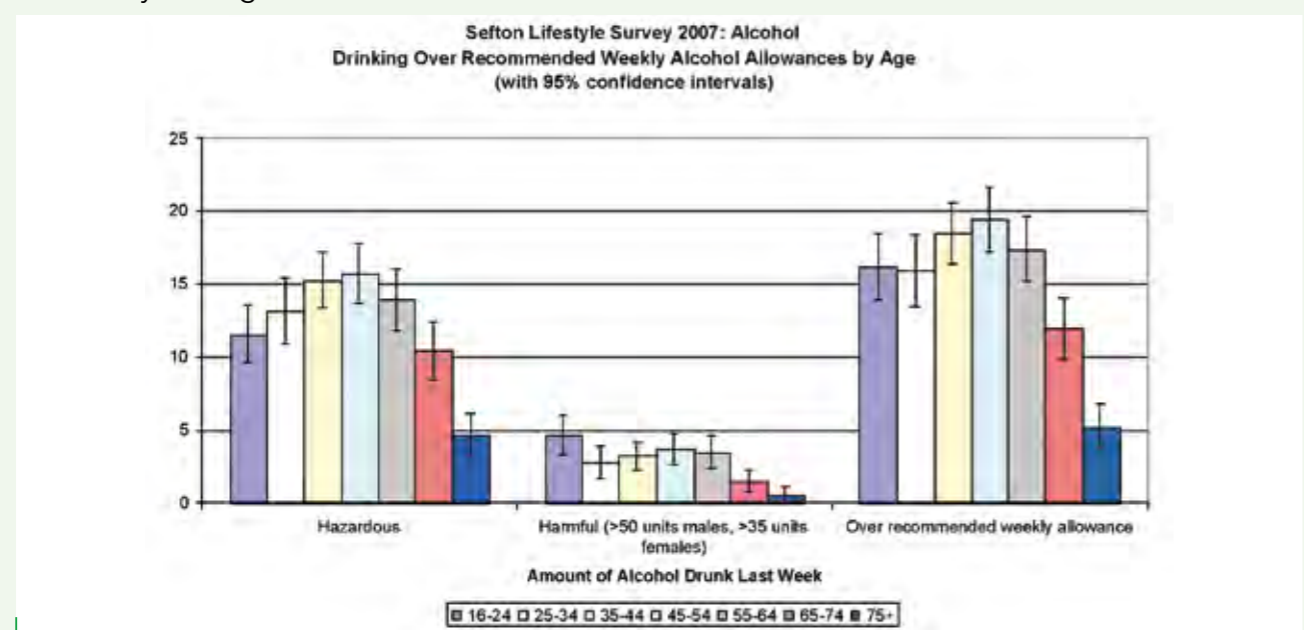




Similar to harmful drinking, binge drinking is most common in the least and most deprived quintiles - in these areas more than 1 in 4 people are estimated to binge drink. Levels are most noticeably higher in the least deprived males.



Binge drinking generally decreases with age, but females aged 25-34 years are the group most likely to binge drink.



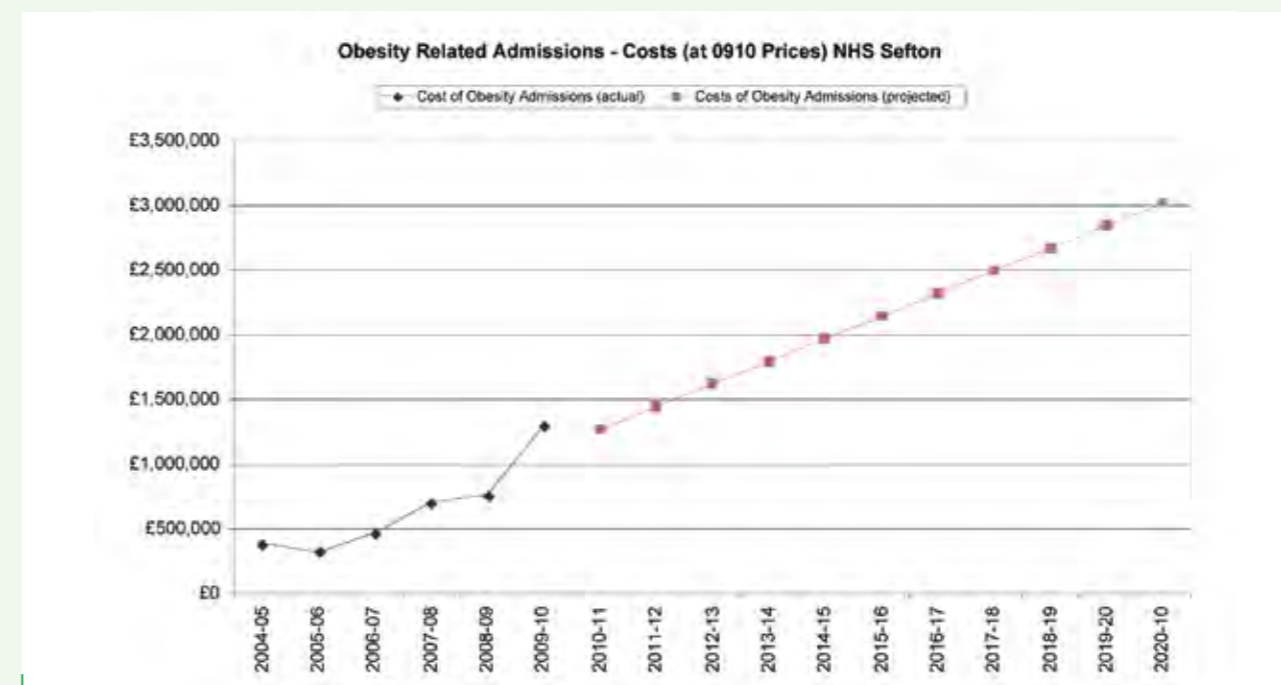
Obesity

The ill-health costs associated with the treatment of preventable lifestyle-associated diseases such as Type 2 diabetes are enormous and ever increasing. For example 'Healthy Weight, Healthy Lives: A toolkit for Developing Local Strategies' 2008 estimated the annual costs to the NHS, for each local Primary Care Trust, of diseases related to overweight and obesity and obesity by itself.

Local information and data from hospital-related obesity admissions in Sefton show that costs have quadrupled in the last 5 years (2004/05-2009/10). If this trend were to continue, the costs in five years could be £2m and in ten years could be £3m.

Year	Estimated annual costs to NHS Sefton of diseases related to overweight and obesity	Estimated annual costs to NHS Sefton of diseases related to obesity
2007	82.1m	42.6m
2010	85.2m	46.1m
2015	91.1m	52.9m

Year	Cost (2009-10 equivalent)	Obesity
2004-05		£381,945
2005-06		£319,373
2006-07		£462,822
2007-08		£698,222
2008-09		£756,496
2009-10		£1,299,789



As well as the actual finance costs of obesity related-diseases, the cost of obesity on life expectancy has recently been quantified. This shows that moderate obesity (Body Mass Index - BMI 30-35) was found to reduce life expectancy by an average of three years, while morbid obesity (BMI 40-50) reduced life expectancy by eight to ten years. This eight to ten-year loss of life is equivalent to the effects of lifelong smoking.

What Works?

Marmot makes a number of recommendations to strengthen the role and impact of ill-health prevention and thus to tackle health inequalities. Sefton has already started implementing a number of these as follows:

Investing in public health and ill-health prevention will help to 'build the foundations of a healthier population for the future.'

1. Prioritise investment in prevention across government departments

The Public Health Partnership (PHP)

The PHP was formed in 2005 to implement the six 'Choosing Health' priority areas of alcohol, food, mental health, physical activity, sexual health and smoking. The PHP has commitment from key Strategic Directors from Sefton Local Authority, Sefton PCT and Sefton Council for Voluntary Services and sub-groups include senior representatives from across the organisations. Targets are agreed, services are commissioned and performance managed.

Work has progressed with significant impact. For example, a new sexual health service has been commissioned, a paid peer support breastfeeding service 'Breast Start' has been developed with the Third Sector, smoking rates in the most deprived wards have fallen faster than the rest of Sefton and a range of social prescribing interventions, such as 'Relax and Revive' and 'Creative Alternatives', have been established. The PHP has strengthened joint working across organisations and continues to address public health priorities.

Health Inequalities Investment Programme

In 2008/9 the PCT Board earmarked 0.5% (2.1m) of the PCT budget to support a programme for tackling significant inequalities in health experienced in Sefton. The main areas for investment were developed to link with the Strategic Commissioning Plan, 2008-2013, 'Better Health Better Life', the main aim of which was to improve health and to

reduce health inequalities. Some of the essential infrastructure and capacity needed to be able to deliver against the Strategic Commissioning Plan priorities, viz. smoking, obesity, alcohol, cardiovascular disease and mental ill-health are already in place.

Royal Society of Public Health Partnership Award

In September 2008 Sefton PCT, Sefton Local Authority and Sefton Council for Voluntary Services were the first national partnership to be awarded the 'Health Promotion and Community Well-being Organisation and Partnership Award' by the Royal Society of Public Health. This was national recognition of the work achieved by the organisations on health promotion. Work is progressing with partner organisations, such as the Fire and Rescue Service, One Vision Housing and the Third Sector, to develop these organisation as health promoting ones in preparation for securing the award for a further three years.



CASE STUDY: One Vision Housing (OVH)

A Health Promotion officer post was created jointly between NHS Sefton and One Vision Housing in 2009 to develop and promote residents' health through increased community involvement and engagement and also to develop and promote health for OVH staff. OVH stock is located in some of the most deprived areas in Sefton.

Some outcomes achieved include: the establishment of an active cheer-leading troop for young people aged between 10 and 16 years, participation of men aged 55+ years in 'cooking on a budget' course which also taught them the importance of reducing salt, sugar and fat, stop-smoking sessions for staff and a programme of weekly walks (in all weathers!). Other spin-offs include working in partnership with other organisations such as Women's Royal Voluntary Service (WRVS) to set up fresh fruit and vegetable pick up points within OVH high rise flats, sheltered accommodation and community centres (with OVH tenants running the schemes), links and support to the WRVS Good Neighbours scheme that supports older OVH residents through a befriending and visiting service.

Population-wide interventions on smoking, alcohol and obesity, which are evidence-based, are needed to reduce the social gradient but they may need to be targeted towards particular groups.

2. Implement evidence-based ill-health preventive interventions

Reducing smoking

Smoking is a major risk factor for three of the main contributors to the gap in life expectancy in Sefton - cardiovascular disease, lung cancer and respiratory disease. The work undertaken on the Smokefree Strategy for Sefton has included a range of interventions such as developing Smokefree Homes, implementing the national legislation for Smokefree places, targeting people in priority groups such as men and young women and having a quality Stop Smoking Service. Sefton has seen the overall smoking prevalence drop from 23% in 2003 to 18% in 2007, (data from Sefton Lifestyle surveys). Smoking rates are highest in the most deprived areas but prevalence is falling fastest in the most deprived areas with 11.8% reduction over four years compared with 2.4% in other areas of Sefton. This is mainly due to targeted interventions and an example of how proportionate universalism can be applied locally.

Reducing Alcohol consumption

The Sefton Alcohol Harm Reduction Strategy is working towards vital sign and local targets of 'reducing the current rate of increase in alcohol-related hospital admissions by 1% per annum', set against the context of actual increase of 12% per annum between 2002/3 and 2007/8.

In 2008/2009, we did have some success in reducing the rate of admission but, unfortunately, the quarterly figures for 2009/2010 is showing that we are above target. We will continue with our evidence-based campaigns and will refine and target them better. Current campaigns include the 'Best Bar None' award, brief intervention training packages for primary care staff, profiling of alcohol admissions by use of Mosaic intelligence package and the most recent 'It's Your Choice' campaign.

Addressing Obesity

Sefton is committed to tackling obesity in children and in adults and aims to increase physical activity levels and improve healthy food and nutrition uptake rates. The PHP sub-groups have piloted a range of programmes using the 'Healthy Weight, Healthy Lives' toolkit. Some examples of local action include:

Some examples of local action include:

Children: healthy growth and healthy weight

- Excellent coverage is being achieved in the National Child Measurement programme, measuring height and weight of children in reception year and Year 6.
- A Child Health Promotion Programme has been launched locally.
- The 'Appetite for Life' programme is promoting healthy eating through childminders and nursery staff.
- Pram walks, funded by NHS Sefton, is being provided by the Local Authority.

Promoting healthier food choices

- A free phone number - Healthy Sefton 0300 100 1000, is streamlining access to lifestyle services, including access to healthy food and practical cooking courses.
- Fruit and vegetable co-ops promoting healthy options are thriving.
- Healthy vending machines are being piloted in different settings.

Building physical activity into our lives

- School travel plans are in place in several schools.
- Programmes for cycling and walking are available widely.
- A strategic plan for 'Green Space' is in place.

Personalised advice and support

- Community weight management leaders' programme trains local people to run free community weight courses, including men-only courses.
- Lifestyle card training for a range of front line workers offers clear information and signposts to local services.

The core efforts of public health departments should be focused on interventions related to the social determinants of health, proportionately across the gradient.

3. Building public health capacity to reduce the social gradient

Public Health Workforce

The Public Health Workforce comprises not just staff within the public health directorate but also the wider workforce, such as direct health care-givers and non-health professionals working in leisure services, children's services and community centres. A huge number have been trained to give health promotion messages and we have worked hard to develop capacity and capability at all levels.

Sefton has been referenced in the Cheshire and Merseyside Public Health Network Top Tips for commissioners for having a 'Strategic and co-ordinated approach to behaviour training'. Our Lifestyle cards were one of the key reasons - A range of lifestyle cards were developed after carrying out a training needs assessment across Sefton PCT, Sefton Local Authority and Sefton CVS staff on the six 'Choosing Health' priorities of alcohol, food, mental health, obesity, smoking, sexual health.

The cards aim to provide consistent public health messages for staff for them to deliver to the general public. A range of different training sessions were also developed and implemented according to the needs of the staff. A 'train the trainer' module was developed so that staff were trained to be able to cascade the training to their own staff.

A network has been set up to support the trainers and provide regular updates. Further lifestyle cards have been developed on breastfeeding, smoking and pregnancy and oral health. To date 1740 people have been trained in the Choosing Health Cards since Jan 2009. A further 1000 pocket sized cards have been distributed along with 200 A4 desk top sized cards.

Social marketing as a tool to reduce health inequalities

We have used social marketing techniques to inform targeted programmes - For example, by understanding the characteristics of smokers who were not accessing the Stop Smoking Service, the 'Money to Burn' campaign was launched. This work has seen an increase of 36% in numbers accessing the Stop Smoking Service from this specific group compared to the same period last year.

What local action do we need to take?

Health, Local Authority, CVS and other key partners need to work on the shared responsibility on ill-health prevention and health promotion to:

- Address and prevent ill-health behaviours which require both population and targeted action at different levels including individuals, local communities and local partner organisations.
- Ensure interventions are targeted proportionately across the social gradient to reduce health inequalities effectively.
- Review current mainstream services, using tools, such as health equity impact assessment and the new Single Equality Duty, to demonstrate their impact on health inequalities.
- Implement the range of NICE guidance on public health interventions. Increased investment in public health is key to increasing efficiency in the health service".



KEY MESSAGES...

- **Inaction on ill-health prevention and health promotion cannot be afforded, given the increasing costs associated with illness.**
- **We need to target our collective resources across partner organisations to areas and groups of highest need, whilst maintaining universal levels of service.**
- **We must engage and empower individuals and our local communities to take control of their own lives.**
- **We need to ensure that all staff across local organisations and members of the community and voluntary sectors are trained to deliver evidence-based messages and have the skills to work with the local community.**



FIND OUT MORE...

Royal Society of Public Health, Promoting Health and Well-being: Reducing Health Inequalities (Dec 2009) <http://www.rsph.org.uk/en/policy-and-projects/projects/commissioning-tool-for-health-promotion.cfm>



This report has been Equality Impact Assessed. We will continue to make the case for equality, that individuals should be given equal access and opportunities, whatever their age, race, sex, sexual orientation, religion or belief, disability or transgender status. We look forward to working with a wide range of partners to achieve this goal.

NHS
Sefton

Sefton Council 

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