



SOLID FOUNDATIONS

Building for the future

Sefton's Health 2011

Annual Report of the Director of Public Health

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Solid foundations: Building for the future

INTRODUCTION

New Beginning

This year's annual report is written during a period of significant change within the NHS and Public Health both nationally and locally. Last year, the coalition government published two White papers, setting out their long-term vision for the future of the NHS and Public Health in England ('Equity and excellence: Liberating the NHS' and 'Healthy Lives, Healthy People: Our strategy for public health in England').

Building upon these documents and the policy update to the White Paper published in July 2011, the Health and Social Care Bill that is currently going through Parliament will introduce major reforms to the NHS and the way public health is organised and delivered in England. A new public health system will be established by 2013 with the creation of Public Health England (PHE), local government being given new responsibilities for protecting and improving the health of their populations, and the appointment of a Director of Public Health in each Local Authority holding budgets ring-fenced for public health spending. In addition, Primary Care Trusts are to be phased out by 2013 and newly formed groups of General Practitioners will take on the role of commissioning healthcare for their local communities.

Financial Constraint

It is clear that we are in a continued period of financial constraint. The NHS, although exempt from budget cuts, is still having to make significant efficiency savings. Our colleagues within Sefton Council have started to take out around £68 million over the next three years.

In the face of these significant financial constraints, we continue to face the significant challenge of improving the health of all people in Sefton and striving to reduce the gap in health outcomes between those living in the most and least deprived neighbourhoods highlighted in the series of Public Health Annual Reports in the last three years. Reducing the avoidable social gradient in health is a matter of fairness and social justice and we need to do more with less. This will mean difficult funding decisions will have to be made. The principle of **proportionate universalism**, that actions need to be universal but also proportionate to the degree of disadvantage, set out within the Marmot review and in last year's annual report, will be of vital importance during this time of transition and financial constraint.

Opportunities for the Future

While the next few years will be challenging and eventful, when a number of major changes come into force, this is also a time of great new opportunities.

Public health is well positioned to build on **solid foundations** in Sefton, with a strong record of partnership working. I am proud of the strong relationships that exist in Sefton between public health and colleagues within the wider NHS, local authority and voluntary sectors. Thus, rather than starting from scratch, we will build on these strong foundations for the future.

This year's public health report highlights, using case studies, the excellent partnership working that is already going on in Sefton.

As the final chapter of this year's report highlights, although the national picture is still emerging, here in Sefton the Transition group is already making good progress in responding to the challenges and opportunities these reforms present. A Shadow Health and Wellbeing Board has been set up and is part of the 'early implementer' network. Two pathfinder GP Commissioning Consortia Boards have also been established.

I am confident we can build upon these solid foundations to continue to improve the health of Sefton residents into the future.



Dr. Janet Atherton
SEFTON'S DIRECTOR OF
PUBLIC HEALTH

Solid foundations: Building for the future

HEALTH NEEDS IN SEFTON

Sefton's residents are experiencing the consequences of the changing economic times and the effect this is having on their health. Health services (and public services in general) are going through a time of significant structural change. There is a strong need to remain focused on improving the health of Sefton's population and to continue to address the enduring health inequalities highlighted in previous Public Health Annual Reports.

To this end, Sefton has been successful in becoming a pilot/early implementer site for developing a Health and Wellbeing Board. The Board builds on good partnership working that already exists in Sefton and aims to improve the health of the local population

through promoting effective and coordinated commissioning of services.

In Sefton, two GP Clinical Commissioning Groups or GP Consortia (GPCC) have been formed, covering South Sefton and Southport & Formby respectively. To aid and guide the development of the emergent GPCC, public health intelligence has been used to determine key health needs in each area. The aim of the reports is to provide the Commissioning Boards with a clear understanding of the health needs and characteristics of their populations to help develop commissioning plans to improve the health of all residents in Sefton and to reduce the significant health inequalities which exist.

The GPCC reports are the first in what will be a series of public health reports on the health status and needs of people living in Sefton. These first reports focus on:

- Health status
- Five main lifestyle factors influencing health and health inequalities
- Primary-care-based strategies that can promote health improvement and reduce health inequalities
- Links to community based health promotion interventions

There is also an overarching assessment of health needs for Sefton that will inform the Health and Wellbeing Board and the emerging Joint Health Strategy. Building on previous Public Health Annual

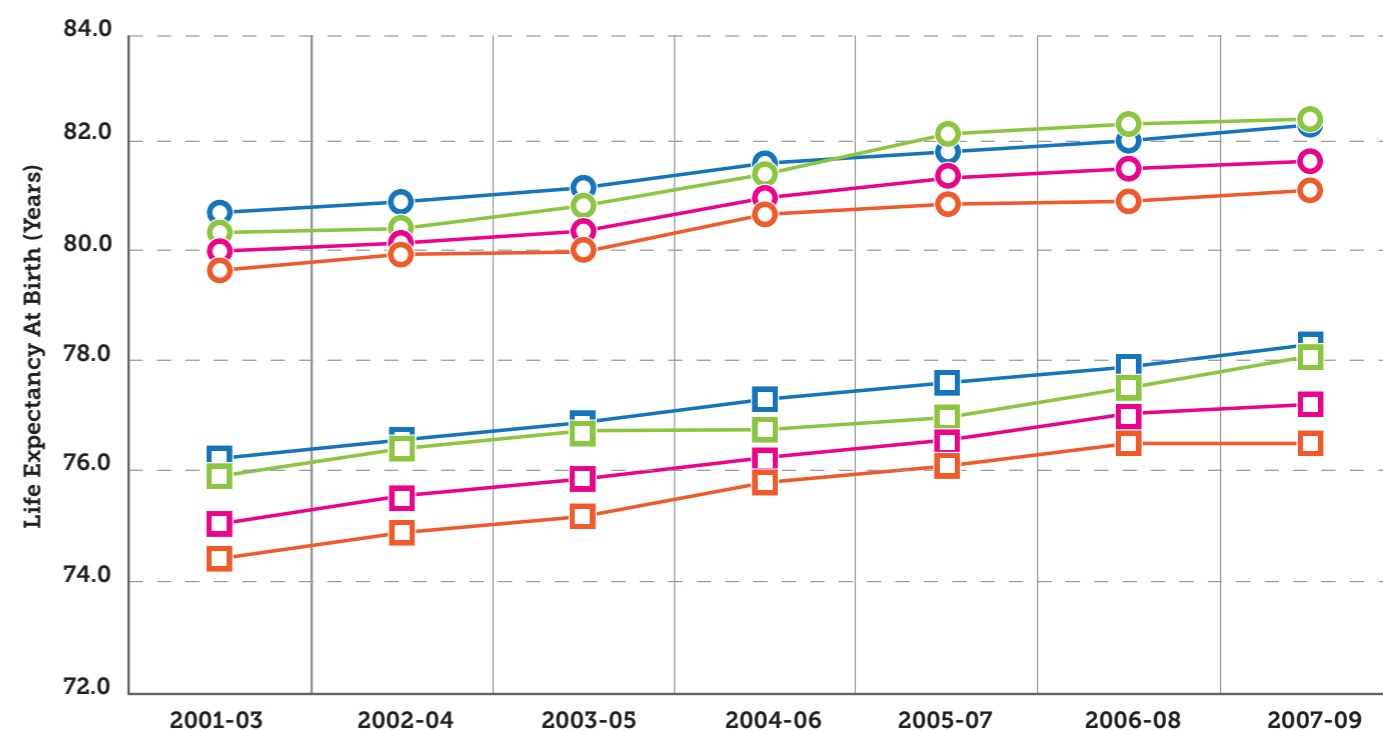
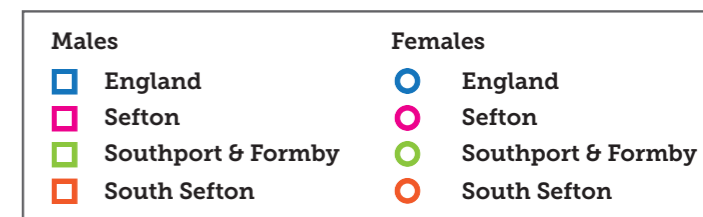
Reports, Sefton's Joint Strategic Needs Assessments and NHS Sefton's five year Commissioning Strategic Plan, this chapter describes what we know about key health needs.

Population and Health Status

- Sefton GP Commissioning Groups serve 280,000 patients (273,300 residents) through more than 50 GP practices
- There are more residents aged 65 and over than under 18
- Life expectancy is 77.3 years for males (1 year below average) and 81.6 for females (0.7 years below average)
- There are differences in life expectancy for both sexes between wards (of over 10 years) within 3 miles of each other



Life Expectancy At Birth

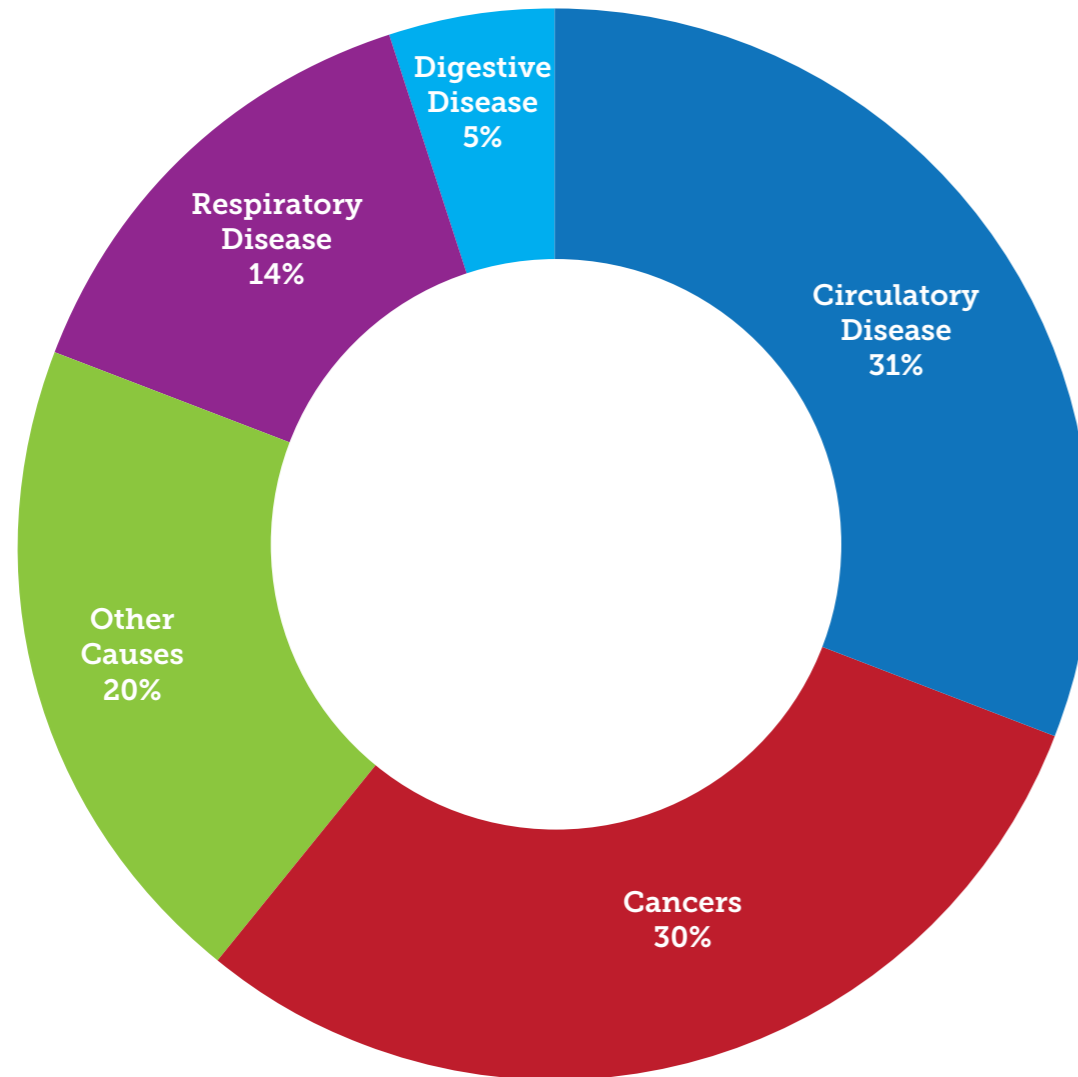


Mortality and Morbidity

- Of the 3,000 deaths in Sefton each year, almost 2 out of 3 deaths are due to circulatory disease (31%) or cancers (30%)
- A further 1 in 7 deaths are due to respiratory diseases (14%)

- Along with these three main causes of deaths, mental ill health is a major cause of loss of quality of life and disability (See Disability Adjusted Life Year (DALY) chart)
- These causes of death and ill health are strongly linked to lifestyle choices such as smoking, alcohol, obesity and mental health

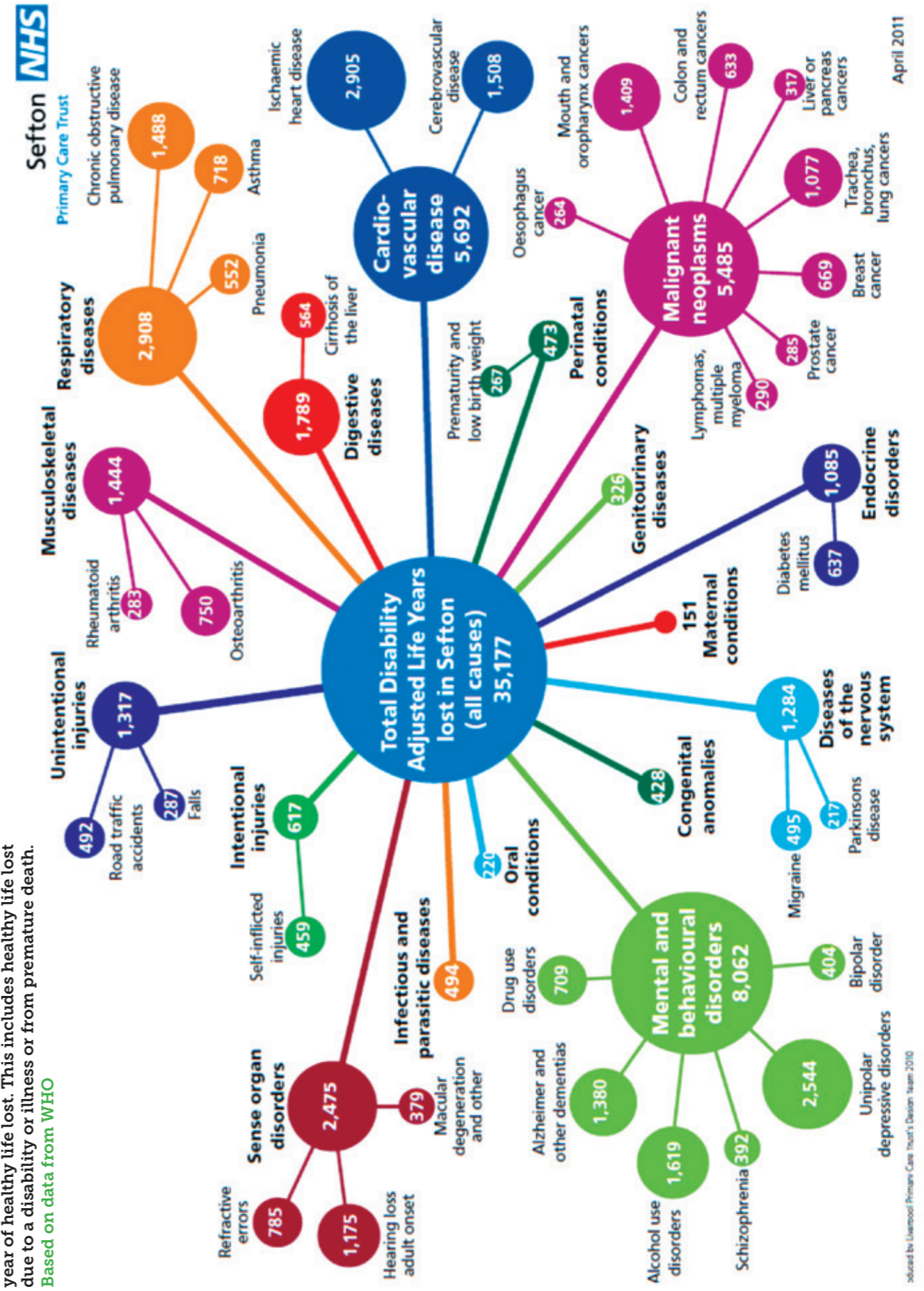
Causes of Death, Sefton 2009



Estimated DALYs lost in Sefton by cause in an average year

One Disability Adjusted Life Year (DALY) is equal to one year of healthy life lost. This includes healthy life lost due to a disability or illness or from premature death.

Based on data from WHO



Smoking and Respiratory Disease

Chronic Obstructive Pulmonary Disease (COPD)

- Sefton's smoking prevalence (15%) is below national and regional average (22%), but ranges from 7% to 25% within Sefton
- Compared to the England average, Sefton has 82 additional deaths a year caused by smoking and COPD
- Around 20% of all deaths are smoking-related in Sefton
- COPD prevalence is above England average; only 5 PCTs have higher COPD prevalence than South Sefton
- Sefton spent over £6m on respiratory disease related hospital admissions and 65% of COPD hospital admissions were repeat admissions
- £5.4m was spent on COPD prescribing. Of this, £4m was on inhaled corticosteroids
- £1m could be saved through more efficient prescribing

Cardiovascular Diseases

- CVD prevalence in Sefton is higher than the England average
- Compared to England, Sefton has 27 additional deaths a year caused by cardiovascular disease (CVD)
- Sefton spends £14m on CVD related hospital admissions and £11m is spent on CVD prescribing. Of this over £3.7m is on Statins
- £1.4m could be saved through more efficient Statin prescribing

Alcohol

- Across Sefton, 1 in 5 residents drink at increasing or higher risk levels
- Compared to England, Sefton has 30 additional deaths a year due to excess alcohol consumption (and rising)
- Drinking at increasing or higher risk levels is higher in less deprived areas and older residents; binge drinking is higher among younger residents
- £50m spent on hospital admissions (rising by £4m/year), which are highest in more deprived areas

Mental Health

- Mental health prevalence is above average and there is wide variation between areas. Mental ill health is strongly related to deprivation
- Compared to England, Sefton has 10 additional deaths a year due to mental illness but is the highest cause of ill health
- £36m is spent on inpatient and community services, with over 50% of admissions being repeat admissions. Over £10m is spent on mental health prescribing

Obesity & Diabetes

- Over half of adults in Sefton are now overweight or obese
- Diabetes prevalence is slightly above national average
- Compared to England, Sefton has 31 additional deaths a year because of obesity and diabetes
- Overweight and obesity cost Sefton £85m per year



What are the priorities to address these health needs?

The Department of Health (DH) toolkit on addressing health inequalities concludes that the greatest impact on reducing health inequalities will be made through targeting cost effective interventions at areas of poorest health and ensuring that such interventions are done on a large enough scale to have the necessary impact. With this in mind, a number of priority interventions have been suggested.

- Increase use of smoking cessation services
- Increase uptake of NHS Health Checks (vascular checks) for those aged 40 – 74 years
- Roll out alcohol screening and brief intervention services
- Increase use of and referral to weight management services
- Widen access to social prescribing for mental health
- Increase rates and duration of breastfeeding

Lifestyle interventions can have positive benefits on several different diseases – for example helping people to quit smoking will reduce cardiovascular diseases as well as lung cancer and respiratory diseases.

It is known that interventions in one area can have positive benefits to health in other areas

The DH toolkit identified 10 major lessons that can help to reduce health inequalities. Some will seem obvious, but others may require a new approach to commissioning locally. Three pertain to the importance of leadership and partnership work; seven relate more specifically to primary care.

As public services and society change, the intelligence that supports services and access to that intelligence must also change.

Effective commissioning for improving health relies on making good use of information developments.

Intelligence Developments

Sefton Intelligence Portal

The award winning Sefton Intelligence Portal enables those with access to the NHS Sefton Intranet (including all GP practices) to view and manipulate a range of data covering primary and secondary care. Intelligence is benchmarked and also available down to patient level. Please contact the PCT for more information and access to the Intelligence Portal.

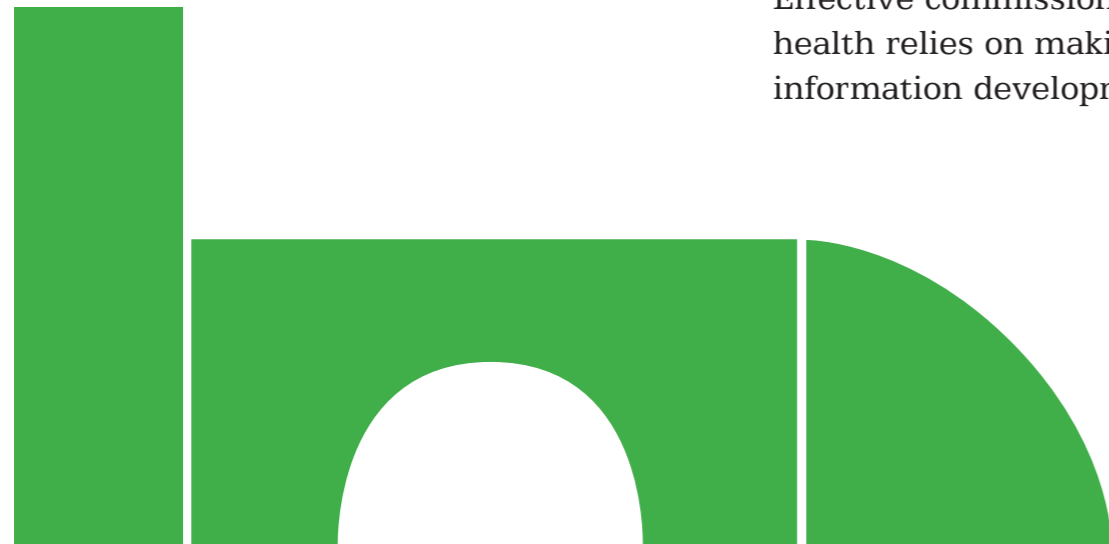
Sefton Understood

Continuing to respond to the 'Knowing Our Communities' agenda, Sefton

Understood works to increase the knowledge and understanding of the communities within Sefton. With commitment from all key public sector partners across Sefton, Sefton Understood aims to increase transparency and availability of data within and across Sefton's public services.

Sefton Public Health Intelligence

All key public health intelligence documents are now available to everyone via the PCT website and we plan to have it on the Local Authority web pages too.





Key Messages

- During a period of rapid change, there is strong need to remain focused on improving the health of Sefton's population and to continue to address the enduring health inequalities
- Key Health Needs documents have been prepared for the GP Commissioning Groups and the Shadow Health and Wellbeing Board
- Circulatory diseases, cancers, respiratory diseases and mental ill health are the biggest causes of death and ill health in Sefton
- Five main lifestyle factors are being addressed to improve the health of Sefton's population and reduce health inequalities

Sefton's previous Public Health Annual Reports
www.sefton.nhs.uk/about-us/news-and-media/publications/Public_Health_Annual_Reports.asp

GP Commissioning Consortia Key Health Needs
www.sefton.nhs.uk/your-health/public-health-information/Key_Health_Needs.asp

Joint Strategic Needs Assessment: Dec 2010 link at www.sefton.nhs.uk/about-us/news-and-media/publications.asp

Commissioning Strategic Plan Jan 2010 link at www.sefton.nhs.uk/about-us/news-and-media/publications.asp

DH Health Inequalities Support Team tool
www.dh.gov.uk/HINST

Sefton Public Health Intelligence website
www.sefton.nhs.uk/your-health/public-health-information/Public_Health_Intelligence.asp



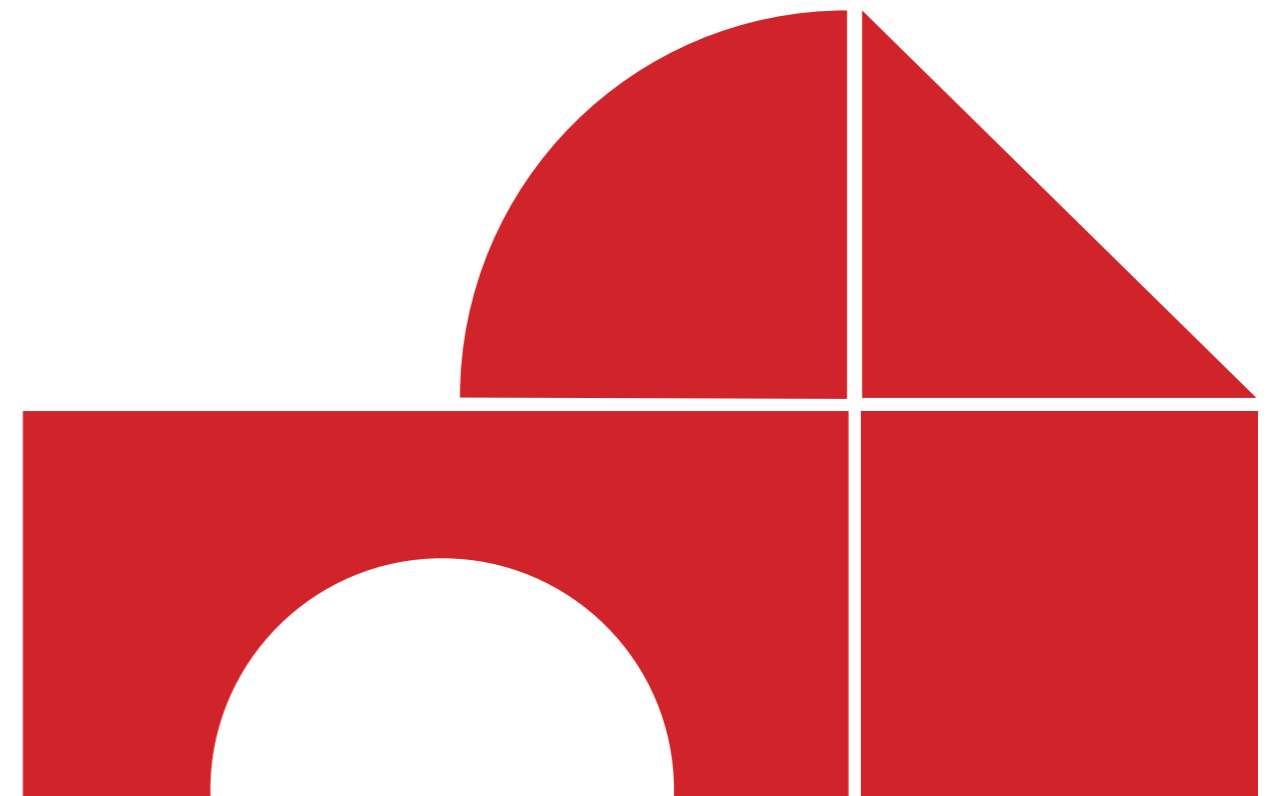
Find Out More

Solid foundations: Building for the future

PARTNERSHIP WORKING

Sefton is well positioned for the future with a strong record of partnership working. In Sefton, strong relationships exist between public health and colleagues within the wider NHS, local authority and voluntary sectors. Thus, rather than starting from scratch, we can continue to build on a solid foundation. Using several case studies, the Public Health Annual Report will showcase the level of partnership working in Sefton.

Over the last four years, the Public Health Annual Reports have focused on ways to reduce health inequalities. The case studies in this year's report are arranged under Professor Marmot's 'Fair Society, Healthy Lives' policy objectives and build on the last Public Health Annual Report "A Fairer Society – Sefton's Health 2010".



GIVE EVERY CHILD THE BEST START IN LIFE

Marmot Policy Objective A

The impact of what happens in the early years has lifelong effects on many aspects of health and wellbeing. These effects may be either protective, by increasing self esteem and life skills and resistance to future ill health, or hazardous, by undermining social skills and the ability to learn and creating the conditions for poor mental and physical health. Investment in the early years is vital to improve the health of Sefton into the future and to reduce health inequalities.



Healthy Start Vitamins in Children's Centres

Aim of Project

To improve access to Healthy Start Vitamins

Target Population

Pregnant women and children under 5 years of age

Partners

Children's Centres, NHS Sefton, Midwives, Health Visitors

Achievement and Outcomes

Healthy Start Vitamins provide essential folic acid to pregnant women and vitamin D to breastfeeding women and children under 5 years of age. All Children's Centres in Sefton now stock healthy start vitamins.

Having the vitamins available from the Children's Centres has greatly increased uptake. Prior to the vitamins being available in Children's Centres, only an average of 15 families from across Sefton obtained vitamins each month. Since introducing vitamins to children's centres, this has increased to an average of 160 families a month. This increase has been seen across the borough, with some of the highest increases in the areas of deprivation where the Children's Centres are located.

In addition to providing essential nutrients for children's development, Healthy Start also provides health professionals and Children's Centre staff with a great opportunity to provide encouragement, information and support to pregnant women, new mums and young families on subjects such as healthy eating, breastfeeding and vitamin supplements. This also serves to cement earlier and closer contact between health professionals and families from disadvantaged groups.

Staff from [Seaforth Children's Centre](#) have commented on how much having the vitamins available from their centre has made a difference to the families coming to their centre for services. Staff at the centre wear "Healthy Start" badges to raise further awareness of the project and as a reminder that the vitamins are available from the centre.

The Public Health White Paper places the responsibility for addressing prevention of birth defects with the local authorities in the future and we hope to build on this programme.



Promoting breastfeeding in Sefton: Breast milk "it's amazing!" campaign

Aim of Project

Using social marketing techniques to promote the benefits of breastfeeding to prospective mothers and those who have potential to influence feeding choices.

Target Population

Pregnant women, new mothers, families

Partners

NHS Sefton, NHS Knowlsey, NHS Wirral and Liverpool PCT

Achievement and Outcomes

Figures show that Merseyside mums are the least likely in the UK to breastfeed their children. Across the region, Sefton boasted the highest figure with 56 per cent of mums choosing to start breastfeeding, but this still falls well below the England rate of 74%. More importantly, only 27% of women continued to breastfeed at 6-8 weeks, compared to an England rate of 46%. This has led four PCTs in the region to jointly launch a new social marketing campaign 'Breast milk ...it's amazing!' to promote the benefits of breastfeeding.

The "it's amazing!" campaign is focused on women who held positive experiences about breast feeding but lacked any personal experience. Local research showed that these women were most likely to give up if problems arose due to lack of support. The "it's amazing!" campaign has been thoroughly researched with our target audience right down to the campaign colours, imagery and wording.

The campaign covers both the antenatal and post natal periods and highlights what local support is available and provides a guide to successful breastfeeding when out and about, including a list of venues where breast feeders can be assured a warm welcome. Campaign materials include posters, leaflets, an extensive website and local radio, newspapers and TV campaigns in GP surgeries.

The campaign has led to close working with neighbouring PCTs on improving breastfeeding rates and the implementation of Breast Friendly schemes across the region.

More details can be found at: www.amazingbreastmilk.nhs.uk

NHS

breast milk

...it's amazing!

It gives
me the
best start
in life



Breastfeeding is **best for mum and me!** It protects me from lots of illnesses long after I've stopped breastfeeding. **It's good for you too mum** – it helps you **lose weight quicker** and it's a lovely way to get **closer** to each other.

For information visit www.amazingbreastmilk.nhs.uk
National Breastfeeding Helpline: 0300 100 0212

NHS Knowlsey, Liverpool Primary Care Trust, NHS Sefton and NHS Wirral working together.

Calls will be charged at 5p per minute from BT lines plus a 3p call set up charge from BT residential lines. Mobiles and other providers' charges may vary.



ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Marmot Policy Objective B

In addition to investment in the early years in Sefton, we need to make a sustained commitment to children and young people through the years of education. It is important we create the conditions that enable all children and young people in Sefton to develop skills for life and empower them to be able to lead healthy lives.



Stopping young people from starting smoking and to support them to quit: The "Did you Know?" campaign

Aim of Project

Increase the number of 14 -17 year old male quitters using stop smoking services

Target Population

Young people in Sefton.
The "Did you know" campaign was targeted at 14-17 year old males.

Partners

Young people in Sefton

Achievement and Outcomes

22% of 14-17 year olds in Sefton smoke (Trading Standards, 2009). Young males from the more deprived areas in Sefton tend to want to quit but are the least likely group to use a stop smoking service.

70% of 16-24 year olds in the most deprived wards in Sefton want to quit (Sefton's Lifestyle Survey, 2007).

So a social norms campaign was used to target this age group with the aim

of increasing the numbers using support services and leading to successful quits.

Focus groups were conducted and the results suggested using the line 'did you know... pass it on!'

Which led to:

- Did you know 78% of young people in Sefton don't smoke? Pass it on;
- Did you know 70% of young people who smoke in Sefton want to stop? Pass it on.

The message was promoted at a range of venues to reinforce the message that smoking is not the norm among young people.

Another outcome of the focus groups was the development of a Facebook page promoting Sefton SUPPORT and Health Promotion activity. The participants in the focus group used Facebook regularly and wanted to see information on it. The page has 38 'likes' and numerous hits range from 427 (oldest post) to 122 (newest post) and this is increasing at a steady pace.



More than 3,000 people quit with SUPPORT, Sefton's local NHS Stop Smoking Service last year.

Pass it on!

Text SUPPORT to 80039 with your name and full postcode or call 0300 100 1000
www.facebook.com/seftonsupport



Sefton Area Parent Forum - Consultation on Southport Children's Service Hub

Aim of Project

Alongside the Children's Trust strategic partners (including NHS Sefton), to enable local parents and carers to be key decision makers and to shape the development, delivery and commissioning of services for children, young people and families.

Target Population

Sefton residents who are parents, carers or grandparents of 0-18 year olds (up to 25 if their children have special needs) can be members of the Sefton Area Parent Forums.

The Forums use a representative model and parents attend as representatives of all parents from their linked setting, e.g. Children's Centre, school, voluntary group, nursery. There are between 20-30 members who attend each of the Area Forums and the numbers are increasing and their sphere of influence expanding.

Partners

NHS Sefton, Sefton CVS, Children's Centres, schools, voluntary sector groups, Sefton Council.

Achievement and Outcomes

In January 2011, NHS Sefton facilitated a consultation workshop at the North Area Parent Forum in order to capture the views of local parents regarding children's health services available in the North of the borough and how these could be made more effective.

This consultation enabled Area Parent representatives to shape how services could best be provided to meet local need. The consultation, alongside other research and consultation with clinicians, informed the development of the new Children's Service Health Hub in Southport. The new facility brings specialist services together in one place in central Southport, making it easier for health professionals to work better together and to provide seamless care.

Comments from the North Area Forum parents:



This is just what we need in Southport and it's great to know that the hub is taking shape; we've needed a centre like this for a long time



Sarah Aldwinkle



I don't drive so it'll be much easier to bring my son and daughter here for their appointments at the asthma clinic rather than Ormskirk Hospital.



Damien Foster,
glad that the children's outpatient clinics will be moving to the hub



CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Marmot Policy Objective C

In line with national trends, unemployment has increased in Sefton in recent years. Those living within the more deprived areas of Sefton are at greater risk of being unemployed or in low paid, poor quality jobs.

Whilst good quality employment contributes to an individual's health and wellbeing, unemployment or being in poor quality employment is linked to poor physical and mental health.

Those who are unemployed, in particular the long term unemployed, are at increased risk of suffering from long term health conditions, including cardiovascular disease and mental health problems.

Increasing skills and getting people into good work that is sustainable and secure is crucial to improving health and wellbeing in Sefton.

A large number of people in Sefton are employed in the Public Sector and therefore Sefton must attract private sector investment to increase the range of future employment opportunities within the area.



May Logan Healthy Living Centre Health Trainer & Worklessness Project

Aim of Project

The Health Trainer service at the May Logan Healthy Living Centre offers tailored advice, motivation and practical support to individuals currently not in employment, who want to adopt healthier lifestyles.

Target Population

People predominantly from the Linacre/ Derby wards (population with the highest rate of unemployment) who are currently not in employment.

Partners

Sefton Council, NHS Sefton and May Logan Healthy Living Centre.

Achievement and Outcomes

The Health Trainer service at the May Logan Healthy Living Centre offers tailored advice, motivation and practical support to individuals currently not in employment who want to adopt healthier lifestyles. The current project builds on the success of the pilot initiated by Heart of Mersey Partnerships.

European Social Funding has been obtained as part of Sefton MBC pathfinder enabling programme and match-funded by NHS Sefton. Strong links have been made between the Health Trainers and Sefton@Work to ensure referrals between both services. As the Health Trainers are based at the May Logan Healthy Living Centre, they are able to refer to other services at the centre and are in an ideal location for referrals to other local agencies.

The service has already worked with a range of people, including those who have been unemployed for up to 42 years. Health priorities that clients want to address include: diet (36%), physical activity (22%) and alcohol (12%). Clients often have more than one issue that they would like to address and the Health Trainers help with this and provide focus and motivation, along with support of a variety of other services, such as weight management courses, physical activity, smoking cessation, cooking on a budget, and courses in English, Maths and Computing. Clients have been supported to get more training, get involved in volunteering and obtain work placements as well as employment.



The Active Workforce Programme

Aim of Project

The Active Workforce Programme is an award-winning initiative designed to improve the health and wellbeing of employees. The programme encourages healthy lifestyles by promoting a wide range of physical activity, healthy eating and other health improvement opportunities. Initially developed in 2006, the success of the programme has been demonstrated through significant improvement in health, a reduction in sickness absence and an improvement in motivation and productivity.

Target Population

Employees of 11 organisations in Sefton

Partners

NHS Sefton, Sefton Council, One Vision Housing, Sefton CVS, Aintree University Hospitals NHS Foundation Trust; Shop Direct Financial Services Limited, Arvato, Mersey Care NHS Trust and Capita Symonds.

Achievement and Outcomes

The following case study highlights the impact that Active Workforce has made on one of its members:

Kathryn Ward, aged 26 years, works at Magdalen House in Bootle for Landscape Development.

What exercise did you do at school?

I did PE lessons and they mostly consisted of teachers shouting at us in the sports hall.

Now?

I started exercising 2 years ago. The reason I started is because I wasn't happy with how I looked and thought I was getting bigger. It is only in the last 6 months I decided to put my all into it. On Mondays I attend a spinning class, Tuesdays I go for a run, Wednesdays I do a circuits class or go on the lunchtime walk, Thursdays a group of us go for a run, Fridays I do a core conditioning class; the weekends vary as I sometimes go running or mountain climbing. I have lost 2 stone in weight since September. Although I have always been outgoing, my inner confidence has certainly grown since increasing my activity.

I really never thought I would do all this; a lot of the exercises I do are classes and sessions provided by Active Workforce so they fit around my working day. I now really enjoy running on my own to work-off a bad mood and with others if I need a push to go that extra distance. One good measurement I use is my first Active Workforce 5K challenge – I completed the distance in 47 minutes but the other day I did a 5K in 28 minutes, which I am very proud of. My plan now is to complete a marathon in October 2011.



Although I have always been outgoing, my inner confidence has certainly grown since increasing my activity.



Kathryn Ward

ENSURE HEALTHY STANDARD OF LIVING FOR ALL

Marmot Policy Objective D

For many people in Sefton, their income plus benefits is inadequate to support a healthy life. Insufficient income is associated with poor long term physical and mental health.

Addressing health inequalities is a vital step to achieving a healthy standard of living. Through recognising the different levels of need for people in different circumstances and implementing relevant local action, the standard of living for many can be improved in Sefton.

For example, the health and wellbeing of people in Sefton can be improved by supporting all households to heat their homes adequately whilst conserving energy and money.



Citizens Advice Bureau outreach service in GP practices

Aim of Project

To provide Citizens Advice Bureau (CAB) welfare advice service in GP practices in Sefton

Target Population

Adults in Sefton, especially those living in areas of highest deprivation

Partners

NHS Sefton, Sefton CAB, GP Practices

Achievement and Outcomes

CAB services in GP practices help to ensure people are receiving their full benefit entitlement, bring their debts under control and provide advice on legal matters, housing, and employment. A recent research study by John Moores University has demonstrated that this service has led to a reduction in GP consultation time, reduction in prescribing for mental illness and led to more appropriate referral to mental health services.



"The client was referred to me by his doctor. The client was self employed, working every hour that he could. He had a dependent wife and two children, and was trying to keep the house from being repossessed and keeping creditors at bay."

"A realistic budget was worked out and a long term debt strategy discussed. His creditors were all contacted and holding letters sent out to stop an escalation of the problem."

The family income was maximized by making a claim for working tax credits and council tax benefit. The specialist money adviser was able to go to court with him and the house was safe, subject to a monthly repayment arrangement.

The client has reported that the worry he had been enduring for so long had been lifted and he was on the road to recovery in both economic and health terms – CAB worker

"Patients feel safe and confident accessing the CAB service within our surgery. They are a valuable asset to our community. People are often unwell because they lack easy access to basic information about their rights. In addition, having CAB within our surgery has allowed reception staff to directly signpost those in need of support".

Dr Stephen Fraser,
SEAFORTH VILLAGE PRACTICE

Fuel Poverty Programme

Aim of Project

Reducing the number of poorly heated homes in Sefton to have an impact on avoidable winter deaths

Target Population

300 households – approx 500 service users

Partners

NHS Sefton, Sefton Council, Energy Projects Plus and many local organisations as and when needed

Achievement and Outcomes

Ms C is in her late 70s and suffers from asthma, osteoarthritis, high blood pressure and diabetes. She has also had several falls. She owns her own property and is the main carer for her 55 year old niece, who has learning difficulties. The conditions in which Ms C and her niece had been living were unknown to other family members, until Ms C was admitted to hospital after a particularly bad fall. The hospital would not discharge Ms C due to the poor condition of her home: therefore, Ms C and her niece had to stay with her brother until the property was improved (this was not ideal as her brother was a frail elderly man).

Ms C's family contacted the Energy Team and a home visit was arranged by an Affordable Warmth Worker (AWW). The AWW arranged Gas Central Heating (GCH) to be installed and



money was raised through five funding streams and a small client contribution (they had previously relied on plug-in electric heaters that didn't heat the property sufficiently and were extremely expensive to run). Loft Insulation was also funded through a local funding stream (£145 per annum saving on energy bills).

A referral was made to the Department of Work and Pensions and Ms C was awarded a high rate Attendance Allowance (£3,827 a year) and a referral was made to Sefton Council's Environmental Protection Team who arranged a Home Repair Assistance Loan to replace the rotting windows at the rear of the property.

Ms C and her niece returned to a warm, healthy and energy efficient home. Not only have they noticed an improvement in their health (as many of their health conditions were exacerbated by the cold living conditions) but they are also no longer struggling financially, thanks to the energy savings made in their home and the additional benefits awarded.

CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

Marmot Policy Objective E

The communities which we are part of, are important for our physical and mental health. Living in poor housing, with a lack of access to green spaces has a negative impact on physical and mental health.

Having strong social networks and being actively involved in the community can have positive health benefits. In order to improve health and wellbeing in Sefton, it is vital people live in healthy communities and feel connected and are able to access services to promote and improve their health.



Brighter Living Partnership – Fruit & Vegetable Co-operative

Aim of Project

To improve access to affordable and good quality fruit and vegetables

Target Population

The service is open to all, with a focus to engage people who may not have a healthy diet. The service is promoted to families and older people in particular.

The co-operatives currently run as follows:

Wednesdays, (12 - 3.30pm)
Crossens Community Centre,
Rufford Road

Thursdays, (11am – 2pm)
Southport Centre for Health
and Wellbeing, Hoghton Street

Fridays, (11am – 3.30pm)
Ainsdale Centre for Health
and Wellbeing, Sanbrook Road

In addition to the Brighter Living Partnership Co-ops, there are other Fruit and Vegetable Co-ops in the borough, including Netherton Feelgood factory and Goddard Hall, Bootle.

Partners

Children's Centres, Schools,
NHS Sefton, local community centres

Achievement and Outcomes

Glenda Stevens is a regular user of the fruit and vegetable co-operative in Southport. She was introduced to the project whilst she was a service user of the 'Promoting Parents Scheme'.

Glenda has a fruit and vegetable bag delivered to her home each week since November 2010. Glenda has found this to be a huge help in achieving a healthy diet for her family and helps aid their achievement of the 5-A-Day target.

Glenda has commented that her children love to come home from school to see what is in their 'goody bag' every Thursday and she feels she has become a more creative cook, using fruits and vegetables which she would not have normally bought but says she enjoys experimenting with now.

The other advantage of the fruit and veg co-ops is the "weaning bags" – Glenda says that she will be making use of this service to support her in introducing her baby to different tastes and textures of fruit and vegetables.

In addition to the health benefit of the project, Glenda's work through the 'Promoting Parents' project has meant she is now in full time education; she was unemployed when she first started on the project but now works as a Breast Start Advisor; Glenda passes the message on about the fruit and veg co-ops to all the mums and families she is in contact with.



Getting the message across: Looking Local

Aim of Project

NHS Sefton's Looking Local service - an interactive information and communication channel 539

Target Population

The service is primarily aimed at residents who do not have home internet access. In areas of greatest inequality this is over 75% of homes.

Partners

Sefton Council, voluntary organisations within Sefton, Merseyside Fire and Rescue Service, Job Centre Plus and Merseytravel

Achievement and Outcomes

Looking Local provides health information to anyone with Sky, Virgin Media or other interactive digital TV services. The site was developed to overcome the very low levels of internet access in some parts of Sefton.

Florence Collins, Project Support Officer for Looking Local, said: "People in those parts of the borough with low internet access are also less likely to be aware of the many free health services available to them. This is why it's important that information is available in other ways, and having a TV information site means we can reach a lot more people."

Looking Local allows users to find out about their NHS services and the local support available to help them live a healthy lifestyle. Many people can also book GP appointments through their TV. Working with Sefton Council, Merseyside Fire & Rescue Service and Jobcentre Plus means that people get more than just health information when they use the site. Looking Local has had over 100,000 hits to date.

Also, in partnership with specialists such as the British Lung Foundation, the content has been specifically developed for people with long term conditions, such as respiratory disease, heart disease or diabetes.

NHS Sefton is the first PCT in the country to develop this service. Looking Local, has been shortlisted in the Health Service Journal's Efficiency Awards.

Where to find Looking Local:

- On Sky, go to channel 539 and press the 'red' button.
- On Virgin Media, press 'interactive' then select 'news & info,' 'Looking Local.'
- Online or on a web-enabled phone: www.lookinglocal.gov.uk/nhssefton
- A free app can be downloaded for Android and iPhone mobile phones



STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

Marmot Policy Objective F

As highlighted in the section on Mortality and Morbidity, the main causes of mortality and ill health in Sefton are cardiovascular disease, cancer, respiratory disease and mental health problems. These conditions are strongly related to health behaviours such as smoking, misuse of alcohol and unhealthy eating habits.



Sefton NHS Health Checks

Aim of Project

Early identification of those at risk of developing heart and other related diseases

Target Population

Everyone between the ages of 40 and 74 who has not been diagnosed with cardiovascular disease will be invited for a check once every five years. Those at highest risk will be offered a check each year. The number eligible to participate in Sefton is approximately 85,000 over five years.

Partners

During 2010/11 all 55 General Practices in Sefton agreed to identify and invite eligible people for health checks. Health checks were also offered in 14 local pharmacies and in local workplaces. Health checks were also offered in some local Pubs and to women on probation.

Achievement and Outcomes

In Sefton, we commenced by identifying those patients likely to be at highest risk. More than 75% of the 9000 people invited during 2010/11 took up the invitation and had a check. During the health check, each person received an individualised assessment of risk of developing heart disease, type 2 diabetes, kidney disease and stroke. Each person was given the opportunity to discuss ways to reduce cardiovascular risk and to stay healthy.

It is estimated that in each year of the first five years of implementation, nearly 800 additional people will complete a weight loss programme, 450 additional people will be taking statins, over 100 additional people will be diagnosed with diabetes, 300 people will be taking anti-hypertensive drugs and an additional 300 people will be diagnosed with chronic kidney disease.

Local health professionals report that people have benefited from having the check. There is the example of a patient who had not been to see his GP for over 15 years and was found to have peripheral vascular disease and was referred immediately for treatment; this may have saved his life.

The roll out of the NHS health checks programme will continue in 2011/12 and it is expected that 15,000 people will be offered a check.

Sefton's Online GP Scorecard

Aim of Project

Improve the quality of care in primary care and reduce health inequalities

Target Population

All members of primary care teams. All people registered with a GP in Sefton

Partners

General Practices in Sefton

Achievement and Outcomes

By pulling many existing sources of practice level data together in one place, the scorecard allows practices to benchmark the quality of service they provide against national and local comparators.

The scorecard began as a paper-based tool, but, following feedback from users, it has now been developed as an online tool. This gives the scorecard greater functionality and flexibility.

Practices can view the quality of the services they provide and assess themselves against their peers.

“Sefton's GP Scorecard is an excellent resource that aims to raise the quality of care of primary care for patients and narrow the health inequalities that exist, by raising the bar for all practices. It has been developed in conjunction with primary care colleagues by working closely with PCT intelligence, public health and governance staff and has evolved from a paper to a web-based tool”

Dr. Leonard, GP
ROE LANE SURGERY



Money to Burn On Street Activity

Aim of Project

The 'Money to Burn' social marketing project's objectives were to raise awareness of the NHS stop smoking service and to increase the number of people contacting the Healthy Sefton service to arrange an appointment with a stop smoking advisor.

The ultimate goal of this activity was to convert awareness into action – by persuading people to call the Healthy Sefton number and then go on to quit smoking.

Target Population

'Money to Burn' was specifically targeted at young families and older people.

Partners

Dr Foster Intelligence Unit,
Imperial College, London

Achievement and Outcomes

Phase One comprised seventeen days of on-street activity in October with four trained ambassadors, sited in locations where our target audience worked or spent leisure time, actively approaching smokers and encouraging them to consider quitting smoking.

'Money to Burn' marketing and communications materials were used and the overall aim of the ambassadors was to signpost people to the Healthy Sefton service and to create a contact

database of smokers who were interested in quitting.

Phase Two comprised two rounds of targeted telemarketing calls, conducted in November 2010 and February 2011, to those people on the contact database. The calls sought to offer further encouragement to quit, to re-affirm the benefits of stopping smoking and to ensure people understood how to contact the Healthy Sefton service.

The targeted telemarketing was successful in speaking to 542 smokers (51% of the people spoken to as part of the on-street activity). Of these 542 people 83% (451 people) reported that they had, or would, contact the Healthy Sefton service.



Do you have money to burn ?

*An average smoker spends over
£2,000 a year on their habit.*

**For free help and advice to quit, call SUPPORT
Seftons local NHS stop smoking service on**

0300 100 1000
www.gosmokefree.co.uk



Obesity - Active Lifestyles

Aim of Project

The aim of the Active Lifestyles Service is to improve the health and wellbeing of clients who are overweight and obese or those who suffer from or at risk of developing cardiovascular disease. The core focus of the programme is improving physical health and mental wellbeing through an increase in physical activity, alongside weight management services, to reduce weight and encourage healthy eating.

Target Population

Approx 4,300 clients per annum

Partners

NHS Sefton.

The service deals with, on average, 80 different referring bodies but predominantly Primary Care, namely all 55 GP Surgeries, 4 local hospitals, cardiac and pulmonary units, community mental health teams, diabetes teams, Community Health Services etc

Achievement and Outcomes

Steven had a bit of a shock when getting a regular blood pressure check at his surgery and found he had hypertension. As a result and after a lot of encouragement from his GP (Dr. Tong, Blundellsands Surgery),

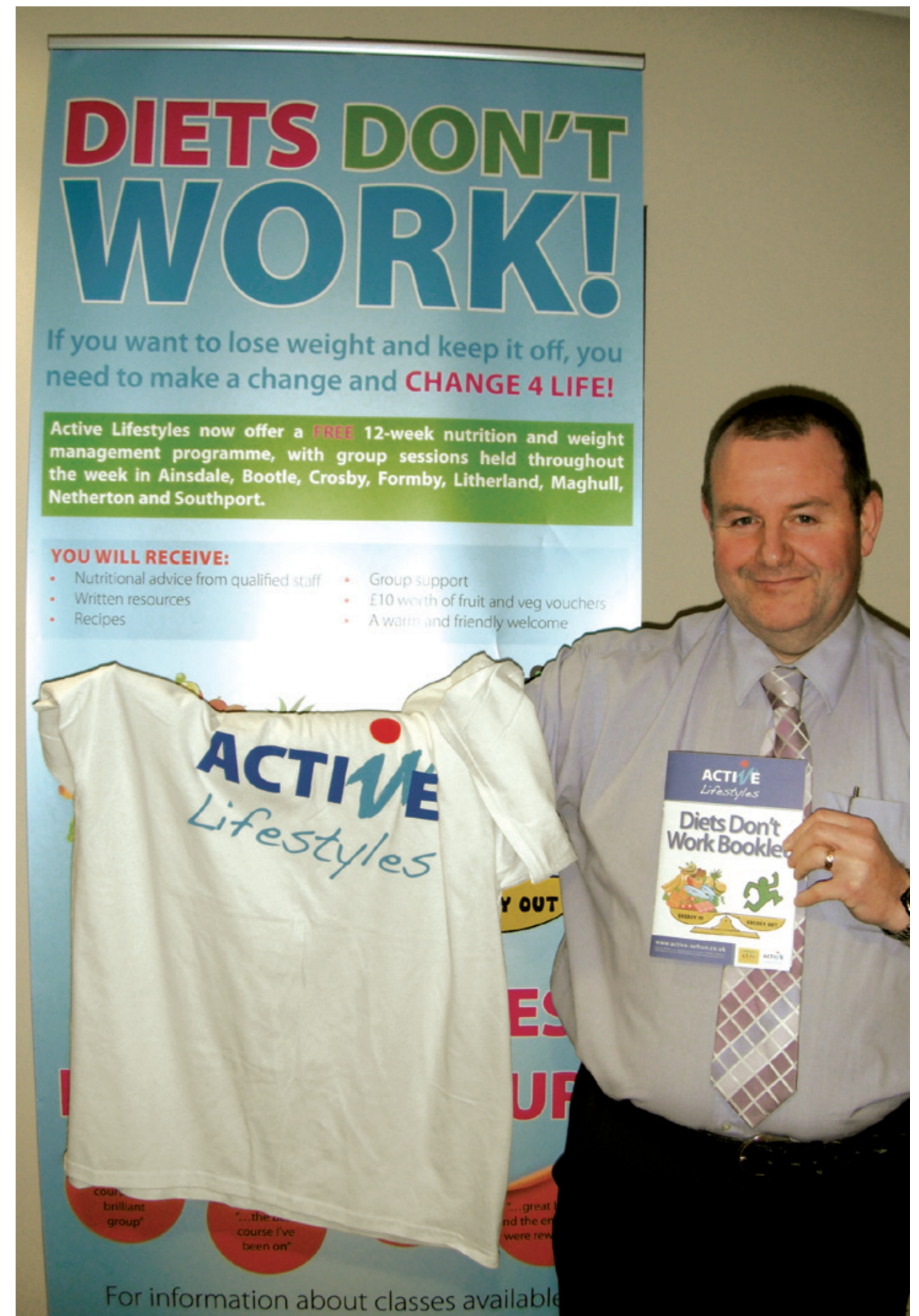
he decided a big change in his lifestyle was needed, which led to his referral to the Active Lifestyle Programme in September 2010. Steven was referred to the Active Lifestyle Programme where he was prescribed a gym-based exercise programme and attended the full 12 weeks of the Diets Don't Work programme.

“Diets Don't Work' has changed my life; the title of the programme says it all; Diets didn't work for me but lifestyle changes have. I lost 4 stone 10 pounds in weight and 10 inches off my waist, all in the space of 5 months. My new lifestyle of exercise and healthy food habits has made me look and feel well. I would recommend the Active Lifestyle programmes to anyone as it has helped me achieve my goals.”

Steven Morgan

“I can't think of a better endorsement for active lifestyles than how well Steven has done; his health has benefited so much from the weight loss and increased exercise, his blood pressure has dropped considerably and we may be able to reduce and even stop his treatment. It shows just how effective a scheme like Active Lifestyles can be in the right individual. Well done!”

Dr. Tong, GP
BLUNDELLSANDS SURGERY



Alcohol Screening, Brief Intervention & Referral

Aim of Project

Slow down the current rate of increase in alcohol – specific hospital admissions in Sefton

Target Population

In the financial year 2009/2010, a total of 903 South Sefton residents were admitted to Aintree University Hospital Foundation Trust (AUHFT) with alcohol-specific illnesses. These individuals contributed to a total of 1387 separate admissions. Out of the initial cohort of 903 patients, 471 patients will be targeted (those registered with the 9 practices with the highest number of admitted patients) and it is anticipated that 40% (188) will receive alcohol screening, brief intervention and/or referral.

Partners

South Sefton PBC, Sefton Alcohol Treatment and Intervention Nursing Service (SATINS)

Achievement and Outcomes

Adult patients identified as having been admitted into AUHFT within financial year 2009/10 with an alcohol-specific condition be sent up to 3 requests to attend the GP practice within a 3 month period to have their alcohol behaviours screened. At the screening appointment, the patient will be asked a series of questions using the evidence-based AUDIT screening tool. Should the screening identify the patient to be drinking at increasing risk levels, the practitioner will deliver a brief intervention.

If the screening identifies the patient as scoring at higher risk levels, a referral will be made to the SATINS specialist alcohol service.

The issuing of three separate invitations will qualify for a payment of £10 to the GP surgery. Were the patient to attend an appointment for screening of their alcohol use, the delivery of appropriate advice, intervention or referral is awarded a further £5 payment per patient to the GP practice.



A projected success rate of 40% of patients (188) responding to an invitation to attend for screening is anticipated to be achieved. The National Treatment Agency evidence indicates that for every 8 people who receive advice, one will reduce drinking to lower risk levels (24 patients in total). The average number of admissions for each of these patients is calculated at 1.54 per individual, thus a reduction of 37 hospital admissions in the Sefton 39 score is projected.

Solid foundations: Building for the future

LOOKING TO THE FUTURE

This year's annual report is being written during a period of significant change within the NHS and Public Health. The final chapter sets out how (currently!) the new world will look. Although the national picture is still emerging, here in Sefton, the public health team has been working in partnership with colleagues from the wider NHS, local authority and voluntary sector to respond to the challenges and opportunities these reforms present.



Public Health

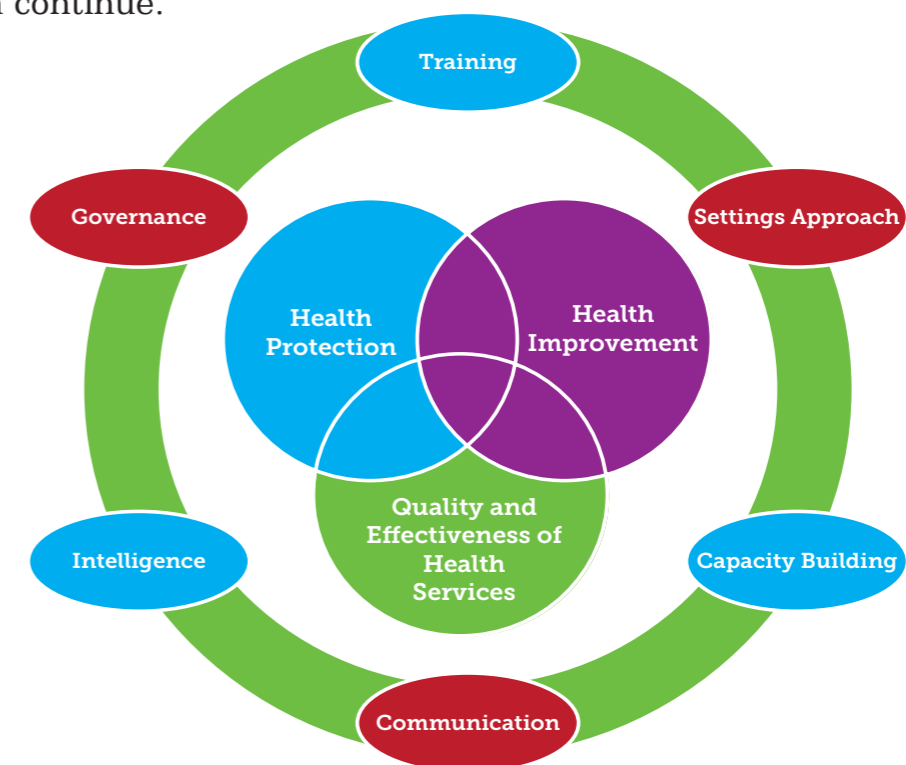
Last year the coalition government published its 'Healthy Lives Healthy People' White Paper which set out its long term vision for the future of public health in England. Following the listening exercise and the NHS future Forum recommendations, this vision has been reaffirmed in the recently published policy statement – Healthy Lives, Healthy People: Update and way forward.

The reformed public health system will see public health returning to local government. Local government will take a leadership role across the three domains of public health: health improvement, health protection and improving quality and effectiveness of health services. The Director of Public Health will be the officer charged with delivering the new public health functions within the local authority and will be the principal advisor on health to elected members and officials. Public health funding will be ring fenced so that the public health work programme can continue.

The Domains of Public Health

A Transition Group has been formed to integrate public health functions into the local authority. The Sefton Transition Group is already making good progress in responding to the challenges and opportunities these reforms present. In Sefton the Director of Public Health post has been a joint post between the NHS and local authority since 2006. The good relationships and partnerships that exist in Sefton mean that we will be well equipped to manage the transition and build for the future.

During the transition period, PCTs across the country have formed clusters in order to maintain continuity until their dissolution in 2013. Sefton has joined with Halton and St Helens, Knowsley and Liverpool PCTs to form the Merseyside Cluster.



Public Health England

Public Health England (PHE) will bring together in one body the diverse range of public health expertise currently distributed across the health system. This includes the Health Protection Agency, Public Health Observatories, National Screening Committee and National Cancer Network. A core role of PHE will be to provide expert advice and intelligence in order to improve public health outcomes.

Health and Wellbeing Boards

Health and wellbeing will maximise opportunities for integration between the NHS, public health and social care, promoting joint commissioning and driving improvements in the health and wellbeing of the local population. Health and Wellbeing Boards will provide the vehicle for local government to work in partnership with commissioning groups to develop comprehensive Joint Strategic Needs Assessments and robust joint health and wellbeing strategies. These documents will in turn set the local framework for commissioning of health care, social care and public health services.

In Sefton, a shadow Health and Wellbeing Board has been set up and is part of the early implementer work. Members of the Health and Wellbeing Board include the Director of Public Health, the three Political Group Leaders on the Council, the Chief Executive of Sefton Metropolitan Borough Council, the

Strategic Director, Children's, School & Families, the Strategic Director, Social Care and Well Being, the Director of Adult Social Care (Commissions Links), the Chair of South Sefton GP Commissioning Confederation and the Chair of Southport & Formby GP Commissioning Consortium.

Clinical Commissioning Groups

Practice-based commissioning has been part of NHS policy for more than five years and the coalition Government's White Paper 'Equity and excellence: liberating the NHS' proposes to make GP-led organisations responsible for managing the majority of NHS commissioning budgets by April 2013. The proposals are to transfer commissioning responsibilities from PCTs to GP consortia and to other new NHS structures, such as the proposed NHS Commissioning Board, Public Health England and local authorities.

In Sefton, two GP Commissioning Consortia (GPCC) have been developed with the Primary Care Trust (PCT), one covering South Sefton and the other one covering Southport and Formby. The aims of GPCC are to involve primary care clinicians more in commissioning services and to commission healthcare to meet the requirements of the population. They also have to reduce inequalities in access to healthcare and healthcare outcomes. They work in partnership with primary care teams, secondary providers and the local authority to develop and implement locally agreed health and service strategies.

In partnership with the Health and Wellbeing Board and the local authority, they have a duty to produce a local Joint Strategic Needs Assessment and a local Health and Wellbeing Strategy for Sefton.

The two GPCC have each established a Board which includes locally elected members of local GPs, practice managers and nurses. This year, the two Boards have been involved in agreeing the business contracts with the main NHS Providers and have produced business plans for their own Boards. The Boards meet on a formal basis once a month and have elected Chairs and Vice-Chairs. The Boards are developing relationships with their constituent GP practices and primary care colleagues. Public health has a key role to play in supporting the GP CC to take on their new roles and responsibilities.

A discussion paper has been produced for Cheshire and Merseyside Directors of Public Health on a potential framework for Public Health in relation to commissioning organisations including to GP CC. The framework includes three key elements:

1. Helping to create a strategic vision for commissioning decisions
2. Tactical commissioning intelligence for maximising health gain
3. Operational day to day public health input

Locally in Sefton, Public Health (PH) has identified a lead member of the senior PH team to work with both Boards to help the GP CC further their understanding of their PH role and their public health skills as well as how to improve health and reduce

health inequalities in their population. As a first step, a local Key Health Needs Report has been produced by the Public Health department for both South Sefton and Southport and Formby populations and the reports have been formally presented to the Boards. The reports are a high level status report and are intended to stimulate and inform discussion around commissioning priorities.

Public Health has a vital role to ensure the GPCC understand the PH functions they themselves will be required to undertake as well as brokering the relationship with new proposed structures for public health, locally and nationally. Public health has a key skill in developing partnerships across organisations and at this point in time can help the emerging GPCC to develop productive relationships across Sefton.

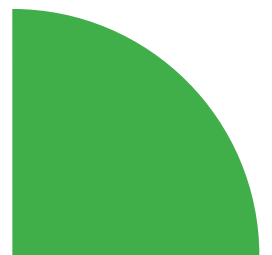
Future Updates

Further guidance related to the operational design and structure of public health in local government, the public health outcomes framework and public health funding is expected in the autumn.

Sefton is a special place with a good track record of partnership working. Good relationships exist in Sefton with trust and openness between key partners. Although challenges lie ahead, Sefton is well positioned to build on these solid foundations for the future.

NHS
Sefton

Sefton Council 



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