Invest for the future

Annual Report of the Director of Public Health

NHS Sefton

Sefton Council

If you require this document in a different format such as Braille, large print or another language, please call PALS on 0800 218 2233 or if you would like further information please e-mail enquires@sefton.nhs.uk

Sefton's Health **2009**

Welcome to my 2009 Public Health Annual Report – Invest for the Future

Invest to Save Lives, my 2008 report, highlighted the stark, persistent nature of the health inequalities experienced by people in Sefton and recommended the actions that would make the biggest impact on these inequalities in the short to medium term. These actions focussed on interventions that impact on some of the most direct causes of inequalities in life expectancy such as improving the early detection and management of the common causes of death such as cardiovascular disease, cancer and chronic respiratory disease; and the lifestyle factors that contribute to these for example smoking and obesity.

I am pleased to report that health in Sefton continues to improve and that significant progress has been made against many of the recommendations in that report. These targeted interventions now need to be expanded so that they are at the scale needed to have the impact required and are able to be sustained, as inequalities that have existed for many years will not disappear overnight.

Once again the key messages from last year of making sure that effective interventions are implemented in a systematic, sustained and targeted way; and on a large enough scale to have the required impact, will be recurring themes throughout this year's report.

Tackling inequality will need to become a more prominent aspect of all organisations plans if the Equalities Bill, that is currently been debated in parliament, passes into law, as statutory organisations will be given the duty to address inequality. It is only through tackling the fundamental causes of inequality that we can expect to reduce the gap in a sustainable way for the future.

In the approach recommended last year, there was an important gap and that was the work needed to tackle the wider determinants of inequality such as poverty, poor housing, education and employment. In order to fill this gap an inequalities 'think tank' has met several times to identify the action that we need to take locally to really get to grips with Sefton's issues.

This report builds on the work of the 'think tank' and many people from across the local partnership have contributed to the different sections of the report. I would like to thank them all for their input and their continuing work to tackle inequalities. I would particularly like to thank Hannah Chellaswamy, Ifeoma Onyia, Katie Dutton, Steven Ward and Alex Westwell for their work as the editorial team for this year's report.

Early in 2009 we invited a peer review team from the Improvement and Development Agency to assess our local partnerships work on improving health. One of their key recommendations was the need to develop a resourced strategy for reducing health inequalities. We have had some notable successes in reducing inequalities by working in partnership in Sefton. We now need to build on those successes. I hope that this report will be used as the foundation for such a strategy and that all partners across Sefton will engage in developing and implementing a health inequalities strategy that will help us make the most of our combined resources to tackle the deep-seated inequalities that we face.

We now also have the added challenges of a significant economic recession, tightening public sector finances and the first flu pandemic in 40 years. This makes it doubly important for us to have a partnership strategy for reducing health inequalities where everyone is clear on their contribution to improving the life chances of people throughout Sefton.

My main focus for this year's report is tackling health inequalities in the long term.

Dr Janet Atherton
Dr Janet Atherton
Director of Public Health
NHS Sefton and Sefton Council

Contents

Find out more...

Progress from Sefton's Health 2008

Good progress has been made against the majority of recommendations in last year's report. I am particularly pleased that the recommendations in the report were used extensively in the development of NHS Sefton's Strategic Commissioning Plan – Better Health, Better Life – with reducing health inequalities being identified as one of the main goals in the plan. This was backed up by an initial investment of £2.1m during 08/09, with further investment planned in future years.

It is important that this focus on reducing inequalities is maintained as public sector finances tighten over the coming years.

Reduce Smoking Prevalence

With smoking identified as the individual health behaviour most strongly linked to inequalities, a continuing focus on reducing smoking rates in order to prevent deaths from early middle age onwards; and to reduce infant mortality rates was a key recommendation in last year's report.

During 2008/09 overall investment in NHS Sefton's Stop Smoking Services was £412,000, helping 2522 people to stop smoking at a cost of £163 per quit. Over two million pounds of NHS money has been saved, which would otherwise have been spent on treating smoking related illnesses.

Merseyside Fire and Rescue Service undertake thousands of home fire safety checks each year, where they ask about smoking habits. These data suggest that smoking rates fell in Sefton from 19.4% in 2006 to 16.4% in 2008 with some of the biggest improvements being seen in some of the most deprived areas of Sefton.

We need to continue to reduce prevalence rates and reduce smoking in deprived areas. Additional stop smoking services have been commissioned to make them more widely available in the community. Campaigns have been targeted at specific groups such as men, 'Kick the Habit' and pregnant women, 'Quit for 2'; and health trainers have been recruited to increase the efficiency of current and future campaigns.

Continued work is needed to address smoking rates during pregnancy in Sefton as local data shows that in 2008 the 'quit at 4-week' success rate for pregnant women was 44%.

Health continues to improve throughout the borough

Prevent Cardiovascular Disease

The substantial burden on health and social care services as a result of cardiovascular disease (CVD) was clearly highlighted in last year's report and consequently the need to a) implement national guidelines for the prevention and management of heart disease and obesity; and b) tackle the lifestyle risk factors for CVD that can be prevented or changed including: smoking, lack of physical activity, excess alcohol and an unhealthy diet with too much fat, salt and sugar.

A programme of health checks for the adult population has now started. All GP practices in Sefton have signed up to a scheme which supports the identification and management of people who are at high risk of CVD. Ten community pharmacies have also linked to the scheme.

In addition, we have established a 'single point of access' called Healthy Sefton to support local people who want to find services to help them lead a healthier lifestyle. This involves a single telephone number that is supported by health trainers, which members of the public and health professionals can use to gain access to a range of lifestyle services including: weight management, stop smoking, alcohol and leisure services.

Healthy Sefton
0300 100 1000
Better Health Better Life

Early Detection of Cancer

Last year it was recommended that screening for cancer be enhanced, including the availability of screening and what people knew about it. It was also planned to improve local systems and services; and increase awareness among the public of early signs and symptoms of cancer including what they could do to protect themselves.

The death rate from cancer in those aged under 75 years has continued to decrease and is likely to exceed our 2010 target. Breast cancer screening coverage has increased and is achieving the target however, in line with national and regional statistics, Sefton's coverage for cervical screening dropped slightly in 2007/08 and has remained steady during 2008/09 so is not achieving the required target

A number of publicity campaigns have run locally aimed at raising awareness of the three cancer screening programmes (bowel, breast and cervical). Social marketing and other techniques have been used to identify women least likely to attend for breast or cervical screening and to understand what barriers exist. Ideas are being generated of how to reduce these barriers.

Better Health Better Life

SMOKEFREE

Prevent and treat respiratory disease

Recommendations last year focused on the need to: reduce smoking prevalence rates, find people with Chronic Obstructive Pulmonary Disease (COPD) earlier in their course of illness; and improve the quality of COPD care. Improving air quality and reducing fuel poverty were also highlighted as areas we needed to focus on.

As part of the NHS Sefton Strategic Commissioning Plan 2008-2013 – Better Health, Better Life, reducing smoking and COPD have both been identified as key priority areas. Improving the quality of the service already provided for patients with COPD is planned. Included in these plans are a specialist clinic, pulmonary rehabilitation in the community and improving the care of those who have had repeated hospital admissions with the aim of caring for them at home where possible. The Acute Chest Triage Rapid Intervention Team (ACTRITE) now provides a seven day per week service for patients who attend either Aintree or Southport hospital, and the nebuliser service has been re-designed to operate across the whole of Sefton.
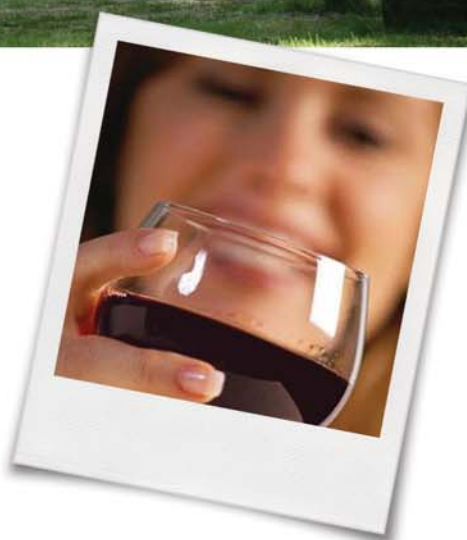
Work is already taking place to address smoking rates – see the earlier section on reducing smoking prevalence.

Reduce alcohol use

We previously highlighted the need to roll out the alcohol advice and treatment services that had been piloted in the neighbourhood renewal areas, to reduce the number of young people starting to drink excessively and to support those of all ages whose drinking was problematic.

Over the last year the Public Health Partnership has rolled out the 'It's Your Choice' alcohol harm reduction campaign in several parts of the borough with good response from the communities concerned. Working closely with Merseyside Police, the partnership has built a range of measures to reduce alcohol related crime and disorder these include: the appointment of an Alcohol Harm Reduction Officer to deliver joined up activity between the licensing, crime and disorder and alcohol harm reduction strategies; and the 'Buy Booze They Lose' intervention, which offers support to businesses to address perceptions of anti-social behaviour from groups of youths drinking in public places.

NHS Sefton has been at the forefront of measures to improve access to treatment services, which has led to a significant reduction in waiting times for treatment. There are also early indications that these measures are having a positive effect on the numbers of people seeking treatment in hospitals. Whilst harmful and hazardous use of alcohol is still a significant local concern, concerted action by local agencies over the last year is evidenced to be having a beneficial impact on the borough.

Reduce infant mortality

The recommendations in this section focussed on improving child and maternity services and reducing the risk factors that lead to infant deaths.

There is international evidence available which suggests that breastfeeding can reduce the risk of infant death by 20% in the first year of life. Breastfeeding rates in Sefton are improving with 55% of mothers starting to breastfeed in 2008/09 compared with 53% in 2007/08. Within this increase it should be noted that the biggest improvements in rates

were seen in the most deprived areas of Sefton. We are now also monitoring the percentage of women continuing to breastfeed at six to eight weeks. Despite being able to demonstrate a narrowing of the gap in breastfeeding initiation rates, only 28% of women are still breastfeeding at six to eight weeks with rates ranging from 17% in the most deprived wards to 47% in the least deprived wards.

To boost breastfeeding numbers we have recruited an infant feeding coordinator for Sefton, three infant feeding support workers and have extended the volunteer support network for mothers. Furthermore, alongside partners, we aim to significantly increase breastfeeding rates by achieving the UNICEF Baby Friendly Initiative award.

Other work aimed at reducing infant deaths include: information for parents/carers on sudden infant death has been translated into languages other than English and a Sefton wide campaign to promote safe sleeping arrangements for infants is planned. Additionally, a three-year child poverty innovation pilot project to help families increase their income and improve their long term

Breastfeeding can reduce the risk of infant death by 20% in the first year of life.

prospects of prosperity is being led by the planning and regeneration department of the Council.

Improve mental well-being

In last year's report I highlighted the need for better local data on mental health and well-being. A survey of mental well-being in Sefton is now underway and a report will be available in November 2009. We are also investigating the available data on socio-economic determinants of mental health with a view to establishing a set of indicators for Sefton. Other steps are also being planned with the aim of significantly improving mental health intelligence and a report should be ready in January next year to provide a baseline for planning and commissioning in 2010.
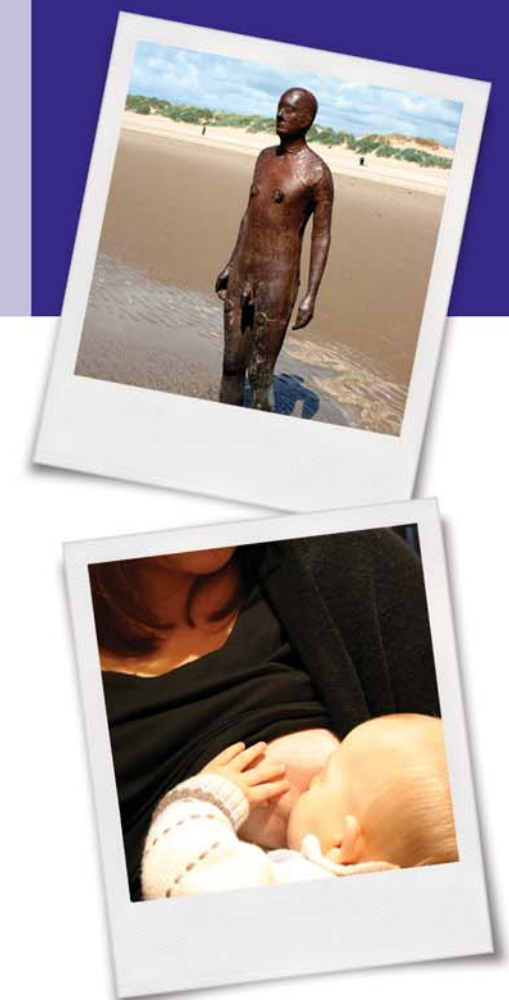
We also highlighted the need for improvement in the promotion of social prescribing interventions and a single point of referral for all service users. A Senior Health Promotion Officer has now been dedicated to taking this work forward and will link social prescribing interventions in with the new Healthy Sefton 'single point of access' service.

Find out more...

NHS Sefton Strategic Commissioning Plan- Better Health, Better Life
http://www.sefton.nhs.uk/Library/Better_Health_Better_Life/SEFTON%20Strategic%20Plan%20Version%202.pdf
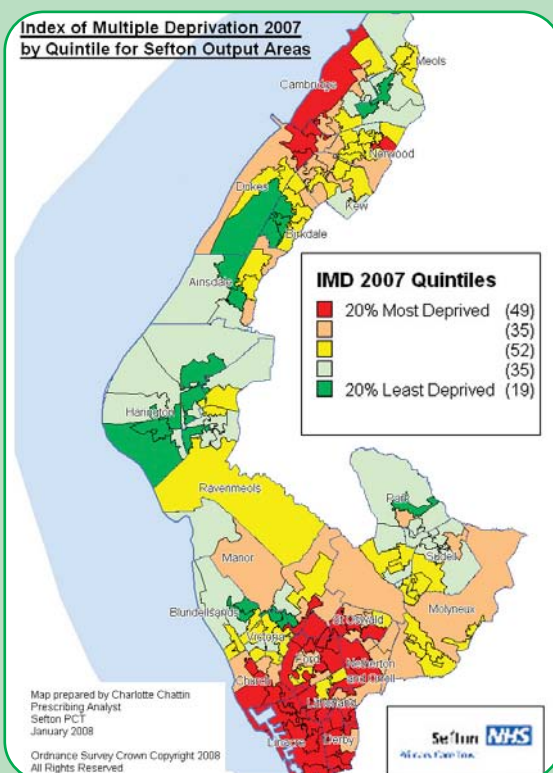
Health Inequalities in Sefton – Steven Ward

Health across Sefton continues to improve. Over the last 10 years, life expectancy for males has risen by 2.8 years and females by 2.3 years, which is similar to the improvements seen nationally. However despite progress, life expectancy for both men and women remains below the national average.

As highlighted in previous reports, not all Sefton residents are equally healthy. Men in Sefton can expect to live nearly 5 years less than women, compared to an England average difference of just over 4 years.

Both males and females living in areas of Sefton that are in the most deprived fifth nationally have a life expectancy that is over 5 years lower than the rest of Sefton – and over 8 years less than those living in areas that are the least deprived.

The map shows the distribution of the deprivation quintiles across Sefton. The 2007 Index of Multiple

Index of Multiple Deprivation 2007 by Quintile for Sefton Output Areas

IMD 2007 Quintiles
- 20% Most Deprived (49)
- (35)
- (52)
- (35)
- 20% Least Deprived (19)

Map prepared by Charlotte Chattin
Prescribing Analyst
Sefton PCT
January 2008

Ordnance Survey Crown Copyright 2008
All Rights Reserved

Deprivation categorises the whole of England into quintiles (5 groups, each containing 20% of the population).

Twenty-five percent of Sefton's population live in areas in the most deprived quintile of the country. The areas of highest deprivation are concentrated in the south of the borough, particularly within the wards of Linacre, Derby, Litherland, Netherton & Orrell, St Oswald, Ford and Church.

The areas of deprivation correlate closely with the areas where people have the poorest health.
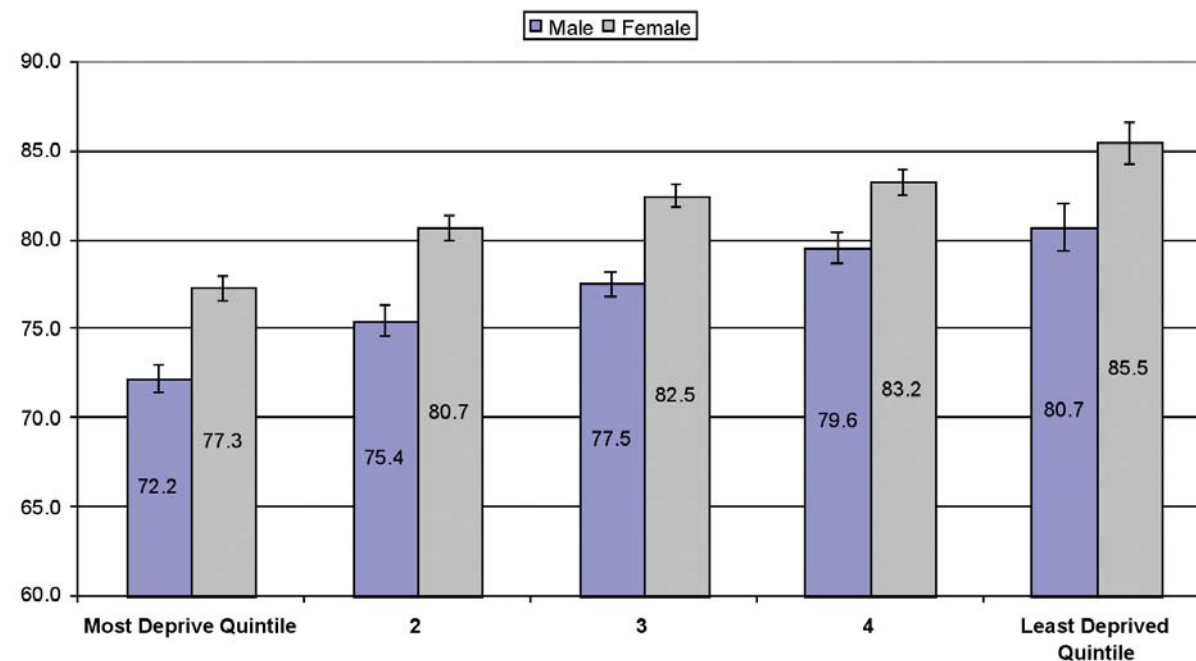
Life expectancy estimates for wards show that there have generally been some improvements in both male and female life expectancy. As the number of deaths per year in each ward is small (less than 150), the confidence intervals associated with these estimates remain wide and so the only statistically significant improvements are in Linacre, Manor and Sudell for men and Kew and Park for women.

Church now has the lowest male life expectancy in Sefton; Sudell remains the highest. The gap between the highest and lowest life expectancy for males has remained similar going from 11.2 years during the period 1999-2003 to 11.4 years during the period 2004-2007.

Linacre still has the lowest female life expectancy in Sefton; Molyneux now has the highest. The gap between the highest and lowest life expectancy for females has risen, going from 8.1 years during the period 1999-2003 to 9.9 years during the period 2004-2007. Now, women living within 2 miles of each other could have a difference of life expectancy of 10 years.

**Life Expectancy at Birth by Deprivation Quintile Sefton, 2004-07 inclusive**

☐ Male ☐ Female

Quintile	Male	Female
Most Deprive Quintile	72.2	77.3
2	75.4	80.7
3	77.5	82.5
4	79.6	83.2
Least Deprived Quintile	80.7	85.5

Male Life Expectancy at Birth	1999-03	+/-	Rank	2004-07	+/-	Rank
Church	70.5	1.6	2	71.0	1.8	1
Linacre	**66.9**	**1.6**	**1**	**17.3**	**1.6**	**2**
Derby	72.3	1.5	3	72.7	1.8	3
St Oswald	73.1	1.5	6	74.1	1.7	4
Duke's	73.6	1.7	7	74.4	1.7	5
Cambridge	72.3	1.8	3	74.4	1.9	6
Litherland	72.6	1.7	5	74.4	2.0	7
Kew	75.4	1.4	12	74.9	1.8	8
Ford	74.1	1.5	9	75.6	1.6	9
Norwood	74	1.5	8	75.9	1.5	10
Netherton & Orrell	74.4	1.4	10	76.1	1.7	11
Meols	77.6	1.2	18	77.0	2.0	12
Birkdale	76.4	1.7	14	77.6	1.6	13
Blundellsands	77.7	1.4	20	77.7	2.0	14
Victoria	75.4	1.2	12	77.7	2.0	15
Manor	**74.4**	**1.8**	**10**	**78.1**	**1.9**	**16**
Ainsdale	76.6	1.7	15	78.6	1.6	17
Ravenmeols	77.6	1.6	16	79.5	1.8	18
Molyneux	76.7	1.6	16	79.5	1.8	19
Park	76.8	1.4	17	79.7	1.8	20
Harington	78.1	1.3	21	80.7	2.0	21
Sudell	**78.1**	**1.4**	**21**	**82.5**	**1.9**	**22**

Sorted by 0407 rank, NR wards highlighted, statistically significant improvements in bold

Female Life Expectancy at Birth	1999-03	+/-	Rank	2004-07	+/-	Rank
Linacre	76.1	1.4	2	75.7	1.7	1
St Oswald	75.9	1.3	1	77.2	1.7	2
Derby	76.7	1.4	4	77.6	1.9	3
Church	78.3	1.5	5	79.4	1.2	4
Cambridge	79.2	1.2	8	79.6	1.2	5
Kew	**76.6**	**1.6**	**3**	**79.6**	**1.4**	**6**
Netherton & Orrell	79.4	1.5	9	79.9	1.6	7
Litherland	78.7	1.4	7	80.1	1.8	8
Duke's	78.3	1.7	5	80.7	1.6	9
Norwood	80.3	1.2	10	80.9	1.6	10
Ford	81.2	1.5	13	81.4	1.8	11
Manor	82.7	1.6	19	81.9	1.6	12
Meols	82.2	1.2	17	82.7	1.7	13
Victoria	80.7	1.2	12	82.9	1.5	14
Sudell	81.4	1.8	15	83.0	1.3	15
Birkdale	80.4	1.7	11	83.4	1.6	16
Ravenmeols	82.5	1.4	18	83.6	1.5	17
Blundellsands	81.3	1.3	14	83.9	1.7	18
Ainsdale	84.0	1.5	22	84.0	2.2	19
Harington	83.5	1.2	21	84.4	1.1	20
Park	**82.0**	**1.2**	**16**	**85.2**	**1.9**	**21**
Molyneux	83.0	1.3	20	85.6	2.2	22

Sorted by 0407 rank, NR wards highlighted, statistically significant improvements in bold

The scale of the health inequalities in Sefton has been known for some time. However, these inequalities have persisted over recent years and projections indicate that, if we carry on doing what we are currently doing, these inequalities will stay the same and may even widen in some cases.
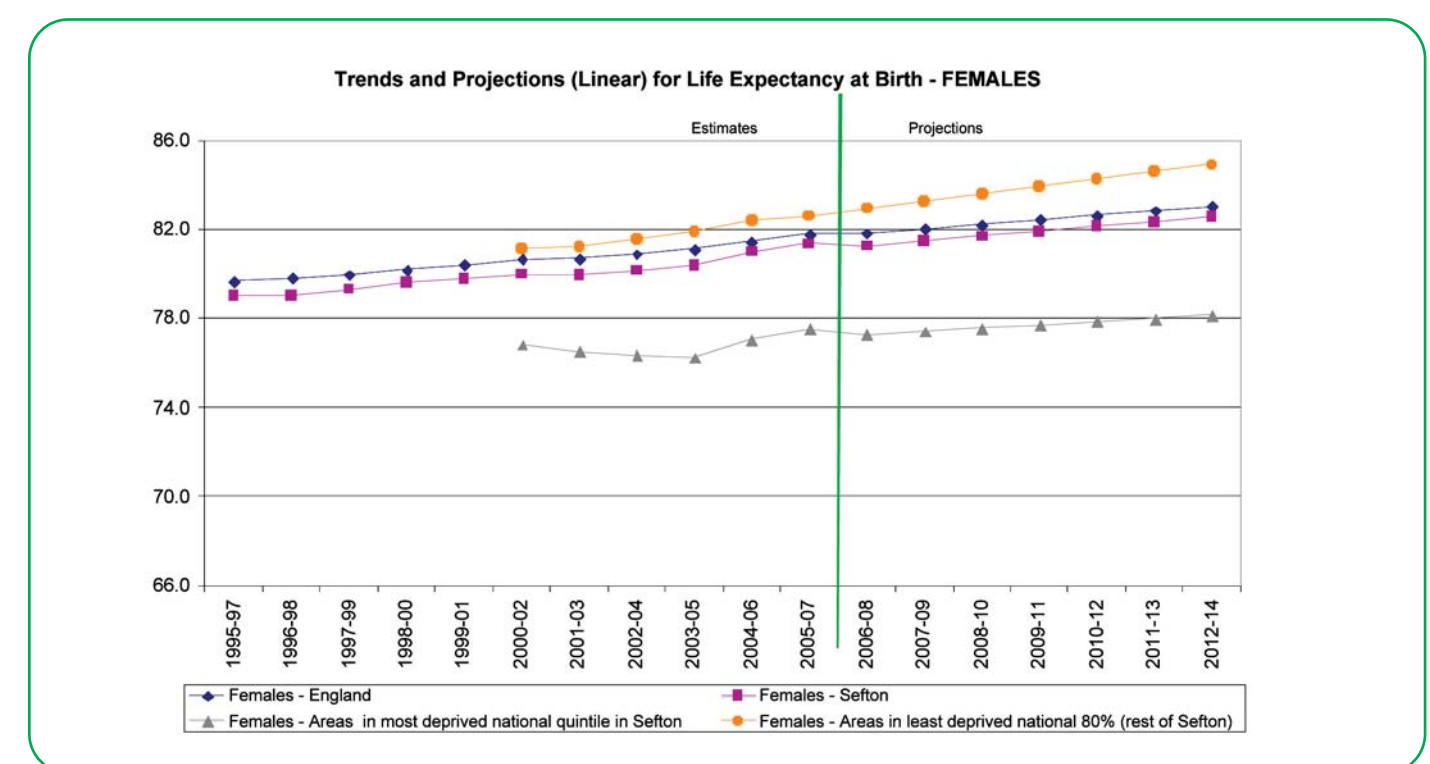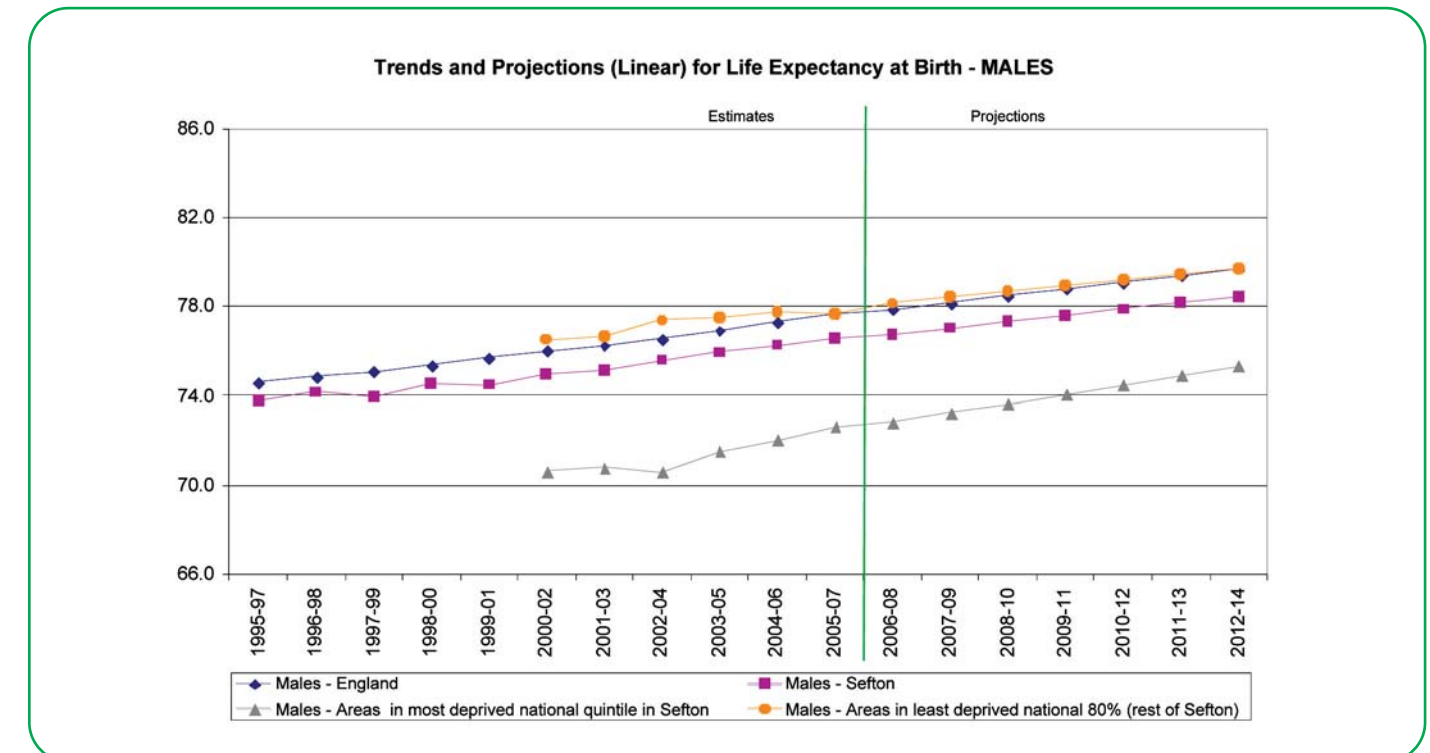
Causes of Health Inequalities

The people of Sefton living in areas in the most deprived quintile are:

- 1.8 times more likely to die early from CVD

- 1.4 times more likely to smoke

- 1.3 times more likely to be obese

- 1.4 times more likely to be claiming incapacity benefit due to mental health issues

- 1.2 times more likely to binge drink

Clearly, long term strategic action is needed to narrow the inequality in life expectancy between areas of Sefton. Cancer, heart disease, stroke and other circulatory diseases remain as the major causes of death in Sefton, and in the rest of the country. Circulatory diseases are the most common cause of death overall, but cancer accounts for the greatest proportion of premature deaths (under 75 years of age).

Death rates for all the common causes of death are higher in the most deprived areas than in the rest of Sefton. The following chart shows how much the life expectancy gap could be closed if death rates

from various diseases in the most deprived areas of Sefton matched those in the rest of Sefton.

The chart shows that if death rates from CHD, lung cancer, chronic obstructive airways disease and chronic cirrhosis of the liver in areas in the most deprived quintile could be lowered to match the rest of Sefton, then life expectancy in the most deprived quintile could be raised by 2.5 years for males and 1.8 years for females – almost halving the current gap in life expectancy.

Main Cause of Death, Sefton 2007
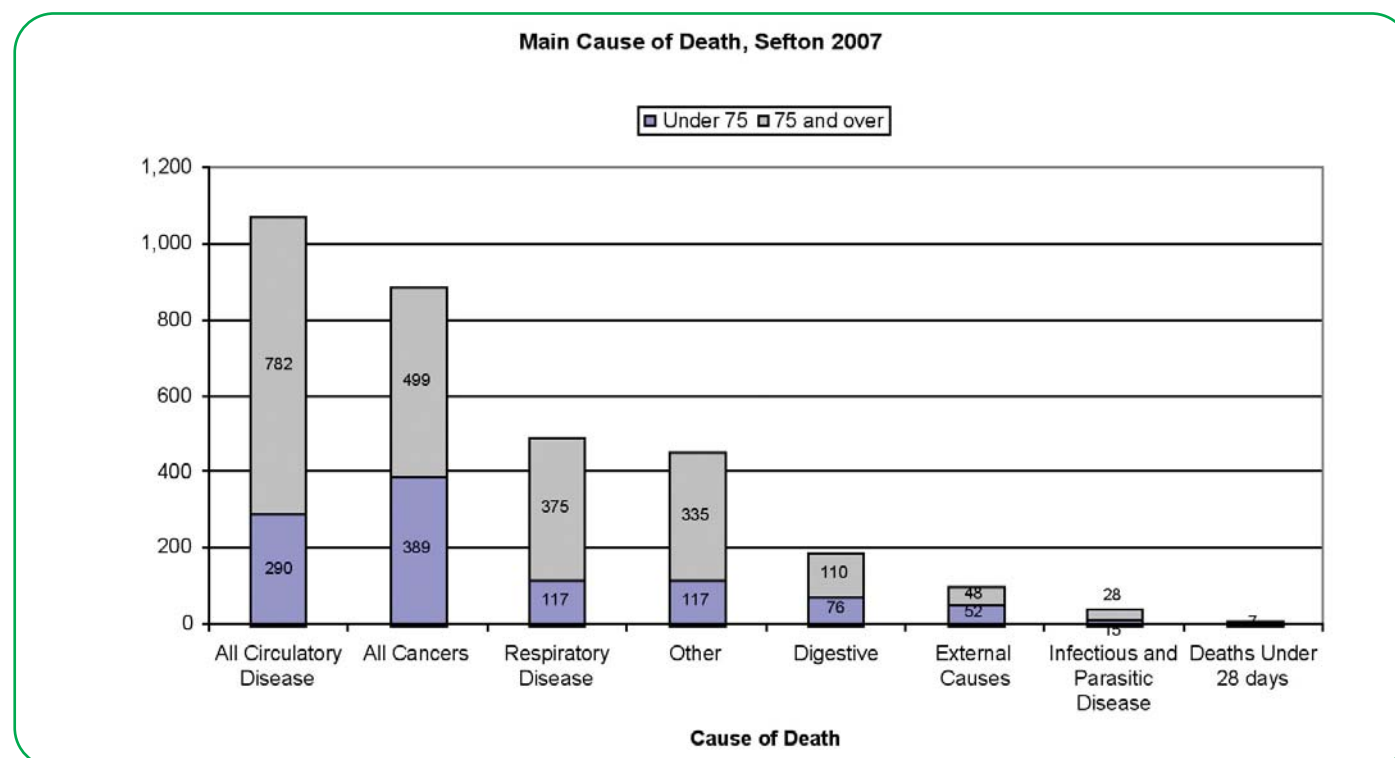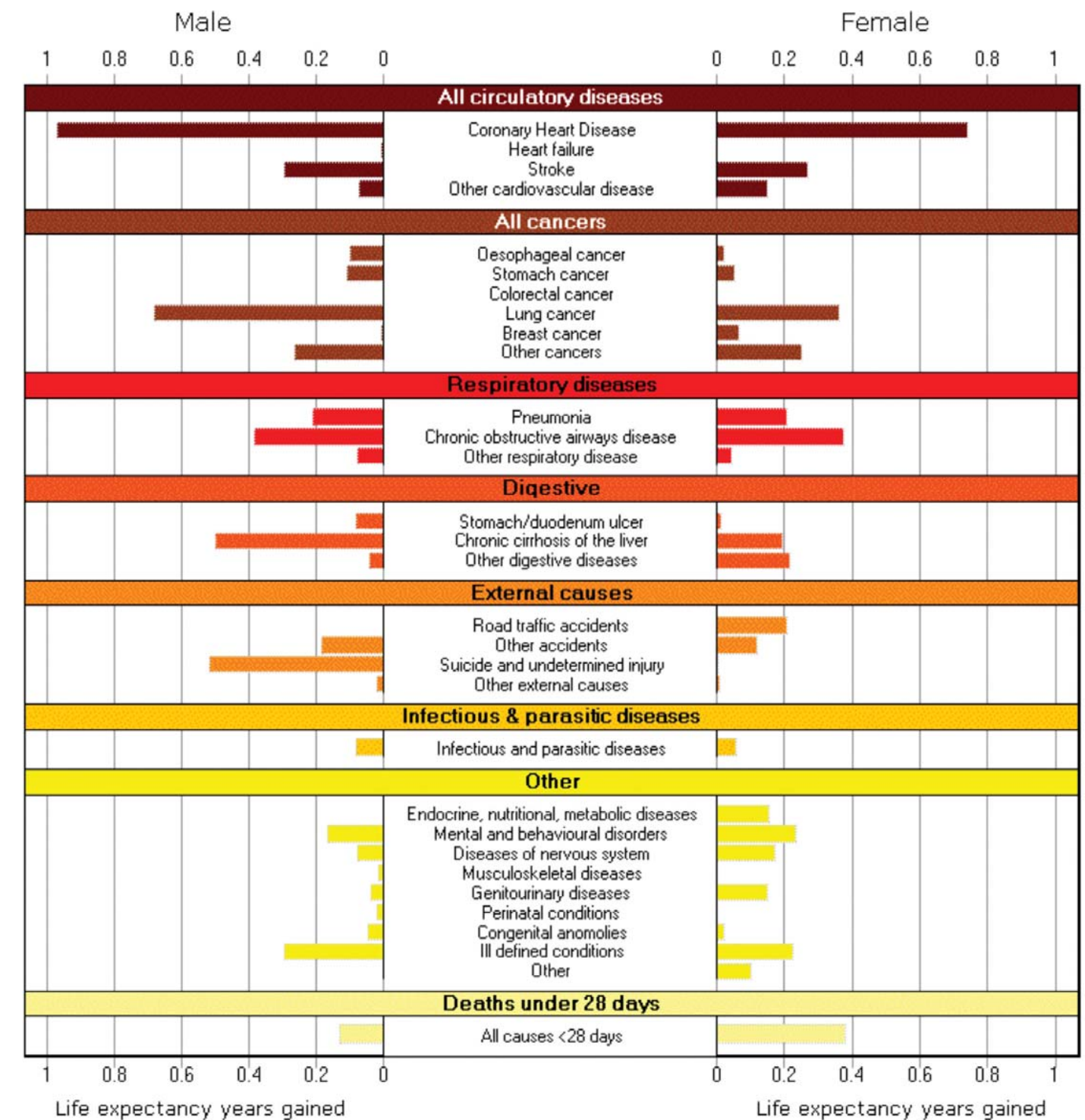
Improving lifestyles would have a significant impact on reducing the gap in the short to medium term, which was the focus of last year's report. However, to achieve long term sustainable change we need to look beyond the immediate factors leading to early death to addressing the underlying causes of poor health. Income, education and employment, as well as environmental factors such as housing, transport and climate all play a major role in determining life expectancy. The strength or resilience of the local community and the social support networks in place are equally important in influencing health.

Because the main determinants of health interact with one another, strategies which focus solely on one determinant of health are likely to be less effective if complementary action is not in place. Many of the determinants of poor health and inequalities are outside of the influence of the NHS – hence the need for a partnership strategy to tackle health inequalities.

Population Changes

Any long term strategy and efforts to reduce health inequalities will take place against the backdrop of wider changes to Sefton's population.

Whilst the population is expected to fall by 1% over the next 10 years, there are big differences between age groups with the 10-19 year old population falling and those aged over 65 years increasing meaning that by 2019 there will be 10,000 more people aged 65+ years living in Sefton.

Sefton already has a higher than average older population. With the continued growth in the 65+ year proportion of the population it means the numbers of people with long term conditions can be expected to rise markedly over the next 10 years, as the prevalence of many long-term conditions increases with age.

Furthermore, the need for end of life care can be expected to rise as people live longer the number that require treatment for cancer will grow.

Increasing age can be associated with increasing disability and loss of independence. As people get older remaining independence often depends upon support from informal carers and input from health and social care services. Investment and reform is needed to build capacity within the community and to ensure that adequate resources are focused on providing care and community services which support older people and people with long term conditions. Such change needs to start early and address the inequalities that currently exist between areas.
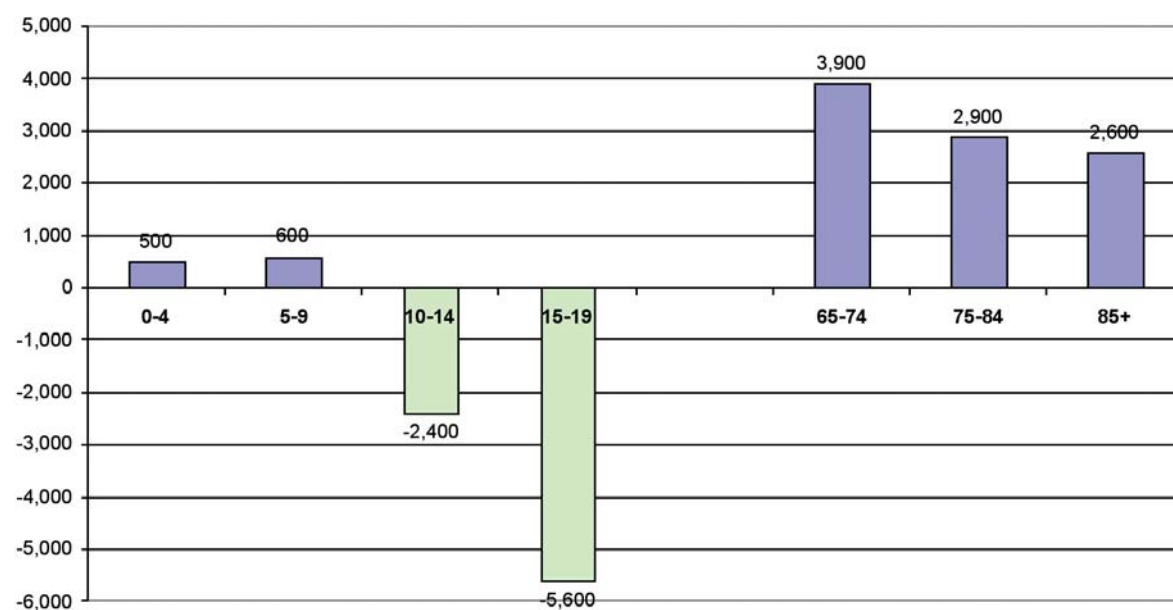
The change in population structure will also influence local housing, environment and education planning; and employment prospects.

Projected Changes in Sefton's Population 2007-2019
(2006-based projections)

Age group	Change
0-4	500
5-9	600
10-14	-2,400
15-19	-5,600
65-74	3,900
75-84	2,900
85+	2,600

Key Messages

Inequalities in life expectancy in Sefton are stark and persistent with both men and women in the most deprived areas living, on average, five years less than those in the rest of Sefton. If death rates from cardiovascular disease, lung cancer, respiratory disease and chronic liver disease improved to the rest of Sefton average, the gap between the most deprived areas and the rest would be halved. Lifestyle factors play a significant part in all of these diseases, but it is important to tackle the underlying causes of poor health such as poverty and poor education if these inequalities are to be reduced in the long term.

The increase in the older population in Sefton will present significant challenges over the next ten years. Changes in services, that will need to be developed to address the projected rise in long term conditions, should also aim to prevent these conditions developing in the first place by making prevention a part of every care pathway, and ensuring that inequalities in health and access to services are addressed. Keeping all older people in Sefton as healthy and independent as possible should be a core aim of the planned Sefton Older People's strategy.

Find out more...

Sefton's Joint Strategic Needs Assessment
http://www.sefton.nhs.uk/library/better_life_better_health/better%20life%20better%20health%20full%20report%202008.pdf

Sefton's previous Public Health Annual Reports
http://www.sefton.nhs.uk/news_and_publications/publications/Public_Health_Annual_Reports.asp

London Health Observatory Health Inequalities Tool
http://www.lho.org.uk/NHII/Default.aspx

Employment and Health –

Nicky Speakman, Katie Dutton & Claire Maguire

Although the relationship between worklessness and health is complex, there is consistent evidence to support the positive influence that being employed has on someone's health and well-being. This also extends to the people around them and the community that they live in. In general those people of working age who are in employment are healthier than their unemployed counterparts; and when health problems do occur they tend to recovery at a quicker rate.

> Worklessness is defined as: "People of working age that are either not working, are not in full-time education or training; or they are out of work but would like to work"
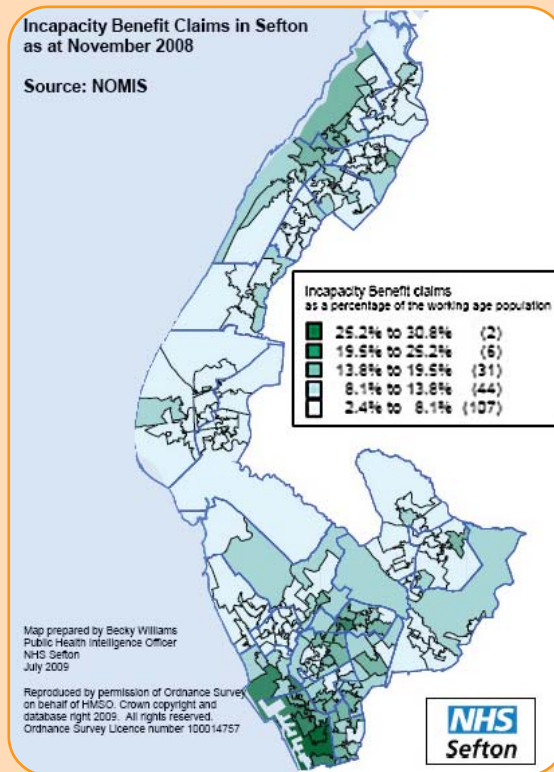
However, while unemployment and economic inactivity are associated with higher rates of poor health, mental illness and premature death; it is worthwhile noting that poor health itself can lead to difficulties in securing, retaining and regaining employment. The most common conditions, which keep people out of work or that cause sickness absence, are mental ill-health and musculoskeletal problems such as lower back pain, neck, knee and shoulder pain.

What's the problem?

As the economic downturn continues to bite, tackling worklessness is becoming an ever higher priority for local authorities and their partners. The recession presents new challenges that must be overcome in addition to those traditionally seen. Increasing numbers of skilled people from professional sectors who have been in employment for many years are now out of work and looking for jobs. Similarly, young people coming out of education are now finding it increasingly difficult to find employment.

In Sefton there are 15,500 (9.6%) residents of working age currently claiming Incapacity Benefit (IB) or Severe Disablement Allowance (SDA). Whilst this rate is the lowest in the Liverpool City Region, and similar to the North West regional average, it is 1.4 times the England average. The above map shows the distribution of IB claimants across Sefton as of November 2008.

Incapacity Benefit Claims in Sefton as at November 2008
Source: NOMIS

Incapacity Benefit claims as a percentage of the working age population

- 26.2% to 30.8% (2)
- 19.5% to 26.2% (5)
- 13.8% to 19.5% (31)
- 8.1% to 13.8% (44)
- 2.4% to 8.1% (107)

Map prepared by Becky Williams
Public Health Intelligence Officer
NHS Sefton
July 2009

Reproduced by permission of Ordnance Survey on behalf of HMSO. Crown copyright and database right 2009. All rights reserved. Ordnance Survey Licence number 100014757

NHS Sefton

How work benefits everyone

Benefits of supporting people to be healthier and in work

For the Individual
- Empowerment, increased self-confidence, greater dignity
- Better general health (mental & physical)
- Financial security
- Better living conditions
- Opportunities for development
- More productive

For the economy
- Assisting the conditions for business success
- Higher productivity
- Supporting economic performance

For families and children
- Better living conditions
- Better general health (mental & physical)
- Less likelihood of experiencing disadvantage in education
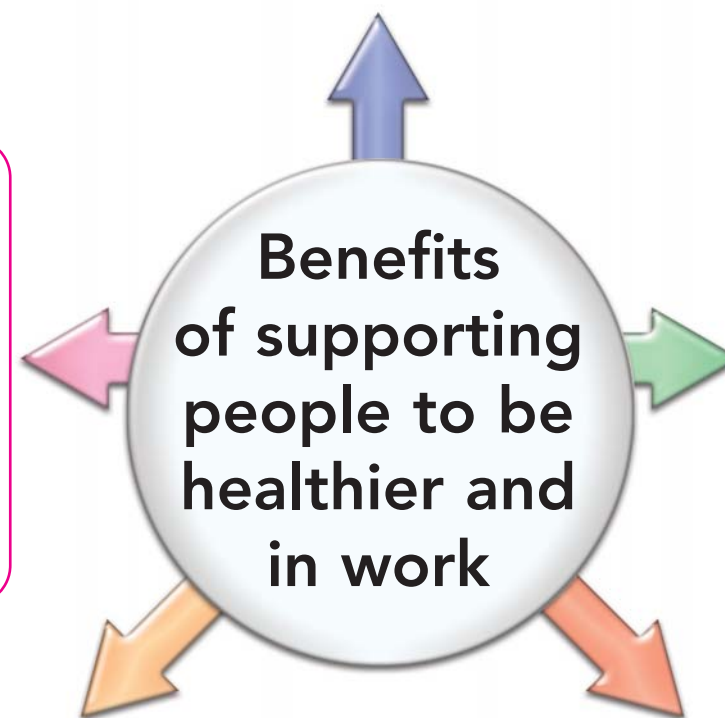- Greater potential for social mobility

For businesses
- More motivated and productive workers
- Less working time lost to ill-health
- Better staff retention
- Greater competitiveness
- Higher profits

For the regions and communities
- More social mobility
- Less social exclusion
- Reduction in social deprivation and child poverty
- Increased productivity
- Higher employment
- Less burden on public services

It is interesting to note that the areas with the highest rates of claimants correspond closely with the areas of deprivation shown in the previous health inequalities chapter.

In Sefton it has been estimated that the economic cost of worklessness due to poor health in terms of benefits paid out and taxes not collected is £1.25 million per year. It is difficult to measure the cost of poor health to individuals in pure financial terms as just as work has benefits for the individual and those around them; poor health too has costs which go beyond the individual. For instance, households without a working adult member are more likely to suffer persistent low income and poverty, which in turn can have emotional and psychological effects on all family members.

> Working sets an example to family members and children such that worklessness is less likely to be seen as the norm.

What works in Sefton?

A recent report into the health of Britain's working age population "Working for a Healthier Tomorrow" clearly demonstrates the links between good health and work. The report centres around three key objectives:

- Prevention of illness and promotion of health and well-being

- Early intervention for those who develop a health condition

- An improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so

Taking these three objectives, there are many programmes already in place in Sefton on which future programmes can build.

Promotion of Health and Well-Being

The Active Workforce programme run by Sefton Council is working with a number of partners including NHS Sefton, One Vision Housing, Sefton CVS and Sefton New Directions to enable employees to build exercise into their working lives. Community weight
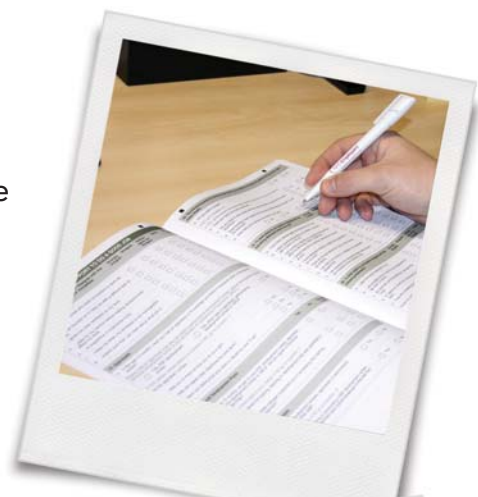
management is also available through the programme. The scheme has been shown to help over 60% of its participants lose weight (the same number reported reducing their stress levels); and has reduced overall sickness absence by 24%.

Employers need to promote health and wellbeing in the workplace. The Cheshire and Merseyside Public Health network have compiled a document entitled "Top tips for Healthier workplaces" providing excellent advice for employers.

'The Royal Society of Public Health - Understanding Health Improvement', is a qualification in raising the awareness of health and wellbeing and enabling individuals to signpost others to interventions and services to support them in choosing and adopting healthier lifestyles. NHS Sefton has rolled out the training for this qualification in a range of organisations in the community and voluntary sector, the public and private sectors.

NHS Sefton and its partners are working together to improve access to services to promote the health and well-being of the people of Sefton. Various services are available to residents such as:

- Stop Smoking services which that are available in a range of locations

- Active Sefton Programme which is run by Sefton Leisure Services and provides a range of activities for all ages and abilities

- Adult community weight management courses available across Sefton

- Social prescribing activities to improve the mental health and wellbeing of the population

NHS Sefton has made a commitment to addressing health inequalities by putting additional funding into lifestyle services. Targets have been set to ensure that these services reach the people with the greatest health inequalities.

> Most people in employment spend 60% of their waking hours in work… The workplace is a great place to promote the benefits of enjoying a healthy active lifestyle.

Early intervention for those who develop a health condition

Lifestyle services, if targeted appropriately, can have a great impact on people who are affected by, or at risk of, developing heart disease, diabetes or stroke.

Appropriate and timely diagnosis and intervention can benefit a range of conditions including mental health ill-health and musculoskeletal disorders. More easily accessible lifestyle services can prevent a short term illness becoming a long term illness and a life on incapacity benefit. The development of 'Healthy Sefton' will make lifestyle services easier to access and will help people to identify the most appropriate service that they can fit into.

An improvement in the health of those out of work

As part of Government's 'Pathways to Work' initiative, the greater Merseyside Condition Management Programme (CMP), delivered by health care professionals, aims to help Incapacity Benefit (IB) or Employment and Support Allowance (ESA) claimants return to work or become engaged in more purposeful activity, either currently or in the future.

Through the adoption of cognitive behavioural techniques, the programme encourages participants to manage their health by helping people to; gain an understanding of their condition, identify personal challenges preventing their return to work; and develop self-awareness and knowledge to promote change and build confidence.

Sefton's condition management programme 'Managing Your Way Forward' is a 10-week initiative delivered in community settings. The small working groups help participants to learn from similar people in similar situations whilst working through their own individual action plan. During 2008/2009, 103 referrals were received for 'managing your way forward' with 57% completing the full 10-week programme.

What local action do we need to take?

Due to the impact of worklessness on health inequalities and the fact that the nature of unemployment has changed, supporting the health and well-being of people in and out of work is a key priority for Sefton. Ensuring that people with health conditions are assisted to stay in or return to work and that people receive the right support they need to access work are also key objectives in narrowing the gap between Sefton's most and least deprived communities.

In general, being in work is good for health and consequently worklessness leads to poor health. Employers and employees need to recognise not only the importance of preventing ill-health, but also the key role that the workplace can play in promoting health and well-being. To maintain and improve health; safe, healthy and supportive environments need to be created. Further work with partners, to develop health promoting workplaces needs to happen and could include the development of health promoting policies. The longer a person is out of work, the more likely they are to experience poor physical and mental health, poverty, social exclusion and to have a poorer quality of life. Large organisations such as, NHS Sefton, Sefton Council and its partners need to understand how they can support people out of work both as an employer and through the services they commission. As well as raising awareness and promoting the provision of national and local programmes that are available to help people back into work such as, Jobcentre Plus and Sefton@work, opportunities for volunteering need to be identified and developed. This is increasingly apparent in the current economic climate where competition for jobs is high and individuals need to maintain their skills whilst seeking paid employment. To add to this, projected changes in Sefton's demographics could result in the need to review training programmes and future job profiles.

Irrespective of the steps that we take to improve public health and create healthy, safe, supportive environments, it is inevitable that some individuals will develop health conditions that may affect their ability to work in the short or longer term. A key objective is to ensure that people with long-term conditions, or those who develop a health condition or disability whilst in work, receive the right support to prevent their health from deteriorating. Similarly, groups such as older people, lone parents, international workers, those with a long-term condition or disability; and those experiencing a mental health condition, should be supported into work. Employers and employees should look to remove the barriers that maybe preventing work and find appropriate adaptations to working practise, which would enable equal access to jobs. NHS Sefton has developed some good examples of best practise e.g. flexible working arrangements and phased return-to-work programmes, which can be shared with partners.

Key Messages

- The health of the current working age population will affect the potential of the next generation too.

- The vision is a welfare state where no-one is written off and everyone is expected to contribute. Support should be available to help to break down the barriers that prevent many people from fulfilling their potential

- Recent evidence suggests that work can be good for health and the working environment itself can be a major influence on an individuals health well-being

- When a parent/carer is prevented from working, the resulting low income can cause child poverty, leading to worse health outcomes for those children.

- People with long-term mental health conditions are known to have the lowest employment rate of any other group however, individuals suffering from mental ill-health are also known to have the highest 'want to work' rate. Extra support should be given to find meaningful employment for those whose main health condition is a mental illness.

Find out more...

'Working for a Healthier Tomorrow'; Dame Carol Black's review of the health of Britain's working age population, March 2008
http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf

The Single Equality Bill "A Fairer Future"
http://www.equalities.gov.uk/PDF/GEO_A%20Fairer%20Future-%20The%20Equality%20Bill%20and%20other%20action%20to%20make%20equality%20a%20reality.pdf

'Liverpool City Region Incapacity Benefit Profile'; Northwest Public Health Observatory, September 2008
http://www.nwph.net/nwpho/publications/Incapacity.pdf

'Top tips for healthier workplaces'; Cheshire and Merseyside Public Health Network. September 2008
http://www.champs-for-health.net/

Improving Health and Work: changing lives; Governments response to Dame Carol Black's Review of the health of Britain's working age population, November 2008
http://www.workingforhealth.gov.uk/documents/improving-health-and-work-changing-lives.pdf

Education & Health –
Liz Johnson, Margaret Jones & Norman Scott

This chapter focuses on the role of education in reducing health inequalities. Although the chapter concentrates on childhood education, developing adult skills is also an important route to improving health by breaking into the cycle of poverty created by poor education in successive generations.

Education provides a number of key benefits that impact on child and future adult health and well being. They include:

- The ability to read, reason, communicate and make informed choices

- Improved future earning potential

- Improved female health – better educated women go on to have healthier babies with lower infant mortality rates, and are more likely to breastfeed

- Benefits to society include the development of a highly skilled flexible workforce

Schools are central to delivering the Government's Every Child Matters (ECM) approach to improving the well being of children and young people from birth to 19 years of age, by ensuring that children and young people are supported to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being

Overall educational attainment in Sefton is strong and improving, achieving better performance than the national average, local neighbours and authorities with similar levels of deprivation. The number of outstanding schools in Sefton is more than twice the national average at secondary level and over three times the national average at primary. Standards in schools have risen consistently over recent years at all key stages.

Table one shows the percentage of pupils achieving 5 A*-C grades at GCSE.

> "Education is one of the most powerful instruments for reducing child poverty and inequality and lays the foundation for sustained economic growth" – The World Bank

What's the problem?

Whilst Sefton's overall levels of educational achievement for GCSEs is high, the percentage gap between those receiving free school meals (a measure of deprivation) and their counterparts remains as wide or wider than most local or similar councils. (table 2)

Similarly, the gap between pupils identified as having special educational needs (SEN) and those without SEN is not narrowing. (table 3)

1. GCSE and Equivalent results (key stage 4) % achieving 5+ A*-C	2004-05	2005-06	2006-07
Sefton	56.9	61.2	64.2
England	56.0	58.4	60.4
NW	53.9	56.5	60.3
Knowsley	49.1	54.1	55.1
Liverpool	47.8	52.8	57.3
St Helens	56.0	56.6	62.5
Wirral	56.3	57.2	60.5
Bury	58.8	60.1	64.6
Darlington	56.9	57.6	60.0
Stockport	55.6	59.6	61.8

2. NI 102 Achievement gap between pupils eligible for free school meals and their peers achieving the expected level at Key Stage 4	2004-25	2005-06	2006-07
Sefton	30.3	28.1	31.3
Knowsley	16.5	17.8	22.5
Liverpool	26.1	27.6	28.4
St Helens	31.0	30.1	30.5
Wirral	29.8	29	26.2
Bury	28.8	26.8	22.5
Darlington	38.0	33.6	33.9
Stockport	32.3	30.3	33.3

3. NI 105 The Special Educational Needs (SEN)/non-SEN gap – achieving 5 A*-C GCSEs including English and Maths	2004-25	2005-06	2006-07
Sefton	44.7	46.1	47.3
Knowsley	28.3	30.2	29.2
Liverpool	35.5	36.4	39.3
St Helens	37.9	40.5	42.4
Wirral	44.4	43.7	44.1
Bury	48.2	44.6	49.3
Darlington	42.7	45.8	48.4
Stockport	44.1	47.5	49.8

A crucial first step in tackling these gaps in educational attainment is to minimise the number of children not attending school and the number of 16-18 year olds not in education, employment or training (NEET). The percentage of Sefton's young people classed as NEET remains the lowest in Merseyside and prior to the current economic recession Sefton had seen reduced rates from 8.3% in 2005 to 7.2% in 2007. However, given the recent changes in the economic climate rates have since increased to an average of 7.6% and significant differences remain across the borough ranging from 6% in the North to 13% in the South.

What works in Sefton?

The Children's Trust aims to equip children and young people with the knowledge and skills to make informed health and life choices to enable them to achieve their full potential. The health of children and young people is a priority within the Children and Young Peoples Plan. In particular it focuses on reducing health inequalities.

Some children in Sefton face significant barriers to attending school regularly. These include having caring responsibilities for members of their family, living in chaotic circumstances (e.g. with someone who misuses drugs or alcohol), having complex medical or social needs, being bullied by other pupils and not having the encouragement or support from parents/guardians to achieve at school.

- Sefton Council's Complementary Education Service, in partnership with the voluntary sector organisation Personal Services Society (PSS), has established the 'PSS Sefton Young Carers' Project to help provide emotional and practical support to children and young people living in the Sefton area who care for someone with; a disability, chronic illness, mental health problem or a dependency upon drugs or alcohol. The service provides curriculum support through computer based learning, therefore giving pupils flexible access and additional educational materials at a time suitable to a young carer's commitments. The joint service also provides guidance to schools to ensure that they meet the needs of young carers

- Older children have greatly benefited from the establishment, in 2006, of the substance misuse service, (SMASH) which offers one-to-one support to those children who themselves or whose parents/guardians misuse drugs or alcohol. Other school age interventions have focused on mental health, sexual health, smoking cessation and housing support

- Sefton has a range of programmes in place to prevent bullying and to support children and young people who have experienced bullying. These include a comprehensive anti-bulllying strategy involving all schools and the 'Bully Busters' anti-bullying helpline

- The National Healthy Schools Programme is a long-term initiative that promotes the link between good health, behaviour and achievement. All Sefton schools are now engaged in the Healthy Schools Programme and a significant number of pupils have found that lessons on sex and relationship education, drug education, healthy eating and physical activity have had a positive influence on their behaviour

- Out of school, children and young people are encouraged to take part in initiatives like the Duke of Edinburgh awards, healthy lifestyle classes held in youth and community centres and the 'Active Kidz' programme, which aims to bridge the gap between school PE/sport and physical activity within the community

- Good childcare and early years education can help prepare children for starting school. An increasing number of children's centres across Sefton are leading the way in providing a range of support for parents/guardians including options for child care

What local action do we need to take?

The need to continue efforts to reduce health inequalities, and especially to improve the health of children such as those who are looked after, or those with a physical and/or learning disability, is well recognised in Sefton's Children and Young People's Plan.

NHS Sefton, led by the Children's Trust Director, is reviewing children's community health services as part of NHS Sefton's five year strategic commissioning plan. This provides NHS Sefton and its partners an opportunity to improve services in key areas such as support for children with disabilities and those with long-term health conditions such as diabetes or asthma. Parents/guardians have told us of the frustration of taking children away from their day-to-day environments to attend multiple appointments in hospitals and other health venues that are far away from the school and their home. Future health services will be designed in partnership with schools and other agencies and will aim to minimise disruption to a child's education.

> "Schools help children develop the skills they need to make themselves heard in the world, to make positive changes in their lives and break free from poverty" – Oxfam International

- The Healthy Schools Programme should receive continued support from partners to ensure that all schools can achieve the required standards and those at an early stage in their participation can build on the positive health promoting activities within existing participating schools. Such activities help both children and the people around them choose healthy and active lifestyles

- Schools can be a source of pride for pupils and the community alike. They are often located at the heart of communities and can provide a range of activities including: support for parents/ guardians, sport and music clubs, combined with child care and access to other health and social care related services. In Sefton, all partners must work with schools to ensure that future

building programmes provide the opportunity to extend the influence of the school as a health promoter within the wider community

• To help emphasise the value of education, schools must continue to engage with children and their parents/ guardians. School based support advisors can work with parents/guardians to improve their children's school attendance and general behaviour by providing support at the first signs of a child having a problem

A good start in life is crucial to future good health, happiness and achievement.

Key Messages

Education is a basic requirement for achieving good public health. Educational experience and attainment influences future earnings, employment options, health behaviour and status. Whilst educational attainment in Sefton is strong overall there are important gaps in achievement that need to be narrowed. All children and young people regardless of their age, gender, race/ethnicity, disability, religion/belief and sexuality have the right to a happy, safe and enjoyable education that helps them achieve what they want to achieve.

Children respond well to positive messages regarding good health, behaviour and achievement. There is a high level of engagement of pupils in healthy school activities, such as school councils, healthy eating clubs, sport and physical activities demonstrates this. Schools are at the heart of the community and have the potential to contribute much more to improving the health and well-being of not only children and young people but all community members. Health and other support services must be redesigned to mimimise disruption to children's education and to better use the facilities and expertise already within schools.

Find out more...

Housing and Health –
Peter Moore, Jim Ohren & Cathy Warlow

The association between housing conditions and physical and mental health has long been recognised. Whilst housing and sanitation standards have clearly improved over time, it is still true to say that the most disadvantaged in our society are more likely to live in the poorest quality housing.

In 2001, the government's key framework for securing a decent home for all was set out in the Communities Plan, Sustainable Communities: Building for the future; and the corresponding public service agreement target, to bring all social housing into a 'decent condition' by 2010, was agreed.

Since the introduction of these standards, the quality of housing has improved significantly. For example, Sefton Council transferred its council housing to a newly formed registered social landlord, One Vision Housing in order to secure investment to improve homes to the Decent Homes Standard.

What's the problem?

Although future houses in Sefton will be built to meet the requirements of a decent home, the condition of the exiting housing stock must be taken into consideration. It is expected that more than three quarters of the homes in use today will still be in use by 2050 and of these, a significant proportion will be within the private sector which will present greater challenge for the Council and its partners when working towards improving living conditions.

To be considered a 'decent home' a dwelling must be: 'One which is in a reasonable state of repair; has reasonably modern facilities and services; and provides a reasonable degree of thermal comfort'

The Housing Health and Safety Rating System (HHSRS) is the government's new approach to the evaluation of the potential risks to health and safety from any deficiencies identified in dwellings. All homes should be free from the most serious common hazards, which have been identified as:

• Dampness and mould growth
• Excess cold
• Falling on stairs
• Falling on level surfaces
• Crowding and space
• Entry by intruders
• Fire

With excess cold and falls on steps/stairs recognised as the biggest risk categories; and the proportion of Sefton's population over the age of 65 years projected to continue to increase, the impact of poor housing on health will become more apparent. Those aged over 65 years are at particular risk and could contribute to rises in emergency admissions to hospital and excess winter deaths.

The graph below shows that for older residents the home is the main place where falls leading to non-elected admissions into hospital takes place.

In Sefton during 2006/07 there were 198 recorded excess winter deaths. Whilst this figure has fallen significantly since 1999/2000 (290 excess winter deaths) the rate in Sefton remains higher than both regional and national averages.

What works in Sefton?

The 'home' hazards can be addressed in a number of different and complementary ways:

- *Facilitation, advice and advocacy* – low-level and easily resolved hazards affecting tenants and home-owners can be addressed through good accessible tenancy advice, sign-posting to reputable contractors and in some cases access to lower-cost contractors;

- *Targeted financial assistance* – financial assistance, by way of low-cost loans and grants, may be required to remedy health impacting defects affecting low-income households

- *Regulation* – landlord accreditation schemes can prove successful in improving regulation of the private rented sector, raising standards and sign-posting tenants to reputable landlords

- *Enforcement* – legal enforcement remains necessary to address the most severe hazards and ensure that reluctant landlords provide accommodation that meets the statutory minimum standard

Advice is available through the Sefton Council website and there are two handy-person schemes in place in the borough providing lower-cost help for vulnerable households to undertake small routine adaptations/repairs that people may be unable to complete themselves.

Sefton Council's housing improvement grants programme contributes to improving health outcomes. In 2007/2008 Sefton Council spent £1.62 million on Disabled Facilities Grants, which help towards the cost of adapting homes to meet the needs of eligible disabled residents. In the same year a further £710,000 was spent on Home Repairs Assistance grants, which provided residents with loans for urgent or dangerous work/adaptations and crime safety measures.

The Supporting People programme in Sefton helps a wide range of vulnerable people over the age of 16 years to live more independently and maintain their tenancies. The programme provides housing related support to prevent problems that can often lead to hospital admission, institutional care or homelessness and can help smooth the transition to independent living for those leaving an institutional environment. The programme is a working partnership of local government, probation, health, voluntary sector organisations, housing associations, support agencies and service users therefore offering a range of services and activities tailored to the individual's specific needs.

**NE Admissions due to Falls - Ages 65+
(Sefton Residents, 2007-08)**
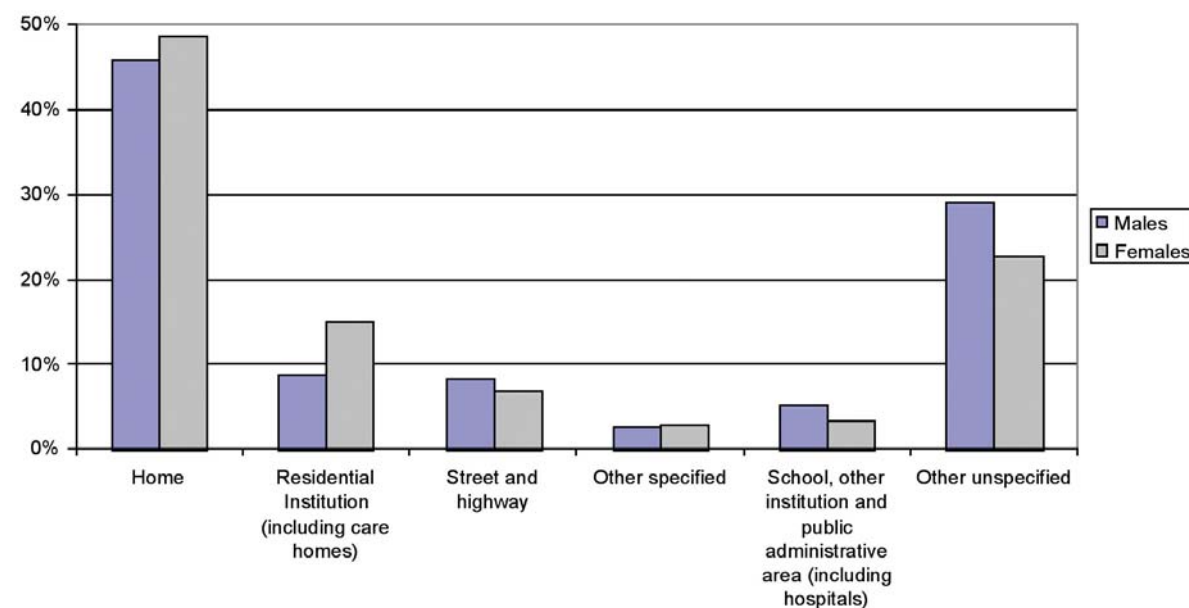
A Comparison of Housing Related Ill-Health and Hazard Remediation Costs

Hazard Category	Cost of works (£)	Annual Costs to NHS (£)	Ratio of Remedial Costs / NHS Annual costs
Stair Falls	132,158	964,000	0.14
Level Falls	267,259	1,798,900	0.15
Excess Cold	1,952,263	6,652,500	0.29
Crowding & Spacing	363,506	251,400	1.45
Entry By Intruders	4,085,676	1,714,200	2.38
Damp	2,469,725	92,900	26.58

Source: From CIEH / BRE HHSRS Cost Calculator but using Sefton data

In Sefton approximately 30,000 households are at risk of fuel poverty. Programmes implemented through the Affordable Warmth Strategy have proved successful in delivering better health and well-being outcomes as well as addressing fuel efficiency and warmth. Evaluation of the "Warmer Homes – Easier Breathing" pilot project showed that a £1,100 per household investment resulted in: a 40% reduction in Asthma Inhaler usage; a 92% reduction in unplanned emergency centre attendances; and a 60% reduction in sleep disturbance, night time coughing and school absences.

What local action do we need to take?

The Building Research Establishment and Chartered Institute for Environmental Health have developed a calculator that enables the costs of housing improvements and impact on NHS spending to be calculated for different hazards. The results for Sefton are show in the table on page 29.

To address health inequalities it is essential that investment is targeted at issues that will produce the greatest health benefits. Where the ratio of remedial costs/NHS costs is below one it indicates that the payback period to see a saving on NHS costs is less than one year – a very quick return on investment for preventive activity.

The focus of future intervention should be a more coordinated and holistic delivery of homes that are *safe, secure and warm*.

- To improve available advice and support certain population's i.e. older people, there should be: an introduction of a "Trusted Trader" scheme to increase consumer confidence and promote good practise of small businesses, expansion

of existing handyperson schemes, continuation of home repair assistance, further development of local affordable warmth programmes and advocacy networks; and targeted financial assistance to specifically reduce health inequalities

- To protect and improve the health of residents in private rented homes there is a need for the implementation of a Landlord Accreditation scheme to ensure better standards and effective enforcement when dealing with poor housing standards in property owned by reluctant and indifferent landlords

- Focussing on the key hazards of excess cold and falls within private sector stock will yield the most rapid improvements in health. There is also value in addressing other important hazards such as targeted action within specific neighbourhoods on the basis of the scale of problem or the specific types of property present including entry by intruders and overcrowding. There is also the potential of working across the healthier communities and older people, safer and stronger

communities, and children and young people partnerships to not only have an impact on physical and mental health but also on broader issues of academic attainment and social inclusion

- It is a key challenge to ensure that findings from the 2008/09 Joint Strategic Needs Assessment, Sefton Council Housing Strategy and other related policies result in joined up approaches to health, social care and housing improvements. Sefton's draft housing strategy includes a strategic aim; to improve people's health and enable them to live at home independently. To achieve this resource must be targeted to those with the greatest need. A rapid

health impact assessment of Sefton's Housing Strategy should be undertaken to fine-tune all housing related strategies and ensure that positive health impact is maximised. The opportunity

presented by the Sefton Integrated Investment Strategy should also be seized to better link action on housing regeneration and tackling health inequalities

Key Messages

Poor Housing often co-exits with other forms of deprivation (unemployment, poor education, ill-health and social exclusion). Targeted investment in improving housing conditions will improve health and well-being and reduce health inequalities.

There is a need to increase local focus on improving housing conditions and in particular those within the private sector and the private rented sector. Sefton's intention to pursue regeneration in a more integrated manner to create high quality homes in well-designed settings, served by infrastructure and economic opportunities, in order to deliver the scale of improvement needed to address health inequality remains a challenge.

Find out more...

Sustainable Communities: Building for the future
http://www.communities.gov.uk/documents/communities/pdf/146289.pdf

Decent Homes Standard and Housing Health and Safety Rating System - Department for Communities and Local Government "Housing Health and Safety Rating System: Operating Guidance", February 2006,
www.communities.gov.uk

World Health Organisation LARES (Large Analysis and Review of European Housing and Health Status) Project
www.euro.who.int/Housing/lares/20080403_1.

CIEH / BRE HHSRS Cost Calculator
www.cieh.org/library/Knowledge/Housing/HHSRS_cost_calculator.xls

Chartered Institute of Environmental Health "Good Housing Leads to Good Health A toolkit for environmental health practitioners", September 2008,
www.cieh.org.uk/policy/good_housing_good_health.html.

Sefton Council "Warmer homes – Easier Breathing Project Evaluation Report", January 2009,
www.sefton.gov.uk.

For more information about Sefton's Housing Strategies and policies or private sector housing advice, assistance and regulation visit:
www.sefton.gov.uk.

Healthy Environments –
Linda Turner

The World Health Organization states that "in developed countries, healthier environments could significantly reduce the incidence of cancers, cardiovascular diseases, asthma, lower respiratory infections, musculoskeletal diseases, road traffic injuries, poisonings, and drowning". We have presented the marked inequalities of incidence and mortality from these problems in Sefton in previous reports. Improving the environment could have an important impact on reducing health inequalities in Sefton. Equally lack of consideration of health impacts in planning would risk exacerbating inequality.

What's the problem?

Currently there is inequity of quantity, quality and accessibility of green space in Sefton as shown in the following table.

A recently produced Child Well Being Index shows variation for the environment domain across Sefton. The domain includes aspects of the environment that affect children's physical well-being (health, exercise and safe, independent mobility) and uses data on environmental quality and environmental access. Some of the more rural areas are within the 20% most deprived in England, most likely as a result of walking distances to schools and sports and leisure facilities. However, overall Sefton has a better rank comparing Local Authorities in England for environment than for the overall index and all other domains.

> The way we build our cities, design the urban environment, and provide access to the natural environment can be a great encouragement – or a great barrier – to active living and physical activity. We need to make it easier to be physically active in our everyday life at work, at home, at school, in our neighbourhoods or when we choose what form of transport to use for getting to different places.
>
> Building Health: Creating and enhancing places for healthy active lives – what needs to be done?

Area Committee area	Quantity of green space	Accessibility to parks and accessible nature space	Quantity of urban green space	Variety of green space
Crosby	●	✳	✳	✳
Formby	✳	■	●	✳
Linacre & Derby	■	✳	✳	■
Litherland & Ford	✳	■	✳	✳
Sefton East Parishes	■	■	✳	■
Southport	●	■	✳	✳
St Oswald, Netherton & Orrell	●	■	✳	✳

Symbols: ● = above the target   ✳ = around the target   ■ = below the target

1. **Strategic planning** – how policy for planning transport, housing, employment and services is developed can influence opportunities for 'active travel'. People in higher socio-economic groups are more likely than those in lower groups to compensate for lack of active travel by active recreation. Social inclusion in society is important for health, so planning should ensure all people can travel easily between their homes, work and services such as shops and health facilities.
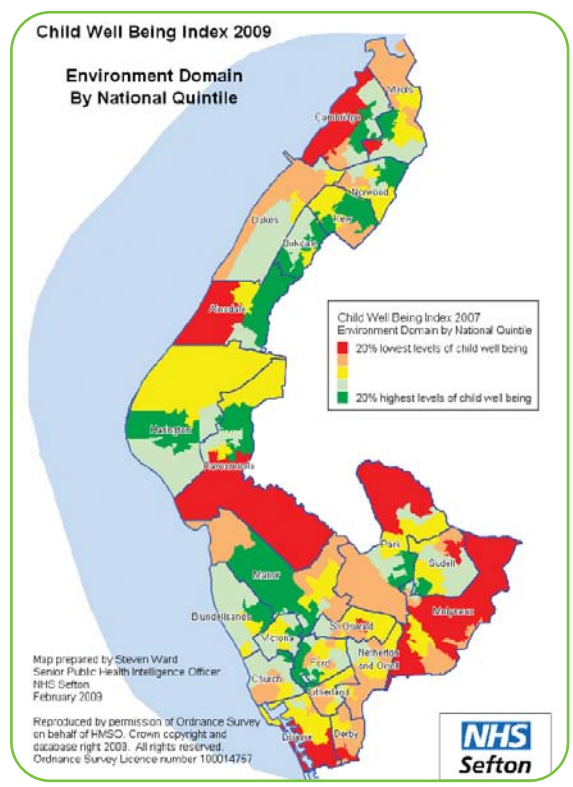
2. **Urban planning** – the urban environment can be made healthier by having more than one land use in the same place (e.g. residential, business, retail) and the attractiveness of the area for movement on foot (known as 'walkability').

3. **Streets and the public realm** – if streets are unattractive, people are less inclined to spend time in them for social activities; walking and cycling become less attractive, public perceptions of safety decline, and activities such as play transfer from the public realm to private space. This can have a detrimental impact on physical and mental health and well being and the problem of unattractive 'place' is more evident in the more deprived areas.

4. **Walking and cycling** – the UK has seen a shift towards sedentary forms of transport, a car-dominated road environment, and 'place' that feels hostile and unattractive to the pedestrian and cyclist. This has contributed to low levels of physical activity, and the need to create a more attractive environment where people can walk and cycle for leisure and transport purposes, bringing improvements in individual and population health. People from the most disadvantaged groups are more likely to live in environments which discourage walking and cycling.

5. **Urban green space** – there has been a decline in the quality and quantity of parks and urban green spaces, yet contact with nature

Child Well Being Index 2009
Environment Domain
By National Quintile

Child Well Being Index 2007
Environment Domain by National Quintile
NHS Sefton
■ 20% lowest levels of child well being
■ 20% highest levels of child well being

Map prepared by Steven Ward
Senior Public Health Intelligence Officer
NHS Sefton
February 2009

Reproduced by permission of Ordnance Survey
on behalf of HMSO. Crown copyright and
database right 2009. All rights reserved.
Ordnance Survey Licence number 100014767

NHS Sefton

7. **Building design** – well designed new buildings can have positive impacts on health through pedestrian-friendly, human-orientated development, strengthening and fostering community. Aspects of design include easy access by active modes of transport for able bodied and disabled people, making stairs more readily accessible than lifts, availability of areas for people to interact, and good use of green or open space.

Research shows that certain features and characteristics in urban areas positively influence levels of walking and cycling: high densities, a greater mixture of land uses, a balance between housing and jobs, pedestrian and cycle friendly site and street design, and grid street networks. People who live in neighbourhoods with 'walkable' designs report about 30 minutes more travel by walking each week and more total physical activity, compared to those who live in less walkable neighbourhoods. These environments also provide more access and opportunities for children including exploring their local environment on foot and by bicycle. Many of these features are brought together in the National Institute for Health and Clinical Excellence recommendations in the

public health guidance on 'Physical activity and the environment'.

The directly attributable health benefits of walking and cycling have been discussed in previous Annual Reports of the Director of Public Health. In the context of this chapter on healthy environments it is important to stress that the increase in obesity in adults and children can be halted through changing what is termed an 'obesogenic' environment, which is one that encourages the over indulgence of energy dense food, that is, high in fat and sugar. Promoting walking and cycling and making the environment more conducive to these forms of transport will have an effect in Sefton.

To tackle the seven themes of a healthy built environment requires joined-up policy and working at the national, regional and local level.

has a beneficial effect on both mental health, alleviating symptoms of anxiety and depression, and physical health where the space can be used for physical activity. In Sefton the quality of green space is poorer in the most disadvantaged areas.

6. **Outdoor playing space** – this includes outdoor facilities and opportunities for play, active recreation and sport for both children and adults. There are many potential health benefits – physical and mental – but access and availability tend to be poorer in more disadvantaged areas.

What works in Sefton?

Production of the Green Space Strategy for Sefton has been a recent example of joint working between Sefton Council, NHS Sefton, Sefton Area Partnership of Local Councils, Merseyside Environmental Advisory Service, Sefton Council for Voluntary Services and One Vision Housing. The strategy highlights examples of what is working in Sefton to improve urban green space and outdoor playing space, such as:

- working with the local community for Derby Park in Bootle
- developing a Green Gym at Queensway allotment in Waterloo
- the Biodiversity and Access project for some of the most vulnerable socially excluded and difficult to engage members of the community (such as adults with learning disabilities, young people at risk of exclusion or who have been excluded from mainstream school) run by the Coast and Countryside Service
- the community garden project at St Luke's church grounds in Crosby

Sefton already has a number of sites awarded green flag status, an accessible coast

'Moving on to Year 7' transition project

Children from Hatton Hill School took part in this new initiative developed by Sefton Council's Travel Awareness Cycling and Walking development team.

The aim of the "Moving on to year 7" project is to build on the existing cycle training initiatives delivered in Sefton schools and break down the barriers to cycling and walking rather than being reliant on the car to get to school.

Pupils in Year 6 at primary school are given the information, knowledge and confidence to establish safe cycle routes from their home to their chosen secondary school. There are four sessions covering basic bike maintenance, route planning, risk assessment and a visit by bike to Litherland High school. The children also met with the Year 7 mentor teacher who showed them around the schools cycle storage facilities. This helped the children's confidence when they started at the new school the following September.

Head Teacher Mrs Lyall said "The children have enjoyed the course and have shown that they now have the ability to find their own safe route to school. This will help them greatly when they move up to their secondary school"

and some well known green corridors (areas of green space linking places together) such as the Leeds-Liverpool Canal and Rimrose Valley. Examples of existing work to encourage walking and cycling include the developments of the environment in the Office Quarter and The Strand in Bootle, the pedestrianisation of Chapel Street in Southport and alterations to the streets and public realm in the Housing Market Renewal areas in south Sefton.

Enabling those with disabilities to cycle is the aim of 'Wheels for All'. Litherland Sports Park is recognised as a 'Wheels for All' centre of excellence, of which there are only two in the country. It also has one of the largest fleets of adapted cycles in the Northwest.

Encouraging children and their parents to use active forms of transport is central to a number of initiatives in Sefton, such as 'Cool Steps' and the 'Moving on to Year 7' transition project'.

What local action do we need to take?

Implementation of the action plans of the Green Space Strategy for Sefton between now and 2011 will have an impact on health and reducing health inequalities. The actions link to the five key aims of the strategy:

- Improving quality, variety and accessibility of all types of green space
- Increasing community use of all green spaces and improving community health
- Making the most of the ways in which green space can help reduce the impacts of climate change
- Increasing the wildlife value of green spaces
- Working in partnership, especially to make the most of funding opportunities

Southport and Ainsdale were successful in June 2008 in receiving investment to become a Cycling Town. The plans for 2008-2011 and beyond aim to transform Southport and Ainsdale into a place where cycling becomes a genuine option therefore improving the local environment, congestion and fitness for the people who live, work or visit the area. The Cycle Town Project has 3 key themes:

- To encourage cycling for **Tourism and Leisure** – through the development of a high quality cycle network around the seafront area, access to the Sefton coast and the development of links to the town centre

- **Regeneration** – there are two main areas of regeneration within the town, the Marine Park area on the seafront and the area around Kew. It is proposed to develop high quality cycle routes to serve these areas. A programme of targeted marketing and promotion will back up the development of these routes

- **Schools** – the aim is to have 15% of secondary school children cycling to school by 2011. There will be a particular emphasis to encourage teenage girls to cycle as they are less likely to participate in physical activity

Across Sefton partner organisations must continue with the joined-up production of policy, action plans and implementation to develop and maintain healthy environments. This involves working closely with schools in terms of their local environment, school travel plans and encouraging behaviour in children that will impact on their health in the short, medium and long-term. Sefton has a multitude of small and medium sized businesses. We need to find a mechanism to work more closely with these collectively and individually to support them as employers and their employees to create and maintain healthy environments.

National reports and guidance acknowledge that evidence on the links between the built environment and general health and well being is not as strong as that on the health benefits of physical activity. In Sefton we should use opportunities such as the Cycling Town and implementation of the Green Space Strategy action plans to collect data and measure impacts on health, thus adding to the available evidence base. We should also produce a framework for partners to use to check that decisions are made taking into account the potential impact on health and the environment. This should be part of a framework for health impact assessment (HIA).

Key Messages

Creating environments that encourage active travel is beneficial to all, but particularly to disadvantaged groups. There are many positive developments already from which to build such as the development of Southport as a Cycling Town. Building in active travel should be routine for any new developments. At present there are inequities in access to healthy green and open space within Sefton that need to be addressed through the implementation of the Green Space Strategy. Investing in parks and green spaces should be seen as an investment in public health and reducing health inequalities.

Find out more...

World Health Organization
www.who.int/features/factfiles/environmental_health/environmental_health_facts/en/index.html

National Heart Forum. Building Health: Creating and enhancing places for healthy, active lives – What needs to be done? 2007
www.heartforum.org.uk

Sefton Council Travel Awareness Team 0845 140 0845
www.sefton.gov.uk

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

National Institute for Health and Clinical Excellence (NICE)
www.nice.org.uk/Guidance/PH8

Sustrans – Active Travel
www.sustrans.org.uk

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

Climate Change and Sustainability –

David Conrad & David Packard

Be Sunsible

It is widely recognised that climate change will undoubtedly have significant effects on the health and wellbeing of the population. Any positive effects of an average warmer climate such as a potential reduction in cold-related illness, falls, and deaths, are likely to be outweighed by the range of health and environmental problems related to more extreme and less predictable weather. It is expected that the UK weather will become increasingly stormy and we are likely to experience significantly reduced summer rainfall and increased and concentrated winter rainfall.

What's the problem?

Effects of climate change on health include:

- **Heat waves** are expected to become more frequent resulting in pollution-related illness and deaths, particularly amongst the most vulnerable groups in our population including: the very old and young, the chronically ill and people on low incomes. As well as the risk of the body overheating, there is the public health risk from mass disruption to the drinking water supply as biological water purification methods can be adversely affected by higher temperatures

- **Infectious diseases**, such as cases of food poisoning (as more people use the barbecue as a method of cooking) water borne; and vector (insect and vermin) carried disease, are likely to increase with warmer weather

- **Sunburn and skin cancer** are likely to increase because of greater skin exposure as a response to warmer weather

- **Extreme weather-related events**, such as natural disasters, droughts; and hurricanes could lead to social disruption, injuries, deaths, disability, population migration, homelessness, crop failure and food shortages

- **Flooding** – Sea level rises resulting from the melting of the ice caps are a threat to coastal areas such as Merseyside. Locally much of the area of West Lancashire, behind the sand dune system on the Sefton coast (stretching up to Martin Mere), is reclaimed land. Without effective coastal protection and inland drainage this whole area could be at risk from tidal surge flooding as it is below mean high spring tide. Areas along the River Alt such as East Formby and Maghull are also at risk of flooding

- **Major flooding** disasters caused by severe winter gales, heavy rainfall and rising sea level could cause contamination of drinking water and exposure to toxic pollutants. One of the significant long-term effects of flooding is the impact on mental well-being with incidences of stress, anxiety and depression rising due to personal loss and prolonged use of temporary accommodation. As well as the direct effects of flooding, disruption to the transport system may create access problems to strategic facilities such as hospitals or waste disposal facilities

- **Power Loss** – prolonged loss of community power supply as a result of severe weather or flooding would have secondary impacts including: increased accidents and fire; risks due to food spoilage; and lack of domestic cooking or water sterilisation facilities

What works?

Tackling climate change requires a two-fold approach:

Mitigation – to reduce the level of greenhouse gases and reduce the likelihood of future catastrophic climate change. This means actively reducing the amount of carbon gases (carbon footprint) our buildings, procurement and day-to-day activities produce.

Adaptation – to deal with the impacts of climate change that we are already experiencing and the likely effects that we expect to occur in the future, which will affect the demand for services

Although adaptation and mitigation may seem like two separate things, in reality they do overlap. Insulating a building, for example, reduces the amount of man-made gases released into the atmosphere and at the same time helps to stabilise building temperatures and protect against the health problems of heat waves and prolonged cold.

Climate change – a health inequalities issue

Extreme events can separate as well as bring together communities. Those who are already living in the most deprived areas are more likely to be at risk from climate change than those living in affluent areas and they are less likely to be able to buy themselves out of the difficulties caused. For example:

- people on low incomes are more likely to live in areas with poor air quality, and less likely to live near green spaces

- people on low incomes are less likely to be able access local environmental information and appropriate health advice/treatment in times of need;

- individuals with existing physical or mental health problems are more likely to be sensitive to the impact of climate change.

Climate change should be at the core of all our agendas. The main immediate task is to create the processes by which NHS Sefton and its partners keep up-to-date with; and can strategically respond to, the findings of national, regional and local research into climate change impacts in order to deliver sustainable development outcomes.

In 2007, NHS Sefton carried out a Sustainable Development Audit to help identify areas of strength and weakness in terms of sustainability. NHS Sefton aims to:

- Be a good corporate citizen by deploying its powers and resources, as a large employer, purchasers of goods and services, landholders and commissioners of new buildings and refurbishment, in ways that benefit rather than damage the social, economic and environmental conditions in which we live

- Capitalise on the complementary nature of sustainability and positive health and well-being.

Sustainable Development Model
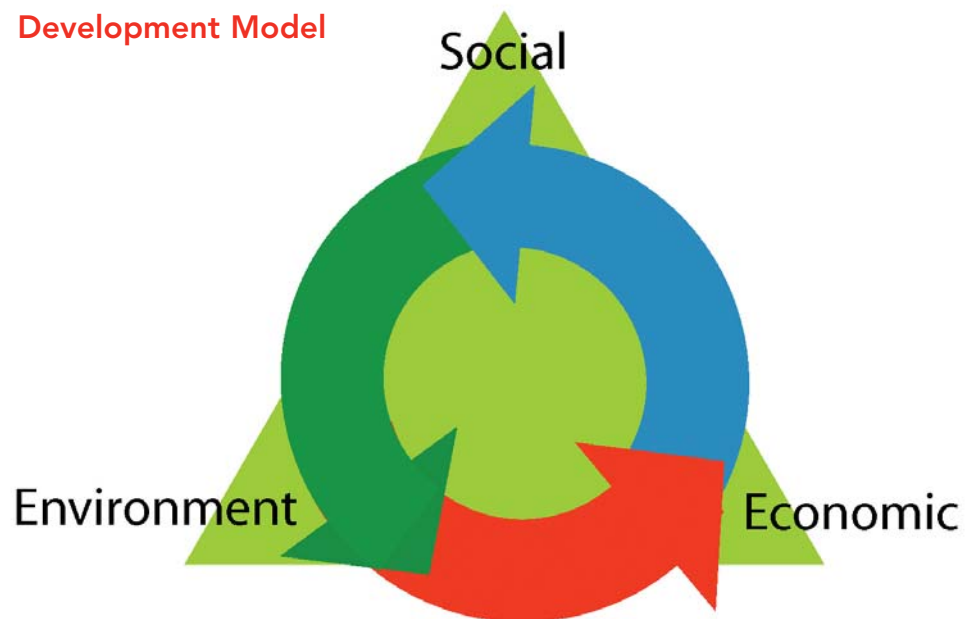
Sustainable development is not just about protecting the environment; it also includes maintaining a healthy economy and social equality all at the same time

What local action do we need to take?

The NHS is responsible for 25% of total public sector emissions in England and 3.2% of total carbon emissions. As one of the largest local employers, NHS Sefton has imperative action to take to reduce its environmental impact and demonstrate corporate social responsibility in areas such as green transport, corporate purchasing and waste management. Sefton Borough Partnership has shown its

commitment to adapting to climate change and reducing peak hour traffic congestion through the Local Area Agreement as well as meeting the Government target of cutting carbon emissions by at least 80% by 2050 with a minimum reduction of 26% by 2020.

Other essential steps for all partner agencies include:

- Full implementation of Green Travel Plans, which encourage a shift to the use of public transport, walking and cycling should be adopted across key partners. The Green Travel Plan is a package of measures aimed at promoting greener, cleaner travel choices and reducing

reliance on the car. Once fully implemented, the measures set out in the plan will contribute to health improvement through increased physical fitness and mental wellbeing, a reduction in pollution from carbon emissions and a reduction in road traffic injuries

- Production of a sustainable development strategy that will 'future proof' policies against predictable climate change and cover issues such as, estates, resources, facilities management, employment and skills, commissioning, transport and most importantly, procurement. The largest part (60%) of the NHS carbon footprint is from procurement, which is the manufacturing and transporting of goods and services purchased by the NHS from other organisations

- In order to raise the awareness of cutting carbon emissions throughout Sefton's population, local businesses and other public sector organisations, NHS Sefton should work with the local authority and its partners to further the understanding of the health impacts of climate change and the steps which can be taken to tackle it at an individual and corporate level

- The establishment of a Climate Change Partnership to:

– help stakeholders understand the impacts of climate change on their organisation and to help them develop appropriate adaptations

– engage partners and the local media to ensure that appropriate messages about the impacts of climate change reach relevant audiences

– facilitate the exchange of information, experience and good practice with other organisations and similar partnerships within other regions

– assess and monitor Sefton's preparedness for climate change

Find out more...

The Health Impact of Climate Change: Promoting Sustainable Communities. (2007) Department of Health.
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082690

NHS Good Corporate Citizenship website:
www.corporatecitizen.nhs.uk

Saving Carbon, Improving Health: NHS Carbon Reduction Strategy for England. (2009) NHS Sustainable Development Unit.
www.sdu.nhs.uk/page.php?area_id=2

NHS Sustainable Development Unit web site:
www.sdu.nhs.uk

Adapting to Climate Change - Guidance Notes for NI188:
www.lga.gov.uk/lga/aio/1382855

Community Cohesion –

Nigel Bellamy & Ifeoma Onyia

Creating community cohesion is a key strand of current government policy. The Government has recognised that empowering local people is the key to creating strong, attractive and economically thriving communities and neighbourhoods. The aim is to ensure that communities are given the support they need to make the best of themselves and overcome their own difficulties. Problems that weaken a community include: community conflict, social exclusion, extremism, deprivation and disadvantage.

The third sector is defined as 'non-governmental organisations that are value driven and which principally reinvest their surpluses to further social, environmental or cultural objectives' Communities and Local Government

All of these factors can contribute to health inequalities.

What's the problem?

Sefton, along with many areas in the North West, is facing challenges related to the inequality of outcomes in terms of gender, age, disability, race/ethnicity, religion/belief, sexuality; as well as health, education and employment. There is clear evidence that social and economic inequality contributes to social division, exclusion and conflict. Other sources of conflict are tensions between older and young people, between different geographical areas, religious beliefs, cultural practices and language. People may feel excluded from communities for many reasons including their offending behaviour, domestic, caring and childcare responsibilities, gender identity, and HIV status.

Sefton is changing with a growing older population, fewer young families and continued inward migration. Such change in the make up of the community can contribute to feelings of instability.

The Local Government Association defines four conditions, all of which need to be in place in order to achieve a cohesive community:
- A common vision and sense of belonging exists for all communities
- People's diversity (backgrounds, circumstances) is appreciated and positively valued
- People experience similar life chances whatever their background
- Strong and positive relationships exist between communities and people from different backgrounds

Locally, community cohesion is taken to mean that people's different backgrounds and viewpoints are mutually respected and that they feel confident in working together to create a shared future; and secure in safely resolving potential disputes and conflicts.

Citizenship is about much more than a legal status, it represents what society and the state expect of us as individuals; how each of us can get involved in making our community better and feel that we can influence this. It is also about a sense of belonging both to the UK and the part of the country where we live. On an individual level, citizenship is about how we

behave to our family, friends, work mates, school mates and other people that we come into contact with as well as how we develop the skills to cope with a rapidly changing world and to trust one another.

In its 2008 report on community cohesion, the government recognised the need for councils to build a sense of belonging and help people cope with change and encourage them to play a part in improving their communities. The report was also clear that cohesion is something that can only be understood and built locally; and recommended that councils maximise the role of the third sector in leading or delivering cohesion-related initiatives, as these organisations are best placed to understand key issues and engage communities, especially where trust in mainstream institutions is low.

The third sector includes voluntary and community organisations, charities, social enterprises, cooperatives and mutuals. In Sefton there are over 1300 such organisations. The inclusion of a new national indicator: The Environment for a Thriving Third Sector; in the 2008 Local Area Agreement (LAA) recognises the valuable contribution of the Sefton third sector.

What works in Sefton?

In Sefton the third sector is working towards a set of desired outcomes based on what is known to work nationally. Each outcome has a set of actions and a headline target that provide a firm foundation on which to build:

People have a sense of influence and belonging
- Create more confident and empowered communities
- Greater engagement of communities and community leaders in decision making
- Improve the quality of services delivered to improve outcomes for all
- Promote intercultural dialogue and the participation across all age groups

The Black and Minority Ethnic Community Development Worker team provide support to families through referrals to: Education Welfare, local Domestic Violence Support Service, arranging for independent interpretation and translations services, benefits advice, adult English classes and support for job hunting and applications through internet, phone calls, newspapers etc.

People have better life chances
- Ensure equality of access to services and opportunities
- Narrow the gap between the most deprived areas and the rest of the borough
- Improve social and economic well-being
- Reduce health inequalities
- Narrow the attainment gaps in education
- Reduce child poverty
- Reduce fuel poverty

The Parent Support Project is funded by Sefton Children's Fund. It seeks to improve and increase access for parents/guardians into local voluntary and statutory services. They provide a wide range of courses and training opportunities that support parent/guardians to return to further education, employment and/or take up volunteering opportunities, which in turn enables them to better support their children.

People feel safe and have strong and positive relationships
- Sefton is a safe place to live, work and visit
- Monitor and remove offensive graffiti
- Zero tolerance for all forms of discrimination
- Actively challenge myths and those who provoke distrust, division and hatred

Love Asylum Seekers and Refugees Project (LOVAR) was set up March 2004 to provide basic skills and IT training opportunities for asylum seekers and refugees in Sefton and Kirkdale. So far over 600 people have registered at the project, of which 450 were young people and 300 from the Black and Ethnic Minority (BME) community. Nine people have actually moved on to employment after being supported by this project.

People value diversity and commonality
• Encourage meaningful interactions between people and communities
• Workforces reflect the communities we serve
• Celebrate equality and diversity as a cultural and social asset
• Actively manage risks to maintaining strong and stable communities

Sefton Opera (Older persons enabling resource and action) was set up in June 1999 to support older people in Sefton to improve their health and quality of life. The group attends older people's homes and sheltered accommodation to provide them with a mix of alternative therapies and provides arts, music, reminiscence and IT activities at a central Bootle venue. An Intergenerational project

trained pupils from local schools in basic massage techniques which they offered to older people in the David Brown resource centre in Netherton. While there they could learn about each other's lives, breaking down stereotypical barriers. 36 pupils and 105 older people benefited from the project.

People feel valued embraced and celebrated
• Understand who our communities are and how they are changing
• Encourage integration through greater choice and opportunities
• Develop our workforce(s) and community leaders to value and promote diversity
• Greater engagement in civic and cultural life

Sefton Young Carers project was established in 1992 and was the first project of its kind in the country. The aim of the project is to enhance social, leisure, education and employment opportunities for Young Carers living in Sefton, as well as providing them with the chance to have breaks from their caring responsibilities.

The project provides a support service and short breaks scheme for Young Carers aged 5 to 13 years, through residential weekends, occasional day trips and evening group sessions.

SING (Seaforth Information Network Group) was set up in Seaforth in November 1995 to offer an information centre, meeting rooms for local residents, arts craft drama and music activities, a shop; and crèche. The project is aimed at promoting self-esteem and confidence through healthy eating sessions, learning about radio broadcasting, health and beauty, information and communication technologies and arts and crafts. Over 100 people benefited from the grant with two being directly employed within the project. It supported nine long term unemployed, one disabled, 20 lone parents, 30 young people and 30 older people.

What local action do we need to take?

The community and voluntary sector in Sefton is large – employing nearly 6000 full-time and 3000 part-time paid staff, with over 18,000 volunteers and over 5700 committee members. Others are involved more informally through work in groups, forums, networks, parish councils and local partnerships. In combination, this community and voluntary activity creates a strong force working for the development of the local community.

However:
• The level of involvement across the area is patchy with some groups underrepresented
• Some communities have very few groups with low resources
• Some groups are not formally connected into local decision-making
• Members are increasingly being required to take on demanding roles to represent their communities and join partnerships
• Many community and voluntary groups rely on irregular sources of funding
• Many groups need help to develop the skills for managing projects and generating income

To overcome these challenges the sector needs to:
• Increase volunteering – in particular by people at risk of social exclusion
• Become more involved in partnership working and decision-making
• Become more involved in protecting people's independence
• Ensuring a commitment to developing social responsibility and social capital
• Increasing employment opportunities within local Third Sector

• Increasing opportunities for joint public sector/third sector learning and development programmes
• Work with commissioners to establish a system that makes funding opportunities and processes more manageable for small third sector organisations
• Collaborate with each other to improve how programmes are delivered

Key Messages

The work to create cohesive communities in Sefton is essential to tackling health inequalities effectively. Improving life chances and reducing health inequalities are key components of the Sefton Community Cohesion Strategy. The third sector in Sefton plays a significant role in reaching some of the people with the poorest health in the borough and needs to be supported in delivering this role effectively. Many of the current programmes are too small to meet the scale of the problem and are overly reliant on short term funding. Partners need to work together to address this to get the maximum impact from the third sector.

Find out more...

The Government's Response to the Commission on Integration and Cohesion, Communities and Local Government Publications. 2008
http://www.communities.gov.uk/communities/thirdsector

Pandemic Flu –
Ifeoma Onyia

Following an outbreak in Mexico in April 2009, swine flu has now been reported in all continents around the world. Consequently, in June 2009, the World Health Organisation announced a flu pandemic- the first to be declared in 40-years.

Cases of swine flu have been confirmed in the UK and in the vast majority of people who have tested positive the virus has proved relatively mild. In a very small percentage of cases the symptoms have been more severe.

Containment measures in the UK, which started at the beginning of the outbreak, have succeeded in limiting the spread of the illness and have allowed time for us to: learn more about the virus, stockpile antivirals such as Tamiflu, establish antiviral collection points; and develop a vaccine.

Like the rest of the country, Sefton has put into place local pandemic flu plans and is working closely with the Department of Health and other organisations to ensure that these plans are acted upon rapidly to protect the public.

The National Pandemic Flu Service, launched in July 2009, has become the main source of advice and information about swine flu as well as the source of treatment. The new self-care service assesses patients for swine flu and, if required, gives them an authorisation number that can be used to collect antiviral medication from a local antiviral collection point.

Anyone who suspects that they have contracted the illness is advised to stay at home and check their symptoms using the National Pandemic Flu Service. It is very important that they do not go to the GPs surgery or hospital in person as they infect other vulnerable people.

NATIONAL PANDEMIC FLU SERVICE

www.direct.gov.uk/pandemicflu

INFORMATION 0800 1 513 513
TREATMENT   0800 1 513 100

However, some people are more at risk of complications if they catch swine flu, and need to start taking antivirals as soon as it is confirmed that they have the illness. People are asked to contact their GP directly instead of using the National Pandemic Flu Service if they:

• Have a serious underlying (existing) illness such as serious heart or lung disease, diabetes; and a weakened immune system due to cancer treatment
• Are pregnant
• Have a sick child under the age of one year
• Suddenly get much worse
• Fail to improve after seven days (five for a child)

All households in Sefton have been sent an information leaflet about swine flu telling them what to do to protect themselves and those around them; and how to keep up-to-date with the latest information, which will include further information on how to access antiviral drugs should they be needed; and any vaccinations that maybe required. Everyone is encouraged to have a 'flu- friend' (a healthy friend or relative) who can pick up medication or food for them so that they can remain at home.

There are sensible precautions that we all can take to protect ourselves from colds and flu. These simple steps are based on good respiratory and hand hygiene:
• Covering your nose and mouth when coughing or sneezing, using a tissue when possible
• Disposing of dirty tissues quickly and carefully
• Maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus from your hands to face or to other people
• Cleaning hard surfaces (such as door handles) frequently using a normal cleaning product
• You should make sure children and other members of your household follow this advice

Currently there are no restrictions on travel to or from any country and mass gatherings have not been restricted. It is not expected that schools will close in the event of staff or pupils being affected as closure is of limited benefit in stopping the spread of flu that is already widespread in the community.

It is important that in our day-to-day activity we continue to adopt the hygiene measures designed to protect everyone from the virus.

CATCH IT
Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.

BIN IT
Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

KILL IT
Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.

NHS