St.Helens
Joint Strategic Needs Assessment
2017

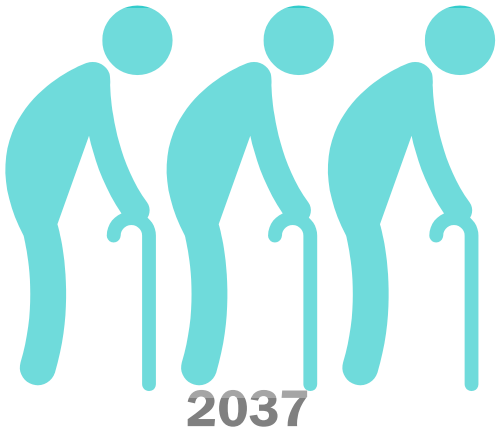
1. Demographics and Wider Determinants of Health

St.Helens Council

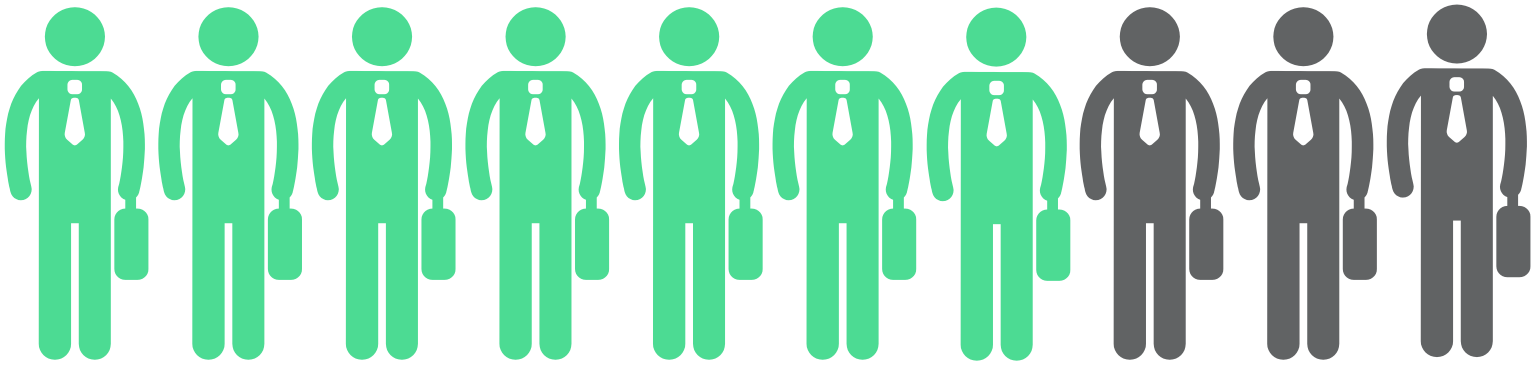
NHS
St Helens Clinical Commissioning Group

Ageing Population

The number of people in their 90s is expected to triple

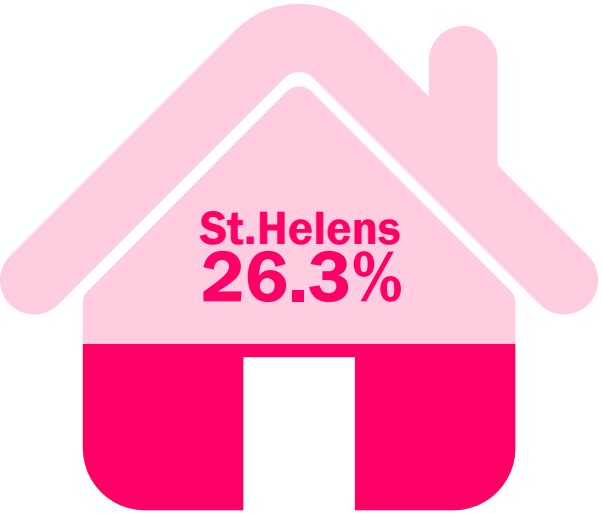


Employment

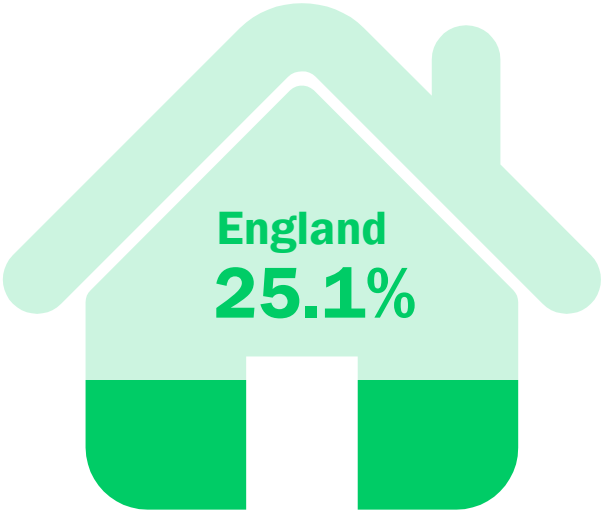


In St.Helens 70% of people aged 16-64 are in employment

Child Poverty



Percentage of children who are living in poverty after housing costs



Contents

1. Introduction

The Joint Strategic Needs Assessment (JSNA) for an area aims to identify the health and social care needs of the local population, in order to support local organisations to plan, commission and deliver services that meet the needs of local residents and patients. The JSNA is a requirement for local authorities and Clinical Commissioning Groups to prepare through their Health and Wellbeing Board, and the report should influence the local Health and Wellbeing Strategy. In St.Helens, the JSNA is updated annually.

The health of local people is affected by a wide range of factors, some of which include:

- Socio-economic aspects (e.g. economy, employment)
- environmental conditions, (e.g. air quality)
- living and working conditions (e.g. housing)
- social connectedness and support
- access to healthcare
- individual lifestyles factors (e.g. smoking, physical activity)
- factors intrinsic to the individual, such as age, sex and genetics

This section of the JSNA considers the wider determinants that impact on the overall health of the population, rather than individual factors. The demographic makeup of the area can have a large impact on local health needs; the greater the proportion of older people in an area, the greater the local incidence of a number of diseases and the greater the demands on health and social care service are likely to be. This means that understanding the population structure and how it is expected to change is vitally important.

Other important wider determinants include the local economy, employment and, linked to those, income and deprivation. For example social class is a strong determinant of health inequalities within a country. This report looks in detail at factors such as employment, deprivation, housing and other indicators that can have a real impact on health, and where interventions can improve outcomes and reduce health inequalities.

2. Key Findings

a. Demographics

- The resident population of St.Helens is 178,445 people (2016 mid-year estimate, ONS). This has remained fairly constant for the past decade; current population projections indicate that there will be a 5% increase of the total population by 2025.
- The local population is expected to become older on average, with the mean average age for the Borough increasing from 41.6 years in 2017, to 43.1 years in 2027, and 44.3 years in 2037.
- Over the next twenty-five years, the number of residents in their 80s is expected to almost double, from 7,700 in 2014 to 12,900 in 2039. The number of residents in their 90s is projected to almost triple from 1,300 to 4,300. This ageing of the local population is likely to increase the incidence of diseases linked to older age and potentially increase demands on health and social care services.
- Ninety-eight per cent of residents in St.Helens answered that their ethnic group was white on the 2011 census.
- There is limited information on sexuality at a local level; however, applying national survey figures to the local population gives an estimate of 2,924 people aged 16 and over who would define themselves as gay, lesbian or bisexual.
- People serving, or having served in the Armed Forces may have specific health needs around physical or mental health, or lifestyle factors. In 2017, St. Helens CCG Practices recorded 6,376 patients with codes indicating that they are armed forces veterans.

b. Economy and Income

- The percentage of economically active people in St.Helens who are in employment (70.2%) has increased over the last year but remains considerably less than the regional (72.4%) and national averages (74.6%).
- In October 2017, there were 3,500 people aged 16 and over in St. Helens who were unemployed. This represents 4.2% of the economically active population. Unemployment rates have decreased over the past 12 months and are now lower than the North West and England unemployment rates.
- At 39.5% the percentage of the economically inactive population who are long-term sick is considerably higher than the national (21.1%) average, a trend that has worsened over the past 12 months.
- In-work poverty is increasing which has a detrimental effect on the health & wellbeing of the population, in St Helens and the country as whole. 31% of St. Helens residents earn below the Living Wage Foundation living wage (currently £8.25 per hour, 2016), compared to 23% of people nationally. There is evidence of a sharp rise in the numbers of working people having to go to food banks.
- Children living in deprived areas and classed as living in poverty are likely to suffer poorer outcomes across a range of measures, from educational attainment to health. The total proportion of children estimated as living in poverty across St.Helens is 16.5% before housing costs and 26.3% after housing costs. This compares with 15.9% and 25.1% respectively for the UK. The rates vary widely across the Borough, with the estimated proportion in poverty after housing costs in Parr (43%) being four times higher than that of Rainhill (11%).

c. Housing

- Housing has a significant impact on health and well-being and is recognised as an important determinant of health. Good quality, appropriate housing has a positive influence on reducing deprivation and health inequalities by facilitating stable and secure family lives.
- The 2013 St.Helens Housing Health Impact Assessment estimated an annual saving of £1.7 million to the NHS through mitigating all housing hazards within St.Helens housing stock.
- There are an estimated 15,449 serious health and safety hazards within private sector homes in St.Helens, of which 14,149 are within the owner occupied sector. Furthermore, 10,000 of these hazards are in the homes of older people.
- The level of disrepair in the private rented sector is 36%, substantially higher than the Borough average of 6%.

d. Environment

- Public Health England has estimated that 4.1% of all deaths within the Borough per year are attributable to particulate air pollution. This would correspond to 81 people in 2016.
- Town Centre had the worst rate of deaths due to respiratory disease in the Borough between 2011 and 2015. It is significantly higher than all other wards, excluding Parr, Thatto Heath and Bold.

e. Crime and Community Safety

- Crime and anti-social behaviour can make people feel unsafe in their local area and have an impact on their health. There is a direct link to health through people suffering both physically and psychologically.
- There were 3,537 incidents of violence against the person in 2015/16, an increase of 30% against the previous year; however the rate in St.Helens was lower than the average of comparable areas.

3. Compendium of Statistics

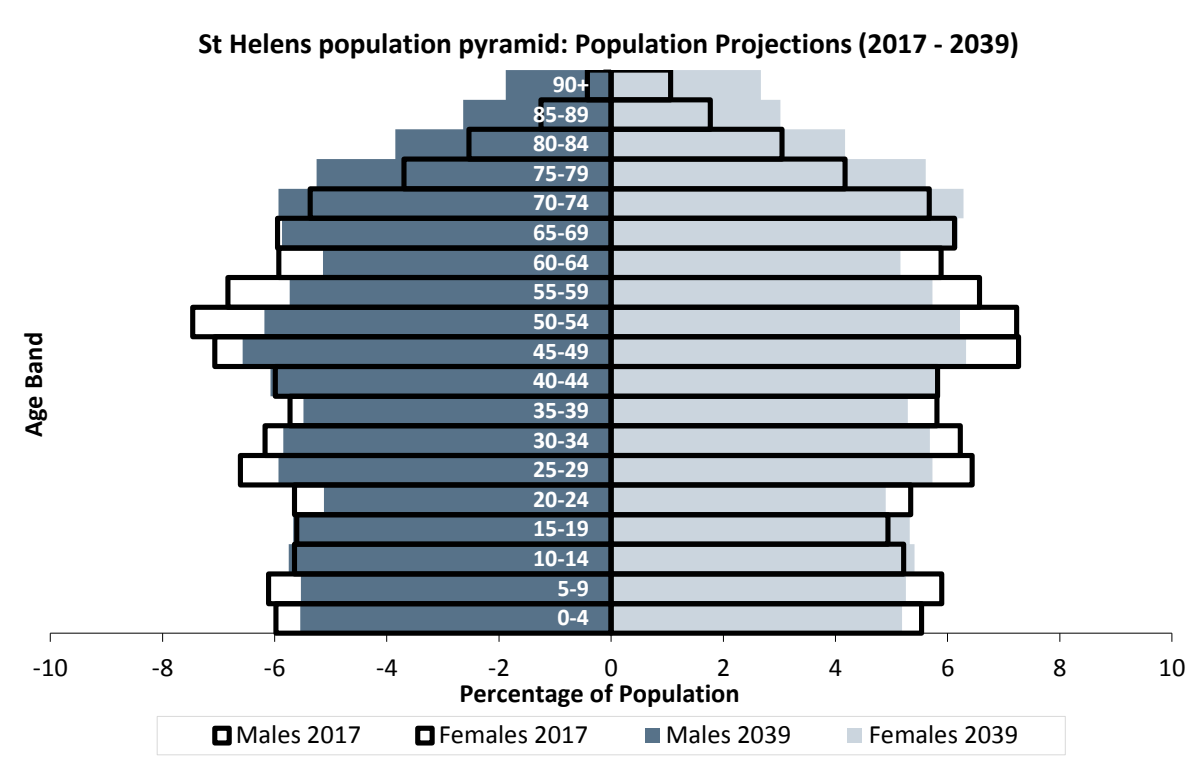
3.1 Demographics

3.1.1 Resident Population

The resident population of St.Helens is 178,455 people (2016 mid-year estimate, ONS). This had increased over the previous 7 years but decreased slightly in latest ONS estimates. It is predicted to increase year on year over the next 25 years.

The population projections indicate that there will be a 3% increase in the total population by 2025 (from the 2016 data). It is projected that there will be a slight increase in children aged 0-15 years (+4%) and the number of 65-84 year olds may increase by 10% however the largest change is predicted to be in the elderly (85 year olds and older) with a 40% increase. The number of elderly males (85+) is projected to rise by 58%, whereas females are due to increase by 30%. This trend continues further to 2039, as shown below. This suggests that life expectancy will continue to improve, particularly for the male population.

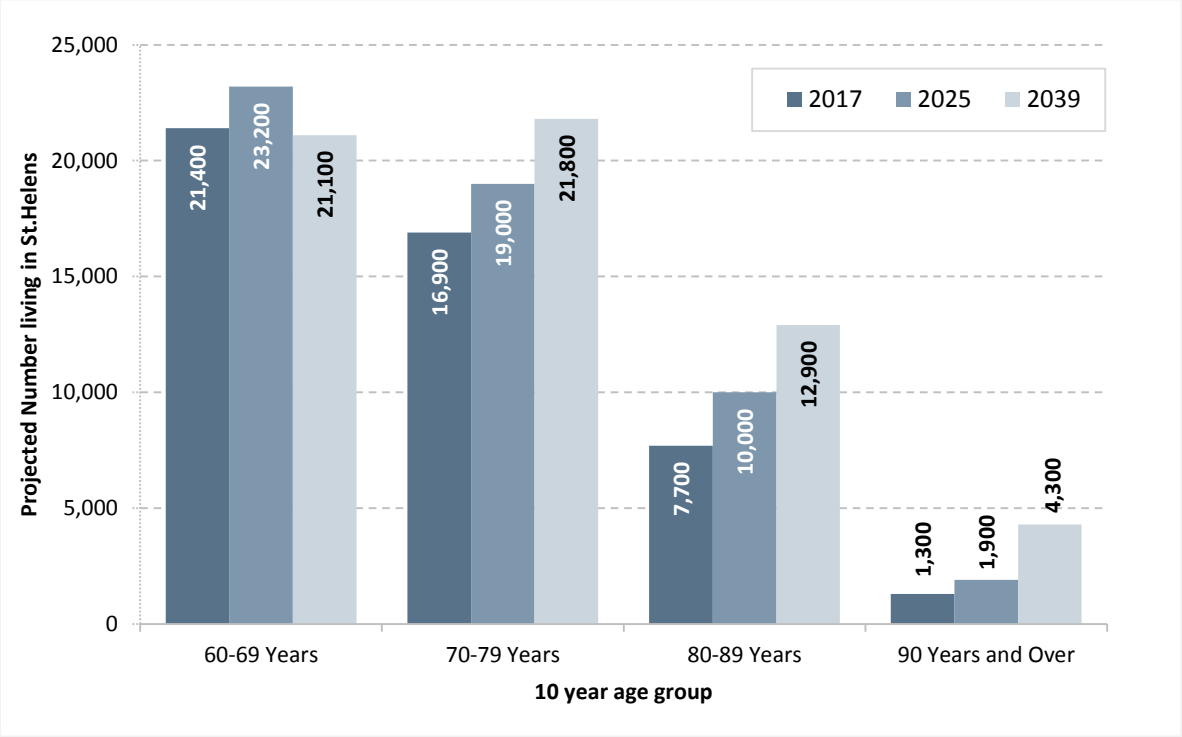
Figure 1. Population projections by age group, 2017 and 2039



Source: Subnational Population Projections, ONS (2016)

Comparing the 2017 and 2039 age distributions, we see that the 2039 age profile appears squarer and less 'pyramid-shaped' than traditional age pyramids. This is due to there being a more even distribution in the 5 year age groups. Triangular age profile pyramids are associated with younger populations and relatively low numbers in older age groups but the square pyramids are associated with lower younger age groups and an ageing population.

Figure 2. Projected St.Helens resident population aged 60+ years by 10 year age band, in 2017, 2025 and 2039



Source: Subnational Population Projections, ONS, 2014 (2016)

The number of residents in their 80s is expected to almost double, from 7,700 in 2017 to 12,900 in 2039. The number of residents in their 90s is projected to almost triple from 1,300 to 4,300.

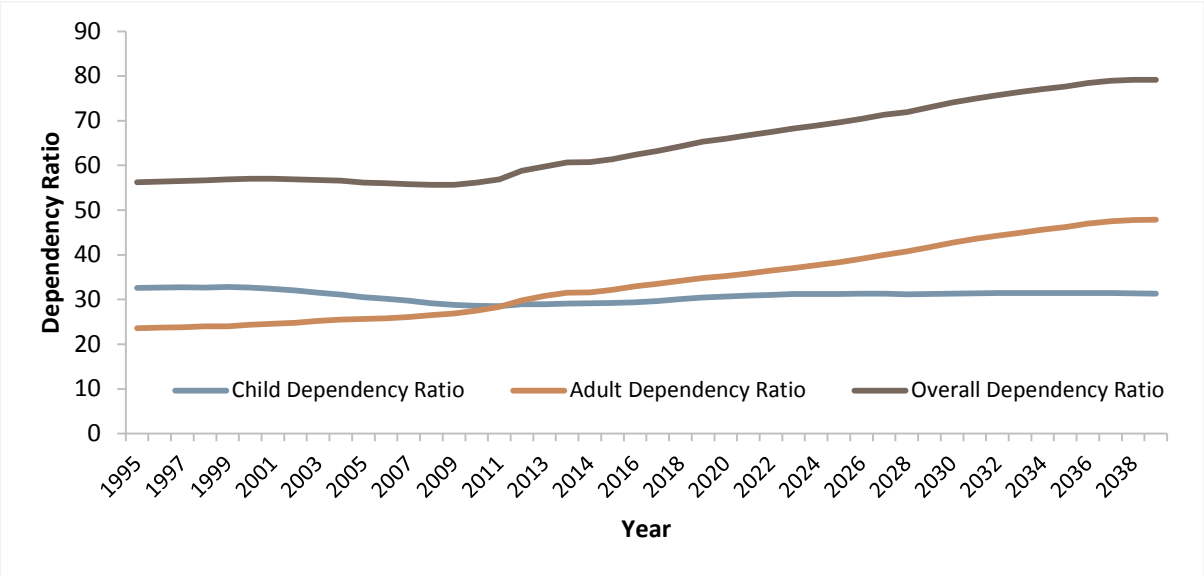
This ageing of the local population is likely to increase the incidence of diseases linked to older age and the incidence of co-existing diseases and therefore increase the number of older people with complex needs. Without successful intervention and prevention this is likely to increase demands on health and social care services.

3.1.2 Dependency Ratio

The dependency ratio is a measure of the proportion of people in a population who are dependent on those of a working age, i.e. children and people of pensionable age. It is a measure purely based on demographics and does not take into consideration other factors such as the number of people of working age who are unemployed. The ratio can be used to monitor the potential financial burden on the working population, for example, pensions or social care.

In 2017 the dependency ratio is estimated to be 63.3; this means there are 63.3 children or people of pensionable age to every 100 people of working age.

Figure 3. Dependency ratio in St.Helens, 1995 to 2039



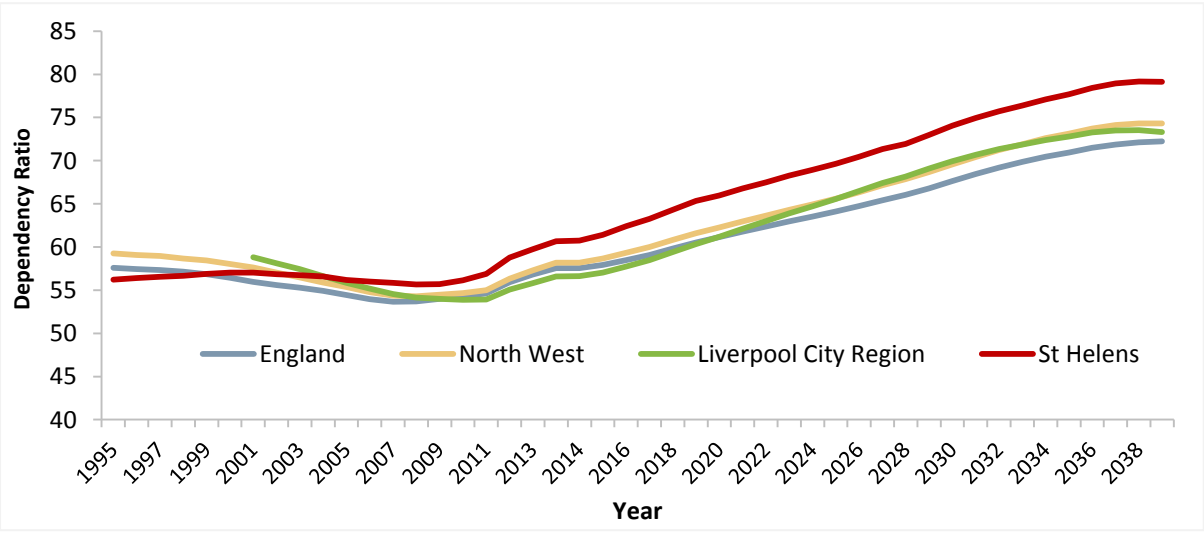
Source: ONS, 2014 Subnational Population Projections (2016)

The dependency ratio in St.Helens is projected to increase from 63.3 in 2017 to 79.1 in 2039. This means that for every 100 people of working age there will be 79 children or people of pensionable age. The projected increase in the dependency ratio over the next 20 years is as a direct result of a projected increase in the elderly dependency ratio; the child dependency ratio is projected to remain fairly static.

As figure 3 shows, the gap between child and elderly dependency is projected to increase. By 2039, the elderly dependency ratio is projected to be 47.8 whereas the child dependency ratio is predicted to be 31.3.

In 1995 the dependency ratio in St. Helens was lower than the North West and England averages. However, since 2005 St.Helens has had the highest dependency ratio amongst its comparators.

Figure 4. Dependency ratio by area, 1995 to 2037



Source: ONS, 2014 Subnational Population Projections (2016)

3.1.3 GP Registered Population

The current General Practice (GP) registered population of NHS St.Helens Clinical Commissioning Group is 196,627 (NHS Digital, May 2017). It has been acknowledged nationally that, due to a few possible reasons, there are discrepancies between resident populations and registrations[1]. In St Helens the difference is 9% more GP registrations to resident population. Some residents will be registered to other CCG practices; likewise some non-residents will be registered at practices within St Helens. ONS has an ongoing project to estimate the population based on administrative data alongside census-based estimates[2].

3.1.4 Ethnicity

Ninety-eight per cent of residents in St.Helens answered that their ethnic group was white on the 2011 census, which is a larger proportion than that for the North West and England (90% and 85% respectively). By ward, the black and ethnic minority population (BME) in St.Helens on Census 2011 varied between 1.0% of residents in Windle and 3.8% in Thatto Heath.

Table 1. Census 2011 Population by ethnic group in St.Helens

Ethnicity	Adults		Children*	
	Total	**%**	**Total**	**%**
All categories	**175,308**	**100%**	**22,430**	**100%**
White	**171,877**	**98.00%**	**21,630**	**96.43%**
White: English/Welsh/Scottish/Northern Irish/British	169,346	96.60%	21,364	95.25%
White: Irish	887	0.50%	26	0.12%
White: Gypsy or Irish Traveller	69	0.00%	21	0.09%
White: Other White	1,575	0.90%	216	0.96%
Mixed	**1,179**	**0.70%**	**335**	**1.49%**
Mixed/multiple ethnic group: White and Black Caribbean	445	0.30%	82	0.37%
Mixed/multiple ethnic group: White and Black African	167	0.10%	52	0.23%
Mixed/multiple ethnic group: White and Asian	271	0.20%	83	0.37%
Mixed/multiple ethnic group: Other Mixed	296	0.20%	115	0.51%
Asian/Asian British	**1,764**	**1.00%**	**279**	**1.24%**
Asian/Asian British: Indian	504	0.30%	43	0.19%
Asian/Asian British: Pakistani	133	0.10%	4	0.02%
Asian/Asian British: Bangladeshi	122	0.10%	22	0.10%
Asian/Asian British: Chinese	512	0.30%	75	0.33%
Asian/Asian British: Other Asian	493	0.30%	135	0.60%
Black	**248**	**0.10%**	**45**	**0.20%**
Black/African/Caribbean/Black British: African	152	0.10%	18	0.08%
Black/African/Caribbean/Black British: Caribbean	60	0.00%	9	0.04%
Black/African/Caribbean/Black British: Other Black	36	0.00%	18	0.08%
Other	**240**	**0.10%**	**55**	**0.25%**
Other ethnic group: Arab	117	0.10%	0	0.00%
Other ethnic group: Any other ethnic group	123	0.10%	55	0.25%

Source: NOMIS from Census 2011, Department of Education

*Children represented are those primary, secondary and special school children recorded in the School census.

[1] https://secondreading.uk/social-policy/population-estimates-gp-registers-why-the-difference/

[2] https://www.ons.gov.uk/census/censustransformationprogramme/administrativedatacensusproject

3.1.4.i Travelling Community

In the 2011 Census, 69 people in St.Helens answered that they had a Gypsy or Irish Traveller background. The total across Merseyside and West Lancashire was 465. This may include residents living in formal housing as well as in pitches on sites. A 2004 report for the Department of Health showed Gypsy and Traveller communities are the most at risk health group in the UK, with the lowest life expectancy and the highest child mortality rate.[3] The 2011 Census found that people from a Gypsy or Irish Traveller background had the worst self-reported health of any ethnic group, with only 70% answering that their health as 'very good' or 'good', compared with 81% of the overall population. This is despite the average age of people in the group being lower than the wider population. Respondents from a Gypsy or Irish Traveller background were also the ethnic minority most likely to have no educational qualifications, (60% of over 16s had no qualifications compared with 23% overall).[4]

In March 2013, arc[5] as commissioned by Knowsley Council, Liverpool Council, Sefton Council, St.Helens Council, West Lancashire Council and Wirral Council to undertake a Gypsy and Traveller Accommodation Needs Assessment to identify the needs of Gypsies, Travellers and Travelling Show-people from across the area. The overall objective of the research was to provide a robust evidence base to inform future reviews and housing strategies.

Of the 107 pitches identified across Merseyside and West Lancashire, 65 were in St.Helens, with 20 of these in a council owned facility in Sherdley Park. This greater number reflects the importance of these groups locally.

Accommodation insecurity, conditions of living environment, community participation and discrimination all play key roles in exacerbating poor health outcomes, while at the same time these factors also hold the key to effectively addressing and improving the health and wellbeing of these communities. Long-term, joined-up working would be required at both local and national level to address the wider social determinants of Gypsies and Travellers health.

Advice on health and wellbeing issues is available by a Traveller run charity:
https://www.gypsy-traveller.org/advice-section/finding-healthcare/

[3] University of Sheffield (2004) The health status of Gypsies and Travellers in England: a report to the Department of Health.
[4] http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/what-does-the-2011-census-tell-us-about-the-characteristics-of-gypsy-or-irish-travellers-in-england-and-wales-/sty-gypsy-or-irish-travellers.html
[5] ARC[4] Ltd (2014) Merseyside and West Lancashire Gypsy and Traveller Accommodation Assessment for Knowsley Council, Liverpool Council, St.Helens Council, West Lancashire Borough Council, Wirral Council.

3.1.5 Language

The 2015 school census recorded that 528 children in St.Helens have a first language which is known or believed to be a language other than English, (2.1% of the total). This has increased from 381 in 2014. Of these 528 children, three quarters (74%) are of primary school age.

Table 2. Language of School-aged children

	Pupils whose first language is not English		Pupils whose first language is English		Total
School	Total	%	Total	%	
Primary	390	2.6	14521	97.4	14911
Secondary	131	1.3	9698	98.7	9829
Special	7	2.0	338	98.0	345
Total	528	2.1	24557	97.9	25085

Source: School Census 2015

However on the 2011 Census, only 0.2% of people in St.Helens were recorded as not speaking English well, or not at all.

3.1.6 Sexuality

There is limited information on sexuality at a local level; however there are national figures and estimates on sexual identity that are produced annually as experimental statistics from the Annual Population Survey.[6]

Across the UK in 2016, 2% of the population identified as lesbian, gay or bisexual (LGB), more than a million people and a statistically significant increase compared with the 1.7% in 2015.

By gender, across the UK, 2.3% of men said they were LGB compared with 1.6% of women. The North West region had the second highest proportion of the population identifying as LGB after London at 2.3%.

Table 3. Self-perceived sexual identity in the UK 2016 (all respondents, aged 16+ years)

Orientation	Men	Women	Total
Heterosexual / Straight	93.2%	93.6%	93.4%
Gay / Lesbian	1.7%	0.7%	1.2%
Bisexual	0.6%	0.9%	0.8%
Other	0.5%	0.5%	0.5%
Don't know / Refusal	4.0%	4.3%	4.1%

Source: ONS Annual Population Survey (published October 2017)

Proportions of respondents answering that they were gay, lesbian or bisexual were also published by age group, with the proportion answering that they were lesbian, gay or bisexual decreasing as age increased. Around one in 25 young people in the UK identify as LGB in 2016, up from 3.3% in 2015. Table 5 gives these proportions for the UK, and estimates the numbers of people who are LGB in each age group in St.Helens, assuming the same proportions locally as nationally. (It is of course

[6] https://www.ons.gov.uk/releases/sexualidentityuk2016 (NB – trans identity was not covered on the survey, since this was considered a gender issue rather than sexuality)

possible that the true figures are higher, since a number of respondents refused to answer the survey question).

Table 4. Self-perceived sexual identity by age for the UK 2016, including estimates for the St.Helens population

Age group	UK proportion answering lesbian, gay or bisexual	St.Helens population total	Estimated number of people in St.Helens
16-24	4.1%	17,977	737
25-34	2.9%	22,598	655
35-49	1.8%	34,185	615
50-64	1.4%	35,436	496
65+	0.7%	36,020	252
Total 16+	**2.0%**	**146,218**	**2,924**

Source: ONS Annual Population Survey (published October 2017); ONS mid-2016 population estimates

Sexuality is an important health issue, as illustrated by the large national surveys for the leading charity Stonewall. Their 2007 survey of lesbian and bisexual women found that one in five respondents had deliberately harmed themselves in the last year. A 2012 survey of gay and bisexual men's health found that three per cent of gay men and five per cent of bisexual men had attempted to take their own life in the previous year. This was compared to 0.4% of men in general. Both surveys also found higher rates of recreational drug use among lesbian, gay and bisexual people than in the wider population and evidence of difficulties or negative experiences when accessing healthcare for a sizeable minority. Research from 2013 highlighted gay and bi-sexual men as being particularly vulnerable in relation to sexual health and a target group for suggested preventative action.

3.1.7 Armed Forces

3.1.7.i Introduction

The Armed Forces Community provide an invaluable role in protecting the nation, however, whilst many of the members in active service are physically and mentally fit, the nature of the role is dangerous and for some there are health impacts from injuries, from trauma linked with their job or re-establishing themselves back into civilian life. This not only affects the individual but also family. Currently in the United Kingdom we have generations of armed forces past and present that have been affected by their role. Part 16a of the Armed Forces Act 2011 sets a legal requirement that service personnel should not be disadvantaged in terms of health or welfare. Nationally there is an 'Armed Forces Covenant'[7] which sets out how government and other public and community bodies recognise that the nation has a moral obligation to members of the forces and their families, and to ensure that individuals from these backgrounds do not suffer disadvantage and in fact there is special consideration given to those injured or bereaved.

It is therefore reasonable to highlight 'Armed Forces' as a demographic group within the JSNA and intelligence about the size of the community and knowledge of health and social care needs.

[7] Ministry of defence (2011) The Armed Forces Covenant. Crown Copyright 05/11

3.1.7.ii Key Statistics

a. Demographic Profile

The exact size of the Armed Forces and Veteran community is not known. There are no specific communities within St. Helens and families of those in the armed forces may choose to move close to the base of the serving person or may stay in the local area. Data from a number of sources is used to give an idea of the size of the local community, this includes:

- Information from Armed Forces Associations
- Census information
- Ministry of Defence statistics
- Intelligence from general practitioners

b. The Local Armed Forces Community

The Veteran Community is represented by a number of Armed Forces Associations and Charities, in summary these are

- The Royal British Legion being largest of these with approximately 100 members.
- Armed Forces Reserve Presence, which is small
- St.Helens Cadet Forces, with approximately 150 young people

c. Census 2011

The 2011 Census published figures for usual residents who were employed by the Armed Forces. This identified 208 people employed by the Armed Forces (Regular, Reserves & Civilian) in St.Helens.

Table 5. All usual residents employed in the Armed Forces

Area	Number
St.Helens	208
Merseyside	1900
North West	8918

Source: Armed Forces – QS121EW

Ministry Of Defence (MOD) Statistics

MOD statistics "Location of armed forces pension and compensation recipients" identified that in 2017 Merseyside had 7,109 residents who were in receipt of an Armed Forces Pension or Compensation. In 2017 St. Helens had 832 residents in receipt of an Armed Forces Pension or Compensation.

The following tables show a comparison between the 2010, 2014 and 2017 Armed Forces Pension and Compensation Scheme recipients, both across Merseyside, and the local St.Helens profile.

Table 6. All Armed Forces Pension and Compensation Recipients 2010,2014, 2017

Area	2010	2015	2017
Merseyside	**9,620**	**8,300**	**7,109**
Knowsley	1,070	920	749
Liverpool	2,805	2,395	2,045
Sefton	2,170	1,820	1,575
St. Helens	1,005	920	832
Wirral	2,570	2,245	1,908

Table 7. St. Helens Armed Forces Pensions and Compensation Recipients 2010, 2014, 2017

Category	2010	2014	2017
Veterans in receipt of an Armed Forces Pension	475	465	406
Veterans in receipt of a War Disablement Pension	455	385	333
War Widow Pension Recipients	70	45	36
Armed Forces Compensation Scheme Recipients.[8]	5	25	57
Total Armed Forces Pension and Compensation Recipients	**1005**	**920**	**832**

All stats from MOD Dataset Location of Armed Forces Pension and Compensation Recipients[9]

d. St.Helens Clinical Commissioning Group (CCG) Statistics

In 2017 St. Helens CCG Practices recorded 6,376 patients with Read Codes indicating that they are armed forces veterans. It should be acknowledged that many of these veterans will be individuals who undertook National Service, with the last conscripts leaving the armed forces in 1963.

3.1.7.iii Armed Forces Community Need

The Royal British Legion report "A Decade of Change" [10] identified that the majority of the Armed Forces Community accessing health, social care and wellbeing support were elderly, but younger veterans were more likely to present with multiple or complex needs. The "Cheshire and Merseyside Health Needs Assessment for Ex-Armed Forces Personnel"[11] identified the following as priority areas for health, wellbeing and social care:

- an increased risk of alcohol misuse,
- Mental health difficulties, including anxiety, depression and post-traumatic stress disorder (PTSD).

Johnson et al have also suggested that ex-Service personnel also suffer more problems surrounding welfare: finance, benefit and debt, a lack of employment opportunities and higher rates of homelessness.[12] Some veterans will end up within the criminal justice system, before being identified and referred through to specialist health and welfare support. HM Inspectorate of Prisons 2014 acknowledged that ex-Service personnel are a "significant minority", which may now comprise the largest occupational subset within the male prisoner population.[13]

a. Addiction

The Cheshire and Merseyside Health Needs Assessment for Ex-Armed Forces Personnel[11] showed evidence that people serving in the Army had a risk of death 150 times higher than the wider population, and gave some evidence that alcohol misuse is a problem amongst former Armed Service personnel.

[8] The Armed Forces Compensation Scheme replaced the War Disablement Pension Scheme in 2005
[9] https://www.gov.uk/government/statistics/location-of-armed-forces-pension-and-compensation-recipients
[10] Royal British Legion (2011) Legion welfare in the 2010s: a decade of change. Centre for future studies. University of Kent
[11] Lewis C*, et al* (2013) Health Needs Assessment fir Ex-Armed Forces Personnel under 65, and their families. Cheshire and Merseyside. Liverpool Public Health Observatory report series number 93
[12] Johnsen *et al.* (2009) The Experiences of Homeless ex-service personnel in London. Centre for Housing Policy: University of York
[13] Booth *et al.* (2014) People in Prisons: Ex-service personnel. HM Inspectorate of Prisons

b. Mental Health

North West figures show an estimated 27.2% of veterans will experience a common mental health problem at some time post Service; with 13.5% of veterans likely to experience Post Traumatic Stress Disorder.[14] A survey of Forces personnel and families found that mental health support is required by just under a quarter of families but not accessible to 46% of these.[15]

From 2014, St.Helens Health and Social Care organisations have been encouraged to refer Armed Forces Community Patients with mental health issue through to the specialist NHS North West Military Veteran Service.

c. Social Care and Health

In addition to publically funded Health and Social Care Services there are a number of charities that also support the Armed Forces Community in St.Helens. Key partners in assessment and support of Armed Forces health and welfare needs are The Royal British Legion and SSAFA Forces Help.

d. Homelessness

North West figures show an estimated 6% of homeless households are veterans.[16] Armed Forces Status is not routinely recorded on St.Helens Homelessness Service Application Forms.

e. Future and Recommendations

Research shows that the majority of the Armed Forces Community accessing health, social care and wellbeing support will be elderly. It is estimated that the number of people within the Armed Forces Community will decline, but the percentage of veterans aged 18 to 54 will steadily increase.[17] The demand for health and welfare support is also forecast to increase and the nature of the demand will become more complex; requiring more than one intervention.[18]

It is well documented that many mainstream services lack understanding of the particular needs of veterans and as result veterans can be reluctant to access support. Therefore it is essential to ensure the Armed Forces Community of St.Helens has access to specialist veteran Services. This includes referral to SSAFA and Royal British Legion welfare assessments as well as specialist Addiction, Mental Health and Social Care services.

It is recommended for future development that we should

- commission appropriate specialist services, with clear Veteran Health Care Pathways,
- ensure staff in all frontline services, especially health, social care, debt advice, homelessness, and police custody ask, identify and record if a client is or has been a member of the Armed Forces and furthermore know how to refer that person to appropriate services.
- A clear agreed strategy across all partners will reduce the risk of failing to meet our collective duty under Part 16a of the Armed Forces Act 2011 to ensure that service personnel should not be disadvantaged in terms of health or welfare.

[14] Paul Greenwood. (2012) North West Military Veterans Mental Health Mapping Project. Advanced Quality Alliance
[15] National Forces Family Attitude Survey - August 2014
[16] Paul Greenwood. (2012) North West Military Veterans Mental Health Mapping Project. Advanced Quality Alliance
[17] (2011) A Decade of Change. Royal British Legion
[18] (2011) A Decade of Change. Royal British Legion

4. Wider Determinants of Health

4.1 Economy and Employment

4.1.1 Introduction

Unemployment and exclusion from work due to ill health are important determinants of health. A strong local economy, with a high number of successful businesses across a wide range of sectors, is essential to provide a sufficient number and range of jobs to meet the needs of the local workforce. The availability of local jobs helps to address overall levels of deprivation, both by raising overall wealth and by tackling some of the mental and physical health problems that unemployment can cause.

4.1.2 Structure of the Local Economy

In 2017, the St.Helens economy consisted of 4,615 businesses and 67,000 jobs. The number of businesses in the borough increased by 4% (170 business units) between 2016 and 2017, a smaller increase than the previous year (12%) and less than the regional average (6%). However, when the data is considered over 10 years, the number of business units in St. Helens has increased by just over 30%, averaging 3% per year, similar to regional and national averages. . However, despite an increase in the number of business units over 10 years, there are still too few businesses for the size of population, with job density figures for St. Helens (0.61) lower than the regional (0.79) and the national averages (0.84). Despite signs of economic recovery there are still too few businesses for the size of population, with job density[19] figures for St. Helens (0.62) lower than the regional (0.78) and the national averages (0.82).

The main industries of employment in St. Helens are the wholesale and retail trade, manufacturing, transportation storage, administrative and support services, education and human health and social work activities. Construction and manufacturing are prominent sectors in St.Helens, employing 9,000 people in the local economy. Transport storage (logistics) is a major strength for St.Helens, representing 6,000 jobs or 10.2% of the workforce, almost double the regional and national averages. Higher skills industries such as information and communication, finance and insurance activities and professional, scientific and technical activities represent a smaller proportion of St. Helens working age population than the regional and national averages.[20]

[19] Job density figures represent the ratio of total jobs to population aged 16-64

[20] For more information and a detailed breakdown by sector, please refer to NOMIS - https://www.nomisweb.co.uk/reports/lmp/la/1946157106/report.aspx

4.1.3 Key Statistics

Economic activity refers to people who are either employed or people who are unemployed but actively seeking work. The economic activity rate of the Borough at 72.4% is still significantly lower than the regional and national averages (76.0% and 78.3%) and has been for many years. The percentage of economically active people in St.Helens who are in employment (70.2%) has increased over the last year but remains considerably less than the regional (72.4%) and national averages (74.6%).

Currently the unemployment rate in St. Helens is 4.2% (or 3,500 people aged 16+ in the Borough unemployed), which appears lower than the regional (4.7%) and national (4.6%) averages. However, historically there have been some fluctuations in these quarterly figures and this is the first time that St. Helens rate is below the national rate. Further monitoring is required to understand this trend and identify key factors influencing the rate. It is difficult to pinpoint specifically local factors at work, although a number of Council and other local employment and skills programmes will continue to have some impact on reducing the unemployment rate.

The rate of self-employment is a key measure of enterprise activity, as self-employment is often the first step into entrepreneurial behaviour. At 8.5% St.Helens has a low self-employment rate, among the lowest in the region and significantly below the national average of 10.9%. However, self-employment rates in St. Helens are improving and the gap between St. Helens and the North West average is decreasing.

Table 8. Employment and Unemployment in St.Helens (Jul 16 - Jun 17)

	St.Helens (Numbers)	St.Helens (%)	North West (%)	England (%)
Economically active	81,800	72.4	76.0	78.3
In employment	79,400	70.2	72.4	74.6
Employees	69,500	61.5	63.0	63.4
Self employed	9,600	8.5	9.1	10.9
Unemployed	3,500	4.2	4.7	4.6
Males				
Economically active	43,800	78.7	80.8	83.7
In employment	42,300	75.8	76.6	79.7
Employees	35,100	63.0	63.9	64.9
Self employed	7,200	12.9	12.4	14.5
Unemployed	1,500	3.5	5.1	4.7
Females				
Economically active	38,000	66.4	71.3	72.9
In employment	37,100	64.8	68.2	69.6
Employees	34,400	60.0	62.1	61.9
Self employed	2,400	4.4	5.9	7.4
Unemployed	~	~	4.3	4.4

Source: ONS Annual Population Survey (NOMIS)

Table 9 outlines the composition of the working age population who are economically inactive in St.Helens. Those who are economically inactive are neither unemployed or in employment, they include those who want a job but have not actively sought work in the past four weeks or are unavailable to start work and those who do not want a job, e.g. retired or looking after the home. People who are classified as long-term sick (39.5%) and those who are looking after their family/home (20.9%) make up the largest percentages of people who are economically inactive. At 39.5% the percentage of the economically inactive population who are long-term sick is considerably higher than the national (21.1%) average, a trend that has worsened over the past 12 months. Out of the total number of residents who are economically inactive in the Borough, 20.1% want a job; below regional and national averages.

Table 9. Economic Inactivity St.Helens (Jul 16 - Jun 17)

	St.Helens (numbers)	St.Helens (%)	North West (%)	England (%)
Total	30,400	27.6	24.0	21.7
Student	4,400	14.6	24.2	26.9
Looking after family/home	6,400	20.9	23.2	25.5
Temporary sick	~	~	2.2	1.9
Long-term sick	12,000	39.5	26.7	21.1
Discouraged	~	~	0.6	0.3
Retired	4,200	13.8	13.9	13.2
Other	2,500	8.1	9.1	11.1
Wants a job	6,100	20.1	23.2	23.4
Does not want a job	24,300	79.9	76.8	76.6

Source: NOMIS from ONS annual population survey

For a more detailed picture of economic inactivity by broad age group, please refer to NOMIS.

Table 10 enhances the picture shown in table 9 above, in terms of high numbers of working age people who are long-term sick who are economically inactive, who are in receipt of Employment Support and Allowance or incapacity benefits. This by far exceeds the number of working age residents claiming JSA and signifies that a considerable amount of the working age population in St.Helens is suffering from ill health or disabilities.

Table 10. St.Helens Working-Age Client Group - Main Benefit Claimants (Nov 2016)

	St.Helens (numbers)	St.Helens (%)	North West (%)	Great Britain (%)
Total claimants	17,700	16.1	13.2	10.7
By statistical group				
Job seekers	1,160	1.1	1.0	1.1
ESA and incapacity benefits	10,340	9.4	7.8	5.8
Lone parents	1,330	1.2	1.0	1.0
Carers	3,320	3.0	2.1	1.7
Others on income related benefits	280	0.3	0.2	0.2
Disabled	1,040	0.9	0.8	0.8
Bereaved	230	0.2	0.2	0.2
Main out-of-work benefits	13,120	11.9	10.1	8.1

Source: ONS Claimant Count (NOMIS)

In August 2017, DWP announced they were discontinuing the Working Age client group dataset. This dataset only counted individuals who claimed more than one DWP benefit once according to a hierarchy of benefits. This avoided double counting and allowed analysis of the total number of working age people who were claiming DWP benefits. However, the dataset did not include newer benefits such as Universal Credit and Personal Independence Payments and has become increasingly inaccurate. DWP have taken the decision to discontinue the series rather than try to integrate the new benefits into the data.

New data has been produced at a national level, which shows people claiming different combinations of benefits, but this is not available at Local Authority level and no plans to produce local area data have been announced.

With the demise of the DWP working age benefit claimant data, ONS has developed an experimental dataset – Claimant Count. This counts the number of people claiming Jobseeker's Allowance (JSA) plus those who claim Universal Credit (UC) and are required to seek and be available for work. However, the measure of the number of people receiving Universal Credit principally for the reason of being unemployed is still being developed by the Department for Work and Pensions. Consequently this component of the total Claimant Count does not yet correctly reflect the target population of unemployed claimants and is subject to revisions. For this reason the Claimant Count is currently designated as Experimental Statistics.

Claimant Count also replaces the number of people claiming JSA as the headline indicator of the number of people claiming benefits principally for the reason of being unemployed. JSA is the benefit paid to individuals who are unemployed and actively seeking work.

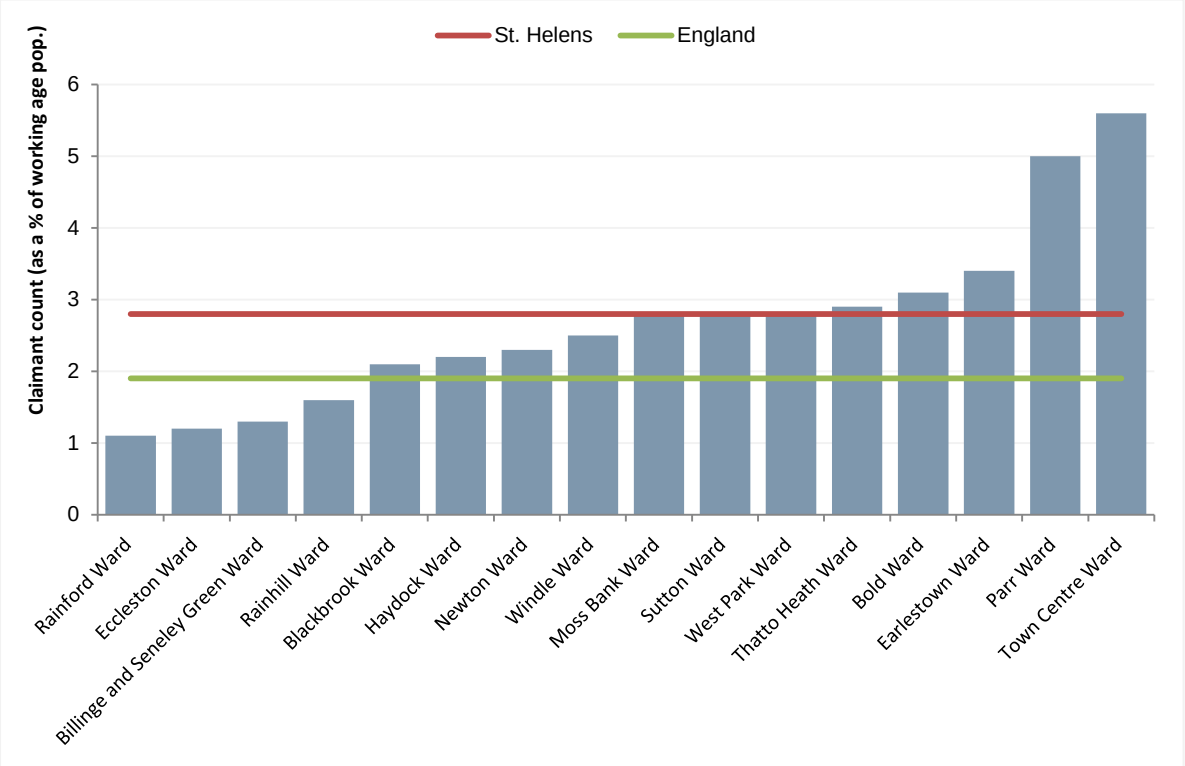
Claimant count in St. Helens is higher than regional and national comparators. Rollout in the North West is reported to be largely complete but the rest of the UK is lagging behind and therefore caution should be applied when interpreting the figures. In the interim, JSA claimant figures are also included in table 11 below, although it is recognised that this is not a true picture of unemployment because not all who are unemployed will claim JSA and also any new claimants will only be eligible to claim Universal Credit.

Table 11. St.Helens Out of Work Benefit Claimants (September 2017)

	St.Helens (numbers)	St.Helens (%)	North West (%)	England (%)
Claimant Count:				
All people	3,050	2.8	2.5	1.9
Males	1,850	3.4	3.0	2.3
Females	1,200	2.2	1.9	1.5
JSA Claimants:				
All people	1,120	1.0	1.0	1.0
Males	685	1.2	1.3	1.2
Females	435	0.8	0.8	0.9

Claimant count rates have decreased across all Wards over the past four years. However, the proportion of people claiming unemployment benefits by Ward varies considerably, with the highest claimant rates seen in Bold, Parr, Sutton and the Town Centre Wards. For more information on claimant count by Ward, please refer to **info4St.Helens**.

Figure 5. Claimant rate by ward (Sep 17)



Source: ONS Claimant Count (NOMIS)

The proportion of young people aged 18-24 in St.Helens who are claiming unemployment benefits (claimant count) is higher than the North West and national averages. As stated above, caution should be applied when interpreting the data due to the continuing rollout of universal credit. The number of JSA claimants aged 18-24 years is similar to regional and national averages.

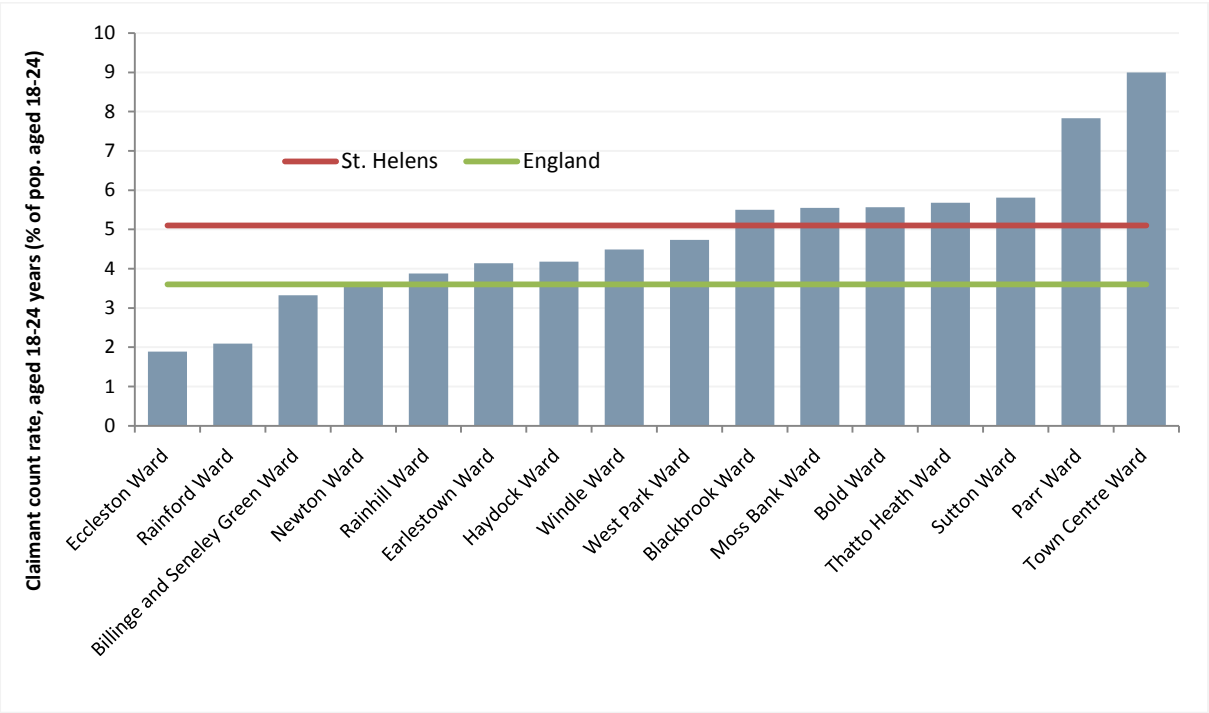
Table 12. St.Helens Unemployment Benefit Claimants aged 18-24 years (Sep 17)

	St.Helens (numbers)	St.Helens (%)	North West (%)	England (%)
Claimants count 18-24 years:				
	720	5.2	3.6	2.7
JSA Claimants aged 18-24 years:				
	115	0.8	0.7	0.8

Source: ONS Claimant Count (NOMIS)

The proportion of unemployment benefit claimants aged 18-24 years, follows a similar pattern to overall working age population, with particularly high claimant rates in Bold, Parr, Sutton and Town Centre Wards. For more information refer to info4St.Helens.

Figure 6. Claimant count, people aged 18-24 by Ward (Sep 17)



Source: ONS Claimant Count (NOMIS)

4.1.3.i Welfare and Welfare Reform

a. Introduction

The Welfare Reform Act 2012 introduced a wide range of changes to the benefit system, implementation of which began in 2013. This section considers the impact of welfare reforms upon local communities and services, and has been compiled from information provided by Council departments, housing providers and local advice services. Without interventions to offset the impact, there is a risk that social disadvantage is likely to grow over time.

Following the May 2015 general election, further welfare changes were announced in the following months, many under the umbrella of the Welfare Reform and Work Act, which was passed into law in March 2016. The Act made further significant changes to the welfare system including: reducing the benefit cap, freezing certain social security benefits and elements of working tax credits; limiting the number of children for whom child tax credit is payable to, a flat rate of Universal Credit; introducing work requirements for responsible carers; and changes to housing payment support.

b. Key statistics

In May 2017, there were 163 households in St. Helens subject to a benefit cap, with the majority (58%) having their benefit capped below £50 per week. Of the 163 households, 98% were families with dependent children. A greater proportion of single parent families (79%) have had their benefit capped compared to the North West (75%) and nationally (71%).

Personal Independence Payments (PIPs) were introduced in 2013 to replace Disability Living Allowance for claimants aged 16-64. Those applying are likely to be disabled, out of work and with a limited capability to work. As of July 2017 there were 6,741 claims for PIP in St.Helens, which is 3.8% of the resident population. Of these claims, 32% were for mental health conditions and 24% for musculoskeletal conditions, which is similar to the national picture. The majority of claims for mental health conditions were for anxiety and depression, and musculoskeletal claims related to back pain, arthritis or chronic pain. A total of 10,979 disability living allowance claims were paid in the quarter Jan – Mar 2017, representing 6.2% of St. Helens resident population, double the national average. This data demonstrates that a greater proportion of people in St. Helens are reliant on benefit payments due to disability and ill-health than nationally, have significant health needs and may have limited capacity to return to work.

In May 2017, 14,210 households were in receipt of housing benefit payment. This represents 17% of households in St. Helens, similar to the national figure (16.7%).

What is not possible to surmise from this data is the number of people affected by more than one of the welfare reforms and therefore whose circumstances are disproportionately worse than the rest of the population.

4.1.4 Deprivation

4.1.4.i Indices of Multiple Deprivation

The concept of deprivation is a wide one, covering a broad range of issues. Deprivation refers to unmet needs caused by a lack of resources and opportunities of all kinds, not just financial. It can therefore be defined through issues such as poor housing, homelessness, low educational attainment, lack of employment and worklessness, poor health and high levels of mortality. The English Indices of Deprivation attempt to measure this broad concept of multiple deprivation at small area level and provide a relative picture of levels of deprivation across the country. The latest indices were released in 2015.

Overall St.Helens is now ranked as the 36th most deprived local authority in England out of 326. Its relative position has deteriorated since the 2010 Index of Deprivation where St.Helens was ranked as the 51st most deprived area.

The deprivation domains of greatest concern are health deprivation and disability, employment deprivation and income deprivation. St.Helens ranks as the 12th most deprived authority out of 326 in terms of relative health deprivation and disability - which measures the risk of premature death and the impairment of quality of life through poor health; the 16th most deprived authority in terms of employment deprivation – people involuntarily excluded from the labour market.; and the 38th most deprived authority in terms of income deprivation.

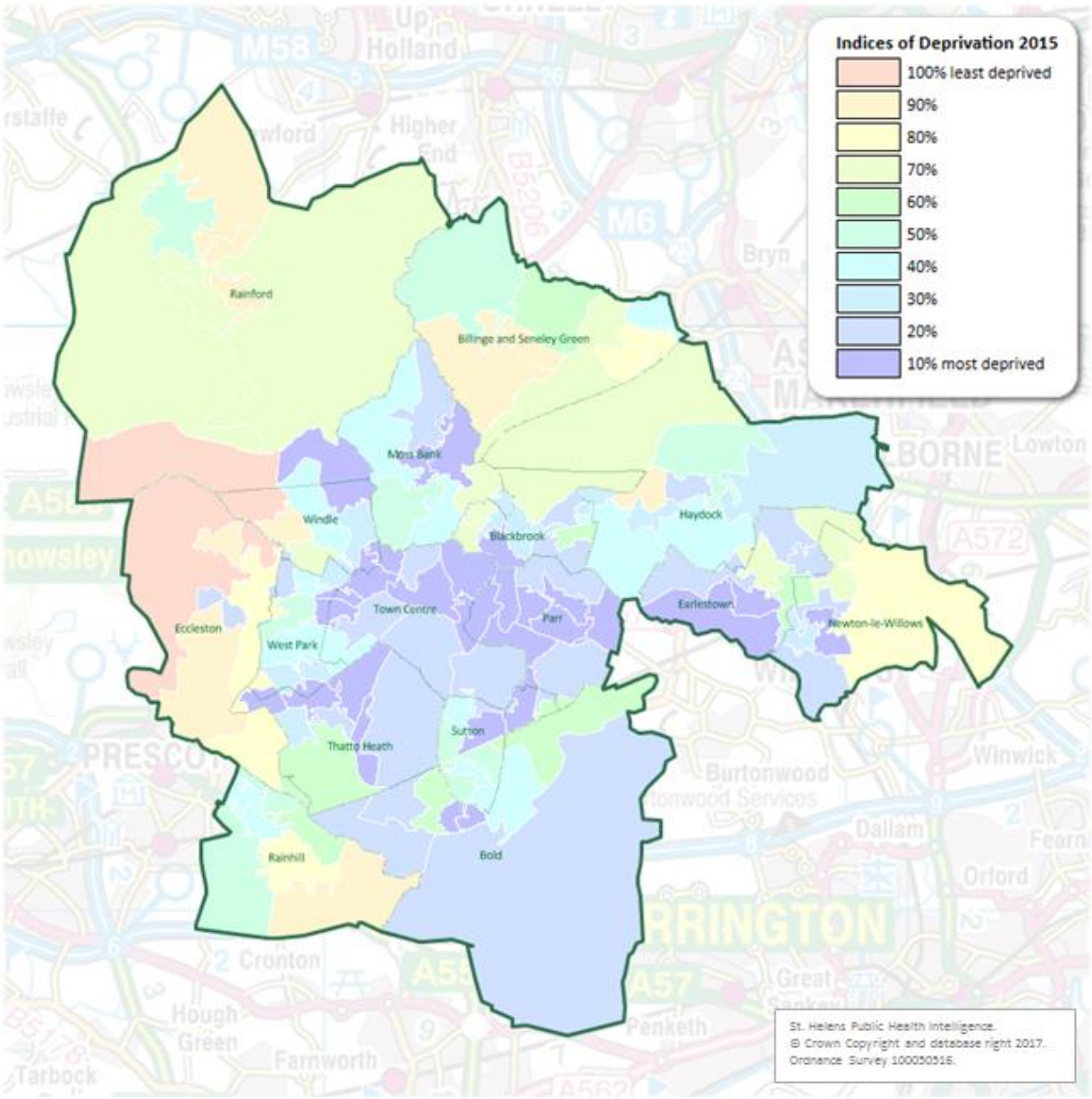
Relative deprivation within the Borough continues to grow, with some areas getting more deprived relative to others. There are now a total of 28 neighbourhoods (Lower Super Output Areas) within the Borough that fall within the 10% most deprived LSOAs nationally, compared with 24 in 2010. An estimated 41,264 St Helens residents live within these neighbourhoods, which is just under a quarter (23.4%) of the borough's population. A total of 47 neighbourhoods (LSOAs) within the Borough fall within the 20% most deprived nationally, compared with 43 in 2010.

The most deprived neighbourhood (LSOA) within St.Helens is Parr Stocks Road, which sits on the border of the Town Centre and Parr ward. This is the 70th most deprived LSOA within England out of 32,844 LSOAs. There are 4 LSOAs within the 1% most deprived LSOAs nationally. Deprivation is persistent in these areas as 3 of the 4 have featured in the most deprived 1% of LSOAs since 2004.

The least deprived LSOA in St.Helens is the area around Bleak Hill / Rainford Road / Moss Lane in Rainford / North Windle.

Generally deprivation is highest in neighbourhoods in the centre and south of the borough, notably in parts of Town Centre, Parr, Thatto Heath, Blackbrook, Moss Bank, Sutton, Bold, Earlestown and Newton wards. For more information and to read the Indices of Deprivation 2015 – Summary Report, please see info4St.Helens.

Figure 7. Deprivation in St Helens 2015



Source: 2015 Indices of Deprivation (DCLG 2015)

4.1.4.ii In-work Poverty

The proportion of families living in poverty where at least one family member works has increased substantially in recent times. Along with economic recession, the government's austerity measures and welfare reform, the increase in low paid, short-term and insecure employment has contributed towards the increase of in-work poverty, which inevitably has negative impacts on health and wellbeing. However, the nature and extent of the issue is difficult to capture from official statistics. There is a distinct lack of evidence examining the impacts of both in-work poverty and its effects on the population's health and wellbeing. The information below is derived from various sources and attempts to provide some empirical evidence and facilitate discourse on the issue. The Joseph Rowntree Foundation Report – UK Poverty 2017, states that poverty in the UK today is fairly evenly split between workless households and those in work.

The Social Mobility Commission published a report, 'State of the Nation 2017: Social Mobility in Great Britain' which highlights a stark message that the chances of someone from a disadvantaged background succeeding in life is closely bound to where they live. It describes a social mobility postcode, with London and its surrounding areas looking increasingly different to the rest of the country, with many other parts of the country being left behind economically and socially.

At the heart of the report is the Social Mobility Index (SMI), which ranks 324 local authorities (City of London and Scilly Isles are excluded due to small population size) in England in terms of their social mobility prospects for someone from a disadvantaged background. It uses 16 indicators, grouped into 4 life stages: early years, school, youth and working lives. A standardisation method is used to generate a comparable score for each indicator, based on how the performance in each local authority area differs from the average of all local authority areas. The standardised scores are weighted and an overall standardised score for each authority calculated with the data then ranked to determine each local authority's position relative to all other local authorities in England.

One of the key measures of the working lives life stage examines in-work poverty. Low pay can be a key contributor to poverty. The measure looks at the percentage of jobs that are paid less than the applicable 'Living Wage Foundation' living wage. The 'Living Wage Foundation' or 'Real Living Wage' is a voluntary amount that employers agree to pay employees aged 18 and over. It is calculated on the cost of living and is based on a basketful of goods and services. The table below shows St. Helens position compared to the North West and England. NB. Due to small numbers involved, data for male full / part-time workers has been suppressed and is not included in the table.

Table 13. Proportion of jobs Paid Less than the 'Living Wage Foundation' living wage threshold (2016)

	St.Helens (numbers)	St.Helens (%)	North West (%)	England (%)
Total	15,000	30.9	25.3	23.2
Full-time workers	8,000	23.2	16.5	15.2
Part-time workers	6,000	53.2	47.8	44.4
Females (Full-time)	5,000	36.2	19.1	18.2
Females (Part-time)	7,000	57.6	45.6	42.8

Source: Social Mobility Commission Report – State of the Nation 2017: Social Mobility in GB

It is notable that almost 60% of female part-time workers in St. Helens are earning below the Living Wage Foundation threshold (currently £8.25 per hour), almost 15 percentage points higher than the national average. However, it should be noted that the Living Wage Foundation is a voluntary threshold, with the National Minimum wage / National Living Wage representing the statutory thresholds that employers must comply with for employees aged 21 / 25 and over respectively.

Another measure in the SMI is the proportion of people that live in the local area who are in managerial and professional occupations. This could be considered a proxy for low wages because if a smaller proportion of people are in managerial or professional occupations, a greater number of people are likely to be in lower paid roles.

Table 14. Proportion of people in managerial/professional occupations (Jul 16-Jun 17)

	St.Helens (numbers)	St.Helens (%)	North West (%)	England (%)
SOC2010: Managerial / Professional / Technical	31,100	39.2	42.1	46.0

The table demonstrates that the proportion of people in St. Helens that are in higher paid, higher skilled roles is almost seven percentage points lower than the national average. This supports the information in section 4.1.2 above, which concluded that there are a smaller proportion of higher skilled industries, e.g. information and communication, finance and insurance activities and professional, scientific and technical activities, in St. Helens to support a larger number of higher paid roles.

Public Sector wages have been more notably restricted than the private sector, as the following points illustrate:

- A public sector worker, paid the median public sector wage in 2010 and subject to the two year pay freeze followed by the 1% pay cap ever since, has seen the value of their wage drop by £4,781. That's more than the cost of feeding the average family for a year.[21]
- A report by University College London for the government's own Pay Review Bodies (PRBs) studied pay growth among the 10 largest occupations whose pay is set by those bodies (nurses; radiographers; physios; midwives; occupational therapists; doctors; nursing auxiliaries; teachers; police officers; prison officers). It found that median real gross hourly occupational earnings between 2005 and 2015 fell on average by 10.1%.[22]
- UNISON's survey of members working in the NHS revealed that increases in food, transport, utility and housing costs are all having a serious impact on their cost of living. Alarmingly, two-thirds of respondents have had to access financial products or assistance to subsidise their income: 73% had to ask family and friends for financial support, 20% used a debt advice service, 17% pawned possessions, 16% used a payday loan company, 23% moved to a less expensive

[21] Source: Calculated through public sector wage based on ONS Annual Survey of Hours and Earnings and RPI inflation based on ONS Consumer Price Inflation reports. Food costs based on ONS Family Spending
[22] Source: UCL, Wage Growth In Pay Review Body Occupations
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/623810/Wage_Growth_in_PRB_Occupations_-_final_report__3_.pdf

home or re-mortgaged their house and over 200 respondents said they had used a food bank in the last 12 months.[23]

- "Pay is inextricably linked to morale, productivity and efficiency. Every single public sector worker I have met has said that they are under more pressure now than ever before, at the same time as their pay is at an all-time low. In fact, if we continue on this trajectory, there will have been the biggest average contraction in real-terms earnings since 1851"[24]

In addition to low wages and in-work poverty, other studies have found that people employed on zero-hours contracts are more likely to have worse mental and physical health than peers with more stable positions[25]. In May 2017 it was estimated there were 1.7m zero-hours contracts in the UK, making up 6% of all employment contracts. More recently, figures have been released by the Labour Force Survey (LFS) stating the number of people employed on "zero-hours contracts" in their main job, during April to June 2017 was 883,000, representing 2.8% of all people in employment. This latest estimate is 20,000 lower than that for April to June 2016 (903,000 or 2.9% of people in employment). However, even these latest figures, illustrated in the table below, show the increase since 2000.

Figure 8. zero-hour contracts in UK

[23] Source: UNISON evidence NHS Pay Review Body 2017-18 https://www.unison.org.uk/content/uploads/2016/10/UNISON-NHS-PRB-Submission-2017-18.pdf

[24] Laura Pidcock - Public Sector Pay Debate, December 2017 - https://hansard.parliament.uk/Commons/2017-12-04/debates/B20D70FA-4B48-4680-B680-0528E9B42474/PublicSectorPay

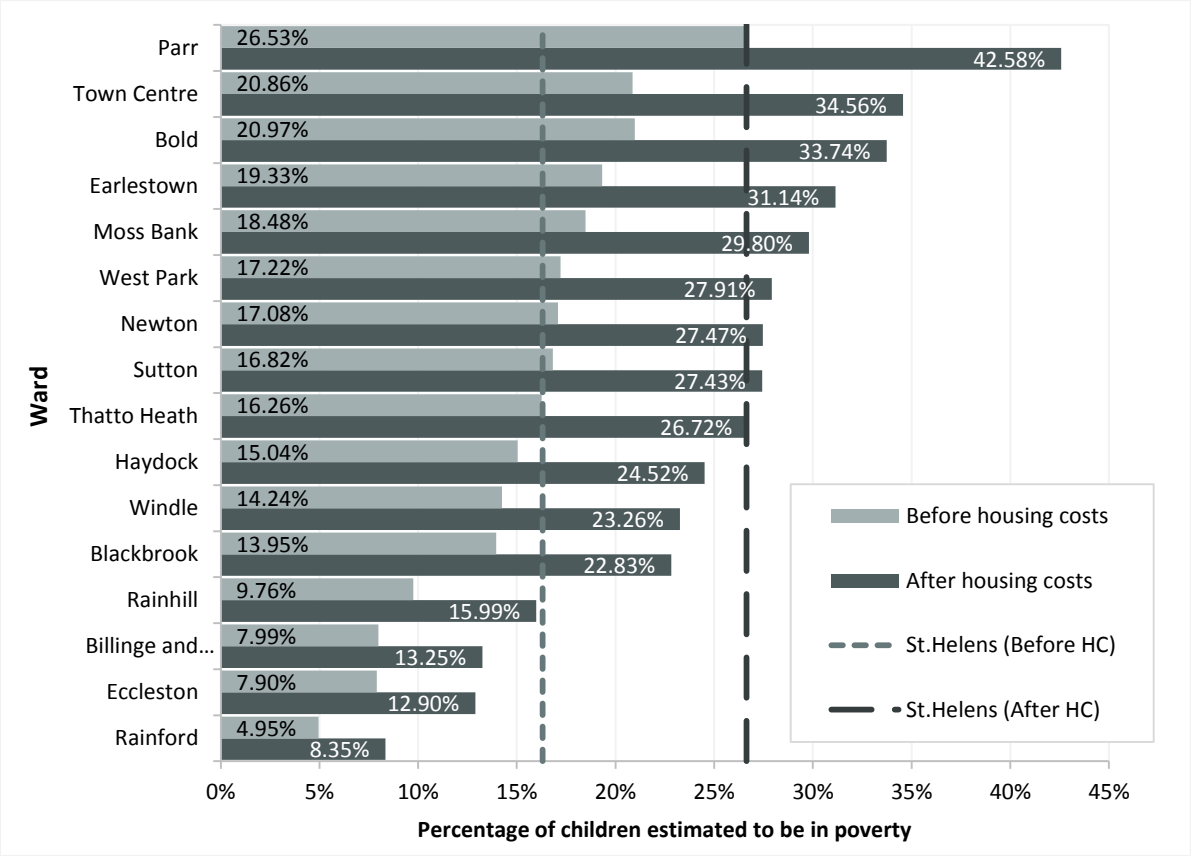
[25] http://www.ucl.ac.uk/news/news-articles/0717/050717-Zero-hours-health

4.1.4.iii Child Poverty

Children living in deprived areas and classed as living in poverty are likely to suffer worse outcomes across a range of measures, from educational attainment to health. Therefore understanding the local levels and how it varies is important to determine interventions to improve poorer children's life chances.

Child poverty figures are produced by the HM Revenue and Customs, but these are now quite out of date and are known to underestimate poverty in working households. The Centre for Research in Social Policy at Loughborough University produce annual ward level estimates for before and after housing costs.

Figure 9. Estimates of Child Poverty in St.Helens



Source: Child Poverty Action Coalition and the Centre for Research in Social Policy at Loughborough University, Oct-Dec 2015

These child poverty rates vary widely across the Borough, with the estimated proportion in poverty after housing costs in Parr (43%) being four times higher than that of Rainhill (11%). The total proportion of children estimated as in poverty across St.Helens is 16.5% before housing costs and 26.3% after housing costs. This compares with 15.9% and 25.1% respectively for the UK.

4.2 Housing

4.2.1 Introduction

Housing has a significant impact on health and wellbeing and is recognised as a determinant of health. Good quality, appropriate housing has a positive influence on reducing deprivation and health inequalities by facilitating stable and secure family lives. Conversely, poor housing conditions, including cold and damp, falls hazards, homelessness, overcrowding and the quality of the neighbourhood can have a negative effect on health and wellbeing. Poor housing contributes to a range of physical conditions such as influenza, respiratory and circulatory conditions. Furthermore it is also associated with stress, anxiety, depression and insomnia which affect mental health. Housing which fails to meet the needs of occupants can therefore undermine independence and carer support, leading to an increased likelihood of hospital admission.

The 2013 St.Helens Housing Health Impact Assessment estimated there would be an annual saving of £1.7 million to the NHS through mitigating all housing hazards within St.Helens housing stock. A decent affordable home is therefore an essential requirement for tackling health inequalities and reducing the burden on health and social care services.

This section examines housing needs within St. Helens and describes the services commissioned by the Council or provided through the biggest social landlord in the Borough. The section highlights not just the physical housing stock but how individuals and families may have special requirements due to health and social care needs.

4.2.2 Those at Risk

a. Older People

The population projections highlighted in section 2.1.1i show that the number of people aged 65-84 will increase by 15% from 2012 to 2025 (4,700 additional people in this age group); however those over 85 are projected to increase by 54% (2,000 additional people).

- The ageing population within St.Helens poses significant challenges for the supply of appropriate, inclusive housing, which meets the needs of the household. It also poses challenges to social care and health services.
- Older people are also more likely to experience difficulty with maintaining their homes to meet their changing needs.
- The risk of falls is higher within the older population, with many falls attributed to risks within the home environment.
- The risk of excess winter mortality is also highest amongst older people, many of whom spend a greater proportion of their time within the home.
- Evidence shows that older people are more likely to live in the oldest, poorest quality housing in the Borough.

b. Children

The overall number of children in St. Helens is due to rise by 5% by 2025 - an additional 1,700 children (see section 2.1.1i). Children at risk from poor housing are more likely to suffer respiratory

problems. Overcrowding and poor housing are also contributory factors to low educational achievement and increased likelihood of behavioural problems.[26]

c. Disability

In total 22.7% of the St.Helens population have a limiting long term condition. This is higher than the England average at 16.9% (census 2011). Households with disabilities are more likely to experience problems with their housing due to their changing needs, particularly in relation to access and bathing issues, which may prevent safe and continued use of their home. Failure to invest in home adaptations will reduce the potential for disabled people to continue to live independently in their own home and will place additional demands on hospital beds, nursing and residential care.

d. Vulnerability

Vulnerable households are defined as those in receipt of at least one means tested or disability benefit; they are more likely to live in poor housing and to be at risk of fuel poverty. The 2013 BRE stock modelling report for St.Helens found that 41% of all households in the Borough were defined as low income compared to a national average of 30%.

e. Households in Fuel Poverty

Living in cold, poorly insulated homes has effects on both physical and mental health. The increase in the number of people dying from respiratory and circulatory diseases during the winter months is referred to as Excess Winter Mortality which is exacerbated by living in cold homes.

f. Welfare Reform

Those people affected by current and future welfare reform changes whose available income has reduced will find it difficult to heat their homes. Poorly heated properties not only impact on the health of the occupiers but impact negatively on the condition of the property particularly where mould and damp is present.

4.2.3 Level of Need

a. Households Living in Poor Quality Housing

Poor quality housing poses a significant risk to health. The most common hazards, found both nationally and in the St.Helens stock are those related to falls, excess cold and damp conditions.

BRE stock modelling analysis found that:

- In total 16% of the Borough's homes do not meet the minimum statutory standard.
- There are an estimated 15,449 serious health and safety hazards within private sector homes in St.Helens, of which 14,149 are within the owner occupied sector. 10,000 of these hazards are in the homes of older people.

The majority of The Housing Health and Safety Rating System (HHSRS) Category 1 Hazards in St.Helens are in relation to falls and these occur at a level higher than the national average.

- Home improvement measures can be very cost effective. The cost benefit breakeven point to the NHS is reached after 3 years for 'stairs & steps' falls where the least expensive 50% of dwellings is targeted. The breakeven point is 1 year when considering the benefit to society as a whole.

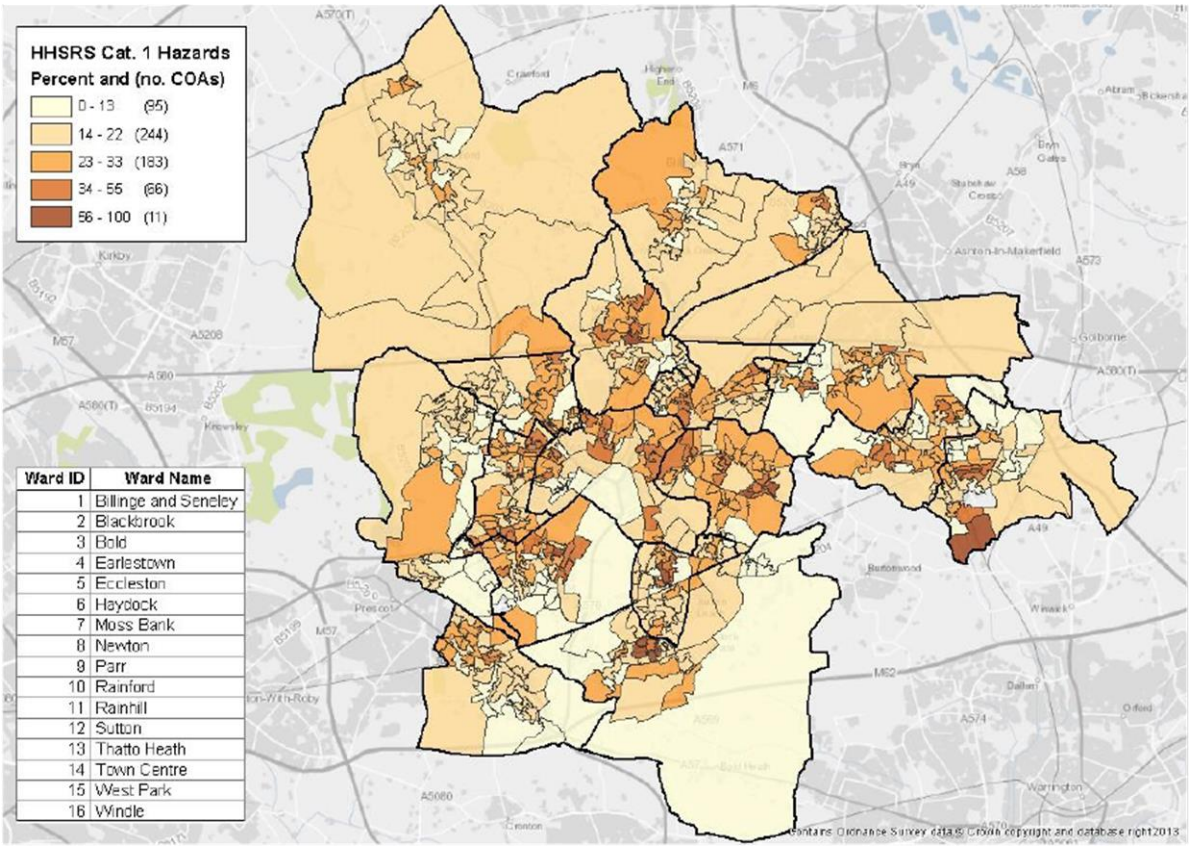
[26] Harker L (2006) Chance of a Lifetime. The impact of bad housing on children's lives. Shelter 2006

- Disrepair affects 8% of the private sector stock (4,941 dwellings) which is higher than the national average of 6%.
- The level of disrepair in the private rented sector is 36%, substantially higher than the Borough average of 6%.
- The social rented stock has been significantly improved, with a very low recording of disrepair / excess cold hazard likely to be the mitigating factor in reducing fuel poverty within this tenure group – at 9% fuel poverty is the lowest of all tenure groups within the Borough despite having a significantly higher proportion of low income households (94%).

Recent years have seen an increase in the Borough's private rented sector which is currently estimated at 8,000 households (9.9 % stock) – BRE (2013). Whilst this is lower than the national average of 15.4%, there are no large institutional or professional landlords operating within St.Helens, with the majority of known landlords owning less than five properties. The sector is concentrated within the older terraced properties within the Borough and serves mainly low income households and so expansion of the sector is likely to further increase the likelihood of poor health outcomes, as a higher proportion of vulnerable tenants are housed in poor quality housing.

*HHSRS is the Housing Health & Safety Rating System used to assess the condition of a residential property in terms of hazards and impact on health. A Category 1 hazard is the most serious hazard in terms of likelihood of death or serious harm to health or safety occurring as a result of a property hazard.

Figure 10. BRE Housing Health Impact Assessment – Category 1 hazards by Ward



4.2.4 Council Services

This section summarises housing related services currently available, that are either directly provided or commissioned by the council:

- Housing advice e.g. tenancy advice, information about housing options and solutions, and homelessness prevention.
- Regulation of the private rented sector and inspection of private sector homes to ensure compliance with minimum housing standards.
- Delivery of the Council's Empty Property Strategy to bring properties back into use and tackle nuisance caused.
- Advice and assistance on repairs, energy efficiency measures and adaptations to the home, including enabling access to available financial assistance and assisting clients through the complex Disabled Facilities Grant process.
- Delivery of services to reduce fuel poverty, improve thermal efficiency of homes and reduce energy bills.
- The Council receives funding to provide DFGs through the 'Better Care Fund'. The Department for Communities and local Government (DCLG) have identified a return of £3.70 for every £1 spent on DFGs in terms of economic and social benefits.

St.Helens Handyperson Services

Handyperson services receive referrals from OT, Technology Installation & Care, Dementia Links, Client and other Multi Agency referrers. Interventions include but are not limited to; grab rails, plumbing, minor works, stair rails, fire and electrical safety.

Assistive technology installation and care; devices and sensors to enable continued independent living include lifeline alarms (careline), fall detectors, carbon monoxide sensors, epilepsy sensors and property exit sensors.

Supporting People

Commissioned services to enable vulnerable people to live independently through a network of providers, funding services such as the YMCA hostel, Salvation Army hostel, the Refuge, a Foyer and an accommodation service for teenage parents and their children. The programme co-funds services with Adult Social Care & Health including the provision of supported living for people with learning disabilities, provision of accommodation and support for people with mental health support needs and the provision of Sheltered Housing and Extra Care Provision for older people, including people living with dementia. The programme manages over £6m worth of contracts.

4.2.5 Helena Partnership Housing Services

a. Homes

As the largest landlord in St Helens,. Helena Partnerships owns and manages more than 14,000 homes which include properties for older people, supported accommodation and almost 600 shared ownership homes. In April 2015 Helena formed a new housing group called Torus with Golden Gates Housing Trust (GGHT) in Warrington.

b. Accommodation Profile

Table 15. Accommodation profile of Helena's stock

			Number of Bedrooms						
Property Type	**Total**	**% of Total**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Bedsit	17	0.1%	17						
Bungalow	150	1.2%	94	53	3				
Bungalow - sheltered	779	6.1%	688	85	6				
Flat	1,895	14.9%	969	833	93				
Flat - Sheltered	304	2.4%	273	30	1				
Flat - Supported Services	59	0.5%	38	21					
House	6,511	51.1%	30	1,703	4,619	155	4		
Maisonette	32	0.3%		13	19				
Parloured House	2,992	23.5%	32	409	2,445	91	9	3	3
Total	12,739		2,141	3,147	7,186	246	13	3	3

c. Demographic Overview

Table 16. Age Profile of current Helena residents

Age Band	Total	% of Total
16 - 24	549	4.4%
25 - 34	2,207	17.6%
35 - 44	2,132	17.0%
45 - 54	2,523	20.1%
55 - 64	1,953	15.6%
65 - 74	1,621	12.9%
75 & Over	1,358	10.8%
Unknown	204	1.6%

- 5,136 (40.9%) of the current customer base are aged 55 or over
- 1,358 (10.8 %) are aged 75 or over
- 818 (6.5%) are aged 80 or over
- 163 (1.3%) are aged 90 or over

The key demand issues for Helena are:
The imbalance within their housing stock; there is an oversupply of 3 bedroom houses compared to other stock types. There are fewer properties to meet the needs of older and disabled people. There is a need to provide tenancy support and other services to older people in order for them to maintain independent living. These issues are likely to be exacerbated by the current age profile of their tenants.

d. Under One Roof

Under One Roof is the choice based letting scheme for the Borough that Helena have responsibility for maintaining on behalf of the Council and other participating landlords. The membership indicates the level of demand for social housing in the Borough. There are currently 1,804 people on the waiting list, with greatest demand shown by 25-34 year olds.

Age Band	Total on Waiting List	% on Waiting List
16-24 Years	230	12.7
25-34 Years	424	23.5
35-44 Years	303	16.8
45-54 Years	281	15.6
55-64 Years	239	13.2
65-74 Years	187	10.4
75 Years and Over	116	6.4
Age Unknown	24	1.3

e. Services for Older People

Helena provides two Extra Care schemes at Heald Farm Court (89 units) and Parrmount Court (92 units). These provide residents with access to 24/7 care and support services which are individually tailored to meet the needs of people over 55 to help maintain health and wellbeing, independence dignity and choice. Both schemes have transitional flats (6 in total) commissioned by St.Helens Council that provide temporary respite care and help support early hospital discharge. Evidence shows that there is strong and sustained demand for transitional flats and that further funding from health partners could significantly ease demand for hospital beds and enable discharge from hospitals.

4.3 Fuel Poverty

4.3.1 Introduction

Fuel poverty is best described as households on lower incomes living in a home which cannot be kept warm at reasonable cost. It is usually a result of four interacting factors: low household income, low energy efficiency standard of the property, high fuel prices and under-occupation of homes. The Government has recently adopted a new definition of fuel poverty, the Low Income High Cost Indicator (LIHC) in which a household is fuel poor if:

- Their income is below the poverty line (taking into account energy costs); and
- Their energy costs are higher than is typical for their household type.

It also uses a fuel poverty gap. This is the difference between a household's modelled energy costs and what their energy costs would need to be for them to no longer be fuel poor, the gap shows the severity of the issue.

To review the issue of fuel poverty over recent years it will be looked at using both the previous 10% indicator (if a household has to spend 10% or more of its income on heating) and the LIHC indicator, due to a lack of available data under the new definition.

4.3.2 Key Statistics

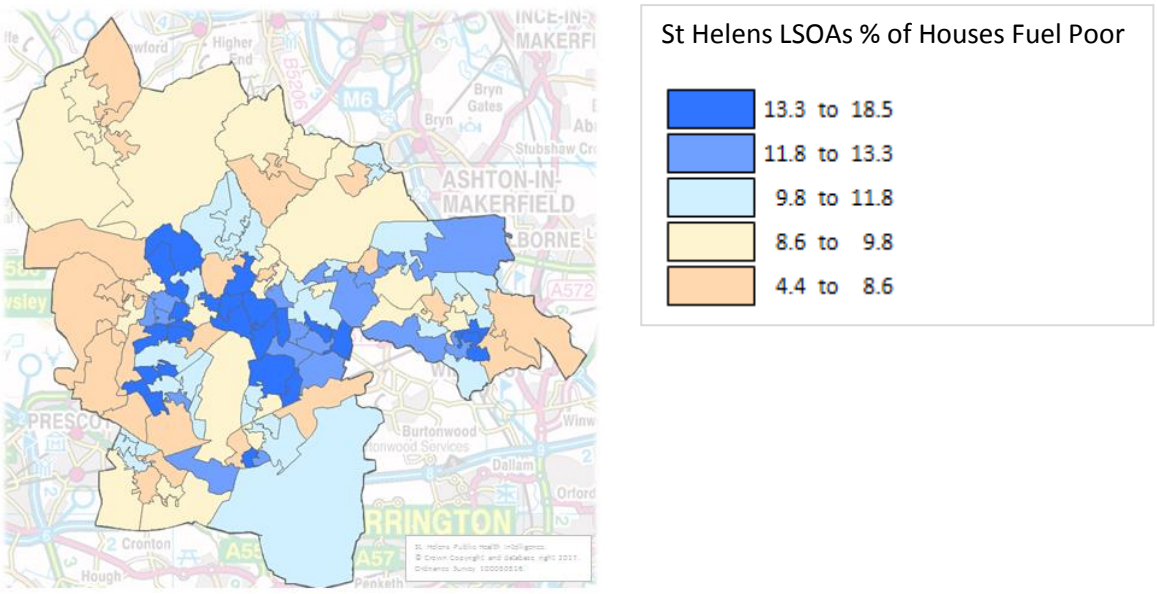
Despite continued efforts to reduce the levels of Fuel Poverty in St.Helens the problem is still concern. The Table below shows the levels of Fuel Poverty (10% indicator) in 2013 for St.Helens Borough at 17%, this being significantly higher than the DECC national estimate of 14% provided for 2012 (no 10% definition data available from DECC after 2012). The figure of 17% equated to more than 13,000 households in the Borough that could be faced with the hard decision to spend their limited income on heating or to buy other essentials and live in a cold home.

Table 17. BRE St.Helens Stock Model Data 2013

Tenure	Dwellings	HHSRS Category 1 Hazards			Disrepair	Fuel Poverty	Low Income Households
		All	Cold	Falls			
Owner Occupied	56,099	11,807 *(21%)*	669 *(1%)*	9,079 *(-4%)*	2,067 *(4%)*	10,081 *(18%)*	13,253 *(-24%)*
Private Rented	8,030	1,168 *(15%)*	138 *(2%)*	570 *(-7%)*	2,874 *(36%)*	2,156 *(27%)*	3,832 *(-48%)*
Social	17,020	98 *(-1%)*	59 *(0%)*	35 *(0%)*	15 *(0%)*	1,536 *(9%)*	15,942 *(-94%)*
St.Helens	81,149	13,073 *(16%)*	866 *(1%)*	9,684 *(-12%)*	4,956 *(6%)*	13,773 *(17%)*	33,027 *(-41%)*
2009 EHS (England all stock)		**21%**	**8%**	**12%**	**6%**	**18%**	**30%**

Fuel poverty levels also vary significantly across the Borough. Figure 11 shows the level of fuel poverty by Lower Super Output Area (LSOA) in St. Helens in 2015, measured using the LIHC definition. This variation across the Borough shows similar trends to those of deprivation and child poverty.

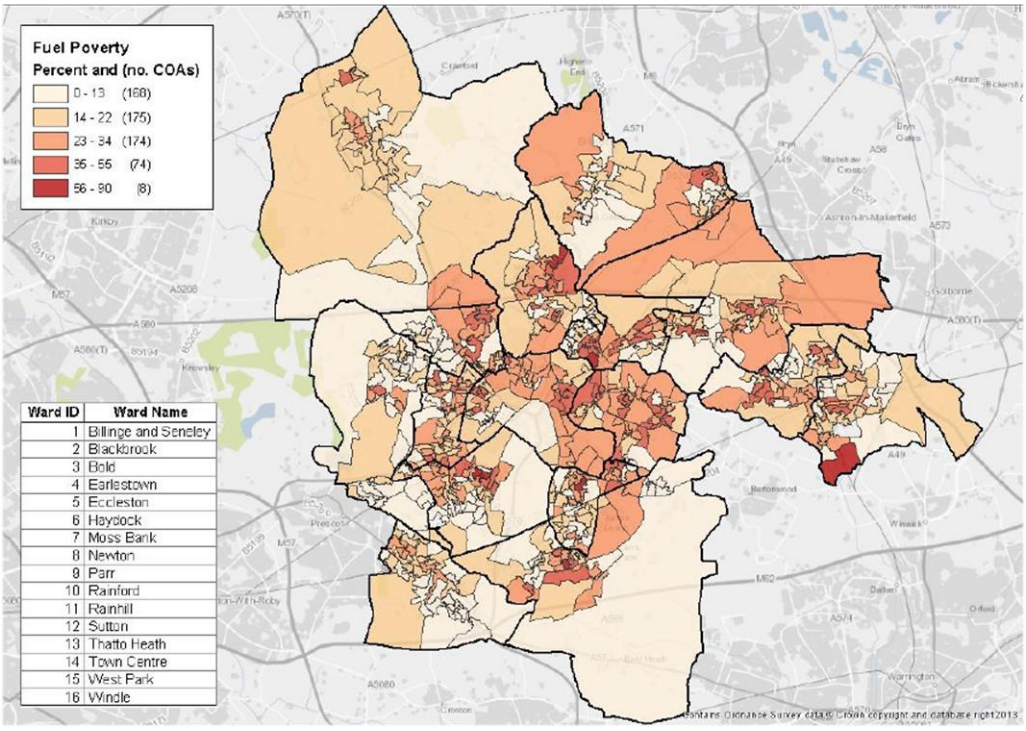
Figure 11. Percentage of St.Helens fuel poor households by LSOA (LIHC 2015)



Data source: LHIC Fuel Poverty Statistics

The BRE stock modelling analysis identified a significantly high prevalence of fuel poverty in the private rented sector with 27% of properties unable to heat their homes effectively. Figure 12 shows the proportion of private sector dwellings occupied by households in fuel poverty across the Borough.

Figure 12. Proportion of Private Sector dwellings occupied by households in Fuel Poverty



In comparison, the level of fuel poverty in the social housing sector in St.Helens is relatively low at 9%. It is interesting to note that the level of fuel poverty in St.Helens is perhaps much lower than could be expected, given the very high levels of low income households in the Borough. This is an indication that the thermal efficiency of the Borough's Housing stock, which has a better SAP score

and lower incidence of 'Excess Cold' Hazards than the national average, is playing a major role in the mitigation of fuel poverty. This is particularly apparent with the Borough's Social Housing Stock, which despite the incidence of low income households being 94%, has the lowest fuel poverty incidence of 9% whilst the stock is the most thermally efficient, averaging a SAP score of 73 and with minimal excess cold hazards.

The following tables and graphs show how St.Helens compares with sub regional, regional and national areas, in both definitions of fuel poverty.

Table 18. Geographical Trends in Fuel Poverty (LIHC definition)

Area	Year				
	2011	2012	2013	2014	2015
St.Helens	11.3	10.1	9.7	10.3	10.9
North West	12.5	11.3	10.9	11.2	11.8
England	10.9	10.4	10.4	10.6	11.0
LCR (Liverpool City Region)	12.9	11.9	11.6	11.8	12.1

Source: Public Health Outcomes Framework (2017)

4.3.3 The Health and Cost Impact of Cold Homes

a. Excess Winter Morbidity and Health Impairment

The condition of the housing stock has a direct correlation with health outcomes and this, combined with a household's inability to heat their home due to fuel poverty, can be extremely detrimental to health.

The following groups are particularly vulnerable to experiencing fuel poverty:

- Older people, particularly those living alone
- Families with dependent children, particularly single parents
- Those individuals living with disabilities
- Those individuals living with long term and terminal illnesses.

Vulnerable groups of people are affected in different ways and can spend a higher than average proportion of time within their home environment. The elderly and those with long-term sickness or disabilities are particularly vulnerable to direct health impacts, such as heart attacks, strokes, respiratory disease, influenza, falls and injuries, and hypothermia. Low temperatures are associated with diminished resistance to infections and the incidence of damp and mold in the home (see Table 19 below).

Table 19. The Effect of Indoor Temperature on Health

Indoor temperature	Effect
21°C (70˚F)	Minimum recommended daytime temperature for rooms occupied during the day
18°C (65˚F)	Minimum recommended night-time bedroom temperature. No health risks, though occupants may feel cold
Under 16°C (61˚F)	May diminish resistance to respiratory diseases
9–12°C (48–54˚F)	May increase blood pressure and risk of cardiovascular disease
5°C (41˚F)	Poses a high risk of hypothermia

(Source: Cold Weather Plan for England 2013, Public Health England)

There are also many indirect impacts of fuel poverty and living in cold homes such as mental health problems through social isolation and exclusion, stress and anxiety, anti-social behaviour and poor educational attainment.

The total cost to the health services and the country for treating cold related illness due to cold housing is unknown; however the following statement was made in the Chief Medical Officer Report 2009.

"The annual cost to the NHS of treating winter related disease due to cold private housing is 859 million. This does not include additional spending by social services, or economic losses through missed work. The total costs to the NHS and the country are unknown. A recent study showed that investing £1 in keeping homes warm saved the NHS 42 pence in health costs..." [Chief Medical Officer Report, 2009]. The 'Cost of Cold' report published by Age UK in November 2012 updated the cost to the NHS to £1.36 per annum.

The impact of fuel poverty is profound:

- More than 1 in 4 adolescents living in cold homes are at risk of mental health problems.
- They are less likely to have a good diet.
- Infants show poorer weight gain.
- Children and young people have increased hospital admissions.
- More are at risk of accidents in the home.
- The effects do not just occur in health – cold homes are related to poorer educational attainment, emotional wellbeing and resilience.

[Source: Chief Medical Officer Annual Report, 2012]

4.3.4 Needs Demonstrated by Service Demand

There are a number of services that have been provided within St.Helens to address affordable warmth highlighted in this section

a. Affordable Warmth Unit

The Affordable Warmth Unit is an integral part of the Council's Home Improvement Agency and exists to reduce the number of homes in fuel poverty and also to provide assistance on any matter related to reducing energy bills. Over 500 households were supported in 2015/16.

b. The Affordable Warmth Outreach Officers

Provide home visits to help residents access affordable heating, insulation measures, and to assist with setting heating controls to make their homes warmer, healthier, and more energy efficient. In addition to the physical improvements that can be made to a property the outreach workers assist residents to reduce their fuel bills by advising on Energy Switch opportunities and also signposting into partner agencies such as the Citizens Advice Bureau (CAB) and Occupational Therapy. Over 500 homes were supported in 2015/16.

Table 20. Affordable warmth programmes and support

Programme / Support	Numbers helped	Further info
Heating & Insulation Measures	76 properties in 2015 / 16	Assistance with heating repairs, boiler replacements, central heating systems, external wall insulation. A successful bid has also been made to the National Energy Action to assist 70 households with a main heating measure.
Save Energy Advice Line	890 customers between 2013 – 15	Energy efficiency advice line for a range of topics
St.Helens Winter Warmer Scheme	17,000 winter survival packs delivered to vulnerable homes in 2013/14 -2015/16	Winter packs contain hats, scarves, gloves, hand sanitiser, tissues, cereal bars, torches, hot chocolate sachets, a calendar containing valuable information on staying warm and well
St.Helens Fuel Poverty Focus Group	20 organisations members	Work plan developed with sub groups delivering actions
Warm Homes Discount Campaign	Over 2,500 enquiries	Combined savings in excess of £176,400 in 2015/16.
Promotional Activity	13 in 2015/16	Attending various events across the Borough
Training/Affordable Warmth Information Sessions	10 sessions delivered with 130 people given advice/info	Referral pathway via Information Access St.Helens (IASH) for health professionals

4.4 Air Quality

4.4.1 Introduction

Poor air quality adversely affects the health of the public, resulting in significant burdens on individual morbidity and mortality, the UK economy and the healthcare service.

The health impacts associated with air pollution are both short and long term. From a short term perspective exacerbation of asthma, decreased lung function and an increase in emergency hospital admissions for those with lung conditions are commonly reported. Long term, poor air quality can lead to an increase in cardiovascular mortality and respiratory mortality including lung cancers.

It is recognised that the principal source of air pollution are motor vehicles, which are estimated to be responsible for up to 90% of emissions. There is also a link between air quality and climate change as air pollutants and climate change pollutants share a common source, therefore actions taken to slow climate change will improve air quality.

4.4.2 Key Statistics

In April 2014 Public Health England (PHE) calculated the impact of airborne particulate matter on premature mortality. This ranged between 2.5% in rural authorities to as much as 8% in some London Boroughs. Their report supported the findings of the Committee on the Medical Effects of Air Pollution, which suggested that approximately 29,000 deaths per year could be attributable to man-made particulate pollution. Of particular concern are the finer particulates $PM_{2.5}$, which are responsible for more deaths than the larger PM_{10}. There is no reported 'safe level' for $PM_{2.5}$ particulates.

The table below provides the most recent estimates of attributable mortality for Merseyside authorities:

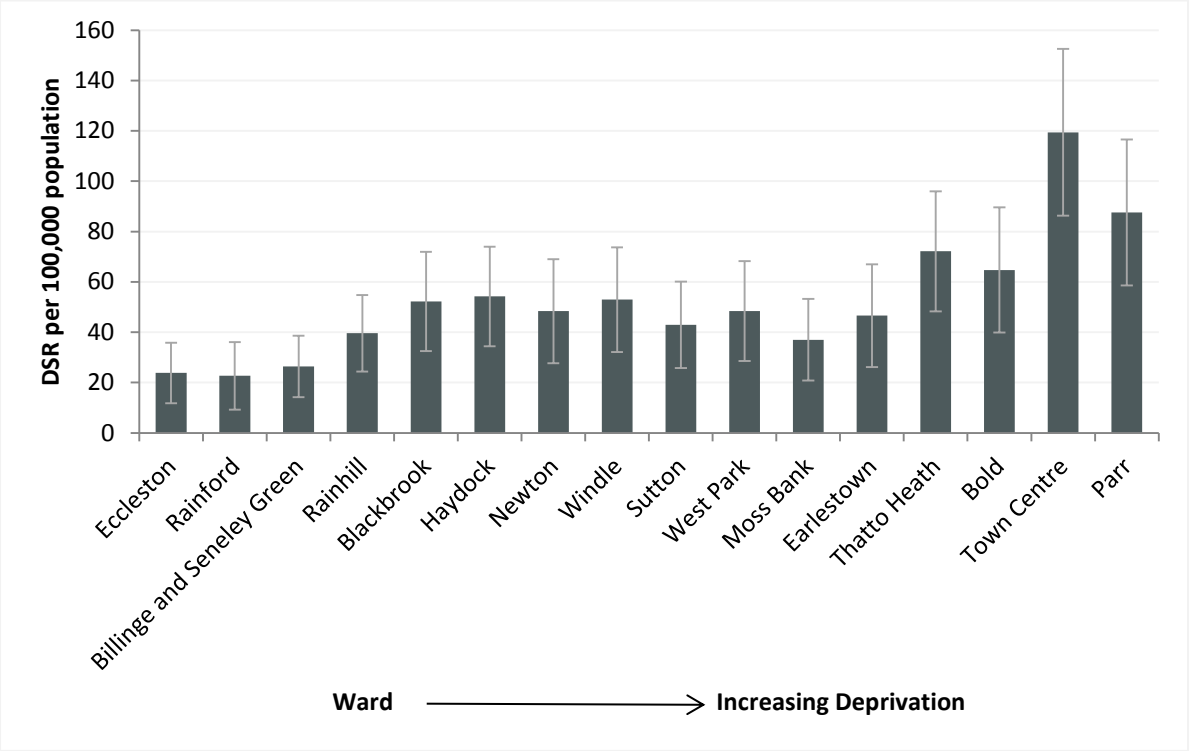
Table 21. Fraction of mortality attributable to particulate air pollution - 2015

Area	% Deaths Attributable to Air Pollution
Sefton	4.5
Knowsley	4.3
Liverpool	4.0
St.Helens	4.1
Wirral	3.5
England	**4.7**

Source: PHE Public Health Outcomes Framework 2017

Town Centre had the worst rate of deaths due to respiratory disease in the Borough from 2011 to 2015. It is significantly higher than all wards excluding Parr, Thatto Heath and Bold. This could be linked to poor levels of air pollution in this ward, (though there could be other contributory factors, such as differences in smoking rates).

Figure 13. Mortality due to Respiratory Disease in under 75 year olds (2011-15)



Source: St.Helens Public Health Intelligence, from Primary Care Mortality Database

4.4.3 Local Perspective

The National Air Quality Strategy sets out standards and objectives for a number of health affecting pollutants including particulate matter (PM_{10}) and nitrogen dioxide (NO_2). Under the strategy local authorities are required to monitor air quality and take appropriate action if levels of air pollution breach the specified standards and objectives.

Locally air quality is monitored at four locations across the Borough, with monitoring focussing on where NO2 emissions are exceeding safe limits. As a result of this monitoring, Air Quality Management Areas have been declared alongside the M6, in Newton and at two locations around the edge of St.Helens Town Centre. An Air Quality Action Plan has been established to help improve air quality around both these locations and throughout the Borough.

4.5 Crime and Community Safety

4.5.1 Introduction

Crime and Anti-Social behaviour can make people feel unsafe in their local area and have an impact on their health. There is a direct link to health through people suffering both physically and psychologically. Poor health is strongly correlated with a fear of crime and people with a present fear of crime can be twice as likely to suffer from depression.The levels of serious acquisitive crime are strongly linked to drug misuse and dependency. Violent crime and domestic violence have a strong proven links with alcohol misuse.

The level of crime influences how people perceive their local area, and direct experience of it as a victim has a negative impact on personal health and wellbeing. It also influences how people use public space.

Since 2006, the St Helens Community Safety Partnership has undertaken an annual survey of residents to determine their perceptions of crime and Anti-Social behaviour and levels of satisfaction and confidence, since then we have seen an increase in perceived levels of safety.

Table 22. Perceived safety of St.Helens residents

	2006	2007	2008	2009	2011	2012	2013	2014	2015
How important is it for CSP to tackle crime and disorder?									
Very / Fairly Important	96.2%	95.9%	94.0%	91.4%	93.8%	95.0%	94.3%	**93.2%**	**95.0%**
How well are we doing?									
Very / Fairly Well	47.5%	55.3%	52.3%	60.5%	68.9%	74.6%	71.8%	**66.2%**	**68.9%**
How safe do you feel?									
Very / Fairly Safe	51.4%	62.3%	65.3%	70.8%	75.4%	76.9%	79.6%	**76.3%**	**78.3%**
How well are you informed?									
Very / Fairly Well Informed	42.5%	44.7%	46.3%	51.4%	49.6%	54.7%	46.0%	**39.3%**	**42.5%**

Source: Perceptions of Crime and Anti-Social Behaviour Survey, 2006-2015

4.5.2 Key Statistics

a. Anti-Social Behaviour

Anti-social behaviour (ASB) covers a wide variety of negative activity, likely to cause harassment alarm or distress. The ASB categories as defined by the police are:

- Personal - ASB incidents that are perceived as either directly targeted at an individual or group, or having an impact on an individual or group rather than the community at large.
- Nuisance - incidents causing trouble, annoyance, inconvenience, offence or suffering to the local community in general rather than individuals or groups
- Environmental - deals with incidents where individuals and groups have an impact on their surroundings, including natural, built and social environments.

Table 23. Number of incidents of ASB reported to the Police

Year	Total
2010/11	6358
2011/12	6270
2012/13	5838
2013/14	5629
2014/15	6396
2015/16	7081
2016/17	7466

Reported incidents of ASB have continually increased since the start of 2014. This has been evidenced in and around certain neighbourhoods in the Town Centre ward, resulting in the deployment of 2 Section 30 dispersal orders and since October 2014 the Police have utilised their new powers of dispersal to address ASB which allows them to deal with issues immediately if required.

Analysis of a range of data sources relating to personal, nuisance and environmental anti-social behaviours highlight a number of repeat locations and hotspots. Furthermore, this analysis also highlights different issues in different areas, and a further dispersal order in the Bold Ward to deal with the issues. . The action taken has led to an average decrease in reported incidents of around 200 a month over the last 3 month period. However, the target for 2014/15 will not be met.

Throughout the year the Police have robustly dealt with vehicle nuisance with vehicles being seized when appropriate. The Authority has also worked in partnership with registered social landlords and has its own private landlord tenancy officer to address problematic tenants.
The following groups ensure action is taken to address issues relating to ASB;

- Police ASB Governance Group;
- ASB Steering Group;
- Neighbourhood Action Groups.

With ASB being our number one priority, there is an effective mix of prevention, education and enforcement in place locally, including planned interim weekend alcohol confiscation patrols to hotspot locations for underage drinking (Operation Greenall), removing vulnerable young people to a place of safety (Operation StaySafe), and street-based interventions (ASB Outreach Team), and working 1-on-1 with young people on the cusp of criminality/ASB (YOS Prevention Service).

In 2016/17 there were 33 households who made 10 ASB calls or more, an 8% decrease on the previous year. There are seven callers from the previous year's cohort. The cohort made 615 calls to the Police over the 12 month period. Eight of the 33 callers can be attributed to business / off licences premises reporting anti-social behaviour / groups of young people asking adults to purchase alcohol (proxy sales). In response to this emerging issue, a campaign targeting retailers, young people and adults to raise awareness of underage alcohol sales was devised by Safer Communities in conjunction with a number of agencies including Merseyside Police, Health, Trading Standards, Licensing and the Young People's Drug and Alcohol team and formed part of the programme of work in 2017/18. Information about ASB repeat victims is passed to the respective Neighbourhood Action Groups (NAGs) and raised as an agenda item at subsequent NAG meetings for appropriate tasking and consideration of reassurance to the respective repeat callers. The Community Trigger provision was established in October 2014 and gives victims and communities the right to request a case review if there are concerns that ongoing reports of ASB have not been addressed.

The table below records residents' perceptions of anti-social behaviour since 2006.

Table 24. Residents' perceptions of ASB since 2006.

	Issue – Very / Fairly Big Problem								
	CDRP 2006	CDRP 2007	CDRP 2008	CDRP 2009	CSP 2011	CSP 2012	CSP 2013	CSP 2014	CSP 2015
Abandoned Vehicles	6.6%	4.4%	4.0%	3.6%	5.9%	2.5%	1.4%	2.0%	2.2%
Noisy Neighbours	18.6%	18.9%	19.0%	22.1%	27.5%	26.6%	24.7%	22.8%	21.7%
People being Drunk or Rowdy in Public-NI41	40.7%	40.4%	40.0%	37.3%	37.3%	33.1%	25.6%	27.1%	26.1%
People using / Dealing in Drugs	41.6%	43.1%	43.0%	36.5%	36.1%	40.2%	34.5%	32.3%	33.6%
Teenagers Hanging around	60.4%	56.3%	56.0%	43.4%	42.9%	37.5%	35.6%	38.1%	33.1%
Rubbish or Litter lying around	55.4%	49.1%	48.0%	45.0%	48.7%	47.4%	45.7%	46.0%	45.2%
Vandalism, Graffiti/other deliberate damage	48.6%	41.5%	41.0%	30.9%	32.8%	26.6%	22.7%	22.4%	25.2%
High Level ASB	N/A	42.3%	34.2%	24.9%	31.1%	24.5%	20.7%	20.3%	19.5%

Source: Merseyside Police

b. Violence

There were 4,422 violence against the person (with / without injury) offences in 2016/17, a 25% increase on the previous year; although, comparatively performance remains below the peer group average. There is evidence to suggest that the rise in recorded violence reflects changes in police practice, rather than levels of crime. It is known that violent offences in the past have been prone to subjective judgement by the police about whether or not to record the offence. There has been a renewed focus in the last 12 months on the quality of crime recording and a drive to improve compliance with national standards for recording. The quality of crime recording is thought to have led to improved compliance with national recording standards, leading to proportionally more crimes reported to the police being recorded by them.

Nationally evidence suggests 53% of violent incidents involving adults are alcohol-related. Violence is more often alcohol-related in incidents involving male victims. Alcohol-related violent incidents most commonly involve strangers, followed by acquaintances and incidents of domestic violence. Violence is more often alcohol-related in incidents involving male victims. Violent incidents are more likely to involve alcohol at the weekend. The proportions of violent incidents that were alcohol-related

increased as the evening progressed. This information underpins the One Punch Can Kill campaign, which involves the use of radio, social media and face to face interaction.

c. Serious Acquisitive Crime

In 2015/16 there were 1815 serious acquisitive crimes, a reduction of 1% on last year, within our most similar grouping we fell under the average rate (10.61) at 10.24 offences per 1000 population.

Tackling burglary is a priority for the local BCU and a range of partnership approaches are in place to address it, such as Operation Handle and the Integrated Offender Management (IOM) scheme focusing on those offenders who have the greatest impact on crime rates. The latest figures released by the Office of National Statistics show households are now around a third less likely to be a victim of burglary than in 1995 when such crime peaked. These trends in burglary and vehicle-related thefts are thought to reflect what criminologists describe as 'target hardening', making it more difficult for criminals to commit crime, for example by improving household and vehicle security. There was been a 32% reduction in proven convictions in the 12-months since the Integrated Offender Management scheme was introduced (Jan to Dec 15). Serious Acquisitive Crime (burglary, robbery, vehicle crime) is the main characteristic of the IOM cohort.

d. Hate Crime

In England and Wales, hate crimes are any crimes where victims are targeted because of hostility or prejudice in relation to:

- disability
- race or ethnicity
- religion or belief
- sexual orientation
- transgender identity

This can be committed against a person or property. A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime. If a person is convicted of a criminal offence and hostility in relation to any of the above five categories is proven, then any sentence they receive will be increased to take in to account that it is a hate crime.

Raising confidence amongst minority groups and increasing the reporting of this historically under-reported crime is a priority for the CSP and the Merseyside Police and Crime Commissioner (PCC) and STOP HATE UK have been commissioned by the PCC to provide a third party reporting mechanism across the whole of Merseyside.

The number of crimes that were race or religiously aggravated reduced as evident in the table below.

Table 25. Hate crimes racially or religiously motivated 2013/14 and 2014/15

April - March	2014/15	2015/16	Change	Crimes per 1000	MSG	Force
Hate Crimes which include Racially or Religiously Aggravated Offences	128	75	-41%	0.423	0.600	0.999

Source: Merseyside Police

Effective local support services are in place (e.g. Police Hate Crime Investigation Unit) and marketing in the local media has been used regularly to raise the profile of this issue. We operate the 'Safer in Town' Scheme with Halton and St Helens VCA (St. Helens People's Choice) and St Helens Hate Crime Partnership to empower those with learning difficulties to communicate, become more independent and stand up for their rights. The Hate Crime Group meets on a quarterly basis to monitor performance and the groups associated action plan.

e. Domestic Violence

Domestic violence (DV) is defined as "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality.

- Nationally 1 in 5 high-risk victims reported attending A&E as a result of their injuries in the year before getting effective help.
- As well as short term injuries, victims of abuse suffer long-term physical health consequences. Health conditions associated with abuse include: asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders, migraines/headaches.
- 40% of high-risk victims report having mental health issues. 16% of victims report that they have considered or attempted suicide as a result of the abuse and 13% report self-harming.
- Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment.
- Nationally women are much more likely than men to be the victims of high risk or severe domestic abuse, 95% of those going to Multi Agency Risk Assessment Conference (MARAC) or accessing an Independent Domestic Violence Advocacy service are women. Victims of abuse have a higher rate of drug and/or alcohol misuse and at least 20% of high-risk victims of abuse report using drugs and/or alcohol.
- St Helens operates a MARAC which deals with high risk cases that relate to the likelihood of a homicide occurring. The MARAC continues to problem-solve and effectively support vulnerable victims of DV, addressing the risk posed and ensures that victims receive a coordinated package of assistance.
- In 2015/16, 349 cases were heard by the MARAC, including 77 repeat cases, our repeat rate was recorded at 22.1%. The number of MARAC referrals decreased by 131 of which 16.6% were recorded from being from Parr ward which historically has recorded the highest volume of cases heard at MARAC.
- The MARAC continues to problem-solve and effectively support - via multi-agency working – a high number of vulnerable victims of domestic violence, ensuring that risks do not escalate and that victims receive a coordinated package of assistance. It is overseen by the MARAC Steering Group which uses the effective principles of a MARAC to provide a strategic overview.

For information on Domestic abuse in Children and young people please see section 3: Maternity, Children and Young People.

The information in the following sections shows the services run by Helena to support Domestic Violence:

f. Independent Domestic Violence Advocacy Services

Since 2011 Helena have been leading on the IDVA service and Risk Identification Services on behalf of St.Helens Council. The Risk Identification Officer screens clients who have been

referred providing early intervention when necessary and the 2 x IDVA Officers provide more detailed practical and emotional support.

In 2015/16

- 360 referrals by source made to IDVA
- 152 people re-referred (repeat victims)
- 605 Referrals/Signposting to Other Support Services

g. Domestic Violence Outreach Service

Through a Supporting People funded programme Helena provide a low level housing support service to people suffering from abuse in their own homes. In the last year:

- 80 referrals were received by DV outreach.
- 76 of these elected to receive a service

h. Refuge

Helena Extra manages an 18 unit accommodation based service for men, women and children fleeing violence and or abuse and requiring emergency accommodation. During their 6 month stay people are supported practically and emotionally to access other services and to help them secure safe permanent accommodation.

Table 26. Admission to Helena Refuge 2015/16

Category	Numbers (Percent)
Adults	81
Children	73
Families	33
Total admission from within St.Helens	33 (40.7%)
Total admissions from outside St. Helens	57 (55.9%)

Source: Merseyside Police

Complex Needs

The refuge has recognised that a growing number of service users are experiencing multiple issues in addition to their experience of domestic abuse. In 2015/16, 49 adults were assessed as having complex needs. Half of these individuals had complex needs related to their mental health, while the complex needs of the other half related to mental health and drugs and/or alcohol.

Children in Refuge

A Children's Worker works with the refuge, with funding for this worker secured from CLG for a further year in 2016/17. Between August 2015 and March 2016, the Children's worker has supported 46 children and completed 22 initial Voice of the Child sessions. Further sessions have also taken place with individual children where specific need has been identified.

St.Helens People's Board

Members:

St.Helens Council
St Helens Clinical Commissioning Group
Halton and St.Helens Voluntary and Community Action
Healthwatch St.Helens
NHS England
Torus
Bridgewater Community Healthcare NHS Trust
North West Boroughs
St.Helens and Knowsley Teaching Hospitals NHS Trust
Merseyside Police
Merseyside Fire and Rescue

St Helens and Knowsley Teaching Hospitals NHS
NHS Trust

healthwatch St Helens

NHS
North West Boroughs Healthcare
NHS Foundation Trust

NHS
St Helens
Clinical Commissioning Group

Halton & St Helens
Voluntary and Community Action

Bridgewater Community Healthcare NHS
NHS Foundation Trust

St.Helens Council

torus

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