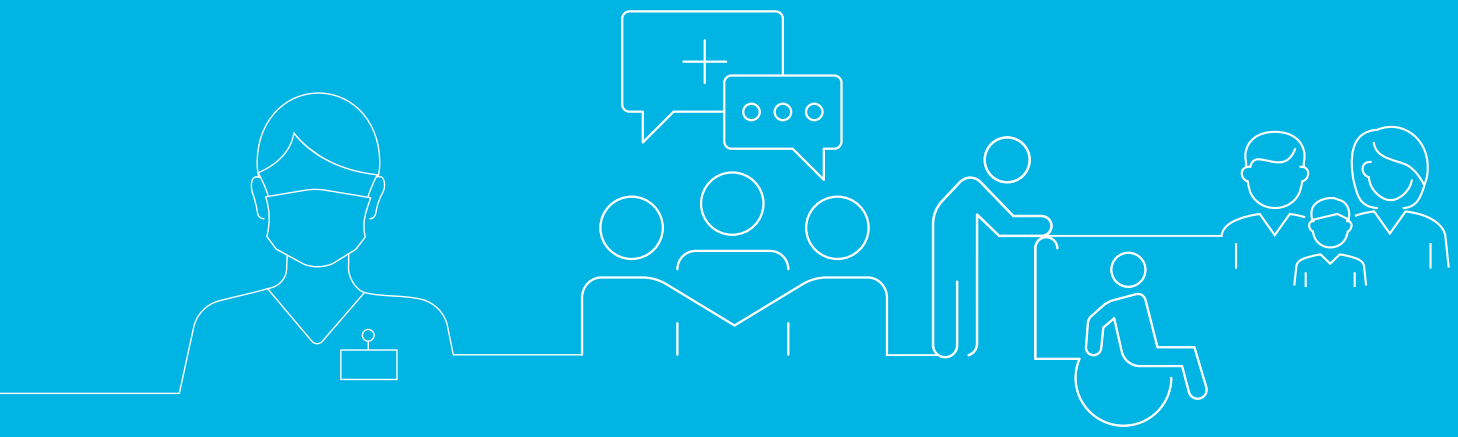
PUBLIC HEALTH ANNUAL REPORT

2021-2022

BRIDGING THE INEQUALITIES DIVIDE



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ST HELENS
BOROUGH COUNCIL

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Foreword

Tacking inequalities is one of the main reasons why I became a Director of Public Health. For me, public health is about creating the opportunities for good health; at the population level, as well as caring for individuals. Although I believe each one of us is responsible for our own actions, it is clear that for some people, life is much more challenging.

I personally want to live in a society where everyone is valued, and everyone gets the opportunity to be their best. However, when I was health visiting, I saw for myself how for some, it feels like their potential and their hope is stolen. Below is an example of what I saw.

When Jenny (not her real name), told me she was pregnant, I was immediately anxious. I had known her for a couple of years as I had visited her, her mum and her siblings often. Her mum was an alcoholic and a victim of domestic abuse. I didn't get a good feeling about her boyfriend, something about him seemed too good to be true, but I put my fears aside because Jenny was excited about becoming a mum and building a life for herself. She told me how she planned to be a better mum than her own mum had been, and how she was going to bring up her baby in a loving family. She moved into her boyfriend's house. He said he would support her and the baby so she could carry on with her education, Jenny wanted to be a nurse.

At first things seemed to be okay, however, when Jenny's baby was eight months old, things changed. Her boyfriend had 'got tired of her', he had a new girlfriend and told her he didn't want to have anything to do with her or the baby anymore - she was on her own; heartbroken, with nowhere to live.

I referred her for professional help, supported her to get her own place and got her help from a charity to secure some furniture. She told me she was determined to make the most of it. Sometime after, things had gone downhill. I didn't know how or why, she wouldn't tell me, but the house had been trashed. Apart from her child she had nothing, no backup, no money, no real friends and no family support. I tried, along with social services, to get her help and support. She became absent from her home when we called, she got into bad company; things quickly escalated, and her child was at risk.

My heart was particularly sad for her and her baby boy. I have never forgotten them because I knew her aspirations and I had wanted her to succeed, but she had so many obstacles, it felt to me that everything was against her and stole her hope. It's for Jenny and other young people like her that I want us to do all we can to tackle inequities.

Ruth du Plessis
Director of Public Health

Sadly, over the last 30 years, inequalities have been getting worse in this country and not better, as the divide between rich and poor keeps on growing. Given the recent increase in the cost of living, there is no time to waste in trying to close the divide.

There have been various initiatives which have helped to make life better for some people, but many of these have not succeeded in reducing the divide between rich and poor, thereby improving health outcomes.

The most important things we need to do are to make sure that everyone has enough money to live on, that everyone knows they are valued, and that we give people the opportunities and the environment they need to thrive. We know that just investing in services isn't going to change things. We also know that creating more jobs isn't necessarily the answer, as these days some jobs are so badly paid that working isn't always a route out of poverty. Therefore, we need to create jobs for local people that are well paid and invest in local people, so they have the skills to get the good paying jobs.

Although money is important, money is not on its own the key to happiness; living in a society which is supportive and where people are generous and kind to each other is.

Thus, we need to do more to make St Helens a place people are proud of, and further promote the sense of community we saw during the pandemic. We also need to support families so they can bring up their children to be confident and connected. We need to make sure our services build self-confidence; we need to support people and enable independence at the same time. This is difficult given the backdrop of cuts to public funding and the cost of living crisis.

In St Helens, we have established an Inequalities Commission to help drive forward action to tackle inequalities. In this report, we aim to outline what some of our local challenges are, what the potential actions are to overcome these challenges and how these relate to the work plan of the Inequalities Commission.

Cllr Anthony Burns, Cabinet Member
Wellbeing, Culture and Heritage

Introduction

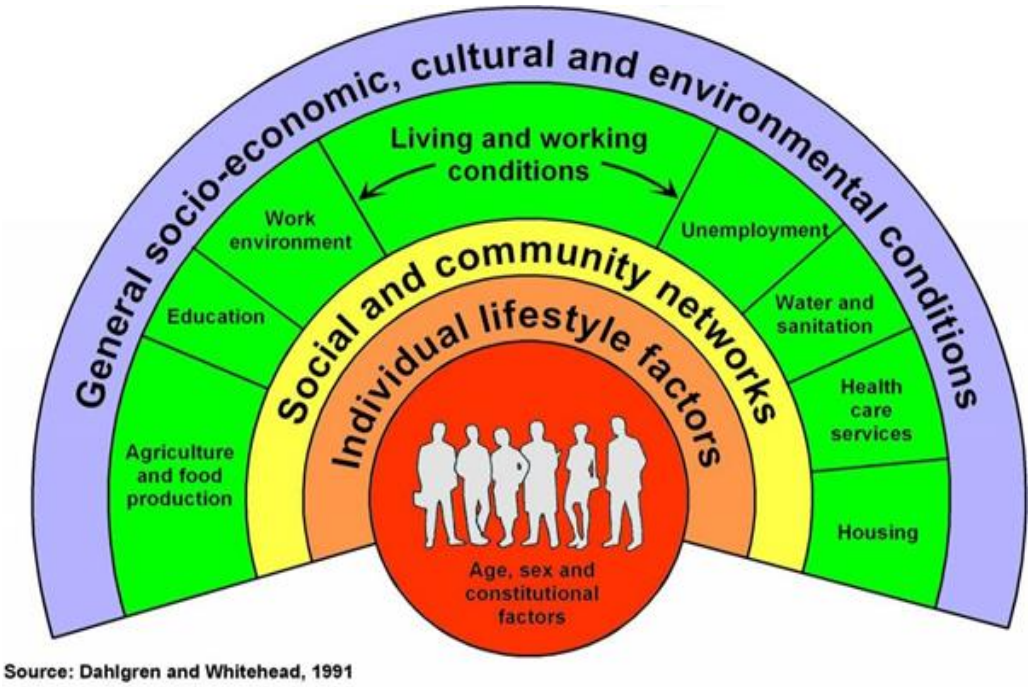
We begin this year's report with a description of inequalities and the factors that contribute to growing inequalities. We use the four pillars of improving living standards, promoting independence, strengthening community, and local leadership and partnerships, to provide the overarching structure as these are related to our borough priorities[1]. Each 'pillar' has chapters with sections describing the local situation, what we need to do to bridge the inequalities divide and what we know works, examples of what we are doing locally and recommendations. We also share local case studies and reflections.

This report emphasises the importance of a local system-wide focus on addressing growing inequalities and reinforces our borough vision: *to work together for a better borough, with people at the heart of everything we do, by improving people's lives together and creating distinct, attractive, healthy, safe, inclusive, and accessible places in which to live, work, visit and invest,* which is echoed in the Government's Levelling Up strategy.[2] At the end, there is a brief update on the recommendations from last year's report.

Bridging the inequalities divide in St Helens

Inequalities can be described as unfair and avoidable differences across the population, and between different groups within society. Inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health and how we think, feel and act, and this shapes our mental health, physical health, wellbeing, and our income.[3] These conditions include education, housing, resources, environment, geography and stigma. See Figure 1 which shows the Dahlgren and Whitehead model of wider determinants.

Figure 1: Dahlgren and Whitehead model of the wider determinants of health



Source: Dahlgren and Whitehead, 1991

[1] https://www.sthelens.gov.uk/media/1687/St-Helens-Borough-Strategy-2021-2030/pdf/Our_Borough_Strategy_2021-2030.pdf?m=637847645547830000

[2] https://www.gov.uk/government/publications/levelling-up-the-united-kingdom

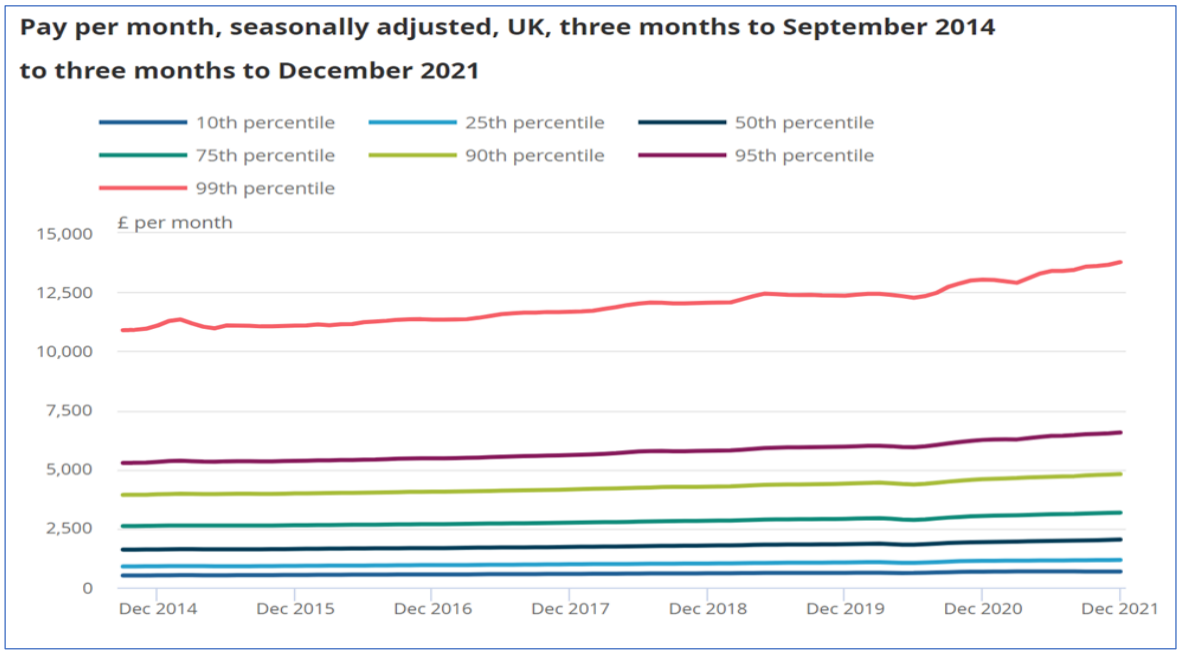
[3] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/earningsandemploymentfrompayasyouearnrealtimeinformationuk/february2022

There have been several initiatives aimed at reducing health inequalities, and although life has improved for some as a result, health inequalities in this country are getting worse, not better. This is likely to be because the underlying cause of most inequalities is the divide between rich and poor and unfortunately, this divide continues to grow across the UK. Inequalities have also been exacerbated by factors such as COVID-19, war, political instability, economic downturn and climate change; with adverse effects at individual and population level.

Although the UK is still one of the richest nations in the world, we have one of the widest gaps between rich and poor. A report by the Resolution Foundation[4] refers to a study which found that in the UK, the average family in the poorest 10% of families has negative net wealth, this means their debts exceed their assets, whilst the top 1% has almost five million pounds per adult in the family. The UK has the 7th most unequal incomes of 30 countries in the developed world.[5] While the top fifth has nearly 50% of the country's income and 60% of the country's wealth, the bottom fifth have only 4% of the income and only 1% of the wealth.[5]

For nearly a decade, people in the top 1% have steadily been paid twice as much as 95% of the population, whilst majority of earners have had their pay remain the same or increased marginally (this data is only up until 2021), the highest earners have also had the greatest pay increases (see Figure 2).

Figure 2: Pay per month in the UK



Source: ONS February 2022

There is a difference between equality and equity. Equality means that every individual should be granted the same resources and privileges regardless of any differences. Whereas equity is about understanding the individual needs of people and treating them accordingly. In some instances, equality is the right thing to do (such as fighting discrimination), in other instances, equity is the right thing to do.

The way we run services can sometimes create barriers and widen inequities especially when we do not recognise that the way people access services varies with need. The inverse care

[4] https://www.resolutionfoundation.org/app/uploads/2020/12/The-UKs-wealth-distribution.pdf
[5] https://equalitytrust.org.uk/scale-economic-inequality-uk

law[6] describes how the accessibility and availability of good medical or social care tends to vary inversely with the needs of the populations served; as a result, those people with the most need are less likely to receive good care.

For example, a digital offer may be a barrier for people without internet access, or appointments that are time pressured may mean someone who is less articulate, or has more complex needs, may struggle to explain their situation in the allotted time. Likewise, having a learning disability can contribute to inequalities; people with learning disabilities generally live shorter lives than the general population, with a gap of 23 years amongst men and 27 years amongst women.[7]

Therefore, we often need to ensure equity by investing in additional resources and infrastructure to improve access for specific groups. It is important to monitor people's experiences of using services and to promptly address any gaps.

In St Helens, like many parts of the UK, we face challenges in relation to growing inequalities, in addition to being the 26th most deprived of 317 local authorities in England.[8] The percentage of adults with appropriate qualifications and skills to enable suitable employment for financial security has remained low in St Helens, compared to regional and national figures. The number of children who live in poverty remains high in our borough and many of our parents have struggled to make ends meet, having to make difficult choices daily on whether to 'heat or eat'. Our education, health and social care, voluntary, council and other essential services face the threat of funding cuts as the financial crisis persists. The rising cost of living as food, household bills, fuel and other essential commodities reach a record high and wages/earnings plummet in comparison, will have an impact on the already significant inequalities at ward level in St Helens. These inequalities are summarised as the Tartan Rug in Appendix 1.

There are clear links[9] between deprivation and higher rates of illness and death from COVID-19. St Helens has been one of the areas most impacted by the pandemic.[10] By the end of July 2022, out of 119 upper tier local authorities, St Helens ranked 8th highest for cumulative COVID-19 infection rate and 17th highest for cumulative COVID-19 death rate. There were sustained periods during the pandemic when our borough experienced significantly higher rates of morbidity and mortality and we had a higher than regional and national average infection rate for 61 out of the first 124 weeks of the pandemic. In addition, Merseyside was under 'restrictions' for longer than most areas in the UK. For additional data relating to COVID-19, see Appendix 2.

According to the most recent Census data, St Helens population has grown by 4.5% from 175,300 in 2011 to 183,200 in 2021, with increases across several age groups of 19.7% in people aged over 65 years, 0.7% in people aged 15-64 years, and 2.9% in children under 15 years. Population growth, particularly in older age groups, will invariably result in more demand for finite resources, services and the environment which is already under threat.

Climate change has made many weather events previously considered rare or unprecedented, such as wildfires, marine heatwaves, droughts and extended monsoon seasons, more common and ferocious in their intensity. Some argue that those people who make up the world's richest 10% account for between 36% and 49% of global emissions. It has been suggested that governments need to tackle climate change alongside efforts to distribute wealth, social status and political power more equally.[11] These challenges, along

[6] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(71)92410-X/fulltext
[7] https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england
[8] English indices of deprivation 2019 - GOV.UK (www.gov.uk)
[9] https://www.local.gov.uk/health-inequalities-deprivation-and-poverty-and-covid-19#:~:text=The%20more%20deprived%20a%20local,and%20mortality%20from%20COVID%2D19.
[10] Cases in St. Helens | Coronavirus in the UK (data.gov.uk)
[11] https://www.ucl.ac.uk/news/2022/may/how-inequality-fuelling-climate-change

with the food and fuel crises, need to be managed properly, not only to avoid more people living in poverty and suffering, but also to tackle other inequalities which are widening.

What local actions should we take?

Our mission is to enable our residents to thrive within St Helens by targeting growing inequalities and bridging the divide. We have a lot of assets in St Helens. The role of local assets in sustainable development is well established and these assets, also called 'capital', if properly harnessed can enable communities to thrive and reach their full potential. This is sometimes called the capital approach.[12] There are various types of capital including physical, human, financial, social, and natural capital. Human capital consists of people's health, knowledge, skills, and motivation which are things that are needed for productive work.[13]

We know that the distribution of these capital across the UK is unequal, leading to the divide within and across people and places. The 'capitals framework' provides an example of how capital can be the main drivers of economic and social outcomes for places within the UK. [14] See Appendix 3 for the Levelling Up Capitals Framework.

These capitals act as the bedrock for driving economic growth and improving social outcomes, including personal wellbeing in places such as St Helens. To reach our full potential and create a thriving St Helens, we will need to identify, improve, and sustain this capital locally, through local actions. These actions include inclusive growth, health and equity in all policies, prevention, giving children the best start in life, progressive universalism and building community.

To support this goal, the Council launched the Borough Strategy 2021-2030 last year which sets out the six strategic priorities for the council and how we can achieve better results for our communities by working together and supporting each other. See Figure 3 which shows the six key strategic priorities for the borough.

Figure 3: St Helens Borough Priorities

Source: St Helens Borough Strategy 2021-2030

Locally, we have established a multiagency Inequalities Commission which reports to the St Helens People's Board (the People's Board incorporates the Health and Wellbeing Board and

[12] https://www.sustainablegoals.org.uk/the-capitals-approach/
[13] https://www.forumforthefuture.org/the-five-capitals
[14] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054766/Technical_annex_-_missions_and_metrics.pdf

Community Safety Partnership). We have continued to engage with local community groups to better understand what matters most to people in St Helens and coproduce solutions.

Our local effort is underpinned by ongoing regional work. In 2021, the Institute of Health Equity (IHE) was commissioned by the Population Health Board of the Cheshire and Merseyside Health and Care Partnership (HCP) to support work to reduce health inequalities in the region. A report was published, 'All Together Fairer', with seven recommended actions for the Cheshire and Merseyside stakeholders and system to build a fairer, healthier Cheshire and Merseyside.[15] The consensus regionally is that *"We need to do something different, or nothing will change", "If we keep doing what we've done in the past, inequalities will continue to worsen".*

We have focused this year's public health annual report, against this backdrop of growing challenges and opportunities for local action, to offer a local perspective to tackling growing inequalities across St Helens. We explore our unique local situation and describe the place-based endeavours across our local communities and integrated system, to deploy local assets/capital, share learning and build on the commitment and collaboration strengthened during the COVID-19 pandemic.

"Most of us cherish the notion of free choice, but our choices are constrained by the conditions in which we are born, grow, live, work and age."

"Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, wellbeing and length of life is, quite simply, unfair".

Quotes from Professor Sir Michael Marmot

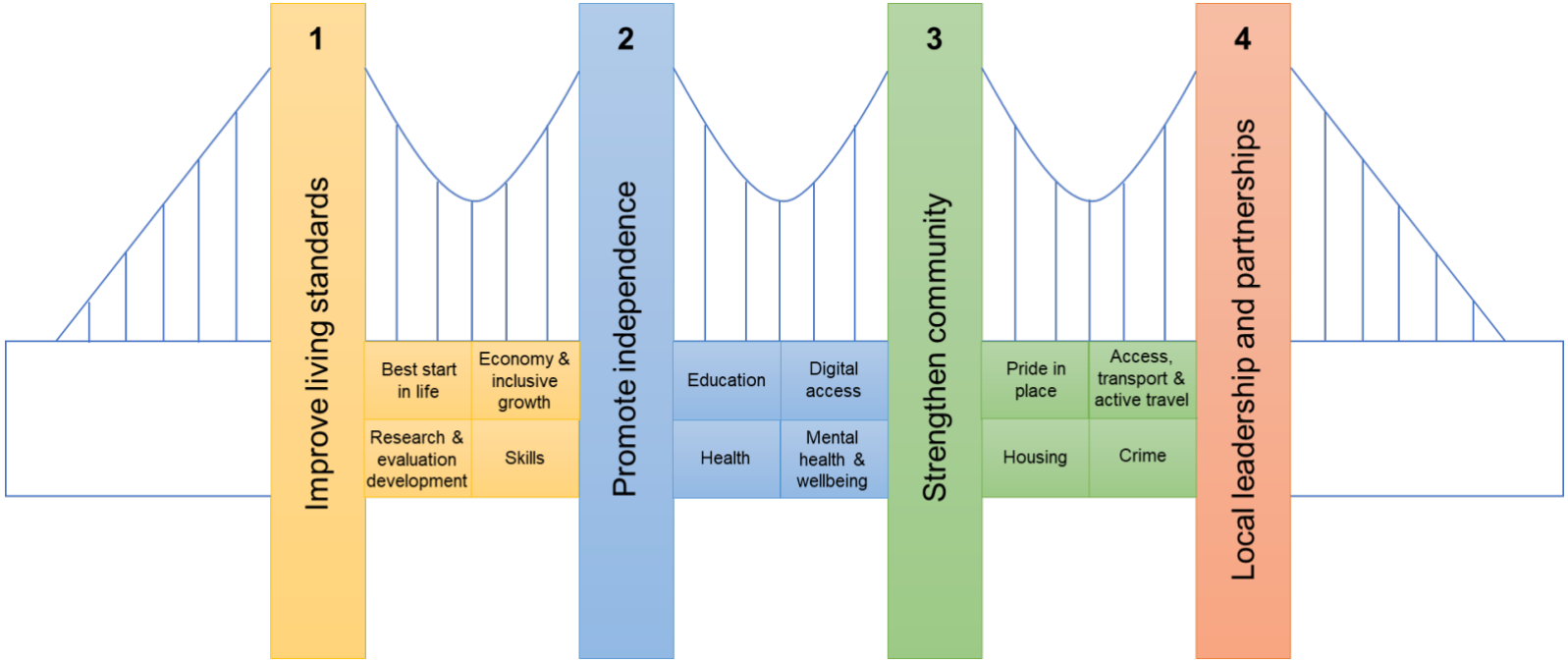
[15] https://www.champspublichealth.com/all-together-fairer/

Bridging the inequalities divide across St Helens

The theme for this report is *'Bridging the Inequalities Divide'*, and throughout this document we refer to the icon of a bridge to demonstrate the inequalities divide within the chapter topics under each of the four pillars across the bridge. See Figure 4 for the structure of the report which symbolises the principle behind our local iconic Steve Prescott Bridge and the Dahlgren and Whitehead model of health determinants, (see Figure 1) which is rather like the shape of a bridge.

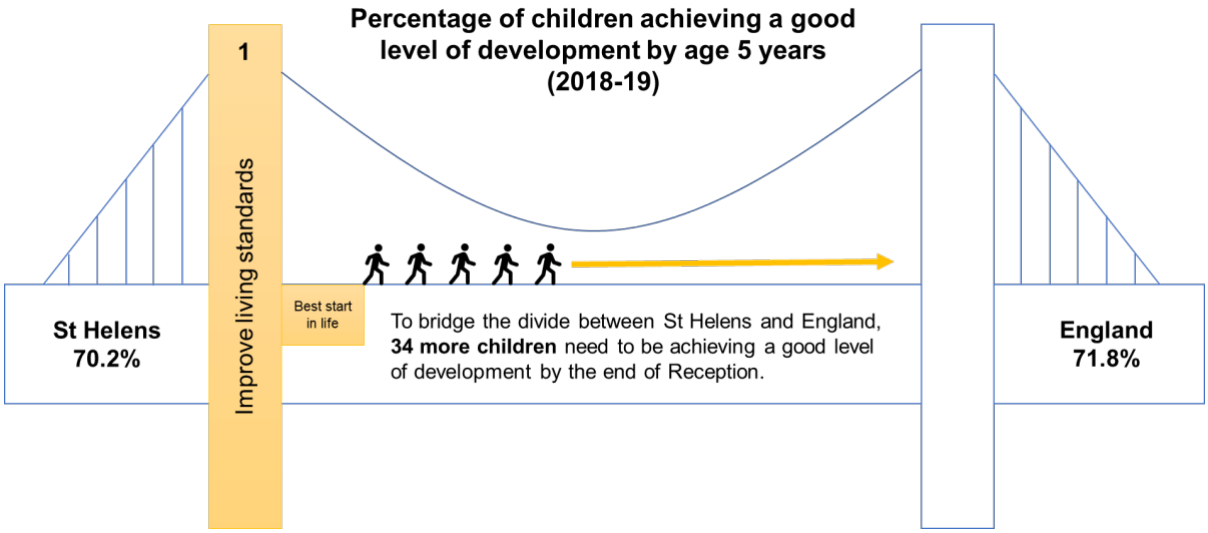
The Steve Prescott Bridge is a memorial to a local rugby hero who although had been diagnosed with a terminal illness, worked tirelessly to raise money to fund research and high-quality healthcare for those most in need. The Dahlgren and Whitehead model describes the circumstances that together determine the quality of the health of the population. These circumstances called the *'social determinants of health'* need to be collectively addressed to bridge the inequalities divide.

Figure 4: Structure of the St Helens Public Health Annual Report 2021/22



Pillar 1: Improve living standards

1A: Best start in life



What is the situation in St Helens?

According to the Marmot Review, intelligence is not just about natural ability; how a child is nurtured is critical. Without love, support and focus on a child's potential, a child's development can be stunted, and this is difficult to recover from and can impede life chances, including future standard of living.[16] Research by Barnardo's showed that when a baby's development falls behind the norm during the first year of life, it is much more likely that they will fall even further behind in subsequent years, than catch up with those who have had a better start.[17]

School readiness is a good indication of children's development which is assessed through their social interactions, social confidence, potty-training, physical development (gross motor skills, crawling, walking) and speech and language development. In St Helens, school readiness (communication and language skills) at Reception has remained worse than the national average since 2013, and is amongst the worst in the North West. However, we have been prioritising efforts locally to reverse this trend.

We know there are marked inequalities in levels of development between children eligible for free school meals (FSME) and those who are not eligible, and these inequalities are already apparent by the age of five years. In 2022, there were over 4500 children who took up free school meals in St Helens, resulting in a local uptake of 16.7% which is higher than the England average of 11.6%.[18]

St Helens has the second highest rate of teenage conceptions in England.[19] Teenage parents are more likely to smoke during pregnancy, have poor mental health, not breastfeed, and not

[16] https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives
[17] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/first-1000-days-of-life/written/88813.html
[18] Schools, pupils and their characteristics, Academic Year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)
[19] Office for National Statistics. Quarterly conceptions to women aged under 18 years, England and Wales. January to March 2021.

be in education, employment or training.[20] Children conceived to teenage parents have a greater risk of mortality or having low birth weight and developmental delays.

For additional data relating to the best start in life, see Appendix 2.

What do we need to do to bridge the divide?

Giving every child the best start in life is the first and possibly the most important principle for addressing health inequalities, outlined by Sir Michael Marmot.[21]

The first 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development.[22] There is a wide range of evidence available on what helps to support the best start in life including the following:

- Increase funding and investment in early intervention and prevention for children, young people and families.
- Increase participation and co-production of services with children, young people and families to ensure all services are designed, delivered, monitored and evaluated by its beneficiaries.
- Deliver evidence-based universal and targeted interventions at pace and scale, delivered by a range of statutory and non-statutory services for children, young people and families from the community, voluntary and faith sector.
- Accelerate the delivery of integrated health, social care and education services, and address organisational barriers.
- Commission jointly to improve outcomes for children, young people and families, and monitor performance and quality.

It is proven that identifying risks early and preventing problems from escalating leads to better long-term outcomes. [23] Local services working together and in partnership with the voluntary, community and faith sectors, all have a vital role to play in supporting families.[24]

For example, to prevent teenage pregnancies, local health, education, social care and safeguarding agencies need to understand the relevance of healthy relationships and add teenage pregnancy to their own priorities and establish how they can contribute to the solution. Reduction in first and subsequent pregnancies contributes to improving outcomes.

What are we already doing?

The St Helens School Readiness Strategy is based around the UNICEF principles that school readiness is achieved through "ready families, ready communities, ready services and ready children". Whilst the parent or carer plays an integral role as the first educator, they will need the support of services to ensure their child reaches their full potential. Preparations and plans are also in place to establish Family Hubs and implement the Start for Life programme, with national funding jointly overseen by the Department of Health and Social Care and the Department for Education.

[20] Public Health England (2018). Guidance: Teenage Pregnancy Prevention framework. Published 15th January 2018.
[21] Institute of Health Equity (2020). Health Equity in England: The Marmot Review 10 Years on Executive Summary. Published 1st February 2020.
[22] HM Government (2021). The Best Start for Life. A Vision for the 1,001 Critical Days. The Early Years Healthy Development Review Report. Published 25th March 2021.
[23] https://www.local.gov.uk/publications/child-centred-recovery
[24] https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

The Teenage Pregnancy Group has been re-established and is working on developing a whole systems approach to implement an evidence-based framework which contains 10 key factors for a successful local strategy.

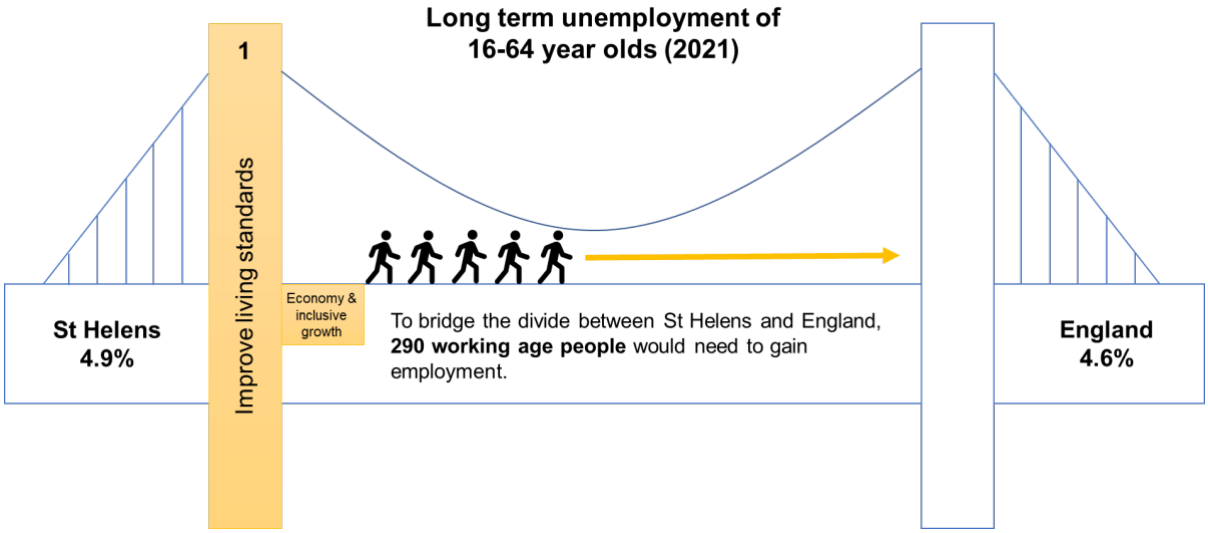
Reflections

Children and young people's health and wellbeing outcomes have been disproportionately and adversely impacted by the pandemic, resulting in developmental, physical, social, emotional, and educational delays. Local partners and services will need to consider new ways of working with children, young people and families to accelerate programmes and mobilise community place-based assets to recover and improve outcomes.

Recommendations

- Take a life course approach to the delivery of universal and targeted parenting information, guidance and support, from pre-conception to adolescence, with enhanced targeted support for families with FSME children (aged 0-5) to help them to be 'school ready'.
- Raise aspirations of young people from an earlier age to ensure they are 'employment ready', with enhanced targeted pathways and support for those with FSME.
- Work in collaboration with parents, carers and young people to prevent teenage conceptions and delay first pregnancies, by increasing access to contraception and evidence-based interventions to help young people make informed choices.

1B: Economy and inclusive growth



What's the situation in St Helens?

The Organisation for Economic Co-operation and Development (OECD) defines inclusive growth as: economic growth which creates opportunities for all segments of the population and distributes the dividends of increased prosperity, both in monetary and non-monetary terms, fairly across society.[25] We can generate more money in St Helens by further developing the economy, but unless the money is used to benefit local people, we will not make substantial health gains. Given that poverty and unequal distribution of wealth is the cause of most inequalities, it can be argued that inclusive growth is the key to tackling inequalities and improving health. See Figure 5 for examples of how economy affects health and vice versa.

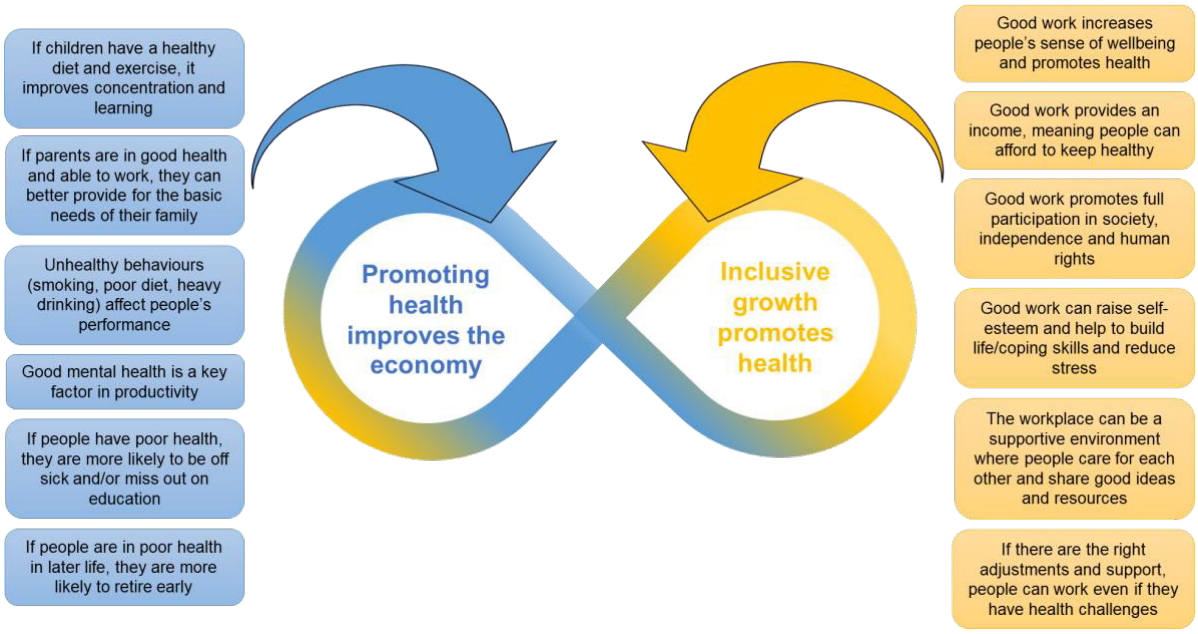
St Helens has significant investment in regeneration with more employment sites planned over the next 15 years, alongside many innovative and strong businesses. It is well connected and an affordable place to live and do business, although we have also seen economic output decline over the long term. Wages are low and too many people do not get the opportunities they need, and businesses struggle to find the skills they require. At the same time, we are facing severe headwinds as the cost of living and inflation rise and may result in recession.

St Helens has similar levels of economically active people who are either in employment or unemployed, to the Great Britain average of around 78%. However, in 2021, there were 7,000 people out of work due to long-term ill-health in St Helens which is higher at around 31%, compared to 25% in Great Britain.[26]

In St Helens, around one in six (5,923) children and young people under the age of 16 years were living in families with low incomes in 2020/21. The income gap in St Helens, compared to regional and national levels, could also create a barrier to inclusive growth.[27] In addition to the gross average weekly pay in St Helens being lower compared with the national average, the median gender pay gap for all employees (full and part time) in St Helens in 2021 was higher at 19.2% compared to 16.3% in England.[28]

[25] Organisation for Economic Co-operation and Development (OECD) Opportunities-for-all-OECD-Framework-for-policy-action-on-inclusive-growth.pdf
[26] https://www.nomisweb.co.uk/reports/lmp/la/1946157106/report.aspx
[27] Office for National Statistics. Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[28] Earnings and hours worked, place of residence by local authority: ASHE Table 8 - Office for National Statistics (ons.gov.uk)

Figure 5: The connection between economy and health



For additional data relating to the economy and inclusive growth, see Appendix 2.

What do we need to do to bridge the divide?

Households with people out of work are often amongst those most vulnerable or at the highest risk of poverty. This can also impact health and wellbeing, and school attainment. Hence, we need to continue to support people back into employment. We also need to focus our efforts on those for whom ill-health and disability is currently affecting their ability to work.

Creating employment opportunities and removing barriers to being in work can help to reduce poverty. Sadly, these days, being in work is not always a way out of poverty, due to low wages, we are seeing an increase in 'in-work poverty'. Therefore, we also need to do all we can to increase wages. We will need to ensure that support is available, including adjustments and training opportunities so that everyone can access good jobs.

We also need to better forecast what skills will be needed to grow the economy in St Helens and make sure we are providing the right education and learning opportunities so that local people can get the good jobs.

What are we already doing?

St Helens is in the process of developing a new Inclusive Growth Strategy, to set out the actions we need to take together to support a strong, thriving, inclusive and well-connected local economy. A comprehensive economic and skills baseline assessment has been produced which will inform the final strategy. The work is being led by Metro-Dynamics who were procured as lead consultants for this work in December 2021 and will develop the strategy using evidence and data. An initial analysis has been completed by Metro-Dynamics as part of shaping the Inclusive Growth Strategy. See Appendix 4 for Metro-Dynamics analysis on inclusive growth. The data highlights that if health is poor, productivity is poor, and this becomes a vicious cycle.

The outputs of the work will be practical, and action focused, setting out three main areas for us to explore locally:

1. Ensuring people benefit from town centre regeneration, development and inward investment across the borough – so that our land and regeneration investments improve economic, social and health outcomes in the borough.
2. Growing our businesses and supporting new ones to start – supporting local businesses to innovate, grow and stay in St Helens, and attracting new businesses to invest and locate in the town, creating new and higher value jobs.
3. Improving public and private sector key worker jobs (retail, health, leisure, logistics) – improving pay, job quality, developing training and employment programmes, and creating progression opportunities.

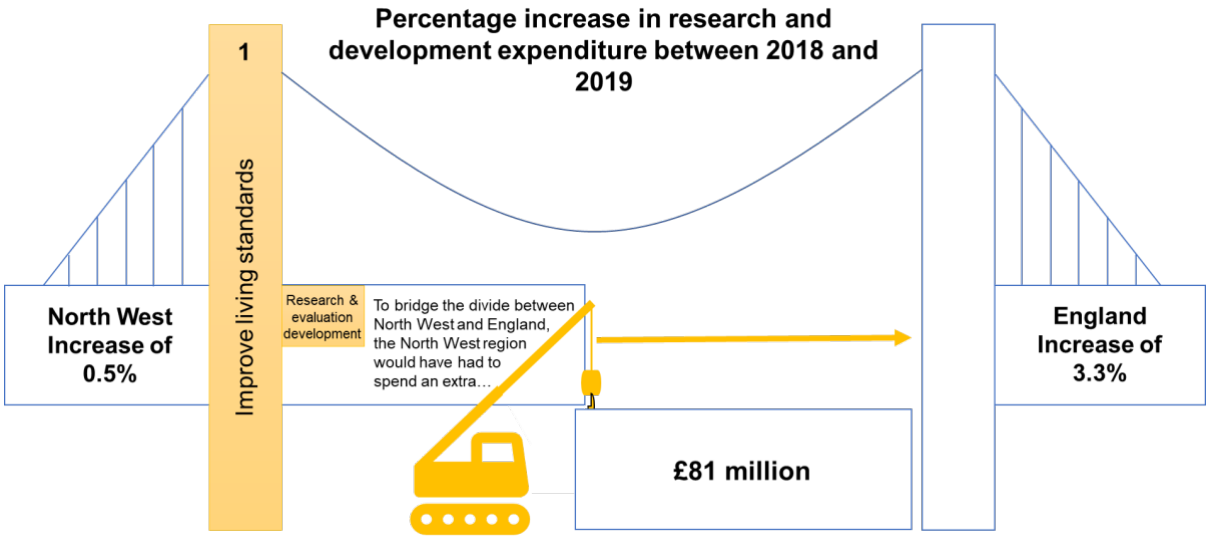
The strategy will enable us to create skills and employment pathways to connect residents to existing and new job opportunities inside and outside of the borough. These are being informed and shaped by the ongoing consultation with key stakeholders such as local businesses, the Chamber, College, third sector and other strategic partners both locally and across the Liverpool City Region. The final strategy is to be adopted by the end of 2022.

We are also looking at ways to increase social value through contracting and procurement to use the Council's buying power to provide additional benefits for society.

Recommendations

- Finalise the local Inclusive Growth Strategy and outline how we can use economic growth to reduce inequalities and promote health.
- Use social value to inform local decision making, as defined in the Public Services (Social Value) Act 2011, which requires public sector organisations and their suppliers to look beyond the financial cost of a contract and consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the population.
- Continue to support low income and vulnerable households with advice for behaviour change to help maximise income through support on lifestyle and benefit advice.

1C Research and evaluation development



What is the situation in St Helens?

We are keen to grow local research capacity and strengthen our links with experts in academia. In St Helens, we recognise the need to create further local opportunities for investment working across the local system and regionally to embed a culture of research into all we do for our residents. Research and evaluation are so important as we want to make sure we are doing the things that work and make a difference as otherwise we might waste our limited resources on the wrong things.

In 2021, the NHS St Helens Clinical Commissioning Group published a research and development strategy to support the transition work to integrated care systems, supporting research in the place of St Helens, and the implementation of the NHS Long Term Plan in St Helens. [29] Research is an important part of good public health practice as it helps us better understand what drives population health and inequality, and identify what interventions work best to improve health and wellbeing outcomes.

What do we need to do to bridge the divide?

Research development includes reviewing the published evidence and guidance or learning from other areas who have evaluated and shared their local interventions. Sometimes there is little or no evidence available. This is where we develop innovative practice, carry out an evaluation of the impact, and ideally publish and share the outcomes with others so they can learn from it.

Research and evaluation need good planning, expertise, funding, time and a commitment to grow the published evidence and share findings with others. Across the North West, the largest components of research and development expenditure were the business sector at £2,051 million (69% of the North West total), followed by the higher education sector at £733 million (25%) in 2019. In 2020, 8.1% of research and development employment in the UK was in the North West region, this was an increase from 7.5% in 2019.[30]

Public health research provides us with a range of information about patterns of population health and disease patterns, the impact of risk factors, the determinants of health, outcomes

[29] https://www.sthelensccg.nhs.uk/about-us/research-and-development/
[30] Office for National Statistics (2021) Research and development expenditure - Office for National Statistics (ons.gov.uk)

of interventions, public perceptions of health, treatment or screening programmes and financial impacts such as return on investment for preventative programmes. The Faculty of Public Health's Good Public Health Practice Framework (2016) describes 'knowledge and intelligence' and 'academic public health' as key functions within public health practice.[31]

Research and evaluation inform good practice and result in positive outcomes. We need to develop and embed a culture of research and evaluation within our work programmes across the local authority and the NHS by building an evidence base showcasing what works and making sure we share our successes and good practice with others.

What are we already doing?

Public Health St Helens have established good working relationships with researchers at Liverpool John Moores University and Edge Hill University and is part of the new Cheshire and Merseyside Research Hub. The hub brings together public health practitioners and research experts to explore new opportunities to undertake more public health research and evaluation together, and to collaborate on research funding applications and projects.

The St Helens research and development strategy closely aligns with the NIHR (National Institute for Health Research) Clinical Research Network Primary Care Strategy which focuses on addressing previous barriers to primary care research, including the lack of academic opportunities for GPs, increase in workload and inadequate research funding. The local NHS and residents have been taking part in studies to examine interventions for tackling COVID-19 including the Panoramic trial[32] and an assessment of oximetry at home.[33]

Other studies involving local people include First Contact Physiotherapy and the REDUCE trial on the incidence of prostate cancer. We are also doing research on the St Helens Shared Care Record, with Edge Hill University, looking at multimorbidity and health service utilisation across primary and secondary care.

Local story

The St Helens Building Bridges programme was part of a national innovation programme to develop new ways to help identify and provide better support for families, particularly children affected by parental drinking and conflict in the home. The programme was developed by the community recovery service Change Grow Live (CGL) in partnership with agencies within the Multi Agency Safeguarding Hub (MASH). An evaluation was carried out by researchers at Liverpool John Moores University and some of the outputs are below:

- Identified families at risk and provided rapid support
- Integrated drugs and alcohol support within the MASH
- Skilled professionals to recognise and respond to family alcohol issues and conflict
- Reduced risk of escalation of need within families
- Improved parental access to treatment and support and reduced stigma
- Helped families to manage wider issues such as financial pressures
- Helped children reconnect with parents
- Helped children reconnect with learning and feel that they were heard

These outcomes were found to be excellent along with positive feedback from parents, children and partner agencies. The learning from Building Bridges has been shared with government ministers and directly informed the development of new national policy for supporting children of alcohol dependent parents. The St Helens Building Bridges Programme

[31] Good-Public-Health-Practice-Framework_-2016_Final-2.pdf (ukphr.org)
[32] https://www.panoramictrial.org/
[33] https://www.england.nhs.uk/nhs-at-home/covid-oximetry-at-home/

was recognised at a national celebration event highlighting best practice across the country.[34]

Reflections

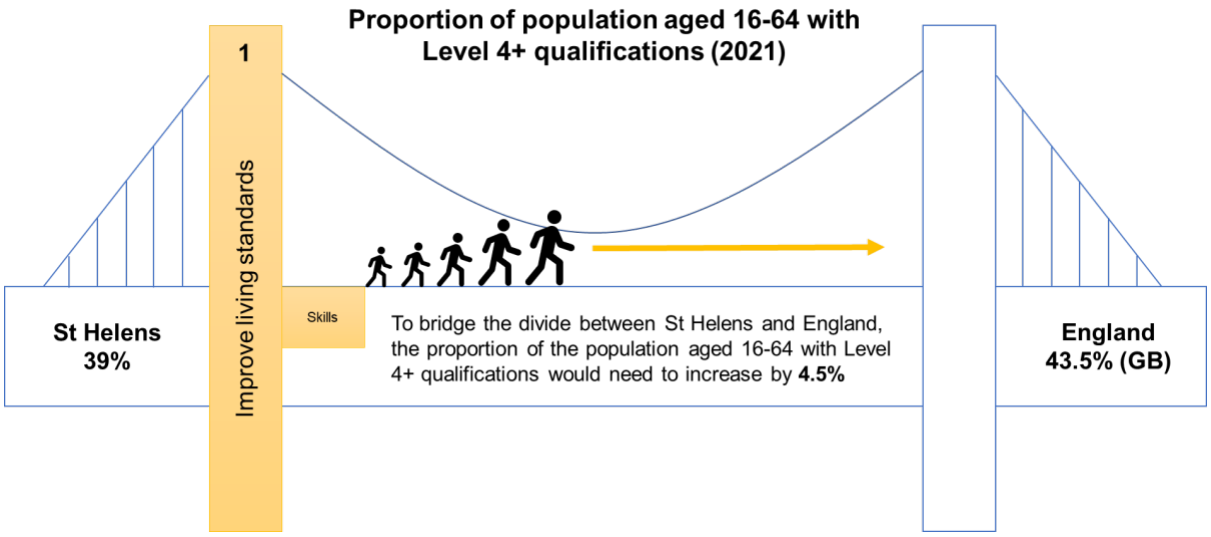
Research and evaluation are not always central to our everyday working, and yet it is such an important part of understanding and doing what we know works. In times of tight budgets, it is now more important than ever that public health action is focused on the evidence where available, or actively builds the evidence base where there are divides.

Recommendations

- Explore opportunities for collaborative research and evaluation through the Cheshire and Merseyside Research Hub.
- Work with the local NHS to build additional capacity to increase research activities.
- Build skills and capacity to embed a stronger culture of research and evaluation within the St Helens workforce.

[34] https://www.sthelens.gov.uk/article/6184/St-Helens-Building-Bridges-support-programme-recognised-at-national-celebration-event

1D Skills



What is the situation in St Helens?

When COVID-19 started to tighten its grip on the UK and the rest of the world in March 2020, this brought many unprecedented challenges, impacting the economy massively - resulting in job losses across the country.

In 2021, St Helens had a slightly higher proportion of employed adults in skilled trades occupations, sales and customer service, process plant and machine operative and elementary occupations compared to England (see Table 1). There are a slightly lower proportion in managerial, director and senior roles, associate professional and technical and administrative and secretarial roles. Low skilled and low paid roles are resulting in high levels of in work poverty and there is a need to ensure residents have access to training to develop their skills and knowledge to access high level jobs.

Table 1: Employment by occupation in St Helens and England (2021)

Occupation group	St Helens (%)	England (%)
Managers, directors, and senior officials	10.1	10.5
Professional occupations	23.7	23.7
Associate professional and technical	14.4	15.3
Administrative and secretarial	8.9	10.2
Skilled trades occupations	9.7	8.8
Caring, leisure and other service occupations	9.2	9.2
Sales and customer service occupations	7.6	6.9
Process, plant and machine operatives	5.9	5.5
Elementary occupations	9.7	9.6

Source: Nomis Labour Market Profile

There were fewer job opportunities in St Helens, for example in 2020, when there were 0.63 jobs per person aged 16-64 in St Helens compared to 0.85 in England. Additionally, due to a skills shortage, 80% of businesses who attempted to recruit between January and March 2021 reported difficulties in finding suitable staff, with lack of suitable skills and qualifications being

the main reason.[35] Employers are having to recruit from outside the borough to recruit to essential roles. Furthermore, the number of people in St Helens starting an apprenticeship decreased by 30% between 2017-18 and 2018-19 from 3,347 to 2,451.[36]

In St Helens, Health and Social Care (H&SC) accounts for 13.6% of all jobs, equating to 8,000 jobs. H&SC faces significant workforce and recruitment challenges; the sector has not been able to keep pace of rising demand for care, with an ageing population and the impact of the COVID-19 pandemic. Nationally, H&SC is estimated to need an additional 222,000 workers to meet rising demands,[36] with substantial demand growth estimated at 2.7% per year.[37]

St Helens Borough Council estimated that an additional 1,040 roles will need to be filled each year, not only due to the rising demands, but also to replace an ageing workforce on retirement. Employers in the NHS and Social Care in St Helens have a constant and rising number of vacancies, with a limited pool of suitable candidates. This results in a reliance on agency staff which increases costs and impacts quality of care.

For additional data relating to skills, see Appendix 2.

What do we need to do to bridge the divide?

One thing the pandemic has shown us is that for some people being able to work from home has a range of benefits. According to the Chartered Institute of Personnel and Development, homeworking is most prevalent in high-skilled professional and managerial occupations. For example, people in professional occupations most commonly work from home, with process, plant and machine operatives and those in elementary occupations least likely to.[37]

There is much we need to do to build skills and opportunities, both to raise aspirations and to support adult learners in acquiring new skills, so residents have more choice in occupations, particularly for those who are older and those with underlying health conditions.

Examples of things we can do to improve skills locally include: more pastoral support (especially for those most impacted by the pandemic), short training programmes linked to employment opportunities, programmes focused on progression for achieving higher salaries and apprenticeships and career development.

What are we already doing?

The Ways to Work initiative is an employment programme delivered across the Liverpool City Region since 2016, with the St Helens Borough element delivered by St Helens Borough Council. There is a good utilisation locally of devolved AEB (adult education budget) funding to upskill individuals to become more employment ready. St Helens Adult and Community Learning (ACL) offer a wide range of courses that are delivered within the local community.

The Ways to Work project employs a number of key workers and employment coaches who work on a one-to-one basis with participants to provide all kinds of support, depending on the needs of the individual. The services offered as part of the delivery of this project include:

- Coaching and mentoring
- Paid work experience
- Training courses
- Skills development
- Information and advice
- One-to-one support

[35] St Helens Chamber QES Survey April 2021
[36] Department for Education
[37] https://www.cipd.co.uk/Images/working-from-home-1_tcm18-74230.pdf

- Group guidance
- Job search
- CV writing
- Interview preparation and techniques

The Council has applied for £1.5million from the Towns Fund to invest in a location to deliver the Health and Care Innovation Hub. The team are in the final stages of submitting a business case to secure this funding. A workforce analysis has identified several issues which impact on recruiting and retaining H&SC workforce in St Helens. These include negative perceptions of the sector, challenges in the recruitment process, training and personal development and lack of collaboration. These issues support the need for the Health and Care Innovation Hub with more influence to tackle these challenges collectively rather than one organisation alone.

The Hub in St Helens is unique with the close collaboration between health and social care training providers and employers. The Health and Care Innovation Hub will:

- utilise learning from the workforce analysis to tackle H&SC recruitment and retention issues
- promote H&SC as a viable career in order to attract more workers to the sector
- align learners who complete health and social care training/qualifications directly with employers
- provide additional health and social care training/qualifications dependent on sector needs
- connect local businesses with local health and social care organisations to find innovative solutions to local problems, as well as creating a locally driven sustainable supply chain.

St Helens Chamber provides a wide range of skills training designed to bridge the skills divide, including apprenticeships, traineeships for 16-24-year-olds and adult training. These programmes are designed to meet St Helens Labour Market needs, ensuring employers and residents have access to highly skilled employees and employment opportunities.

Reflections

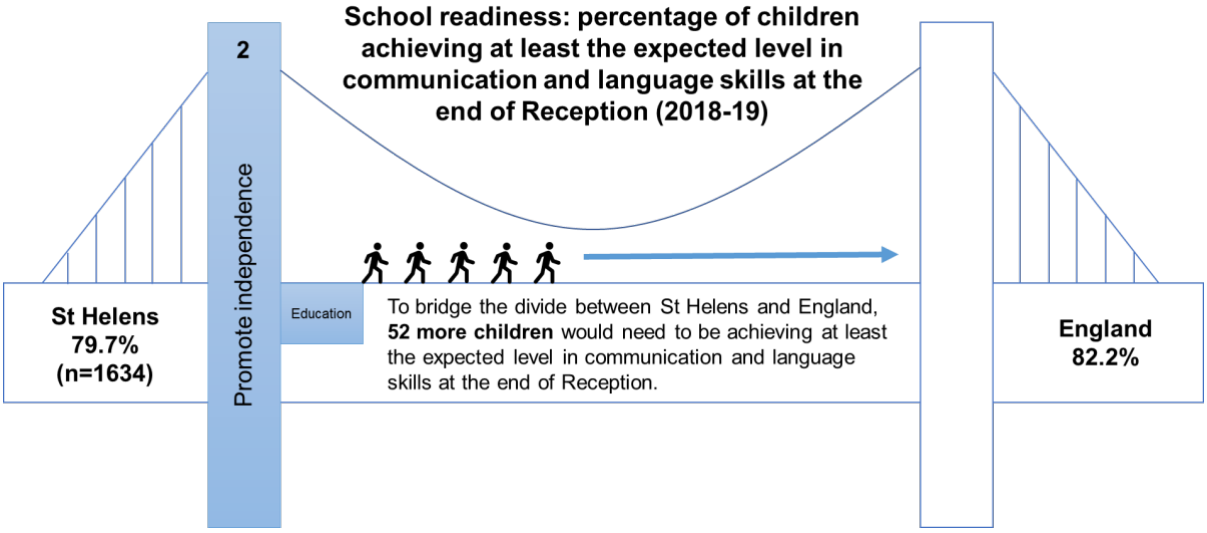
It is important that we develop people in St Helens and provide learning opportunities if we are going to create better quality jobs and grow the economy. One of the reasons St Helens was so impacted by the pandemic is that many people in St Helens were classed as essential workers and were not able to work from home. Whilst it is something to be proud of how people in St Helens kept working, unfortunately many ‘essential roles’ are not well paid and have few opportunities for promotion. We need to change this and offer more people the opportunity to access courses, training and learning.

Recommendations

- Ensure schools engage more with local providers to raise awareness on apprenticeships and promote traineeships.
- Offer more flexibility for Level 3 national skills funding to support more individuals to access Level 3 training.
- Work with employers to develop and promote opportunities for learning whilst in employment.
- Support the success of the Hub project to ensure the expected significant impact on the H&SC workforce issues in St Helens, thereby future proofing the sector.

Pillar 2: Promote independence

2A Education



What is the situation in St Helens?

Prior to the pandemic, children in St Helens were achieving better levels of 'school readiness' at the end of Reception than the regional average, although not as good as the national average. School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally.

Primary schools in St Helens continued to improve throughout the pandemic, with some schools converting from 'Requires improvement' to 'Good' in terms of Ofsted judgements. However, the longer term impact of the pandemic has resulted in national statistics falling significantly in almost all primary data sets. Provisional data sets for St Helens EYFS (Early Years Foundation Stage), KS1 (Key Stage 1) and KS2 (Key Stage 2) for 2022 show that the divide between performance of our primary schools has now fallen further below the national picture. Secondary schools continue to be a focus for improvement. There are still some secondary schools deemed as 'requires improvement' by Ofsted and attainment over time in secondary has been below the national picture. The local authority has facilitated networks led by specialist consultants from out of borough schools to support our schools where it is most needed.

Improving attendance nationally is a government priority highlighted within the recent Government White Paper which states that: *we need to support schools to secure the fundamentals of behaviour, attendance and wellbeing for all, driving down incidents of poor behaviour and increased absence following the pandemic*.[38] In St Helens, school absences related to COVID-19 in 2020 to 2021 academic year were similar to national figures. However, overall absence rate in state-funded primary, secondary and special schools in St Helens increased from 4.8% in 2018/19 to 5.4% in 2020/21 and was higher than 4.6% reported nationally (a decrease from 4.7% in 2018/19). This was particularly problematic for persistently absent pupils in secondary schools resulting in many days of education lost (nationally this equates to over 58 million days), although majority of the absences were authorised.[39]

[38] https://www.gov.uk/government/publications/opportunity-for-all-strong-schools-with-great-teachers-for-your-child

[39] Department for Education, Pupil absence in schools in England: 2020 to 2021, published March 2022 https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england

What do we need to do to bridge the divide?

We need to continue to focus on school readiness and educational attainment as well as supporting mental health and wellbeing. We are implementing a School Effectiveness Strategy, using local intelligence data to identify schools in need of support and providing this accordingly. Schools welcome and appreciate this system of support.

Three priority areas are key to achieving our goals and are as follows:

- Attendance – ensuring all children of all ages are accessing high quality education.
- Inclusion – reducing inequality and actively championing the needs of disadvantaged children and challenging everyone to do the same.
- Wellbeing – focusing on the needs of children and young people and not on institutions or groups.

Although these remain the key drivers to bridging the divide, addressing the following areas will also help:

- Improve attainment in all subjects, particularly mathematics at primary and although the pandemic appears to have had little impact on reading, this will also need to improve further in addition to other areas of English.
- Continue phonics and reading support which enable learning, and this has been effective within the borough with local schools having access to an English consultant who has effectively trained and supported schools.
- Enable schools and local authority officers to co-produce improvement plans and achieve engagement via system-led forward planning through the Learning Partnership Board meetings.
- Ensure governor support, training and forums are effective across the borough.

What are we already doing?

School reviews and achievement and improvement meetings are in place in St Helens to challenge and support our local schools. Our local authority education team provides bespoke support for schools, for example reviews, moderation and monitoring visits, headteacher performance management, outstanding school support as well as a comprehensive induction programme for new headteachers. We have an induction programme for new teachers, and we provide governor training and support.

The Council Education Team is also providing support for an established Standing Advisory Council on Religious Education (SACRE) UK, which in turn provides an effective Religious Education (RE) syllabus and the associated support to deliver this. There is reactive and responsive support including Ofsted visits to schools and we are providing support and challenge, as well as driving improvements in the borough through Learning Partnership Board (LPB) meetings. Our approach includes working collaboratively with other local authority services and officers to ensure the most vulnerable schools receive timely and appropriate support.

We have invested additional resources in mental health including mental health support networks for schools, roll out of the Promoting Alternative Thinking Strategies (PATHS) project, online counselling and emotional support and additional support from Barnardo's as well as additional investment in Child and Adolescent Mental Health Services. See Appendix 2 for more data on education.

Local story

St Austin's Catholic Primary School is a one form entry (one class per year group) primary school with a maintained nursery. In 2018, the school was judged as 'requires improvement' by Ofsted and subsequently, the School Effectiveness Strategy was implemented at St Austin's through ongoing support and challenge from the School Effectiveness Team. At the end of May 2022, the school was inspected again and is now judged by Ofsted to be 'Good' across all areas of the Ofsted framework.

Working in partnership with the headteacher and other school leaders including staff and governors, St Austin's is now able to provide a high quality educational experience for pupils and families in Thatto Heath. St Austin's is highly inclusive and constantly adapts its practice to meet the needs of the local children. With the support of the Safeguarding Children in Education (SCIE) Officer and the Virtual Headteacher, the school was able to strengthen pastoral and educational support for the most vulnerable groups.

The school has been proactive in applying recommendations from officer and consultant visits including improving curriculum design, implementation, and impact to ensure the EYFS curriculum prepares pupils for later learning at Key Stage 1 and increasing the love for reading. They have also explored preparation for the compliance aspects of inspection such as website information and safeguarding training. In addition, the school is capturing pupils' experiences including vulnerable groups such as those in receipt of pupil premium or children with special educational needs and disabilities. There is a focus on maximising resources, systems and procedures to ensure children regularly attend school and establishing a trained and experienced Governing Body to hold school leaders to account. The welfare and wellbeing of pupils and their families has been at the heart of the school's offer to the local community and due to the level of provision, no single child was excluded from school.

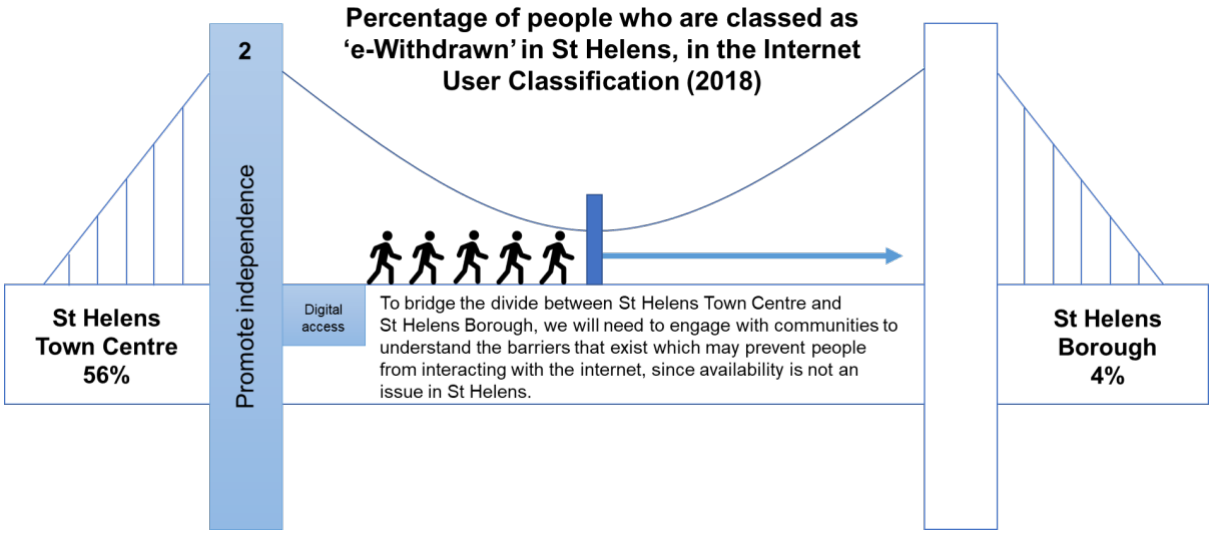
Reflections

Undoubtedly, the landscape of education has shifted with new challenges including the increased pressure on pastoral teams since the pandemic. It is important for us to adopt our local operational management and leadership within the context of this changing national landscape. However, the needs within the system are complex. We should reflect on whether current policies and processes along with the School Effectiveness Strategy, are due for review and require amendments reflecting current local need in light of reduced resources.

Recommendations

- Work with families, schools and multiagency to overcome barriers and through the Learning Partnership Board (LPB) improve school attendance for children in St Helens.
- Ensure attendance features in all reviews, achievement and improvement meetings and challenge exclusions and off-rolling using the LPB meetings to measure success, share solutions and deliver messages from regulators.
- Work with schools to find successful models of inclusion and good practice in relevant subject areas and share learning widely.
- Ensure education and public health teams continue to work together to provide extra funding for local schools to access the Therapeutic Schools Award and help improve pupil emotional wellbeing to alleviate the increased pressure on pastoral teams.

2B Digital access



What is the situation in St Helens?

There are no specific digital inequalities identified across the borough from the perspective of connectivity and availability of infrastructure. There is a good 4G mobile coverage from all four Mobile Network Operators (MNOs), and Ofcom's Connected Nations report (Spring 2022) stated that St Helens has 99% 4G coverage from all MNOs. 5G coverage is also starting to grow across the borough, with the potential to deliver download speeds that will augment fixed gigabit services.

The Consumer Data Research Centre (CDRC) has developed the 2018 Internet User Classification (IUC) using data from the British Population Survey (BPS), which describes how people living in various parts of Great Britain interact with the internet.[40] We know that the way people engage with the internet can impact their everyday lives including their ability to work from home, shop online, use public services and other important areas which have become the norm during the pandemic. It is important to understand the way people interact with the internet and how this affects their behaviour to help lessen the risk of digital exclusion and inequalities in accessing services and opportunities.

Although St Helens Town Centre has access to a good level of superfast broadband coverage at 98%, in St Helens Town Centre ward, there are people who may not be as engaged with the internet and the IUC, for this local area includes:

- **56% are e-Withdrawn** – over half of people living in St Helens Town Centre are amongst the least engaged with the internet and fall within some of the more deprived neighbourhoods with higher rates of unemployment, social housing and lowest rates of engagement for information seeking and financial services. They also have low online access via a mobile device.
- **23% are Passive and Uncommitted Users** – these users tend to have limited or no interaction with the internet. They tend to reside outside city centres and close to the suburbs or semi-rural areas and have higher levels of employment in semi-skilled and blue-collar occupations.

[40] Alexiou, A. and Singleton, A. (2018). ESRC Consumer Data Research Centre; Contains National Statistics data Crown copyright and database right (2017); Ofcom data (2016). CDRC data from Data Partners (2017)

- **21% are e-Mainstream** – these users exhibit typical internet user characteristics in varied neighbourhoods at the edge of urban areas or in transitional neighbourhoods.

The level of engagement described above may result from barriers, such as affordability, to accessing the readily available digital connectivity. Over 60% of the Liverpool City Region neighbourhoods in the most deprived 10% nationally are characterised as e-Withdrawn, compared to just 23% overall and this may be driven by issues including affordability, availability, skills and necessity.[41]

According to research by Lloyds Bank, during the pandemic, 58% of people in the North West increased their use of the internet either a little or a lot and if applied to St Helens would equate to approximately 85,237 people aged 18 years and over. In the North West, 27% of people think their digital skills improved due to the pandemic and 5% of those aged 18+ are classed as being digitally excluded (unable to carry out any of the seven foundation tasks related to digital skills) this equates to 7,348 people in St Helens. [42]

Nationally, in March 2020, only 51% of households earning between £6,000 and £10,000 had home internet access, compared with 99% of households with income over £40,000. Tackling the digital divide will be crucial to addressing social and economic inequalities to bridge the divide between communities.[43]

For additional data relating to digital access, see Appendix 2.

What do we need to do to bridge the divide?

The changes already occurring in the digital world affect us all and have raised the expectations of everyone, both during and as we emerge from the pandemic. We will treat the pandemic as an opportunity to change the way we work and not something that simply sets us back. We will work together to leverage digital innovations to transform the local authority, communities, and the borough, adapting to this new digital world and delivering new innovative solutions to the benefit of us all.

Many people who use public library digital services do not have access to the internet and other digital technologies. From using a PC, accessing Wi-Fi, to attending a skills course, libraries are well equipped to reduce inequalities across the borough. There is a need to improve the digital skills of library staff and staff in community centres in order that they can address the high volume of digital help requests from customers.

Upgrading of technology within libraries and community centres, including expanding self-service opportunities and Wi-Fi printing, alongside the latest adaptive equipment to widen access to digital resources is critical. There is an ambition to provide access to data-enabled devices which can be used to access the internet without home broadband access. Loaned from the Library Service and working in collaboration with partners such as Adult and Community Learning who will assist in upskilling residents, these devices will reduce the digital divide and assist with tackling inequalities.

With increasing numbers of essential services going online, people are turning to libraries and community centres to help them access e-government platforms, banking and employment opportunities, amongst other daily activities. People are regularly referred to libraries from job centres, GP surgeries and elsewhere for access to and advice on digital services.

[41] LCRCA-Evidence-Research-Intelligence.pdf (liverpoolcityregion-ca.gov.uk)
[42] Lloyds Bank UK Consumer Digital Index 2021 | Lloyds Bank
[43] Tackling the digital divide - House of Commons, 4 November 2021 | Local Government Association

What are we already doing?

We will digitally remodel our ICT services, building on the Council's new ICT Strategy and Technology Roadmap 2021–2024, exploiting the advantages digital technologies bring, to enable improved outcomes for our residents, workforce, businesses and partners. Thus, realising our aspiration to be a digitally "smart" borough, thriving on digital services, infrastructure and innovations, such as the Internet of Things (IoT) and Artificial Intelligence.

The Digital Strategy is an essential driver to all six of the borough priorities[44] and will help deliver the ambitious aims of each of them through a new and agile digital service delivery model and the associated "Digital Alignment". The Town Deal initiative seeks to address some of this shortfall by providing the opportunity for connecting more homes to a full fibre network within the funding boundary, as well as providing the Council with the potential to replace parts of its Virgin Media Wide Area Network (WAN) with fibre of its own which it can control and manage.

The Library Service intends to increase community outreach and awareness of the services on offer by reaching out to communities and working in partnership. St Helens Library Service and some community centres are equipped to offer human contact and support to the broadest range of people to increase interest and interactions with digital services.

Reflections

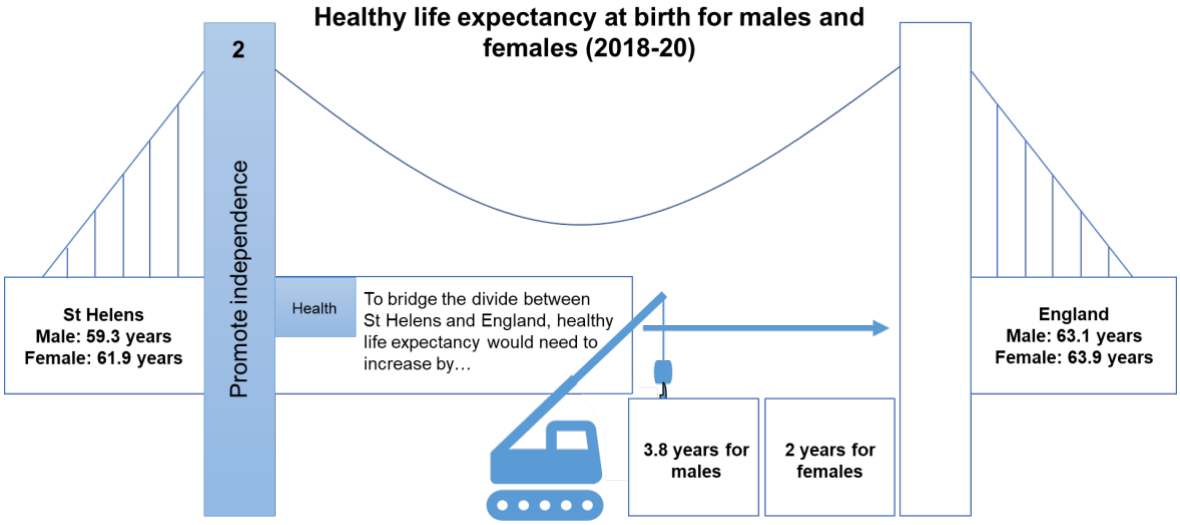
St Helens Council Digital Strategy 2021-2024 focuses on ensuring that digital solutions are adopted to deliver the broader council strategy. It is not just about making certain St Helens has the latest infrastructure, rather that it has the right digital solutions to meet priorities identified locally and for residents to be able to access digital resources. These digital solutions should support standardisation of the multiple demands on the council. Digital inclusion is not simply about the ability to access and use appropriate equipment and software, it is also about social inclusion and local assets such as the library service which are suitably placed to provide help and advice, whilst facilitating opportunity for people to connect with one another. This way digital can help to grow connections locally.

Recommendations

- Improve our digital infrastructure, both through upgrading fibre optics and enhancing access to digital equipment and platforms.
- Use data from CDRC to target interventions tailored to 'passive, uncommitted and withdrawn groups' to increase engagement, build confidence and improve digital access.
- Enhance the digital skills of library staff and community centres by working in partnership and focus on outreaches to raise awareness about how libraries can support digital needs.

[44] https://www.sthelens.gov.uk/together

2C Health



What is the situation in St Helens?

Healthy life expectancy is the average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health.[45]

According to the Equality Trust[46], living in an unequal society causes stress and status anxiety, which may damage people's health, this is on top of general health challenges such as poorer diet, living in a cold damp home and less access to social mobility opportunities. In more equal societies people live longer, are less likely to be mentally ill or obese and there are lower levels of infant mortality. Marmot states that for people to thrive they need access to resources, opportunity and a healthy self-esteem.[47]

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England. People may be considered to live in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just income. There is a proven link between health and deprivation, which sees people from more deprived communities experiencing worse health and shorter life expectancy on average. The impact of deprivation is felt more deeply when there is a big gap between the poorest and richest in society.

St Helens is one of the poorest parts of England, with 43% of its population living in the top 20% most deprived areas in the country and it is estimated that 29.8% of our local children live in poverty[48]. Sadly, the current financial crisis may result in many more families living in poverty. Children growing up in poorer families are more likely to emerge from school with substantially lower levels of educational attainment and this is a barrier to moving out of poverty and reduces social mobility.

Across England, over the past decade the divide in life expectancy between the most deprived and most affluent communities grew, and the life expectancy divide between our St Helens communities is now 10 years for men and 9.2 years for women. COVID-19 has widened

[45] https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy
[46] https://equalitytrust.org.uk/health
[47] https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives
[48] https://www.jrf.org.uk/Data

existing divides between groups, with the mortality rate from the virus in the most deprived areas twice that in the most affluent.

For additional data relating to health, see Appendix 2.

What do we need to do to bridge the divide?

In 2010, a set of six specific objectives were recommended within the Marmot Review to make a fairer society that fosters health equity:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Two have been added this year, with Cheshire & Merseyside[49] being the first region to have them as part of their recommendations:

- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together

We will work together across the region and in St Helens to prioritise delivering the Marmot recommendations from the Institute of Health Equity (IHE). Having this link means we can access expert advice, share best practice and do some joint work together across the region.

We can act early and throughout the life stages to tackle inequalities in social determinants of health. According to the World Health Organisation[50], ensuring that the life course perspective is integrated more fully into our work will help us identify appropriate settings for health promotion, design more effective interventions proportionate to need, and ultimately, save lives. The life course framework[51] involves recognising that all stages of a person's life are intertwined with each other, with the lives of other people in society, and with past and future generations of their families. Older people are also more likely to have several chronic conditions, known as multimorbidity, which need to be tackled altogether. Understanding that health and wellbeing depend on interactions between risk and protective factors throughout people's lives and taking action in three areas:

- early to ensure the best start in life
- appropriately to protect and promote health during life's transition periods
- together, as a whole society, to create healthy environments, improve conditions of daily life, and strengthen people-centred health systems

Health in All Policies (HiAP)[52] is an approach to policies so that we systematically and explicitly take into account the health implications of the decisions we make. It draws on the approach advocated by the World Health Organisation and the European Union. The Marmot Review also highlighted the importance of building health equity into all that we do.

We also need to make sure we reverse the inverse care law by making sure that services are in the areas and communities where the greatest need is. Focusing solely on the most

[49] https://www.champspublichealth.com/all-together-fairer/
[50] https://www.euro.who.int/__data/assets/pdf_file/0004/374359/life-course-iceland-malta-eng.pdf
[51] https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach#:~:text=Unlike%20a%20disease%2Doriented%20approach,or%20restoring%20health%20and%20wellbeing.
[52] https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf

disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage, Marmot calls this proportionate universalism.[53] Proportionate universalism is about providing good quality services for all, with specific additional services for the most marginalised groups. It is characterised by early intervention, thereby minimising the cost of providing specialist services for those with acute needs in the longer term.

We know through talking to local people as part of the engagement work on the Inequalities Commission, that sometimes the way we deliver services is disempowering. People told us that sometimes we do things for people rather than showing them how to do it themselves, sometimes when people ask for help and say they are struggling, it seems like services don't believe them or worse still, say that they need to ask someone else but don't tell them who that someone else is. We need to change this.

What are we already doing?

Following increasing concern over the impact of inequalities, St Helens set up an Inequalities Commission, which is a sub-group of the People's Board. The Commission has agreed a list of priorities for tackling inequalities and is progressing through each priority area, working with a variety of partners. Thus far, it has worked on fuel and food poverty, and giving every child the best start in life. This work is aligned with the broader regional goal towards becoming a Marmot Community. The work of the commission is shared with other local leads across Cheshire and Merseyside at their bi-monthly meetings. For more information about the commission, see the 'Local leadership and partnerships' chapter.

To support the work of the commission, we worked with the Institute for Voluntary Action Research and Halton and St Helens VCA to engage with residents using a workshop format during February and May 2022. Over 50 people attended each of the workshops and this has helped shape the priorities and the work plan of the commission.

In addition, we are working closely with the NHS on 'Core20plus5' which focuses on reducing health inequalities for the most deprived, with a focus on these five clinical areas: maternal health, people with severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.[54]

[53] https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf
[54] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

The Integrated Care Partnership identified three priorities which should be rapidly mobilised across the workstreams to deliver benefits to the population:

Resilient communities	**Healthy weight**	**Mental wellbeing**
By 2027, we will: • Support people to live independently • Reduce social isolation and loneliness • Have care communities in our four localities/networks • Develop a Health & Care Innovation Hub	By 2027, we will: • Support healthy eating choices in the borough • Encourage residents to lead a more active lifestyle • Reduce diabetes	By 2027, we will: • Prevent and reduce self-harm and suicide • Expand VCS capacity to support mental health and wellbeing • Improve the wellbeing of children and young people

Reflections

The past two years have seen big changes with lasting impacts. The pandemic has exacerbated an already considerable level of health inequalities, backlogs in treatments have resulted and primary care and urgent and emergency care is being stretched. Recent global events have further impacted on our most vulnerable residents and the NHS is undergoing its biggest restructure in a decade – all of this adds to the challenge.

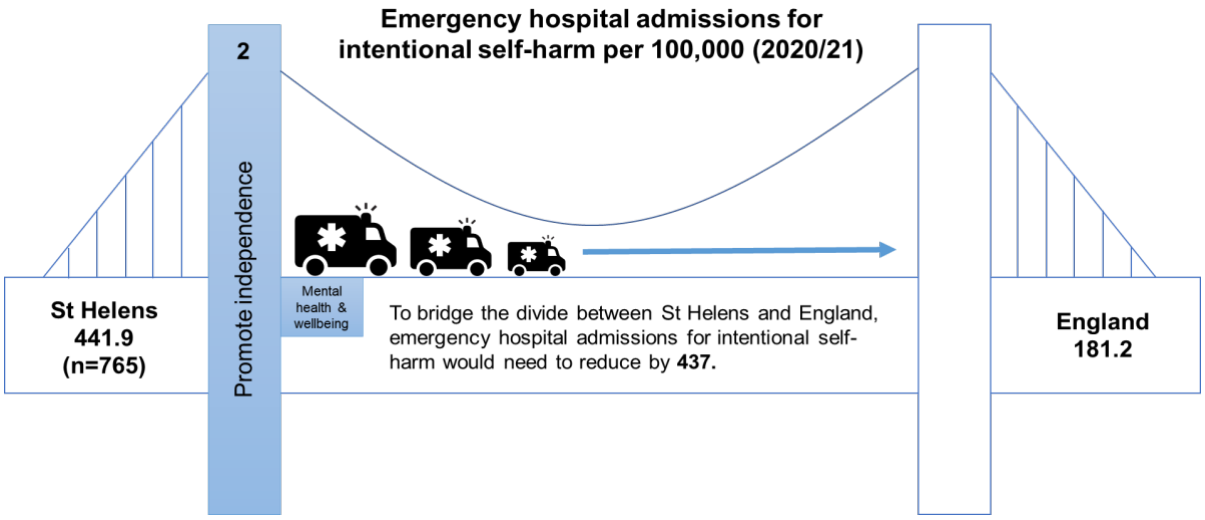
Taking a life course approach means identifying opportunities for reducing risk factors and enhancing protective factors through evidence-based interventions at important life stages. For example, working collectively with schools, workplaces and other organisations involved at every stage of life to ensure that the health and wellbeing of everyone is a vital part of the day-to-day activities in these settings. Improving awareness and health literacy through the curriculum and learning offer in education.

St Helens is a relatively small place with a big heart. We need to continue to be generous in doing those things that will have the desired impact and make the biggest difference to tackling inequalities and improving health across all our local population groups.

Recommendations

- Reduce duplication and ensure that the integrated health and social care system works together better under the new Integrated Care System.
- Co-create solutions with the community using asset-based approaches which focus on building relationships and influencing across all sectors.
- Develop awareness about inequalities through knowledge creation, and advocacy for decision making processes to consider health inequalities.
- Work with employers and businesses to achieve inclusive growth and better health for all people in St Helens.

2D Mental health and wellbeing



What is the situation in St Helens?

In St Helens, we are faced with a particular challenge of experiencing worse outcomes than the national and regional averages for a number of mental health indicators. For example, hospital admissions for intentional self-harm in St Helens are two and a half times greater than nationally and we have a significantly higher rate of hospital admissions for mental health conditions for under 18 year olds compared to the national average.

We also had higher levels of loneliness reported during the COVID-19 pandemic in St Helens, with 11.1% reporting that they 'often or always' felt lonely, compared to 7.2% in Great Britain.[55]

For additional data relating to mental health and wellbeing, see Appendix 2.

What do we need to do to bridge the divide?

To combat mental health problems, we need to take a whole systems approach from prevention to treatment and crisis support. Whilst some mental health problems are as a result of people having a diagnosable mental health condition, some are due to people suffering and living in difficult circumstances. Therefore, we need to tackle the underlying causes of mental distress, support people to look after their own as well as their loved one's mental health and offer appropriate timely treatment services.

Mental resilience can be improved through the 'five ways to wellbeing[56]' – *Connect, Be active, Take notice, Learn and Give*. We also know that tackling stigma and ensuring that people know where to go for help and support are important to improving mental health and wellbeing. Thus, together with preventative services, we will always need 24/7 crisis support, as people's circumstances can change unexpectedly, and some people will reach a point of desperation. The huge role that communities play in improving people's health and wellbeing was highlighted in 2015 by Public Health England (PHE).[57] A key component of any integrated care system is to engage and work with communities. Participating in 'grassroots' engagement supports the development of more holistic approaches, aids decision making and the design and tailoring of services to meet population needs.

[55] Mapping loneliness during the coronavirus pandemic - Office for National Statistics (ons.gov.uk) Data relates to 14 Oct 2020 to 22 Feb 2021
[56] https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/
[57] https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

What are we already doing?

St Helens was awarded NHS England Improvement (NHSEI) funding through the regional Public Health Collaborative and so far, 1,088 men have benefited from local programmes. These include stigma-free collaborations with the voluntary and community sector, the Rugby League Cares and Saints Foundation co-delivered Offload programme and St Helens Wellbeing Service. There were 149 men who attended the Offload programme, which focused on mental resilience and strength. 100% of attendees said they felt better able to discuss their mental health with their families or friends, while 97.6% had a better understanding of how to look after their own mental health.

In 2021, St Helens received funding for a year from the Office for Health Improvement and Disparities (OHID; formerly Public Health England), as part of the Government's Mental Health Recovery Action Plan 2021/22. The Prevention and Promotion of Better Mental Health (BMH) Fund was aimed at rapidly addressing the mental health impact of COVID-19 and reducing widening mental health inequalities by targeting deprived communities, at risk and vulnerable groups. The funding was distributed across settings such as workplaces, children and young people locations and various parts of the wider community with over 26,000 unique direct beneficiaries identified in St Helens and evaluation was conducted by Edge Hill University.[58]

Local story

During one of the Offload sessions delivered to Saints Veterans, the topic of suicide came up in a conversation. A married couple who are members of the Saints Veterans Group got up and left the session in tears. A Saints Foundation member of staff checked on the couple who explained that their son took his own life when coming out of the armed forces a few years prior, and they had never spoken about it to anyone else before. The conversation brought back all of the memories and emotions that they had buried since the loss of their son. Later that day, the couple phoned Saints Foundation office to thank the staff for breaking down the stigma around suicide. They had previously never had the courage to discuss this with anyone and the Offload programme made them realise the importance of opening up. This prompted them to know that they are not alone and to seek additional support.

Reflections

Whilst key outcomes were achieved with the BMH fund, small sums of funding are often relied upon for mental health and suicide prevention commissioning. This is challenging, along with making sure projects and programmes are mobilised, delivered and outcomes achieved in a short space of less than one year, considering the difficulties during the COVID-19 pandemic.

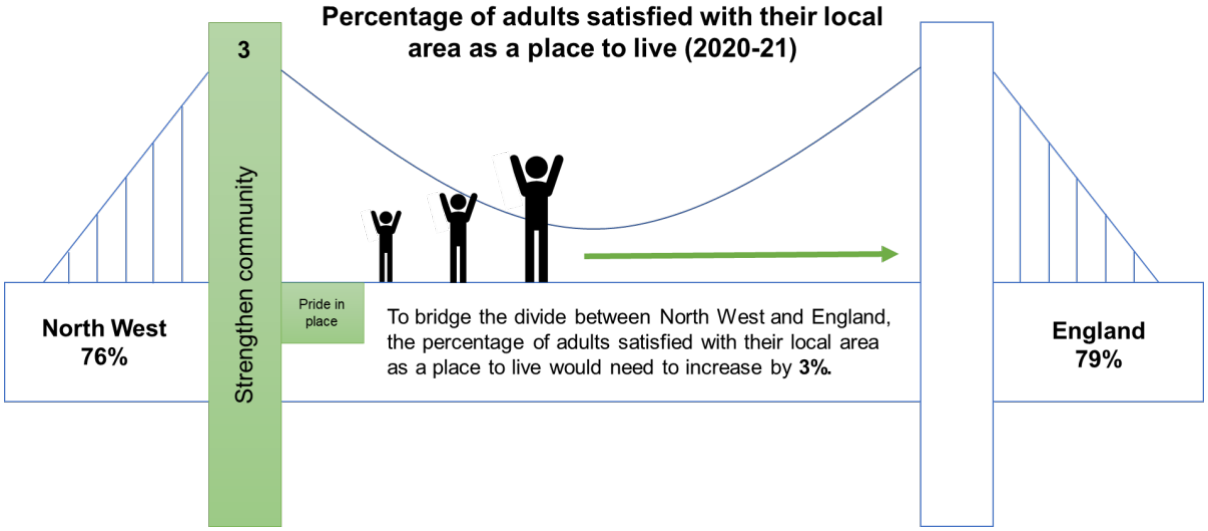
Recommendations

- Examine cost benefits of projects using social return of investment models, where the cost effectiveness of interventions cannot be measured directly.
- Ensure partners such as commissioners and community members work together to put service users at the centre of design and delivery of services.
- Establish more investment into the sustainability of local mental health projects.

[58] https://research.edgehill.ac.uk/ws/portalfiles/portal/50782098/BMHF_St_Helens_Evaluation_Final_Report_June_22_pdf.pdf

Pillar 3: Strengthen community

3A Pride in place



What is the situation in St Helens?

When we engaged with local people around the priorities for the Inequalities Commission, people told us some of the things that make them proud of St Helens include community spirit, an amazing heritage (industry, philanthropy, famous people, art) and beautiful green spaces.

Harnessing the wealth of local assets within a thriving volunteer community strengthened throughout the course of the pandemic. Volunteering across St Helens increased during the COVID-19 pandemic with 100 vaccination volunteers completing 5,301 hours, 31 surge testing volunteers completing 50 hours and 178 community champions completing 39,917 tasks. In 2022, there have been 231 new volunteer registrations, 157 new volunteer opportunities recruiting volunteers and 70 volunteers active in a role through the year.

The role of volunteering, and the pride we have in those that have stepped forward to support our communities this year, continues to exceed expectation. The pandemic has given everyone the opportunity to think differently about the benefits of engaging volunteers in our work. We have been able to try new ways of utilising volunteers and their connections in the community to improve the lives of our residents. The power of great partnership working between Voluntary, Community, Faith and Social Enterprises (VCFSE) and public services has increased the impact of support to individual residents on the ground.

What do we need to do to bridge the divide?

One of the things which should increase the sense of community and to make services more accessible is the locality model. The seven-locality model adopted in March 2021 will enable us to target resources at those areas with highest needs, whilst empowering and enabling residents to manage and deliver services in areas where there is capacity and community support to do so. The ambition is to establish Locality Hubs and restructure our existing resource to change the way we do business, so locality working becomes the main way of providing services across the seven localities.

The locality model will include some services being co-located together, some services working together more closely and some services doing more in reach into the community. Public health provision will become an integral part of this locality delivery.

There has been a change in how people engage and give their time. People are moving away from the traditional regular volunteering, to being more able to pick specific one-off tasks that they can support (micro volunteering).

Our street champions have been on hand to deliver food parcels, walk dogs and shop for residents isolating from COVID-19, fitting it in and around their own lives and commitments, whilst making a huge impact where that help has been needed. Volunteer engagement has infinite possibilities and cuts across so many services. We must remain open to opportunity and think about the added value volunteers can bring in all areas of our work.

What are we already doing?

We are already engaging with voluntary sector organisations and residents to develop the relationships, and scope interest and capacity in supporting and addressing the local health priorities within each locality, as identified through local insights. Locality profiles have been produced to help us understand our local assets and identify the priority areas of need. These locality profiles will be made publicly accessible on the council website.

The Library Strategy adopted on 13th July 2022 focuses resources within each locality as the basis for our Locality Hubs development. Within the new community hubs, we plan to bring together a broader range of service, either by locating them together, having closer working relationships and increasing in reach into the community.

We have done additional recruitment and training with volunteers to support a new initiative to engage residents in positive health messages as we recover from the pandemic. Trusted individuals within our community spaces, who can provide accurate information help to dispel myths and offer insights and feedback about what our communities need. This is vital in bridging the divide for those who may not use digital or traditional communication methods. Community health champions can help to find out how people feel about vaccinations and the issues they are facing in a post COVID-19 society. Empowering local people and giving them the tools and support to make a difference will help towards a healthier, happier St Helens.

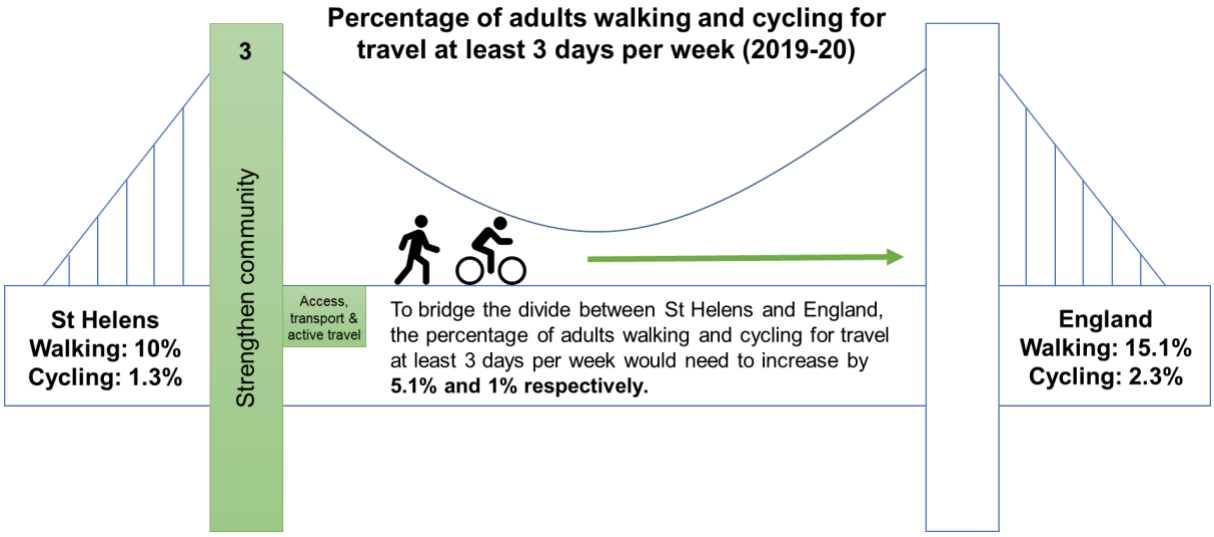
Reflections

There is one key action required to move this agenda forward, which is to work together with partners and secure commitment to progress. There is little doubt that the profile of volunteers and their impact on communities have touched every one of us professionally or personally. Although there is always something to gain from giving time, there has been a return of altruism in the gift of volunteering and this needs to be harnessed, encouraged and grown. The feedback from engagement has told us we need to do more to tackle negativity about St Helens as there is much to be proud of.

Recommendations

- Make every contact count with residents by ensuring all staff, both internal and external commissioned service staff, take a person-centred approach.
- Tailor solutions to need and assets in local communities by local communities, where appropriate, focusing on outcomes and offers not just services and buildings.
- Support the engagement of workplace champions to facilitate the community health champion programme and do more to promote the great things about St Helens.
- Work with the VCFSE to recruit, train and support local volunteers and workplace champions to continue conversations with residents and obtain their views and suggestions on health campaigns.

3B Access, transport and active travel



What is the situation in St Helens?

The evidence for the health and wellbeing benefits of being active is overwhelming; preventing a range of illnesses, improving our wellbeing, and even helping people to manage certain health conditions better. Active travel is better for the environment, saves expenditure on travel and has health and wellbeing benefits. St Helens is surrounded by lots of green space with a higher average number of 5.4 parks, public gardens and playing fields within a 1000m radius, compared to England with an average number of 4.3. The average distance to the nearest park, public garden or playing field in St Helens is 279.7 metres, this is closer compared to 398.3 metres in England. St Helens offers some walking and cycling routes, however, we know that walking and cycling is currently more popular as a leisure activity rather than as a means of travel. Findings from the Bike Life Report have identified barriers that residents across Liverpool City Region face when looking to take part in cycling as part of active travel; 44% of respondents identified that they were concerned about their safety when cycling.[59]

For additional data relating to access, transport and active travel, see Appendix 2.

What do we need to do to bridge the divide?

Structured cycling and walking programmes have a positive impact on people's health and wellbeing. However, when looking to increase rates of active travel, there are a number of steps recommended for practitioners, local authorities and decision makers to follow.

Making sure cycle routes are safe for everyone and ensuring high quality cycle infrastructure can have a large impact. An up-to-date Local Cycling Walking Infrastructure Plan (LCWIP) will help identify plans to increase walking and cycling journeys throughout the borough.

What are we already doing?

We have recently developed an 'Active Lives Strategy' which outlines the Council's priorities.[60] These priorities are focused at providing safe spaces for active travel across the borough, such as safer walking and cycling, promoting the use of local parks and green spaces and developing active workplaces as well as the local Active Through Schools programme. There

[59] https://www.liverpoolcityregion-ca.gov.uk/new-report-shows-support-in-liverpool-city-region-to-improve-cycling-on-roads-and-reduce-cars/
[60] https://www.sthelens.gov.uk/media/4101/St-Helens-Active-Lives-Strategy-2022-2027/pdf/st-helens-active-lives-strategy-2022-2027.pdf?m=637895968080100000

are several successful walking and cycling programmes being delivered across the borough, targeting a range of participants with the aim of:

- increasing activity levels;
- creating stronger relationships with participants to improve health and wellbeing; and
- encouraging behaviour change within participants' lives.

Our local ongoing schemes and projects which can support residents to increase their active travel journeys include:

- Proposed active travel connections and opportunities to integrate new cycling and walking routes.
- Ongoing active travel route design work, including three cycle routes currently under consideration.
- Work with Liveable Cowley (Sustrans) and St Helens North Housing to explore potential to transform journeys between the Town Centre and East Lancashire Road.
- Local Cycling Walking & Infrastructure Plan, currently at the stage of prioritising infrastructure improvements with the full plan in place by November 2022.
- Bid for partnership with Sefton Local Authority and the Department for Transport, if successful, for funding to allow both St Helens and Sefton to embed active travel specialists into current social prescribing services which will enable targeted support for residents to increase active travel journeys and changes in travel behaviour.
- Access to a cycle to work scheme for council staff.

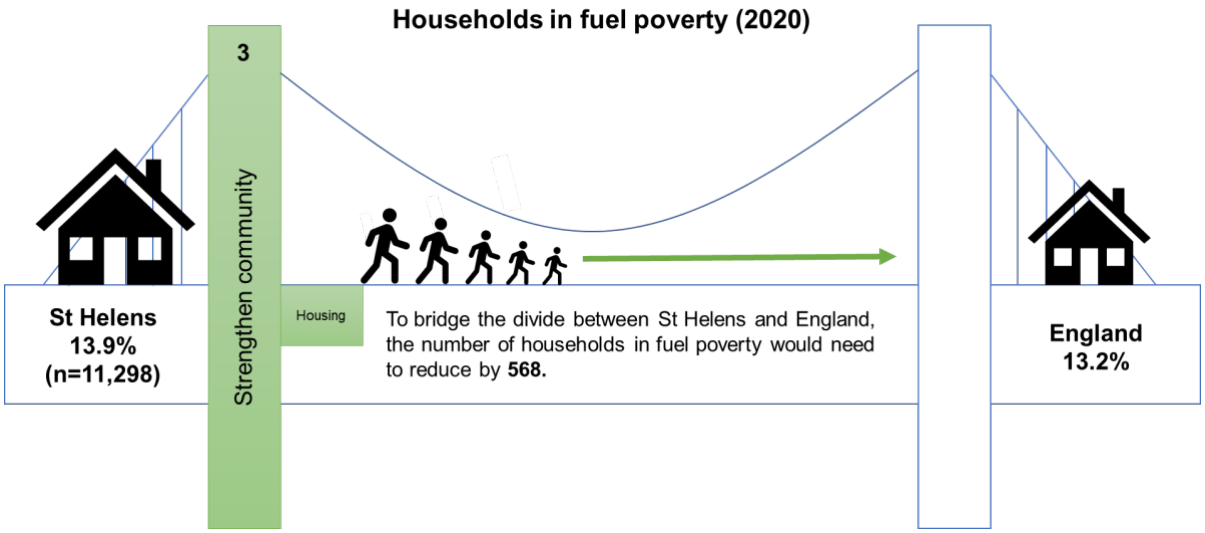
Reflections

Active travel has a range of health and economic benefits. St Helens has a huge amount of potential to increase active travel journeys, with availability of vast areas of green space and current successful walking and cycling programmes that are being delivered in the local area.

Recommendations

- Deliver more training for professionals to help advise participants involved in walking or cycling programmes on how they can embed active travel into their daily lives.
- Create more opportunities for residents to trial cycling through a loan scheme of existing bicycles which the local authority has access to.
- Consider infrastructure investments to increase the number of active travel routes within the borough.

3C Housing



What's the situation in St Helens?

In England, the 'Low Income, Low Energy Efficiency' (LILEE) indicator is used to determine fuel poverty and a household is considered to be fuel poor if they:

- live in a property with a fuel poverty energy efficiency rating of Band D (68) or below
- were to spend the amount to adequately heat their homes, they would be left with a residual income below the official poverty line

LILEE is a relative indicator with regards to income but an absolute measure regarding energy efficiency.[61] In 2021, the median energy efficiency score of all dwellings in St Helens was 66, meaning an energy efficiency rating of Band D, similar to England and the North West region.[62]

The proportion of households living in fuel poverty in St Helens is higher at 13.9% compared to the national average of 13.2%, and within St Helens fuel poverty ranges from 8.7% in Eccleston to 18.4% in Thatto Health, highlighting disparity within the borough.[63]

In addition to fuel poverty, there are other housing problems which result in poor quality housing and can harm health.[64] The self-reported health impact when people fall behind with their housing payments can be comparable with that of unemployment and holds people back from fulfilling their full potential. The number of enquiries received by the Council's Housing Options & Advice Service increased by over 60% between 2019-20 and 2021-22. It was approximately 6,000 (500 contacts per month) in 2019/20, and over 10,000 (833 contacts per month) in 2021/22.

During the pandemic, the Government put protections in place to temporarily suspend orders for possession and prevent landlords from evicting their tenants with rent arrears, leading to a decrease during 2020-21. The Government protections have now ended, resulting in a backlog which will increase the demand for homelessness services response in 2022/23. In St Helens, homelessness has been improving and by 31st March 2022, there were 314 units of homeless supported accommodation across 12 services, comprising accommodation-based and floating support with all services operating at capacity. During 2021/22, 786

[61] https://www.gov.uk/government/publications/fuel-poverty-statistics-methodology-handbook
[62] Energy efficiency of housing in England and Wales - Office for National Statistics (ons.gov.uk)
[63] Department for Business, Energy & Industrial Strategy. Fuel poverty sub-regional statistics - GOV.UK (www.gov.uk)
[64] https://bregroup.com/press-releases/bre-report-finds-poor-housing-is-costing-nhs-1-4bn-a-year/?cn-reloaded=1

individuals were accommodated and received support across the 12 services. Within the overall total, there are 126 units of hostel accommodation, 20 units of homeless family accommodation and 18 refuge units.

In 2020/21, the rate of households assessed as homeless in St Helens was 4.79 households per 1,000, which was lower than the England average of 6.34 households per 1,000. Rough sleeping has also improved, locally there was a decrease in 2021/22 as a result of interventions delivered by the Council and its partners through the rough sleeping initiative. Although the numbers of people sleeping rough has fallen since the pandemic, the increase in the cost of living could reverse these trends for individuals and families who may then face the risk of homelessness and require temporary accommodation in the future.

For additional data on housing and associated factors, see Appendix 2.

What do we need to do to bridge the divide?

The Inequalities Commission is focusing on the urgent need to tackle food and fuel poverty. There are three important elements in determining whether a household is fuel poor. These are household income, household energy requirements and fuel prices.

With over 3 million households in fuel poverty still living in properties with an energy rating of D or worse, the Government has outlined priorities for achieving greater self-sufficiency and greater security for those people in fuel poverty by maintaining and stepping up progress on energy efficiency.[65] There is emphasis on domestic energy efficiency programmes which will help to lift more households out of fuel poverty and protect those most at risk of succumbing to fuel poverty.

In addition, targeting those who are at risk of homelessness is important locally since homelessness can happen to anyone. It is also closely interlinked with other social issues such as loss of employment, substance addiction, poor mental or physical health, domestic abuse, involvement in crime, relationship breakdown, or childhood trauma and neglect. People experiencing homelessness face immense hardship, often have some of the most complex and unmet need, present repeatedly in a crisis and become stuck in temporary accommodation. Improving access to good quality housing should improve people's ability to gain employment and participate in society.[66]

What are we already doing?

The Council recently published a Housing Strategy with a vision for housing in St Helens over the next 5 years to ensure residents have the choice to live in a decent affordable home within a sustainable neighbourhood and with appropriate support if required.[67] In April 2022, under the Inequalities Commission, a working group on food and fuel poverty formed to discuss taking rapid action on the cost-of-living crisis.

The Affordable Warmth and Welfare Service aims to improve the thermal comfort of residents' homes and reduce their spend on fuel, by providing advice on ways to improve energy efficiency, reduce fuel bills and support clients to access schemes. A case study was published: https://www.scie.org.uk/news/opinions/preventing-winter-deaths.

[65] https://www.gov.uk/government/publications/role-of-energy-efficiency-measures-in-tackling-fuel-poverty-letter-to-prime-minister

[66] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054766/Technical_annex_-_missions_and_metrics.pdf

[67] https://www.sthelens.gov.uk/media/4406/Housing-Strategy/pdf/Housing_Strategy_2022_-_2027.pdf?m=637938205206830000

During the pandemic, the 'everyone in' policy, part of the St Helens homeless health and complex cares work, supported every homeless person to access temporary accommodation in local hostels and hotels. This provided services with a unique opportunity to work in a more joined up way to provide healthcare, testing and vaccinations via an in-reach model. A workshop with key partners including the Drugs and Alcohol Service, Mental Health, Community Nursing, Public Health, Housing First, Housing, Probation, Homelessness Nursing Service, local hostels, Citizens Advice, Police, Department for Work and Pensions (DWP), voluntary services and Sexual Health Service confirmed that there is motivation locally to work better together for people with complex needs, building on our learning during the pandemic.

An outline framework for Complex Cares has been developed and agreed in consultation with local stakeholders and leaders. This framework will form the basis of an implementation plan, alongside service user engagement and an evaluation plan to demonstrate the impact and improvement to people's lives as a result.

Local story

A 36 year old male who has been homeless and rough sleeping since September 2019 joined the Housing First programme in October 2020 when he was released from prison. He had a history of mental health issues, failing to take prescribed medication, drug and alcohol misuse and offending behaviour that led him to lose his accommodation. This individual was able to build a trusted relationship with professionals and develop a safe inclusion plan and positive behaviour plan through local agencies working together to offer ongoing support. The system support was provided by Housing First, the Council's Homelessness Team, Whitechapel Centre, Teardrops, Homelessness Mental Health Outreach and the Housing First Commissioned Psychology Team. He was able to access the mental health support he needed and subsequently secured a Torus property in July 2021. Since accessing this support, he continues to engage with services and maintain an independent tenancy. He also re-established a relationship with his son and family and is making plans to return to work.

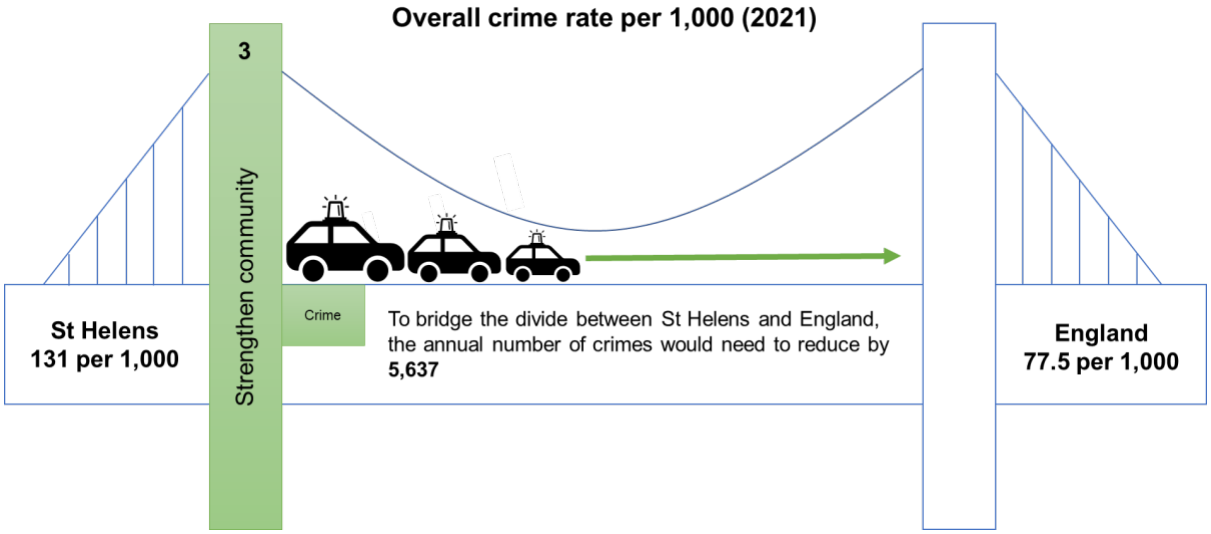
Reflections

The nation is facing unprecedented times of unstable and rising energy costs, exacerbated by war and climate change. In addition to offering options to consumers to access cheaper energy, more is needed to improve energy efficiency in homes so that people use less energy overall because their homes efficiently retain warmth. Improving access for the service user by taking a 'Complex Cares' approach can empower those people who are most affected by homelessness. Service users would recognise their own strengths and receive coordinated support for a range of needs including physical health, harm reduction, alcohol and substance misuse, mental health, housing, counselling, debt and financial advice, access to skills and employment, reducing the risk of reoffending. All service providers will work beyond traditional models and be trained in trauma informed practice in a supportive, solution-focused culture.

Recommendations

- Establish more opportunities locally to offer advice to households facing fuel poverty so that people can keep warm in the winter and cool in the summer.
- Improve targeted support by engaging service users and those with lived experiences as part of the Complex Cares approach including various stakeholders such as Public Health, Housing, Health, Mental Health and the Drugs and Alcohol Service.
- Develop an evidence-based approach using an evaluation of Complex Cares and the outputs from the local Housing Strategy and Strategic Housing Market Assessment to plan for current and future needs.

3D Crime



What's the situation in St Helens?

Overall, the number of crimes committed in St Helens have remained static over a 12 month period with approximately 2000 crimes recorded each month from May 2021 to April 2022 (see Appendix 2). In 2021, the overall crime rate in St Helens was 131 crimes per 1,000 people which was 20% higher than the Merseyside rate of 105 crimes per 1,000 people. There are some local wards with crime rates three times greater than the borough average (see Table 3). However, the rate of domestic abuse related incidents in St Helens during 2020/21 was 29.4 per 1,000 population, which was lower than the England rate of 30.3 per 1,000.

A more detailed analysis on types of crime from December 2020 to November 2021 demonstrates a decreasing trend in most burglary and theft related offences and an increase in issues such as cybercrime (see Appendix 2), reflecting the shift to greater online activity during the pandemic period. Offences such as knife crime and gun crime fell during this period however increases in sexual offences and violence were recorded.

Within St Helens there are some disparities when we consider crime rates at neighbourhood level, as illustrated in Table 3. The highest crime rate is in Town Centre West and the lowest in West Park, creating a divide of 283 crimes per 1,000.

Table 3: Crime count and rate per 1,000 in St Helens by neighbourhood (2021)[68]

Neighbourhood in St Helens	Crime count	Crime rate per 1,000
Town Centre West	2,727	369
Town Centre East & Fingerpost	2,354	323
Derbyshire Hill	998	145
Thatto Heath & Lea Green	1,757	120
Sutton Leach	967	94
Moss Bank	943	93
West Park	907	86

[68] St Helens, Merseyside Crime and Safety Statistics | CrimeRate

In relation to new risks, there is an emerging issue of ketamine use in young people within the borough which has been identified quickly and a coordinated, multi-agency response has commenced to tackle this. There is increased effort to raise awareness through schools and colleges, with advice to parents and young people, and a relentless focus on tackling the people supplying drugs into our communities.

A community safety survey was completed January to February 2022 to ascertain the views of local residents in relation to crime and disorder in the borough. In total, over 700 responses were recorded, and residents outlined the following:

- Three priority areas for respondents were anti-social behaviour, knife crime and burglary/theft.
- Support from residents for more police patrols, greater use of CCTV and enforcement against anti-social behaviour as three partner priorities over the next 12 months.

Of the residents who responded, 90% reported feeling safe or fairly safe in their neighbourhood during the daytime, although this reduces significantly to 54% at night. This gives a combined score of 72% reporting feeling safe during the day and night. The Safer St Helens Executive (our local Community Safety Partnership) will measure this indicator again in 2022/23 and aim to increase perceptions of safety across our neighbourhoods to 92% during the daytime and to at least 60% during the night.

What do we need to do to bridge the divide?

Preventing crime and disorder is key, as is increasing confidence in reporting, raising awareness and signposting to support services. We know that sometimes crime is preventable. Therefore, we need to tackle the underlying causes of crime and continue to support the preventative approach adopted by the Merseyside Violence Reduction Partnership to prevent serious violence, based on the public health approach to prevention.

We need good information sharing and intelligence gathering to enable data led approaches to addressing localities of concern, trends in relation to crime types, shared monitoring and responses to harmful behaviours.

Improving community engagement by listening to the views of residents and delivering services at a local level to meet identified needs is critical to increasing confidence in reporting.

A number of shared priorities for 2022/23 have been agreed by the Safer St Helens Partnership which include the following:

- Tackle violence against women and girls.
- Establish a Night Time Economy Forum to improve safety and reduce disorder in our town centres.
- Support the planned regeneration of St Helens and Earlestown town centres.
- Build community resilience and improve engagement.
- Develop shared campaigns and awareness on hate crime.
- Support the delivery and local implementation of the new National Drugs Strategy.

What are we already doing?

We have organised several ‘days of action’ in response to emerging issues. These have included coordinated response to disorder in St Helens Town Centre, the use of dispersal orders, interventions from the Community Safety Team and use of Acceptable Behaviour Contracts. We have used social media to engage with residents on key issues via Facebook Live sessions led by Merseyside Police, supported by partners on topics such as domestic

abuse and ketamine use. There may also be additional funding through the national Drugs Prevention Strategy to help tackle the drugs supply chain and reduce access to drugs.

We have secured investment from the Police and Crime Commissioner to do further community resilience projects across the borough and engaged a dedicated officer to work with young people in St Helens Town Centre to advise, signpost, safeguard and prevent anti-social behaviour.

There is also an established Domestic Abuse Partnership Board to coordinate the response by partner agencies.

Local story

In December 2021, Parr-Ticipate delivered a new participatory budget process to the Parr area of St Helens. The project, funded by Merseyside Police using proceeds of crime, aims to build community resilience and improve joint working to tackle anti-social behaviour. As a partnership, this project was also funded and supported by the Office of the Police and Crime Commissioner, St Helens Borough Council and Torus. In total, £38k was allocated to local groups to tackle anti-social behaviour in Parr. Local engagement was successful and over 280 local people attended, including the Police & Crime Commissioner. As well as delivering direct programmes in this area, it has also created new links and conversations with residents and local groups. The partnership will deliver two more programmes during 2022/23 across St Helens.

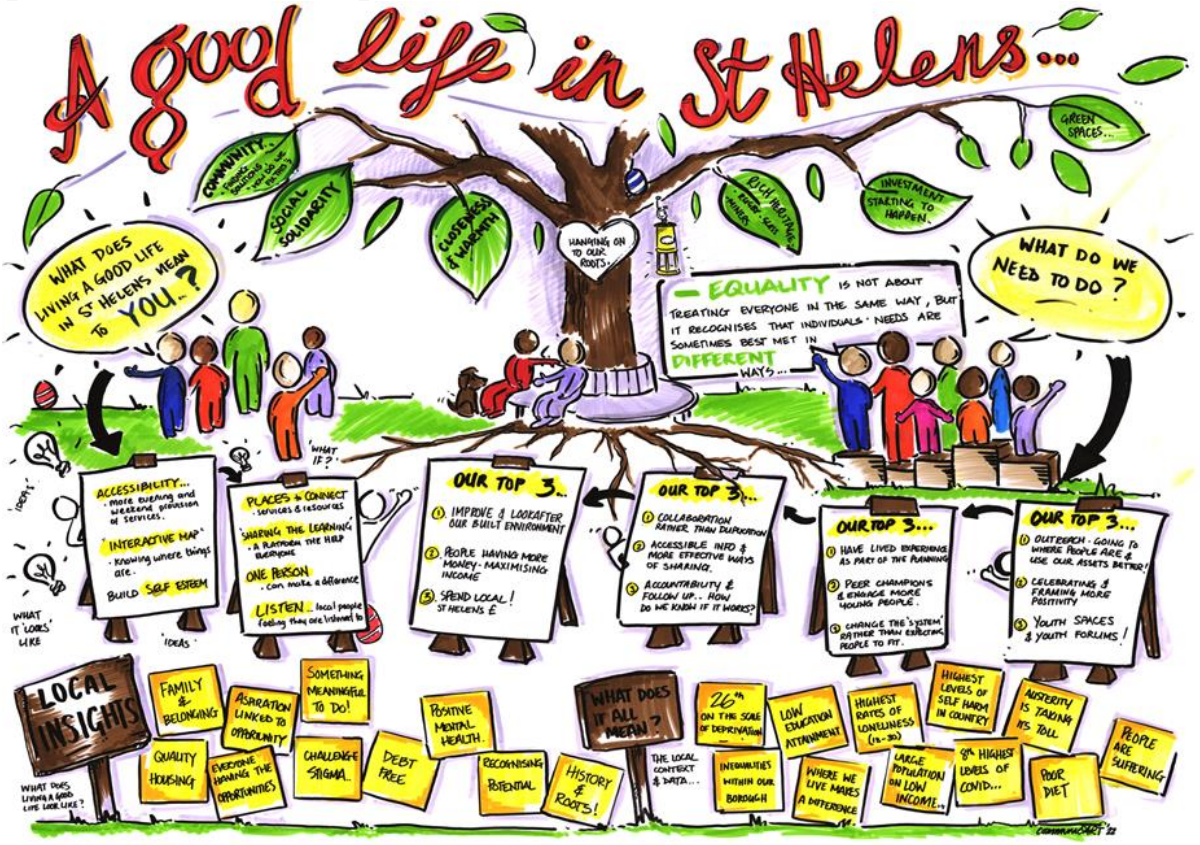
Reflections

The Safer St Helens Executive, which is our local Community Safety Partnership, continues to drive forward partner responses to issues of crime and disorder within the borough. This is a positive foundation upon which to build both strategic and effective operational responses, with future shared priorities so that we can create safer and stronger communities in St Helens.

Recommendations

- Work together to tackle harmful behaviours that impact our local communities including domestic abuse and hate crimes.
- Work together to tackle violence against women and girls in St Helens.
- Ensure that the night time economy in St Helens is safe for all visitors and employees.

Pillar 4: Local leadership and partnerships



What's the situation in St Helens?

There is increasing concern over increasing levels of poverty. This is being compounded by years of austerity, coupled with the current economic crisis which has been driven by global influences such as the COVID-19 pandemic, climate change and the war in Ukraine. We are unlikely to get significant investment to overcome these challenges, therefore we need to use what we do have in the best way that we can.

In St Helens we are at the forefront on integration. We have integrated the local NHS and the local authority and in 2018, launched St Helens Cares which is our multiagency partnership. We know that working together as a range of partners including VCFSE sector and business as well as services works.

We integrated our Community Safety Partnership and our Health and Wellbeing Board to create the People's Board. With increasing concern over the effect of inequalities throughout the course of the COVID-19 pandemic, and the emerging cost of living crisis, it was agreed by the People's Board to set up an Inequalities Commission as a sub-group, which was established in December 2021. We have also published our People's Plan.[69] The role of strong partnerships will be vital to the success of our local plans and since the 1st July 2022, the NHS St Helens Clinical Commissioning Group (CCG) ceased to exist, being replaced by the Cheshire and Merseyside Integrated Care Board (ICB) and a St Helens Place Based

[69] https://www.sthelens.gov.uk/media/4100/St-Helens-People-s-Plan-2021-26/pdf/

Partnership. The new arrangements mean that the statutory responsibility for NHS commissioning will be undertaken at Cheshire and Merseyside who may over time, delegate budgets and accountability to places and some provider collaboratives.

We are also working on a range of wider strategies, such as the Housing Strategy and the Inclusive Growth Strategy and will bring these together so we can pull out the cross-cutting themes and actions.

What do we need to do to bridge the divide?

Strong leadership and partnerships are crucial to the success of our local plans for bridging the inequalities divide across our communities and will be the bedrock of the work of our Inequalities Commission and Cheshire and Merseyside Integrated Care System (ICS).

We know that integrating health and social care does work as does wider partnership working. We have seen that we had a strong collective response during the pandemic; NHS providers, commissioners, social care, public health and the VCFSE came together to tackle the challenges daily. Post pandemic we are facing challenges of a hospital that is full beyond capacity, primary care services and community services that are stretched to breaking point and we are still to see the impacts of the cost-of-living crisis.

There is a desperate drive to make our communities safe and healthy for all, through our shared goals and passion to deliver social justice and challenge this moral dilemma of growing inequalities which have afflicted generations past, present and to come. Now more than ever we need to come together to support one another as best we can. We also know that there are many amazing people in St Helens who because they care go above and beyond. However, not everyone knows who they are and what is available. Thus, we need to do more to promote the support that is there for people.

What are we already doing?

Food and fuel poverty have been the focus for the Inequalities Commission, with short and long-term recommendations proposed to the People's Board. Members of the commission have been engaging with the public and professionals to make good progress towards becoming a 'Marmot community'.

Some of the actions that have been committed to include expanding the number of community food pantries to combat food poverty, rekindling the multi-stakeholder fuel poverty focus group which used to take place until 2019, and mobilising additional volunteers to be trained to support the pantries and/or provide fuel poverty advice to local residents.

Data received from the St Helens Pantry Network shows that current local food pantries serve around 210 customers per week, spending on average £4 on weekly shopping worth £20. This has resulted in an average weekly saving of £16 per member per shop and a reduction on what they would spend in supermarkets. Overall savings across the pantry network based on the number of customers per week is £3,360 per week. This will help members save money that can be used for other needs. Based on estimates, the proportion of St Helens pantry members currently in work is around 22%. This initiative is helping our residents cope and reduces the stress and stigma associated with the rising cost of living.

The commission has also undertaken two community engagement events called 'Living a good life in St Helens' in February and May 2022, a partnership between the Institute for Voluntary Action Research (IVAR), Halton and St Helens Voluntary and Community Action (VCA) and St Helens Borough Council's Public Health Department. Each event had around 50 people attending, with representation from youth, LGBT+ and other underrepresented

groups. These events have enabled the commission to get an understanding of St Helens and tackling inequalities, from a community-centred perspective.

The events focused on community priorities and support and community solutions on action on health inequalities, linked to what we can do practically to achieve our ambition of reducing inequalities. A community microgrants scheme run by the VCA of £200-£500 was promoted at the event. Eight applications were received from the community and these projects have been funded.

St Helens Cares has developed a five-year plan with three priorities. Workstreams have been developed and led by a senior responsible officer. For St Helens this delegation, when confirmed, will be vested in the Place Director (NHS)/Director of People's Services St Helens Borough Council and discharged via the Executive Leadership Team.

Local story

St Matthew's Pantry is one of three local food pantries established in January 2022, funded from a partnership of Together Liverpool and Torus Foundation through the St Helens Community Food Providers Alliance. A lady from the local area close to St Matthew's presented at the pantry. She is a single mum with four boys, and she had just got a new job so was without any money until the end of the month. This lady had not eaten for three days because she prioritised providing food for her boys above her own needs. The family had run out of food and the boys had gone to school that day without breakfast. The lady had been walking to Haydock every day to work an eight-hour day, then walking back home as she could not afford to pay for transport. St Matthew's Pantry members helped her to stock up on food to last the entire week and spoke to the Torus Foundation representative on her behalf, who was able to provide her with a bus pass so she could get the bus to work.

Reflections

We are proud of the local foresight in St Helens. Our integration plays a vital role in providing strong leadership in driving our local effort. This has a solid foundation in recognising the role that inequalities in the social determinants of health play in widening the divide in health and wider outcomes that we see across St Helens. There was much enthusiasm from the community groups to hold regular engagement events, led by the public and feeding back into the Council.

Recommendations

- Make progress on the co-produced, practical, urgent, short-term actions from our local public engagement events to ensure adequate support for our residents this winter including the evidence from the national Marmot team and other local intelligence.
- Work with our Information and Advice Team and the VCA to produce a virtual directory of all services and promote it.
- Scale up the number of community pantries, as a short-term urgent measure, whilst planning for the longer term to make sure people can access healthy affordable food.
- Continue to work in partnership with Cheshire and Merseyside Health and Care Partnership (HCP) to implement the seven system-wide recommendations for action under 'All Together Fairer'.

Conclusion

We face challenges as we try to tackle ever growing inequalities and deliver the borough priorities for our residents. Inequalities have been getting worse and not better, and poorer places have been badly affected by the pandemic which will most likely be compounded by the cost of living crisis and climate change. We know inequalities not only affect health but impact on a whole range of outcomes including education, work and crime.

We have a moral obligation to improve people's lives and reduce the generational cycle of disparity. We should focus our local effort to bridging the inequalities divide by taking an evidence-based approach and working together with our communities who are empowered to lead.

St Helens does have some tremendous assets and opportunities; we have a remarkable heritage, and amazing people and places. We are at the forefront of integration, and we are embarking on some notable regeneration projects. Most importantly, we share the ambition to further improve St Helens to make it a place where everyone regardless of who they are or where they live, has the opportunity to thrive.

This journey has begun as we continue to listen to the community voices and try to work more closely with those groups who are seldom heard and underrepresented to help us achieve our goals. Our effort should build upon the work from our local engagement events where we agreed four key themes on how to improve St Helens, as follows:

- Raising aspirations
- Tackling stigma and negativity
- Building healthy relationships
- Tackling poverty and ensuring basic needs are met

These suggestions are already influencing the work of the Inequalities Commission and the recommendations for action have been proposed to the St Helens People's Board.

We should all play our part to maximise our local assets by harnessing our physical, human, financial, social, and natural capital and make sure these are thriving within St Helens. To reach our full potential, we will need to identify, improve and sustain this capital locally. We can do this through local actions including inclusive growth, health and equity in all policies, prevention, giving the best start in life, progressive universalism and building community. Targeting the four pillars across the topic areas described in this report offers a helpful framework to improve living standards, promote independence, strengthen community and local leadership and partnership across St Helens.

The next few years are going to continue to be challenging and the only way we are going to get through it is to remain *St Helens Together* - working in unity to bridge the divide.

Appendix 1: Tartan Rug Ward Profiles

Aristotle

St Helens Health Inequalities Electoral Ward profiles

NHS Midlands and Lancashire Commissioning Support Unit

Quintile 1 5

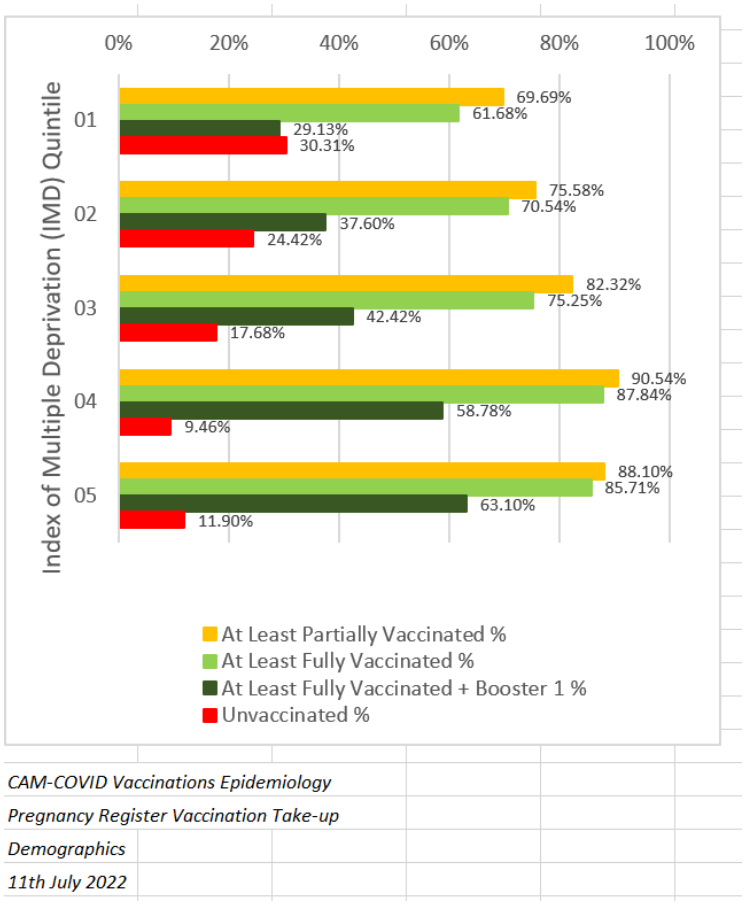
Indicator	Billinge and Seneley Green	Blackbrook	Bold	Earlestown	Eccleston	Haydock	Moss Bank	Newton	Parr	Rainford	Rainhill	Sutton	Thatto Heath	Town Centre	West Park	Windle	St. Helens	England
Total population	10,535	10,173	9,868	11,926	11,812	11,423	11,033	12,573	13,370	7,720	10,968	11,792	13,243	11,745	11,424	10,980		
Population aged 65 years and over	3,114	2,387	1,790	1,792	3,039	2,510	2,519	1,934	1,829	2,447	3,166	2,511	2,272	1,824	2,005	2,064		
Black and Minority Ethnic Population	1.2	1.6	1.4	2.7	1.9	1.3	1.1	2.6	1.9	1.2	3.3	1.4	3.7	2.7	1.8	1.2		
Child Development at age 5	67.9	49.7	62.7	61.9	75.3	56.8	65.8	66.5	54.2	64.7	67.1	59.3	65.5	52.6	60.9	66.0	70.2	71.8
Child Poverty, English Indices of Deprivation, 2019	12.5	20.6	33.2	25.3	6.6	20.2	23.1	20.7	39.5	7.3	11.3	28.1	23.6	36.8	23.2	19.5	23.7	17.1
Deaths from all cancer, all ages	87.6	102.9	128.0	134.2	99.5	104.2	106.8	118.3	155.9	101.3	87.3	136.8	112.0	130.5	100.4	95.0	110.4	100.0
Deaths from all cancer, under 75 years	103.7	107.7	127.4	137.8	105.8	107.5	102.7	124.8	161.4	76.2	99.6	130.5	90.8	143.7	101.8	85.7	111.8	100.0
Deaths from all causes, all ages	88.6	107.1	124.4	132.5	98.6	119.3	99.1	121.1	186.1	97.9	99.3	145.9	129.8	177.2	114.2	109.3	119.4	100.0
Deaths from all causes, under 75 years	91.4	118.4	140.1	162.7	98.3	115.2	106.6	115.2	206.0	79.6	97.1	135.6	137.1	216.9	116.7	122.3	126.4	100.0
Deaths from causes considered preventable, under 75 years, SMR	99.0	131.7	147.1	183.2	86.5	109.4	112.4	109.4	244.5	76.4	90.7	125.5	141.9	253.7	129.3	121.1	132.2	100.0
Deaths from circulatory disease, all ages	86.0	98.1	131.7	126.3	90.9	118.7	95.8	118.2	173.6	82.8	92.8	127.4	112.6	151.5	107.2	112.0	111.4	100.0
Deaths from circulatory disease, under 75 years	85.7	105.9	178.2	184.4	76.9	146.8	93.9	152.9	215.5	81.7	84.7	130.2	145.8	215.0	98.0	113.3	127.7	100.0
Deaths from coronary heart disease, all ages	94.2	112.1	122.6	152.1	78.7	128.9	95.1	128.6	186.8	80.7	88.4	116.5	124.2	164.3	113.1	101.0	114.3	100.0
Deaths from respiratory diseases, all ages	115.9	143.4	149.0	177.4	101.8	142.4	106.0	161.8	222.7	104.2	113.2	177.5	150.4	224.8	169.7	119.5	144.0	100.0
Deaths from stroke, all ages	64.4	103.0	114.2	96.6	99.4	96.3	83.0	114.6	165.4	77.6	94.7	149.8	79.8	136.4	122.1	115.7	105.2	100.0
Emergency admissions for injuries in under 5s	19.4	14.5	13.2	16.8	11.4	15.8	14.5	12.0	17.2	17.5	14.5	19.2	15.4	14.9	14.3	10.1	15.1	12.3
Emergency admissions in under 5s	188.6	243.0	183.2	201.3	252.9	220.4	198.6	182.5	228.5	256.4	226.2	232.6	233.3	240.7	247.6	230.5	220.9	162.1
Emergency hospital admissions for all causes	99.3	125.2	140.1	146.2	101.9	135.0	127.1	122.5	156.2	103.2	119.2	140.4	154.5	184.0	144.6	118.1	133.0	100.0
Emergency hospital admissions for Chronic Obstructive Pulmonary Diseas..	91.8	103.4	138.0	153.6	54.9	116.6	106.2	115.2	213.8	55.8	86.9	132.9	153.2	207.6	136.5	96.6	119.2	100.0
Emergency hospital admissions for coronary heart disease	110.3	163.8	182.7	166.5	106.5	151.4	124.9	138.7	139.6	115.8	126.1	141.8	153.2	170.5	156.5	140.3	140.7	100.0
Emergency hospital admissions for hip fracture in 65+	79.2	121.6	98.5	129.5	80.3	116.7	90.7	92.4	138.8	116.0	100.6	160.3	123.3	148.5	106.1	81.7	109.5	100.0
Emergency hospital admissions for injuries in 15 to 24 years old	141.5	244.8	270.4	246.1	202.3	179.7	254.1	206.3	285.7	218.7	253.4	242.8	233.4	417.6	289.4	215.4	251.3	132.1
Emergency hospital admissions for injuries in under 15 years old	136.5	123.8	131.8	148.5	92.2	114.0	123.0	107.7	136.7	126.4	142.0	185.7	115.3	115.7	109.5	107.1	124.9	97.8
Emergency hospital admissions for Myocardial Infarction (heart attack)	109.5	160.9	161.7	150.0	100.6	138.0	117.6	141.1	143.9	114.2	124.8	130.4	125.0	149.0	127.9	127.8	130.7	100.0
Emergency hospital admissions for stroke	91.5	90.5	109.1	126.5	97.0	99.1	98.6	118.5	127.9	89.4	98.9	118.1	128.5	144.5	105.9	100.2	108.2	100.0
Fuel Poverty, 2018	10.6	11.7	11.7	10.8	9.1	10.7	11.8	10.9	14.1	9.7	9.6	11.4	11.9	12.2	12.8	11.3	11.3	10.3
GCSE Achievement	63.9	59.4	44.3	52.4	71.0	60.1	51.5	48.2	45.7	79.3	65.0	44.1	46.7	46.6	58.9	66.7	56.4	56.6
General fertility rate: live births per 1,000 women aged 15-44 years	52.0	53.4	62.3	66.6	50.9	58.6	60.8	69.6	72.1	43.6	57.1	60.5	65.7	64.5	61.9	55.1	61.4	60.6
Hospital stays for self harm	109.4	162.7	232.3	292.3	120.3	179.5	225.6	148.5	269.9	153.1	154.5	258.6	196.5	417.9	275.5	194.7	220.1	100.0
IMD Score, 2019	15.5	27.0	38.3	38.9	12.5	25.7	32.9	26.0	57.0	13.8	16.6	34.1	36.4	54.8	33.3	24.1	31.5	21.7
Incidence of all cancer	96.5	99.9	119.3	120.4	102.6	107.9	101.8	98.7	109.3	102.9	102.4	105.1	111.3	108.8	90.8	108.8	104.9	100.0
Incidence of breast cancer	90.1	88.4	123.4	81.0	92.4	87.1	81.7	100.0	71.3	101.1	102.7	96.1	98.3	69.8	99.2	102.1	92.8	100.0
Incidence of colorectal cancer	105.5	107.2	89.5	128.6	105.0	148.6	112.0	119.5	88.2	83.3	112.8	134.6	102.3	90.9	78.5	155.2	110.7	100.0
Incidence of lung cancer	87.4	122.6	137.8	165.9	72.8	123.9	96.7	117.6	228.9	110.8	103.8	130.2	129.9	163.7	107.5	91.3	120.4	100.0
Incidence of prostate cancer	88.4	85.5	119.4	86.3	111.6	86.9	87.0	76.8	50.6	112.9	89.9	62.0	82.8	50.4	75.1	69.6	84.5	100.0
Income deprivation, English Indices of Deprivation, 2019	9.4	15.5	23.0	23.3	7.0	15.3	18.6	15.6	33.0	7.3	9.4	18.7	21.1	31.6	17.8	13.8	18.2	12.9
Life expectancy at birth for females	84.9	83.4	80.2	79.8	82.4	79.5	83.3	80.8	75.7	84.6	84.0	80.5	80.1	77.4	81.6	81.6	81.1	83.2
Life expectancy at birth for males	79.7	77.7	77.8	75.4	81.5	79.5	78.7	78.9	72.9	81.0	79.7	75.7	77.4	71.5	77.7	78.7	77.6	79.7
Limiting long-term illness or disability	22.0	23.0	22.1	22.3	21.1	23.3	25.0	19.3	26.1	22.6	23.3	23.5	23.7	26.5	22.6	20.8	23.0	17.6
Long term unemployment	2.3	2.6	3.9	6.1	1.0	3.2	5.4	2.8	7.2	1.4	1.5	4.3	2.3	9.4	4.3	3.2	3.9	3.2
Low birth weight of live babies	7.4	4.5	6.8	5.8	9.7	8.2	7.8	5.9	7.6	2.2	5.5	6.9	6.6	8.4	7.2	6.5	6.9	6.9
Older People in Deprivation, English Indices of Deprivation, 2019	9.8	16.8	19.3	28.4	7.4	16.7	16.8	15.5	30.9	8.3	10.0	16.1	24.6	32.0	16.5	12.8	16.9	14.2
Older people living alone	24.9	28.5	29.7	39.0	27.1	32.5	33.4	32.2	40.1	27.5	24.5	30.3	36.0	42.9	35.5	33.2	31.7	31.5
Overcrowded houses, 2011	2.4	3.6	4.6	4.3	1.5	3.7	3.3	3.2	7.1	2.1	2.1	3.6	5.1	8.3	4.7	4.5	4.1	8.7
Population density	1,231.9	6,573.0	536.0	2,955.8	1,202.1	659.1	1,905.0	1,621.6	2,684.1	288.9	1,655.6	3,918.4	3,494.5	1,426.2	4,108.5	1,570.1	1,324.1	432.1
Population who cannot speak English well or at all	0.1	0.1	0.3	0.4	0.1	0.2	0.1	0.2	0.6	0.1	0.2	0.2	0.4	0.5	0.2	0.2	0.2	1.7
Population whose ethnicity is not 'White UK'	2.3	2.4	2.6	4.6	3.4	2.6	1.9	4.2	3.9	2.6	4.6	2.8	5.1	4.9	3.1	2.6	3.4	20.2
Reception: Prevalence of obesity (including severe obesity)	10.4	13.1	13.2	12.0	10.0	14.3	13.3	9.6	15.5	5.4	11.9	11.0	13.0	13.3	15.0	11.3	12.4	9.7
Reception: Prevalence of overweight (including obesity)	33.3	31.1	29.4	28.0	24.0	27.1	33.3	23.3	30.9	24.3	27.1	27.4	27.2	28.0	28.3	29.0	28.3	22.6
Smoking prevalence at 15 years, Regular	7.9	6.8	5.3	5.5	9.6	6.3	5.1	6.5	4.3	9.6	7.3	5.2	5.9	4.2	4.3	7.3	6.2	5.4
Smoking prevalence at 15 years, Regular or Occasional	9.9	9.3	7.9	8.3	11.6	8.8	7.5	8.8	7.0	11.8	9.4	7.9	8.5	6.8	6.7	9.5	8.6	8.2
Unemployment	1.9	2.9	4.7	4.7	1.4	2.8	3.6	3.0	6.8	1.6	1.8	3.5	4.0	8.4	4.1	3.1	3.8	2.8
Year 6: Prevalence of obesity (including severe obesity)	22.6	21.2	26.5	25.9	15.4	21.6	27.9	22.1	28.0	16.7	25.5	25.0	21.1	29.9	24.1	18.6	23.7	20.4
Year 6: Prevalence of overweight (including obesity)	39.6	36.4	42.6	40.0	28.8	36.5	45.9	38.4	42.1	31.0	41.8	38.9	33.7	41.8	39.7	35.6	38.5	34.6

Appendix 2: Data tables and charts

COVID-19 Data

COVID-19	St Helens	England	Size of the divide compared to England average
COVID-19 infection rate per 100,000	36,120.30	32,714.10	3406.2
Mortality rate with COVID-19 per 100,000	404.8	298.0	106.8

COVID-19 vaccinations	St Helens	England	Size of the divide compared to England average
Percentage (%) fully vaccinated with 1st and 2nd doses (age 12+)	81.0%	75.8%	No gap to close
Percentage (%) fully vaccinated plus booster (age 12+)	64.7%	59.9%	No gap to close
Data is up to 3rd August 2022			



CAM-COVID Vaccinations Epidemiology
Pregnancy Register Vaccination Take-up
Demographics
11th July 2022

1A Best start in life

Divide between St Helens and England (or Great Britain (GB) where noted)				
Indicator	**St Helens**	**England**	**Size of the divide compared to England average**	**To bridge the divide to England we need to…**
Percentage of children achieving a good level of development at 2-2.5 years (2019-20)	89.5%	83.3%	No gap	
Percentage uptake of free school meals, school age (2021-22)	16.7% (n=4562)	11.6%	5.1%	Raise living standards to reduce the number of school age children requiring free school meals by **1,396.**
Teenage conception rate per 1,000 aged 15-17 (2020)	30.2	13.0	27.2	Have **48** fewer teenage conceptions in St Helens.
Children in care (rate per 10,000) (2021)	129.6 per 10,000	67.0 per 10,000	63 per 10,000	Reduce the number of children in care in St Helens by **231.**
Teenage mothers (2020-21)	1.2%	0.6%	1.6%	Half the number of deliveries to teenage mothers from 20 to **10** in St Helens.

1B Economy and inclusive growth

Divide between St Helens and England (or Great Britain (GB) where noted)				
Indicator	**St Helens**	**England**	**Size of the divide compared to England average**	**To bridge the divide to England we need to…**
Percentage of 16-64 year old who are economically inactive (2021)	21.1% (n=22,800)	21.3%	No gap	
Gross weekly pay for full time workers (2021)	£575.60	£613.10 (GB)	£37.50	
Children living in absolute low income families (2019-20)	15.5%	15.6%	No gap	
Median gender pay gap (%) full time workers (2021) [70]	16.1	9.4	6.7	
Median gender pay gap* (%) for part time workers (2021)	-4.3	-2.4	1.9	

Divide within St Helens			
Indicator	**Worst performing ward**	**Best performing ward**	**Size of the divide within St Helens**
Long term unemployment at ward level (2019-20) rate per 1,000 aged 16-64	Town Centre **9.4**	Eccleston **1.0**	8.4 per 1,000
Claimant count (aged 16-64) in St Helens (June 2022)[71]	Town Centre **8.3%**	Rainford **1.8%**	6.5%
Households in fuel poverty (2020)	Thatto Heath **18.4%**	Eccleston **8.7%**	9.7%

[70] The gender pay gap is difference between men's and women's hourly earnings as a percentage of men's earnings.

[71] Claimant count measures the number of people claiming unemployment related benefits

1D Skills

Divide between St Helens and England (or Great Britain (GB) where noted)				
Indicator	**St Helens**	**England**	**Size of the divide compared to England average**	**To bridge the divide to England we need to…**
Apprenticeship starts, number of participants (2018-19)[72]	2,451 (a 30% decrease from 2017-18, *n* = 3347)	---	----	
Job density (jobs per person aged 16-64, 2020)	0.63	0.85	0.22	
Proportion of workers that completed work from home (2020)	26%	36% (GB)	10%	

2A Education

Divide between St Helens and England (or Great Britain (GB) where noted)				
Indicator	**St Helens**	**England**	**Size of the divide compared to England average**	**To bridge the divide to England we need to…**
Percentage of KS1 children meeting the expected standard in Maths (2019-20)	75.1%	75.6%	0.5%	Have **10** more KS1 children in St Helens achieving the expected standard in Maths
Percentage of KS2 children meeting the expected standard in Maths (2019-20)	65.8%	65.3%	No gap to close	
School age children with social, emotional, and mental health needs (%) 2021	3.4% (n=906)	2.8%	0.6%	Reduce the number of school age children with social, emotional, and mental health needs by **151**
Average Attainment 8 score (2020-21)[73]	48.7	50.9	2.2	
Proportion of population aged 16-64 with Level 3 + qualifications (2021)	58.1%	61.5%	3.4%	Have approximately **2,715** more adults in St Helens qualified to NVQ Level 3
16-17 year olds not in education, employment or training (NEET) or not known (2021)	4.3%	5.5%	No gap to close	

*

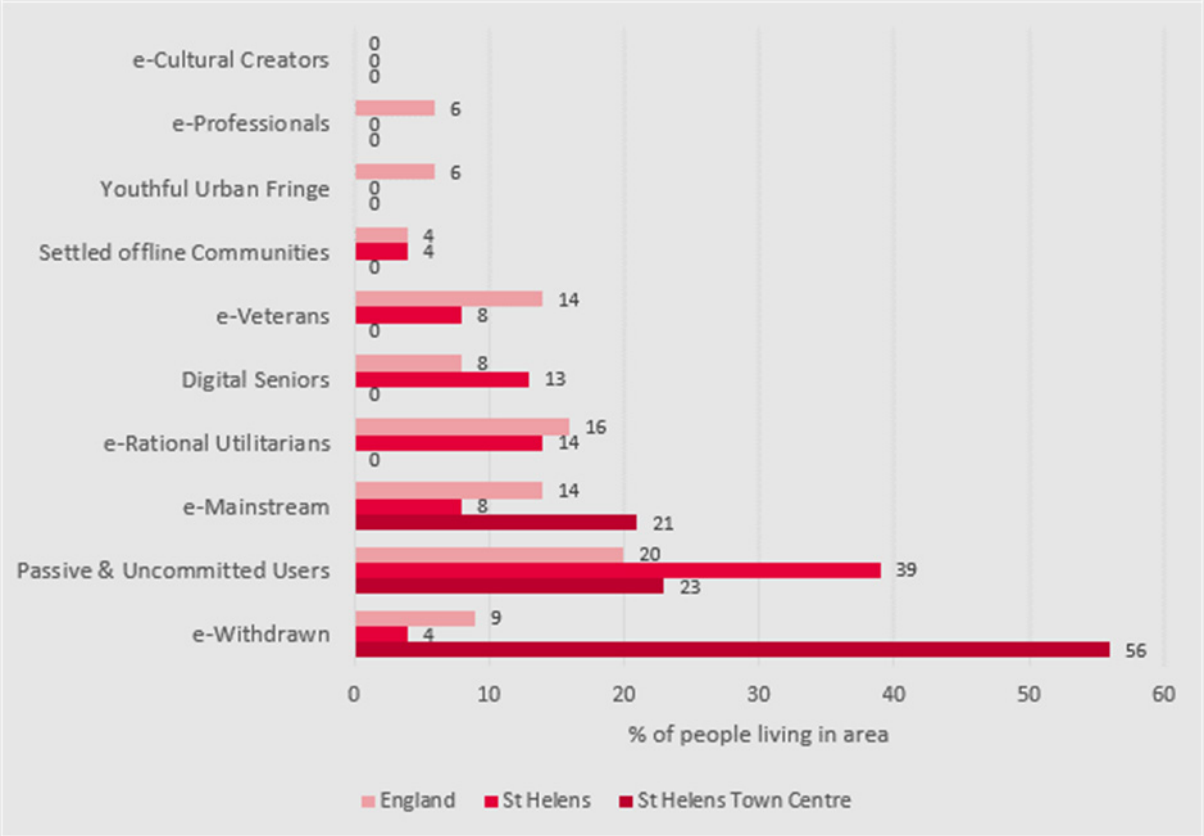
2B Digital access

Divide between St Helens and England (or Great Britain (GB) where noted)				
Indicator	**St Helens**	**England**	**Size of the divide compared to England average**	**To bridge the divide to England we need to…**
Percentage (%) of people completing the 2021 Census online	93.3%	88.6%	No gap	
Percentage of premises with superfast broadband (over 30 Mbps) August 2022	98.3%	97.7%	No gap	

[72] Source of apprenticeship data – DfE apprenticeships and traineeships data

[73] **Attainment 8** measures the average achievement of pupils in up to 8 qualifications including English (double weighted if the combined English qualification, or both language and literature are taken), maths (double weighted), three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.

Internet User Classification in St Helens (2018)



Source: ESRC Consumer Data Research Centre

For detailed definitions on each segment of user, please refer to the [IUC 2018 User Guide - Internet User Classification I CDRC Data]

2C Health

Life expectancy at birth	St Helens	England	Size of the divide compared to England average in years and (%)
Life Expectancy at Birth 2018-20 (Male)	77.5 years	79.4 years	1.9 years (-2.5%)
Life Expectancy at Birth 2018-20 (Female)	81.0 years	83.1 years	2.1 years (-2.6%)

Life expectancy in St Helens	Lowest performing ward	Highest performing ward	Size of the divide in St Helens in years and (%)
Life expectancy at birth 2015-19 (Male)	Town Centre **71.5 years**	Eccleston **81.5 years**	10 years (-14%)
Life expectancy at birth 2015-19 (Female)	Parr **75.7 years**	Billinge and Seneley Green **84.9 years**	9.2 years (-12.2%)

Obesity	St Helens	England	Size of the divide compared to England average	To bridge the divide to England we need to…
Overweight and obesity prevalence (18+ years) (2020-21)	67.6%	63.5%	4.1%	
Obese Reception pupils (2019-20)	28.3%	23.0%	5.3%	Reduce the number of obese Reception pupils by **72**
Obese Year 6 pupils (2019-20)	41.0%	35.1%	5.9%	Reduce the number of obese Year 6 pupils by **93**

Childhood obesity in St Helens	Lowest performing ward	Highest performing ward	Size of the divide in St Helens (%)
Obese Reception pupils (2017-19 - 2019-20)	Parr **15.5%**	Rainford **5.4%**	10.1%
Obese Year 6 pupils (2017-19 - 2019-20)	Town Centre **29.9%**	Eccleston **15.4%**	14.5%-

2D Mental health and wellbeing

Indicator	St Helens	England	Size of the divide compared to England average	To bridge the divide to England we need to…
Mental health prevalence, QOF register[74] (2020-21)	1.0%	0.9%	0.1%	Reduce the number of people on the mental health register in St Helens by **237**
Hospital admissions for mental health conditions, under 18 years, per 100,000 (2020-21)	135.5	87.5	48.0	Reduce the number of admissions for mental health conditions in under 18s by **18.**

3B Access, transport and active travel

Indicator	St Helens	England	Size of the divide compared to England average
Properties that have access to private outdoor space (%) (2020)	95%	88%	No gap to close

3C Housing

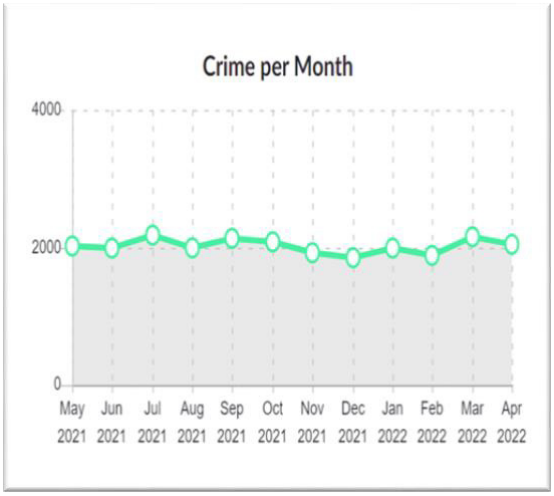
Indicator	St Helens	England	To bridge the divide to England we need to…
Children living in absolute low income families (2019-20)	15.5%	15.6%	No gap to close
Average house price (May 2022)	£174,614	£302,278	No gap to close. Average house price is 42% lower
Average house price for first time buyers (May 2022)	£156,760	£251,183	No gap to close. Average house price for first time buyers is 10% lower.
Ratio of median house price to median gross annual earnings (2021)	5.1	9.0	No gap to close.

[74] The QOF Mental Health register includes all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses

3D Crime

Indicator	St Helens	England	Size of the divide compared to England average	To bridge the divide to England we need to…
Rate of domestic abuse related incidents per 1,000 (2020-21)	29.4 per 1,000	30.3 per 1,000	No gap to close	

Number of crimes per month in St Helens (May – Apr 2022)



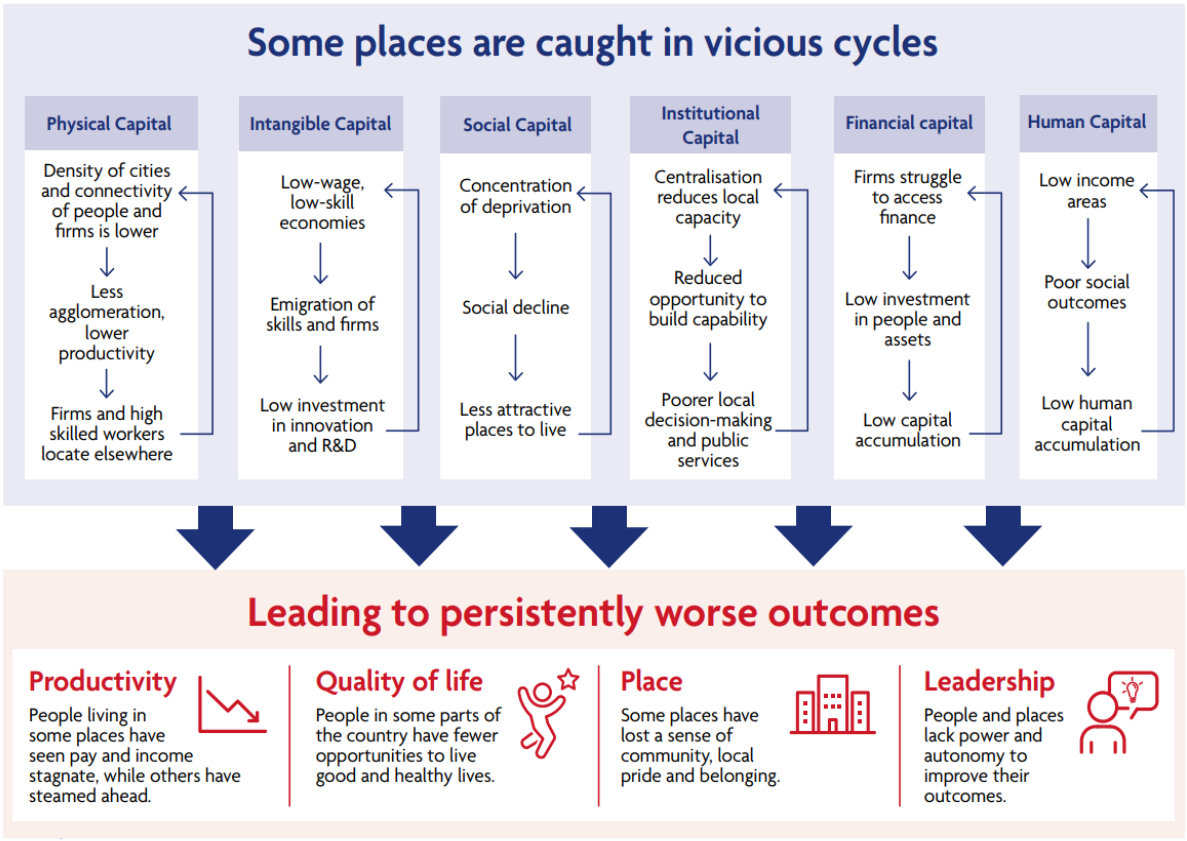
Source: St Helens Community Police Team | Police.uk (www.police.uk)

Trend of crime in St Helens by type of crime between 2019-20 to 2020-21

Crime In St. Helens Over 12 Month Period - November			December
Crime	**2019/20**	**2020/21**	**Direction**
Burglary Dwelling	619	470	-24% ↓
Burglary Other	375	347	-7% ↓
Criminal Damage excluding Arson	1824	1839	1% ↑
Criminal Damage / Arson	1906	1925	1% ↑
Drugs	1066	978	-8% ↓
Robbery Business	10	12	20% ↑
Robbery Personal	65	78	20% ↑
Sexual	376	401	7% ↑
Theft Bike	134	138	3% ↑
Theft from MV	545	416	-24% ↓
Violence	6671	7891	18% ↑
Serious Violence	213	215	1% ↑
Vehicle Crime	985	904	-8% ↓
Domestic Abuse	3928	4213	7% ↑
Hate Crime	327	416	27% ↑
Knife Crime	150	117	-22% ↓
Gun Crime	30	27	-10% ↓
Cyber Crime	1073	1677	56% ↑
victim based crime	12888	14105	9% ↑
Total	**33185**	**36169**	**9% ↑**

Source: St Helens Community Police Team | Police.uk (www.police.uk)

Appendix 3: Levelling Up Capitals Framework

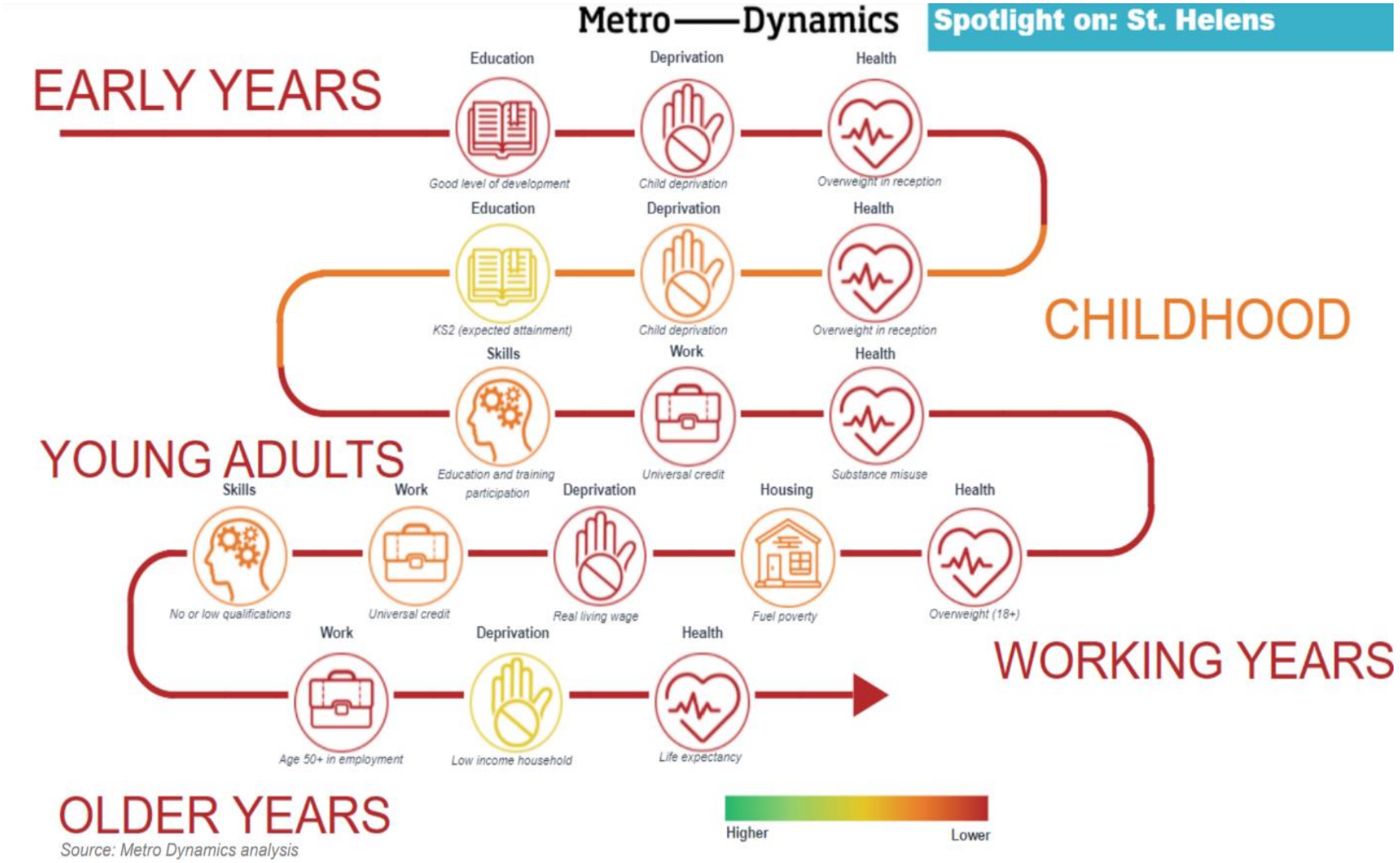


Six capitals in this framework: physical, intangible, human, financial, social and institutional capital act as a mutually reinforcing system, driving economic growth and improving social outcomes, including personal wellbeing.

- Physical capital – infrastructure, machines and housing.
- Human capital – the skills, health and experience of the workforce.
- Intangible capital – innovation, ideas and patents.
- Financial capital – resources supporting the financing of companies.
- Social capital – the strength of communities, relationships and trust.
- Institutional capital – local leadership, capacity and capability.

Source:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1054766/Technical_annex_-_missions_and_metrics.pdf

Appendix 4: Metro-Dynamics analysis for inclusive growth



Source: Metro Dynamics analysis

Appendix 5: Public Health Annual Report 2020/21 recommendations update

The last Public Health Annual Report (for years 2020/21) focused on the COVID-19 pandemic and the impact this has had on the lives of people in St Helens. Each chapter provided a number of recommendations, and the below table provides an update on these.

Chapter	Recommendations	Update
Outbreak management and restrictions	To advocate that more of the health protection function in the new public health system is based at a local level.	A health protection function is currently being established at a local level to support UKHSA (UK Health Security Agency) and Infection Control with any further management of outbreaks.
	To ensure outbreak management scenarios are tested on a regular basis in the future, to maintain skills and knowledge of managing a pandemic	The COVID-19 pandemic continued into 2021/22 so remained an active incident and therefore was a continued outbreak response. Scenario testing will be completed as appropriate going forward.
	Continue to monitor and respond to COVID-19 that is still very much in our communities.	There continues to be a local response to cases of COVID-19 in high risk key settings such as care homes.
PPE (Personal Protective Equipment)	If there is another pandemic of a similar nature, the PPE group should be re-established, to monitor and restrict supplies to ensure the PPE is received by the correct individuals across services.	We have a terms of reference for the PPE group and have continued to supply PPE as required, for example, we have delivered hand gels and face masks to senior schools.
	We should explore the potential to hold an agreed supply of stock in the stores system, for future pandemics.	We have a stock of PPE in the stores.
	Liaison with Trading Standards to agree a process of certification to make sure products that are of the right quality are supplied.	If any products are purchased, liaison with Trading Standards would now take place to agree specification.
Community testing	The ongoing support to schools to minimise any further disruption to young people's education.	The national guidance has changed so we no longer offer widescale testing but supply a limited number of test kits to help to identify if it is covid-19 that is spreading in the setting.

Chapter	Recommendations	Update
	Completion of a comprehensive quality assurance exercise across all registered testing sites across the public and private sector.	All testing sights have now closed. However, we did develop a quality assurance framework.
	To review the current model of testing in response to the significant reduction in use of the two asymptomatic test centres.	All testing sites have now closed as a result of changes to government guidelines.
	To promote a higher level of community take-up of supervised testing and test kit collection from the registered pharmacies.	Supervised testing has stopped as a result in changes to government guidelines.
Contact tracing	There are some options for the future such as the team managing both the cases and the contacts (currently, the national NHS Test and Trace Team manage the contacts)	Contact tracing has now ceased due to changes in government guidelines.
	To continue to look at options and learn from other areas to make sure people are getting the support they need to isolate for up to 10 days	Isolation support has now ceased due to changes in government guidelines.
Vaccination programme	The programme will have to continue through 21/22 and into autumn with a potential booster campaign.	The programme continued and throughout 2021/22, we continued to offer first, second and booster doses, with a second booster offered in spring to eligible residents. We continue to offer and promote vaccination.
	We will continue to work together to deliver the programme to its maximum effect, taking account of the clinical priorities of all providers.	Our vaccine programme was offered by the mass vaccination site run by St Helens and Knowsley Hospitals NHS Trust, GPs and pharmacies. During the year, we increased the capacity of our pharmacy colleagues to ensure that GPs were able to continue to see patients in practice. GPs were always available for patients who could not travel or had more complex needs, but most patients were able to attend pharmacy or the mass vaccination site at the Saints Stadium to access their vaccine.
	We will continue to develop a plan for the vaccine bus to deliver vaccines to those who are harder to reach.	The vaccine bus ran through the summer of 2021/22. At the end of the main booster programme, demand was not sufficient to continue the bus, and all available vaccinators were needed to support our programme of vaccines for housebound people, but the bus remains ready for use should a surge in demand occur.

Chapter	Recommendations	Update
St Helens Together	Continue to build on the St Helens Together legacy as we move forward from the immediate COVID-19 response	Our work through St Helens Together has continued as we have moved through the year. We continue to use the legacy of COVID-19 as a way of working more closely together and tackling issues as they impact. One of the areas that this is most obvious is on access to food, where those supporting local people with access to food, supported by Halton & St Helens VCA, have established a St Helens Food Providers Network. The network has agreed local standards for providers, they have collaborated and most recently have been working to bring the food pantry model to the borough. There are four food pantries now established with work underway to open these in more St Helens neighbourhoods.
	Ensure the volunteering portal and single St Helens approach to volunteer recruitment and mobilisation is embedded further	The St Helens volunteering portal has gone from strength to strength over the past year. It has become more embedded as groups begin to use it for their volunteering recruitment and support. We have continued to use it as a key part of mobilising local people to support testing, vaccination and messaging about COVID-19 and how to stay safe. Now we are working with a community health champion approach and are utilising it to recruit volunteers who will work in local communities on a range of health promotion and peer support issues. Alongside our local success, we supported our colleagues in the Liverpool City Region to secure support to roll out the platform across all areas and create a landing site that will coordinate our efforts on volunteering and make it easier for people to get connected to the opportunities they are interested in.
	Implement the St Helens Together Strategy	The strategy continues to allow a focus on the work of the VCFSE (Voluntary, Community, Faith and Social Enterprise) sector. A review of the governance and leads for the work have been undertaken and are now being implemented. An update on progress towards actions has been presented and a new plan to focus actions for the coming year is about to be agreed.
Supporting the homeless during COVID-19	Ensure partnerships are established between housing, hostels, public health, drugs and alcohol service and homeless health teams, to respond to the often complex needs of homeless individuals.	A weekly multi-agency meeting is established to include all the key partners. Additionally, a new model of multi-agency working is currently being established. Complex Cares will formalise an improved multi-agency response to support those people with multiple and complex needs.

Chapter	Recommendations	Update
	Building trust and communication via trusted key workers and hostels staff is vital for this group of people.	
	This group of people can have a range of complex needs but often do not engage with 'traditional' service models. An in-reach approach is more successful for them.	
Sexual health support	Maintain telephone triage and choice of appointment type	The sexual health service still provides telephone triage and choice of appointment type and we have supported them to invest in an IT system to help with this.
	Maintain availability of home STI testing, although this will be dependent on the financial ability following the pandemic	The sexual health service still provides home STI testing although this is currently capped to a specified number of tests available each day due to the financial implications
	Maintain posting of medications	There is still the option to post medication out as well as a 'click and collect' option
Drugs and alcohol support	Use social media as an effective tool to reach out to people who would benefit from engaging with the service.	St Helens is going to receive funding from the Government through the national 10-year drugs prevention plan aimed to cut crime and save lives. This means that not only can we extend our digital offer, but that we can work with a range of partners to reduce the supply and demand for drugs and delivering a high-quality treatment and recovery system.
	Invest in infrastructure and training to enable the continued development of digital interventions.	
	Improve accessibility to online interventions and reduce digital inequality.	

Chapter	Recommendations	Update
Supporting people to keep active	Maintain and develop this new hybrid delivery model to further increase service reach and provide value for money, examples include: launch of the new online 'Go Active' fitness membership option, providing more flexibility and generating additional income, streaming of exercise programmes into community and additional sheltered accommodation sites.	A new management information system will be implemented this year, which will have an online session catalogue, available to all members. Sports Development will deliver online sessions over the winter months, aiming to support activity in the workplace, provide opportunities for residents who face barriers to being active in a 'centre', and aid motivation during the dark evenings. Online education sessions have been delivered, including inclusion and diversity training for 50 cricket clubs across the Liverpool City Region, in addition to online funding support for voluntary sector clubs. Online taster sessions have been offered to care homes.
	Maintain increased partnership working to deliver integrated programmes, providing additional value for money and increased positive impact for residents.	Partnership working is, and always has been, at the core of all Sports Development work. New partnerships have been created and existing partnerships strengthened. These include; the Falls Team, the Pulmonary Rehab Team, St Helens Wellbeing, Library Service, Sports Development, U3A, St Helens Rotary, Torus, Our Little Corner of the World, St Helens Mosque (Iman Trust), CCG/ICS, and Refugee Resettlement Service
	Produce a matrix of staff skillsets and evaluate how these skills can be best utilised, potentially removing the need for some external services and associated costs.	Staff skillsets, additional to those relating to employment role, have been identified and utilised, including completing health checks at sessions, coaching and supporting HAF (holiday activities and food) projects, delivery of community taster sessions, to then signpost into long-term exit routes within Go Active/local sports clubs.
Mental health and wellbeing support	Invest in establishing more of a service for bereavement support.	As a result of the Better Mental Health OHID (Office for Health Improvement and Disparities) funding, we were able to invest in Caring Connections, who specialise in the provision of complex bereavement counselling. Furthermore, the Amparo service continues to support residents who have lost someone to suicide, and Public Health continues to work with Survivors of Bereavement by Suicide and other Lived Experience Network members to shape interventions and events with the community and service user at the centre of plans.
	Continue to provide support to people of all ages, as during the pandemic some people experienced loneliness, bereavement and trauma, ill health	In 2021, St Helens Borough Council were successful in receiving funding from the OHID Better Mental Health Fund. As a result of the funding, over 27,000 direct beneficiaries were recorded and over 40,000 indirect beneficiaries.

Chapter	Recommendations	Update
	and loss of social support and loss of income.	
Schools	The Education Recovery Group will become a multi-agency Education and Learning Board	The Learning Partnership has a broad membership and includes leaders from across early years, primary, secondary and post-16 as well as officers from across children's services.
	We promote inclusion to reduce inequality. We actively work together to champion the needs of disadvantaged children and challenge every organisation and every profession across the borough to do the same	An Inclusion Working Group has been established with representation from early years, primary and secondary as well as health services. New specialist resourced provision in development with focus on inclusion/re-integration to mainstream
	We will focus on the wellbeing needs of children and young people rather than the needs of institutions or groups	Wellbeing Working Group established with three lead headteachers. 'Worth It' have been commissioned to offer a coach training programme to education settings. Senior mental health leads in all schools/colleges have been mapped. Mental Health Support Team Service expanded to provide direct mental health support to 39 primary and secondary schools.
Care homes	Revisit the lessons learned from the pandemic and see if the actions undertaken remain relevant and have been embedded in practice.	The Quality Monitoring Team continue to work with the care homes, to ensure that all actions are met in a timely manner and are embedded in practice.
	Build on existing relationships to further strengthen the support provided to the care home sector.	The Market Relationships Team continue to work closely with care homes, through the care home forums and ongoing communication. Care homes have commented that they now have significantly better relationships with the Council and other care homes than they did pre-pandemic and that this is due to the council providing the opportunities and facilitating the development of these relationships.
	Identify and review relevant pre-COVID-19 processes to see if they remain fit-for-purpose.	The Quality Monitoring Team continue to work with the care homes, to ensure that processes are fit-for-purpose.

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#STHELENSTOGETHER

ST HELENS
BOROUGH COUNCIL