Complex Lives

Reducing stigma, giving hope

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Foreword

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Life is not fair and is rarely straightforward, sometimes life can twist and turn in a difficult direction. Some individuals face multiple challenges such as mental health issues, substance misuse, broken relationships, and homelessness, which, in some cases, is impacted by crime (as victims and/or perpetrators). Evidence suggests many of the people who end up having multiple complex needs have experienced trauma during childhood and/or adolescence.

Each of these challenges is significant, but when added together they magnify the impact, making even basic things seem overwhelming and out of reach. What is more, people with complex lives face the fear and stigma of others, meaning that sometimes there are unnecessary barriers put in their way which make it more difficult, or stop them accessing the help and support they need and want. There is also emerging data which indicates that for some, their neurodiversity may go undiagnosed and untreated, which can put people more at risk of substance use disorders and behavioural addictions down the line.

In St Helens, we are taking an enhanced partnership approach to try and improve the care and support, and therefore the outcomes of people with complex lives. The aim is to reduce the risk of harm, help people to overcome barriers and remove barriers where possible, reducing the risk of relapse, supporting rehabilitation and improving life quality. We are doing things differently, and the good news is that we are seeing more people with entrenched difficult circumstances get out of them. This report highlights some of the challenges, talks about some of the theory and evidence, and shares our approach and some real-life experiences. Thank you to the partner agencies for their hard work and dedication to this work and a special thank you to the brave individuals who have shared their stories.

Councillor Anthony Burns
Cabinet Member – Wellbeing,
Culture and Heritage
St Helens Borough Council

Background
An introduction to complex need in St Helens

Introduction

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People with complex needs or multiple disadvantage experience some of the greatest inequality and stigma in our population. This is a group of people who typically find themselves homeless, rough sleeping, in and out of hostels and supported accommodation or 'sofa surfing' in the homes of friends or family. They generally experience very poor physical and mental health, often using drugs and alcohol. There may be involvement with the criminal justice system either as a perpetrator or victim of crime and violence, and they may be viewed as 'hard to reach' due to their high risk, chaotic lives.

Outcomes for people with complex needs are poor but their need for services is high. For example, the average life expectancy for homeless males is 45 years and for females it's 43 (ONS 2022).

People with complex lives can find it difficult to engage with traditional models of support which can appear fragmented and rigid, and they can experience stigma and a mistrust of professionals who may not be working in a trauma-informed way.

Data suggests that this group of people can place demands on multiple services across housing, NHS and criminal justice, and often present in an unplanned way, requiring reactive, acute and expensive service provision. What we also find is that there can be repeating cycles across generations and that unless more is done to break these cycles, levels of need and complexity will continue.

Given the limited resources within health and social care, and the frequently changing funding streams, there are sometimes tensions about where to invest (Sniderman et al 2018).

Introduction continued

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For example, should we invest more in universal preventative approaches, or in approaches to target those who are in greatest need and/or who are suffering the most harm, and/or at risk of harming others, even if this is more resource intensive? Professor Marmot (2010) recommends progressive universalism, which in its essence means matching the level of support to the level of need.

In St Helens, we have changed the way we do things and we have done this with very little additional investment being required. We have restructured the public health team so that some of the team are focusing on primary prevention and wider determinants, whilst at the same time some of the team are focusing on complex needs; namely, mental health, addiction, homelessness and criminal justice.

Furthermore, as part of our focus on those with the highest levels of need, we are working with partners on a weekly basis to try and better work together through a project called 'Complex Cares'. Building on learning from other places and taking similar approaches, such as Doncaster and Belfast, we have set up a multiagency panel who work with people in a trauma-informed way, regular informal 'huddles' between agencies to further improve collaboration and respond quickly, and this is overseen by a steering group. In addition, we already have a range of services, and we are establishing some new ones so that more people can and do access for support.

As this report progresses, there is an explanation of some of the causes and drivers of complex lives, data on the four main aspects of complex lives, what the evidence says works to support people, some examples of our new approach and examples from some of the key services involved. I am very thankful for the local people who have given the permission to share their stories. Towards the end of the report there are conclusions and recommendations, and an update from last year's report and actions.

Ruth du Plessis
Director of Public Health
St Helens Borough Council

Some causes and drivers

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People with complex needs are often deeply affected by past or current trauma or adverse childhood experiences. They may have previously experienced abuse and violence or the traumatic loss of a family member or loved one. They may have witnessed traumatic events that have deeply affected them.

Thus, they may struggle with their mental health, their behaviour and may turn to drugs or alcohol to cope with their distress. They may be unable to work or manage their finances, and their self-esteem and their relationships may be adversely affected. They experience shame, exclusion and stigma and be at increased risk of self-harm or suicide. They experience judgement from others, including professionals, and as a result, find it difficult to trust people or engage with traditional universal services. Some may fall victim to exploitation by others who recognise and take advantage of their vulnerability.

Some may also have undiagnosed learning difficulties or neurodiversity. It is thought that as many as one in seven of us are neurodivergent (LGA, 2022). There are some indications that people with neurodivergence may be more at risk of addiction, social isolation, poor mental health and that services and support may not respond appropriately (UK Addiction Treatment Centres Blog).

We know that people with complex needs can become marginalised and that stigma and difficulty communicating can be a barrier to them being able to access the support they want and need.

Complex lives and their childhood origin

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ACEs

What are Adverse Childhood Experiences (ACEs)?

- Ten ACEs commonly identified, split into two categories:
  - Forms of child abuse and neglect (e.g. physical, sexual or psychological abuse)
  - Forms of experienced family dysfunction (e.g. alcohol/substance misuse, parental mental health, incarceration)

Morbidity + Mortality

The impact of ACEs on health

- Impact on morbidity and mortality for those who experienced 4+ ACEs across their life course:
  - 2x more likely to develop chronic diseases, 6x more likely to require treatment for mental illness
  - 4x more likely to abuse alcohol, 6x more likely to smoke, 16x more likely to have used illicit substances
- Those who experienced 2+ ACEs: Increased risk of death of 57% in males and 80% in females under the age of 50

Deprivation

Poor people more likely to experience ACEs

- Those who live in the most deprived quintile: 29.8% experience 2+ ACEs
- Those who live in the least deprived quintile: 15.9% experience 2+ ACEs
- In St Helens, 68% of those with complex needs live in the most deprived quintile (2021)

Mental illness

ACEs can lead to poor mental health

- 29.8% of all adult mental health disorders seen globally can be traced back to adverse childhood experiences (WHO, 2010)

Stigma

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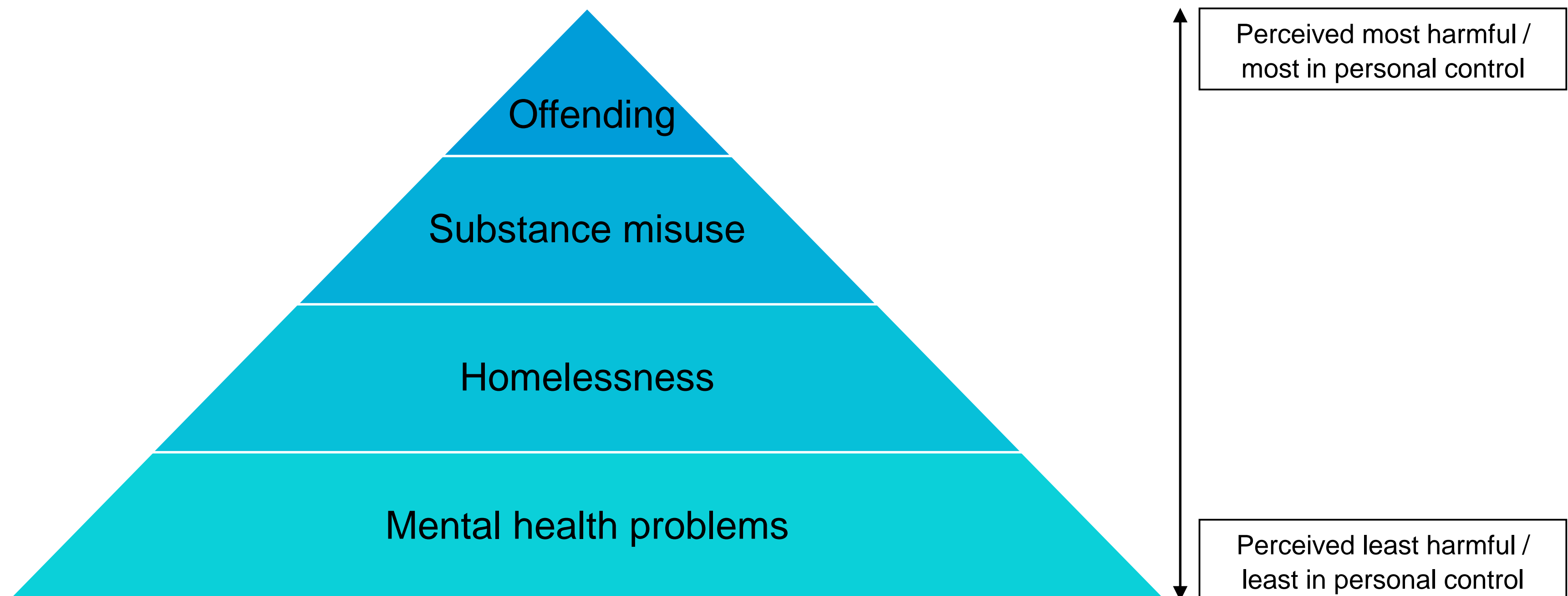
Stigma refers to any negative attitude, prejudice, or false belief associated with specific traits, circumstances, or health symptoms. Discrimination, a related but distinct concept, describes how someone treats you because of this stigma. It is typically experienced through labelling, negative stereotyping, stigmatising language (e.g., describing people with a mental illness as crazy) and power asymmetry. The hierarchy of societal stigma associated with severe and multiple disadvantages can be seen below. Outcome of qualitative research ranking societal stigma experienced for four key complex lives factors (Lankelly Chase Foundation, 2015).



Different types of stigma

Individuals with complex needs may experience a combination of any of the four types of stigma (public, self, by association and structural) described below (adapted from Pryor and Reeder, Stigma: Advances in theory and research, 2011).

In order to best shape our strategic response to stigma, it is important to recognise the four different types of stigma and build into our thinking and planning how to address all of them where possible.

Particularly for structural stigma, the council and partner agencies are in a position to address the institutional response for those experiencing complex needs.

Public stigma

- Reactions of 'perceivers'
- Openly expressed in public or not, while equally as harmful

Self-stigma

- Effect of external stigmatisation on personal wellbeing of 'targets'
- Discrepancy between perceived self and actual self

Stigma by association

- Those associated with or assisting those already stigmatised
- Not necessarily exhibiting stigmatised factors and characteristics

Structural stigma

- "Institutional" stigma
- Structural inequalities in society, barriers to accessing support

Key statistics
Level of complex need in St Helens

Statistics definition

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The following statistics are mainly obtained from ‘System P’[1], and the definition used for inclusion into the ‘complex lives segment’ is as follows:

Either:

- One or more physical condition AND
- One or more mental condition AND
- One or more from the list below:

OR, regardless of physical/mental health, any three of:

- Homelessness
- Substance misuse
- Alcohol abuse
- History of offending
- High intensity A&E use
- History of being looked after
- Domestic abuse

The slides which follow include data on both households and individuals.
Also include some data about the wards with the highest levels of complex need.

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1. System P uses the Bridges to Health segmentation methodology, which has been endorsed by NHS England. Segmentation aims to categorise the population according to health status, health care needs and priorities. This methodology identifies groups of people who share characteristics that influence the way they interact with health and care services.

St Helens households with complex needs: key statistics (2021)

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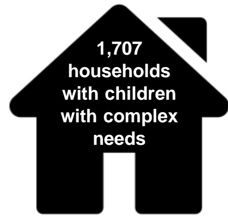

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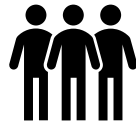
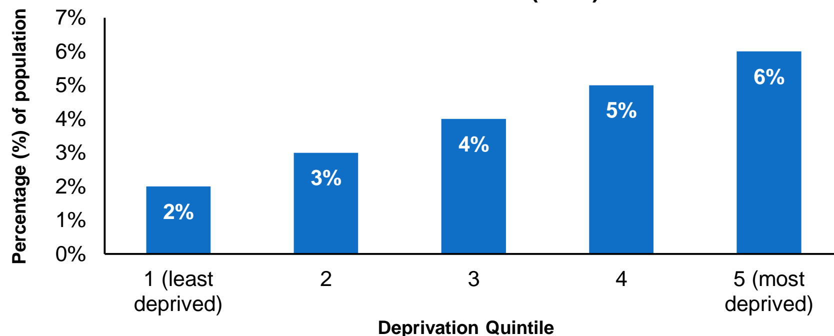
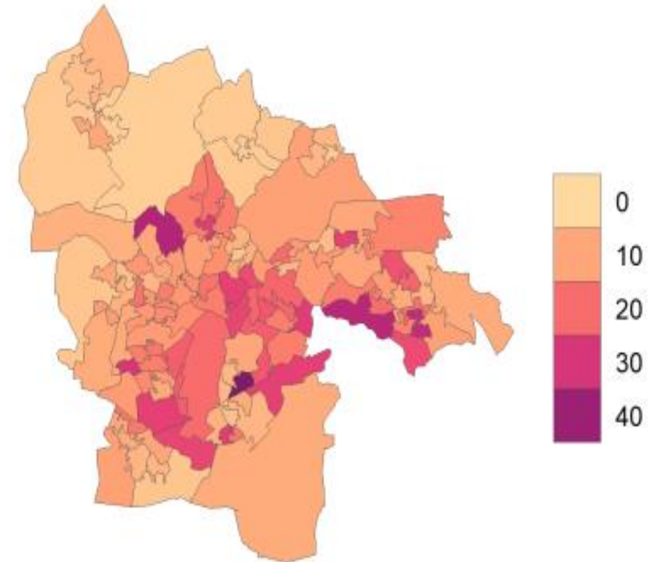


3,718 Adults   3,120 Children

These 1,707 households (9% of families in St Helens) which accounted for **37%** of health and social care costs for families with children, totalling **£27 million**.



There is a clear correlation with deprivation, where **6%** of the population in the **most deprived quintile** live in a 'complex needs' household, compared to 2% in the least deprived quintile.



Areas with high numbers of complex needs households include:

- Newton-le-Willows West
- Sutton North West
- Bold & Lea Green
- Town Centre

(Source: System P) ***NB:*** In 2021 there were **181,596** people registered with a GP practice in St Helens, and System P have data available for **96%** of that registered population.

Service use: annual use of health and care services by complex needs households (2021)

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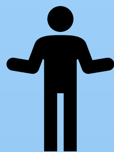

For every 100 adults, on average:

16 had **23** emergency admissions

3 had **4** elective admissions

29 had **50** A&E attendances

11 had **25** referrals to mental health services

12 had **101** contacts with mental health services

For every 100 children, on average:

12 had **18** emergency admissions

1 had **2** elective admissions

30 had **56** A&E attendances

24 had **57** referrals to mental health services

25 had **150** contacts with mental health services

56 had **908** contacts with community health services

10 were looked after

(Source: System P)

Service use: complex lives population vs general population (2020)

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In 2020, around **768 local people** were described as having **'complex lives'** in St Helens.

(System P, 2020)

	Complex lives	General population
A&E attendance in a year	**72%**	**29%**
A&E attendance: average times per year	**3.8 times**	**0.5 times**
Average cost per A&E attendance	**£154**	**£119**
Emergency admission in a year	**48%**	**7%**
Emergency admission: average times per year	**1.4 times**	**0.1 times**
Average cost per emergency admission	**£1,855**	**£2,128**

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Source: System P

Complex households and prevalence of mental health conditions and learning disabilities (2021)

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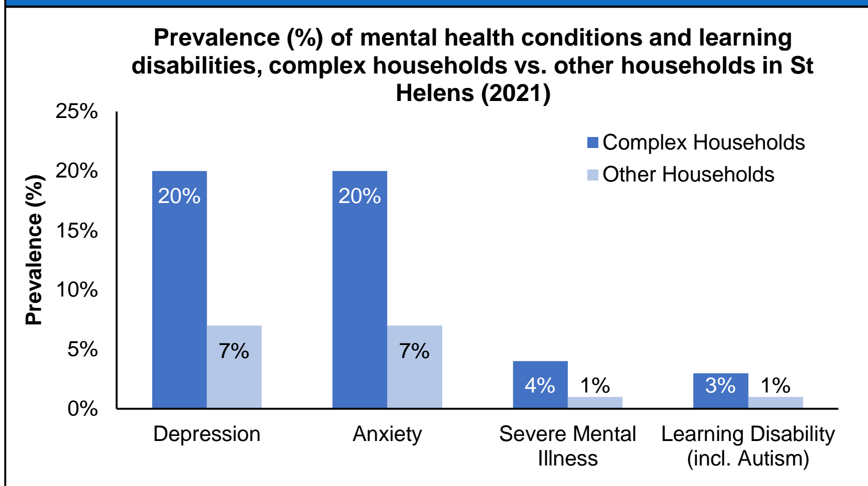
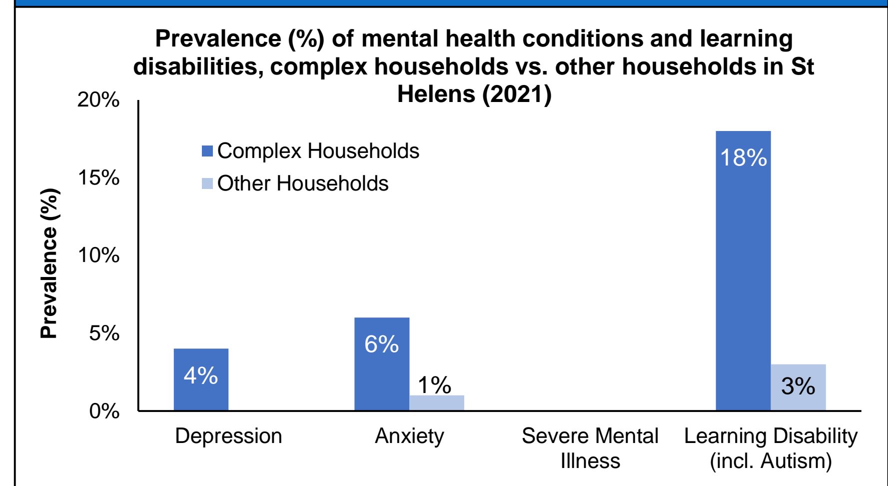
Mental health conditions and learning disabilities are more prevalent in both adults and children who live in complex needs households.

Adults



Children



On average, those with complex lives have **7.8** mental health contacts per person, per year (compared to 0.4 contacts in the general population).

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(Source: System P)

Complex households and prevalence of physical health problems (2021)

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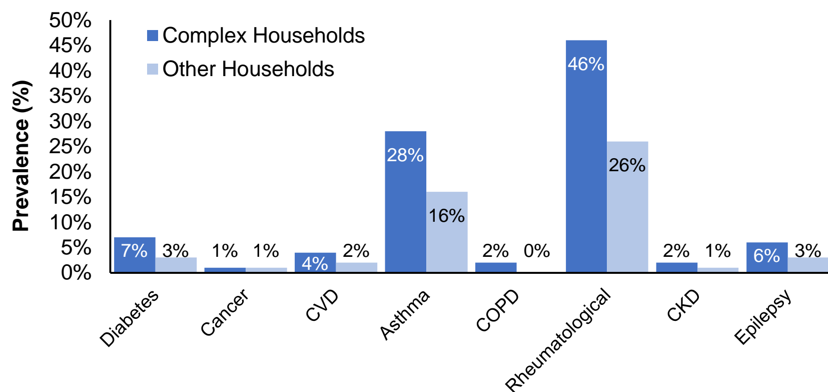
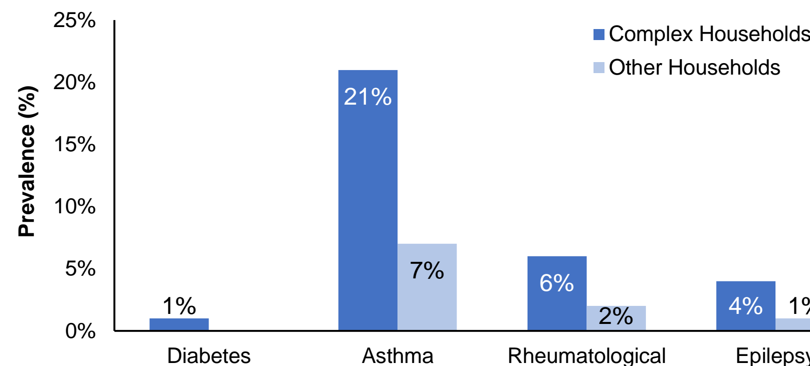
Physical health problems are more prevalent in both adults and children who live in complex needs households, particularly **asthma** and **rheumatological** conditions.

Adults



Children



In a year, **15%** of people with complex lives have a planned admission (compared to 8% in the general population).

(Source: System P)

Substance misuse

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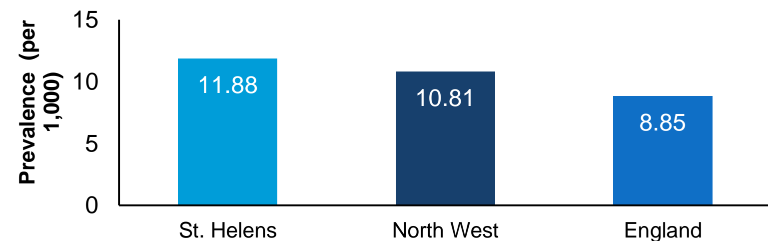
It is estimated that in St Helens, 11.8 per 1,000 people between 15 and 64 years are opiate and/or crack cocaine users.

Estimated

Over 1,300

people aged 15-64 in St Helens use opiates or crack cocaine

Source: OHID

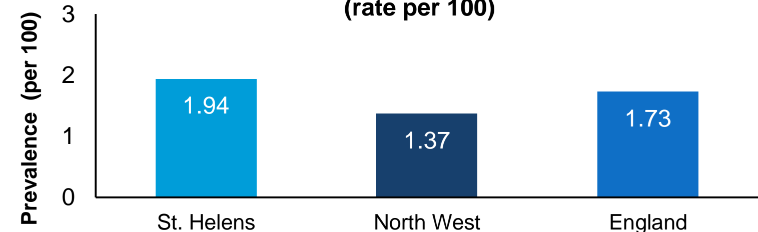


Estimated

Over 2,770

people aged 18+ in St Helens with alcohol dependency

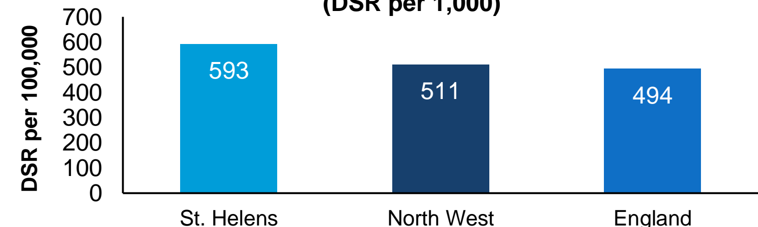
Source: OHID (2018-2019)



1,090

Hospital admissions in St Helens for alcohol related conditions (2021-22)

Source: OHID



Statutory homelessness in St Helens

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Quarterly statistics for statutory homelessness assessments and activities in St Helens: January to March 2023

Local authorities are to take reasonable steps to prevent and relieve homelessness to eligible houses.

Prevention duty: Local authorities deliver the prevention duty through activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. This would involve activities to enable an applicant to remain in their current home or finding them alternative accommodation. This lasts for up to 56 days but may be extended in some instances.

Relief duty: The relief duty is for households which are already homeless on approaching the local authority and require help to secure settled accommodation. The duty lasts 56 days and can only be extended by a local authority if the household is not owed the main homelessness duty.

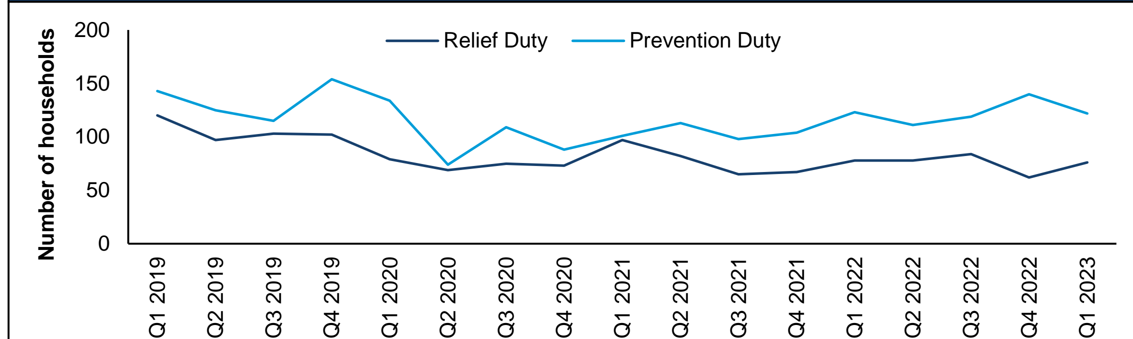
In St Helens during Q1 2023, **122** households were owed a prevention duty, and **78** households were owed a relief duty.

179
Households initially assessed as homeless or threatened with homelessness in Q1 2023

34.1%
Decrease since last year

8.9%
Decrease since October to December 2022

The number of accepted prevention and relief duties from 2019



(Source: Department for Levelling Up, Housing and Communities)

Statutory homelessness in St Helens

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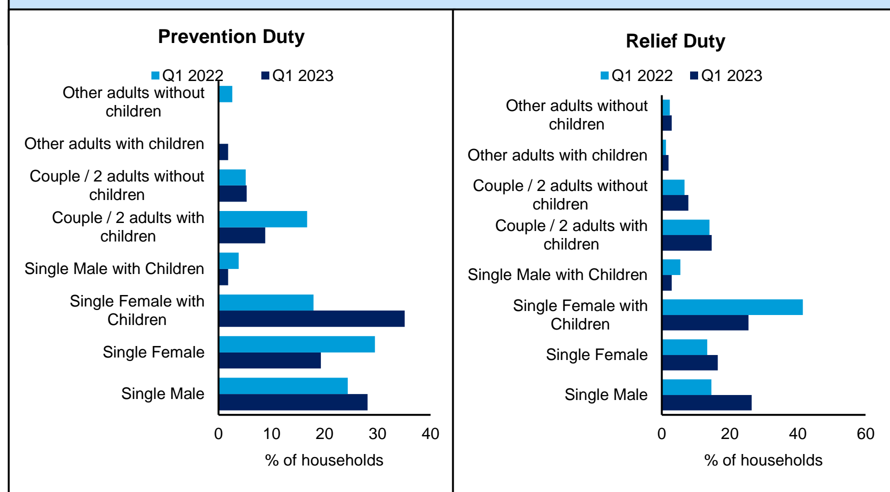
Household characteristics

The charts below show the characteristics of those meeting the criteria for prevention or relief duty in St Helens in Q1 2023 compared to Q1 2022.

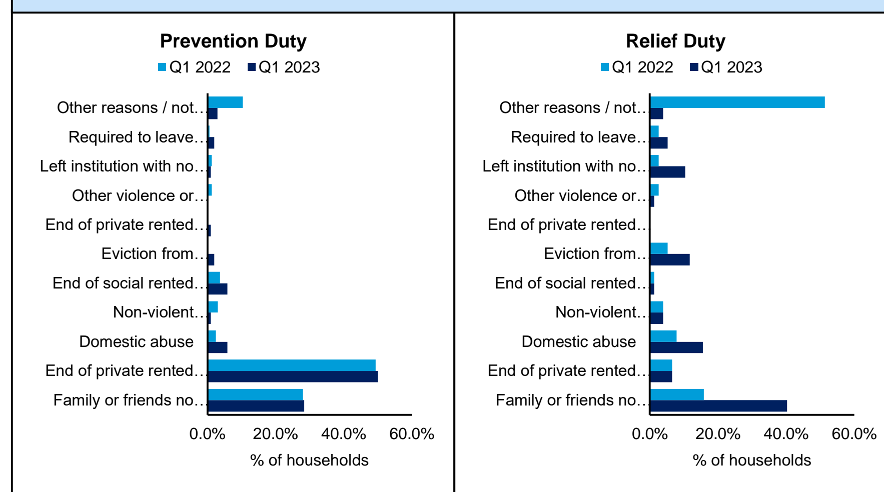
- The proportion of **single females with children** for a **prevention duty** increased from 17.9% in Q1 2022 to 35.1% in Q1 2023.
- The proportion of **single females with children** for a **relief duty** decreased from 41.5% in Q1 2022 to 25.5% in Q1 2022.
- The proportion of **single males** for a **prevention duty** increased, also the proportion of **single males** for a **relief duty**.



Reason for loss of last settled home

The charts below show the reasons for loss of last settled home of those for a prevention or relief duty in St Helens in Q1 2023 compared to Q1 2022.

- The proportion of those who meet the criteria for **prevention duty** and **relief duty** as a result of **domestic violence** increased between Q1 2022 and Q1 2023.
- The proportion of those for **prevention duty** and **relief duty** as a result of **eviction from supported accommodation** also increased.



(Source: Department for Levelling Up, Housing and Communities)

Domestic abuse

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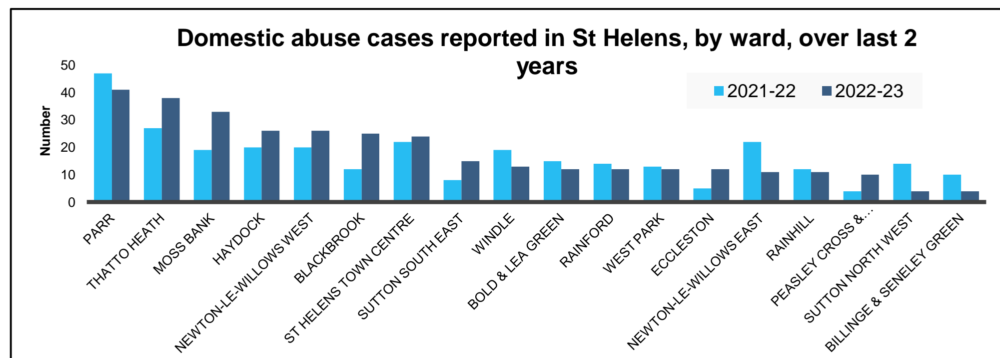
Between 01 March 2021 and 28 February 2023, 632 cases of domestic abuse were reported to Merseyside Police in St Helens.

14%
of domestic abuse cases were in the ward of
Parr

In **67%** of cases
the perpetrators are male

(Source: Merseyside Police)



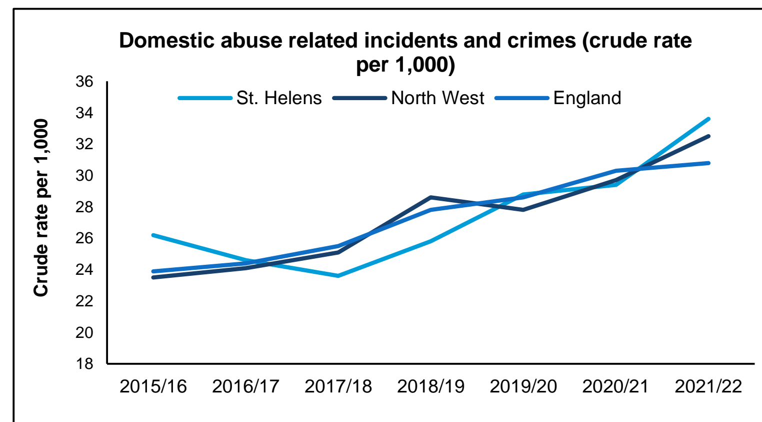
MARAC referrals (01 March 2020 – 28 February 2023)

3,103
Referrals received into MARAC (Multi-Agency Risk Assessment Conference) in St Helens
(Note: some cases have multiple referrals)

16.9%
of MARAC referrals were in **Town Centre**
and
14.9% were in **Parr**

(Source: Safer Communities, St Helens Borough Council)

Rate of domestic abuse related incidents



(Source: Fingertips)

Crime in St Helens

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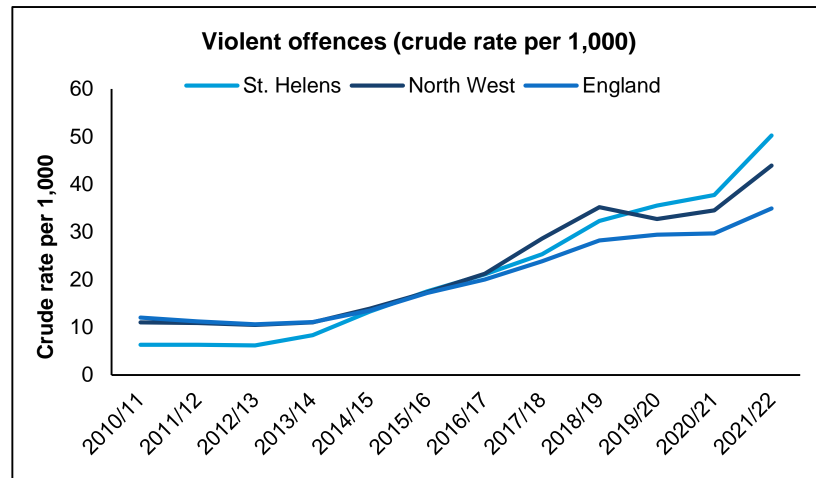
Offending behaviour is often linked to mental health and substance misuse issues, and offenders often experience significant inequalities and complex issues.

In 2022 there were **15,240** crimes in St Helens

This is a crude rate of **145** per 1,000

There is an **increasing** trend

The rate has increased by **35%** since 2019



313 first time offenders in St Helens in 2022, a rate of **192** per 100,000

North West = 181 per 100,000
England = 166 per 100,000

490
hospital admissions for violence in St Helens (2018-19 to 2020-21)

7.5%
decrease from previous year

(Source: Fingertips and CrimeRate)

What can we do?

Evidence and best practice

Overarching approach

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In 2010, the review of inequalities *Fair Society, Healthy Lives*, proposed the principle of 'proportionate universalism' as a solution to reducing inequalities. This suggests our actions should be universal, but with an intensity and a scale that is proportional to the level of disadvantage. People with complex lives experience some of the widest inequality in our communities and as such, will require our services to be provided with a different, more intense focus on them to be effective.

NICE guidance on providing integrated care for people experiencing homelessness recognise that increased effort and targeted approaches are most effective. The following key principles are recommended for the delivery of services:

- **Co-design** of services – service user voice is integral.
- Support **engagement** by making sure services are person-centred, empathetic, non-judgemental and inclusive. Assertive outreach/in-reach can help with engagement.
- Provide **psychologically informed environments and trauma-informed care**, recognising that people's behaviour and engagement with services are influenced by their experiences.
- Sustain engagement with services via **trusting relationships** between staff and service users.
- Promote shared decisions and **strengths-based assets-based approaches**. Sometimes only small changes are possible.
- Recognise that people with complex needs require a **longer-term commitment** to promote recovery, stability and lasting positive outcomes.
- Be aware **some people may find it difficult to look after themselves** because of their circumstances and may find services difficult to engage with.
- For people who disengage from or refuse services, actively **support re-engagement.**

Ways of tackling complex lives

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Prevention and early intervention

- Identify and support children suffering adverse childhood experiences:
  - Multisystemic therapy (psychological treatment at home)
  - Wraparound support (coordination of professional and community-based support)
  - Independent living training for those leaving care
- Enhanced support for adult population:
  - Target specific risk groups, e.g. armed forces veterans
  - Coordinated care plans for those released from prison
  - Complex hospital discharge planning, focusing on re-integration

Supporting recovery and transformation

- Promote use of link / key workers, identifying and facilitating contact with appropriate support
- Peer mentoring, especially from those who have recovered from complex lives
- Person-centred approach of support services, rather than services that address only part of the individual needs experienced
- Use of the Making Every Adult Matter (MEAM) approach

Tackling stigma

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There are several practical ways we can work together to tackle stigma, these include:

- Providing 'trauma-informed practice' training for professionals to help them work in a trauma-informed way, this could help those in greatest need to be more comfortable engaging with services.
- Training and awareness to deal with conscious or unconscious biases in direct interactions or when planning and commissioning services.
- Stop and challenge the use of any derogatory language at personal, professional and institutional levels.
- Whole-person approach to support, supporting those with complex lives holistically, rather than based on individual needs/illnesses. Thus, having a key worker is helpful and ensuring that services work together and coordinate care.
- Providing tailored housing support for those who are abstaining from alcohol or drugs to do so.
- Offer professional assistance early before complex lives develop and worsen, making treatment and recovery more difficult.
- Utilise community champions to promote available local support.
- ASK - "Do you need any other help or support?"

Trauma-informed practice

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Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual wellbeing – from the Working Definition of Trauma-Informed Practice Guidance 2022

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with services and their staff. It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It requires practitioners to work in collaboration and partnership with people and empower them to make choices and changes. Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask:

"What does this person need?"

rather than

"What is wrong with this person?"

It seeks to address the barriers that people affected by trauma can experience when accessing services.

Complex needs - what outcomes are important?

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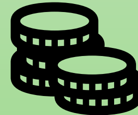
For individuals: Homeless Outcomes Star Measures

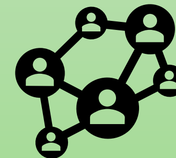
Motivation and taking responsibility

Self-care and living skills

Managing money and personal administration



Social networks and relationships



Drug and alcohol misuse

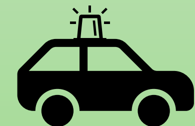
Physical health

Emotional and mental health

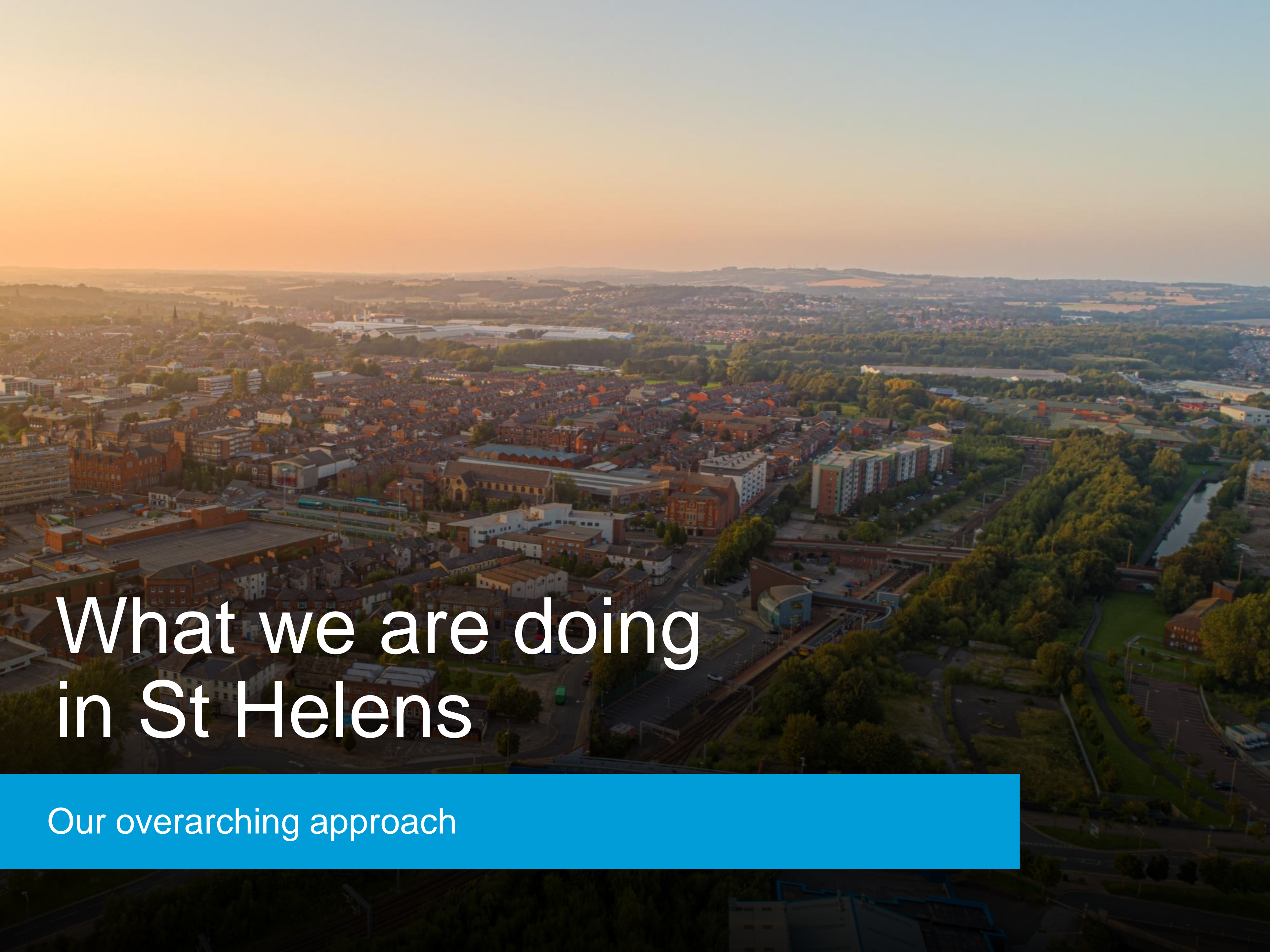
Meaningful use of time / purpose

Managing a tenancy and accommodation

Reducing offending



For more information, visit the [Outcomes Star website]



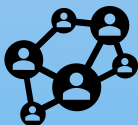
What we are doing in St Helens

Our overarching approach

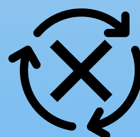
Complex Cares – our overarching approach

The Complex Cares programme has been operating since October 2022. The target is for around 75 clients to have a multiagency plan put in place each year. Its aims are:

To create a more systematic integrated approach to delivery of support for people with multiple complex needs



To help break the cycles people with complex lives are caught in and enable better outcomes



To create a learning and solution-focused environment for services

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Complex Cares – operational features

The implementation of the Complex Cares model began in the first week of October 2022. The operational features of the programme include the following:

Steering group

Provides leadership to the programme, oversees implementation, development and evaluation, resolves issues and shares learning. The steering group meets every six weeks and includes membership from Housing, Liverpool City Region Combined Authority, Housing First, Public Health, NHS Commissioning, Hospital Discharge Team, Halton and St Helens VCA, Police, Probation, Adult Social Care and Safeguarding.

Multi-agency panel

The panel meets weekly and discusses referrals, develops a multi-agency plan around the person's needs, assigns a 'trusted keyworker' to be the single point of contact and ensures that agencies deliver their actions as agreed. Every fourth meeting reviews progress on previous cases brought to the panel. The panel is co-chaired by Housing and Public Health and includes membership from drugs and alcohol services, accommodation providers, Police, Probation, Adult Social Care, Safeguarding, Homeless Health Team (Mersey Care NHS Trust), Teardrops, Hope House, Whitechapel and Housing First.

'Huddle'

Informal, operational meeting where agencies come together two to three times a week to collaborate and discuss progress on agreed actions.

An independent evaluation

Will be carried out by Liverpool John Moores University with interim reports being planned for December 2023 and April 2024. A final full evaluation report will be available in March 2025. This will include the development of a logic model to assess the impact of the Complex Cares approach, an assessment of outcomes for service users, case studies and feedback from services and service users.

Complex Cares – case studies

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John's situation
- Previously evicted from hostel
- Sofa surfing with friend
- Friend 'controlling' his money
- Numerous health issues but not attending appointments
- Limited life skills – unable to cook or understand positive relationships

Client voice – wants to leave the current situation, have his own place, money and buy new clothes

Action
- Referral and panel review
- Teardrops assigned as **'trusted keyworker'**
- Homeless Health Team assessed health conditions and medication
- Homeless Health made referral to mental health for LD (learning disability) assessment
- Mental health service made safeguarding referral
- Social care assessment completed
- Housing Options reconsidered tenancy application based on new information

Results
- Diagnosis of LD made
- Medical conditions stabilised
- Safeguarding support put in place
- John resumed access to his money
- Health issues managed better
- Accommodation options explored
- Best accommodation identified as Extra Care Facility, with a care package in place to support his needs

Jane's situation
- Vulnerable female
- History of hostel accommodation since age 16
- History of injecting drugs use but currently not using
- 2 years in rented property
- Anti-social behaviour connected with property
- Eviction order served
- Need to avoid hostel accommodation – risk of drugs use

Client voice – does not want to return to hostel. Wants to stay local

Action
- Referral and panel discussion
- Housing First assigned as **'trusted keyworker'**
- CGL support stepped up
- Housing First, Housing Options and Torus explored accommodation options
- Support needs considered
- Options discussed with Jane

Results
- Jane maintained drug-free status
- Support package in place
- Jane received keys to a new Uthink supported accommodation flat

What we are doing in St Helens

Our services, programmes and stories

NB: some names and details in the case studies have been changed to protect confidentiality

BABs Programme

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Evidence tells us that when you become a parent, that to support parenting and break the cycle of complex lives, more intensive support is sometimes needed. Especially for parents who experienced ACEs themselves.

We are in the process of implementing the BABS (Building Attachment and Bonds) programme in St Helens. The programme aims to deliver a targeted therapeutic specialist parent infant mental health service. This is to enhance local provision as part of the current established pathway of Perinatal Mental Health and Parent-Infant Relationship services.

The service will support parents with complex needs and their infants in St Helens, to build good, secure bonds and attachment relationships, helping parents to separate out their own issues/vulnerabilities and past ACEs from their relationship with their baby, improving both parent and infant mental health.

The BABS Service will be provided by Mersey Care NHS Trust but will be co-located in St Helens Family Hubs. The service offers an integrated, MDT (Multi-Disciplinary Team) and partnership model of care.

The service is expected to be able to show that therapeutic support for parents will help them and their families. The programme will be evaluated and contribute to the overall effectiveness of the St Helens Family Hub and Best Start for Life programme.

Self-harm A&E pilot

Self-harm is a deliberate act to harm oneself, usually to cope with difficult or distressing thoughts and feelings, often driven by underlying trauma. Our emergency hospital admissions for self-harm in St Helens are amongst the highest in the country and more than double the North West average.

We know that people presenting to A&E with self-harm can have a greater relative risk of suicide than the general population.

In response to this, Mersey Care NHS Foundation Trust are developing an evidence-based support pathway for adults attending A&E in St Helens following a self-harm incident. This pathway will have appropriate clinical support in place for people at 24hours, 48hours and within two weeks. Mersey Care is also working with other organisations such as Change Grow Live (CGL), Halton and St Helens Voluntary and Community Action (VCA) and St Helens Wellbeing Service which is provided by City Health Care Partnership, to make sure that people's wider social needs are met as far as possible in the community setting.

People with lived experience of self-harm have been asked to help shape this work, and a formal evaluation is being planned in 2024.

Self-harm A&E pilot pathway

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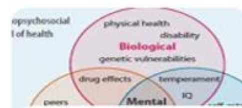
Within 24 hours	Within 48 hours	Within 2 weeks	After 2 weeks

Jack from Clock Face attends Whiston A&E after self-harming.



Jack's health checked & treated. Jack receives a biopsychosocial assessment and co-produces a safety flashcard whilst still in hospital.

Jack is followed up, at home, within 48 hours. This was pre-arranged before he left hospital. Jack is also sent a compassionate text follow up.

Safety plan is co-produced with Jack, including problem solving /CBT based solution focussed interventions, social factors.

Jack attends a further 6 sessions until crisis is resolved, this includes enhanced coping skills, review of his safety plan and discussions around social needs.

Jack is connected into the primary care mental health role in St Helens & supported to CGL as well as Housing Options.

A&E Liaison	Urgent Care Teams. If known to service, will also join up with the service the person is known to as appropriate	Urgent Care, Community Mental Health Teams / Place-based partners / Primary Care etc. according to need	Community Mental Health Teams / Place-based partners / Primary Care etc. according to need

Suicide Prevention Strategy

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The St Helens Borough Suicide Prevention Strategy has been developed via a multi-agency steering group that is accountable to the Mental Wellbeing Delivery Group of the St Helens Place Based Partnership Board. The St Helens People's Board also provide oversight of this work.

Multi-agency action has been developed under five key themes; these are:

- **Leadership and governance:** including having effective partnerships and input from people affected by suicide and self-harm.
- **Prevention:** including raising awareness, training, skills and knowledge, communication and engagement, reducing the stigma of mental health, self-harm and suicide and how to access support.
- **Intervention:** including training for general practices and services, safety planning for people in crisis (including formalising the mechanisms of support for a vulnerable person), improving self-harm support and pathways, improving access to mental health and social support, and implementation of safer care standards in services.
- **Postvention:** including actions after a suicide happens, such as improving bereavement support, postvention support plans for communities and working with the media on responsible reporting.
- **Data, intelligence, evidence and research:** including improving our 'real time' surveillance to enable a faster support response when a suicide occurs, ongoing analysis of patterns and risks to inform our response, reviewing evidence about interventions that work and research.

Delivery of this strategy requires action from a wide range of partners. This will be achieved via a multi-agency 'Community of Practice' supported by the 'People of St Helens' Suicide Prevention and Self-Harm Network.

Substance misuse services CGL

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Integrated
Recovery Service

St Helens

The St Helens Community Substance Misuse Recovery Service is provided by Change Grow Live (CGL). This service provides support and treatment in a community setting. It works closely with the Alcohol Care Team within the hospital and the Young People's Drug and Alcohol Team (YPDAAT). The service also refers some people who have very complex needs and require a detox to the specialist regional Chapman Barker Unit or other providers available across Cheshire and Merseyside. CGL work closely with local homeless services, hostels, police and the criminal justice system.

CGL St Helens provide a range of psychosocial and clinical support to meet client needs, through trauma/psychologically-informed practice. This type of approach is vital, as people may use drugs and alcohol in response to trauma or loss in their lives, such as adverse childhood experiences, loss of loved ones or being the victims of abuse. The service helps to tackle the stigma associated with drugs and alcohol misuse and creates a climate of hope and raised aspirations about what can be achieved in recovery. It draws upon the support and experience of peers with lived experience, to provide inspiration for those in the earlier stages of their journey and has a thriving Recovery Champions Community.

CGL – service elements

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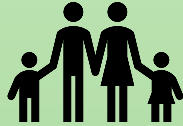
There are four key elements to the service:

Families offer

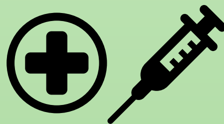


This focuses on prevention and early intervention of harm from alcohol and drugs within families. Approaches address a wide spectrum of need and include self-help resources, training of children and families' services and schools to identify risk and take action, delivery of brief family interventions, direct family support and intensive whole family interventions for very high-level needs. This work builds upon an innovative 'families approach' developed in St Helens to support children of alcohol dependent parents.

Community based treatment and recovery

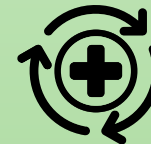
This includes assertive outreach and engagement of people into service, assessment of needs, pharmacological/clinical interventions (shared care with GPs), structured psychosocial interventions, community detoxification, recovery support, pathways from criminal justice system, and provision for those with complex and multiple needs (e.g. mental health, learning difficulties, homeless etc.). This also includes in-reach to the hospital-based Alcohol Care Team, and acting as the gateway coordinator to inpatient medically managed detox, for those with complex needs and residential rehabilitation services.

Health protection / Harm reduction



This includes the promotion of needle safety, safe disposal and needle exchange services, screening for bloodborne viruses, vaccinations, provision of naloxone champions (preventing overdose and reducing drugs-related deaths), supervised consumption of opiate substitution (methadone) in pharmacies, wound care and general infection prevention. During the COVID-19 pandemic, the service has supported vaccination, testing and outbreak control.

Recovery



The service leads the development of a Recovery Champions Network, peer support and families peer support. It provides access to mutual aid and opportunities for clients to engage in community groups and volunteering. The service supports service users to access training, employment and opportunities.

CGL – case study

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Kev's story

Kev, a struggling addict, had been caught in a cycle of running from his problems and hiding from reality. He found himself sinking deeper into a living hell, where addiction consumed every aspect of his life. Kev's world had shrunk to a small, isolated room, devoid of any meaningful connections with friends or family. The relentless pursuit of drugs dominated his existence, leaving him feeling empty, unhappy, and devoid of any hope for the future. He yearned for an end to his suffering and contemplated self-destruction, attempting to overdose on numerous occasions.

The turning point for Kev came when he connected with his CGL key worker and probation officer. They saw his potential and encouraged him that things can change. Kev was encouraged and persuaded to commit to a year of sincere effort towards recovery. During this time, his support team provided crucial assistance and guidance. They helped secure suitable accommodation for him with Bright Start Homes supported housing and ensured regular testing and daily activities to aid in his recovery.

Although it was challenging at the beginning, Kev's determination and the unwavering support he received started to yield positive changes. Over time, the overpowering urge to use drugs diminished, and he found himself surrounded by caring individuals who trusted in his ability to change. This newfound support gave Kev the confidence to reconnect with his long-lost family, which further boosted his sense of wellbeing.

Slowly but surely, Kev started to smile again, experiencing moments of genuine happiness that he hadn't felt in a long time. While recovery is an ongoing journey, Kev now has the strength to confront his addiction and mental health issues, taking each day as it comes with hope for a better tomorrow.

Recovery community

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The St Helens Recovery Community, comprised of various organisations and individuals, has thrived over the past decade, offering daily support and multiple initiatives including: yoga classes, faith-based programmes and recovery housing. They've reduced stigma through initiatives like the Family Recovery Cafe and empowered Naloxone Champions for harm reduction. Creative projects, such as the Recovery Street Film Festival entry, *"The Sky's the Limit,"* and successful recovery weekends, highlight the community's vitality. This support network, driven by unity and compassion, saves lives and inspires hope, showcasing the power of recovery in St Helens.

"I am so proud of my role and that it gives me an opportunity to connect with service users who are struggling in their addiction. I know many of the service users in St Helens as I have been around them during my own struggle in the past. They are really happy that I'm doing well. I tell them every day, if I can do it, you can too!" **- Jason Bamber, Naloxone Peer Educator**

Building Bridges – impact

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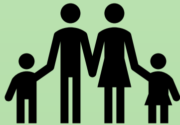
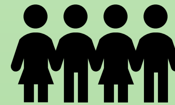
St Helens was awarded national innovation funding from the Department of Health and Social Care and the Department of Work and Pensions, to develop new ways to identify and support children whose parents are alcohol dependent and reduce family conflict. Building Bridges was launched in 2018 and has helped train more than 1,200 professionals to recognise alcohol harm, including social workers, GPs, health visitors, student social workers, as well as schools. The programme has assessed more than 2,000 families for alcohol dependency. This has resulted in more than 400 parents getting treatment for their alcohol dependency who would not have without the programme.

For parents



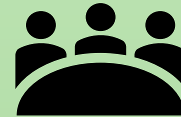
Building Bridges has enabled better access to support and treatment, less stigma, reduced concerns that they may lose their children, raised awareness of the impact of their own drinking, given them skills to reduce conflict, enabled better parenting skills, improved mental and physical health, improved management of finance, reduced need for statutory interventions, improved engagement in volunteering and training.

For children



Building Bridges has heard their voice, given them a better relationship with parents, improved wellbeing, a more stable home life, greater ability to attend and learn at school, reduced need for input from children's services, and has contributed to breaking the cycle of alcohol dependency across the generations.

For agencies



Building Bridges has resulted in more integrated working for better outcomes, raised awareness of the impact of parental drinking, improved screening for parental drinking, earlier interventions for families, reduced need for escalation, direct access to intensive treatment and support for whole families.

Building Bridges – case study

ST HELENS
BOROUGH COUNCIL

Family A

Engaged with Building Bridges

Before Building Bridges:
- Children emotionally affected by mums alcohol use.
- Parents emotionally abusive to each other.
- Child B hostile relationship with her father, no contact with mother for over 15 months at time of entering into treatment. Refused to go to school, no education for over 4 months.
- Child C young carer for Mum, took on household responsibilities.
- Negative sibling relationship.
- Child Protection Plan in place (Mum not engaging).

Family A:
Mum: alcohol dependent on entry into treatment, alcohol use for past 6 years as a result of trauma experienced.
Dad: poor relationship with mum and children, ineffective communication resulting in conflict within the family
Child B: living with dad but did not want to, not attending education, poor self esteem and confidence;
Child C: young carer, living with mum.

Mum supported with one-to-one interventions, therapeutic work and alcohol reduction plan.

Mum attended Confident Families which included direct work around parental conflict

Dad was asked to engage with the Building Bridges, included one-to-one work around conflict.

Family referred to M-PACT; family attended and completed work around the impact of substance abuse on families.

Child B supported to access school and is now in mainstream school full-time.

Child B has moved back home, relationship between siblings has now developed and is positive.

Mum has since gone on to become a peer mentor within CGL, now supports other parents accessing the building bridges program as does Child B, who offers support to children to engage in sessions. Mum is also now a volunteer in a local community recovery café with the hope of gaining employment in the future.

Footsteps

Case study

ST HELENS
BOROUGH COUNCIL

Footsteps is a charity offering support services to anyone (over 18) affected by someone else's drug or alcohol misuse. Footsteps provides a wide range of services, such as:

- One-to-one support
- Home visits
- Telephone support
- Group support meetings
- Training
- Structured counselling
- Liaison with other services and signposting
- Respite facilities

A client was referred to Footsteps by a primary school in March 2022 and has been receiving support since. The client had previously been exposed to alcohol and substance misuse and inappropriate sexual activities. They felt angry, had low self-esteem and elements of self-harm. Although the client is currently living in a positive environment, adjustment into that home had presented negative impacts as the client struggled to understand boundaries and sibling relationships.

Footsteps offered an inclusive approach and extended support to all family members, this included direct sessions, group work and respite activities to primary client and two other children; care giver also receives support through direct sessions. One-to-one sessions provided various support and the group work and respite activities have been beneficial, as they have provided an opportunity to build understanding together, promote positive behaviours and attachment and the chance to socialise with others in similar situations without attached stigma.

Young People's Drug and Alcohol Team (YPDAAT)

- YPDAAT provide young people and their families in St Helens with a range of interventions to help them make informed choices around drug and alcohol use, in order to achieve their full potential.
- The team provide specialist support to young people aged up to 19 from St Helens, and offer:
  - Comprehensive assessments
  - Individual care plans (considering the needs, views and wishes of young people)
  - Psycho-social interventions
  - Awareness raising and education
  - Harm reduction information
  - Prescribing services
  - Support to reduce/become abstinent
  - Health assessments with school nurses
  - Nicotine Replacement Therapy
  - Sexual health interventions
  - Referrals/Signposting to other agencies

YPDAAT – case study

ST HELENS
BOROUGH COUNCIL

Mark's story

Mark, a 16-year-old, was referred to the Young People's Drug and Alcohol Team (YPDAAT) from the Youth Justice Service due to his misuse of ketamine, cannabis, and experimentation with other drugs like Xanax and pregabalin. He was involved in a serious incident, facing criminal charges, and struggling with significant drug debts. Mark was deeply entangled in local gang activities and was at a high risk of continuing his criminal path alongside substance misuse disorders. His mental health was deteriorating, and he faced challenges such as anxiety and a lack of understanding about healthy relationships. Mark's mother was trying to support him, but their relationship was strained, adding to his and their struggles.

To address Mark's complex challenges, YPDAAT implemented a multifaceted approach:

- **Harm reduction and safety planning:** YPDAAT worked with Mark to develop a reduction plan, especially for his ketamine use which was causing physical harm. This helped Mark understand the potential long-term consequences of his actions.
- **Education and awareness:** Mark was educated about the dangers of drug misuse, especially in the context of county lines and the effects of different substances.
- **Family support:** YPDAAT engaged Mark's family, particularly his mother and sister, to equip them with tools to support his recovery. This process also linked the family with the Footsteps service for additional support.
- **Coping strategies:** Mark learned distraction techniques and coping mechanisms to manage triggers and high-risk situations.
- **Future goals and healthy relationships:** YPDAAT assisted Mark in setting achievable goals and developing skills for healthy relationships.
- **Motivational interventions:** A reduction plan was implemented, focusing on Mark's motivation for positive change.
- **Employment support:** Mark received guidance in securing full-time employment, contributing to his overall stability and sense of purpose.

The collaborative efforts of YPDAAT and Mark led to significant positive outcomes including substance misuse reduction, securing full-time employment, and an improved relationship with family, Mark sharing his story as part of a ketamine awareness campaign which contributed to the campaign's success, as well as demonstration of maturity and self-reflection signifying his readiness for positive change.

Mark reported feeling happier, more settled, and motivated for the future.

Homelessness support
Homeless Health Team

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- The Homeless Health Team in St Helens is commissioned by NHS Cheshire and Merseyside Integrated Care Board and provided by Mersey Care NHS Foundation Trust. They provide both physical and mental health screening, and those needing additional assessment and/or treatment are proactively engaged by the team, to ensure their physical and/or mental health needs are met.

- This is a multi-disciplinary team that works in collaboration with other services such as the St Helens alcohol and substance misuse service CGL, Adult Social Care, the local hostels, GP practices, the Tissue Viability Clinic, housing officers and voluntary organisations such as Teardrops and Hope House.

- The Homeless Health Team provide a holistic offer with dedicated clinics and drop-ins across the hostels, hotels hosting asylum seekers and other homelessness services across the borough. The team's collaborative working resulted in improved care of homeless people during the COVID-19 pandemic, where they supported infection control, vaccination, testing as well as supporting wider physical and mental health.

Hostels

ST HELENS
BOROUGH COUNCIL

Salvation Army Hostel is based in St Helens Town Centre and provides 64 units of temporary catered accommodation to single homeless adults, both male and female.

The service is commissioned by St Helens Borough Council and delivers housing-related support, to enable the individual to develop skills and become tenancy-ready, in order to move to independent living. Individuals can remain living at the setting for a maximum of 2 years.

Salvation Army accommodate and support individuals with more complex needs, including drug and alcohol needs, trauma and mental health issues. The service works with partner agencies to achieve the best outcomes for individuals. All support planning is recorded on the Mainstay system.

Hostels

YMCA Hostel is based in St Helens Town Centre and provides 62 units of temporary catered accommodation to single homeless adults, both male and female. This includes Central Court which is shared self-catered accommodation and provides a pathway to semi-independent living.

Like the Salvation Army Hostel, the service is commissioned by St Helens Borough Council to deliver housing-related support, to enable the individual to develop skills and become tenancy-ready, in order to progress to independent living. Individuals can remain living at the setting for a maximum of 2 years.

St Helens YMCA accommodates and supports individuals with less complex needs than those at Salvation Army. The service works with partner agencies to achieve the best outcomes for individuals. All support planning is recorded on the Mainstay system.

Hope House and Teardrops

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Hope House are based in St Helens Town Centre and provide homeless support. This project offers a vital service to over 300 individuals each year, operating 5 days a week, 52 weeks a year, with extended support over the Christmas period. This project specifically supports adults 18 years and over who are: homeless or at risk of homelessness, those who struggle with complex needs such as substance misuse, mental health issues, abuse, and debt issues, those who have chaotic lifestyles and who struggle to engage with mainstream services. The project works closely with the local authority, other homeless charities and referral agencies, and working together, we can offer wrap around support for the individual whilst helping to build future strategies and initiatives.

Teardrops work with those who are most vulnerable and disadvantaged in the community, offering a wide range of help and support, so that they can lead an independent life that is healthy by empowering them to reach their full potential. The primary focus is to support those who are homeless, at risk of becoming homeless, people living in poverty and deprivation and those with complex lives. Teardrops have a dedicated homeless prevention team that provides a wrap-around service, ensuring all their needs are met. Teardrops work with a range of agencies, as part of a multi-agency approach in supporting each client with a personalised plan that is tailored to their individual needs.

Domestic abuse

ST HELENS BOROUGH COUNCIL

A needs assessment was completed in 2022 to identify any gaps in current service provision, this has been used to inform commissioning decisions and investment into services. The needs assessment is being reviewed in autumn 2023 and will include a public consultation.

The Domestic Abuse Partnership Board has invested government funding into supporting resettlement after being in a refuge, counselling for children, funding to the Chrysalis Centre for counselling and supporting safety planning measures for victims/survivors of abuse.

We run regular campaigns and awareness raising via ‘Voices Against Domestic Abuse’ and we have our Safe2Speak providing advice and support for victims of domestic abuse: https://safe2speak.co.uk/

We have increased Independent Domestic Violence Advisor (IDVA) capacity in Primary Care, the Children’s Multi Agency Safeguarding Hub (MASH) and a new Court IDVA is working to support victims/survivors in the criminal justice system.

Our Domestic Abuse Prevention Officer is helping Children’s Social Care regarding responding to domestic abuse and has created an information repository available to all staff. Audits have taken place with a range of professionals to further inform practice and response to victims/survivors, and to ensure we are implementing the learning from domestic homicide reviews.

We are working with Merseyside Police in the response to perpetrators of abuse and to coordinate the intervention programmes delivered across the area, including providing a local response to perpetrator programme delivery.

Police

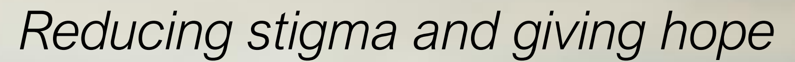
ST HELENS
BOROUGH COUNCIL

Merseyside Police work closely with St Helens Borough Council's teams from Public Health, Community Safety and Housing Options, to help get the right support in place for people with complex needs who may be at risk of being involved in crime - either as a perpetrator or a victim.

Prevention is a top priority for Merseyside Police who have adopted a 'Public Health approach' through stronger partnerships, more intelligence and evidence-based practice, ensuring that the right agency can respond at the right time to improve outcomes and life chances for local people.

The Police are part of the Complex Cares Steering Group and participate in the weekly multiagency planning meetings.

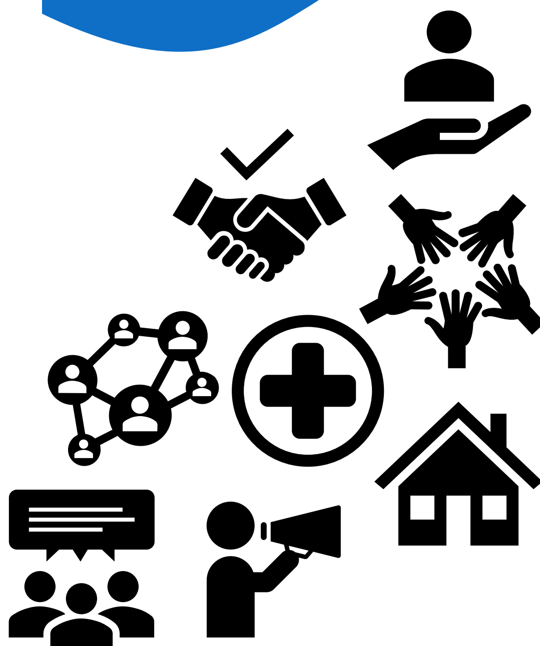
Our drugs and alcohol service have trained police officers in St Helens to identify when drugs or alcohol may be a factor in incidents of domestic abuse and other crimes. Officers are now able to directly refer people into treatment and support that need. This new approach is helping to increase the referrals into drug and alcohol services and increase the number of people in treatment.



Next steps

Our learning, recommendations and conclusions

Our learning



Key principle	Learning
One shared cohort, one multi-agency team and process	There is great benefit to agencies working together as a single team to support people with complex needs. Services have found joint solutions for clients that could not be easily resolved by a single agency. Services are also learning from and about each other.
Intensive, relational key workers	It has been important to have workers within our frontline services who can build trusted relationships with people with complex needs and work in a trauma-informed way. The assignment of a 'trusted keyworker' for each person has often been an important way of helping individuals to engage with other support services.
Accommodation offer and pathways	Complex Cares has demonstrated the importance of a range of suitable accommodation that can offer the wraparound support that a person needs and enables people to move on positively with their lives.
Homeless Health offer and pathways	A dedicated Homeless Health and Mental Health Team that operates an assertive outreach model has been a valuable asset in helping people to access the health care that they need.
Prevention	The Complex Cares approach has been developed to meet the needs of people with existing complex needs. We recognise the need for prevention and reduced risk of future complex needs. Preventive action is needed for key groups such as care leavers, families affected by drugs and alcohol, domestic abuse or mental illness, prison leavers, and people at risk of eviction.
User voice	The needs and wants of service users have been integral to the planning, delivery and development of Complex Cares. The voices of those with lived experience will be an important part of an independent evaluation of the Complex Cares programme.
Joint system leadership	It has been vital to have senior support from across the Council, NHS, Police, Probation and Voluntary Sector for the Complex Cares approach. To be successful, services benefit from having permission to work differently together and to focus on collective solutions that might be outside of traditional service delivery.
Shared culture	This work has required a multi-agency virtual team working together in a trauma-informed, solution-focused way. A successful approach involves a team able to work beyond traditional service boundaries to meet the needs of the client in a safe learning environment.
Joint commissioning	There is an ambition for commissioners to design services together to meet the needs of people with complex needs including housing, health, mental health and social care.
Information sharing and governance	Information sharing and confidentiality agreements are an important part of effective multi agency working, alongside a single shared case management system.

Recommendations

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Below are the key actions we will monitor and report back on, they include:

- Carry out an independent evaluation of our Complex Cares programme to assess its impact on individuals, on services and its economic impacts
- Evaluate the new programmes of work including Building Attachments and Bonds (BABS) programme and the self-harm prevention pathway
- Evaluate the impact of the training for frontline practitioners on trauma-informed practice, reducing stigma and responding to neurodiversity
- Further develop our approach to prevention including:
  - Investing in 'best start in life' through Family Hubs
  - Rapid support for those at risk of homelessness and rough sleeping e.g., prison leavers, hospital discharges
  - Improving how we identify and respond to families experiencing mental ill health, drugs and alcohol problems, domestic abuse, to reduce the impact of childhood trauma and adverse childhood experiences
- Commit to share and publish our learning, both what has worked well and what hasn't and why

Conclusion

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In St Helens there are too many people and households who are suffering complex lives, which can be compounded by stigma and other barriers. Given the entrenched needs and lifestyles, supporting people to overcome their struggles requires a more intensive approach and an approach that perseveres, even when someone relapses. We have some amazing services in St Helens who are already doing amazing work to support some of those with the most complexity. However, we are determined to do more. Some of what we are doing has not required additional investment, just a different way of doing things. We have found that traditional ways of doing things don't always work, especially services just focusing on one aspect of someone's life and not the person themselves.

The new things we are trying include the overarching partnership approach, ensuring that services are working in a trauma-informed way; and we are providing new ways to support some young families and those who are self-harming. We have already found that by working together, and by actively trying to reduce stigma, we are seeing some people make steady changes on their way to recovery. We have found that relationship and culture are often the keys; in both relationships between services and relationships with the individuals and families we are supporting.

The story goes, that two people can be on the same journey, yet just one degree of separation can gradually move one of them into a whole new direction. This is what we are seeing with our complex lives work, just one seemingly small change can help a person move in a whole new direction and set them on course for recovery. Sometimes we can think that we are not making a difference as professionals, but sometimes just one person showing they care or one person saying the right thing at the right time can be life changing.

Whilst we are focusing on those with complexity, at the heart of public health is prevention, for example, doing more to stop adverse childhood experiences in the first place. Thus, this focus on complex lives is one key aspect but we are also doing what we can to support families and give children the 'best start in life'.

Reducing stigma and giving hope!

Support and further help

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Drugs and alcohol support

CGL
For adults
Tel: 01744 410752
CGL website

YPDAAT
For young people
Tel: 01744 675605
YPDAAT website

Footsteps
For friends and family
01744 808212
Footsteps website

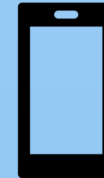
Mental health helplines

Mersey Care
24hr crisis line for St Helens
Tel: 0800 051 1508
Mersey Care website

Samaritans
24hr helpline
Tel: 116 123
Samaritans website

HOPELINEUK
24hr helpline for young people
Tel: 0800 068 4141
HOPELINEUK website

Mental health apps



Stay Alive app
For those at risk of suicide and people worried about someone else

Calm Harm app
Helps manage or resist the urge to self-harm

Support and further help

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Homelessness support

Hope House
Tel: 01744 20032
Hope House website

Teardrops
Tel: 01744 733233
Teardrops website

Homeless Health Team website

Hostels

Salvation Army
Tel: 01744 744800
Salvation Army website

YMCA
Tel: 01744 455030
YMCA website

Domestic abuse support

Safe2Speak
24hr helpline: 01925 220541
Safe2Speak website

Crime

Crimestoppers
Tel: 0800 555 111
Crimestoppers website

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Update from last year’s report

Recommendations update

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Public Health Annual Report 2021-2022 recommendations update

Chapter	Recommendations	Update
Best start in life	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 on a low income with children (aged 0-5) to help them to be 'school ready'.	St Helens is progressing well with developing the Family Hub offer, working towards having three hubs and a new website providing families with all the information they may need. Parenting programmes include young people's mental health (Fearless), families with young babies (Baby Triple P), Invest in Play for 0-12 years, Caring Dads, toileting and sleep programmes.
	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.	'Raising Aspirations' is now one of five key priorities within the Corporate Parenting Strategy 2022-25. The Headteacher from the virtual school chairs the 'Raising Aspirations' workstream, to ensure the work is undertaken and outcomes achieved in a timely manner.
	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.	We have invested in training for more GP practice staff to be able to prescribe Long Acting Reversible Contraception (LARC). The TAZ (Teen Advice Zone) Team have engaged and trained those who support young people, including schools, to be part of the condom distribution scheme. A social media campaign was delivered aimed at young people, parents, carers and professionals, it included online and face to face advice on how to talk to children and young people about sexual health and relationships.
Economy and inclusive growth	Finalise the local Inclusive Growth Strategy and outline how we can use economic growth to reduce inequalities and promote health.	The St Helens Inclusive Growth Strategy was published in June 2023. This strategy sets in place the tools to maximise the opportunities for our residents and businesses by focusing on skills to work in the industries that will be making our borough their home. The strategy has been presented at the Inequalities Commission.
	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.	St Helens Borough Council's Social Value Policy was published in November 2022. Social value is now part of the procurement processes, covering its role as a buyer, and the plan is to expand this approach in its roles as an employer, service provider, and investor. The impact of social value will also be monitored and reported.

Chapter	Recommendations	Update
Economy and inclusive growth	Continue to support low income and vulnerable households with advice for behaviour change to help maximise income through support on lifestyle and benefit advice.	A number of cost of living events were organised with local partners such as Citizens Advice, Job Centre Plus, Credit Union, and others, to help residents get access to advice on how to better their prospects, and to understand what financial support is available to them. These took place in warm spaces across the borough and the Town Hall. We published information on where to go for advice and support on a number of different topics including employment, housing, health, wellbeing and affordable warmth.
Research and evaluation development	Explore opportunities for collaborative research and evaluation through the Cheshire and Merseyside Research Hub.	St Helens is now a member of the Cheshire and Merseyside Public Health Research Network and a number of evaluations have either been completed or are in progress with academic partners.
	Work with the local NHS to build additional capacity to increase research activities.	St Helens Public Health work closely with the local NHS Research Lead and are now a member of the Edge Hill Primary and Integrated Research Hub.
	Build skills and capacity to embed a stronger culture of research and evaluation within the St Helens workforce.	A number of local evaluations are underway, and a Journal Club has been established to review the current literature on a range of public health matters.
Skills	Ensure schools engage more with local providers to raise awareness on apprenticeships and promote traineeships.	St Helens Chamber have recently published their strategic plan for 2023 to 2025. This includes working with over 40 primary schools and 14 secondary schools and delivering career guidance to over 2000 people. They are running over 300 apprenticeships.
	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.	In support of Healthcare Sciences Week, St Helens and Knowsley Community College hosted a Healthcare Science Skills Show, which brought together healthcare professionals, industry experts and a number of regional universities, to inspire the next generation of healthcare professionals.

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Chapter	Recommendations	Update
Education	Work with families, schools and multiagency to overcome barriers and through the Learning Partnership Board (LPB) improve school attendance for children in St Helens.	Collaborative work between the local authority and the Department for Education (DfE) has resulted in an action plan that addresses concerns and provides a clear vision and support offer for schools and families. Attendance has been an agenda item at each of the termly LPB meetings - sharing good practice and offering a solution-based approach.
	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.	There has been a focus on attendance during all school reviews, Achievement and Improvement meetings and the Governors' Forum. The lead from the DfE has attended sessions for headteachers and school governors, providing data summaries, highlighting good practice and providing suggestions for improvement. Messages from Ofsted have been disseminated to school leaders.
	Work with schools to find successful models of inclusion and good practice in relevant subject areas and share learning widely.	Summer Term Band B school reviews have been focused on the topic of inclusion. Feedback has been given to individual schools and learning from the reviews has been shared collectively with primary and secondary school headteachers. This has also included the sharing of resources and toolkits.
	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.	The Therapeutic Schools Award is now operational across schools. School leaders will share verbal / written updates during Autumn term 2023 when initial impact measures can be discussed.
Digital access	Improve our digital infrastructure, both through upgrading fibre optics and enhancing access to digital equipment and platforms.	The council was successful in its bid for funding under the Department of Levelling Up Housing and Communities (DLUHC) – Town's Deal programme. This multi-year initiative is aimed at improving fibre connectivity within a defined area of the Town Centre, where digital deprivation exists across both residential and commercial sectors. St Helens is also a key stakeholder in the wider, regional LCR Connect programme that is delivering full fibre gigabit broadband connectivity across the borough.

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Chapter	Recommendations	Update
Digital access	Use data from CDRC to target interventions tailored to 'passive, uncommitted and withdrawn groups' to increase engagement, build confidence and improve digital access.	A key basis of the Town's Deal funding allocated to St Helens Borough Council is to reduce current digital divide. Over half of people living in St Helens Town Centre are amongst the least engaged with the Internet, and often within the more deprived neighbourhoods. They are also amongst the lowest in terms of online access via a mobile device. 23% are Passive and Uncommitted Users – these users tend to have limited or no interaction with the Internet.
	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.	Actions have included: learning pool modules to upskill library staff, key digital skills training and media information literacy; Computer Xplorers sessions as part of the Holiday Activities and Food programme library offer; Mako Create coding sessions in libraries; and enabling self-service technology.
Health	Reduce duplication and ensure that the integrated health and social care system works together better under the new Integrated Care System.	In St Helens, we had already integrated health and social care some time ago. Rather than having several separate plans, we have worked together to develop the joint People's Plan for health and social care. St Helens is one of the nine local areas that are part of NHS Cheshire and Merseyside and as such, we have worked with the other eight areas to develop a shared Health and Care Partnership (ICP) Strategy.
	Co-create solutions with the community using asset-based approaches which focus on building relationships and influencing across all sectors.	Through our partnership with Torus Housing and the work of the Inequalities Commission, we have managed to secure the support from the Institute of Voluntary Action Research to work with us on generating action to reduce isolation and loneliness. We are also working together with young people on a project to raise aspiration. Age UK have also helped us engage with over 400 people over the age of 50 to ask what the priorities for older people should be.
	Develop awareness about inequalities through knowledge creation, and advocacy for decision making processes to consider health inequalities.	Our Inequalities Commission has won a national award for 'A Whole Council Approach to Tackling Health Inequalities'. The Inequalities Commission reports to the People's and Place Partnership Boards ensuring wider consideration of health inequalities.

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Chapter	Recommendations	Update
Health	Work with employers and businesses to achieve inclusive growth and better health for all people in St Helens.	Presentation of the Inclusive Growth Strategy for suggestions to the Inequalities Commission with feedback given.
Mental health and wellbeing	Examine cost benefits of projects using social return of investment models, where the cost effectiveness of interventions cannot be measured directly.	Our programmes funded through Better Mental Health were evaluated by Edge Hill University, as we focused on utilising the Government return on investment toolkits to measure the cost-effectiveness of mental health interventions.
	Ensure partners such as commissioners and community members work together to put service users at the centre of design and delivery of services.	St Helens Public Health have well-established community connections and follow Asset-Based Community Development (ABCD) principles. This includes utilising People of St Helens Community-Led Suicide Prevention groups to inform national policy, strategy and local communications around language.
	Establish more investment into the sustainability of local mental health projects.	A part of the launch of the St Helens Suicide Prevention Strategy, more investment has gone into mental health projects and health promotion campaigns. This includes the employment of a 0-19 Emotional School Nurse, an OK TO ASK marketing plan and ASIST (Applied Suicide Intervention Skills) training. ASIST is internationally accredited and is the highest level of suicide prevention training available.
Pride in place	Make every contact count with residents by ensuring all staff, both internal and external commissioned service staff, take a person-centred approach.	St Helens Wellbeing Service delivers Making Every Contact Count (MECC) training to their volunteers as part of the Wellbeing Champion Training, Parent Champions, Healthy Neighbours and Wellbeing Volunteers. To date, over 30 volunteers have received MECC training delivered by St Helens Wellbeing Service.
	Tailor solutions to need and assets in local communities by local communities, where appropriate, focusing on outcomes and offers not just services and buildings.	We have undertaken a range of community engagement activities so that local people are shaping what we do, with more planned for the future. These have included engaging with parents on the design of Family Hubs, Healthwatch survey on the cost of living, engagement with young people on raising aspirations and engagement with older people on priorities for action.
	Support the engagement of workplace champions to facilitate the community health champion programme and do more to promote the great things about St Helens.	The NHS, Public Health and St Helens VCA have worked together to set up and recruit community health champions. In the first year of the programme, the champions engaged with over 2000 people, completed over 500 blood pressure checks and signposted over 500 people to services that can help and support them.

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Chapter	Recommendations	Update
Pride in place	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.	Recruited and trained volunteers to work in the community and have positive health conversations with residents. They are out and about daily at community centres, churches and activity groups taking blood pressure checks and having positive health conversations. Also signpost people to services in the community where they can get the help they need.
Access, transport and active travel	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.	As part of installing the Cycle Optimised Protected Signals (CYCLOPS) junction in Lea Green, the first of its kind in Merseyside, information sessions were held for residents.
	Create more opportunities for residents to trial cycling through a loan scheme of existing bicycles which the local authority has access to.	There has been an expansion of Pedal Power programmes including a women's cycling group for beginners. Residents have free use of the bicycles in the cycle hubs. The council also has the Cycle to Work scheme for employees.
	Consider infrastructure investments to increase the number of active travel routes within the borough.	As part of its commitment to active travel and achieving net zero by 2040, the CYCLOPS scheme forms an integral part of the £15m St Helens Southern Gateway scheme to help make sustainable travel an easier choice for commuters who use Lea Green Railway Station. More information: https://www.sthelens.gov.uk/CYCLOPS
Housing	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.	A fuel poverty working group has been established to join local partners who offer support for those in fuel poverty. A combined communications plan has been established to ensure those needing support are aware of what is available. This includes access to energy efficiency improvements, advice and income maximisation.
	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.	Complex Cares provides multi agency support to individuals with multiple and complex needs. Service user voice is integral to the process, which takes account of their views and wishes right from the initial point of referral.

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Chapter	Recommendations	Update
Housing	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.	The evaluation of Complex Cares is being planned with Liverpool John Moores University towards the end of 2023 and into 2024/5. A review of the current supported housing arrangements is currently underway.
Crime	Work together to tackle harmful behaviours that impact our local communities including domestic abuse and hate crimes.	The Domestic Abuse Board for the borough has supported a number of services for victims/survivors of domestic abuse – this has included further investment into counselling support, more funding for children's counselling support and new posts invested into the Refuge and IDVA services.
	Work together to tackle violence against women and girls in St Helens.	The Place Services Scrutiny Committee completed a spotlight review on the issue of violence against women and girls – the report and recommendations can be viewed using the following link: Violence Against Women and Girls Task Group Review.pdf (moderngov.co.uk)
	Ensure that the night time economy in St Helens is safe for all visitors and employees.	A new St Helens Night Time Economy (NTE) Forum was established in February 2023 and will lead further work to make the NTE safer. Merseyside Police have invested in an additional five CCTV cameras to improve coverage in the NTE and a new CCTV system will be delivered during 2023.
Local leadership and partnerships	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.	As part of our offer to support residents through the cost of living crisis, we organised a number of cost of living events with local partners such as Citizens Advice, Job Centre Plus, Credit Union and others, to help residents get access to advice on how to better their prospects, and to understand what financial support is available to them. At these events we also wanted to understand the issues impacting residents and partners. This engagement helped form our strategy on cost of living support.

Chapter	Recommendations	Update
Local leadership and partnerships	Work with our Information and Advice Team and the VCA to produce a virtual directory of all services and promote it.	Working with Citizens Advice and Halton and St Helens VCA, we have funded the 'Live Well Directory' and additional capacity to help keep it up to date and to 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.	We have expanded our static pantries from four to six and we have a mobile pantry operating in four sites in the borough. The mobile food pantry and Fans for Food are now at all Saints home games, to collect food donations from the fans attending the games. Work has started on a Food Strategy.
	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'.	The Inequalities Commission is providing regular feedback and receiving input from Merseyside 'All Together Fairer' leads group. Progress monitored through population health dashboard / Marmot beacon indicators and the Inequalities Commission Annual Report.

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