Knowsley
Public Health Annual Report
2012/13

Public Health in Knowsley from 2002 to 2013
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Welcome to the 2012/13 Public Health Annual Report. All Directors of Public Health in England are required to produce an independent annual report on the health of their population, highlighting key issues. The report is particularly significant this year in the light of major changes to the re-organisation of the NHS as a whole, and delivery of Public Health functions in particular.

This report provides an opportunity to review, reflect on and – in many cases – celebrate what has happened since the Primary Care Trust (PCT) was established in 2002. It is also an appropriate time to consider the opportunities and challenges ahead as Public Health settles into a new way and place of working in Knowsley Council.

The NHS has undergone one of the most wide-ranging re-organisations in its history. The changes outlined in the Health and Social Care Act 2012 include the abolition of PCTs, the creation of Clinical Commissioning Groups (CCGs), the transfer of local responsibility for Public Health to councils and the establishment of new national bodies including Public Health England (PHE) and NHS England. Some functions previously carried out by Public Health teams have been allocated to CCGs and the new national bodies.

This report begins by outlining Public Health in Knowsley and key developments during the 11 years of the PCT. A great deal of progress has been made. Thousands of individuals have been supported to have healthier lifestyles. We have developed new ways of working, building on good practice and what we have learned about the Knowsley community.

This is followed by four chapters representing the different life stages. These are titled: Start well, Grow well, Live well and Age well. There are links and overlaps between the stages and some topics are relevant to more than one stage. For example, the health of a newborn baby depends partly on the health of the parents, while topics such as immunisation can be relevant at any age.

While much has been achieved over the last 11 years, many challenges remain, including helping people to keep up the positive lifestyle changes they have made. Progress towards better health and wellbeing in the borough may also be threatened by the current economic climate which affects household income and employment, as well as public sector budgets and in turn, services.

Public Health grant allocations for Knowsley

£15.9 million in 2013/14

£16.4 million in 2014/15
The Government has confirmed Public Health grant allocations for Knowsley of £15.9 million in 2013/14 and £16.4 million in 2014/15. These allocations are broadly in line with expectations and represent real-term growth. This funding is protected for the first two years, so will allow us to maintain our current level of investment over this period. However uncertainty remains over longer-term Public Health funding. Government decisions on the formula used to allocate the resources will be subject to the forthcoming Comprehensive Spending Review.

As usual, the annual report contains a number of key health statistics. A full overview of health statistics for Knowsley can be found in the accompanying Public Health Annual Report Statistical Compendium, available at: www.knowsley.gov.uk/residents/public-health

I hope you enjoy reading the report. Please do get in touch with any feedback or suggestions for topics to cover in future reports. This may be the last annual report in association with the PCT, but Public Health in Knowsley Council is alive and well, and up for the challenges and opportunities the future will bring.

“Knowsley Council has been working in partnership with Public Health and with the NHS for many years, which has been evidenced by the excellent examples of health improvement activity contained within this report. We are really proud of our history of joint working, and our track record of success. The transfer of Public Health to the local authority is a significant event, giving Knowsley greater opportunities to improve health and wellbeing, and reduce health inequalities in the borough. We have a strong Public Health team, a protected budget for the next two years, and high levels of commitment across the organisation to improve the health of the people we serve. As Leader of the council and as portfolio holder for public health I commend this report”.

Matthew Ashton, FFPH
Acting Director of Public Health
Knowsley Council

Councillor Ron Round
Leader
Knowsley Council
Local responsibility for Public Health passed to Knowsley Council on 1 April 2013 as part of large-scale changes to the way the NHS is organised. The aim of the changes, as outlined by the Government, is to make Public Health services more joined-up, with local priorities being set to meet local needs. This includes responsibility for commissioning a range of Public Health services, providing expert advice and support to the NHS, and leadership on health protection issues. The Public Health team will also continue to collect data, information, intelligence and research about local health trends to help plan services.

There is a sense in which this can be seen as Public Health ‘coming home’ to local authorities. Many of its early pioneers were local government officers working on some of the wider issues affecting health such as housing and the environment. In Knowsley, the link between Public Health and the council has been strong for many years, involving particularly close work with environmental health (including trading standards), social care and education (via Healthy Schools).

The last major change for Public Health came in 2002 when health authorities and primary care groups gave way to primary care trusts. In Knowsley this meant that, for the first time, the health and local authority boundaries were the same. One of the outcomes of this was the appointment of Dr Diana Forrest as Joint Director of Public Health across the two organisations.

Dr Forrest led the development of the Public Health team and wider Public Health function in the area until her retirement in March 2010. Some of the programmes, partnerships and often pioneering ways of working developed under her leadership are featured in later sections of this annual report.
Male life expectancy has increased by 3 years 10 months, Female life expectancy has increased by 3 years.

Life expectancy for both men and women has increased in the 10 years to 2009/11 (the most recent figures available). Male life expectancy measured at birth has increased by three years and 10 months to 76.48 years. For women, there was an increase of almost three years to 81.02 years. This is a remarkable achievement, especially as in both cases the increase in life expectancy has led to a 1% narrowing of the gap between Knowsley and England. This is as a result of improvements in many of the underlying causes of ill health and early death which make up the life expectancy statistic. Significant inequalities in life expectancy remain, however, between different parts of the borough and in comparison with other areas and the country as a whole.

The title of the final document of her tenure 'Much Achieved, More to do' remains an accurate description of the state of health and wellbeing in Knowsley. As will be seen in this report and the accompanying statistical compendium, health and wellbeing continues to improve, sometimes at a faster pace than elsewhere in the country.
Tackling health inequalities

There is a strong link between inequalities in health and inequalities in other aspects of life. Social conditions such as education opportunities, income, housing conditions and social networks, can all impact on an individual’s health and wellbeing. These are just some of the social determinants of health - ‘the causes of the causes’. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes in their circumstances. These factors can also affect lifestyle choices such as whether to smoke or what to eat.

The Marmot Review, ‘Fair Society, Healthy Lives’2, concluded that “the more favoured people are, socially and economically, the better their health” and that action to reduce health inequalities will need action on all of the social determinants of health. To do this successfully requires a life course approach, starting before birth. The box on the right shows eight life course outcomes aimed at reducing health inequalities, together with the heading of the relevant sections of this report.

Start well
1. Mothers and fathers are well prepared for pregnancy and choose to have babies
2. Healthy conception, pregnancy and birth

Grow well
3. Children are ready for school physically, emotionally and developmentally
4. Children make a positive transition between primary and secondary school
5. Young people have the skills and resources required to make positive transition choices into adulthood

Live well
6. Adults have the resources and support to enable them to manage their own health and wellbeing and have a good quality of life

Age well
7. People are able to maintain independence for as long as possible
8. People are able to approach the end of life with dignity
Developing a life course approach inevitably involves developing effective partnerships between the NHS, local authority and other key organisations. Such an approach requires focus and prioritisation. Given a finite level of resources, it simply is not possible to do everything at the same time.

The Health and Social Care Act 2012 requires local authorities to establish a Health and Wellbeing Board to ensure organisations in the new health system work effectively together for the benefit of local residents. In establishing the new board, Knowsley was able to draw on almost 10 years’ experience of having a Health and Wellbeing Partnership which led effective joint working across organisations, sharing budgets and providing integrated services.

One role of the new board will be to oversee the implementation of a new Joint Health and Wellbeing Strategy for the borough. This strategy sets out a single vision, a set of priorities and agreed ways of doing things so the individual work of all partners is targeted towards a bigger overall impact and benefit for residents. A Health and Wellbeing Engagement Forum has also been set up to help ensure local people continue to have a strong say about plans and services. Representatives from a range of networks and patient groups are involved.
The Joint Health and Wellbeing Strategy was developed using the comprehensive Joint Strategic Needs Assessment (JSNA) for Knowsley which has been updated in recent years with input from a wide range of stakeholders, including the community. The JSNA identified 34 high level needs. Further work with local people and partners helped select the 10 most important needs for priority action. These included physical and mental health issues such as cancer and dementia, plus wider influences on wellbeing such as child poverty and employment/unemployment.

Identifying needs and gaps alone, however, is not enough. It is also important to identify the strengths of the area. In 2012, NHS Knowsley and Knowsley Council committed to using an asset or strength-based approach to promoting health and wellbeing. This approach was also seen as an important part of Knowsley’s social growth and community empowerment agendas.

As a starting point, work was undertaken to identify key physical and community (people) assets in the borough. Reports completed for the six Area Partnerships received a positive response. An overarching report (‘Building on Community Strengths in Knowsley’) brings together key findings and also includes information on similar work in other parts of the country. These reports will form the basis of a more structured approach to building on community strengths in Knowsley.

**Working together for better health in Knowsley**

It has long been recognised that the NHS alone cannot deliver improved health. In common with their colleagues in other areas, Knowsley Public Health team has a well-established relationship with many other stakeholders on the social determinants of health. This social, rather than medical, model of Public Health has inevitably involved regular contact with other agencies, with relationships ranging from informal joint working to formal partnerships and pooled budgets.

Knowsley Public Health team has played a part in establishing successful local and regional organisations to add value, bring economies of scale and facilitate the sharing of good practice. These include Heart of Mersey and the Cheshire and Merseyside Public Health Network.
Heart of Mersey (HoM), now England’s largest cardiovascular health charity, was set up in 2003 as part of the Public Health system in Merseyside. It became a registered charity in 2005 and later extended its area of work to include Cheshire. HoM develops campaigns and aims to influence policy to reduce the risk of cardiovascular disease (CVD). This includes working at a regional, national and European level on issues such as food subsidies and tobacco control. The work also helps tackle conditions such as cancer, diabetes and stroke, which have risk factors in common.

Cheshire and Merseyside Public Health Network

Knowsley has been a member of the Cheshire and Merseyside Public Health Network (ChaMPs) since its launch in 2003, steered by the nine Directors of Public Health in the area and overseen by a multi-agency steering group. The network’s role has included co-ordinating development and delivery of behaviour change campaigns, providing opportunities to share Public Health skills, experience and resources, as well as lobbying Government for policy change on issues such as minimum unit pricing of alcohol.

In April 2013 ChaMPs was replaced by a new collaborative service. The aim is to bring together specified Public Health functions, where appropriate, in terms of cost benefits and added quality. It also gives greater access to Public Health expertise and advice than would be affordable or available for a single local authority. This will help local authorities to improve health outcomes for their communities and meet the new Public Health responsibilities set out in the health reforms.

In addition, Knowsley Public Health team has worked closely with established voluntary and community organisations in the area. One of the biggest programmes undertaken with the sector was Target: Wellbeing in Knowsley. In 2006, Knowsley was one of a number of areas in the North West invited to bid for funding from the new BIG Lottery Wellbeing Fund. The Health and Wellbeing Partnership agreed a joint approach to developing a local programme, rather than a competitive bidding process.

Target: Wellbeing in Knowsley. Eight projects received £815,944 in National Lottery funding. It was the only North West programme to be approved in full by the Big Lottery Fund.
This worked well, resulting in a strong programme of eight projects which received a total of £815,944 in National Lottery funding. It was the only North West programme to be approved in full by the BIG Lottery Fund. Match funding to individual projects from a variety of sources brought the total value of the programme to more than £1.1 million. Projects had different start and finish times, with the last few completing in March 2012. Great Outdoors and Retain Regain are just two of the Knowsley projects which were delivered by third sector organisations, with Knowsley Council delivering the Shimmy Shimmy Shake Shake project.

Although not all individual project activities have continued in the same form, there has been a lasting legacy from this programme. Target: Wellbeing in Knowsley formed the basis of long-term links between the organisations involved, some of whom have developed new work together. Links with Public Health have also been strengthened.

Training is another important aspect of making health everyone’s business. The more partners who are involved, the more important it is that health messages are up-to-date and consistent. This was recognised in 2003 when the Knowsley Health Promotion Network was
established, bringing together staff from a range of organisations who felt their work related to health and wellbeing. This included staff with health improvement as their main role as well as those for whom it was perhaps less obvious, for example youth workers. Network events provided information on health and wellbeing issues at themed meetings as well as through a website and newsletter.

On a more clinical level, Communities of Practice (CoPs) were established in Knowsley in 2008 to provide an education and strategic forum within a specific disease or subject area. Sessions allow individuals who work, use or provide health services across the borough to come together to share experience and support the development and implementation of local or national guidelines. Currently there are five CoPs operating in Knowsley covering cardiovascular (heart) disease, cancer, diabetes, end of life and mental health.

Knowsley’s Public Health team has been at the forefront of using market research techniques to better understand the local community and inform how services are promoted and delivered. One example of this related to reducing levels of smoking in the borough, a long-term priority given the links to major causes of ill health and early death.

Surveys and focus groups helped identify not only why people smoked, but also their attitudes to stopping smoking and the barriers preventing those who did want to stop from doing so. This helped us to develop the ‘What sort of quitter are you?’ campaign van which took information and advice to shopping centres and other places where people gather. Staff on the van helped people discover which of the seven types of quitter they were and signposted those who wanted to stop to the service most likely to help that type of quitter.

Insight and innovation

Research, information gathering and trying to understand why things happen have been central to Public Health from the outset. Early pioneers mapped the spread of diseases such as cholera in Victorian cities. While such epidemiology remains important today, it has become equally important to understand what motivates people to adopt lifestyles that could damage their health and, importantly, what information and support would be needed to help them change.
Arts in health

Knowsley was one of the first areas to have a Public Health Officer whose main focus was to develop ways of using the arts to support improved health and wellbeing. This included using drama to raise awareness and engage people in discussions about health issues.

In 2007, stories about the working lives of Knowsley men were brought together in a book, CD and touring exhibition. ‘Men at Work’ provided a personal and at times humorous insight into the places men worked and how this affected their lives, health, families and communities. Men in their 50s and 60s talked about their work at the docks, at sea, in mines, making copper cables and building cars. They talked about long hours and often dirty working conditions, but also about the camaraderie and social life connected with their work.

Health promoting environments

Since 2010 Knowsley has had a dedicated Health Promoting Environments Officer, who works across the council and with other partners to develop an environment which tackles the wider determinants of health and reduces health inequalities. This includes promoting health and wellbeing through regeneration activity such as housing, employment, planning and transport, together with influencing wider strategy and policy to ensure health is considered.

Establishment of the new post coincided with Knowsley’s involvement in developing ‘Top Tips for a Planned Environment’. This report was one of a series of guides developed by Liverpool Public Health Observatory and members of ChaMPs. Top tips included routine use of health impact assessments (HIAs).

HIAs were already well used in Knowsley to identify potential positive and negative impacts on health of physical developments or service redesign. The aim is to maximise the positive and minimise the negative impacts without compromising the viability of services. HIAs were conducted for all the new Primary Care Resource Centres built in Knowsley over the past five years and the process has now been incorporated into the council’s integrated impact assessment tool.
What else contributes to success?

It is recognised that at an individual level, Knowsley residents fare consistently worse in relation to wellbeing and healthy behaviours than elsewhere in the North West. Yet the borough also experienced some of the best improvements in terms of reduced incidence of major diseases and increased life expectancy. Analysis of a Wellbeing Survey conducted in the region in 2010 revealed that Knowsley residents were most likely to have a feeling of belonging, talk regularly to neighbours and feel able to find help in a crisis or if unwell. Whilst it was not possible to conclude these findings as the reasons for health improvements, it was suggested there is a positive link. Agencies could learn from this by working in a way that residents found accessible, approachable and responsive.

Knowsley Public Health team has regularly shared information with interested partners. This includes not only good practice but also any understanding of why things do not always work as expected. A series of annual conferences in the borough attracted local, regional and national delegates. At the same time, members of the team attended conferences elsewhere, often presenting papers, running workshops or providing displays at market places.

There has been recognition of the team’s achievements through a series of awards, including those listed on the right.

Awards

2006 - Winner: MJ Award: Reducing health inequalities (Men’s health checks)

2007 - Winner: MJ Award: Reducing health inequalities (Reducing teenage pregnancy)

2008 - Finalist: MJ Award: Reducing health inequalities (Dramatically increasing smokers quitting in Knowsley)

2009 - Winner: MJ Award: Reducing health inequalities (Overall approach to reducing health inequalities in Knowsley)

2009 - Winner: NHS Alliance Acorn Award: Reducing health inequalities – A partnership approach

2009 - Winner: North West Public Health Award: Reducing health inequalities

2009 - Highly Commended: North West Public Health Awards: Increasing smoking quitters in Knowsley through insight and understanding

2009 – National Social Marketing Centre: In recognition of social marketing best practice – Roy Castle Fag Ends comes to Knowsley

2012 - Highly Commended: North West Public Health Awards: Health promoting environments
Public Health Awards

ShowCase

Acorn Award for Excellence
Winner 2009
Public health Category
NHS Knowsley with Knowsley MBC

North West
Public Health Awards 2009
Winner:
Dr Diane Forrest - Reducing Health Inequalities in Knowsley - A Partnership Approach

The North West Public Health Awards 2012
Sustainable Economies for Well-Being
Healthy Environment

Highly Commended
Dr Diane Forrest - Reducing Health Inequalities in Knowsley - A Partnership Approach

The MJ Awards
2009

PMH Public Health Awards

North West
Public Health Awards 2009
Highly Commended:
Dr Diane Forrest, NHS Knowsley with Knowsley MBC
Roy CastleTag Ends & Local pharmacies - Increasing Smoking Cessation in Knowsley Through Insight & Understanding
Start well
Infant and maternal health

Prospects for a long and healthy life can be influenced long before birth. Good sexual health services, pre-conception advice and maternal care can all help to give babies the best start possible.

One important development in Knowsley in recent years has been the introduction of Public Health midwives to provide intensive support to the most vulnerable or disadvantaged mothers-to-be and their families. These specialist midwives tailor ante-natal and post-natal care for women with additional needs. They also work very closely with other services where necessary, for example if a pregnant woman needs help to deal with substance misuse or depression.

The work of two Public Health Development Midwives based at Whiston Hospital was recognised with the Royal College of Midwives Mothercare award for supporting families in the community. Their work included developing a process to identify those most in need of additional help and providing personalised care plans.

This and other changes to the way maternity care is provided has helped to show a continuing increase in the number of women seeing a midwife or other health professional by the 12th week of pregnancy.

There has also been further progress in reducing the number of women smoking in pregnancy and increasing levels of breastfeeding. In both cases there has been a concerted effort to understand the women involved and find the best ways to adopt healthier behaviour for themselves and their babies.

The Family Nurse Partnership programme (FNP) is a preventative programme which works with vulnerable first-time young mothers to help them understand their baby. Structured home visits are delivered by specially trained family nurses who offer the programme from early pregnancy until the child is two years of age. Family nurses work with the mother, father and the wider family to help make changes to their behaviour and increase their parenting capacity.

Expected outcomes from FNP include a reduction in levels of smoking in pregnancy, increased numbers of women starting to breastfeed, increased immunisation rates, reductions in child abuse and neglect, and improved levels of emotional and social wellbeing.
Breastfeeding

Breastfeeding is the healthiest way to feed a baby. Breastfeeding protects babies from infections and diseases and provides health benefits for mothers. However breastfeeding initiation rates in Knowsley remain consistently below the levels of England and the rest of the North West. Knowsley also has the lowest levels of breastfeeding continuation at six to eight weeks in the North West.

Although comparative performance is poor, breastfeeding rates in Knowsley have steadily increased over the last decade. Data shows that breastfeeding initiation has increased by 14.5% from 2003/04 to 2012/13, which represents an increase of 1.6% per year. Breastfeeding continuation rates have increased by 6.1% since 2008/09, an increase of approximately 1.5% per year.

Since 2010, an Infant Feeding and Peer Support Service has been commissioned in Knowsley. Work includes providing peer-led breastfeeding support to mothers, supporting multi-agency working across Knowsley and leading a programme for Knowsley to achieve full UNICEF Baby Friendly Accreditation by December 2013. In addition, Community Midwifery Teams have been enhanced through the addition of Public Health Development Midwives who provide targeted interventions to women who are less likely to breastfeed.

Although we have seen improvements in levels of breastfeeding initiation and continuation, there is more work to do. We are working hard to improve rates further. The Knowsley Breastfeeding Pathway has been reviewed and further work carried out to increase home visiting support. In addition, a social marketing project started in April 2013 will focus on behaviour and culture change relating to early years health choices by mothers. Breastfeeding is one of the key areas this project will address. Specific work will include consistency of shared messages across health contacts, and encouraging the community to champion and support positive health choices.
Managing a measles outbreak

Measles is a highly infectious viral illness which can cause unpleasant symptoms. It can also lead to serious complications such as meningitis, lung infections and, in rare cases, death. An outbreak of measles began in Merseyside in January 2012.

More than a year later there were no signs of the outbreak ending, although it appeared to have slowed down. Weekly reports from the Health Protection Agency at Cheshire and Merseyside Health Protection Unit indicated approximately three new cases confirmed each week. As of March 2013, there had been 622 confirmed cases in Merseyside, 95 of them in Knowsley.

The very high uptake of MMR (Measles, Mumps and Rubella) vaccination in Knowsley in recent years has helped to reduce the impact of the disease in the local community. Cases of measles were in individuals who had not been vaccinated, with minimum spread to contacts. There had not been any outbreaks in school aged children, showing the impact of good levels of MMR coverage in the borough’s children.

Cases were mainly in children under five years of age. A proportion of these were under 13 months old and therefore too young for the routine MMR immunisations. Teenagers above the age of 15 were also affected. This is likely to be because of a drop in MMR uptake in the past due to public concerns about the vaccination.

Management of the outbreak within Knowsley included establishing a response team to support both community health and primary care services. The team dealt with individual cases and ensured vulnerable contacts received appropriate advice and treatment. Contact was also made directly with the parents of young children who had not been vaccinated or had not completed their two MMR vaccinations.
Work continued with GPs to improve uptake and communications. Schools helped to target families to raise awareness of the risk of measles infection amongst children. Other measures included increased infection control advice and guidance to health centres, schools and nurseries.

As a result of all the response activity, there has been an increase in the proportion of children protected from measles with MMR. Over 96% of children aged two years have now received their first vaccination. Over 97% of five year olds have had one MMR vaccination with nearly 94% having had both. This level of coverage, known as herd immunity, helps protect the very young and those children who cannot be vaccinated. This is an excellent improvement, taking the Knowsley coverage above the national target and sustaining high performance.

In addition, we have seen an increase in the uptake of MMR in older age groups, with more than 400 children and young people aged between five and 18 years old immunised. This was achieved by working with local GPs, community health services and checking children’s MMR status when they receive other vaccinations in schools.

**Whooping cough and seasonal flu**

During the year there were also concerns about an increasing number of cases of whooping cough. As a precaution, pregnant women were offered a vaccination to protect them and provide immunity to their babies during the first weeks after birth.

As a result the numbers of pregnant women being vaccinated each month rose. At the end of January 2013 almost 400 pregnant women due to give birth were vaccinated. This means that over 70% of babies due to be born that month were protected from whooping cough.

Pregnant women were also offered the seasonal flu vaccine. Uptake increased from 39.5% in 2011/12 to 56.4% in 2012/13.

Although responsibility for immunisation programmes transferred to NHS England on 1 April 2013, Public Health retains a local leadership role in relation to managing outbreaks of infectious disease and other health protection issues.
Previous Public Health Annual Reports
Grow well
Oral health

Many Knowsley children have poor oral health. Statistics for both five year olds and 12 year olds consistently show that children in the borough have poorer dental health than those of similar age in the North West and in the country as a whole. In 2007/08, the average number of decayed, missing or filled teeth (dmft) was 1.78 in children aged five years. The proportion of children who experienced some sort of dental decay was 42.9%. The comparable figures for England were 1.11 for dmft and 30.9% for those with some sort of dental decay. Results of the most recent survey are due to be published later in 2013.

Children with dental disease are likely to suffer toothache or painful abscesses and, in many cases, need to have affected teeth removed at hospital under general anaesthetic. In 2010/11, about 1,400 children across Merseyside had such operations. More than half of them were under five. Removal of decayed teeth under general anaesthetic is the most common reason for children to be admitted to Alder Hey Children’s Hospital.

Programmes to improve this situation have been an important part of Public Health activity throughout the 11 years of the PCT. The work is kept under review to help ensure there is still good evidence to support what is being done and that the activities link with other Public Health programmes wherever possible, such as healthy eating.

One of the biggest programmes is the fluoridated school milk scheme, which was established in Knowsley in 1997. The majority of Knowsley primary schools and attached nursery units are included in the scheme, with four out of five children having milk at school drinking the fluoridated version – the highest uptake in the country. More recent research led to a national recommendation that the level of fluoride in the milk should be increased in order to maximise the benefits. This would take the proportion of fluoride from 0.5mg to 0.8mg in each 189ml carton of milk.

The higher level of fluoride is expected to have a positive impact on reducing dental decay levels for Knowsley children. Other oral health improvement programmes will continue to run alongside the scheme. These programmes focus on promoting toothbrushing with a family fluoride toothpaste and reducing the consumption of sugary snacks and drinks as part of a healthy diet.
Smoke free playgrounds

Despite significant progress in helping people to stop smoking, the proportion of adults who smoke remains high. Research shows that seeing adults smoking as part of everyday life can make it more likely that children will become smokers as they grow up. In 2012, Knowsley was a partner in a campaign to discourage adults from smoking in or near children’s playgrounds.

Heart of Mersey worked with ChaMPs to implement Play Smokefree, a voluntary code to reduce children’s exposure to smoking in park playgrounds. A survey in Cheshire and Merseyside had shown a high level of support for the scheme from adults. Children across the area took part in a competition to design a poster for display in the parks. The Knowsley poster (below) was created by a pupil from St Columba’s Primary School, Huyton.
School Meals Service

The Knowsley School Meals Service currently serves around two million meals a year to all Knowsley primary schools, special schools and the centres for learning. The service has recently undergone a series of changes and menu redevelopment in order to offer a wide range of healthy food options, whilst maintaining the price of a meal at £1.70.

Menu planning is undertaken in consultation with pupils and catering staff and includes a three weekly menu cycle, designed to positively contribute to a young person’s nutritional requirements. The service uses an electronic system, Saffron, to plan menus which are nutritionally balanced, manage food costs, control portion sizes and minimise waste. In line with current best practice, cashless payment systems involving biometric technology are planned for implementation within the borough’s centres for learning in September 2013. As a result of these improvements, school meal uptake within Knowsley has increased consistently over the past three years and the service recently won a National School Catering Award for the most improved service in the country.

In addition, all carbonated drinks, confectionery and associated vending machines have been removed from school premises, significantly reducing the availability of these products during the day.

Knowsley school meals service has recently won a National School Catering Award for the most improved service in the country.
Live well
The survey findings prompted further research, which was used to develop PITSTOP, the first social marketing campaign used by Public Health in Knowsley. Social marketing essentially uses the same techniques as commercial marketing, but for social good. The overall objective of PITSTOP was to raise awareness of men’s health and encourage men aged 50 to 65 to change their behaviour to improve health. In particular, the aim was to encourage men to talk about their health and to have a health check.

Given the comments from men about their preference for informal settings, the health checks were provided in a range of venues including pubs, social clubs and community centres. Men had also said they wanted health messages to be hard hitting, but to make them laugh and didn’t blame them for being unhealthy. As a result, comedy shows and plays were used at some venues, with health checks available immediately afterwards. A total of 1,020 checks were carried out in 2004/05, more than half of them involving men in the target age group.

Branding for the campaign and marketing materials used adapted road signs to introduce humour, capture interest and promote the message. The driving theme was also used for a partnership project with the national Men’s Health Forum, which led to production of a Knowsley Man handbook in the style of a Haynes car maintenance manual. In 2006, the PITSTOP campaign won a Municipal Journal Award in the Reducing Health Inequalities category.
Whilst the campaign proved popular with men, many women began to ask whether they could have health checks too. This interest and the learning from PITSTOP were built into a new programme, Knowsley at Heart, developed to tackle cardiovascular disease (including heart disease and stroke), which is one of the biggest causes of early death in Knowsley.

Knowsley at Heart was launched in 2008, again using comedy and drama to raise awareness and engage residents with health issues. Community-based health checks were one of four key strands of work in the programme, although this time they were available to men and women aged 40 to 74. During the first 14 months, more than 3,700 people had health checks. Two thirds of these were women. Just 13% of the women checked were found to be at high risk of heart disease or stroke, compared with 43% of the men.

Shortly after the launch of Knowsley at Heart, a national programme of health checks was introduced. Knowsley was well placed to incorporate the national scheme, making minor changes to the existing one. These changes included the way in which people were invited for checks and adding to the specific tests undertaken. Responsibility for the health check programme transferred to Knowsley Council on 1 April 2013 as part of the NHS reorganisation.

Wellbeing and Lifestyle Hub

Adults of all ages in Knowsley also have access to an integrated service providing information and advice on healthy lifestyles. The Knowsley Wellbeing Service supports people to live well by addressing factors that influence their health and wellbeing and developing their ability to be independent and resilient. The Wellbeing and Lifestyle Hub provides a single point of access into a wide range of services and support that promote health and wellbeing. An electronic database provides standardised procedures, assessments and follow-ups, including referrals to other sources of support.

A key aim of the Hub is to empower residents to take control of their own health and wellbeing. The Public Health team, in conjunction with Knowsley Council’s IT and communication teams, are developing an interactive website where people will be able to access a wealth of lifestyle and wellbeing information and tools. People will be able to register as a user which will allow them to carry out a range of assessments, set goals, access incentives and track their progress. There will also be the opportunity for members of the public to self-refer directly into the Hub.

The website will be linked to the database which will enable clients who are being supported by the Hub to access a copy of their personal health plan. The website is expected to go live in Summer 2013.
Drug and alcohol treatment and recovery

During the last 12 months, Knowsley has been working on re-designing its drugs and alcohol services, and has now commissioned a new provider to deliver drug and alcohol treatment and recovery service for all ages.

This new service will see the development of a dedicated recovery hub accessible to all service users across the borough. The purpose is to support recovery from drug and alcohol problems with activities which will include user-led recovery groups and support from providers of other services as appropriate. The service will ensure that each individual is supported to develop and enhance their potential for recovery, recognising that the pace of change will vary from person to person.

A bespoke service to meet the needs of young people will also be provided. Those young people whose drug or alcohol use has already started to cause harm, or who are at risk of becoming dependent, will have rapid access to specialist support that tackles their drug and alcohol misuse alongside any wider issues that they face. The focus for all activity with young drug or alcohol misusers will be to prevent the escalation of use and harm, which will include stopping young people from becoming drug or alcohol dependent adults.
Age well
In 2011 the Centre for Independent Living in Huyton was established, providing a service for all adults needing help to live independently.

Independent living

In the 10 years between 2001 and 2011, the resident population of Knowsley fell by 5,300 people to 145,900. The age profile is changing too, with more people aged 55 to 74 and over 80. The largest increase is expected to be in the 85 and over age group with an additional 1,900 people by 2021 (a 78% increase).

Over the years, Public Health annual reports have updated on the development of better and more co-ordinated services to support people in Knowsley to live independently at home for as long as possible. In 2002, for example, the report included details of the Knowsley Accident Prevention Project, a specialised service led by health visitors.

The accident prevention team dealt with 547 referrals in its first year, providing individual health assessments, including a medicine review, a comprehensive home safety assessment and a handyman service to carry out basic work to remove potential hazards. Preventive aids such as grab rails and information on the risk of falls were also provided. People using the service experienced significantly fewer falls afterwards.

Further progress included development of a falls strategy and the introduction of a community-based team to provide advice and support to groups as well as individuals. In 2006, the annual report recorded a 13% reduction in people over 65 suffering a fractured neck of femur due to falls between 2004/05 and 2005/06, with further reductions expected in later years.

Progress has continued and in 2011 another milestone was reached with the establishment of the Centre for Independent Living in Huyton, providing a service for all adults needing help to live independently. Development of the centre incorporated feedback from residents who asked for a single place they could go to try out equipment and adaptations, as well as getting information and advice on services and support.

Preventing falls both inside and outside the home has also been a key feature of the Keep Warm, Keep Well campaigns delivered in Knowsley in recent winters.
Cancer continues to be a major cause of early death in Knowsley. With early detection crucial to reducing the impact of the disease, a lot of effort has been put into raising awareness of the causes and symptoms, as well as increasing uptake of screening under the banner of Know Cancer in Knowsley. In 2008, for example, three postcards were produced to encourage women to attend screening for cervical cancer. Community groups and charity Jo’s Cervical Cancer Trust worked with Public Health to design the cards. The postcards continue to be updated, and the number of local women screened has increased year on year since the postcards were introduced.

More recently, Age UK Knowsley and West Mersey were commissioned by Public Health to deliver the Cancer Champions programme to promote screening and raise awareness of symptoms. This builds on Ageing Well, a successful project as part of the Target: Wellbeing programme which recruited and trained peer health mentors.

Public Health intelligence will be used to help focus the work of the cancer champions in areas of the borough with very low uptake of screening by people over 50 years of age and/or high prevalence and mortality of breast, bowel and lung cancer. The champions will receive training to give them the skills and knowledge they need. They will also have support from trained staff at Age UK.
Warm Homes Knowsley

Knowsley has successfully received Warm Homes Healthy People funding from the Department of Health for the last two years. The funding has enabled the council, working in partnership with the voluntary sector and the local community, to provide additional support for residents during the winter months, helping to reduce levels of illness and deaths attributable to the cold weather. Through a variety of interventions the project has benefited the most vulnerable residents living in cold homes, including children, the elderly and those with long-term health conditions.

Over the two years, 165 residents have received free boiler and heating repairs, with some receiving replacement heating systems where repairs were not possible. In addition, 11 grants have been awarded to local community and voluntary groups to undertake projects. These have included energy awareness sessions for local residents, emergency heating and food parcels, support for the resettlement of homeless young people and assistance for elderly people to attend medical appointments during the cold weather. Work has also been done to raise awareness of key messages for residents to keep warm during winter time through press releases, a campaign using Whiston Hospital patient information screens and thermometers which were delivered to all residents aged 85 and over in the borough.

Seasonal flu

Each year the seasonal flu programme has posed an enormous challenge to Public Health and primary care. Extensive strategic and operational management is needed to ensure that as many people as possible from at risk groups receive the vaccine. Over the last couple of years uptake in the borough has increased significantly, although for some groups uptake remains below the national target of 70%. In 2012/13 uptake of the vaccine in over 65s was 78.2%, up from 77.9% the previous year. In those aged under 65 in defined at risk groups, uptake increased from 54.6% in 2011/12 to 58.1% in 2012/13.
Life expectancy continues to rise for both males and females in Knowsley with an increase of 3 years and 10 months for males and almost 3 years for females over the last 10 years.

Overall mortality fell below that of similar areas to Knowsley for the first time and the borough death rate continues to close the gap with England.

CVD mortality in people aged under-75 continues to reach record lows and is in line with the rest of Merseyside for the first time in the last 15 years.

Infant mortality in Knowsley is below national levels at 3.3 deaths per 1,000 live births.

Teenage conceptions (under 18’s) dropped once more with Knowsley now having the 2nd lowest levels in Merseyside.

Childhood vaccinations continue to improve dramatically with more than 95% of children aged 1 and 2 being immunised for the ‘jabs’ given in the National Immunisation Programme. Immunisation rates are higher than England.

Seasonal influenza immunisation uptake for those aged 65 or over was 78.2% in 2012/13, higher than England and the North West.
Reflection and recommendations

Reflecting on the past 11 years of Public Health activity in Knowsley has revealed much to celebrate – and much to learn. This report has summarised some of the key achievements and described how insight, innovation and the sharing of good practice have helped in the development of more effective services.

The Public Health team also identified some critical issues which limited improvement. These can be summarised as:

- **Targets**
  Whilst targets are important to ensure progress and enable comparison with other areas, they can also lead to a focus on the right numbers, rather than lasting change. For example, putting resources into ensuring more new mothers breastfeed at least once after birth can detract from supporting them to continue breastfeeding beyond this time.

- **Short-term funding**
  Improving health and wellbeing through changing behaviour can be a lengthy process. Pilot schemes can help test new approaches, but success at this stage by no means guarantees longer-term funding. We need to focus on large-scale, evidence-based, sustainable solutions to improving health and wellbeing.

- **Sustaining engagement**
  Over the life of the PCT, hundreds of residents have volunteered as ‘champions’ to help promote better health and wellbeing. Sustaining contact with and active input from many of these individuals has proved difficult. Reasons for this are not fully understood but are likely to include people having interest in specific health topics, sometimes over a limited period of time, and not wanting to extend this to health and wellbeing in general.

In conclusion, the plan for improving health and wellbeing in Knowsley can be summed up in the words of Pekka Puska, a Finnish professor and world renowned expert on Public Health and policy:

“Do the right thing - and do enough of it.”

Professor Pekka Puska

Knowsley Public Health team will continue to work with partners to review its activities to make sure they are indeed doing the right thing to improve the health and wellbeing of people in the borough. We also aim to secure the resources to work on a scale that will make the biggest difference.
The Public Health team is delighted to work with the wide variety of partners described in this report to improve the health and wellbeing of the people of Knowsley. It is with grateful thanks that we acknowledge the contribution of the following in preparing this report.

- Members of the Knowsley Public Health Team past and present
- Staff and Board of NHS Knowsley
- Officers and Elected Members of Knowsley Council
- Everyone else we have worked with and for over the last 10 years!
References


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An electronic version of this report and the accompanying Statistical Compendium is available at www.knowsley.gov.uk/residents/public-health