Agenda

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Date: Monday, 7 November 2016        Time: 10.00 am        Venue: Room 10

Membership

Lab 9 Councillors  Baines, Cunliffe, Gill, Long, McQuade, Murphy, Neal, Pearson (Chairman) and Wiseman

Con 1 Councillor  Mussell

Co-opted (Non Voting)  Mrs B Smith (Representative from Healthwatch)

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<td>7.</td>
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Verbal Report
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At a meeting of this Committee held on
12 September 2016

(Present) Councillor Pearson (Chairman)
Councillors Baines, Cunliffe, Gill, Mussell, Neal and Wiseman

Mrs B Smith, Healthwatch St Helens

(Not Present) Councillors Long, McQuade and Murphy

(Also Present) Councillor Quinn, Cabinet Member Adult Social Care and Health

8 APOLOGIES FOR ABSENCE

Apologies for Absence were received from Councillors McQuade and Murphy.

9 MINUTES

* Resolved that the minutes of the meeting held on 30 June 2016, be approved and signed.

10 DECLARATIONS OF INTEREST FROM MEMBERS

No Declarations of Interest from Members were made.

11 RESPONSE FROM CABINET TO THE SCRUTINY REVIEW ‘IS ST.HELENS A DEMENTIA FRIENDLY BOROUGH?’
(REPORTED TO CABINET ON 24 AUGUST 2016)

A report was submitted which informed Members that at a meeting of Cabinet held on 24 August 2016, a response had been presented to the Scrutiny Review of ‘Is Scrutiny a Dementia Friendly Borough?’ undertaken by this Panel. Cabinet had been requested to note the contents of the report outlining the response to the Scrutiny Review and approve the action plan which was attached at Appendix 1 to the report.

Councillor Quinn, Cabinet Member, Adult Social Care and Health and the Strategic Director People’s Services was present to outline an updated action plan which provided progress on the recommendations and outcomes to date and answer questions from Members.

The Panel asked questions which were answered at the meeting on dementia awareness within schools, the adoption of a Dementia Friendly logo for use within St Helens businesses and services and further involvement of Community Groups in St Helens.

The Panel was informed that the Council was using Assistive Technology to engage with and enable dementia sufferers within their home environment. The Panel was invited to undertake a visit to see the Council’s Assistive Technology offer.
Resolved that:

(1) the report be noted;

(2) the Cabinet Member, Adult Social Care and Health and the Strategic Director People’s Services be thanked for their attendance; and

(3) a visit to see the Council’s Assistive Technology offer be arranged and undertaken by the Panel.

Councillor Neal here entered the meeting.

12 UPDATE ON PEOPLE’S SERVICES DEPARTMENT

At a meeting of Council held on 19 November 2015, Members resolved that the main Council functions be reorganised into three departments: People’s Services, Environmental and Trading Services Department and Corporate Services Department.

The Strategic Director People’s Services was present at the meeting to give an update on the development of People’s Services Department.

The Panel was informed that the restructure saw Children and Young People’s Services, Adult Social Care and Health, Community Safety, and from April this year Public Health, merge to become People’s Services.

Following departmental merging the People’s Services Department had been split into five divisions: Community and Social Work, Schools, Public Health, Quality and Finance and Integrated Commissioning.

The Strategic Director People’s Services informed the Panel on some of the advantages and opportunities from the merging of these departments which would have a positive impact on outcomes for St Helens residents accessing these services.

As part of the Strategic Director People’s Services update, a presentation on ‘Rethinking Partnership Working and Implications for the Health and Wellbeing Board’ was given to the Panel. The presentation detailed the following:

Wider Context

- Local Service System Change;
- Needs System Wide ‘Collaboration’;
- Changes at St Helens Council; and
- Changes in Partnership Approach.

Development of the Health and Wellbeing Board and Moving towards a People’s Board

- Health and Wellbeing Board Away Days;
- Proposed at April Away Day;
- Agreed at April Away Day;
- Evolving the Health and Wellbeing Board; and
- Actions
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

The Strategic Director People’s Services highlighted a number of issues and topics that this Panel may wish to consider as part of their work plan including CCG Financial Plans, People’s Board development and delivery and Sustainable Transformation Plans.

The Panel asked questions in relation to the developing People’s Board which were answered at the meeting.

* Resolved that:

(1) the report and presentation be noted; and

(2) the Strategic Director People’s Services be thanked for their attendance.

13 FALLS STRATEGY

A report was submitted which updated the Panel on the Fall Prevention Strategy and progress made during its second year of implementation.

Falls and fractures amongst older people (the majority of which result from a fall) were a significant Public Health issue. Falls were costly to the individual, the NHS and the Social Care System. The human cost of falling included distress, pain, injury, loss of confidence, loss of independence and mortality.

Together with its Partners, the Council developed a Falls Prevention Strategy and associated action plans to reflect the borough’s requirements and address this issue together as a locality.

The Falls Prevention Strategy 2014-17 had now been in place for two years and was in its third year. The report detailed the work that had been undertaken and achievements of the Strategy, continuing issues and challenges and next steps.

Achievements to date included: the review and revision of the Falls Prevention Service, the successful sharing of data, support, training and competencies across organisations, tailored support for Care Homes Settings and Domiciliary Care Providers and proactive and reactive assessment and intervention in General Practice and Accident and Emergency settings.

The Panel was informed of the Strategy’s future plans which included a Commission for Value (CFV) workshop to be held on 13 September 2016, medicine reviews by CCG and on the two upcoming pilots: ‘falls response car’ and half day fracture service in local fracture clinics screening for osteoporosis and risk of secondary fracture.

The Head of Integrated Commissioning was present at the meeting to answer questions from Members.

Members raised questions with regard to the GP screening pathway and the issue that had previously been highlighted to this Panel with Care Homes calling on Emergency Services to assess a resident after a fall.

The Panel was informed that following the development of a falls protocol and check sheet for Care Homes there had been a 40% reduction in calls for service and/or unnecessary admission to A&E following a resident fall in a Care Home setting.
Resolved that:

1. the report, progress made and next steps be noted;

2. an update report on the two pilot schemes detailed in the report be brought back to a future meeting of this Panel; and

3. the Head of Integrated Commissioning be thanked for their attendance.

UPDATE ON SCRUTINY WORK PROGRAMME 2016/17

A verbal report was made to the Panel by the Scrutiny Manager on the Scrutiny Work Programme 2016/17.

The Panel noted the topics proposed by the Strategic Director of People’s Services during their presentation of CCG Financial Plans, People’s Board Development and Delivery and Sustainable Transformation Plans.

Members noted that there would be delays in being able to scope these topics so proposed the following work areas to begin the 2016/17 Work Programme:-

- CCG Review District Nursing Provision;
- Review of Mind Matters Service.

It was reported that the CCG would be tendering out for the new provision in April 2017 and it was proposed that the Panel consider placing this topic on the Forward Plan for review in April/May 2017.

Resolved that:

1. the report be noted;

2. the three topics as suggested by the Strategic Director of People’s Services be added to the work programme;

3. the CCG Review of District Nursing be placed on the Forward Plan for review in April 2017; and

4. the proposed topic of ‘Review of Mind Matters Service’ be progressed.
1. Purpose

1.1 To present Cabinet’s response to the Health and Adult Social Care Overview and Scrutiny Panel for the review, Older Peoples Needs and Loneliness.

2. Background

2.1 A review of Older Peoples Needs and Loneliness was undertaken in June 2016 with various recommendations being made. The report was presented to Cabinet in August 2016.

2.2 A response from Cabinet on 14th September 2016 outlined the agreed actions and the proposed implementation of the recommendations.

2.3 The attached action plan provides Members with the agreed recommendations presented by Councillor Marlene Quinn.

3. Recommendation

3.1 That the response from Cabinet be noted.

The contact officer for this report is Pauline McGrath, Assistant Director for Schools & Social Care Support, People’s Services Department, 2nd Floor Gamble Building, Victoria Square, St Helens, WA10 1DY

Telephone: 01744 676554.
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## Older People’s Needs and Loneliness

### Action Plan from Scrutiny Report August 2016

<table>
<thead>
<tr>
<th>Rec No</th>
<th>Recommendation</th>
<th>Responsible Officer</th>
<th>Agreed Action and Date of Implementation</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Work should be done to gather the views and opinions of older people in St. Helens in relation to the issue of loneliness, and how to address it, to gain better insight from the population.</td>
<td>Dympna Edwards</td>
<td>Analysis of Adult Social Care annual survey 2016 and an article in St Helens First and St Helens Star to raise awareness of loneliness and what support is available. December 2016</td>
</tr>
<tr>
<td>2</td>
<td>Further work should be conducted to identify people who are lonely and hard to reach in St. Helens, and offer them support and services to help reduce loneliness.</td>
<td>Dympna Edwards</td>
<td>Analysis of information from Fire service safe &amp; well visits-March 2017 and analysis of IASH screening tool report in relation to loneliness. Cultural co-ordinator to provide support to enable people who are lonely and socially isolated to engage in activities. Libraries to provide signposting to activities that are available &amp; deliver books on prescription to improve mental wellbeing. March 2017</td>
</tr>
<tr>
<td>3</td>
<td>Additional reviews of loneliness in older people in care home and nursing home settings should be considered, to further inform understanding of the issue locally.</td>
<td>Pauline McGrath</td>
<td>As part of the Social care assessment process and reviews a question on isolation and loneliness is already included on the councils IT system. The data can be captured when required.</td>
</tr>
</tbody>
</table>
|   | Consideration should be given to ways we can develop our community and our infrastructure to provide sustainable, long-term approaches that prevent and address loneliness. | Pauline McGrath | Continue to develop the dementia action alliance to make local community more aware and receptive for people with dementia and their carers who are at risk of loneliness.  
Continuation of library home delivery service.  
October 2016 |
|---|---|---|---|
| 4 | Organisations working with older people should work collaboratively and share resources, for example transport and buildings, to provide a cross-borough approach to tackling loneliness. | Helen Williams | Identify current transport options, buildings and resources to explore potential collaborative approaches.  
November 2016 |
| 5 | Existing services would benefit from continued support, and consideration should be given to identifying specific outcomes that services are commissioned to address. | Helen Williams | Review existing council commissioned services that address loneliness to ensure outcomes are specified.  
December 2016 |
| 6 | Evaluations of existing services should be conducted to establish their impact on the people who access them. | Helen Williams | Review existing council commissioned services that address loneliness to establish impact of users.  
December 2016 |
1. **Title of Function:** Healthy Balance- Scrutiny Action Plan- Loneliness in Older People  
**Department:** Public Health  
**Responsible Officer:** Dympna Edwards  
**Date Completed:** 13 September 2016

**Aims:** Please identify the main aims of the policy, decision or function?

The action plan aims to address the recommendations in the Scrutiny review on Loneliness in Older People which should help to reduce loneliness in older people.

2. **Community Impact Checklist**

The Impact Assessment tool helps to identify the benefits to the local community of the work. All policies, decisions or functions will have an impact on the local community in St Helens. This tool acts as a prompt to identify what difference the work will make and how.

It provides an opportunity to think about where we might be able to reduce negative impacts, identify missed opportunities, and capitalise on positive impacts. It will build broader portfolio support for your work.

**Community:** Please describe how your work will benefit the council & staff/ local community.

The action plan will

- Help to identify people who are lonely and at risk of loneliness  
- Ensure assessments and services in contact with older people are aware of the risks of loneliness and the need to address this.  
- Ensure that services which can address loneliness are maintained and commissioned effectively to address the needs achieve the outcomes needed.
NB Only fill in the “Action” column if there is an action which you have identified as a result of completing the Community Impact Assessment. If you add in any “Action”, then you must complete the “Who / When” column. Ensure that the “Action” is completed by the date required. Once the “Action” is completed, then it should be removed from the “Action” column and added to the “How will this be taken into account column.”

<table>
<thead>
<tr>
<th>Add rows as required</th>
<th>Impact Y/N*</th>
<th>Issue</th>
<th>How will this be taken into account</th>
<th>Action</th>
<th>Who / When</th>
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<tbody>
<tr>
<td><strong>HEALTH</strong> - How will the work impact on the following areas?</td>
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<tr>
<td>Social And Economic:</td>
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<tr>
<td>Employment, skills, income or economy</td>
<td>N</td>
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<tr>
<td>Living and working conditions</td>
<td>Y</td>
<td>People who are lonely are less likely to be proactive about their living conditions</td>
<td>Services to be aware of loneliness and help identify underlying causes of health issues.</td>
<td>The action plan addresses identifying older people who are lonely and offering support</td>
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<td>Healthy lifestyles:</td>
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<td>Healthy lifestyles/risk taking behaviour (e.g. healthy eating, physical activity, obesity, smoking, drug or alcohol, sexual health)</td>
<td>Y</td>
<td>People who are lonely are more at risk of unhealthy lifestyles.</td>
<td>Services to be aware of loneliness and help identify underlying causes of health issues.</td>
<td>The action plan addresses identifying older people who are lonely and offering support</td>
<td></td>
</tr>
<tr>
<td>Mental wellbeing</td>
<td>Y</td>
<td>Loneliness affects people’s mental wellbeing.</td>
<td>Services to be aware of loneliness and help identify underlying causes of health issues.</td>
<td>The action plan addresses identifying older people who are lonely and offering support</td>
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<td>Protecting health and wellbeing:</td>
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<td>Public safety and hazards</td>
<td>N</td>
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<td>Geographical impact / impact on different council wards</td>
<td>N</td>
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<td>Link with Health and Wellbeing Strategy Priority</td>
<td>N</td>
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<td><strong>SUSTAINABILITY</strong> - What contribution does this activity make to?</td>
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<td>Energy Consumption</td>
<td>N</td>
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<td>Air quality and greenhouse emissions</td>
<td>N</td>
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<tr>
<td>Land and water contamination</td>
<td>N</td>
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<tr>
<td>Land, soil and water conservation</td>
<td>N</td>
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</table>
## Checklist - impact on different aspects and sections of Community & Staff Groups

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<tr>
<th>Add rows as required</th>
<th>Impact Y/N*</th>
<th>Issue</th>
<th>How will this be taken into account</th>
<th>Action</th>
<th>Who / When</th>
</tr>
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<tbody>
<tr>
<td>Waste minimisation, reuse, recycling</td>
<td>N</td>
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<tr>
<td>Use sustainable sources of materials</td>
<td>N</td>
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<tr>
<td>Sustainable transport</td>
<td>N</td>
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<tr>
<td>Noise minimisation</td>
<td>N</td>
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**EQUALITY - What positive or negative impact might this proposal or function have on the following protected characteristics? – Age, Disability, Gender, Race, Religion, Sexual Orientation, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity.**

**Advance equality of opportunity**

<table>
<thead>
<tr>
<th>What opportunities are there to promote equality of opportunity in access to facilities, information, guidance and support?</th>
<th>Y</th>
<th>People who are older, disabled, single or widowed or from an ethnic minority group are more likely to be lonely.</th>
<th>Services to be aware of loneliness and include this within assessments of needs</th>
<th>Continue to implement this within adult social care assessments</th>
</tr>
</thead>
</table>

**Eliminate discrimination, harassment and victimisation**

<table>
<thead>
<tr>
<th>Eliminate discrimination, harassment and victimisation</th>
<th>N</th>
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</table>

**What opportunities are there to promote community cohesion?**

<table>
<thead>
<tr>
<th>Through valuing local history and heritage, understanding diversity, promoting a positive attitudes towards disability, getting people involved, and bringing people together</th>
<th>Y</th>
<th>Outreach, engagement and valuing older people as a resource rather than a burden can bring community cohesion</th>
<th>Continue to work with partner agencies to engage with older people.</th>
<th>Ensure commissioning of information and advocacy promotes community cohesion.</th>
</tr>
</thead>
</table>

**What could be done, or is being done, to support vulnerable people? e.g.**

| Families and lone parents, older people, younger people, carers, armed forces, people with autism | Y | Services are in place that address loneliness in older people including adult social care services, library and healthy living services etc. | Services need to demonstrate accessibility to vulnerable older people e.g. through library home delivery service | Ensure that the impact on older people is considered within any service changes. |
St Helens Council
Overview and Scrutiny Panel
An update regarding the take up of Annual Health Checks for Adults with Learning Disabilities
October 2016

1. Introduction

1.1 The purpose of the report is to update the overview and scrutiny panel regarding the uptake of annual health checks for Adults with Learning Disabilities (LD).

2. Background

2.1 A report was completed in 2015 by the Overview and Scrutiny team regarding LD Health Checks. The report identified that although there were some areas of positive practice in relation to LD Health Checks, it was apparent that further work was required across Health and Social Care within St Helens, in order to optimize the Health and Well-being of people with Learning Disabilities.

2.2 A local Action Plan was developed, which focused on addressing the key findings and recommendations identified within the Overview and Scrutiny review.

3. Who has been involved in the implementation of the Action Plan?

3.1 A number of key stakeholders have been involved in the implementation of the Action Plan and were assigned key responsibilities with timescales for action. Such as:

- Peoples Services Care Management,
- Public Health Services
- Peoples Services Contracts and Procurement
- CCG Primary Care Team
- Integrated Commissioning

4. Have the recommendations from the Overview and Scrutiny Review been progressed?

Recommendation 1. That the requirement to discuss and document discussions about Learning Disability Health Checks with all 16 year olds going through transition is added.

Response: This is being carried out by the respective Care Management teams.

Recommendation 2. That a requirement for a Learning Disability Health Check continues to be discussed with Supporting Living Providers, for the outcomes to be documented and this continues to be monitored by the Intelligence and Outcomes Unit (IOU).
Response: The IOU (now named Contracts and Quality Monitoring Team) have consistently provided reports regarding the numbers of Health Checks conducted by Providers who have been commissioned to provide care and support to people within St Helens. The compliance is very good. As part of the Care reviews within supported living annual health checks are included and staff support service users to their annual health check with their GP.

Recommendation 3. That social workers ensure that discussions around Health Checks are part of Learning Disabilities assessments and reviews, that these discussions are documented and that all eligible service users are guided to their GP or Learning Disabilities Community Nurse.

Response: This is being carried out by the respective Care Management teams.

Recommendation 4. That the joint funding form be upgraded to including Learning Disabilities

Response: This has been actioned

Recommendation 5. That work be undertaken to identify how other boroughs have supported Learning Disabilities Health Checks and implement any best practice.

Response: Integrated Commissioners conducted a piece of work exploring best practice and successful methods adopted across other boroughs.

A business proposal was developed regarding the employment of a Health Facilitator, to support G.P Practices to increase the uptake of Health Checks and to support GP Practices around reasonable adjustments. There are patients with LD registered with a GP but are not known to Social Care.

However due to the CCG’s difficult financial position, the scheme could not be financially supported. Other methods of funding are being explored (e.g. NHS England innovation funding) to try and launch this initiative locally.

Recommendation 6. That documentation produced around Learning Disabilities Health Checks is in easy read format.

Response: This has been completed. Standard templates have also been embedded within G.P Practices for consistency.

Recommendation 7. That Public Health and Adult Social Care and Health (now Peoples Department) work with General Practitioners to encourage better implementation of Learning Disabilities Health Check.
Response: A session was delivered by Specialist LD Services at the last GP & Practice Managers Protected Learning Event in September 2016. The session focused on the importance of understanding people with Learning Disabilities better and the types of adjustments GP practices can make to support more people to access a Health Check. The session also explored what existing mechanisms Practices can use to support people with LD (e.g. access to training and development, referrals to specialist services).

A new assurance Framework to ensure people with LD have Annual Health Checks has been developed by NHS England. Within it there is a requirement that GP’s meet 75% compliance and it will be formally monitored. In response to this, GP’s have been asking Social Care for details of service users open to our services with a Learning Disability. This is to cross reference with their register as within GP practices we identified an issue with coding of diagnosis.

Recommendation 8. That all agencies recognise that the Learning Disabilities Health Check now includes those aged 14 years and under.

Response: All agencies are now clear in terms of their understanding of this requirement. Although it is not mandatory it is viewed good practice that School Nurses and Care Management check that children with Learning Disabilities have had annual health checks.

5. Conclusion

5.1 Some positive progress is being made incrementally, however further work is required in order to progress this agenda on a longer term basis over the next 12-18 months, in order to embed a different culture across Primary Care settings. The input and support of the Healthy Living Team will be integral to supporting this agenda moving forward.

5.2 The LD Health Checks Action planning group will continue to run in order to monitor progress around this agenda. NHS England will be represented at these meetings as an advisor.

Appendix 1

Original Cabinet Response Action Plan

The contact officer for this report is Pauline McGrath, Assistant Director for Schools & Social Care Support, People's Services Department , 2nd Floor Gamble Building, Victoria Square St Helens, WA10 1DY

Telephone: 01744 676554.

Date completed: 21st October 2016
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## Health Checks Action Plan for People with Learning Disabilities

11 August 2015

<table>
<thead>
<tr>
<th>Rec No</th>
<th>Recommendation</th>
<th>Responsible Officer</th>
<th>Agreed Action and Date of Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>That the requirement to discuss and document discussions about Learning Disability Health Checks with all 16 year olds going through transition is added.</td>
<td>Service Manager, Care Management, ASCH&lt;br&gt;Acting Team Manager, CYPS</td>
<td>Age range extended to 14 – 18. Training with relevant Social Workers led by Team Managers. Team Managers to discuss how the information needs to be recorded in Assessments and Reviews and emphasise to Social Workers the importance of the enhanced Health Check process, so the initiative can be encouraged by Social Workers when communicating with individuals. To be recorded in staff members individual supervision record. Social Workers to encourage individuals to register with a General Practitioner if the individual is not already. 31st October 2015</td>
</tr>
<tr>
<td>2.</td>
<td>That a requirement for a Learning Disability Health Check continues to be discussed with Supporting Living Providers, for the outcomes to be documented and this continues to be monitored by the Intelligence and Outcomes Unit (IOU).</td>
<td>Procurement Manager (ASCH)</td>
<td>Regular audits of Supported Living services, Nursing/Residential facilities or any other placement to measure compliance. To be reported to senior Management Team and feedback to providers via relevant provider forums every three months. 31st October 2015 to provide Quarters 1&amp;2 outcomes.</td>
</tr>
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<tr>
<td>3.</td>
<td>That social workers ensure that discussions around Health Checks are part of Learning Disabilities assessments and reviews, that these discussions are documented and that all eligible service users are guided to their GP or Learning Disabilities Community Nurse.</td>
<td>Service Manager, Care Management (ASCH)</td>
<td>Integrated Adult System (IT System) to be updated to ensure that in the Assessment and Review documentation a mandatory field is added to record if an individual has had an enhanced Learning Disability Health Check. Other data that needs to be obtained is date of Health Check, name of General Practitioner Practice, were all the checks successfully completed in accordance with the Directed Enhanced Services, the outcome of the Health Check. Records to reflect that if an enhanced Learning Disability Health Check wasn’t completed, a reason why to be documented e.g. if a service user has exercised the right to refuse. 30 September 2015</td>
</tr>
<tr>
<td>4.</td>
<td>That the joint funding form be upgraded to including Learning Disabilities</td>
<td>Service Manager (ASCH)</td>
<td>Service Managers to meet and ensure the Joint Funding form is Updated. 30 September 2015</td>
</tr>
<tr>
<td>5.</td>
<td>That work be undertaken to identify how other boroughs have supported Learning Disabilities Health Checks and implement any best practice.</td>
<td>Assistant Director (ASCH)</td>
<td>Benchmark existing service provision for Adults over 18 and young people in transition and implement any recommendations. 31st October 2015</td>
</tr>
<tr>
<td>6.</td>
<td>That documentation produced around Learning Disabilities Health Checks is in easy read format.</td>
<td>Service Manager (ASCH)</td>
<td>Documentation already in place to be reviewed and updated. 30th September 2015.</td>
</tr>
<tr>
<td>Rec No</td>
<td>Recommendation</td>
<td>Responsible Officer</td>
<td>Agreed Action and Date of Implementation</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>7.</td>
<td>That Public Health and Adult Social Care and Health work with General Practitioners to encourage better implementation of Learning Disabilities Health Check.</td>
<td>Public Health Service Manager, Care Management (ASCH)</td>
<td>Engage with General Practitioners via their protected learning time forum.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Primary Care Lead to work with General Practitioners to ensure systems and processes are in place to monitor the implementation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>September 2015</td>
</tr>
<tr>
<td>8.</td>
<td>That all agencies recognise that the Learning Disabilities Health Check now includes those aged 14 years and under.</td>
<td>Integrated Children’s Commissioning Team Manager, Public Health</td>
<td>Identify existing arrangements for children 14 and under.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Identify any gaps in the age groups i.e. 14 – 18 years and actions to overcome any potential barriers, in order to ensure that younger people in transition have equal opportunities to access health checks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>30th September 2015</td>
</tr>
</tbody>
</table>
WOMEN’S AND GIRLS HEALTH AND WELLBEING IN ST HELENS

WARDS AFFECTED

All

EXEMPT/CONFIDENTIAL ITEM

NO

1. PROPOSED DECISION

1.1 To note particular issues relating to women’s and girl’s health & wellbeing in St. Helens

1.2 To agree the approach to tackling these issues as outlined by this report.

2. JUSTIFICATION FOR THE DECISION

2.1 This report highlights some key areas where women’s and girl’s health and wellbeing in St Helens is significantly different from other areas and the factors associated with this. It isn’t a comprehensive review of all aspects of women’s health or lives in St Helens. It is designed to generate discussion and debate on what the key issues are, what can be done and how this can be taken forward.

2.2 Although health of women and men in the borough is improving there are gaps and not everyone is benefiting equally. Some women and families face significant and multiple challenges. The improvements that we are seeing aren’t reaching everyone and there are significant inequalities across the borough.

2.4 Although some health needs are higher in men, compared with other similar boroughs the health and wellbeing of women and girls in St Helens is significantly poorer. This has implications for the young women’s aspirations, education and social care. In addition to working with men there is a need for a specific focus on women’s health and wellbeing.

2.5 These health challenges and outcomes are related to economic, social and behavioural factors. This will need work with vulnerable communities to understand and tackle root causes of problems to close the gap. In order to address these issues further engagement and insight will be needed to better understand women’s views, motivations, and aspirations and to create a social movement for change.
2.6 Improving education, economic opportunity, aspiration and challenging social norms for the whole community will bring benefits for all including those with the greatest challenges. Some recommendations for specific actions both for targeted groups and the whole population are suggested.

3. FACTS SUPPORTING THE PROPOSED DECISION

3.1 Health of Women in St Helens

- Life expectancy for women in St Helens is lower than the national average and varies across the borough. The major causes of disease and deaths are similar to other areas. There are some areas where St Helens is significantly different in health and wellbeing of women than other similar geographical areas.

- Harm from alcohol is significantly higher in women in St Helens, including deaths specifically due to excess alcohol and chronic the broader harm that deaths and admissions due to alcohol (both due to alcohol specific and broader alcohol harms)

- St Helens has very high levels of self-harm, depression and domestic abuse, particularly affecting women.

- Rates of breastfeeding are low and this is a protective factor for bonding and attachment. Smoking in pregnancy rates are higher than the national average.

- The rate of teenage pregnancy is higher than nationally, although this is reducing. Teenage parents and their children face additional challenges.

3.2 The data paints a picture where although women’s health and wellbeing in general is improving, other women are being left behind in terms of education, health and wellbeing. Many of these factors are interrelated and may be intergenerational and some women appear to face multiple challenges. Despite improvements over the years this gap in health and wellbeing between the average and those with multiple challenges has shown to be persistent.

3.3 There are many strengths in St Helens local community with local pride in the town and a long history of community development and action. There are also positive signs with more young people reporting that they never drink alcohol.

3.3 Approaches. Any action needs to be done with our local communities. There is an opportunity to engage with community leaders, service users, men and women to make the findings of this report known, to listen to the perceptions and feedback. This gives an opportunity to co-create some further work and potential solutions.

3.3 Some actions will need to be taken across the whole population to make a difference and others more targeted at reducing the gap between different social groups.
3.4 Planned Actions.

- Generating the conversation. The reason behind these differences in health isn’t entirely clear. Engaging local communities and in the conversation will generate insight, understanding of the issues and help to co-create some solutions. A Women’s health summit is planned for autumn 2016.

- Campaign on women’s wellbeing. This would present positive stories of local women who have achieved to raise aspirations and self-belief of young women in St Helens.

- Closing the gap. - The outcome of the first two actions can be applied within services to challenge attitudes and assumptions and to working differently with women and their families in St Helens.

4 IMPLICATIONS / RELEVANCE TO MEETING SAVINGS TARGET / PLANNING FOR 2020

4.1 There are no direct financial savings, however raising women and girls aspirations will help to create a population who have positive health, social and educational outcomes. This will contribute towards a more prosperous St. Helens.

5 RISKS

5.1 Risks Associated with the Proposed Decision

The issues outlined in this paper presents a health, wellbeing and financial risk to the council. If this is not addressed it is likely to result in increased need for adult social care and health services.

5.1 Should this Risk be added to the Corporate Risk Register?

No

6 OTHER IMPLICATIONS

Legal - None

Financial - None

Human Resources - None

Land and Property (Asset) – None

Anti-Poverty – This decision addresses the impact of poverty and reduces inequalities in health for women.

Effects on existing Council Policy – The decision asks that health and wellbeing of women be taken into account when revising council policies.
Effects on other Council Activities – This decision supports the health and wellbeing agenda of the council.

Human Rights – This decision acknowledges the human rights of women and families.

Equalities – A community Equality Impact Assessment is attached to this report.

Asset Management - None

Health – The decision aims to improve health and reduce health inequalities.

7 PREVIOUS APPROVAL/CONSULTATION

None

8 ALTERNATIVE OPTIONS AND IMPLICATIONS THEREOF

None

9 APPENDICES

Women’s Health & Wellbeing in St Helens (App1)

Susan Forster
Interim Director of Public Health

The Contact Officer for this report is Dympna Edwards. Assistant Director Public Health

BACKGROUND PAPERS

The following list of documents was used to complete this report and they are available for public inspection for four years from the date of the meeting, from the Contact Officer named above:
WOMEN’S HEALTH AND WELLBEING IN
ST HELENS

February 2016

EXECUTIVE SUMMARY

This report looks at where women’s health and wellbeing in St Helens is significantly different from other areas, what other factors are associated with this. It has implications for the women’s aspirations, education and social care.

Life expectancy for women in St Helens is lower than the national average and varies across the borough. The major causes of disease and deaths are similar to other areas. However, St Helens is an outlier in the following areas:

- Deaths and admissions due to alcohol (both due to alcohol specific and broader alcohol harms)
- Self-Harm, depression
- Domestic abuse
- Breastfeeding & smoking in pregnancy
- Teenage parents

The data paints a picture where although women’s health and wellbeing in general is improving, other women are being left behind in terms of education, health and wellbeing. There are many strengths in St Helens local community but some women appear to face multiple challenges. Despite improvement over the years this gap in health and wellbeing between the average and those with multiple challenges has shown to be persistent.

These health challenges and outcomes are related to a range of economic, social and behavioural factors. This will need work with communities to understand and tackle root causes of problems to close the gap. In order to address these issues further engagement and insight will be needed to better understand women’s views, motivations, and aspirations and to create a social movement for change.

Improving education, economic opportunity, aspiration and challenging social norms for the whole community will bring benefits for all including those with the greatest challenges. Some recommendations for specific actions both for targeted groups and the whole population are suggested.
**1 HOW DOES WOMEN’S HEALTH COMPARE WITH OTHER AREAS?**

**1.1 MORTALITY & LIFE EXPECTANCY**

The causes of death and ill health for women in St Helens are similar to the causes of death and ill health in men and to women in other areas. Cancers and cardiovascular diseases are the main causes of death.

The long term trend in mortality in St. Helens is downward, which is very positive, and the inequality in mortality rate between men and women has narrowed over the last 20 years. Male mortality has fallen by over a third (38%), with female mortality rates falling by a quarter (25%) over the past 20 years. Further information is available in Appendix 1.

In St. Helens between 2011 -2013 the life expectancy at birth was 81.6 years for women, lower than the England average (83.1), yet ranking third highest when compared with its geographical neighbours. Within St. Helens, life expectancy varies substantially; for women there is a 9 year difference, between 85.8 years in Eccleston, and just 76.7 years in Town Centre.

However there are some areas where St Helens is an outlier and these are explored in the sections below.

**1.2 ALCOHOL & LIFESTYLES**

The female alcohol-specific mortality rate in St. Helens for 2011-13 is the highest in the country (17.9 per 100,000 population) more than double the national average (7.47 per 100,000 population). In 2011-13 (3-year period) there were 48 alcohol specific deaths in females. Nationally the rate of alcohol-specific mortality in women (7.5 per 100,000) is less than half that for men (16.6 per 100,000). In St. Helens for 2011-13, the rate for women is higher than men, which is very unusual.
Alcohol specific mortality and admissions are likely to arise in people who are problematic and harmful drinkers.

**Figure 2. Alcohol Specific Mortality: Females 2011-13**

*Source: Local Alcohol Profiles for England (LAPE) 2015, PHE.*

The rate of alcohol-specific hospital admissions in females are the 4\textsuperscript{th} highest in the North West, (372 per 100,000 population) although since 2008/09 this equates to only an additional 20 hospital admissions. Additionally over the past 6 years the rate of has increased by just 7.5%, whereas the North West rate has increased by 17.7%, and the England rate has increased by 20.5%.

St. Helens ranked in 321\textsuperscript{st} position for alcohol-specific hospital admissions in females in 2013/14; compared against 324 LAs (2 LAs did not have any data).

**Figure 3. Alcohol-Specific admissions Females 2013/14**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Period</th>
<th>St. Helens</th>
<th>Region</th>
<th>England</th>
<th>Worst/ Lowest</th>
<th>Range</th>
<th>Best/ Highest</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01 - Months of life lost due to alcohol (Male)</td>
<td>2011 - 13</td>
<td>-</td>
<td>15.1</td>
<td>15.6</td>
<td>12.0</td>
<td>28.0</td>
<td>6.7</td>
</tr>
<tr>
<td>1.01 - Months of life lost due to alcohol (Female)</td>
<td>2011 - 13</td>
<td>-</td>
<td>9.0</td>
<td>7.4</td>
<td>5.6</td>
<td>10.2</td>
<td>2.9</td>
</tr>
<tr>
<td>2.01 - Alcohol-specific mortality (Persons)</td>
<td>2011 - 13</td>
<td>90</td>
<td>17.1</td>
<td>17.2</td>
<td>11.9</td>
<td>30.5</td>
<td>3.6</td>
</tr>
<tr>
<td>2.01 - Alcohol-specific mortality (Male)</td>
<td>2011 - 13</td>
<td>42</td>
<td>16.2</td>
<td>23.3</td>
<td>16.6</td>
<td>44.5</td>
<td>5.4</td>
</tr>
<tr>
<td>2.01 - Alcohol-specific mortality (Female)</td>
<td>2011 - 13</td>
<td>48</td>
<td>17.9</td>
<td>11.4</td>
<td>7.5</td>
<td>17.9</td>
<td>1.8</td>
</tr>
<tr>
<td>3.01 - Mortality from chronic liver disease (Persons)</td>
<td>2011 - 13</td>
<td>99</td>
<td>18.8</td>
<td>18.8</td>
<td>11.7</td>
<td>31.7</td>
<td>3.3</td>
</tr>
<tr>
<td>3.01 - Mortality from chronic liver disease (Male)</td>
<td>2011 - 13</td>
<td>54</td>
<td>20.0</td>
<td>22.2</td>
<td>15.5</td>
<td>44.8</td>
<td>6.6</td>
</tr>
<tr>
<td>3.01 - Mortality from chronic liver disease (Female)</td>
<td>2011 - 13</td>
<td>45</td>
<td>16.7</td>
<td>11.8</td>
<td>8.2</td>
<td>19.1</td>
<td>0.0</td>
</tr>
<tr>
<td>4.01 - Alcohol-related mortality (Persons)</td>
<td>2013</td>
<td>98</td>
<td>66.7</td>
<td>54.7</td>
<td>45.3</td>
<td>79.5</td>
<td>29.9</td>
</tr>
<tr>
<td>4.01 - Alcohol-related mortality (Male)</td>
<td>2013</td>
<td>62</td>
<td>76.9</td>
<td>79.0</td>
<td>65.4</td>
<td>113.6</td>
<td>40.1</td>
</tr>
<tr>
<td>4.01 - Alcohol-related mortality (Female)</td>
<td>2013</td>
<td>35</td>
<td>36.8</td>
<td>34.1</td>
<td>28.4</td>
<td>49.8</td>
<td>18.8</td>
</tr>
</tbody>
</table>
St Helens has higher levels of alcohol related mortality 38.3/100,000 than the regional or England average (34.1 and 28.4/100,000). These will affect a much larger cohort of people who are drinking more alcohol than the recommended levels than the alcohol specific mortality. The data suggests that in St Helens approximately 16 women’s deaths per year are due specifically to alcohol and 36 from the broader effects of alcohol on health.

The trading standards North West survey has shown an increase in the proportion of young people aged 14-17 who say that they never drink alcohol from 13% in 2011 to 50% in 2015. This is one of the highest in the region. 31% girls reported that they drink more than once a month compared with 23% of boys.

**SEXUAL HEALTH**

St Helens has significantly higher rates for teenage pregnancy than the national average. In 2012, 123 women under the age of 18 became pregnant in St Helens a conception rate per 1,000 female aged 15 to 17 years in St. Helens was 38.1, while in England the rate was 27.7. This has reduced considerably and is the lowest local rate since records began in 1998 (ONS, 2014).

Chlamydia remained the most commonly diagnosed sexually transmitted infection (STI). In 2013, the rate of chlamydia diagnoses per 100,000 young people aged 15-24 years in St. Helens was 1957.6 (compared to 2015.6 per 100,000 in England). If untreated, Chlamydia can reduce women’s fertility.

Reinfection with an STI is a marker of persistent risky behaviour. In St. Helens, an estimated 7.7% of women and 7.0% of men presenting with a new STI at a GUM clinic during the five year period from 2009 to 2013 became reinfected with a new STI within twelve months. Nationally, during the same period of time, an estimated 6.9% of women and 8.8% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.

HIV prevalence is lower than nationally and termination rates are similar to the England average.

**OTHER LIFESTYLE FACTORS**

The 2013 Merseyside lifestyles survey showed that fewer women in St Helens were overweight than men and a similar proportion are obese. The Specialist weight management service has reported that they have found that alcohol use is a more significant contributor to obesity in women in St Helens than in other areas.

Women are significantly less likely to participate in moderate intensity activity than men (36% compared to 31%) or vigorous activity (23% compared with 15%). They also spend less time walking or cycling as part of their daily routine. This follows national trends in physical activity with girls becoming less active as they get older.

In the survey more women said that they smoked than men in St Helens (31% compared with 28%).
1.3 MENTAL HEALTH

DEPRESSION

Admissions for depression are significantly higher in St Helens (54.6/100 000 population) than the national average (32/100 000) although this isn’t broken down by gender. A higher proportion of people in St Helens have a mental health diagnosis 0.97% compared with 0.93% in the North West and 0.84% England. There are a number of associated factors where St Helens has higher rates than average:

- Children in care (119/100,000 aged 0-18 years St Helens, 81 for the North West, 60 in England.
- Children leaving care (41.4/100,000 aged 0-18 years St Helens, North West average of and the England average of 26.4.
- Admissions for drug and alcohol use in young people and adults
- Admissions for self-harm (711 St H, 515 NWest, 412 England)
- Domestic abuse and repeat domestic abuse
- Prevalence of inactive adults (34% StH, 31% NW, 29% Eng.)

SELF HARM

St Helens has higher levels of hospital admissions for self-harm. Although the indicator includes both males and females the majority of self-harm admissions are for women. The rates of self-harm admissions are high for both adults and for young people, although the data for young people is less reliable in terms of statistical comparison.

Source: Public Health England Mental Health Profile

The St Helens Pupil Health and Wellbeing survey found that 21% of pupils thought about self-harm or self-harmed. This is supported by a survey of young women by the Guides association that showed a dramatic change in girl’s health and wellbeing concerns. Self-harming was the top health concern
for girls aged 11-21, closely followed by smoking, mental illness, depression and eating disorders. In 2010, girls' top three health concerns were binge drinking, smoking and drug abuse.

**DOMESTIC ABUSE**

There has been a significant decline in domestic abuse in the past decade nationally, particularly between 2004/5 and 2008/9; since then it has remained fairly stable with 6.5% of the population (16-59 years) reporting that they have experienced domestic abuse in the previous year.

Overall, 28.3% of women and 14.7% men experienced some form of domestic abuse since the age of 16. If this applied to St Helens population data (ONS 2014 mid-year estimates), about **14,000 women** and **7,000 men** have experienced domestic abuse since the age of 16. This only applies to adults aged 16-59 so therefore it is likely to be an underestimate of prevalence in the Borough.

Women are more likely to be a victim of domestic abuse than men. The CSEW 2014 found that 8.5% of women and 4.5% of men (16-59 years old) experienced domestic abuse in the last year; equivalent to an estimated 4,250 women and 2,200 men in St Helens.

Local data shows that between 1st January 2011 and 31st December 2014, of the 1864 domestic abuse crimes in St Helens where gender was recorded the victims were women in 85% of cases. Women were offenders in only 8% of domestic crimes in the same period.

For almost 30% of women who suffer from domestic abuse in their lifetime, the first incidence of violence occurred during pregnancy. Domestic abuse was a feature in 40% of neonatal deaths reviewed by the Child Death Overview panel in Merseyside in 2014.

**1.4 MATERNAL HEALTH**

In St Helens, in 2014/15 17.3% of women smoke at the time of delivery; higher than the England average (11.4%) however similar to the Merseyside average (16.8%). The rate of smoking during pregnancy has decreased in recent years; from 27.7% of new mothers smoking in Halton and St. Helens in 2004/05 to 21.7% in 2010 to 17.3% in 2014/15. This follows the trend in the North West and England.

![Figure 1: Smoking at time of delivery, 2014-15](image)

Source: HSCIC, 2015. *Data is based on CCG boundary.*
The prevalence of breastfeeding is lower in St Helens than in other areas. 54% of women in St Helens initiated breastfeeding following birth compared with 65% in the North West and 74% in England. By 6-8 weeks only 21% of women were feeding their babies. Breastfeeding has protective benefits for both mothers’ health and babies’ health as well as promoting bonding and attachment between mother and baby.

The rate of teenage pregnancy and the number of teenage parents is higher in St Helens than nationally although it is reducing. Teenage mothers are likely to have a higher of mental health issues. As the numbers are relatively small this will have more impact on individuals than the total population rates.

1.5 WIDER SOCIAL FACTORS

EMPLOYMENT

Unemployment generally has dropped in recent years in St. Helens, in line with the economic recovery, and the long term impacts of the recession in relation to mental health and wellbeing have yet to be seen. However nationally there has been an increase in suicide and undetermined deaths which is reported to be linked to the recession. These impacts are likely to be felt by all age groups including children and young people.

<table>
<thead>
<tr>
<th></th>
<th>St. Helens (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan - Dec 2011</td>
</tr>
<tr>
<td>All people</td>
<td></td>
</tr>
<tr>
<td>Economically active†</td>
<td>72.3</td>
</tr>
<tr>
<td>In employment†</td>
<td>65.7</td>
</tr>
<tr>
<td>Employees†</td>
<td>59.6</td>
</tr>
<tr>
<td>Self-employed†</td>
<td>5.8</td>
</tr>
<tr>
<td>Unemployed (model-based)§</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Source: NOMIS 2014 from ONS annual population survey
† numbers are for those aged 16 and over, % are for those aged 16-64
§ numbers and % are for those aged 16 and over. % is a proportion of economically active

The recent economic downturn has had an impact on the proportion of the population who may be affected by unemployment or underemployment. Whilst the figures in table 1 give a snapshot of the rates of unemployment, they do not take account of people affected by underemployment i.e. working part-time when they want full-time employment, working for agencies and zero contract hours when full time permanent employment is required. The proportion of people working at night has also increased, partly due to increases in the care industry. Many of the issues of underemployment, zero hours contracts and night working are likely to affect women more than men.

The pattern of employment affects people’s lives. In the industrial age there were ample opportunities for men without qualifications to undertake secure, reasonably well paid manual jobs.
Children’s social care reports that many families have male unemployment and part time, insecure labour for women. These changes in traditional roles affect self-esteem and family dynamics.

Some young people are growing up in households where there is intergenerational unemployment. Anecdotal evidence suggests that this can lead to lower aspirations and more challenges for young people in education, training and career development.

EDUCATIONAL ATTAINMENT

The percentage of pupils in St. Helens achieving GCSEs graded between A*-C (including English and mathematics) has increased from 38% to 60.3% from 2005/06 -2013/14. This compares well with the North West average of 60.9 and an England average of 58.2 and with statistical neighbours (Appendix 1). However, outside of these top grades St Helens children do less well with St Helens having significantly lower proportion of children achieving grades A*-G. (Table 2).

Comparative GCSE attainment in 2013/14 - Source DFEE

<table>
<thead>
<tr>
<th>Region/Local Authority</th>
<th>5+A*-C grades inc English &amp; Maths</th>
<th>5+ A*-G including English &amp; mathematics GCSEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Helens</td>
<td>60.3</td>
<td>91.5%</td>
</tr>
<tr>
<td>North West</td>
<td>60.9</td>
<td>92.6</td>
</tr>
<tr>
<td>England</td>
<td>58.2</td>
<td>87.1</td>
</tr>
<tr>
<td>St Helens Rank against Stat neighbours (1=Highest)</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

For A level results the attainment rates compare well against our statistical neighbours. Although a slightly higher proportion of girls achieve some level 3 qualification the percentage getting the best grades at A levels is less than for boys.

Only 9% of A-level students in St Helens get into the top third Higher Educational Institutions compared with 23% in England, 22% in the North West. There is no major difference between boys and girls in terms of national destination (Appendix 1).

Low educational attainment is associated with many negative health outcomes including mental health. The data shows us that at GCSE level, St. Helens has lower performance than England and the North West as a whole suggesting there may be higher levels of children moving into adulthood with higher risks of mental illness and not having the protective factors that are likely to ensure positive mental wellbeing.

NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET)

St. Helens has a higher rate of young people between 16 and 18 who are not engaged in employment, education or training (7.3%) than the North West (5.6%) as a whole and England (5.3%). Although this rate of those classified as NEET has decreased over the years (8.4% 2011, 7.3% 2013), the rate is still high.

Being engaged in a fulfilling activity is a protective factor for mental health and wellbeing moving forward into adulthood. In St. Helens, the high rate of NEETs and low educational attainment indicate a higher proportion of the young population with risk for mental health. The number of boys
who are NEET is higher than girls aged 16 in St Helen but at 17 and 18 years they are comparable. Town Centre, Thatto Heath and Parr have the highest higher numbers of NEET girls.

![Number of 16-18 year olds not in education training or employment by gender and ward](image)

**SOCIAL CARE**

St Helens has higher numbers of children with a child protection plan, looked after children and children leaving care and young carers. The outcomes for these children in adulthood isn’t as good as for the population as a whole and people who have had these adverse experiences are more likely to have mental health issues, self-harm, use alcohol to excess and to be in relationships where abuse occurs.

Young women are at risk from others particularly if they are already vulnerable, have low self-esteem. Child sexual exploitation is increasingly being recognised. St Helens has higher numbers of teenage mothers and it isn’t unusual for teenage girls to have male partners who are much older. This can be perceived as the norm and although this may be seen as potentially protective it could also cause power imbalances and potential for exploitation. Young people (girls and boys) are also at risk of economic and criminal exploitation.

There is evidence that developing strong attachment following birth is an important protective factor against neglect and abuse enabling mothers to identify and prioritise their children’s needs. Breastfeeding promotes this attachment and has a low uptake in St Helens. Mental health, drug and alcohol challenges can make this attachment more difficult to achieve and make the child more vulnerable to neglect. Children who have experienced neglect and abuse are likely to have more challenges in developing strong attachments and relationships as adults both with partners and their own children. Intensive support such as family nurse partnership for first time parents under the age of 20 help to overcome these challenges.

Anecdotal evidence suggests that underlying attitudes and values and the social norms of a community influence behaviours in terms of relationships and parenting. These norms can increase or decrease the health and social care risks for women and children. For example, the media spotlight on child sexual exploitation over the past few years has changed awareness and attitudes of mainstream society to vulnerable young women who are sexually active. This has led to stronger
action on prevention, identification and a more appropriate response. Engaging with communities to understand perceptions, attitudes and social norms is important in understanding how they can be influenced.

COMMUNITY STRENGTHS IN ST HELENS

There are many assets and strengths in St Helens as a community. There is good evidence that supporting and strengthening assets through asset based community development is needed to achieve change.

St Helens has a strong identity and there is pride in belonging to St Helens.

St Helens is a stable community, and doesn’t have the same level of challenges around migration and transient communities that some inner cities have. This means that relationships and partnerships can be built over many years and that people often have family members living locally for support. This can also give rise to challenges for raising aspirations and expectations in young people that may involve opportunities beyond the borough.

St Helens is culturally and ethnicity not very diverse and doesn’t face the challenges that some areas face with very diverse populations. This has strengths in terms of community cohesion but does present some challenges for small minority populations who may be isolated and find it difficult to fit into the majority culture.

Anecdotally people in St Helens are known to be friendly, open, supportive and have a willingness to help. There are strong tenants and residents associations and the neighbourhood renewal areas have developed partnerships over a number of years. The proportion of people participating in volunteering and other organisations is similar to the North West average. 

1.6 OLDER WOMEN

As women on average tend to live longer than men the conditions of older age disproportionately affect women. Frailty, dementia and social isolation will affect more women than men due to the increased age. These needs are likely to increase as people live longer. For example, the number of people in St Helens with dementia is expected to rise by 58% from 2015 to 2030.

Women are at increased risk of osteoporosis and falls. There are more than twice the number of injuries due to falls in older women than men (772 compared with 297 in 2011/12) partly due to increased osteoporosis in women and partly due to the increased number of women.

This report does not look in detail at health and wellbeing of older women but further information is available in the older People’s JSNA.

2 PATTERNS AND CAUSES

The data above suggests some patterns where:

- Women’s health is poorer in St Helens than the average for England but is improving. This is reflected in health behaviours (smoking in pregnancy, breastfeeding) and health outcomes (mortality).
- Educational attainment is increasing with girls having similar outcomes to boys at GCSE and A level. However, not as many young people in St Helens are progressing to top universities. There also appears to be a subgroup of young people who are being left behind in educational terms with lower attainment and higher levels of NEET.
- Mental health, self-harm, domestic abuse, social care needs and teenage parenthood are all much higher for women in St Helens than in other areas.
- The proportion of girls not drinking has increased and this is positive. However, there are still particular issues with alcohol, with many women drinking at a level that is harmful to their health and much more problematic drinking than in other areas. The numbers are low but St Helens is a significant outlier. The question arises as to why these levels are higher than in other areas with similar demographics.

Depression, stress, difficult relationships, having a partner who drinks heavily, being unmarried, divorced or separated, a history of sexual abuse in childhood, and a history of family members who drink heavily are all risk factors for heavy alcohol use in women. Some of these may be intergenerational. Targeted work such as priority families, social care interventions, Drug and Alcohol Treatment services and Family Nurse Partnership all try to break some of the intergenerational cycles.

It is possible that for a subgroup of our local community multiple challenges lead to a pattern of alcohol use that is harmful to health. It is also likely that this subgroup is influenced by the norms of the whole community. The fact that domestic abuse, alcohol use and social care needs are significantly higher in St Helens than in other communities with similar levels of deprivation suggest that some cultural norms or behaviours may be different historically in St Helens.

The women in alcohol project in Thatto Heath shed some light on perceptions of alcohol use. The predominant view was that everyone drinks alcohol and not drinking isn’t an option. For young women drinking was associated with confidence. Although surveys show that fewer young people are drinking alcohol drinking getting drunk is still seen as fun and the norm for the majority.

**3 WHAT CAN BE DONE TO ADDRESS THIS?**

**ENGAGEMENT, INSIGHT & PARTNERSHIPS**

Any action needs to be done with our local communities and not done to them. People’s Services and Public Health can be seen as the experts on tap rather than on top. There is an opportunity to engage with community leaders, service users, men and women to make the findings of this report known, to listen to the perceptions and feedback. This gives an opportunity to co-create some further work and potential solutions. Using female role models may help to build aspirations and create a social movement for change.

It is likely that these solutions will include some actions for all of St Helens (a whole population approach) and some that are targeted.
Whole Population Approach

Health of women is improving although not as quickly and in all people as we would like to see. The strategies that have worked to achieve this (improvements in living and working conditions, education, healthy living initiatives) if continued will result in continuing improvements. A whole population approach is likely to have more impact on health outcomes than a targeted approach only.

Work to raise aspirations, educational attainment, employment opportunities and security will all lead to improvements in women’s health. Focusing on the positive and what can be achieved is more engaging than focusing on the problems. For example, feedback on the Sport England campaign This Girl Can was well received by young women in St Helens college as they reported that they could relate to the images and scenarios presented.

Changing social norms in relation to alcohol use, domestic abuse, mental health issues and care will require both a whole population approach to raising awareness and behaviour change and a targeted approach to those at risk. Achieving social change takes time, an understanding of local perceptions and mechanism to engage local communities on these issues to challenge attitudes when needed. Young people have been successful advocates for change with their parents around reducing tobacco use. With fewer young people drinking alcohol there may be opportunities to use young people to influence their parents’ generation.

Specific action could include:

- Promoting positive role models in St Helens to increase aspirations
- Advocacy to normalise alcohol free or moderate alcohol consumption taking lessons from the tobacco agenda
- Improving maternal health— with smokefree pregnancy, promoting breastfeeding to promote attachment and maternal mental health
- Promote physical activity participation in women to improve physical health and mental wellbeing.

Targeted Population Approach

In order to reduce the inequalities in health some targeted work may be needed with individuals and groups who have experienced significant life challenges that puts them at risk of poor health behaviours and outcomes. The underlying causes of alcohol use, self-harm and domestic abuse will need to be addressed as well as the consequences. Work is already being done in this area from work with care leavers & NEET, priority families and mental health promotion. There may be value in an overview of the work with vulnerable groups to ensure that it is as joined up as possible. Some areas of focus to consider may include:

- Closing the gap in attainment and achievement in schools
- Encouraging and enabling young people who achieve good A levels into the top third universities
- Providing support for women to take up employment opportunities in the borough as they arise through economic regeneration
• Mental health promotion with targeted groups
• Promoting infant feeding and providing perinatal mental health support to support women to develop positive secure attachment with their babies.
• Engaging with and using feedback from service users (e.g. Family Nurse Partnership, Addaction, MARAC, Children in care council, Care leaders, Young carers etc.) to understand the facilitators and barriers to change and to co-create solutions that can be taken more broadly.

Planned Actions

1 Generating the conversation:

Bring women’s issues to every relevant forum to generate a conversation and gain insight, understanding, ownership of the issues and the agenda moving forward. This could take place along the lines of the successful time to talk campaign.

A Summit on women’s health and wellbeing in Autumn 2016 would bring together influencers and showcase success and achievement. This would develop a direction for longer term action.

2 Campaign on women’s wellbeing

Positive local role models featured in local press- political, sports, managerial, business etc.

Local people’s stories- quit heroes (smoking), people who have made positive changes or overcome challenges,

Positive images of women in local health improvement campaigns- cervical screening campaign (April), breastfeeding, smoking in pregnancy, perinatal mental wellbeing, anger issues in men, domestic abuse (be a lover not a fighter).

3 Closing the gap

Engaging with and using feedback from service users (e.g. Family Nurse Partnership, Addaction, MARAC, Children in care council, Care leaders, Young carers etc.) to understand the facilitators and barriers to change and to co-create solutions that can be taken more broadly.

A draft action plan is attached. This will need engagement and actions included from partners to reflect the range of areas where we need to make a difference to women’s lives.
Positive role model images from campaigns featuring women
Appendix 2 - GCSE attainment rates;

References


ii St Helens Young People’s Health and wellbeing survey 2015.


iv Mental Wellbeing in St Helens 2012/13- results of the North West Mental Wellbeing survey

v St Helens Joint Strategic Needs Assessment; section 5 Older People & Vulnerable adults.

Appendix 2 Draft Action Plan (Feb 2016)

<table>
<thead>
<tr>
<th>Area</th>
<th>Actions</th>
<th>Who</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Generating the conversation</td>
<td></td>
<td>To generate awareness and stimulate debate &amp; highlight achievement</td>
</tr>
<tr>
<td>1.1</td>
<td>Feature in St Helens Star on International Women’s day</td>
<td>DE/MH</td>
<td>To start debate &amp; highlight achievement</td>
</tr>
<tr>
<td>1.2</td>
<td>Paper to Cabinet on women’s health &amp; action</td>
<td>DE</td>
<td>To engage to councillors in debate and seek nominations for campaign features</td>
</tr>
<tr>
<td>1.3</td>
<td>Paper to Health and wellbeing board on women’s health</td>
<td></td>
<td>To get engagement and ownership for agenda</td>
</tr>
<tr>
<td>1.4</td>
<td>Briefing for key stakeholders and champions- e.g. Chamber of commerce</td>
<td>DE</td>
<td>To get engagement and ownership for agenda, ask people to be featured in campaign and to nominate others</td>
</tr>
<tr>
<td>1.5</td>
<td>Summit on Women’s Health &amp; Wellbeing</td>
<td>DE, MH</td>
<td>Showcase achievement, opportunity &amp; challenges</td>
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<tr>
<td>2</td>
<td>Campaigns &amp; insight</td>
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<tr>
<td>2.1</td>
<td>Insight</td>
<td>March/April</td>
<td>To understand aspirations and barriers with local women</td>
</tr>
<tr>
<td>2.2</td>
<td>Media campaign- case studies/ features on girls &amp; women from &amp; in St Helens who have achieved Jeannie Bell, Marie Rimmer, other councillors, Joanne Griffiths, Sports women, Healthy living volunteers, local people etc.</td>
<td>2016-2017</td>
<td>To highlight achievements &amp; raise aspirations and keep profile of women high in St Helens Change cultural norms</td>
</tr>
<tr>
<td>2.4</td>
<td>Health Campaigns</td>
<td></td>
<td>Increase confidence in young adults (men and women) of their health, wellbeing and controlling their weight.</td>
</tr>
<tr>
<td></td>
<td>Healthy weight for young adults campaign</td>
<td>MD</td>
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41
<table>
<thead>
<tr>
<th>Cervical screening</th>
<th>DE/ MH</th>
<th>Use case studies to complement cervical screening campaign</th>
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</thead>
<tbody>
<tr>
<td>Breastfeeding campaign</td>
<td>DE/ SH</td>
<td>Promote breastfeeding amongst local women</td>
</tr>
<tr>
<td>‘Mums Matter’ campaign</td>
<td>CW</td>
<td>Will explore the issues faced by mums (including mums to be) who drink or who are affected by someone else’s drinking.</td>
</tr>
<tr>
<td>Smoking- Quit Heroes campaign &amp; Stoptober</td>
<td>DE/ JT</td>
<td>Showcasing local women &amp; men who have quit smoking to motivate others.</td>
</tr>
<tr>
<td>One You national campaign</td>
<td>MH/ SH</td>
<td>Challenge to change lifestyles aged 40-60 years</td>
</tr>
<tr>
<td>Be a lover not a fighter</td>
<td>SF</td>
<td>Generate conversations about domestic abuse</td>
</tr>
</tbody>
</table>

3 **Targeted work** with vulnerable groups

3.1 Delivering Differently to Young People This provides a framework within which to develop programmes which supports young women’s aspiration and horizons.

   SFy Engage engagement of young people in designing services to meet their needs.

3.2 Self Harm - the emotionally health school will involve students at Rainford High & mental health services.

   SFy Better joint work between schools and mental health services and support for young people’s mental health needs

3.3 Alcohol in pregnancy- training for midwifes in identification and review of FSAD pathway

   CW Reduction in alcohol related harm including FASD.

3.4 Babyclear smoking in pregnancy pathway

   DE Consistent effective support for pregnant women who smoke and people in their household — reduced smoking in pregnancy

3.5 **Perinatal Mental health:**
   - New pathway to be implemented:
     - Mandated 6-8 week mental health check to support mothers.
     - Time for me pilot support for new mothers experiencing mild to moderate postnatal depression
     - Attachment pathway and assessment training for health visitors
     - Specialist mother & baby units for severe postnatal depression
     - Arts on prescription available to mothers with postnatal depression

   SFy Improved identification of postnatal depression and effective early support to promote attachment & bonding.

3.6 Explore implementing PAUSE - a programme designed to support women who have multiple pregnancies which end in care proceedings - based on a more therapeutic, behavioural change model for this group of women

Other areas of work - social care; education

42
1. **Title of Function:** Women's health and wellbeing in St Helens  
**Service:**  
**Department:** Public Health & Wellbeing  
**Responsible Officer:** Susan Forster  
**Date Completed:** 30 March 2016

**Aims:** Please identify the main aims of the policy, decision or function?  
To explore ways to understand and improve health and wellbeing of women in St Helens

2. **Community Impact Assessment**

The Impact Assessment tool helps to identify the benefits to the local community of the work. All policies, decisions or functions will have an impact on the local community in St Helens. This tool acts as a prompt to identify what difference the work will make and how.

It provides an opportunity to think about where we might be able to reduce negative impacts, identify missed opportunities, and capitalise on positive impacts. It will build broader portfolio support for your work.

**Community:** Please describe how your work will benefit the council & staff/ local community.

The work will engage with local people in St Helens community to understand and improve health and wellbeing of women.

3. **How to use this tool**

3.1 **At the planning stage:** *This is the best time to consider the difference this will make to the local community.* Look down the checklist and identify how what you are doing will impact on people in St Helens. Engage with the Health, Sustainability and Equality leads, who will meet with you and talk through with you what you aim to achieve and how they can help. This help could include:
- Clarifying the potential benefits and risks
- Engaging local community in the work and informing this work
- Demonstrating the difference your work will make in St Helens
- Helping to inform the decision to maximise the benefits and minimise the risks
- Helping to work through your actions and showing what difference your policy/service/decision has made.

3.2 **Developing Key decisions:**
Engage with the Health, Sustainability and Equality leads to go through the tool and identify how your work will make a difference to the local community in St.Helens. Work with them to complete the tool and to frame the key decision. Agree actions to show what has happened.

3.3 **Evaluation**
This tool identifies actions that will ensure that your work has the most benefit to people in St.Helens. Reviewing the actions 6 or 12 months following the decision helps to evaluate your work and to demonstrate the impact that your work has had. This demonstrates the broader value that the work is having in equality, sustainability and health and builds broader support for this work.

4. **Publishing the results of the assessment:**
This Impact Assessment Report must be used to inform Decisions, Scrutiny Reviews, Service Level Agreements Service and Contract specifications, policy or service evaluations and reviews. The key issues from the impact assessment must be included within the documents, and the impact assessment must be attached.
**COMMUNITY IMPACT ASSESSMENT OF RELEVANT POLICIES, DECISIONS OR FUNCTIONS**

**NB** Only fill in the “Action” column if there is an action which you have identified as a result of completing the Community Impact Assessment. If you add in any “Action”, then you must complete the “Who / When” column. Ensure that the “Action” is completed by the date required. Once the “Action” is completed, it should be removed from the “Action” column and added to the “How will this be taken into account column.”

<table>
<thead>
<tr>
<th>Add rows as required</th>
<th>Impact</th>
<th>Y/N*</th>
<th>Issue</th>
<th>Action</th>
<th>Who / When</th>
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<tbody>
<tr>
<td><strong>HEALTH</strong> - How will the work impact on the following areas?</td>
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<tr>
<td>Social And Economic:</td>
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<tr>
<td>Employment, skills, income or economy</td>
<td>Y</td>
<td>Educational attainment and achievement is related to health and wellbeing. There are gaps in educational achievement</td>
<td>Work with schools to reduce gap in educational attainment</td>
<td></td>
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<tr>
<td>Living and working conditions</td>
<td>Y</td>
<td>Empowering women and improving women’s employability living and working conditions will improve their health and wellbeing.</td>
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<td><strong>Healthy lifestyles:</strong></td>
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<tr>
<td>Healthy lifestyles/risk taking behaviour (e.g. healthy eating, physical activity, obesity, smoking, drug or alcohol, sexual health)</td>
<td>Y</td>
<td>Women in St Helens have higher levels of harm from alcohol than other areas. Addressing this will improve their health and wellbeing.</td>
<td>Address underlying issues behind lifestyle behaviours</td>
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<tr>
<td>Mental wellbeing</td>
<td>Y</td>
<td>The report shows that women and girls in St Helens have high levels of depression, self harm and domestic abuse.</td>
<td>Empower women to achieve better self esteem and mental wellbeing</td>
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<td><strong>Protecting health and wellbeing:</strong></td>
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<tr>
<td>Public safety and hazards</td>
<td>y</td>
<td>Domestic abuse is a prevalent issue in St Helens</td>
<td>Work with local communities to make domestic abuse less acceptable and to build resilience</td>
<td></td>
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<tr>
<td>Geographical impact / impact on different council wards</td>
<td>y</td>
<td>There are inequalities in health of women across different boroughs</td>
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<td>Link with Health and Wellbeing Strategy Priority</td>
<td>y</td>
<td>Alcohol, obesity and having the best start in life are all health and wellbeing priorities.</td>
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<tr>
<td><strong>SUSTAINABILITY</strong> - What contribution does this activity make to?</td>
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<td>Energy Consumption</td>
<td>N</td>
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<td>Air quality and greenhouse emissions</td>
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</table>
### Checklist - impact on different aspects and sections of Community and Staff Groups

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<tr>
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<tbody>
<tr>
<td>Land and water contamination</td>
<td>N</td>
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<tr>
<td>Land, soil and water conservation</td>
<td>N</td>
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<td>Waste minimisation, reuse, recycling</td>
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<td>Use sustainable sources of materials</td>
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<td>Sustainable transport</td>
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<tr>
<td>Noise minimisation</td>
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<tr>
<td>Conserve and enhance biodiversity</td>
<td>N</td>
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<tr>
<td>Sustainable design</td>
<td>N</td>
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<tr>
<td>The Local &quot;Low Carbon&quot; Economy</td>
<td>N</td>
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</table>

**EQUALITY** - What positive or negative impact might this proposal or function have on the following protected characteristics? – Age, Disability, Gender, Race, Religion, Sexual Orientation, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity.

#### Advance equality of opportunity

- What opportunities are there to promote equality of opportunity in access to facilities, information, guidance and support?
  - Y
  - This work is about promoting gender equality and reducing the inequalities between different social groups in St Helens
  - Engage local communities in women’s health issues.

#### Eliminate discrimination, harassment and victimisation

- What opportunities are there to eliminate risk of discrimination, harassment and victimisation, or to report hate crime?
  - Y
  - Some women may experience discrimination, harassment and victimisation. Empowering women and building resilience will reduce these risks.
  - Engage local communities in women’s health issues.

#### What opportunities are there to promote community cohesion?

- Through valuing local history and heritage, understanding diversity, promoting a positive attitudes towards disability, getting people involved, and bringing people together
  - Y
  - Engaging local communities in this debate will bring the opportunity of building consensus and co-creating solutions. This can build community cohesion and positive attitudes towards those in need.
  - Engage local communities in women’s health issues.

#### What could be done, or is being done, to support vulnerable people? e.g.

- Families and lone parents, older people, younger people, carers, armed forces, people with autism
  - Engaging local communities particularly around domestic abuse, self-harm and mental wellbeing will build more cohesive and protective communities to safeguard vulnerable women.
  - Engage local communities in women’s health issues.

- Action Plan includes the following elements which will be aimed all women in St. Helens – see page 14 of the attached report to view the proposed approach to inclusive representation

**Generating the conversation:**
- Bring women’s issues to every forum to generate a conversation and gain
<table>
<thead>
<tr>
<th>Add rows as required</th>
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* Compulsory field in online form - Support is available from
  Health Support          Dympna Edwards, Public Health – 671058
  Sustainability Support  TBC Environmental Protection
  Equality Support        Simon Cousins, Equalities Officer - 676593
Appendix 1 - Further useful information - This is not an exhaustive list

Equality General Issues Include

- Accessibility – Parking, signage, buildings, toilets, lifts, information, opening times etc.
- Hate crime – racism, homophobia, transphobia, disablism, religious bigotry
- Translation / Interpretation arrangements - e.g. British Sign Language, foreign languages.
- Meeting the need of disabled people, even when that means treating them more favourably than non-disabled people

N.B. If the project, policy, contract, service etc., requires the monitoring of any of the following - consultation, complaints, outcomes, satisfaction, service access or membership, then use the Corporate Standard for Equality Monitoring to assess if there is any added value from the inclusion of equality profiles (age, gender, race, disability etc.) within the monitoring process. This enables the results to be disaggregated to show any variation in outcomes for different groups.

Staffing Proposals: It is essential that decisions on staffing issues do not leave the Council vulnerable to equal pay or discrimination claims. This means that decisions must promote consistency in structure, job description / qualifications and pay grading. You must seek advice from Personnel before proceeding and record the outcome in the CIA.

Community, Faith or Voluntary sector Compact: If the CIA is for a decision relating to the Community, Faith or Voluntary sector then it must comply with the St. Helens Compact.

Contract / Commissioning / Procurement: If the CIA is for a decision relating to a contract then add the following statements as “General Issues”, under the “Issue” of Procurement.

- **Equalities** “The pre-tender or PQQ document for this contract included the Procurement Equality Standard, which requires potential providers to send the Council an analysis of their Equality Policy against the equality duties upon employers. If an organisation so wishes, it can adopt a template business equality policy developed by the Council's Procurement Team, which is compliant with all current employment equality duties. Once awarded, the Contract will be added to the Council's Corporate Contract Database, which requires providers to send the Council their Equality Profile.”

- **Sustainability:** “The contract includes conditions that ensure the provider will comply with the Council’s Environmental Policies. These include the requirement not to purchase or use products on the Council’s Prohibited Products list, if an alternative product method is available.”

Sustainability Issues Include

Sustainability in its widest sense covers socio-economic, equality as well as environmental issues. The equality and socio-economic issues are fairly well covered above but it is also essential to consider the impact of our actions on the environment. The Climate Change Act 2008 and Carbon Reduction Commitment Energy Efficiency Order 2010 have placed duties on Local Government to reduce its carbon emissions as well as mitigate its impact on other contributing factors to Climate Change, such as waste. There is also a range of other British and European legislation relating to environmental management that must be considered in reviewing or introducing new services/policies.

Finally, the Council’s Environmental Management System (EMS) requires the environmental impact of all business activities to be considered and minimised. Failure to consider the wide range of environmental issues could result in non-compliance being identified during EMS accreditation visits, or prosecution for failure to adhere to legislation.
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