

ANNUAL REPORT

OF THE DIRECTOR OF
PUBLIC HEALTH FOR WIRRAL

2011-2012



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Foreword



Wirral's 2012 Public Health Annual Report (PHAR) is being published during a time of heightened levels of reform activity, and the style and content may feel different from recent years. But our aim remains to highlight issues that impact upon the public's health and to recommend action that will improve it.

A central theme this year is the challenge to maintain public health services in the short term and put in place foundations for services that are sustainable in the long term.

At the time of writing, early results from the 2011 Census suggest that there is a positive, upward trend in life expectancy for Wirral. The population of Wirral has also increased in the past decade, where it was previously predicted to decrease. Health is improving, but the seemingly intractable differences in health outcomes between our most affluent and our least affluent communities remain.

Future funding for all public services, including public health services, is under pressure. Unless we intentionally tackle the years of life our population live in poor health, we may be facing a future where the population's need for health services consistently outstrips the resources available to provide those services.

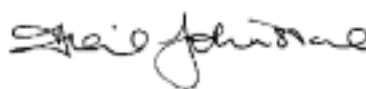
This highlights for me the need to understand within the Borough how our resources collectively making an impact. Health, social care and prevention services will have to become more integrated and focus on shared objectives for health outcomes. We should consider the services available to our communities and look to ensure they work together, building on the strengths of what we have to offer and making them accessible to those who need them.

To this end, the establishment of our shadow **Health & Wellbeing Board** provides an opportunity to strengthen collective leadership across the statutory and voluntary sectors. It is also a place in which to challenge how our collective activities link back to the needs of our communities.

I would like to take this opportunity to thank all those across the Borough, who I have worked with and who have helped to deepen my understanding of the community I serve. Most of all, I would like to say thank you to all those who give their time freely to support those who need help. I have met some extraordinary and wonderful people over the last year and they have enriched my life as a Director of Public Health.

Finally, I feel very fortunate to have a public health team who have remained passionate and committed to their work during a difficult year.

I hope there is much in this report that prompts both interest and discussion as we embrace both the challenges and the opportunities inherent in improving Wirral's public health.



Fiona Johnstone
Director of Public Health



Health need versus health service availability



It is well recognised that the combined successes of healthcare, medicine and the development of social infrastructure in the 20th century have led to people living longer now than 100 years ago. In fact, life expectancy has increased from an average 48 years in 1901 to 80 years in 2009¹.

Increased longevity comes at a price though. As people live longer, their long-term health needs grow accordingly, putting a tremendous strain on resources. Current estimates suggest there are around 15 million people in England with at least one long-term health condition - a condition that cannot be cured but can be managed through medication and/or therapy². The most common types of long-term conditions in the UK are heart disease, cancers, diabetes, chronic obstructive pulmonary disease (COPD), dementia and arthritis.

Many people live with more than one long-term condition. In some instances their condition can make them more vulnerable to other illness or injury (for example, heart disease can result in increased risk of falls, leading to fractures, anxiety and depression). Such conditions primarily have a significant impact on people's quality of life, but a knock on effect is that responsive and, in many cases, more frequent health and social care is then required. The Department of Health currently estimates that around 70% of the current health and social care budget is spent on long-term conditions³ and that public expenditure on long-term social care will rise by 94% to £15.9 billion by 2022⁴. In Wirral, an estimated 15,000 people require support with at least one 'activity of daily living' (for example, feeding, bathing or walking) and this is set to increase to 19,000 by 2020⁵. Although much of this support is currently provided

by family carers, it is an indication of the growing potential demand for more formal care in the future.

Recent analysis in Wirral shows that heart disease, stroke and lung and throat cancers were the most common causes of premature death between 2005 and 2007 in both men and women, accounting for 30% of premature death in men and 26% in women. Other important causes were cirrhosis of the liver in men and breast cancer in women, each contributing around another 6% of premature death⁶. However, when morbidity (living with illness rather than dying from it) is considered, conditions arising from alcohol use (especially in men), dementia, depression and COPD become the most frequently reported diseases. In terms of the need for longer-term health and social services, these conditions accounted for 31% of 'years lived with disability' among both men and women in 2004, an estimated 7,000 years across the whole population of Wirral.

Since the introduction of the National Health Service in 1948, we have become accustomed to comprehensive healthcare being provided whenever we need it. We have also become accustomed to this healthcare keeping in step with developments in technology. However, the public sector landscape is changing rapidly and it is likely that demand for services will outstrip supply at a faster pace in years to come.

The situation is made worse by economic uncertainty. With pressure on public budgets, the NHS Chief Executive Sir David Nicholson estimated in 2009 that up to £20 billion of savings would need to be made by the NHS in England by 2014⁷. Updated estimates, based on current economic growth forecasts, suggest that this saving will in fact need to continue and increase beyond 2014, with cuts to health and social care spending required up to 2017⁸. The combination of pressure to save money of this magnitude and the ever increasing demand for services raises the risk of a significant funding gap. Any subsequent growth in NHS or social care (to keep pace with national income) would mean a virtual freeze of all other public spending⁸. A similar gap has been developing in social care for older people, albeit on a smaller scale. Between 2005 and 2010, it is estimated that the gap between demand and expenditure was around 9% (around £0.7 billion) and increasing⁹.

There has been much discussion about the contribution that increased productivity and efficient delivery can make in closing the current gap in capacity and demand for public services and current reconfigurations of services nationally and locally reflect this. Areas where savings can be made include improving clinical practice, minimising 'structural support' costs, improving staff efficiency and redesigning the way patients are cared for¹⁰. However, it is clear that without a significant change in the way health and social care services are used, this gap will not be closed¹¹.

RECOMMENDATIONS

- There needs to be much greater awareness in Wirral of the growing imbalance between expectation, demand and resources for public services. Measures/initiatives to engage the local population in the debate should be put in place.
- Modelling of likely future demand for health and social care services is a valuable tool. Such approaches should be employed not only to help set priorities for the health and social care system but also in regular monitoring and evaluation of service impact through updated data.



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Health and social care delivery must change



The decade between 1999 and 2009 saw a steady year on year increase in the use of hospital and GP care, reflecting the trend of increasing demand outlined above¹². In particular, emergency admissions to hospital have increased and this is mostly accounted for by short stay admissions and includes a broad range of conditions¹². On average, the number of GP consultations has increased from around 4 per person per year in 1995 to 5.5 a year in 2009¹³.

In 2002, a comprehensive review into the potential cost of a quality health service over the following 20 years was published by Sir Derek Wanless. The Wanless Report involved a detailed analysis of health need, public expectation, technological advance and improving quality. It presented three scenarios of funding for the Government of the time and highlighted the importance of service reform alongside the additional investment indicated¹⁴. Service reform was also a theme of the recent review of social care led by Andrew Dilnot. He concluded that more joined-up services and greater investment in early intervention and prevention services had the potential to deliver better value social care¹⁵.

Over the past 10-15 years, the NHS has developed many approaches to service reform to meet this increasing demand for care. Examples include the development of the 24-hour health phone line, **NHS Direct**, launched in 1998 to provide clinical information, confidential advice and reassurance directly to the public. This was followed by the web-based **NHS Choices** launched in 2008, which not only informs people about NHS services, but also explains how to manage and improve their own health¹⁶. Choice of health provider was made available in England in

2006 and then enshrined as a right for patients in the NHS Constitution in 2009. This aimed to encourage further engagement by patients in their health and healthcare.

In 2006, the Government outlined a number of policies designed to ease the growing pressure on hospital services. These included increasing the availability of community health services, increasing access to primary care through extended surgery opening hours and providing better support to those with long term conditions (for example, through the **Expert Patient Programme**)¹⁷. There has been an increased provision of minor injuries units in general practices and in walk-in centres (premises developed within communities to support out of hours care). In addition, a wider range of services is available through high street pharmacies and community based 'intermediate care' has been provided for patients who no longer need hospital care but are not yet ready to return home. Just one policy example in Wirral is the **Primary Care Assessment Unit** at Arrowe Park Hospital, set up to treat those arriving at the hospital's accident and emergency department, who could be cared for more appropriately in the community through their GP practice.



12. Blunt I, Bardsley M, Dixon J (2010) Trends in emergency admissions in England 2004–2009 (accessed June 2012) www.nuffieldtrust.org.uk/sites/files/nuffield/publication/Trends_in_emergency_admissions_BRIEFING.pdf
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18. Wanless D, Appleby J, Harrison T, Patel D (2007) (accessed June 2012) www.kingsfund.org.uk/publications/our_future.html

Similarly, there have been developments within social care to prolong older people's independence and their ability to live in their own homes (delaying the need for long-term residential or nursing care). 'Re-ablement' seeks to accelerate recovery from illness or accident, including the use of assistive technologies or by adapting the patient's home. A range of community services have also been developed in Wirral to help those with long term conditions manage their conditions better. Examples include the chronic obstructive pulmonary disease (COPD) service at Albert Lodge in Wallasey, and the chronic heart failure centre at St Catherine's Hospital in Tranmere. Current policy changes within the NHS seek to further increase the prominence and impact of primary care as part of the solution to the growing gap in capacity.

However, a five-year review of his original report (completed in 2007) led Sir Derek Wanless to conclude that:

'even with higher productivity and greater engagement by individuals in their own health, funding for health services will need to increase substantially... without significant improvements in NHS productivity, and efforts to tackle key determinants of ill health, such as obesity, even higher levels of funding will be needed over the next two decades to deliver the high-quality services envisaged by the 2002 Wanless review'.¹⁸

The Dilnot Commission also called for increased investment in adult social care to ensure that future services remain viable and effective. With the current pressure on public service funding, in contrast to the further increases in funding advocated for in these and other reports, tackling the determinants of ill health becomes all the more important, not only for improving the health of the population but also for sustaining a high quality health and social care system.

RECOMMENDATIONS

- Awareness and promotion of early intervention services across health and social care should be maintained and increased through this period of system change in Wirral. An integrated approach to promotion and use of these services must be adopted by all organisations to relieve pressure on hospital and residential care.

Tackling the causes of ill health



Tackling the causes of ill health can redirect individuals, families and communities from paths that inevitably lead to disease and the need for treatment onto a path that maintains or improves existing health. A wide range of physical, sociological and environmental influences contribute to ill health. Wherever possible, individuals, families and communities should be supported to improve their lifestyle, for example, by doing more physical activity, eating healthily and stopping smoking. Enabling and empowering people to change is a core function of public health.

The Government will measure the success of public health using a new **Public Health Outcomes Framework**, published this year¹⁹. This framework sets out the public health function in four areas, referred to as domains:

- **Improving the wider determinants of health** - including impacts on health such as wealth, education, employment, housing and crime;
- **Health improvement** - including stopping smoking, safe alcohol consumption, physical activity, healthy diet, sexual health, mental wellbeing, freedom from drug dependence;
- **Health protection** - including screening, vaccination, control of infectious disease and environmental hazards;
- **Healthcare public health and preventing premature mortality** - including mortality from preventable disease, accident or mental ill-health.

These areas will be the responsibility of the new public health system that includes national bodies and local teams working within Local Authorities. As well as benefiting people's health, achieving the targets within each of these domains

would reduce or at least delay the need for health and social care. For example, alcohol misuse and binge drinking have been key drivers for emergency admissions to hospital, whether through accident, violent assault or alcohol-related disease. Smoking is a major contributor not only to lung cancer but also COPD and heart disease. Obesity increases the risk of people developing Type 2 diabetes and heart disease. Injecting drug users risk blood borne infections such as hepatitis and HIV. Low levels of wellbeing can lead to more serious mental health disorders and psychological conditions.

Although the published framework is new, the challenges are not and Public Health Wirral has been working in these areas for several years. A full description of public health services (as they apply across the life course from birth to death) can be found in the 2011 Public Health Annual Report²⁰. This year, we are focusing on how current initiatives are contributing to the capacity challenge outlined in previous sections. Evaluating the impact of programmes both in terms of health outcome and also in terms of the cost benefit of early intervention and prevention are on-going responsibilities of the public health workforce.

PUBLIC HEALTH OUTCOMES FRAMEWORK

OUTCOMES

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

Outcome 1

Increased health life expectancy

Taking account of the health quality as well as the length of life

(Note: This measure uses a self-reported health assessment, applied to life expectancy).

Outcome 2

Reduced differences in life expectancy and healthy life expectancy between communities.

Through greater improvements in more disadvantaged communities.

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences).

DOMAINS

DOMAIN 1

Improving the wider determinants of health

OBJECTIVE:
Improvements against wider factors that affect health and wellbeing, and health inequalities

DOMAIN 2

Health Improvement

OBJECTIVE:
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

DOMAIN 3

Health Protection

OBJECTIVE:
The population's health is protected from major incidents and other threats, while reducing health inequalities

DOMAIN 4

Healthcare public health and preventing premature mortality

OBJECTIVE:
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Encouraging healthy behaviour

The concept of wellness services (keeping people healthy) in contrast to illness services (treating people's illness) has continued to grow within Wirral in the past year. We have an established Community Programme of activities²¹ for, amongst other things, improving mental health, developing new skills for healthy living and supporting individuals to make positive changes in lifestyle that keep them healthy. Clinicians can use the programme to 'prescribe' a healthy activity for their patients to minimise the effects of current illness and, hopefully, prevent future illness. The introduction of health trainers²² also supports individuals to make lifestyle changes that both improve health but also lessen their dependence on healthcare and treatment. Here is what one client had to say after teaming up with a local health trainer on the advice of his GP - and losing more than 10 kilograms in weight.

"We talked of various activities which may help in my fight against obesity. After a lengthy discussion I myself decided which activities suited me the best and they are Over 40's 5-a-side Football, Circuit Training and Weight Training.

Circuit Training I took to like a duck to water as it felt good and comfortable. The instructor Ron King is a very good motivator. The actual class is mixed and

are really friendly people, you train at your own pace. If you need a rest or water break you take one. It's all about you. It's not a race. Whilst attending the circuit classes I've made some really nice friends which really help with my motivation. My healthy eating advisor is Claire who monitors my weight loss and records it. Claire also advises me about my diet, nutrition and portioning. We also discuss any worries I may have about eating in/out and she comes up with some very helpful strategies to help with my weight loss.

I now walk around Birkenhead Park, 2 circuits of the inner park road ... 3 times a week and I've also purchased a bicycle to cycle around the park and various cycle routes around the Wirral. At the start of this I was 139.6kg and waist measurement of 149cm and that was on 3rd June 2011. I am now 128.8kg and a waist measurement of 139 cm and that was on the 5th September 2011. This means to date I've lost in weight 10.8kg and 10cm off my waist measurement."

This year, Wirral is building on this success by bringing together a wide range of healthy lifestyle services into one single, seamless service. This will make it easier for people to get the help and support they need to improve and sustain their lifestyle.

Smoking in pregnancy

Many Wirral women continue to smoke during their pregnancy (up to 30% in the most deprived parts of the borough). Smoking is linked to economic deprivation, low self-esteem and stress. A new, dedicated group-based course was launched this year to help pregnant smokers quit by addressing barriers - such as low self-esteem - that prevent them from stopping. As well as encouraging smoking cessation, sessions also incorporate support to maintain healthy weight and levels of exercise through pregnancy and include one-to-one follow up on completion of the course. Creating the kind of environment that empowers people to make a lasting change in behaviour is often as important as providing health information. In this example, healthy outcomes not only benefit the mother but also lay vital healthy foundations for the unborn child.

Drug and substance misuse

Public Health Wirral seeks to shift people from being treated for drug addiction towards enabling them to become completely drug-free, in 'recovery'. A pioneering drug and alcohol project, **The Quays**, has been opened this year²³. The initiative offers peer-led support to people who are struggling to overcome

their addiction. Early evidence suggests that this is a popular and effective approach, with many addicts being helped to join job clubs and to access support services that can help them move from dependence (whether social or physiological) to better health and a more positive future.

In addition, an outreach service has been launched to reduce the number of problem drinkers making inappropriate use of health care services - notably A&E emergency care. Replicating similar programmes for heroin users, this latest development works in partnership with other agencies to address the kind of lifestyle issues, such as poor living conditions, that may contribute to a drinker's chaotic lifestyle. The aim is to support people to manage their own lives effectively and to take greater responsibility for their own health and wellbeing before reaching crisis point.

Another initiative redirecting individuals away from crisis healthcare is the **Alcohol Shared Care** scheme. Developed with Cheshire and Wirral Partnership NHS Foundation Trust, the scheme ensures that every general practice in Wirral has access to an alcohol treatment practitioner who can fast track clients into community and residential detoxification before a crisis point is reached.

Immunisation and screening

Immunisation and screening are two of the safest and most effective ways of protecting people's health. One of the latest national immunisation campaigns is for **Human Papilloma Virus (HPV)**, to protect young women from future risk of cervical cancer. A recommendation in last year's Public Health Annual Report was for close working between schools and GPs to maximise HPV vaccination uptake²⁴. Last year, 93.6% of 12-13 year old girls in Wirral received all three doses of HPV vaccine, making Wirral the sixth most successful Primary Care Trust in England in terms of vaccine coverage.

Similarly, the **Cervical Screening Programme** aims to protect women by offering regular screening between the ages of 25 and 64. Regular screening enables the identification and early treatment of conditions that might otherwise develop into cervical cancer, thereby reducing the risk of medical intervention later in life. In 2011, **Improving Outcomes: a Strategy for Cancer** committed the Government to rolling out HPV testing as part of the Cervical Screening Programme across England. As well as detecting problems early, HPV testing reduces the number of unnecessary hospital referrals for those at very low risk of cervical cancer. Systematic testing also results in more women getting the medical help they need more quickly.

Helping vulnerable children and young people

Health Challenge Champions is a programme of healthy behaviour and health promotion sessions for children who are at risk of going into long-term care. These children are more likely to suffer mental and physical health problems than their peers. An evaluation suggested that the initiative was very popular, resulting in some specific positive changes in this group's approach to looking after their own health²⁵. The aim is that in rolling out this programme to a larger group, these children can support others in a similar position. Developing individual responsibility for aspects of their lives can enable children to live more independently in the future and to avoid long-term social care.

A decade of wellbeing

Wellbeing denotes a state of healthiness that can delay or prevent serious ill health and includes aspects of physical and mental health. Merseyside has designated 2010-20 a decade of wellbeing, based around the 5 ways to wellbeing conceptualised by the New Economics Foundation. This year, the promotion of reading is an example of a simple intervention which has the potential to boost wellbeing in a variety of ways. This has included an initiative called **Read Yourself Well**, a collection of self-help resources including DVDs, autobiographies and books to support specific conditions, supported by a local librarian who is also trained as a health champion. **Get Into Reading** is another initiative, commissioned to deliver sessions that use group reading to promote social inclusion and mental wellbeing in various community settings, including libraries. A specific application is the delivery of group reading sessions in residential care settings for people suffering from dementia. Of the 89 residents involved in these groups this year, over 85% experienced less agitation,

improved mood and better concentration as a result. A recent evaluation of this initiative included the following case study:

‘B and D often sit next to each other in the lounge, but outside of the poetry session they rarely speak to each other. They both are from Wirral and are able to reminisce easily about their lives. They are really eloquent and often witty in the way they express things. What has been striking to witness is the way that during the session they interact with each other in a way that they rarely do outside of it. The poetry seems to spark discussion about family life, memories (both happy and sad), love, marriage, and their fathers’ jobs working at the docks. They also use the themes of the poetry to express their feelings about their lives now - and the poetry can enable them to have a framework to express how they are feeling about living in the residential home. B recently described the group as “out of the ordinary.”

RECOMMENDATIONS

- Developing integrated services where any point of access opens up a wide diversity of interventions is a model which can bring both improved efficiency as well as effectiveness and improved user engagement. This model should be considered across the system and co-ordinated for maximum impact;
- Wellbeing is a well recognised factor promoting improved health. Health and social care services should increasingly consider their impact on wellbeing as an additional measure of performance.



19. www.info.wirral.nhs.uk/document_uploads/Annually-Produced-Reports/PHARAnnualReport2011.pdf

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21. Wirral Community NHS Trust, Community Programme (accessed June 2012)

www.wirralct.nhs.uk/index.php/our-services/services/community-programme

22. Wirral Community NHS Trust, Health Trainers www.wirralct.nhs.uk/index.php/our-services/services/health-trainers

23. NHS Wirral News (accessed June 2012) www.wirral.nhs.uk/news.aspx?storyID=5052

24. Annual Report of the Director of Public Health for Wirral 2010-2011

www.info.wirral.nhs.uk/document_uploads/Annually-Produced-Reports/PHARAnnualReport2011.pdf

A new movement



If we are to maintain and develop population-wide health services alongside treatment and response services and if we are to tip the balance from health and social care systems that mostly treat in a crisis to ones that prevent the crisis arising, new relationships and new ways of approaching health services in Wirral are required.

If the Wirral public health system (in its widest sense) is to successfully deliver the four domains of outcomes described across the whole population, a new, more widespread health movement is called for. Such a movement will include funding agencies, public sector, voluntary sector, individuals and communities working in stronger partnership.

This year we have been developing these approaches, some of which we have already described in the previous project examples. Over the next three years we need to build on our foundations for a sustainable approach to preventing ill health across Wirral, whilst maintaining a safe transition of the public health service into Wirral Borough Council.

Such a movement requires:

- **Strategic alliances** - widening the potential input into design and delivery of services in recognition that health and wellbeing are commonly held priorities;
- **New settings** - opportunities for improved healthy behaviour and access to health services in the 'everyday' context;
- **New perspectives** - developing a better understanding of population and individual health states and needs.

Strategic alliances

Health and social care leadership is a requirement of a number of statutory agencies. Although this responsibility is not (in most cases) new, the way in which this leadership is applied must change. The recognition of a wider and interconnected health and social care economy is more important than ever. Leadership must go beyond traditional barriers of culture and funding that can exist between, for example, social services and hospital care or between health improvement and clinical services.

Decisions about prioritising which services need to be developed, how services should be configured and how a finite workforce should be deployed will often need to be made across professional groups and organisations. Such decisions can have an impact beyond their immediate scope and the information that can inform them is invariably a shared resource between many distinct groups. Three major developments this year aim to develop new leadership from the perspective of statutory agencies: the formation of the **Health and Wellbeing Board (H&WB)**, the launch of **Wirral Clinical Commissioning Group (CCG)** and the transfer of the public health service into the Local Authority.



The development of the Wirral H&WB recognises the need to devise health approaches as a whole system, with common aims and common ownership. This is why the H&WB includes not only all the new commissioners of health services but also the providers, including community and voluntary sector representation. Because of its membership and profile, the Board, through a number of work streams, will be better able to maintain an overview of population health and social care need and opportunity, develop a joint strategy around which suitable services can be developed and assess progress in a far more integrated way.

The official launch of the Wirral CCG as the main commissioner for health care in 2013 aims to bring the development of care pathways and appropriate health services closer to the communities they serve. With its greater involvement of General Practitioners and practice teams (in most cases the first point of contact for the public), the CCG aims to develop healthcare systems that are more responsive to the health care needs of the Wirral population, and thereby more effective.

The transfer of Wirral's public health service to the Local Authority in 2013 is intended to strengthen the impact of preventative approaches, not only by aligning the relevant expertise within public health, social care and community development but also by developing greater synergy in achieving economic and social growth in Wirral. One such example is the impact that improved population health has on the numbers of people able to gain and retain employment.

However, strategic alliances are not just about statutory organisations. Formal health services are limited in what they can offer a diverse community like Wirral. With increasing demand and decreasing resources, an open and frank discussion about priorities and the means by which to address them becomes more and more important at every level.

Third sector charitable, voluntary and community organisations (whether faith-based, cultural, geographical or topic-based) are key to developing more effective, efficient and sustainable public health services. They are often in contact with individuals, families and communities that rarely use, but often need, health or social care services. Where appropriate, existing links with these invaluable partners should be developed and nurtured.

One such example was the commissioning this year of public health projects through **Voluntary & Community Action Wirral (VCAW)**. VCAW was asked to administer a Public Health Innovation Fund set up for local third sector organisations. It meant that the organisations could bid for funding unhindered by the constraints and complexities of public sector procurement. It was also felt that VCAW's close links with the community would encourage a greater involvement at grassroots level.

More than 30 proposals were submitted and of these 12 were approved to share a total of £132,270. Projects included skills training to improve people's job prospects; the setting up of self-help groups for those with poor mental health and some gentle but structured activity for people recovering from serious illness.

In October 2011, NHS Wirral also commissioned VCAW to identify and recruit volunteers to receive training in the early detection and screening of cancer. VCAW is currently working closely with targeted organisations in two phases: those with a direct link to cancer awareness and those with a broader interest in health and wellbeing. Flexible training sessions will be offered in as many community venues as possible to ensure that a wide variety of volunteers (including those with caring responsibilities, for example) are able to participate. **The Social Partnership and Advocacy in Wirral** are two of the organisations taking part in the training.

Initiatives to increase smokers' success in quitting have increasingly included members of third sector organisations. Individuals are being trained to deliver robust smoking cessation programmes closer to users' homes and without the need for appointments. There are now six organisations delivering smoking cessation and five more are being trained to do so. This approach complements the more intensive NHS-based service, improving both choice and access to support.

A final element of health leadership is at an individual level. Generally, people are responsible for their lifestyle choices and decisions about health services. This responsibility can be encouraged and supported through information and skills development, but it can also be undermined when individuals have limited control over health and social care decisions. This is where the development of peer approaches to health improvement can be effective. For example, in 2010 Wirral developed a peer-led approach to encourage breastfeeding. During 2010-11, 769 women received support from this programme and this increased last year to

1,257. Of these, 44% were still breastfeeding at the crucial 6-8 weeks stage, compared with an average (across all Wirral) of 30%, suggesting the effectiveness of peer leadership in supporting healthy behaviour.

New settings

Last year's Public Health Annual Report described in some detail the various settings for public health work being developed in Wirral, with a focus on training frontline health and social care staff to deliver brief interventions and signpost individuals to existing services. This year we are building on this signposting by extending the range of health services that are delivered in other settings.

The school environment is one of the fastest growing of these settings. **Health Services in Schools (HSIS)** is now established in all but one of Wirral's secondary schools as an invaluable and very accessible source of health advice and support for young people. HSIS is a partnership in the true sense of the word, with a provider network managed by members of the Wirral School Nursing Service, Response, Bridgewater, Wirral Brook, Merseyside Youth Alliance and Tranmere Community Project.

The concept of early intervention is exemplified by smoking cessation sessions introduced into HSIS this year. The younger a person starts smoking, the greater the lifelong risk of developing smoking-related cancers, because young smokers are more likely to become addicted. By providing specially tailored stop smoking support in schools there is a far greater opportunity for young smokers to quit early. In the past 12 months, more than 150 young people have quit as a result of this initiative.



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Alongside support to quit there is **A Stop Smoking in Schools Trial (ASSIST)**, which promotes non-smoking behaviour as the norm among secondary students. The programme recruits and trains influential students as peer educators who are able to discuss with their friends and fellow students the risks of smoking and the benefits of being smoke-free. The initiative is being introduced into 20 Wirral schools over the next two years. If smoking prevention is successful, nearly all disease associated with it will be avoided - along with the expense of any future treatment.

Last year's Public Health Annual Report²⁶ made a specific recommendation to increase the reach of Chlamydia screening and to focus on young men, a group traditionally harder to engage in the established screening programme. A novel and effective approach this year was a campaign that did not rely on accessing NHS services. Developed by a local social marketing company, Screen for a Screen offered a free cinema voucher to any young person completing a brief intervention (this included a short survey on sexual behaviour and a urine sample for screening). NHS staff from Wirral Community Trust were involved in the training to ensure that screening protocols were observed. For maximum impact, the intervention was delivered at night in established social settings. Between December 2011 and March 2012 an additional 3,200 Chlamydia tests were achieved. The campaign also resulted in a higher proportion of males over the age of 18 being tested.

Other important settings for public health in Wirral are Children's Centres. A pilot involving three Wirral centres is underway to support the Government's efforts to tackle the growing problem of Vitamin D deficiency.

The Government is encouraging pregnant and breast-feeding women and infants aged between six months and five years to take a daily supplement of vitamin D, which is essential for good health, growth and strong bones. Free vitamins are available for those eligible for the national **Healthy Start** programme through a voucher exchange scheme at most Wirral health clinics. However, by December 2011, only 2.5% of vouchers for children's vitamin D drops had been redeemed in Wirral (and only 3.1% of vouchers for women's vitamin D tablets). To improve uptake by increasing access to the scheme, a variety of non-NHS venues - including Children's Centres - are being considered.

New perspectives

People relate to health improvement and healthcare initiatives in different ways and services need to respond/react accordingly if they are to be effective. The findings of a recent survey (Redesigning services to meet users' needs in a different way) involving 202 senior public sector leaders from local government and health sectors concluded that this approach represented the best way forward for organisations seeking to deliver better services in the next five years²⁷.

In healthcare, the concept of shared decision-making is becoming increasingly important. This goes beyond simple choices of where to be treated and seeks to change the relationship between a patient and health professional, with the aim of sharing the health decision-making. This should lead to better-informed patients who have the skills to discuss complex health decisions and the confidence to direct the agenda of their care on more equal terms with their doctor. In social care, the Personalisation

Agenda aims to achieve a similar re-balance of power, with individuals able to make a wider range of care decisions by becoming the budget holder.

Wirral Public Health routinely uses 'segmentation' approaches to better understand and identify the groups of individuals benefiting from health services. At a basic level, this means geographical mapping of health status and need and these maps can be explored online through the InstantAtlas tool on the Wirral Joint Strategic Needs Assessment website²⁸. However, there is a very wide range of demographic and cultural factors influencing behaviour and health.

Mosaic is a segmentation tool used in Wirral to help develop interventions and information campaigns that are tailored to particular communities. This year, an analysis of smoking prevalence amongst different groups of pregnant women²⁹ highlighted which approaches to promoting awareness and encouraging quit attempts would produce the best results. The findings informed the service that was subsequently commissioned and its success will be evaluated this year. Another tool to identify an individual's likely engagement with services is the Healthy Foundations model developed in 2006 by the Department of Health³⁰. Such tools can help target resources effectively.

Although models and analytical segmentation can help guide service development, people's personal experiences and opinions are also crucial. To address the low public involvement in Wirral's Teenage Pregnancy Action Plan, public engagement was included as a priority area for action in this year's review. Steps are being taken to consult with key young people's groups, such as **Youth Parliament, Youth Executive Board** and the **Children in Care Council** to inform strategy development.

Similarly, when planning and delivering local maternity services, the **Maternity Services Liaison Committee (MLSC)** has, for the last three years, made a point of involving those who use these services. The MLSC is currently chaired by a service user. The committee is key to understanding how best to increase the number of breastfeeding women in Wirral and in highlighting locally the issue of tongue-tied babies, a birth defect that affects 3-10% of newborns nationally.

Ongoing efforts to involve the population in decisions about new services have been more formalised this year with the introduction of the **Infrastructure Support Service (ISS)**. This is a contract with VCAW to engage with hard-to reach groups, such as those from minority ethnic communities, who are often not as involved as others in mainstream activity, health or otherwise.

The beliefs and choices of different cultural or faith communities can sometimes be misunderstood in the delivery of health improvement or services. This can result in groups disengaging from services aimed at improving their health. **The Wirral Ethnic Health Advisory Group (WEHAG)** has spent many years raising awareness of health issues pertinent to local ethnic populations and this year, faith leaders were involved in developing a values framework for the delivery of Relationships and Sex Education (RSE) in Wirral. This ensures that faith schools and parents feel confident about allowing their children to participate in RSE in schools. The guidance document, which includes ten value statements, was launched over the summer as a basis for delivering RSE in Wirral.

A major research project was launched in Wirral this year to document the extent to which community-led projects contribute to the effectiveness of the public health system in achieving its targets. This will support a new perspective of what communities contribute, to balance the prevailing view of what they lack or need. Part of this research seeks to measure the social value of services alongside more traditional health or economic value. Developing new ways by which to recognise this contribution can encourage a wider and more inclusive approach to public health service delivery. It is hoped that wider perspectives on both the state of health and how public health can be more effectively delivered will emerge from this work; perspectives that can be applied on a wider scale.

We can all make a difference

The final area of new perspective is within us, as residents of Wirral. It is clear that health services need to adapt and that our relationship with them needs to change. The development of more sustainable and equitable health and wellbeing over the coming three-five years demands our contribution as members of the community, as well as the efforts of those directly employed in health and social care.

The innovation, vision and energy can be found throughout the Peninsula. We can all take steps to use our precious health system's resources responsibly and appropriately, to proactively invest in our own health and wellbeing wherever possible (by taking more exercise; stopping smoking and eating more healthily, for starters) and to engage in the wider discussion as to how to meet the health priorities on our doorstep. Only then will the true partnership emerge that is required to make Wirral a healthier place.

27. Skinner G, Cummings L (2012) *Public service reform 2010-2012: a tale of support and scepticism*
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RECOMMENDATIONS

- The described model of communities and community organisations defining how the resource in a particular priority area could be best used is one that should be further developed, as resources allow, within health and social care. This will help to rebalance the complementing priorities of user and provider.
- Peer-led approaches are effective in increasing the reach and influence of public health information and services. There should be ongoing consideration of this approach across health and social care and increased effort to demonstrate successful impact.
- A range of segmentation approaches should be systematically applied to the design of health and social care services to increase their suitability and help monitor their impact.
- Diverse settings, through which health improvement and health protection can be delivered, should continue to be explored.
- The population of Wirral is a central partner in the formation of a new movement for health and wellbeing across the borough. Effective ways to involve communities, families and individuals in debate, design and delivery of initiatives should continue to be improved and expanded by all statutory providers of services.

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