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Blackpool Council

17 September 2014

To: Councillors Benson, D Coleman, Elmes, Mrs Henderson MBE, Hunter, H Mitchell, M Mitchell, Owen and Stansfield

Co opted Members Healthwatch Blackpool representative

The above members are requested to attend the:

HEALTH SCRUTINY COMMITTEE

Thursday, 25 September 2014 at 6.00 pm
in Committee Room A, Town Hall, Blackpool FY1 1GB

A G E N D A

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Services in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 17TH JULY 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held on 17th July 2014 as a true and correct record.

3 PUBLIC SPEAKING (Pages 7 - 12)

To consider any applications from members of the public to speak at the meeting. (One request received).

4 TEENAGE PREGNANCY UPDATE REPORT (Pages 13 - 16)

To consider an update report on Teenage Pregnancy.

5 BLACKPOOL CLINICAL COMMISSIONING GROUP (Pages 17 - 22)

To consider an update report from Blackpool Clinical Commissioning Group.

6 BLACKPOOL TEACHING HOSPITALS NHS TRUST (Pages 23 - 40)

To consider an update report and presentation from Blackpool Teaching Hospitals NHS Trust.

7 PUBLIC HEALTH ANNUAL REPORT 2013 (Pages 41 - 76)

To consider the Public Health Annual Report, 2013.

8 BLACKPOOL HEALTH AND WELLBEING BOARD (Pages 77 - 82)

To consider the minutes from the meeting of the Health and Wellbeing Board on 3rd September 2014.

9 COMMITTEE WORKPLAN (Pages 83 - 90)

To consider the Committee Workplan for the remainder of the 2014/2015 Municipal Year.

10 DATE OF NEXT MEETING

To note the date of the next meeting as Thursday 6th November 2014, at 6.00pm.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Steve Sienkiewicz, Democratic Services, Tel: (01253) 477123, e-mail steve.sienkiewicz@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 17th JULY 2014

Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman Hunter Elmes Stansfield

Benson Owen H Mitchell Mrs Henderson MBE

In attendance:

Mr R Fisher and Mr D Bonson, Blackpool Clinical Commissioning Group.

Mrs N Ingham, Mrs S Clarkson and Mr P Baines, Blackpool Teaching Hospitals NHS Foundation Trust.

Mr T Butcher, North West Ambulance Service NHS Trust.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

Councillor E Collett, Cabinet Member for Public Health.

Also Present:

Mr G Quick, Healthwatch Co-optee.

1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

Councillor Owen declared a personal interest in all agenda items, the nature of the interest being that he was an officer of Blackpool, Fylde and Wyre 38 Degrees Support Group.

2. MINUTES OF THE MEETING HELD ON 12th JUNE 2014

The Committee agreed that the minutes of the meeting held on 12th June 2014, be signed by the Chairman as a correct record.

3. PUBLIC SPEAKING

The Chairman informed the Committee that an application to speak that had been submitted on behalf of Blackpool, Fylde and Wyre 38 Degrees Support Group had been declined. This was due to the request having been tabled immediately prior to

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commencement of the meeting and there being insufficient time for prior consideration of the matters raised.

4. JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE

Mr S Sienkiewicz, Scrutiny Manager, reported that following recent changes of Committee membership, there was now a vacancy for a member from Blackpool Council's Health Scrutiny Committee on the joint Lancashire Health Scrutiny Committee.

The Committee agreed to appoint Councillor Hunter, to replace Councillor O'Hara on the joint Lancashire Health Scrutiny Committee.

Background papers: None.

5. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Mrs N Ingham, Director of Workforce and Organisational Development at Blackpool Teaching Hospitals NHS Trust, delivered a presentation to the Committee on the topic of recruitment and retention of staff at the Trust.

She began by informing members of the issues that had been identified in relation to recruitment and retention. It was acknowledged that findings from both the Keogh review and Care Quality Commission (CQC) inspection had highlighted staff shortages, particularly in the mental and nursing workforce. Although progress had been made, it was accepted that there was still a lot of work to be done in these areas. Mrs Ingham pointed out that there appeared to be difficulties in attracting applicants to work in Blackpool and that there were perceived accessibility issues in relation to working on the Fylde Coast. More work was being done to market Blackpool in a positive way and to highlight the diversity that it has to offer. It was pointed out however that national recruitment shortages existed within certain clinical specialisms.

The Committee was informed of a number of initiatives that were being taken to address the recruitment issues, together with the recruitment figures for new employees over the past 12 months, during which time 285 nurses and 55 Doctors had been employed, from which approximately 30% were from outside of the UK.

In terms of future plans, a number of actions were being taken, including measures to attract past nurses back into post, a review of attraction packages and the launch of the Trust 'Workforce Strategy', which was focussed on attracting, recruiting and retaining staff. On the subject of retention, members were informed that the turnover of nurses was a particular issue, mainly due to retirement as a result of an ageing workforce. The Trust was gathering information as to the reasons people were leaving prior to retirement and details were given to the Committee of a strengthened induction programme and the development of collaborative approaches to recruitment alongside other Trusts.

The Officers from the Trust responded to a number of questions from the Committee. On the subject of the aggregate figures for persons leaving, against those being recruited, it was reported that 15 nurses per month were leaving and 23 per month were being

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recruited. In order to fill the vacancies completely, 28 per month would need to be recruited.

In response to questions about whether Blackpool's recruitment difficulties were worse than elsewhere, it was explained that in terms of the medical workforce, it was the same as anywhere else and that the shortage of nursing staff was a national issue. There were however no issues in relation to the recruitment of community nurses.

Mr P Baines, Acting Recruitment Manager at the Trust, addressed questions in relation to overseas recruitment. He provided assurance to the Committee that in taking employees from overseas, the Trust was not depriving other countries from much needed staff. He explained the difference in the overseas labour markets that existed in comparison to the UK. There was a very good success rate in retaining staff from overseas and the Committee was informed that they were employed on the same terms and conditions as UK staff. In terms of the language and written test that was undertaken, the success rate (as a recent example that was given) was just under 50%. Constructive feedback was given to those who failed to pass the tests.

To conclude, Mr Baines explained the reasons as to why the Trust did not engage in local newspaper advertising. This was due to both the high cost and a falling circulation of readers. In addition, the demographic was now changing and it was proven that the majority of recruitment was now done via IT methodology.

The Committee agreed to note the presentation and report.

Background papers: None.

6. BLACKPOOL CLINICAL COMMISSIONING GROUP

Mr D Bonson, Chief Operating Officer at Blackpool Clinical Commissioning Group (CCG), presented the Committee with an explanation of the Group's proposals for the co-commissioning of primary care services for Blackpool.

The Committee had been issued with a copy of the letter which the Group had forwarded to NHS England on 20th June 2014, expressing an interest in the co-commissioning of the services. Mr Bonson explained the background and content of the letter.

The Committee was informed that when the CCG was formed, the commissioning of GP services was taken on by NHS England, with the Lancashire Area Team at Preston holding the contract for GP's in Blackpool. Since then, the new Chief Executive for NHS England had reviewed the arrangements and recognised that the fragmentation of services was not always effective. Following that, an offer had been made to CCG's to take on the responsibility for primary care commissioning.

Mr Bonson went on to inform Members that Blackpool CCG had taken the view that in future, there was a risk of funding being taken away from Blackpool if commissioning arrangements were to remain with NHS England. A decision had therefore been taken to submit an expression of interest for Blackpool CCG to take on full commissioning responsibility. If successful, this would mean that NHS England would still hold the

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contract and deal with performance issues, but the commissioning of GP services would be undertaken by the CCG.

The Committee received assurance from Mr Bonson that should the application be successful, a Committee of the Governing Body would be formed without any GP membership, in order to avoid a conflict of interest. The application for co-commissioning was currently being assessed and a decision was expected in early August.

In response to questions from the Committee, Mr Bonson explained that the CCG was looking to provide more local flexibility and to provide additions to the standard contract, including targeting vulnerable patients, helping to maintain people in their own homes and clear care plans. He confirmed that GP's would continue to plan and commission services as part of the Clinical Leadership Team, but the separate Committee of the Governing Body would be there to oversee decisions and ensure there was no conflict of interest.

The Committee agreed to note the content of the report.

Background papers: None.

7. NORTH WEST AMBULANCE SERVICE NHS TRUST

Mr T. Butcher, Assistant Director for Quality and Improvement at North West Ambulance Service NHS Trust, presented the Committee with an overview of the content of the Trust's completed Quality Account for 2013 / 2014.

He began by explaining that the Quality Account was focussed on quality as a whole and not just response times, with a view to delivering the right care at the right time and in the right place.

The Committee was informed that 2013/14 had been a very successful year for the Trust. Blackpool in particular had achieved ambulance response times that were amongst the best in the region, although it was acknowledged that in certain remote areas of Cumbria (for example), constantly achieving response time targets remained a prevailing challenge. The Trust was in a sound financial position and a new Chief Executive had been appointed, along with a number of new non-executive director roles. The foundation trust application was currently on hold, pending the revision of certain governance issues, although the process was about to be restarted.

Mr Butcher informed the Committee that four additional areas had been identified for quality and improvement during 2013/14, as follows:

- Improving care for patients with mental health issues
- Safer care closer to home (falls prevention)
- Management of patient waiting times on arrival at hospital
- Isolated lower limb fracture.

Mr Butcher reported good progress in relation to each category.

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The Committee went on to receive information on the Clinical Performance Indicator targets, all of which had been exceeded, with the exception of Asthma Management and Pain Management, each of which had failed by only a small margin. The targets for all the indicators would be increased by 5% for the 2014/15 year. The non-emergency patient transport services statistics showed more variable results, although the targets were now showing significant signs of improvement. The Trust acknowledged that problems had been experienced during the early stages of the transport contracts.

In terms of patient experience, there was now an increased focus on gathering information from all patients, including patient transport services, emergency and urgent care. Continued high levels of satisfaction were reported, with over 97% of completed patient surveys showing that patients either agreed or strongly agreed that they had been treated with dignity, respect, kindness and compassion. Complaint levels across the North West region had remained constant at approximately 2500 per year, with the majority relating to waiting times.

The presentation concluded with an outline of the quality improvement areas for 2014/15, together with the anticipated challenges faced within a tightening financial position.

Mr Butcher answered a number of questions from the Committee. He explained that in terms of staffing issues, there was a shortage of paramedics and a lot of work was underway to remedy the situation. The Committee questioned the time that staff might spend on completing clinical performance indicator forms, thus reducing their time spent dealing with patient issues. Mr Butcher emphasised the imperative need to maintain proper health records, although there was a debate as to whether paper or electronic versions were the most effective.

In view of the tightening budget situation, the Committee asked Mr Butcher whether there would be a need to consider the more sophisticated management of ambulances in the future. In response, he explained that some people will call an ambulance because they do not know what else to do. There were in fact very few hoax or time wasting calls, although certain did appear to know exactly what to say to obtain an ambulance, rather than receive advice on a more appropriate form of service. In that regard, the ambulance service was working with other agencies to reduce the number of frequent callers.

The Committee agreed to note the presentation and report.

Background papers: None.

8. BLACKPOOL HEALTH AND WELLBEING BOARD

The Committee considered the minutes from the meeting of the Health and Wellbeing Board on 4th June 2014.

The Committee agreed that the content of the minutes be noted.

Background papers: None.

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 17th JULY 2014

9. COMMITTEE WORKPLAN

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

10. DATE OF NEXT MEETING

The Committee noted the date of the next meeting as Thursday 25th September 2014 at 6.00 p.m.

Chairman

(The meeting ended at 7.40 pm)

Any queries regarding these minutes, please contact:
Steve Sienkiewicz, Scrutiny Manager.
Tel: 01253 477123.
E-mail: steve.sienkiewicz@blackpool.gov.uk

Report to:	HEALTH SCRUTINY COMMITTEE
Item number	3
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	25 th September 2014

PUBLIC SPEAKING

1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 At the meeting of full Council on 29th June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Health Scrutiny Committee.

5.2 General

5.2.1 Subject as follows, members of the public may make representations at ordinary meetings of the Council, the Planning Committee, the Scrutiny Committee and the Health Scrutiny Committee.

With regard to Council, Scrutiny and Health Scrutiny Committee meetings not more than five people may speak at any one meeting and no persons may speak for longer than five minutes. These meetings can also consider petitions submitted in accordance with the Council's approved scheme, but will not receive representations, petitions or questions during the period between the calling of and the holding of any election or referendum.

5.3 Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting

5.3.1 A person wishing to make representations or otherwise wish to speak at the Scrutiny Committee or Health Scrutiny Committee must submit such a request in writing to the Head of Democratic Services, for consideration.

The deadline for applications will be 5pm on the day prior to the dispatch of the agenda for the meeting at which their representations, requests or questions will be received. (The Chairman in exceptional circumstances may allow a speaker to speak on a specific agenda item for a Scrutiny Committee or Health Scrutiny Committee, no later than noon, one working day prior to the meeting).

Those submitting representations, requests or questions will be given a response at the meeting from the Chairman of the Committee, or other person acting as Chairman for the meeting.

5.4 Reason for Refusing a Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting

- 5.4.1
- 1) if it is illegal, defamatory, scurrilous, frivolous or offensive;
 - 2) if it is factually inaccurate;
 - 3) if the issues to be raised would be considered 'exempt' information under the Council's Access to Information Procedure rules;
 - 4) if it refers to legal proceedings in which the Council is involved or is in

contemplation;

5) if it relates directly to the provision of a service to an individual where the use of the Council's complaints procedure would be relevant; and

6) if the deputation has a financial or commercial interest in the issue.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 3a, Request to speak submitted by Mr N. Fogg, 38 Degrees Blackpool Fylde and Wyre NHS Support Group.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 To ensure that the opportunity to speak at Scrutiny Committee meetings is open to all members of the public.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.



38 Degrees Blackpool Fylde and Wyre NHS Support Group

QUESTIONS FOR THE HEALTH SCRUTINY COMMITTEE, 25/09/14

The Fylde Coast 38 Degrees NHS Supporters' Group has more than 700 members in the Blackpool, Fylde and Wyre area. It is linked to the national 38 Degrees online campaign group, and aims to safeguard the health service in this area. At a recent meeting, members brought up three issues they thought should be raised with the Scrutiny Committee.

Firstly, they felt the creation of the Better Care Fund would have profound effects on services for the area's most vulnerable adults – particularly older people. Potentially, there could be major benefits. However, there were also substantial risks, because funding streams would have to be transferred from both Adult Services and the CCG, which would have to reduce the Trust's allocation by several million pounds as a result. A final draft local plan was submitted to Government earlier this year, and your June meeting heard that guidance on implementation was still being awaited, although local planning was continuing. In view of the importance of this rapidly-evolving project, does the Committee feel it would be helpful to seek a full update for the current meeting? Would it not also be useful to place the Fund's progress on all its future agendas as a standing item? In addition, could the committee perhaps seek clarification on when, where and in what form the Final Plan will be made available to the public?

Secondly, prevention is always better than cure. The NHS's immunisation programme has played a crucial role in protecting against, and even eliminating, diseases that were once common. However, immunisation is not compulsory, and if there is a fall in uptake below a certain level, disease rates begin to rise again. This has been highlighted by the increase in TB in the inner cities, and by increased levels of measles following the MMR debacle. 38 Degrees asks if the Scrutiny Committee would consider seeking information about local take-up levels for the whole spectrum of infant immunisation. Members feel the committee might also wish to find out whether particular approaches could increase immunisation rates among specific hard-to-reach groups.

Thirdly, a recent meeting received a report on alcohol problems in the resort. In view of the evidence provided by health professionals on the levels of alcohol misuse and alcoholism in the resort, what tactics can the committee propose to combat this problem?

We know that Victoria hospital is inundated with admissions to A&E, and struggling to cope with the horrendous levels of liver cirrhosis, as well as other issues linked to uncontrolled drinking, such as self-harm, alcohol poisoning and the physical and emotional impact of violence-related incidents.

With the demise of the Emro, clearly backed by the emergency services, a defined policy needs to be introduced. Do the committee have recommendations for the council, aimed at curbing heavy drinking, reducing the impact on the emergency services and educating people about the perils of drinking alcohol to excess? Blackpool does not need to be the worst town in Britain for alcohol related health problems!

Some suggestions put forward by our members include:

- Fining irresponsible landlords who continue to sell alcohol to people under the influence.
- Placing a charge on landlords who continue to open their clubs and drinking houses after 3pm.
- Mounting a poster campaign highlighting the effects of binge drinking on the liver and other aspects of personal health, as well as on behaviour and its impact on others.
- Researching what has worked well in other areas, and in other parts of the world.

Report to:	Health Scrutiny Committee
Relevant Officer:	Claire Grant, Divisional Commissioning Manager
Date of Meeting	25 th September 2014

TEENAGE PREGNANCY UPDATE REPORT

1.0 Purpose of the report:

1.1 The Committee to consider an update report and position on Teenage Pregnancy as it is a poor health outcome and indication of health inequality for the population in this age group.

2.0 Recommendation(s):

2.1 To note the update report, asking questions and making any recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure that Health Scrutiny Committee is aware of the current issues pertaining to Teenage Pregnancy in Blackpool and that appropriate challenge, scrutiny and follow up action is considered.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is

- Tackle child poverty, raise aspirations and improve educational achievement
- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 National – Local Picture

Whilst the emphasis on prioritising the work of Teenage Pregnancy is at a local level commitment remains from Central Government to continue to publish the under-18 conception data on a quarterly basis in order to inform the position locally, so that appropriate measures can be put in place. It also informs Public Health Outcomes Framework and Blackpool Joint Strategic Needs Assessment.

5.2 Teenage Pregnancy Rate

When the annual under 18 conception figures were released by the Office for National Statistics at the end of February 2014 (2014 data relates to the reporting year January to December 2012), the rate stands at 42.9 per thousand this is a 26.2 percent decrease on 2013 figure. The Teenage Pregnancy conception rate trend in Blackpool has been a downward one since 2011. Whilst this is good news for Blackpool the rate still remains high when compared Nationally, so the emphasis must remain on continuing to prioritise work in this area.

5.3 Considerable funding and priority continue to be given by Blackpool Council Public Health to support the preventative element of Teenage Pregnancy through interventions such as the WISH Team, Mobile Bus, and Young People’s Sexual Health Services.

5.4 The Teenage Pregnancy work-stream across Blackpool is currently strategically managed at the ‘Teenage Pregnancy Steering Group’. Current key areas of development are improving the sexual health outcomes of Looked After Children, in a bid to prevent Teenage Pregnancy and implement a quality, standardised Personal, Social and Health Education programme across Blackpool that achieves payment by results.

5.5

Improving Sexual Health Outcomes of Looked After Children

Work has been underway to ensure that minimum standards for the health and wellbeing of Looked After Children (including sexual health) are included in contractual agreements with our external providers of residential and leaving care. A minimum health entitlement guidance document is currently being produced to provide advice and guidance to all carers of Blackpool’s Looked After Children population on what minimum health entitlements they should expect to receive, this includes information around sexual health.

5.6

Personal, Social and Health Education Programme

Work is underway as part of a pilot to embed consistent quality Personal, Social and Health Education in all secondary schools across Blackpool. This is in order to provide consistent quality messages to young people in a bid to improve their choices and

health outcomes; these include sexual health. A Health in Schools Engagement Officer has been funded to work with schools to provide a coordinated programme and Personal, Social and Health Education offer. Once schools have a programme up and running that meets the minimum quality standards framework of Personal, Social and Health Education that has been established locally, schools will receive payment by result. Work is underway to collaborate with the National Institute for Health Research to evaluate the effectiveness of this programme.

Does the information submitted include any exempt information?

No

List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 Minimum standards Personal, Social and Health Education programme needs to ensure that it does not discriminate against or disadvantage those schools from being part of the programme whose religious beliefs do not promote contraception.

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 If work around Teenage Pregnancy (and improving the Sexual Health Outcomes of young people) does not continue, the Teenage Pregnancy rate, Sexually Transmitted Infection rate and instances of infertility could increase.

11.0 Ethical considerations:

11.1 As per 8.1

12.0 Internal/ External Consultation undertaken:

12.1 Health and Wellbeing Board
Head Teachers forum
Teenage Pregnancy steering group
Personal, Social and Health Education steering Group
Consultation with students in further education at Blackpool Sixth Form around
Personal, Social and Health Education and sexual health.

13.0 Background papers:

13.1 None

Report to:	Health Scrutiny Committee
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Decision/ Meeting	25 th September 2014

BLACKPOOL CLINICAL COMMISSIONING GROUP

1.0 Purpose of the report:

1.1 The Committee to consider the update report from NHS Blackpool Clinical Commissioning Group (CCG).

2.0 Recommendation(s):

2.1 To scrutinise the update, asking questions and making recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is

- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 Commissioning Strategic Plan

5.1.1 The Committee will receive a briefing/presentation by Dr Mark Johnston on the Commissioning Strategy. The full strategy will be available shortly from the CCG's website at www.blackpoolccg.nhs. This document is the strategy and plan for Blackpool Clinical Commissioning Group (CCG), for the period from 2014/15 to 2018/19. It sets out our strategy for the next five years, and some of the actions we will be taking to deliver that strategy. It is our part of the plan for the whole health and social care community, aligning with Blackpool's Health and Wellbeing Strategy and Better Care Fund Plan.

5.2 Lay Member Recruitment to CCG Governing Body

5.2.1 The CCG has four lay members to help drive the work of the CCG. This is an important role with in the Governing Body. The role of the lay members is to bring their knowledge as a member of the local community to the work of the governing body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.

5.2.2 The role of the lay members is to ensure that the public and patients' views are heard through effective public and patient involvement, and that the CCG maintains effective governance arrangements. Each lay member will be assigned a particular area of responsibility dependent on skills, experience and expertise.

5.2.3 NHS Blackpool CCG is looking for up to two new lay members to join the Governing Body for a three-year term of office through to September 2017. Applicants will need to be local residents or people who have close links with the local community. Please note that people employed by the NHS or who work for an organisation where it is considered that there is likely to be a conflict of interest will not be eligible to apply. The role is a time-limited appointment with a remuneration of £8,041 per annum for a time commitment of 2.5 days per month, to include regular attendance at the Governing Body and committee meetings held on Tuesday afternoons. The closing date for receipt of applications was Tuesday, 23rd September 2014.

5.3 Eye Health

5.3.1 National Eye Health Week will run from 22nd September to 28th September 2014. The CCG has responded to the NHS Call to Action to raise awareness and promote early identification locally. In partnership with Healthwatch and the Low Vision Committee, We have produced a range of literature and posters to outline key messages. Examples will be shown to Committee members at the meeting. In Blackpool we have an ageing population, as more people live longer. But, while this is good news, more people are living with multiple-long term conditions. We know that many of these conditions, such as diabetes and dementia, pose a significant risk to eye health. It is estimated that partial sight and blindness in adults costs the UK economy around

£22 billion per year. Now a 'Call to Action' will focus on a more preventative approach, early accurate detection and effective care in the community.

5.3.2 We want to improve eye health services for the people who use them, now and in the future but there are also compelling economic and social benefits for keeping the nation's eyes healthy:

- Eye health is socially very important as it allows us to more easily learn, work, travel and engage with other people.
- People who have suffered from sight loss are more likely to experience social isolation, depression and other psychological problems.
- There are close links between eye disease and avoidable health problems, such as falls - particularly amongst the elderly.
- One study (*Future sight loss UK: the economic impact of partial sight and blindness in the UK adult population*; Access Economics Pty Limited on behalf of RNIB, June 2009) estimates that partial sight and blindness in the adult population places a large economic cost to the country at around £22 billion per year.

5.3.3 Most people with eye health problems will have significant other health or social care needs. People with more serious eye care problems (including sight loss) may have particular health and social care needs, including for emotional support, psychological services and vision rehabilitation. We know that particular groups can experience difficulties in accessing appropriate health care services, including eye health services; these include people with mental health issues; frail elderly people; people with physical or learning disabilities; and homeless people

5.3.4 The key message is that people should not ignore or dismiss eyesight problems. They should seek advice and support; as it may be an indicator of underlying disease. Having an eye test will not only tell if someone needs new glasses or a change of prescription, it's also an important eye health check. It can spot many general health problems and early signs of eye conditions such as glaucoma, before people are aware of any symptoms – many of which can be treated if found early enough.

5.4 **How Good Is Your Memory?**

5.4.1 Dementia is a serious and growing problem, not just in Blackpool but across England. There are 670,000 people living with dementia in England and this number is expected to double in the next 30 years.

5.4.2 Currently, less than half of people with dementia in Blackpool (47 per cent) receive a formal diagnosis. This is unacceptable. There were 2,004 people over the age of 65 diagnosed with dementia in Blackpool in 2012 and this is projected to rise to 2,212 by 2020.

5.4.3 Tackling dementia is therefore a priority for Blackpool CCG, working in partnership with social care and the third sector.

5.4.4 As part of our work around dementia, we have recently launched 'How Good is Your Memory?' The awareness campaign, launched under the partnership banner of Altogether Now – a Legacy for Blackpool, is aimed at those members of our community aged between 50 - 90. The message is a simple but effective one: if you are concerned, talk to your GP about memory screening.

5.4.5 Delivered in partnership with Empowerment; Blackpool and District Age UK; and Fylde Coast Carers Trust, the campaign explains what dementia is; highlights the signs and symptoms; and explains how everyone can lower their risk of developing dementia.

5.4.6 Free memory screening events are taking place across Blackpool as part of the campaign.

5.5 **Listening Event**

5.5.1 Healthwatch is facilitating a "Listening Event" with the CCG on the 17th October 2014 at 9.30am – 3.30pm to be held at the Imperial Hotel, Blackpool. The aim is to provide the public an update on commissioning schemes and gain feedback on our commissioning plans. The event will also include a Question and Answer session in the afternoon; with a panel of public sector representatives. Previous events have been well received and attended with very useful feedback. Approximately 100 attendees are anticipated and feedback will be reported at the next Health Scrutiny Committee.

5.6 **Witnesses/representatives**

The following persons have been invited to attend the meeting and report on this agenda item:

- Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
- Helen Skerritt, Chief Nurse, Blackpool Clinical Commissioning Group
- Dr Mark Johnston, Head of Planning and Transformation, Blackpool Clinical Commissioning Group

Does the information submitted include any exempt information?

No

List of Appendices:

None

6.0 **Legal considerations:**

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None

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Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officers:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	25 th September 2014

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

1.0 Purpose of the report:

1.1 The Committee to consider the Trust update report and receive a presentation regarding patient experience

2.0 Recommendation(s):

2.1 To note the contents of the report and presentation, ask questions and make recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Members from the Trust and patient experience team will be in attendance at the meeting to deliver the presentation and address any questions.

5.2 General

5.2.1 **Performance:** The last few months have been extremely challenging in relation to areas such as Emergency Department waits, the 18 week RTT target and a variety of other important areas. Staff have been working hard to provide the best quality of service in these challenging times. The Trust continues to meet the targets.

5.2.2 **Partnerships:** Over the last few months there has been some excellent partnership working with the Trust, local commissioners and other influential agencies. There has been a real drive in this area recently and the new relationships are proving extremely beneficial and something which the Trust will continue to drive forward in the future.

5.2.3 **Fylde Coast – NHS Accelerate Programme:** The Fylde Coast health and social economy is still waiting for news on its bid to be included in the NHS Accelerate Programme. The programme is seeking to support a small number of health and social care economies in England to take part in a pilot aimed at accelerating the implementation of out-of-hospital models of care and is set to announce its selected health and social care economies shortly. The programme will provide resources to support evaluation of outcomes, and gain a better understanding of the funding models that will need to be developed and agreed nationally in order to incentivize these new models of care.

5.3 Witnesses/representatives

5.3.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust.
- Mr Paul Jebb, Assistant Director of Nursing for patient experience, Blackpool Teaching Hospitals NHS Foundation Trust

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 6a Patient experience presentation

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

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Patient Experience Update

Blackpool Overview and Scrutiny Committee

Trust Feedback - overview

- Over July & August the Trust received 7, 445 pieces of feedback
 - 74 formal complaints
 - 586 compliments
 - 620 patient relation contacts
 - 205 patients interviewed by ‘listeners’
 - 3798 replies to Friend and Family question
 - 32 stories displayed on patient opinion website
 - 682 inpatient responses to our local survey
 - 1442 replies to our outpatient survey

Formal complaints

- In August/July there were 17,525 admissions to the Trust.
- Of the 74 formal complaints received 65 were relating to care in the hospital, this equates to 0.37% of hospital admissions
- 9 related to community services.

Patient Relation Contacts

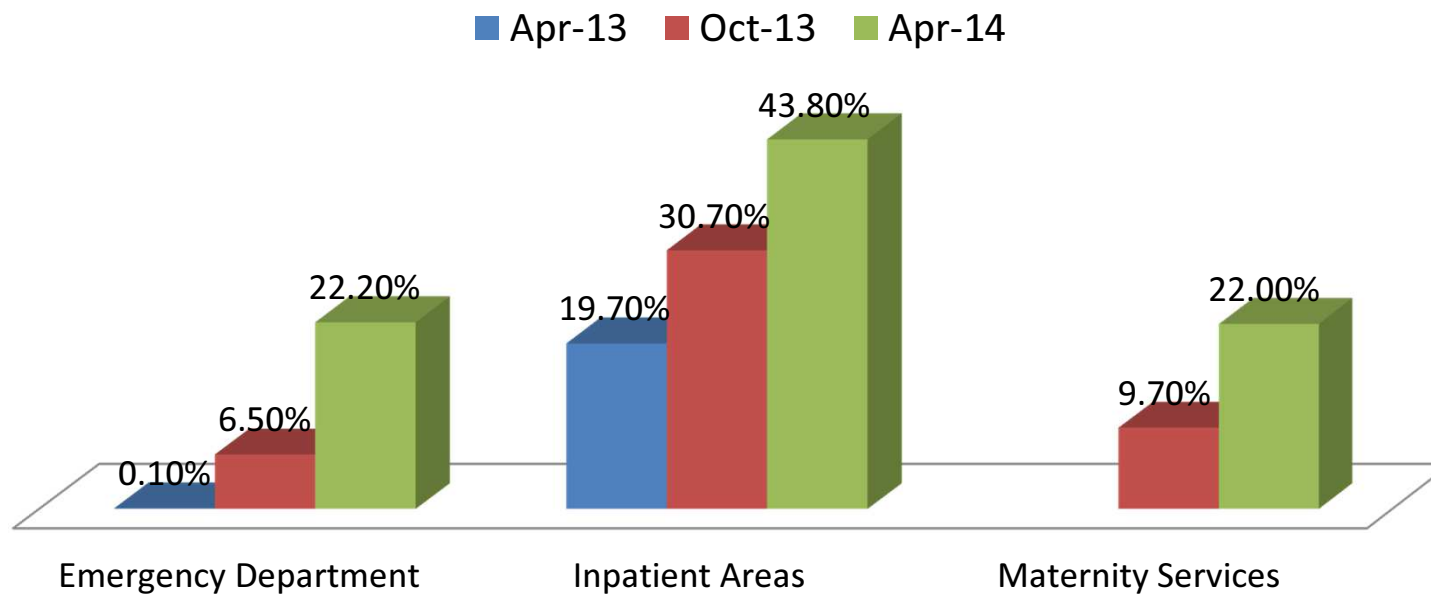
- 620 people contacted the patient relations team
- 249 informal complaints
- 371 general enquiries

Listeners

- Visited 37 inpatient and outpatient areas - interviewing 1500 patients since the scheme began
- 98% patients state they are being treated with respect and dignity
- 80% rate their care as excellent or very good
- Popular comments are around faulty equipment, hospital food and care and discharge plans

Friends & Family Survey

- Response rates have increased from 453 in April 2013 to 2563 by April 2014 using a range of cost effective methods.

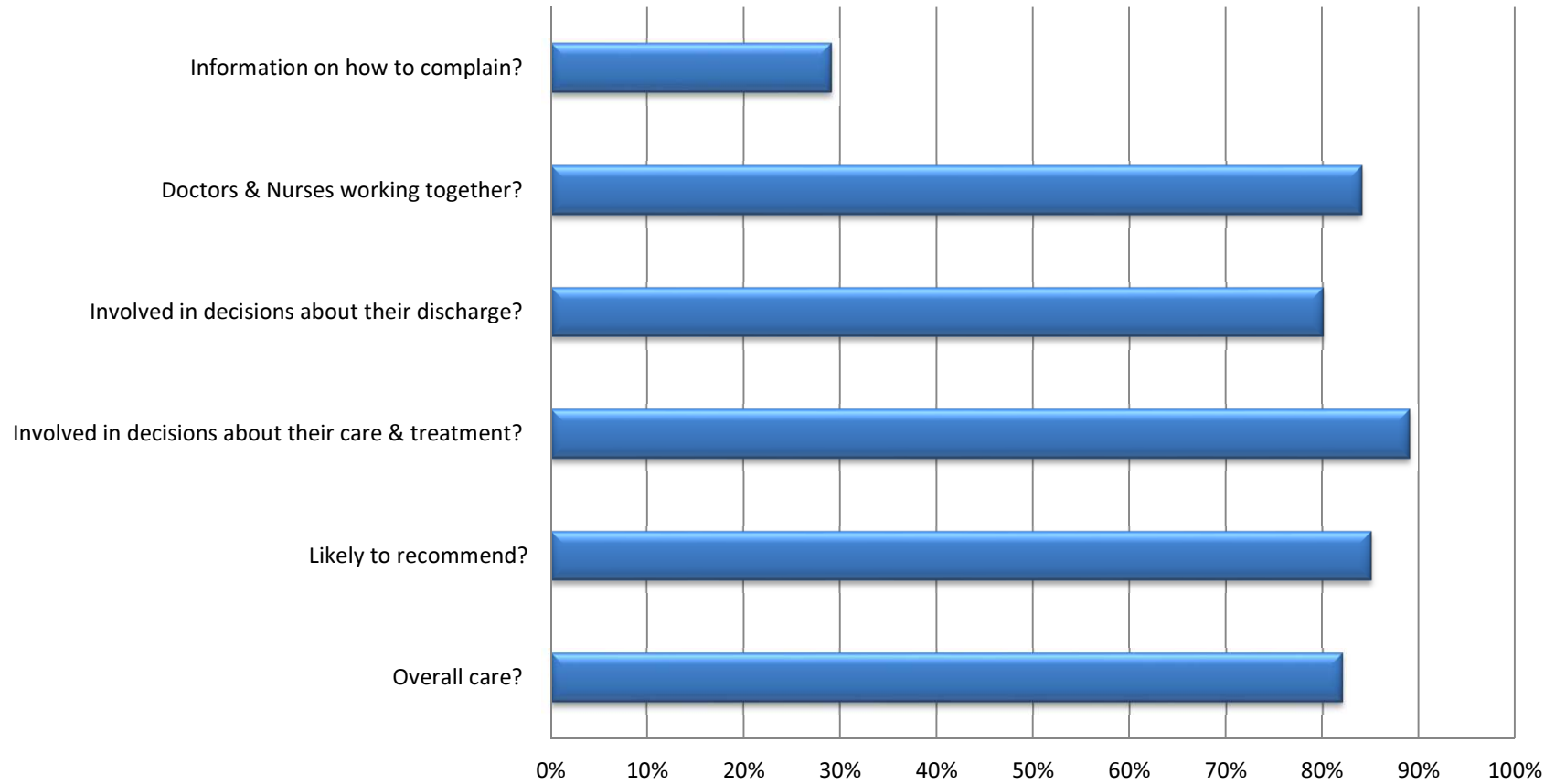


Patient Opinion Website

- In July there were 13 stories posted
- The most read story in July was about “Lack of care and compassion”, relating to care received on one of the Orthopaedic wards, it was viewed by members of the public 110 times.
- In August there were 20 stories posted.
- The most read story in August was about “My endometrial cancer”, relating to the outstanding care received by Mr Arthur and his team, it was viewed by members of the public 65 times.

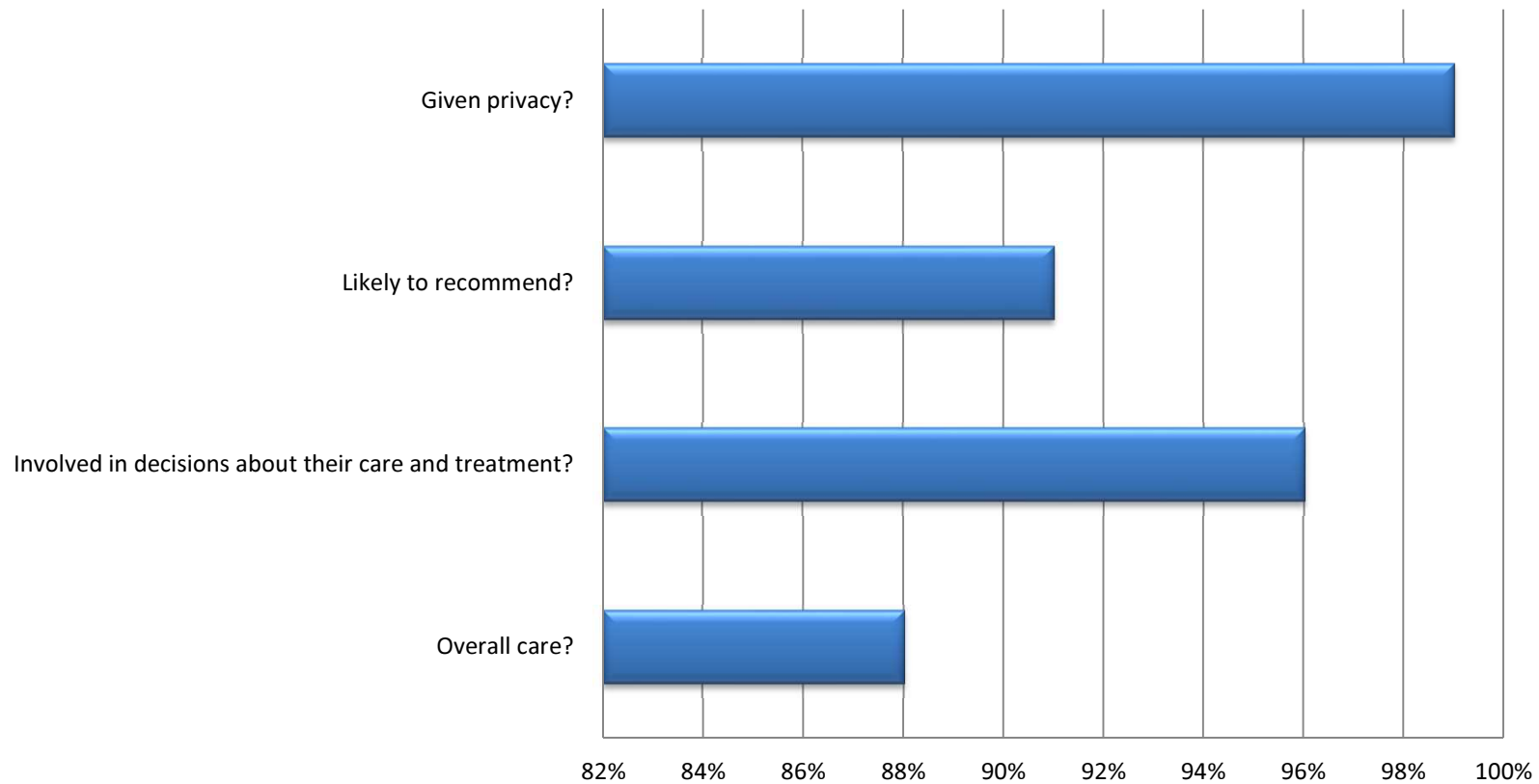
Local Inpatient Surveys

Local Inpatient Survey



Local Outpatient Surveys

Local Outpatient Survey



Patient Panel

- Set up in early 2014 – aim to work with trust to give a patient view on improvements.
- Patient led inspections of hospital food resulted in a revised menu, smaller portion sizes, new snacks for diabetic patients, and clearer labelling.
- Redesigning the Trust website so it is more patient friendly
- Are championing participation in clinical research and have set up a Research and Development Committee

Tell Us Campaign



- 'Tell Us' delivers very clear and understood messages to our diverse population about who we are, how they can reach us, and how their concerns will be taken seriously
- Trust built feedback mechanisms in line with Clwyd Report, Health Watch England Research (June 2013) and CQC reports
- Film to raise awareness

Tell Us Campaign



- **Let's hear from the people it's reached...**



Blackpool Teaching Hospitals 
NHS Foundation Trust

**Nursing
Times
Awards
2014**

Thank you

Any Questions?

People Centred

Positive

Compassion

Excellence

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Report to:	HEALTH SCRUTINY COMMITTEE
Item number	7
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	25 th September 2014

PUBLIC HEALTH ANNUAL REPORT 2013

1.0 Purpose of the report:

1.1 The Committee to consider the Public Health Annual Report, 2013.

2.0 Recommendation(s):

2.1 To scrutinise the report, identifying any further issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 The Director of Public Health has a statutory duty to write an annual report on the

health of the local population.

5.2 The purpose of the Public Health Annual Report is to present the Director of Public Health's independent assessment of local health needs, determinants and concerns.

5.3 This year the report focuses on lifestyles and considers the role of smoking, drinking alcohol, lack of exercise and unhealthy diets on the health of people living in the town, and looks at what can be done to promote and enable people to make healthier lifestyle choices.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 7a, Public Health Annual Report, 2013.

6.0 Legal considerations:

6.1 The local authority has a duty to publish the annual report of the Director of Public Health (section 73B(5) & (6) of the Health and Social Care Act 2006, inserted by section 31 of the 2012 Act).

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

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An independent assessment of the health of the people of Blackpool 2013

a better tomorrow



Public Health Annual Report

An independent assessment of the health of the people of Blackpool 2013

Acknowledgements

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Foreword

I am pleased to present to you this my sixth annual report on the health of the people of Blackpool. Although this is my sixth report in the series, it is the first report to be published since the public health team joined the local authority in April 2013. These changes were part of a wider set of health reforms from the coalition government and have brought a major new set of responsibilities for the local authority to improve health and wellbeing. I hope that council colleagues in particular will find this report helpful in explaining where I can see real opportunities to improve the health and wellbeing of the people of the town.

The organisation changes I've alluded to have come as a result of the Health and Social Care Act 2012 which took effect on the 1st April 2013. The changes were wide reaching for the NHS locally and have seen the creation of Blackpool Clinical Commissioning Group, a consortium of local GPs which now commissions health and community services for the town as well as the public health team's transfer to Blackpool Council. In my view the local authority is uniquely placed to create the conditions required for significant improvements in the health of our population.

Without doubt this will need strong political leadership and the creation and maintenance of effective local partnerships across the town. A key means of achieving this will be through the Health and Wellbeing Board, a new statutory board introduced through the 2012 Act. Another opportunity is offered by Blackpool's Fairness Commission which I now chair and which brings together a wide group of partners and community representatives to focus on practical action to address social needs within the town.

In this year's report I take a look at lifestyles, some of which I'm pleased have already been the topic of debates at the Health and Wellbeing Board. I will consider the current impact of smoking, drinking, lack of physical activity and unhealthy diets on our health, and look at what can be done to promote and enable people to make healthier lifestyle choices across the whole population of the town. Over the last few years my annual reports have centred on the theme of inequalities and have explored the differences that we see in health between people in Blackpool and the national average.

These differences still persist and are continuing to widen. Lifestyle choices are particularly putting individuals at increased risk. The benefits to be gained from leading healthier lifestyles for the whole population go far beyond improving individuals' health, but can have a wider impact on organisations and society for example through reducing sickness absence and reducing drug and alcohol related harm. I look forward to the Health and Wellbeing Board holding members to account for delivering action plans arising from these debates.

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It's clear that real action could help us to make healthier choices and lead healthier lives. This will require us all as individuals to make healthier choices, but we also need an environment around us that makes these choices easy. For example we need safe play areas for children, walking and cycling routes, smaller portion size options, lower salt options, smokefree areas and access to good quality, affordable food. From individuals to health service commissioners, employers, town planners, café owners and caterers, leisure service providers, licensing and enforcement to community groups; we all have a part to play.

Finally this has been a year of major change for the public health team. It is entirely to the team's credit that they have continued to deliver their day to day roles throughout the transition period in addition to making all the necessary preparations that such a change requires and I thank them for their commitment and dedication. On behalf of the team I want to extend my thanks to council colleagues who have worked with the team to achieve the smooth transfer. My team and I look forward to working with you all to deliver the council's new responsibilities to safeguard and improve the health and wellbeing of the people of Blackpool.



Dr Arif Rajpura
Director of Public Health



Further reading:

The DH factsheet 'Public Health in Local Government' offers a succinct summary for those readers wishing to learn more about the new arrangements and responsibilities.

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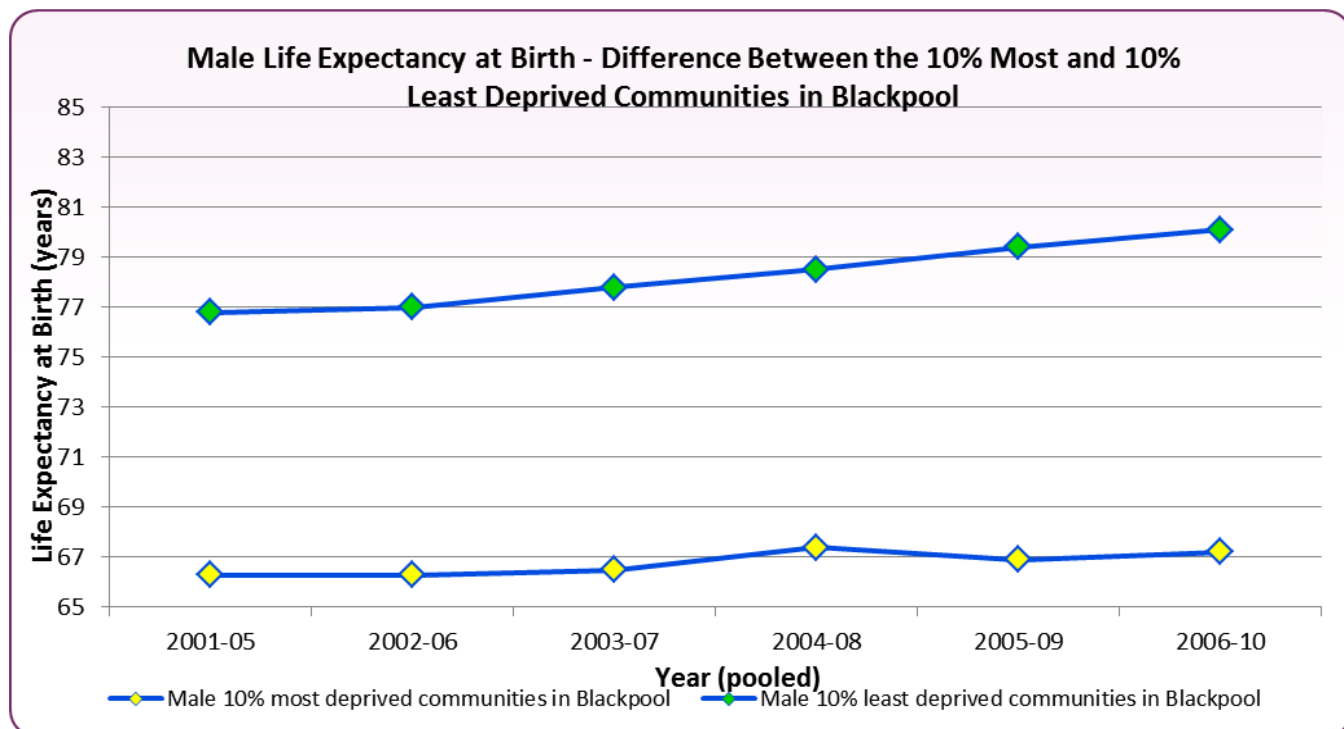
Introduction

The population of Blackpool experiences poorer health and lower life expectancy than much of the rest of the country and this is seen across a range of health indicators including the prevalence of chronic conditions, hospital admissions for self-harm and alcohol related harm, and early deaths from heart disease and cancer. Things are improving and over the past 10 years average life expectancy has increased by almost 2.8 years for men and two years for women. Although this is in the right direction, it's lower than average – for England and Wales the improvement has been almost double at 4.7 years for men and 3.4 for women. Worryingly, men in the most disadvantaged areas of the town have seen very little change at all, in fact an increase of just 0.9 of a year. Even men in the least disadvantaged group in Blackpool only experienced 3.3 years improvement, which is less than the England average.

Lifestyles are a major determinant of health and are considered to account for 30-50% of what makes us healthy (or unhealthy), alongside our genetics, our environment (including social, economic and physical environment), and access to health care. We know that this is certainly the case in Blackpool. Last year's Public Health Annual Report looked closely at the causes of shorter life expectancy in Blackpool finding that major causes of early deaths were:

- higher levels of harmful drinking and drug use
- smoking
- unhealthy diets and excess weight, and
- inactive and sedentary lifestyles

Figure 1:



Public Health Annual Report

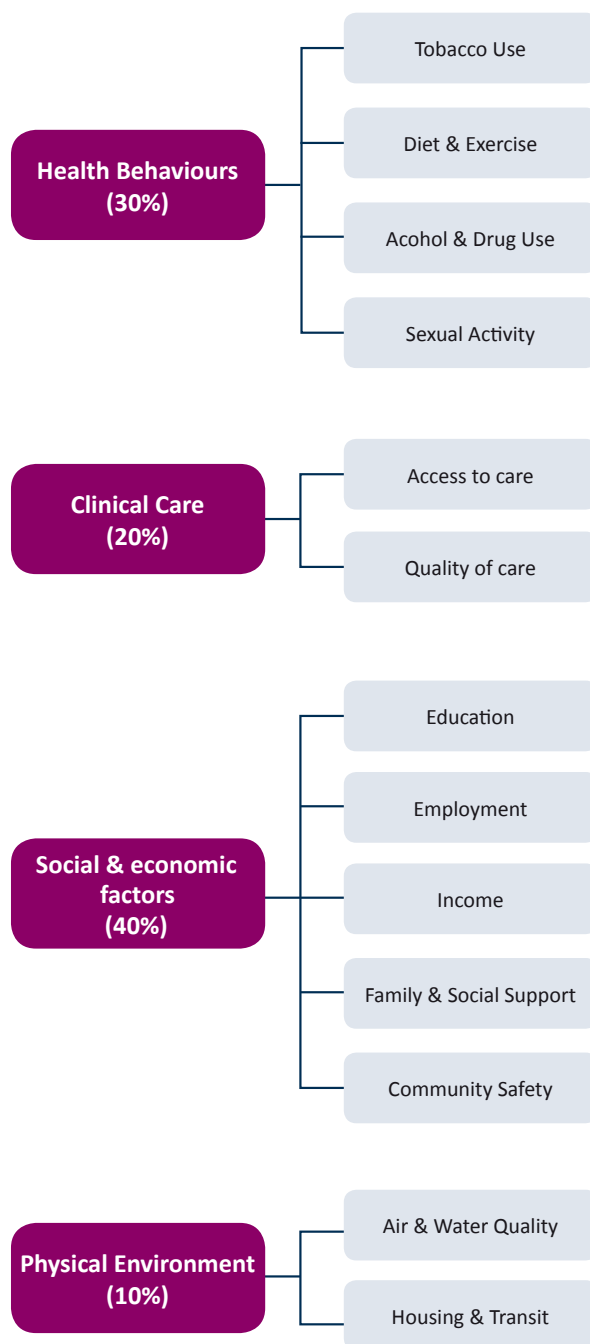
An independent assessment of the health of the people of Blackpool 2013

Major causes of early death in Blackpool (taken from Public Health Annual Report for Blackpool, 2012)

Men
Violence, self-harm and, overdose and poisoning
Digestive diseases including cirrhosis
Circulatory diseases (heart disease and stroke)
Women
Digestive diseases including cirrhosis
Cancers, chiefly lung cancer
Respiratory conditions

Lifestyles are already recognised as a priority in Blackpool and feature amongst the priorities identified by Blackpool’s Health and Wellbeing Board in their Health and Wellbeing Strategy. Over the past year the Board has held thematic debates on a number of these priorities including alcohol, healthy weight and smoking.

Fig 2. What affects our health?



(Source: Adapted from the County Health Ranking and Roadmaps)

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Lifestyles in Blackpool

Alcohol

Blackpool has amongst the highest levels of alcohol related harm in England for the size of the population, including direct health effects for individuals and wider impact on the community from disorder and violence. Residents in the town experience the highest death rate in England for liver disease in people under 75. Between 2010 and 2012 there were 161 deaths from liver disease amongst people under 75 in the town. 148 of these deaths could be considered preventable (Source: PHOF). The impact on NHS services is startling with over 4,000 admissions to hospital and over 16,000 attendances at A&E every year related to alcohol. In fact Blackpool sees the 10th highest rate of alcohol related hospital admissions in the country and has one of the highest rates of people entering specialist treatment services. 52% of people having specialist treatment for alcohol problems are registered long term sick at the time of entering treatment compared to 20% nationally.

Drug misuse

There are significant levels of drug misuse within Blackpool. The town has the 4th highest number of opiate and crack users (OCU) for its population size in the country. In 2012/13 there were just under 2,000 OCU in the town, which is more than two and a half times the national average. There were just under 1,000 injecting drug users in this same period, almost four times the national average.

Prevalence Estimates (aged 15 – 64)	Local Number	Local Rate per 1000 population	National Rate per 1000 population
OCU	1,946	21.89	8.67
Opiate	1,802	20.27	7.59
Crack	721	8.11	4.95
Injecting	958	10.77	2.71

Source: Public Health England (2013): Alcohol and Drugs JSNA support pack

The number of young people in treatment has reduced. In 2011/12 the number of young people in treatment was 140, which fell to 76 in 2012/13. Whilst this decline might seem good news, the reasons are not fully understood and there is concern that this does not reflect the true underlying need for treatment. Young people access specialist treatment from various routes:

- 34% from youth justice
- 28% from education services
- 10% either by self/family/friends
- 10% from children and family services, and
- 7% from mental health services

Many young people who are accessing specialist treatment have a range of vulnerabilities. In the treatment system 70% of the young people have between 2-4 risk factors identified. This is slightly above the national average of 69%.

In relation to the risk factors:

- 98% of those in treatment began using their main substance under the age of 15, compared to 81% nationally
- 21% are looked after children compared to 12% nationally, and
- 40% in treatment have been involved in offending

Those young people entering into treatment in 2012/13 who stated that they had been sexually exploited was 4%, which is similar to the national average.

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Excess weight and healthy eating - children

Levels of excess weight (overweight and obesity) amongst children in Blackpool are similar to the national average both for:

- Reception class (4-5 year olds) - Blackpool 26%, England 22.2%, and
- Year 6 children (10-11 year olds) - Blackpool 35.4%, England 33.3%

(Period: 2012/13, Source: PHOF)

Even though levels of excess weight are similar to the national picture, the figures themselves are extremely worrying. One in five Reception children and one in three Year 6 children are overweight or obese.

A survey of school children in the town has found that only around a quarter of children eat five or more portions of fruit and vegetables each day, and 8% don't eat any at all (School Health Education Unit Survey, 2009 Blackpool Council).

The dental health of children in Blackpool is considerably worse than average. Tooth decay is associated with eating diets that are high in carbohydrate, particularly sweet and sticky food and drinks such as chocolate, sweets, sugar and fizzy drinks as well as with poor dental hygiene (not brushing your teeth regularly). A useful way of assessing dental health is to look at the number of decayed, missing and filled teeth using the:

- dmft index for baby teeth, or
- DMFT index for permanent teeth

In Blackpool:

- more than one in three five year olds (37%) has at least one dmft. The average number of dmft amongst these children is 3.85. This is higher than the national average of 31% having an average of 3.45 dmft

- almost half of twelve year olds (43%) in Blackpool have at least one DMFT. The average number of DMFT these children have is 2.49. Again this is higher than the national average of 33.4% having an average 2.21 DMFT.

Excess weight and healthy eating - adults

A greater proportion of the Blackpool population are overweight or obese, that is body mass index (BMI) over 25, compared to the England average (72.1% in Blackpool, 63.8% England) (Period: 2012, Source: PHOF). Approximately 29,000 adults across Blackpool are clinically obese, that is have a BMI of over 30 (modelled estimates based on 2001 HSE data).

In Blackpool Teaching Hospitals' maternity unit, one in twelve (8%) pregnant women are clinically obese at booking (approx 12th week of pregnancy), almost double the national average of one in twenty (4.9%).

Body mass index (BMI) is your weight in kilograms divided by your height in metres squared (for adults).

- If your BMI is under 20, you would be considered underweight
- if your BMI is between 25 and 29, you would be considered overweight
- if your BMI is between 30 and 40, you would be considered obese
- if your BMI is over 40, you would be considered very obese (known as "morbidly obese")

You can check your BMI using the NHS Healthy Weight calculator at www.nhs.uk.

In Blackpool consumption of fruit and veg is lower than average with only a fifth of adults eating the recommended five or more portions each day, which is lower than the national average (Period 2006-2008, Source: 2013 LA Health Profiles).

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Physically inactivity in children

Physical activity is important for the health of children of all ages, irrespective of their weight. In the Schools and Student Health Education Unit survey (SHEU 2012) approximately eight out of 10 (78%) of primary pupils indicated that they enjoyed physical activities 'quite a lot' or 'a lot'. This compares to figures of 86% in 2009 and 83% in 2007. This trend is also seen amongst secondary school pupils, of which six out of ten (60%) indicated that they enjoyed physical activities 'quite a lot' or 'a lot', compared to 84% in 2009 and 72% in 2007.

The PE and Sports School Survey ran from 2005 to 2010 and provided an indicator of five-16 year olds participating in at least two hours PE per week. Data for Blackpool showed an increase from 51% in 2005 to 78% in 2010, though still falling short of the overall level for all pupils nationally at 86%.

Physical inactivity in adults

Blackpool residents are slightly less physically active than elsewhere:

- Just under half of adults in the town (48.2%) achieve the recommended 150 minutes of physical activity per week, compared to 56% across England
- Around a third of adults in Blackpool (34.9%) are physically inactive, doing less than 30 'equivalent' minutes of at least moderate intensity physical activity per day in bouts of 10 minutes or more, compared to a quarter (28.5%) for England.

(Period: 2012, Source: PHOF)

Smoking

An estimated 29.5% of adults aged 18 or over in Blackpool smoke compared to 19.5% for England. Within the routine and manual group an estimated 44.3% of adults in Blackpool smoke compared to 29.7% for this group in England.

(Period: 2012, Source: PHOF).

Approximately 37,000 people registered with Blackpool GPs are known to be living with long term conditions such as high blood pressure, coronary heart disease, stroke, diabetes or chronic obstructive pulmonary disease (COPD), conditions which can be caused or made worse by smoking.

Respiratory diseases are one of the top causes of death in Blackpool. Smoking is a major cause of COPD, one of the major respiratory diseases. Blackpool residents experience the highest death rate in England for respiratory disease in people under 75. Between 2010 and 2012 there were 310 deaths from respiratory disease amongst people under 75 in the town. 145 of these deaths could be considered preventable.

(Source: PHOF).

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Building a healthier relationship with alcohol

What's behind the stats?

Alcohol related problems and addictions have led to an abundance of both small and large providers of cheap and strong alcohol to meet the demands of the customer.

A total of 1,900 licensed premises exist in the entire town: approximately one for every 72 residents. One particular ward (Bloomfield) has an off-licence for every 150 residents. This ward is amongst the most disadvantaged wards in the country and has the lowest life expectancy of all the wards in the town. Whilst the alcohol industry brings some economic prosperity through employment, paradoxically 105,000 working days a year are lost in Blackpool due to alcohol misuse, at an estimated cost upwards of £10.5mn per year. This equates to £618 per resident per year.

The NHS recommends:

- Men should not regularly drink more than 3-4 units of alcohol a day.
- Women should not regularly drink more than 2-3 units a day.
- If you've had a heavy drinking session, avoid alcohol for 48 hours.

'Regularly' means drinking this amount every day or most days of the week.

In Blackpool violent crime, including domestic abuse, is associated with the areas with the highest levels of alcohol availability, however where interventions have been focussed on licensed premises and the surrounding area, violent crime has reduced in recent years. 15% of all recorded crime in Blackpool takes place in the night time economy (NTE) which constitutes 37% of all of the town's violent crime. On a peak Saturday night over 80% of Accident and Emergency (A&E) visits can be alcohol related predominantly originating in the NTE. There can be up

to 150 A&E attendances every Saturday night between 8pm Saturday and 8am Sunday.

What's being done in Blackpool at present?

There are a variety of activities, interventions and services ranging from prevention, through to harm reduction, and specialist treatment.

Modr8 and altn8

Modr8 and altn8 campaigns raise awareness of alcohol harm and give messages about simple ways to minimise harm. The modr8 campaign is supported by workplace visits and information sessions at community venues and shops, and aims to raise awareness of lower risk levels and units. The altn8 campaign uses various methods including polycarbonates, posters and mobile phone apps across the pubs and clubs of Blackpool. It is used to advise revellers and young people to drink water alongside any alcohol to help reduce the harm that alcohol causes.

Policies for a safer night time economy

Current initiatives and policies that aim to improve safety in the NTE include:

- Nightsafe Haven which provides a place of rest, support and emergency care within the town centre on a Saturday during busy periods.
- Cumulative Impact Policies – a range of policies that aim to reduce the availability of alcohol by limiting the number of outlets and opening hours in areas considered to be saturated.
- Designated Public Place orders (drinking bans) – allows police and council enforcement officers to stop drinking in public places if this contributing to anti-social behaviour.
- Introducing the use of plastic glasses (polycarbonate drinking vessels) in town centre pubs and clubs.

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Since the introduction of this suite of activities, police incidents recorded as anti-social behaviour reduced by 21% between 2009/10 and 2011/12 (Source: MADE).

Policies to improve safety in the night time economy are coordinated by the BSafe group. BSafe is a group of the key agencies with responsibilities for reducing crime and disorder in the town including that related to alcohol. This group consists of representatives from the Police, Probation, Blackpool Council's Directorate of Public Health, Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool Clinical Commissioning Group, Lancashire Police and Crime Commissioner, North West Ambulance Service and the Lancashire Fire and Rescue Services.

Treatment services for people with alcohol problems

Public Health Blackpool commissions an integrated drugs and alcohol specialist treatment service known as Horizon Community Services which is described more fully in the drugs section of this report. The key focus of the treatment system is to support individuals in achieving recovery. Horizon helps individuals address their wider health and needs such as housing issues, benefits advice, employment and training.

Alcohol liaison in hospital

In response to the growing numbers of patients presenting in hospital for alcohol related treatment, Blackpool has introduced a harm reduction programme, 'a better tomorrow', across the hospital trust. The programme is aimed at patients, staff and visitors through the development of policies and interventions such as information leaflets, posters, training, and bedside support. In addition, a team of four alcohol liaison nurses work with patients who have been admitted to hospital who present with alcohol related symptoms. They provide specialist pharmacological and psychosocial support to reduce consumption and ultimately hospital admissions. These nurses are supported by in-reach workers to link patients to the Horizon Community Services.

What's planned for the coming year?

We will continue to provide the existing services and seek further opportunities for improvement. Over the next year we will:

- Carry out a community engagement project including involving local residents in developing their own alcohol policies to advise the public sector services
- Develop a responsible traders scheme to include training for staff serving alcohol in shops and pubs to ensure they comply with the current legislation and to professionalise the occupation
- Increase enforcement of legislation including test purchases to ensure alcohol is not sold to under 18s and that all retailers operate as safely as possible
- Develop a new physical, health and social education (PHSE) package to raise awareness of the wider impact of alcohol to be used by schools and youth organisations
- Open Supported Housing for recovering alcoholics who will benefit from an alcohol free environment

Recommendations

1. The evidence base for Minimum Unit Pricing (MUP) is growing and becoming widely accepted as effective in reducing harmful consumption. Therefore we should continue to lobby for national legislation to introduce a minimum unit price of 50 pence (index linked) and talk with residents about the need and benefits of such legislation. In the event of no national policy being brought forward, we should look to introduce local legislation.
2. Blackpool Council should look to implement local restrictions on the advertising and promotion of alcohol to protect our children from the harms of alcohol.

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Drug misuse - working towards a recovery community

What's behind the stats?

Drug addiction is not only associated with a wide range of problems beyond the health consequences for the individual but also their families and wider community for example crime, violence and neglect. Drug addiction has a significant impact on family life and on children in the household. Over half of Blackpool residents in treatment have children living with them, and a further 5% have children living elsewhere (Period: 2012/13).

What's being done in Blackpool at present?

The 2010 Drug Strategy called for the provision of good quality education and advice to young people and their parents, and for targeted support to prevent drug and alcohol misuse and early interventions when problems first arise.

Education in schools

Lessons for school children during PHSE sessions to talk about drugs and alcohol are being refreshed and updated. Workers delivering these sessions will be trained in giving brief advice and early interventions to children identified as potentially having drug or alcohol misuse problems.

Needle Exchange Programme

Blackpool has a Needle Exchange Programme run by a dedicated team along with local pharmacies that provides those who need it with access to safe disposal facilities of used equipment and a supply of clean needles ensuring reduced risks of cross infection from blood borne viruses.

Horizon – integrated drug and alcohol treatment service

The key focus of the treatment system is to support individuals in achieving recovery. This offers support for overcoming addiction alongside support to help resolve housing issues, employment, training, education and family needs. Employment is a key factor in successful recovery. In 2012/13:

- 73% of people in treatment were unemployed
- 5% were long term sick or disabled
- less than one in 10 (8%) were in regular employment

Supported housing

Individuals in Blackpool who require detoxification often find themselves on their own with no support to detox in the community. Public Health has commissioned a pilot for supported housing, which provides a safe environment for individuals to detox in the community.

What's planned for the coming year?

Recovery housing

Social relationships and peers are key to supporting individuals recovering in the community. A way to support the development of these social relationships is to develop Recovery Housing in Blackpool. As part of the scheme, individuals in recovery will be offered the opportunity to gain training and education through the development of the properties i.e. renovation work, as well as providing suitable housing for those still requiring support from the treatment system. The project will also look to develop social enterprises.

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Big Lottery Fulfilling Lives Complex Needs project

Blackpool has recently been awarded funding from the Big Lottery's Fulfilling Lives Complex Needs initiative. This project will bring in £10 million over seven years to support individuals who are living with mental health or drug/alcohol problems, in contact with the criminal justice system or who are homeless. The project will supplement the work already being done by existing services, and will improve service delivery to people with these very complex needs.

Recommendations

1. Continue to commission a specialist treatment service that meets the changing drug trend demands, and responds to the arising issues from alcohol.
2. To build a recovery community, as it is recognised that social relationships have a bigger impact on individuals achieving recovery. Offering volunteering opportunities for people in recovery is one way to support this. Commissioners and providers should work together with volunteering groups to identify opportunities.
3. Commissioners of drug and alcohol treatment services should ensure that the 5 ways to wellbeing are achieved in treatment delivery i.e. connect, be active, keep learning, take notice and give.

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Healthier eating and healthier weight

What's behind the stats?

Excess weight (overweight and obesity) and poor diet are related to many major diseases including cardiovascular disease (heart disease), diabetes, cancer (particularly bowel cancer), falls and fractures, low birth weights, child morbidity and mortality and dental decay (adapted from Faculty of Public Health 2005). In addition to direct health impacts for individuals, excess weight is also linked with mental health, bullying and low self-esteem. As with other lifestyles, there are significant impacts for society more widely for example through the economic consequences for employers of sickness absences, and the burden on NHS services of treating the ill health arising from carrying excess weight, obesity and poor diet.

Over the last 20 years there has been a massive growth in processed foods and ready meals in response to demands for convenience. Processed foods tend to be higher calorie and less nutritious compared with home-made meals. We now eat out more too - nationally the average person eats one in six meals outside the home. This excludes snack food and quick 'on the go meals' (FSA 2010).

Our perceptions of healthy weight and overweight have changed. In a recent survey, 7% of people considered themselves to be overweight when in fact 26% were clinically obese (Our Life, Pfizer and DHNW 2010).

Despite the abundance of food, a number of recent national reports have drawn attention to the fact that some people are struggling to adequately feed themselves and their families, for example The Trussell Trust suggests that there has been a three-fold increase in people visiting food banks in the period from 2011 to 2013 (The Trussell Trust April 2013).

How much is a portion of fruit or veg?

A portion of fruit (80g) is roughly equivalent to:

- a slice or half a large fruit e.g. a slice of melon or half a grapefruit
- 1 medium size fruit e.g. an apple
- 2 small size fruits e.g. 2 plums or satsumas

A portion of dried fruit (30g) is roughly equivalent to:

- a heaped tablespoon of dried fruit

A portion of vegetables (80g) is roughly equivalent to:

- 3 heaped tablespoons of peas, beans or pulses
- 2 broccoli spears
- a dessert bowl of salad

The amount that kids should eat depends on their size and age – there are no set rules. But a good guide to a portion for them is the amount they can fit into the palm of their hand.

Source: Change4Life www.nhs.uk/change4life

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What's being done in Blackpool at present?

There is a wide range of activities and services within the town that will support people to eat more healthily and to reduce weight. These include education, prevention and awareness activities, through to treatment services.

Free school breakfast scheme

This unique scheme offers every child in Blackpool primary schools a free breakfast and free school milk on every day of the school term. Providing a nutritious breakfast has the potential to make a significant impact on children's health and wellbeing. Breakfast can play an important part in reducing dietary deficiencies and may improve school outcomes. The scheme was introduced in January 2013 following concerns relating to poverty and deprivation and the impact this has on children, particularly that some children might be going hungry. The scheme now delivers in excess of 11,000 breakfasts daily with children having the opportunity to have a drink and two food items from a selection.

School Food Ambassadors

Using the Leeds model we have trained staff and pupils to become ambassadors which enables an understanding of healthy eating and encourages pupils to be involved with decisions about food across the school.

Health Buddies

The Health Buddy Service, provided by Blackpool Wellness Service, supports people who lack the confidence or motivation to make the changes and healthier choices needed for a healthier lifestyle by attending various activities and appointments with the individual.

Health Works Award

The Health Works Award has been operational since 2009 and has helped to improve the mental and physical wellbeing of employees by encouraging and supporting local employers to include health promotion/wellness programmes to create healthier working environments and business advantage through sustainable organisational change.

Breastfeeding Out and About Scheme

Breastfeeding mothers want to know that they can go and feed in comfort, safe in the knowledge that they will not be asked to leave, or made to feel unwelcome. Increasing breastfeeding is one of the key interventions to tackle health inequalities. The 'Out and About' scheme encourages new mums to feel confident about breastfeeding away from home by providing them with the certainty that the premises they are in are breastfeeding friendly environments.

Weight management services

A range of weight management services are available to support people to reach and maintain a healthier weight which includes:

- Children's weight management services for 5 – 13 year olds
- Energise Blackpool community weight management service for adults
- Energise Blackpool Teens is a pilot service for teens aged 14-18
- Choose to Change is a specialist weight management service for adults with a BMI of 35+ with certain health conditions or BMI 40+ available via referral from a healthcare practitioner

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What's planned for the coming year?

A comprehensive Healthy Weight Action Plan for the town has just been approved by the Health and Wellbeing Board. The plan includes a wide range of actions that are all aimed at making healthier eating choices easier to make in Blackpool, and providing services to support people to reach and maintain a healthier weight. Amongst the activities planned are:

- Healthier Catering Award – criteria developing and 10 places to have the award by October 2014 and increase access to healthier food options across public buildings such as the hospital and health centres
- Consider ways in which to limit access to food of low nutritional value
- Working with Early Years services to promote appropriate physical activity and nutrition for preschool children
- Supporting front line staff to help their clients to recognise and take action to achieve and maintain a healthy weight



Recommendations

1. Blackpool Council and the Public Health Team should continue to support the work of the Food Bank Partnership and the Fairness Commission to explore ways of providing more choices for affordable healthy food within the town.
2. Establish a steering group with appropriate representation from relevant directorates within the council and partner organisations to oversee delivery of the healthy weight action plan.

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Physical inactivity – sit less, move more

What's behind the stats?

Physical activity is simply defined as any body movement that uses energy and includes activities undertaken whilst working, playing, carrying out housework, travelling and leisure activities. In contrast, 'exercise' is a subcategory of physical activity that is planned, structured, repetitive and aims to improve or maintain one or more components of physical fitness.

In recent years physical activity levels have dropped. This drop is partly due to us being more sedentary at work and in the home, and an increase in the use of 'passive' types of transport, mainly cars. Built up areas can often discourage people from being active through fear of violence and crime in outdoor areas, high-density traffic, low air quality and pollution and lack of parks, pavements and sports/recreation facilities.

People who are inactive have a 20-30% increased risk of death compared to people who engage in at least 30 minutes of moderate physical activity on most days of the week. Physical inactivity is the main cause of more than a fifth of breast and bowel cancers (21-25%), a quarter of diabetes cases (27%) and more than a quarter of heart disease cases (30%) (Physical activity Fact sheet No 384, WHO, Feb 2014).

Both moderate and vigorous intensity physical activity brings health benefits. At all ages, the benefits of being active outweigh potential harm and even a little physical activity is better than doing none at all.

Sit less, move more

- Adults need to be active for at least 150 minutes each week
- Kids aged five to 16 need to be active for at least 60 minutes each day
- Kids under five need three hours of activity a day
- Everybody should try to minimise the amount of time spent sitting for long periods of time

(Adapted from Chief Medical Officer guidelines Start Active, Stay Active, 2011)

What's being done in Blackpool at present?

Wellness Service

The Wellness Service aims to empower health behaviour and lifestyle changes, and is designed to gain life years by reducing morbidity and mortality rates associated with poor health choices. With a full range of activities throughout the week, individuals can access groups including cycling at a leisurely pace around Stanley Park, ten pin bowling, boccia, swimming and creativity & walking groups. All groups actively encourage individuals to connect with others and take in their surroundings ensuring they improve their mental health and wellbeing.

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Active Blackpool

The Council's Active Blackpool Programme offers a range of activity opportunities to suit different needs. The programme includes a number of elements:

- GP Referral Programme - The Active Blackpool Team take referrals for anyone who the GP or practice nurse believes would benefit from becoming more physically active
- Steps to Health - A volunteer led community walking programme
- Cardiac rehabilitation - Delivered jointly with the Cardiac Rehabilitation Team at Blackpool Teaching Hospitals to provide a progressive pathway for patients who have suffered a cardiac event. The Cardiac Rehabilitation nurses deliver the first stage of the community based education and exercise sessions after which patients have the opportunity to attend a supervised exercise session three times a week delivered by the Active Blackpool team.
- Respiratory rehabilitation - Dedicated respiratory classes for patients referred from The Respiratory Rehabilitation Team
- Falls Prevention/OTAGO - Delivered in partnership with the NHS Falls Programme for clients who would benefit from targeted exercise to help prevent, manage and rehabilitate common problems in old age such as stroke, falls and depression. Includes the OTAGO exercise programme which helps to strengthen muscles and retrain balance
- Chair Based Programme - Provides an opportunity for adults with learning disabilities who attend Day Care Centres to take part in a chair based exercise class

- Ankylosing Spondylitis (AS) Group - A dedicated exercise class for patients who suffer from AS to increase flexibility, movement, posture and sleep, and help reduce stiffness

Walk to School Project

This project, led by an officer from Living Streets organisation, encourages children across all of Blackpool's primary and secondary schools to walk to school. Average walking rates have increased by 11% since the project began in Sept 2012.

Bikeability Cycle training

This training is offered to children in years 5 or 6 at Blackpool primary schools. In 2013-14, 904 children completed the training to Level 2 demonstrating their competence in cycling in a road environment.

Fit2Go project

Fit2Go is a healthy lifestyle project, which is delivered by Blackpool Football Club Community Trust, as part of the Altogether Now initiative with Blackpool Council, Blackpool CCG and Blackpool Teaching Hospitals NHS Foundation Trust. The project has worked with over 10,000 young people and their parents in the past three years. The project has involved all 30 primary schools in Blackpool, offering a six week project for Year 4 pupils. The project combines classroom activities on healthy eating and exercise with physical activity sessions to allow children to try out a range of sports. At the end of the six weeks a family workshop is delivered at school, to raise the awareness to parents of what their children have learnt over the six weeks.

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What's planned for the coming year?

Sport and Physical Activity strategy

The vision for this strategy is to encourage everybody in Blackpool to move more. The strategy has identified four key themes for the development of sport and physical activity in the town:

1. Physical activity – encourage more people to be physically active as part of their everyday lifestyle;
2. Urban environment and facilities – develop high quality and accessible facilities for sport and physical activity;
3. Clubs, coaches and volunteers – support the development of an accessible, inclusive and sustainable community sport infrastructure;
4. Events – develop an annual programme of sporting events.

Green Infrastructure Plan

In November 2013 the Town and Country Planning Association published 'Planning Healthier Places – report from the reuniting health with planning project' to maximise the impact of the transfer of Public Health to Local Authority. Blackpool will be building on this, together with the recommendations of the King's Fund document 'Improving the Public's Health a Resource for Local Authorities', to ensure that Blackpool is reducing health inequalities through designing a healthy urban environment that promotes health. Key amongst this work will be the development of the Green Infrastructure Strategy that supports the Council's Core Strategy.

Leisure Services developments (Town centre gym, fitness factory)

The council's leisure services team have a number of developments planned for the coming year. Funding has been secured for the development of a second Feel Good Factory in the town providing a ladies only facility with easy to use equipment. May 2014 will see the council's leisure services open a new gym, Gateway Fitness, located on the ground floor of the council's new office building at Number One, Bickerstaffe Square, Talbot Gateway providing state of the art facilities for residents and workers in the centre of the town.

Recommendations

1. The council should ensure that it continues with action to improve the urban environment to support healthy lifestyle. Key amongst this action will be delivery of a Green Infrastructure Strategy for the town.

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A healthier, longer and smoke-free life

What's behind the stats?

Smoking remains the single biggest contributor to health inequalities. It is associated with many of the major diseases and causes of early death, particularly: respiratory disease, heart disease and many cancers. Social deprivation is associated with high levels of smoking and low rates of quitting. There is a strong link between cigarette smoking and occupation and smoking rates are much higher among people with mental illness, and among prisoners.

Tobacco use also varies widely according to race, sex, age, educational level and socio-economic status. In the UK, the last 25 years has seen cigarette consumption amongst adults (16 plus) fall steadily among both men and women, however the decline has been substantially smaller across Blackpool. The total prevalence figure for Blackpool is 29.5%, significantly above the England average at 19.5%.

Smoking during pregnancy is one of the most preventable causes of foetal and infant morbidity and mortality. Blackpool's prevalence for smoking during pregnancy is the highest in the country at 30.8% as compared to 12.7% in England. This does however show a decrease in recent years following substantial work undertaken to help reduce smoking during pregnancy.



What's being done in Blackpool at present?

- The Specialist Stop Smoking Service is well established in the town providing drop in clinics and appointments on a range of sites across the town
- Stop smoking support is available via many GP practices across the town
- A Local Nicotine Replacement Treatment (NRT) voucher scheme exists across Blackpool which allows residents using Blackpool's stop smoking services to have NRT on prescription
- Smokefree signage is continuing to roll out across schools, parks and health facilities
- A tobacco liaison service exists within Blackpool Victoria Hospital to offer patients access to NRT and stop smoking services
- Test purchasing and Trading Standards enforcement regularly takes place in order to tackle illicit and counterfeit tobacco
- Lung health checks have been made available to residents in order to encourage people to stop smoking and signpost to stop smoking services
- Blackpool Victoria Hospital is officially a smokefree site, and is one of the few hospitals in the country to have achieved this

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What's planned for the coming year?

Tobacco control plan

A comprehensive tobacco control plan for Blackpool which aims to reduce tobacco use is scheduled to be developed during the year and will be presented to the Health and Wellbeing Board for approval. This will include initiatives to promote and support smokefree homes and cars. The action plan will be based on the latest evidence of effectiveness emerging from behaviour change science and research currently underway nationally.

Improvements for brief intervention training

The Public Health team will work to increase the availability of brief interventions by providing training for all public, private and third sector frontline workers on tobacco control and smoking cessation.

New tobacco products

Blackpool Council will raise awareness of the current unlicensed status of electronic cigarettes with both the public and partners and monitor updates to national policy.

Lobbying for standardised packaging

The Public Health team will continue to lobby for standardised packaging which serves to reduce the targeting of tobacco products at children and young people.

Recommendations

1. Local businesses should promote healthier lives by prohibiting smoking on their premises with supporting their staff to quit and protecting people from the harms of second hand smoke.
2. The Council will work with partners to ensure that tobacco products and accessories, including niche products, are not promoted to young people in Blackpool.

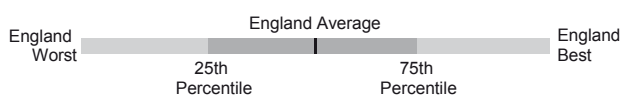
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Appendix 1

Figure A1.1 Health Profile 2013: Blackpool

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	68345	48.1	20.3	83.7	[Worse than Eng Avg]	0.0
	2 Proportion of children in poverty	8270	31.1	21.1	45.9	[Worse than Eng Avg]	6.2
	3 Statutory homelessness	30	0.5	2.3	9.7	[Better than Eng Avg]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	719	47.9	59.0	31.9	[Worse than Eng Avg]	81.0
	5 Violent crime	4203	30.0	13.6	32.7	[Worse than Eng Avg]	4.2
	6 Long term unemployment	1512	16.9	9.5	31.3	[Worse than Eng Avg]	1.2
Children's and young people's health	7 Smoking in pregnancy ‡	497	30.0	13.3	30.0	[Worse than Eng Avg]	2.9
	8 Starting breast feeding ‡	939	57.4	74.8	41.8	[Worse than Eng Avg]	96.0
	9 Obese Children (Year 6) ‡	244	18.0	19.2	28.5	[Not significantly different]	10.3
	10 Alcohol-specific hospital stays (under 18)	34	113.8	61.8	154.9	[Worse than Eng Avg]	12.5
	11 Teenage pregnancy (under 18) ‡	154	58.5	34.0	58.5	[Worse than Eng Avg]	11.7
Adults' health and lifestyle	12 Adults smoking	n/a	25.9	20.0	29.4	[Worse than Eng Avg]	8.2
	13 Increasing and higher risk drinking	n/a	22.0	22.3	25.1	[Not significantly different]	15.7
	14 Healthy eating adults	n/a	22.6	28.7	19.3	[Worse than Eng Avg]	47.8
	15 Physically active adults	n/a	48.2	56.0	43.8	[Worse than Eng Avg]	68.5
	16 Obese adults ‡	n/a	25.8	24.2	30.7	[Not significantly different]	13.9
Disease and poor health	17 Incidence of malignant melanoma	23	16.4	14.5	28.8	[Not significantly different]	3.2
	18 Hospital stays for self-harm	677	519.1	207.9	542.4	[Worse than Eng Avg]	51.2
	19 Hospital stays for alcohol related harm ‡	4903	2950	1895	3276	[Worse than Eng Avg]	910
	20 Drug misuse	1946	21.2	8.6	26.3	[Worse than Eng Avg]	0.8
	21 People diagnosed with diabetes	9336	6.6	5.8	8.4	[Worse than Eng Avg]	3.4
	22 New cases of tuberculosis	18	12.9	15.4	137.0	[Not significantly different]	0.0
	23 Acute sexually transmitted infections	2020	1422	804	3210	[Worse than Eng Avg]	162
	24 Hip fracture in 65s and over	154	421	457	621	[Not significantly different]	327
Life expectancy and causes of death	25 Excess winter deaths ‡	126	22.0	19.1	35.3	[Not significantly different]	-0.4
	26 Life expectancy – male	n/a	73.8	78.9	73.8	[Worse than Eng Avg]	83.0
	27 Life expectancy – female	n/a	80.0	82.9	79.3	[Worse than Eng Avg]	86.4
	28 Infant deaths	10	5.7	4.3	8.0	[Not significantly different]	1.1
	29 Smoking related deaths	381	327	201	356	[Worse than Eng Avg]	122
	30 Early deaths: heart disease and stroke	171	98.4	60.9	113.3	[Worse than Eng Avg]	29.2
	31 Early deaths: cancer	234	135.3	108.1	153.2	[Worse than Eng Avg]	77.7
	32 Road injuries and deaths	69	48.3	41.9	125.1	[Worse than Eng Avg]	13.1

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged 16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

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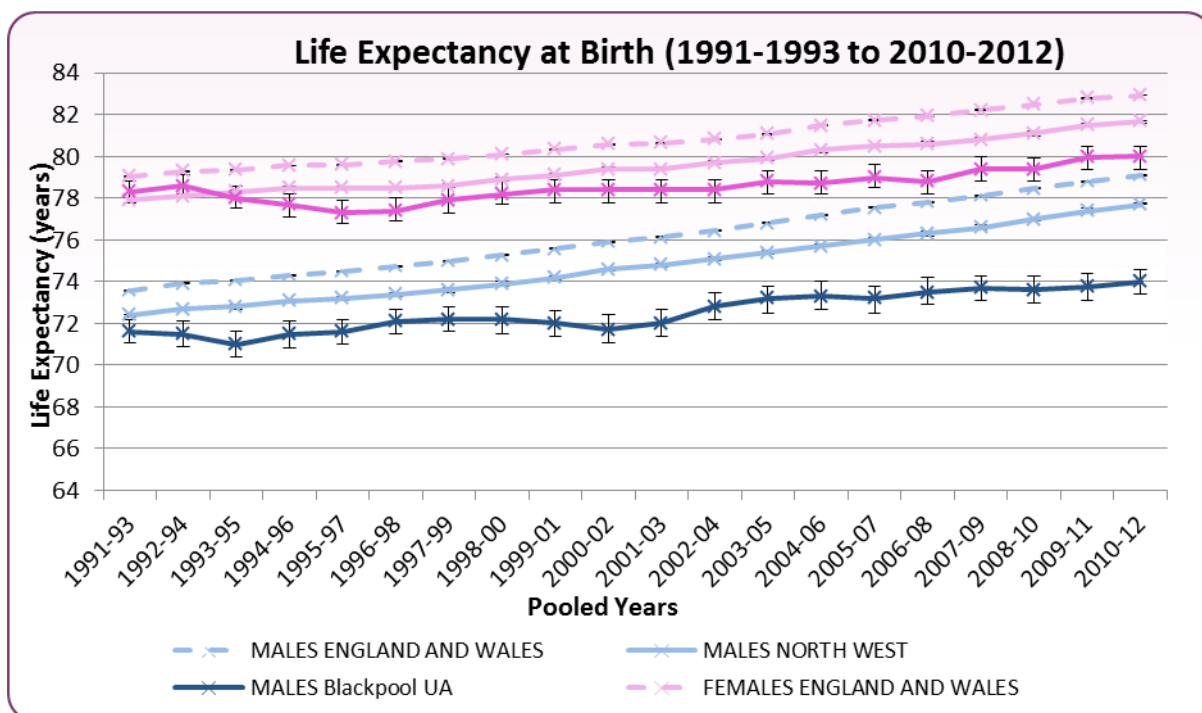
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Appendix 2 Trends in life expectancy and mortality

Life expectancy

Life expectancy in Blackpool has improved in recent years. Despite this improvement, life expectancy in Blackpool has been increasing at a slower rate than the country as a whole, and the gap between life expectancy in Blackpool and the national average continues to widen.

Figure A2.1 Life Expectancy at Birth (1991-1993 to 2009-2012)



Source: Health and Social Care Information Centre Indicator Portal

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Table A2.1 Life Expectancy at Birth (1994-1996 to 2009-2012)

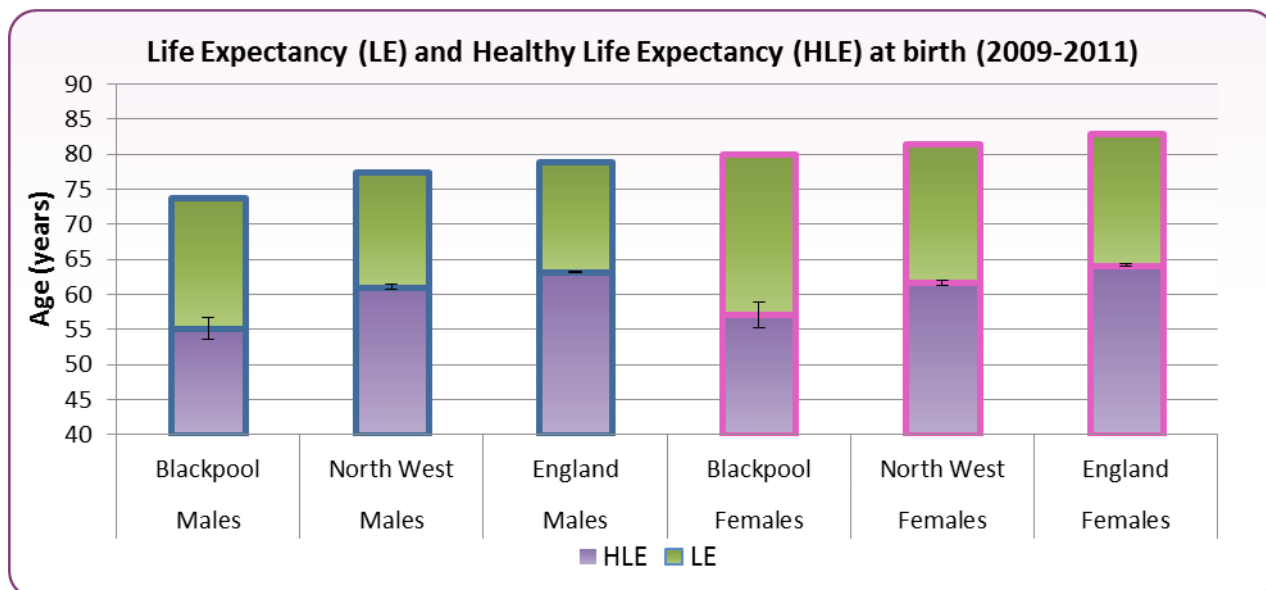
		1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12
MALES	ENGLAND AND WALES	74.3	74.5	74.7	75.0	75.3	75.6	75.9	76.1	76.4	76.8	77.2	77.5	77.8	78.1	78.5	78.8	79.1
	NORTH WEST	73.1	73.2	73.4	73.6	73.9	74.2	74.6	74.8	75.1	75.4	75.7	76.0	76.3	76.6	77.0	77.4	77.7
	Blackpool UA	71.5	71.6	72.1	72.2	72.2	72.0	71.7	72.0	72.8	73.2	73.3	73.2	73.5	73.7	73.6	73.8	74.0
FEMALES	ENGLAND AND WALES	79.6	79.6	79.8	79.9	80.1	80.3	80.6	80.7	80.8	81.1	81.5	81.7	82.0	82.2	82.5	82.8	82.9
	NORTH WEST	78.5	78.5	78.5	78.6	78.9	79.1	79.4	79.4	79.7	79.9	80.3	80.5	80.6	80.8	81.1	81.5	81.7
	Blackpool UA	77.7	77.3	77.4	77.9	78.2	78.4	78.4	78.4	78.4	78.8	78.7	79.0	78.8	79.4	79.4	80.0	80.0

Source: Health and Social Care Information Centre Indicator Portal

Whereas life expectancy (LE) is an estimate of how many years a person might be expected to live, healthy life expectancy (HLE) is an estimate of how many years they might live in 'good' health. The HLE estimate was calculated using self-reported prevalence of 'Good' general health collected in the Annual Population

Survey. Comparison of the HLE between England and Blackpool shows a greater difference than for LE alone. From this it can be observed that residents of Blackpool live shorter lives than the national average, and furthermore spend a smaller proportion of their shorter lifespan healthy.

Figure A2.2 - Life expectancy and Healthy Life Expectancy (2009 – 2011)



Source: ONS

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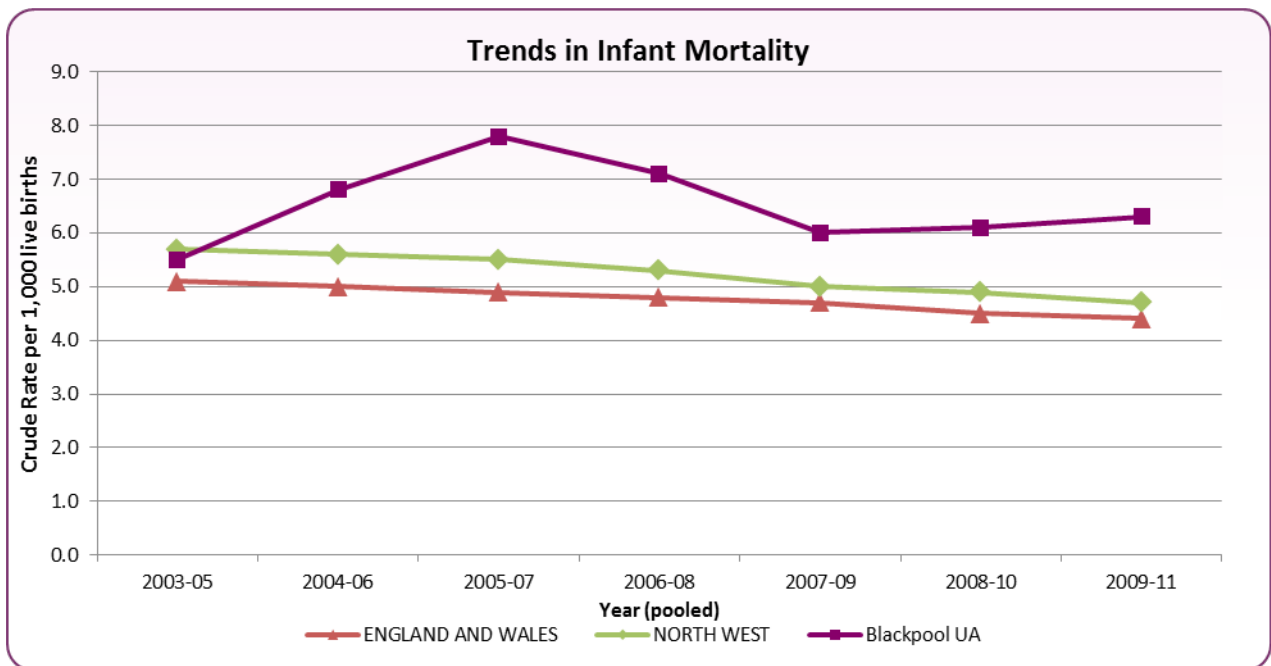
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Infant mortality

Infant mortality is an indicator of the general health of an entire population. Reducing infant mortality overall and the gap between the richest and poorest groups are part of the Government's strategy for public

health. The rate of infant mortality within Blackpool has remained constantly higher than the North West and England rates.

Figure A2.3 – Infant Mortality (2003/05 – 2009/11)



Source: Health and Social Care Information Centre Indicator Portal

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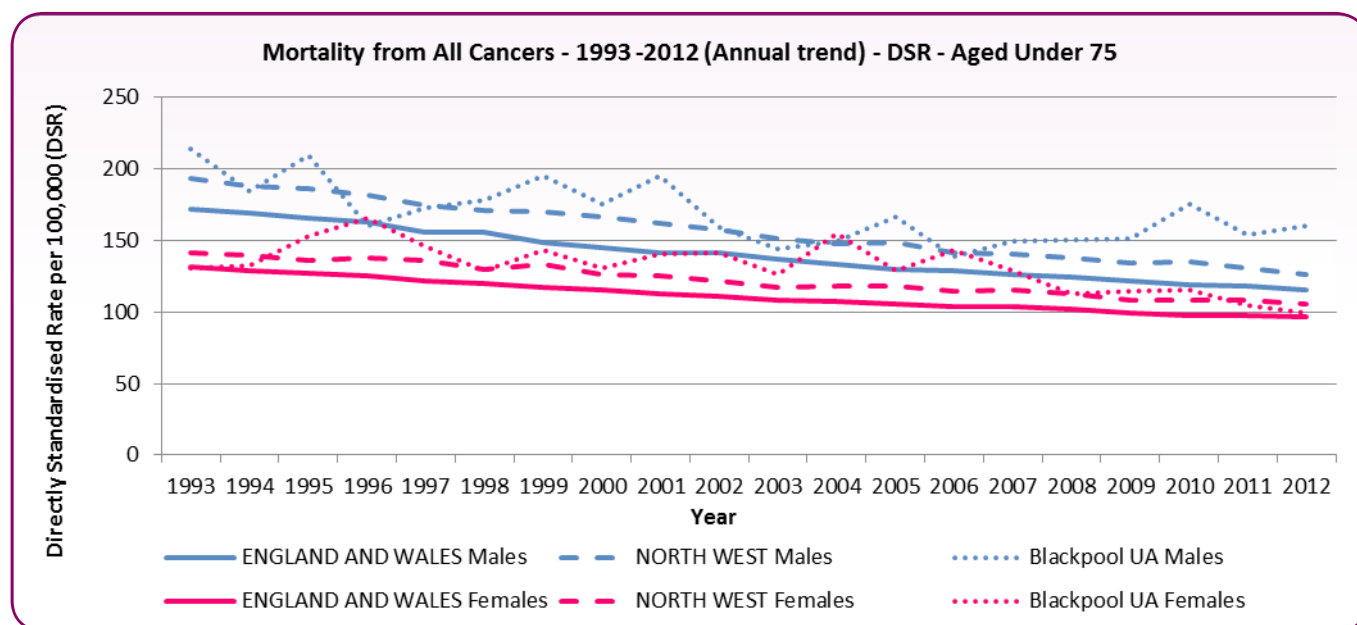
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Premature mortality

A number of indicator that focus on mortality in those aged under 75 are included within the Public Health Outcomes Framework. Many deaths in those aged under 75 are avoidable and the number of these deaths could be reduced through public health policy and interventions.

The trend in mortality from cancers and circulatory diseases amongst people under age 75 shows an overall pattern of improvement. However mortality rates remain higher than the regional and national average in both cases.

Figure A2.4 - Mortality from all cancers - 1993-2012 (Annual trends) - DSR - aged under 75 years

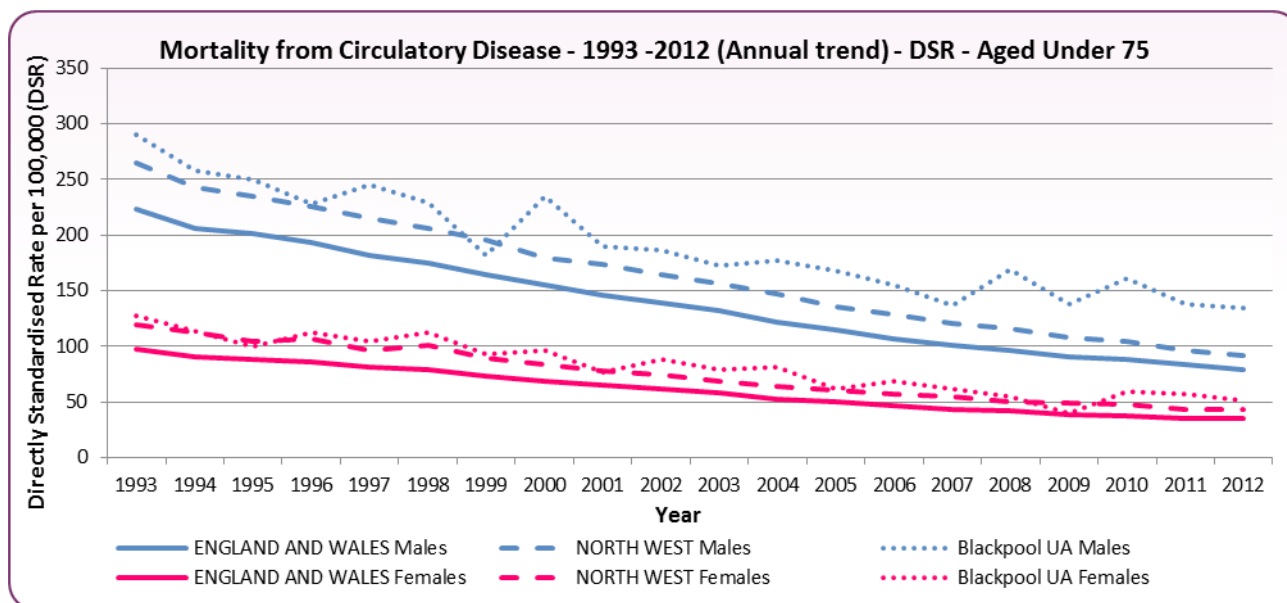


Source: Health and Social Care Information Centre Indicator Portal

Public Health Annual Report

An independent assessment of the health of the people of Blackpool 2013

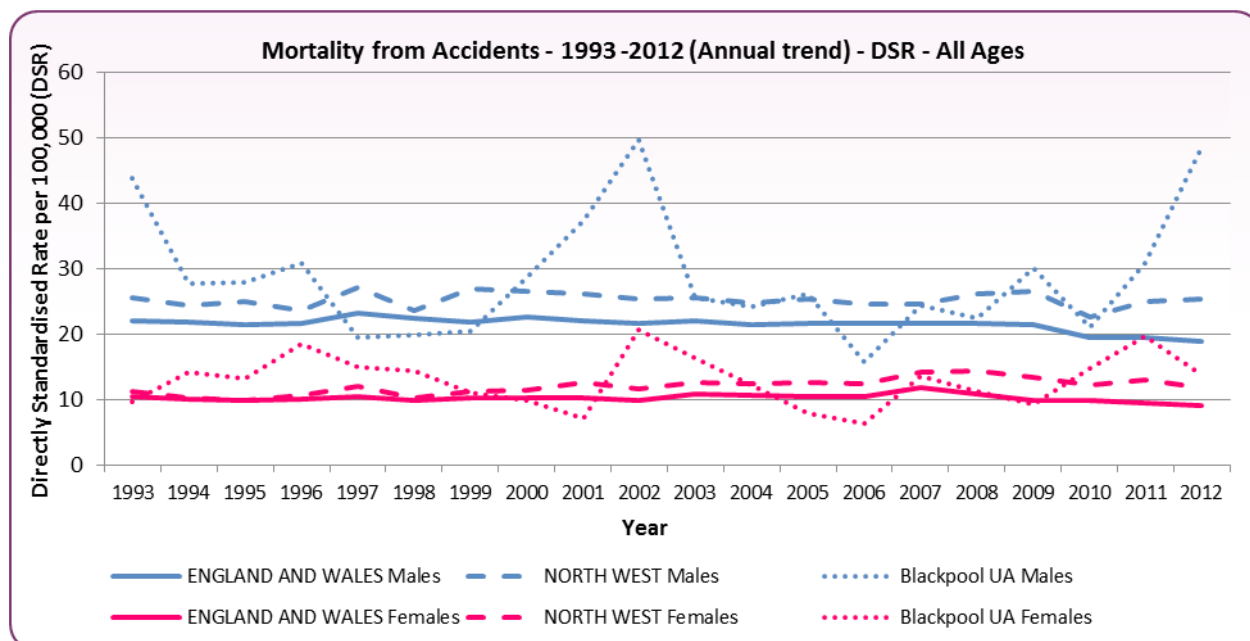
Figure A2.5 - Trends in mortality from circulatory diseases - 1993-2012



Source: Health and Social Care Information Centre Indicator Portal

Mortality rates from accidents amongst Blackpool people of all ages are similar to the North West average. Accident mortality rates are based on small numbers of actual deaths so rates are sensitive to natural variations in the actual number of cases and apparent spikes should be interpreted with caution.

Figure A2.6 - Trends in mortality from accidents - 1993-2012



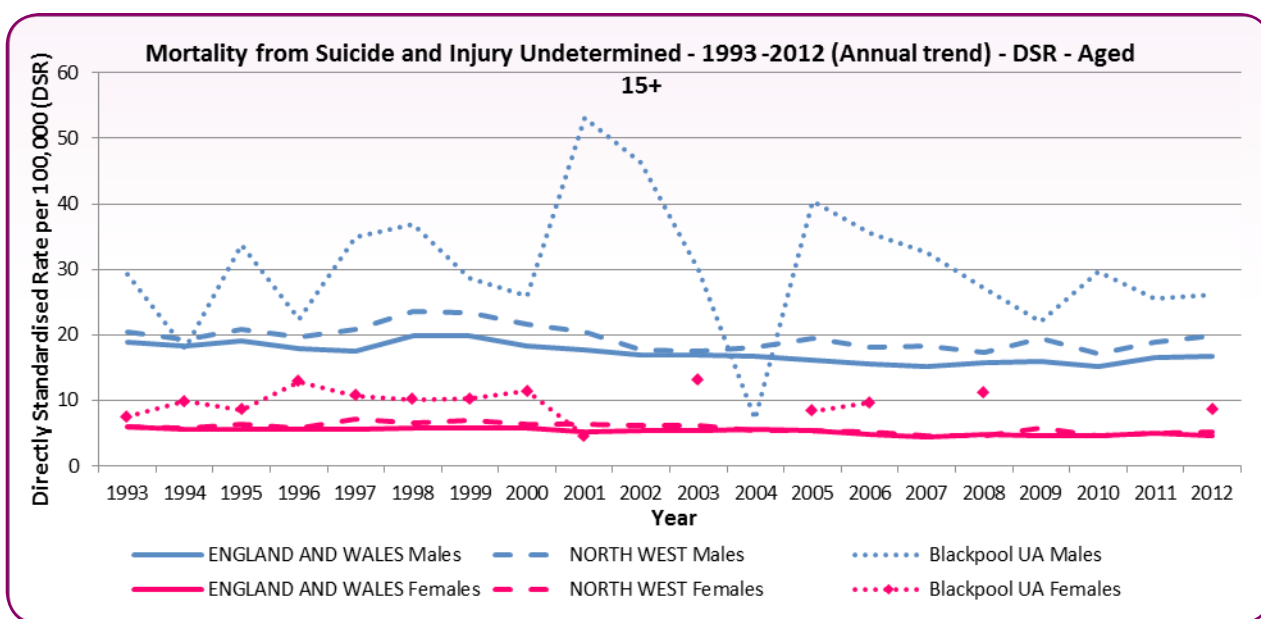
Source: Health and Social Care Information Centre Indicator Portal

Public Health Annual Report

An independent assessment of the health of the people of Blackpool 2013

Mortality rates from suicide and undetermined injury are also based on only a few actual deaths and figures for single years must be viewed with care. The overall trend shows rates in Blackpool tend to be higher than both the North West region and national average.

Figure A2.7 - Trends in mortality from suicide and injury undetermined - 1993-2012



Finding out more

Blackpool Joint Strategic Needs Assessment (JSNA)

www.blackpooljsna.org.uk

Blackpool Council

www.blackpool.gov.uk

Health Profiles from Association of Public Health Observatories

www.healthprofiles.info

National Statistics

www.statistics.gov.uk

NHS Choices

www.nhs.uk

Stop smoking

www.smokefree.nhs.uk

Prepared by:

Directorate of Public Health, Blackpool Council,
PO Box 4, Blackpool, FY1 1NA

Published June 2014.

Published to the Blackpool JSNA website,
in electronic PDF format.

www.blackpooljsna.org.uk

Report to:	HEALTH SCRUTINY COMMITTEE
Item number	8
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	25 th September 2014

BLACKPOOL HEALTH AND WELLBEING BOARD

1.0 Purpose of the report:

1.1 The Committee to consider the minutes from the meeting of the Health and Wellbeing Board on 3rd September 2014.

2.0 Recommendation(s):

2.1 To note the minutes, identifying any issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is kept fully informed of the Health and Wellbeing Board's plans and actions and that any opportunities for recommendations or joint working are identified.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Attached at Appendix 8a are the minutes from the meeting of the Blackpool Health and Wellbeing Board that took place on 3rd September 2014.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 8a, Health and Wellbeing Board minutes 3rd September 2014.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 SEPTEMBER
2014**

Present:

Councillors

Blackburn Collett Rowson

Simon Bone, David Bonson, Gary Doherty, Dr Amanda Doyle, Roy Fisher and Joan Rose

In Attendance:

Lennox Beattie, Executive and Regulatory Support Manager
Venessa Beckett, Corporate Development and Policy Officer
Stephen Boydell, Senior Public Health Analyst
Scott Butterfield, Corporate, Development Policy and Research Officer
Neil Jack, Chief Executive
Traci Lloyd-Moore, Health and Wellbeing Board Development Officer
Ibby Masters, Deputy Police and Crime Commissioner for Lancashire
Liz Petch, Public Health Specialist
Andy Roach, Blackpool Clinical Commissioning Group

Apologies

Apologies were submitted on behalf of Councillors Clapham and Taylor and Delyth Curtis, Richard Emmess, Jane Higgs, Ian Johnson, Dr Arif Rajpura and Professor Heather Tierney-Moore

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 9TH JULY 2014

Resolved:

That the minutes of the meeting held on the 9th July 2014 be approved as a correct record.

3 DEVELOPMENT UPDATE

The Board received an update on the four revised priorities identified at the Board's last Away Day. The four drivers identified were stabilising the housing market, substance misuse alcohol drugs and tobacco, social/isolation community resilience and early intervention. The update included a proposal setting out next steps which included a review of the current JHWS to support transitional arrangements from the current to a new version, finalising the improvement plan and undertaking a further development session to move forward into the new year with a clear plan of action.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 SEPTEMBER 2014

Liz Petch updated board as to the views of the voluntary sector organisations and that these were broadly in line with the views of such organisations, with the exception of employment.

Neil Jack raised concern that the stabilising the housing market did not refer to selective licensing which was considered a key driver for change.

Resolved:

The Board agreed the revised priorities noting that the housing priority should include direct invention in the housing market and on the caveat that healthcare should remain a key focus as this is the central remit of the Board.

The Board agreed to undertake a review of the JHWS to determine progress and management arrangements against each of the existing priorities before formally moving forward with a revised set.

The Board agreed to hold a further development session in November to implement the improvement plan and initiate refresh of the JHWS in the new year.

4 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received an update on the work of the Strategic Commissioning Group including the minutes of the meeting held on the 6th August 2014.

David Bonson summarised key aspects of the current work programme which include revising the Better Care Fund plan in light of changes to the policy framework affecting all local areas, a review of JHWS performance and the outcome of a mapping exercise to determine the groups and committees that currently have a connection with the Board. This information will be used to shape a partnership report which will describe the future interface between the Board and wider partners.

Resolved:

To note the update.

5 PERFORMANCE UPDATE QUARTER 1 2014-2015

The Board received a performance update on the key performance indicators identified by the Joint Health and Wellbeing Strategy, for the period of Quarter 1 2014/2015.

It was noted that due to time lag availability of data for many of the targets was not yet available but where it had been, this was supplied accompanied by commentary from the relevant performance lead.

Resolved:

To note the quarterly performance update.

6 DISABLED CHILDREN'S CHARTER

The Board considered the Disabled Children's Charter. It noted that it had previously

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 SEPTEMBER 2014

agreed and signed the charter at its meeting 3rd July 2013.

The progress since the last signing of the Charter was outlined in the report.

Resolved:

1. To note the progress made since the Charter was signed in 2013.
2. To agree that the Chairman on behalf of the Board sign the Disabled Children's Charter for the next twelve months.

7 PHARMACEUTICAL NEEDS ASSESSMENT

Liz Petch and Stephen Boydell from Blackpool Council Public Health provided a summary report on the Blackpool Pharmaceutical Needs Assessment.

Mr Boydell reminded board members of the statutory need for the Board to create a Needs Assessment which was consistent with the Joint Strategic Needs Assessment. He further explained the proposed contents of the Pharmaceutical Needs Assessment and that the document would be shortly circulated to Board members in advance of the formal consultation period between the 20th October 2014 and 19th December 2014. There was a planned stakeholder event on the 23rd October 2014.

It was agreed that the draft would be circulated by Mr Beattie to Board members in advance of the public consultation period.

It was noted that the Assessment would once approved be the subject of periodic reviews at least every six months or after significant changes. Members of the Board expressed a need for the assessment to be reviewed subject to the implementation of the Better Care Fund.

Resolved:

To note the summary of the main content and considerations of the Pharmaceutical Needs Assessment.

8 BETTER CARE FUND PLAN UPDATE

Andy Roach gave an update presentation to the Board on the Better Care Fund. He outlined the key recent changes in the guidance regarding the funding arrangements for the Better Care Fund.

A key feature was that the pay for performance framework now linked solely to the target of a 3.5% reduction in unplanned admissions. It was noted that the Better Care Fund Planning Leads had met with the NHS England Area Team and it had been agreed that the vision and core elements could remain unchanged but the new requirements will have to be addressed through the Better Care Fund Programme Board.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 3 SEPTEMBER
2014**

Resolved:

1. To note the presentation
2. To note the key policy changes underpinning the Better Care Fund and how these are being addressed locally.
3. To note the assurance that Blackpool's Locality Plan takes accounts of and robustly evidences the additional requirements set out in the new guidance.
4. That the authority to sign off any revisions to the Plan be delegated to the Chairman on behalf of the Board.

9 HEALTHWATCH ANNUAL REPORT

The Board received the first Healthwatch Blackpool Annual Report 2013-2014.

The report included the work undertaken over the first year including Care Home Enter and Views, Patient Led Assessments of Care Environments (PLACE), Dentistry Survey, and Open Events. Also the founding of the Patient Participation Group Network with over half the Blackpool practices now represented.

Resolved:

To note the Healthwatch Blackpool Annual Report.

10 DATE OF NEXT MEETING

The Board noted the date of next meeting as the 22nd October 2014.

Chairman

(The meeting ended at 3.55 pm)

Any queries regarding these minutes, please contact:

Tel:

E-mail:

Report to:	HEALTH SCRUTINY COMMITTEE
Item number	9
Relevant Officer:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	25 th September 2014

COMMITTEE WORKPLAN

1.0 Purpose of the report:

1.1 The Committee to consider its Workplan for the remainder of the 2014/2015 Municipal Year.

2.0 Recommendation(s):

2.1 To consider the Workplan, suggesting any additions or amendments that are considered necessary.

3.0 Reasons for recommendation(s):

3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 N/A

5.0 Background Information

5.1 Members have the opportunity to review the Workplan and make any suggestions for additions or amendments. A copy of the Workplan is attached at Appendix 9a.

Does the information submitted include any exempt information?

No

List of Appendices:

Appendix 9a, Committee Workplan.

6.0 Legal considerations:

6.1 None.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 None.

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Workplan for HEALTH SCRUTINY COMMITTEE
2014/15 Municipal Year

1. Provider / Commissioner Scrutiny

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	The Committee to receive updates at each meeting and have the opportunity to comment and make recommendations in relation to any developments and changes. To include complaints information on a regular basis.	17 th July 2014	25 th September 2014
NORTH WEST AMBULANCE SERVICE NHS TRUST	The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.	17 th July 2014	TBA.
LANCASHIRE CARE NHS FOUNDATION TRUST	The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.	24 th October 2013	Scheduled for December 2014 and March 2015
BLACKPOOL CLINICAL COMMISSIONING GROUP	The Committee to receive reports and have the opportunity to comment and make recommendations in relation to any developments and changes. To include a regular update on the Better Care Fund.	17 th July 2014	25 th September 2014

2. Stakeholder Scrutiny

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
HEALTH AND WELLBEING BOARD	To scrutinise the activities and outcomes of the Health and Wellbeing Board	17 th July 2014	25 th September 2014

Workplan for HEALTH SCRUTINY COMMITTEE
2014/15 Municipal Year

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
HEALTH WATCH BLACKPOOL	To receive progress reports and monitor the outcomes of Healthwatch Blackpool, linking in to public involvement and trends in relation to complaints.	6 th February 2014	TBC
BETTER CARE FUND	To receive updates regarding the proposals that are being submitted via the HWBB to the Department of Health.	12 th June 2014	25 th September 2014

3. Health Inequalities

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
PUBLIC HEALTH	The Committee to receive reports at each meeting in relation to progress on public health matters and comment on the Joint Strategic Needs Assessment (JSNA) and other health inequality topics including alcohol, tobacco control and teenage pregnancy	8 th May 2014 (tobacco / alcohol)	25 th Sept 2014 – teenage pregnancy (Claire Grant) 6 th Nov 2014 – Immunisations & Vaccinations 11 th Dec 2014 - Mortality (Lynn Donkin)

4. To scrutinise proposals for service changes, substantial developments and other consultation requirements

Updated 4th September 2014 by Steve Sienkiewicz.

Workplan for HEALTH SCRUTINY COMMITTEE
2014/15 Municipal Year

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
QUALITY ACCOUNTS	To consider Quality Accounts from NHS Healthcare Providers.	17 th July 2014	Approx March 2015
THE HARBOUR INPATIENT FACILITIES AND TRANSITION PLANNING	To monitor the implementation and transitional arrangements for the new in-patient mental health care centre at the Harbour.	12 th June 2014	11 th December 2014
JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE AND JOINT TASK GROUPS	To participate in joint Committee activities and task groups.	17 th July 2014	As required

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