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Blackpool Council

24 February 2015

To: All Members of the Health and Wellbeing Board

are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 4 March 2015 at 3.00 pm
in Committee Room A, Town Hall, Blackpool

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 Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 28TH JANUARY 2015 (Pages 1 - 6)

To agree the minutes of the last meeting held on 28th January 2015 as a true and correct record.

3 STRATEGIC COMMISSIONING GROUP UPDATE (Pages 7 - 14)

To receive an update on the work of Strategic Commissioning Group.

4 BETTER CARE FUND UPDATE (Pages 15 - 50)

To receive an update on the Better Care Fund.

5 LANCASHIRE CRISIS CARE CONCORDAT AND ACTION PLAN (Pages 51 - 78)

To receive a briefing on the Lancashire Crisis Care Concordat and Action Plan.

6 FYLDE COAST HIGHWAYS AND TRANSPORT MASTERPLAN (Pages 79 - 142)

The Board to be consulted upon the Fylde Coast Highways and Transport Masterplan.

7 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 143 - 244)

To consider the Pharmaceutical Needs Assessment

8 PROJECT SEARCH (Pages 245 - 248)

To receive a presentation on Project Search.

9 DATE OF NEXT MEETING

To note the date of the next meeting as:

10th June 2015

Venue information:

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

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager , Tel: 01253 477157, e-mail: Lennox.beattie@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 AND WELLBEING BOARD MEETING - WEDNESDAY, 28 JANUARY 2015

Present:

Dr Amanda Doyle, Blackpool Clinical Commissioning Group, in the Chair

Councillors Clapham, Collett and Rowson

Roy Fisher and Dr Leanne Rudnick, Blackpool Clinical Commissioning Group

Joan Rose, Blackpool Healthwatch

Delyth Curtis, Director of People- Blackpool Council

Karen Smith, Deputy Director of People- Blackpool Council

Richard Emmess, Blackpool Council for Voluntary Services

In Attendance:

Lennox Beattie, Executive and Regulatory Support Manager
Venessa Beckett, Corporate Development and Policy Officer
Scott Butterfield, Corporate Development Manager
Superintendent Nikki Evans, Lancashire Constabulary
Maggie Hayes, Project Officer Energy Efficiency
Neil Jack, Chief Executive
Helen Lammond-Smith, Blackpool Clinical Commissioning Group
Mike Leigh, Pan-Lancashire Child Death Overview Panel
Traci Lloyd-Moore, Adult Services Commissioning Manager
Carmel McKeogh, Deputy Chief Executive
Judith Mills, Public Health Specialist
Mrs Wendy Swift, Blackpool Teaching Hospitals NHS Trust

Apologies:

Councillors Blackburn and I Taylor

Dr Arif Rajpura, Director of Public Health

Jane Higgs, NHS England

Professor Heather Tierney-Moore, Lancashire Care NHS Trust

David Bonson, Blackpool Clinical Commissioning Group

Gary Doherty and Ian Johnson, Blackpool Teaching Hospitals NHS Trust

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 28 JANUARY 2015

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 3RD DECEMBER 2014

Resolved:

That the minutes of the meeting held on the 3rd December 2015 be approved and signed by the Chairman, subject to Neil Jack being added to the list of attendees and Cllr Kath Rowson's apologies being noted.

3 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received an update on the work of the Strategic Commissioning Group including the items considered at the meeting on the 20th January 2015. The items highlighted which were considered at that meeting included the Adults and Children's Commissioning Strategy and the transfer of 0-5 public health commissioning.

The Board noted that the minutes of this meeting were not yet available but would be presented to the next meeting.

Resolved:

To note the update on the Strategic Commissioning Group.

4 WINTERBOURNE VIEW CONCORDAT UPDATE

The Board received a presentation on the progress made towards achieving the objectives set out in the Winterbourne View concordat since the previous update on the 18th December 2013.

Ms Traci Lloyd-Moore, Commissioning Manager- Adult Services, gave a presentation updating the board on work at a national level to transform commissioning of services and work locally to meet the concordat's required action. She highlighted that a register had been completed providing all the key information on each individual under the Winterbourne criteria- in Blackpool there were 7 such individuals. It was emphasised that they all now had an assigned case worker and were appropriately placed and safe.

There were however particular challenges in moving such patients to community settings. In relation to this a market mapping exercise had been completed to identify areas of concern and work was now underway to address the gaps identified.

Resolved:

To accept the update and to agree to receive further updates on the Winterbourne View concordat.

NEXT STEPS TO PRIMARY CARE CO-COMMISSIONING

The Board received an update on the next steps to Primary Care Co-Commissioning from Dr Amanda Doyle, Blackpool Clinical Commissioning Group. The presentation highlighted the NHS England papers 'Next Steps towards Primary Care Co-Commissioning.

Resolved:

1. To note that Blackpool Clinical Commission Group has submitted an application to NHS England, to take on full delegated arrangements from April 2015.

2. To note that Blackpool Clinical Commissioning Group haddiscussed the principles of co-commissioning primary care services with practices and received overwhelming support and confidence of the ability of the Clinical Commissioning Group to deliver this. Amendments have been made to the Clinical Commissioning Group's constitution including the approach to managing conflicts of interest.

6 DELIVERY OF AFFORDABLE WARMTH INITIATIVES ACROSS BLACKPOOL AND THE WIDER LANCASHIRE FOOTPRINT

Judith Mills, Public Health Specialist, provided the Board with information on a proposed initiative on Affordable Warmth. She outlined the high levels of fuel poverty in Blackpool and that cold and damp housing has been proven to exacerbate many health conditions as well as having a negative impact on general wellbeing including mental health. It was noted that Blackpool includes many more hard to treat properties than the national average and so was often left out of initiatives on affordable warmth given the limited funding streams.

The proposal was outlined which included creating an offer on a pan-Lancashire basis to make accessing such initiatives more straightforward while ensuring that the homes of the most vulnerable are as warm and energy efficient as possible.

On a separate note, members of the Board were reminded of how partners could access information and assistance from Maggie Hayes (Projects Officer Energy Efficiency, Blackpool Council) and the contact details of the team would be circulated separately.

Resolved:

To note the report and support the initiative

CHILD DEATH OVERVIEW PANEL REPORT 2013/2014

The Board received the annual report of the Pan Lancashire Child Death Overview Panel, this document was presented by Mike Leigh on behalf of the Panel.

It was outlined that this was the fifth annual report of the pan-Lancashire Child Death Overview Panel since such panels became statutory. The report included reviews of all deaths of children between 0-18 in reporting year 2013-2014. It concentrated on patterns amongst deaths and identified a number of modifiable risks factors including factors related to safer sleeping.

Resolved:

1. To note the information contained within the annual report of the Pan-Lancashire Child Overview Panel 2013/2014.

2. To agree the recommendations outlined in the report and ask the responsible organisations to provide assurances to the Child Death Overview Panel that these recommendations have been addressed namely:

   Health visiting providers (Lancashire Care Foundation Trust and Blackpool, Fylde and Wyre Hospitals Trusts) to provide assurances to their Local Safeguarding Children Board that safer sleep information is discussed with parents/ carers at the antenatal and primary contacts

   Given the frequency in the numbers of deaths caused as a result of own actions, the Health and Wellbeing Boards should assure themselves that there is evidence-based and effective early intervention/ preventive work for emotional health and wellbeing for children and young people

   Public Health teams to develop a set of recommendations based on more detailed analysis of historical data collected by Child Death Overview Panel (including the modifiable factors identified by the Panel) and any other relevant sources.

   The Local Safeguarding Children Boards and Health and Wellbeing Boards should seek assurances that there is effective interagency working to address the misuse of alcohol and substances and smoking cessation

8 BETTER CARE FUND UPDATE

A presentation was given to the Board on the Better Care Fund and it was noted that the Better Care Fund submission had been approved by NHS England following the submission of the revised action plan.

Resolved:

To note the update including the approval by NHS England of the Better Care Fund.

9 DATES OF FUTURE MEETINGS

The Board noted the date of future meetings as follows:

4th March 2015
10th June 2015

Chairman

(The meeting ended3.55 pm)

Any queries regarding these minutes, please contact:
Lennox Beattie, Executive and Regulatory Manager
Tel: 01253 477157
E-mail: Lennox.beattie@blackpool.gov.uk

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Delyth Curtis, Director of People, Blackpool Council
Relevant Cabinet Member	Councillor Eddie Collett, Cabinet Member for Public Health
Date of Meeting	4th March 2015

STRATEGIC COMMISSIONING GROUP UPDATE

1.0 Purpose of the report:

1.1 To receive a verbal update on issues related to the Strategic Commissioning Group.

2.0 Recommendation(s):

2.1 To note the update

3.0 Reasons for recommendation(s):

3.1 The Board has as a key responsibility to receive regular updates on the work programme of the Strategic Commissioning Group and to review future actions.

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:

There are no alternative options to be considered

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 The next meeting of the Strategic Commissioning Group is due to take place on 26th February 2015, which is after the Health and Wellbeing Board papers are circulated; therefore a verbal update will be given at the meeting.

5.2 Agenda items include Better Start and Head Start Commissioning; an update on the implementation of the Care Act; and an update on the intermediate care review.

5.3 At its last meeting on the 28th January 2015 the Board received a verbal update on the meeting of the Group held on the 20th January 2015, those minutes are attached for information.

5.4 Does the information submitted include any exempt information? No

5.5 **List of Appendices:**

Appendix 3a: Minutes of the meeting of Strategic Commissioning Group- 20th January 2015

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

Strategic Commissioning Group
Notes and Actions
20 January 2015, 3.00 – 5.00pm
Conference Room 3 A, Bickerstaffe House

Present	Delyth Curtis, Director of People (Director of Children's Services), Blackpool Council (Chair) David Bonson, Chief Operating Officer, Blackpool CCG Dr Amanda Doyle (OBE), Chief Clinical Officer, Blackpool CCG Gary Raphael, Chief Finance Officer, Blackpool CCG Andy Roach, Director of Integration and Transformation, Blackpool CCG Steve Thompson, Director of Resources, Blackpool Council Lynn Donkin, Public Health Specialist, Blackpool Council Judith Mills, Public Health Specialist, Blackpool Council Mark Towers, Director of Governance and Regulatory Services, Blackpool Council Liz Petch, Public Health Specialist, Blackpool Council Wendy Swift, Director of Strategy/Deputy Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust Helen Lammond-Smith, Head of Commissioning, Blackpool CCG Val Raynor, Head of Commissioning, Blackpool Council Karen Smith, Director of Adult Services
Also present	Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council Scott Butterfield, Corporate Development Manager, Blackpool Council Kim Wood, Community Information Development Officer, Blackpool Council
Apologies	Jane Higgs, Director of Operations and Delivery, NHS England Dr Arif Rajpura, Director of Public Health, Blackpool Council Jane Cass, Head of Public Health, NHS England Dr Mark Johnston, Blackpool CCG

1.	**Welcome, introductions and apologies.** Del welcomed everyone to the meeting, apologies were given and introductions made.
2.	**Notes and actions from previous meeting.** Notes from the previous meeting were agreed. **Actions from previous meeting:** **Item 3:** The membership and terms of reference for the SCG is on the agenda for January's meeting. **Item 5:** The HWB Governance, Partnerships and Sub-structure paper requires further work to ensure that the right sub-structure is in place prior to approval through the appropriate

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	process.
3.	**SCG Governance** Venessa Beckett presented the report outlining the reasons for updating the terms of reference to incorporate changes to the national and local landscape and ensure integrated strategic oversight of the new major projects. The changes to the terms of reference proposed include; strengthening the role of the SCG to drive integrated commissioning, refreshing the membership to include the Head of Commissioning for Blackpool Council, and incorporating the Better Care Fund Project Board into the SCG. An in depth discussion followed which raised a number of concerns and issues: Mark Towers raised concerns about the SCG deciding its own terms of reference and highlighted a danger in the group becoming 'everything to everybody'. The purpose needs to be clearer and more succinct; the role of the group more specific with a clear audit trail; he advised that the terms of reference should be approved by the Health and Wellbeing Board. Amanda Doyle suggested that the group requires a broad remit as the HWB Board is very strategic and doesn't pick up finance or performance issues only at a very high level. Gary Raphael pointed out that there are different things that we need to do as a group to ensure that we are making the most of opportunities to mitigate our individual budget circumstances – we know that we have to get closer together and do different things but are not sure how. We also have to assess whether we are mitigating against the worst impacts of budget reductions, and to understand how we can spend differently with providers to reduce inequalities in health outcomes. This would involve changing how we commission to reduce duplication. Amanda stated that we need to jointly plan which services are going to be cut so that any adverse impact on each other's services can be mitigated against. Liz Petch pointed out that the terms of reference did not include any of the HWB Board's responsibility to improve health outcomes or prevent. David Bonson added that it was about changing the way we work. Amanda said that the goal is integrated services so we need to change how we commission. Del Curtis said we need to determine the collective offer of the group through a HWB Board development session in terms of a public offer: 'this is what you get if you live in Blackpool…' Amanda said we need a full system debate at the HWB Board which would allow us to understand where we could get the biggest overall benefit for our efforts. Judith Mills pointed out that we don't often have control of the money that comes into Blackpool; it is through different funding streams and projects, such as HeadStart, Better Start, and Transformation Fund. We need people on each of the Boards and the Chairs to feed in here. Del said we need to challenge the terms of reference of the other boards where they state a commissioning responsibility as well as mapping out which Boards there are and who sits on them.

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	With regards to the proposal to merge the Better Care Fund Project Board with the SCG, David asked if the SCG were happy to dissolve this group. It was agreed that further work is needed to ensure that the appropriate reporting mechanisms are set up for the various working groups that are in place. **Action:** Mark will work with Venessa and Scott to refine the terms of reference as part of the broader work on the HWB governance, partnerships and sub-structures. These will be circulated for comment prior to the next meeting. **Action:** HWB to decide/agree what the 'collective offer' is as part of the development session. **Action:** Review terms of reference for other Boards/Groups aligned to the HWB Board, considering role/remit and identify membership.
5.	**0-5 Public Health Commissioning Transfer** Lynn Donkin presented the report, explaining that it was a 'lift and shift' process for transferring the commissioning responsibility. The allocations look like they will cover provision. The Corporate Leadership Team saw no reason to challenge the allocations. Public Health are beginning to take part in discussions with NHS England. Some questions were asked regarding the commissioned services that would transfer and whether they were ring-fenced. Lynn advised that the services were health visiting and the Family Nurse Partnership, and that the mandate covered the first eighteen months but there was no indication of what the allocation would be beyond 2016. Amanda commented that there had been a huge change in what health visitors do and that their role had become much narrower in recent years, essentially focusing on child protection issues. Lynn advised that we will inherit a service with a national specification but will be able to adapt this in the future.
6.	**Healthier Lancashire** David Bonson presented the second version of the Healthier Lancashire Purpose Document. He outlined some CCG's feedback on the document which is that it needs to have a narrower scope, concentrating on service configuration, digital services and workforce. A meeting had taken place with the lead for the Greater Manchester sub-region work, who advised to pick a subject that all areas involved could get behind and develop. Amanda commented that from a public health perspective it is about picking up some of the wider service issues that are faced by each local authority area. A meeting of the Lancashire Leadership Forum is planned for the 5 February 2015.
4.	**Adults and Children's Commissioning Strategy** Val introduced Kim by noting that the strategy had been deliberately scoped to cover the Council, but that it also aimed to be joined up across the commissioning approaches of Council partners. Kim gave an overview of the Strategy via a presentation (attached). Amanda suggested that it should be delivered to the HWB. Del noted that some content was needed around education and schools.

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	Scott queried whether the strategy should articulate the transition to upstream services more clearly. David suggested that there needed to be a piece of work to bring this together with wider commissioning arrangements. Steve commented that the 51 actions in Appendix A could be too onerous. Del committed that the strategy would be strengthened around future intentions such as pooled budgets, co-location and related issues around closer joint working. **Action:** Val and Kim to consider content on upstream services
7.	**AOB** The group discussed the budget situation facing the Council. Steve set the scene by noting that the total cost of cuts so far made by the Council total £68mn – 4 times the total cost of all back office services, meaning that the cuts could never have been contained by reducing support staff alone. Del reported that a combination of service reviews, some of which were already completed and being implemented resulting in changes and cessation were underway, with non-statutory services being particularly affected. Karen reported that 10% savings were required from Adults. This would not be met by reductions in the number of social workers, but they were having to absorb work required as a result of the Care Act. A combination of approaches including exploration of alternative service providers, withdrawal from services, tendering and changes to service specifications are underway. David reported some useful dialogue with Wyre Council was underway around the use of multi-disciplinary teams and closer working. Judith reported Public Health's savings, which amounted to £4.3m from a budget of £18m. Some areas of investment were maintained and a new structure was being proposed. **Action** Del/David/Amanda to set up a discussion about the health economy looking at proposals and solutions to financial constraints.
8.	**DATES OF FUTURE MEETINGS** Next meeting: • Thurs 26 Feb 15

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Andy Roach, Blackpool Clinical Commissioning Group
Relevant Cabinet Member	Councillor Eddie Collett, Cabinet Member for Public Health
Date of Meeting:	4th March 2015

BETTER CARE FUND UPDATE

1.0 Purpose of the report:

1.1 To receive a verbal update on the Better Care Fund.

2.0 Recommendation(s):

2.1 To note the update on the Better Care Fund.

3.0 Reasons for recommendation(s):

3.1 The Board has a key role in monitoring the submission of the revised Better Care Fund.

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 - the item is for information to update the Board as to the Better Care Fund's progress.

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 The £3.8bn Better Care Fund (BCF) was announced in the Government's June 2013 spending review. The key ambition of the Fund seeks to transform local services to ensure people are provided with better integrated care and support – which is joined-up, personalised and provided closer to home.

5.2 In order to access the Better Care Fund, every local area developed a locality plan aligned to the two-year operational and five year strategic plans of their Clinical Commissioning Group. Plans must also meet certain national conditions including a commitment to seven day working, better sharing of information and protection of social care services. Draft and final plans were approved by Health and Wellbeing Boards in February and April 2014 respectively before being take forward for ministerial sign off.

5.3 At the last meeting of the Board held on the 28th January 2015, it was reported that the Better Care Fund had received ministerial sign off as the outstanding areas had been addressed.

5.4 Additionally since the last meeting guidance has been published on How to Lead and Manage Better Care implementation, this document is attached at Appendix 4a.

5.5 A further update will be provided to the Board on any information on the Better Care Fund.

5.6 Does the information submitted include any exempt information? No

5.7 **List of Appendices:**

Appendix 4a: Better Care Fund Leadership Guidance

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 Better Care Fund Plan

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How to... lead and manage Better Care implementation

February 2015

The Better Care Fund

ISSUE 01

Contributions

We would like to thank the following individuals for their contribution to this publication.

Paul Corrigan CBE, former Director of Strategy and Commissioning of the NHS London Strategic Health Authority

Andrew Cozens CBE, former Strategic Adviser, Children, Adults and Health Services for the Improvement and Development Agency for local government

Lord Michel Bichard, Chair of the Social Care Institute for Excellence

Chris Ham, Chief Executive**,** the King's Fund

Debbie Sorkin, National Director of Systems Leadership, the Leadership Centre

Tony Hunter, Chief Executive, the Social Care Institute for Excellence

Julia Ross, Chief Officer, North West Surrey Clinical Commissioning Group

Peter Colclough, former Director of Adult Social Services Torbay

Dr. Derek Thompson, Medical Director, Northumbria Healthcare NHS Foundation Trust

Jo Frazer, Programme Manager for Health and Social Care Integration, Kent

Suzanne Wixey, My Life a Full Life Programme Director, Isle of Wight

Clare Henderson, Programme Director for Integrated Care, London Borough of Islington

The North West London Whole Systems Integrated Care programme

The South Tyneside *Local Vision* programme

Contents

01 Introduction

02 Different types of leadership

03 Characteristics of leadership

04 Effective programme management and governance

05 Success factors for transition planning

06 Engagement and communications

07 The limitations of "bravery" in leadership *by Paul Corrigan*

The guide is intended to be of practical use to members of Health and Wellbeing Boards (HWBs) in all of the membership categories: councils, clinical commissioning groups (CCGs), local Healthwatch and voluntary sector members, representatives of NHS England who sit on HWBs, and additional non-statutory members.

These are difficult times.

The strains under which health, care and other public services are operating have increased dramatically in recent years, and there is no easy solution that will wave away the demographic and financial pressures that we face. The ADASS Annual Survey estimates that over £3.5bn has been taken out of local authority adult social care funding between 2010 and 2014 (March 2014); and the NHS Five Year Forward View forecasts a £30bn funding gap by 2020 if current models are adhered to (October 2014). So keeping on with traditional ways of working, and of delivering public services, is no longer sustainable. Even if this were not the case, traditional services are no longer suitable for, or necessarily wanted by, people who are living longer and looking for services that are much more integrated around their daily lives.

The Better Care Fund has been set up to enable local authorities, local health services and other stakeholders to come together to develop, and implement, new approaches to service delivery, based on a much more integrated approach. The implementation of Better Care will support the delivery of safe and effective services in the here and now, and underpin a planning process to bring these services together over the longer term. We know from experience that changing systems, and cultures, and behaviours, along the lines that Better Care looks to do, is hard. We also know that a key success factor in making change on this scale is strong, shared and collaborative leadership, focused on outcomes that matter to people.

This leadership needs to be found both within organisations, and between them – across organisational, sector and geographical boundaries. So this guidance is partly about **Organisational Leadership** – the strong programme management, the need for consistent and regular communication, the clarity of leadership across clinical and social care issues – that you will need. But it goes beyond the organisation, as you will need to, and into **Systems Leadership.**

Systems Leadership is about how you lead across boundaries. It describes the way people need to behave when they face large, complex, difficult and seemingly intractable problems; where they need to juggle multiple uncertainties; where no one person or organisation can find or organise the solution on their own; where everyone is grappling with how to make resources meet demand which is outstripping them; and where the way forward therefore lies in involving as many people's energies, ideas, talents and expertise as possible.

This guidance brings together learning, from research and from practice in places around the country, about leadership, at both organisational and systems levels, and how it can help you in making your Better Care plans a reality. It's not a step-by-step instruction manual: the issues that you face will be specific to your place, and so the leadership you apply will depend on your own circumstances. We understand that 'how to' guides are not effective without a more direct interaction that frames any guide in the right context. People react to hearing and seeing people and stories.

> *I'm committed to ensuring that NHS England plays its part in shared system leadership...it's not a few heroic individuals...it's a different type of leadership and a more nuanced range of management skills and behaviours.*
>
> *- Simon Stevens, speech to King's Fund Annual Leadership Summit, November 2014*

These guides need to be complemented by a range of implementation support tools such as workshops and online learning. We have provided checklists that can be used as a prompts amongst other models, tools and techniques for leadership at all levels that everyone will be able to use in some form. They focus on the most common areas but might not be specific enough or include every aspect of your individual programme.

At the very least, the tools should provide you with food for thought. We know from the evidence we already have from places that these approaches to leadership can effect and sustain large-scale change within and across organisations, sectors and systems, and we believe that everyone should have them in their armoury.

Many Better Care plans will aim to tackle issues that are complex.

Complex issues have multiple causes and no single solution. There may be no widely accepted certainty about what needs to be done, and you can't simply do what you've done before, because this is new territory. There may be no clear relationship between cause and effect, with anything you do having knock-on effects, sometimes unforeseen and unintended. So trade-offs are likely to be necessary, and questions and reflection will be more important than jumping to conclusions.

At the same time, at the start of any large-scale or whole-system change project, there is likely to be a lot of energy and enthusiasm for getting going.

There is a tendency to harness this energy and urgency by plunging straight into the practical 'engineering' issues of project design and process, or by seeing the issues purely in management terms, and setting up myriad programmes and workstreams accordingly. **Please resist this temptation.** The first, and best, thing is to do some hard thinking, individually or with colleagues, about the kinds of issues you're facing and the best tools to use to address them.

These issues should include the cultural tensions and different ways of working that need to be understood and addressed for a multi-agency project to work. If you miss this stage out, and differences are left unrecognised or unresolved, you won't develop a shared narrative about what you're trying to achieve, and you'll get nowhere fast.

> *Some problems are so complex that you have to be highly intelligent and well-informed just to be undecided about them.*
>
> *- Laurence J Peter, author of "The Peter Principle"*

> *Lots of project plans and meetings but no clarity about their vision, what success would look like, principles of engagement.*

> *There has been a lack of clear narrative about the plan because of a tension about whether different parts of the organisation have bought in. This tension has led to confusion and frustration at the front line in terms of delivery.*

Things to watch out for

Over the past two years, there has been a national Systems Leadership programme including a research programme into what makes for good Systems Leadership; the development of joint leadership development programmes open to people across sectors, and place-based support to some 40 integration and population health projects across the country. Initial findings and learning from the research and the place-based projects have already been published, in the **VSC Synthesis Report** and the publication, **The Revolution will be Improvised**.

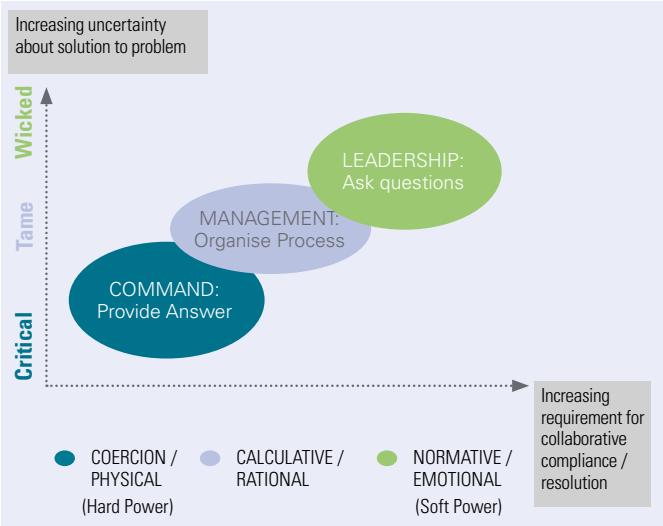
Much of the learning – how to build robust relationships; engaging with others; having a willingness to take risks; and other factors - has significant implications for OD and HR. Other things to watch out for include:

- Having lots of different people involved, without a shared clarity on what they are involved in
- Lack of understanding of the pressures faced by other partner organisations
- No shared narrative meaning that differences can be left unrecognised or unresolved
- Lack of focus on long-term solutions beyond bounds of traditional roles
- Difficulty of having open and honest conversation about what needs to change in the face of constant political and media scrutiny

There are lots of different models and toolkits to help you work out what is a complex issue, that needs leadership, and what is a more simple issue that can be left to good programme management. There are two particularly useful models.

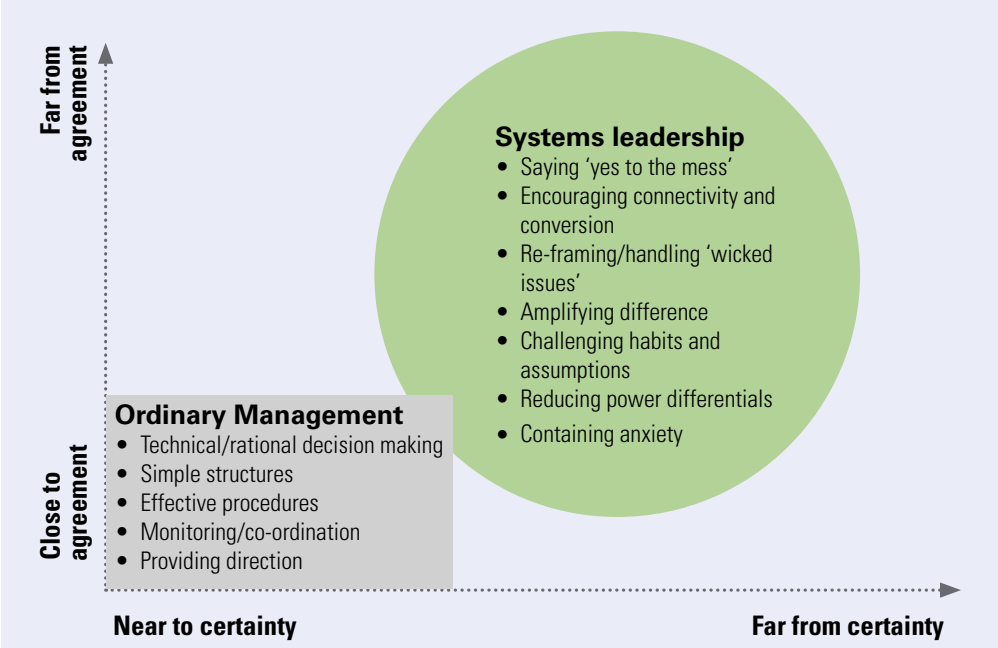
The first has been developed by Keith Grint, and divides issues into whether they are Tame, Critical or Wicked. Tame issues are relatively straightforward. They can be complicated, but they are about known and familiar situations, where you can use established methods that are already proven to work. Tame issues can be managed. Critical issues are like crises, where there is little time for decision-making and action, someone needs to take command, and there is virtually no uncertainty about what needs to be done. Wicked issues, on the other hand, are complex and not familiar; there are no tried and tested methods, and they can't be solved, only progressed. They need long-term, collaborative leadership to make progress.

So the trick here is not to try and manage your way out of a complex or wicked issue, or to give it to a Programme Manager to make the best of it.



Keith Grint's model of Critical, Tame and Wicked Issues

Further reading: Keith Grint, Wicked Problems and Clumsy Solutions: the Role of Leadership. Originally published in Clinical Leader, Volume I Number II, December 2008, ISSN 1757-3424, BAMM Publications



Model as derived from Ralph Stacey

Another useful model, which follows the same idea, is derived from the work of Ralph Stacey's, and his Agreement and Certainty Matrix. A simplified version of it is the 'blue box/yellow circle' model. The 'blue box' is where you put issues where you have a high degree of agreement and certainty about what to do – again, this is where management comes in. The 'yellow circle' is where you put issues that are more uncertain and diffuse, and you need to work differently.

Further reading: Stacey RD: Strategic Management and Organisational Dynamics: the Challenge of Complexity. 3rd Ed. Harlow: Prentice Hall, 2002

Managing complex, organisational change that cuts across organisational boundaries is difficult.

However, there are certain factors that can make the difference between success and failure. These factors are not new. In fact, they've been consistently identified over the last 30 years in numerous reports from very different organisations such as the Harvard Business Review (HBR), the National Audit Office (NAO) and the Office for Government & Commerce (OGC). The 'top tips' form the structure of this guide:

Chapter 02	**Systems leadership and organisational leadership throughout the programme**
Chapter 03	**Leaders who can build their teams with the right set of skills and empower them to deliver**
Chapter 04	**Programme management that engages with and influences the vision, combined with effective governance that provides structured oversight to overcome barriers to success**
Chapter 05	**Strong transition management to close the gap when moving towards the new vision**
Chapter 06	**A good understanding of key stakeholders, regular engagement and consultation throughout the process, as well as CEO-level support from partner organisations. Listen, listen, listen!**
Chapter 07	**Leadership is about more than "being brave"**

Case study: North West Surrey (NWS)

NWS has launched an Integrated Care Programme to address the challenges faced by older people with complex health and social care needs.

They are developing a new primary care-led "Locality Hub" model of care for frailty that will focus not only on providing swift reactive medical and care interventions to complex frail patients, but also on the provision of pro-active wellbeing services thereby promoting greater independence, improved quality of life and support for social isolation.

The programme has established **strong sponsorship at all levels**. An **integrated Strategic Change Board oversees programme delivery,** while an **integrated Core Design Group with senior level representation from primary care, community care, social care, the local acute trust, and mental health, oversees the design**.

Strong CCG leadership has been critical in progressing this work by bringing the necessary people together. The Core Design Group has been meeting after-hours every two weeks to drive out the clinical model of care, and work has now started on detailed operational planning.

For more information please contact:

julia.ross@nwsurreyccg.nhs.uk
Head of Integrated Care and Frailty

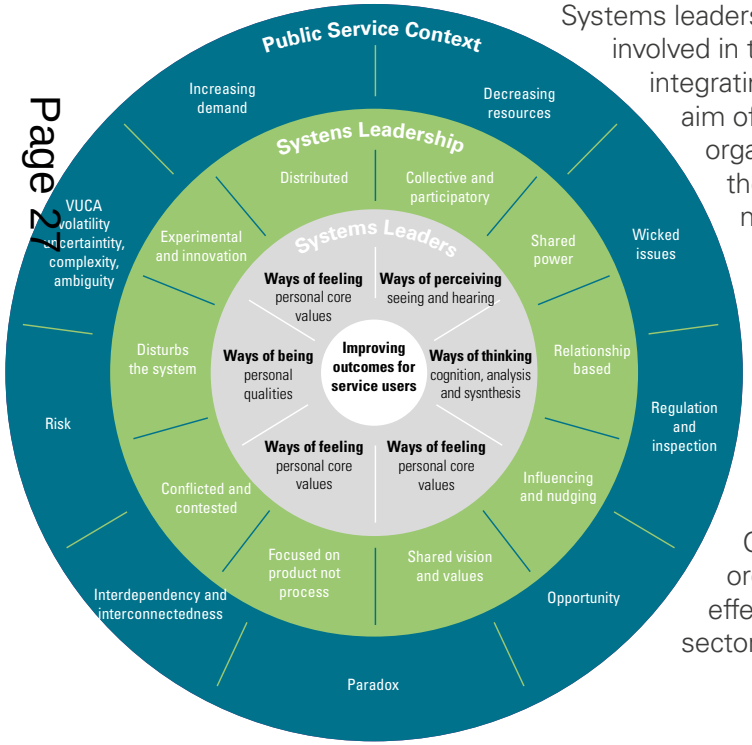
A number of factors will enable leadership to flourish in a successful Better Care programme:

Leadership factors checklist

- **Common vision or ambition:** willingness to cede organisational goals
- Focus on **place-based initiatives and outcomes**
- **Strong/honest relationships;** accountability; allow for different views
- Combination of **political and organisational commitment**
- Role authority not sole source of legitimacy: **influence, not power**
- People **tolerate risk** and **accept multiple potential pathways**

Systems leadership is about how you lead across boundaries

Systems leadership describes the way people need to behave when they face large, complex, difficult and seemingly intractable problems; where they need to juggle multiple uncertainties; where no one person or organisation can find or organise the solution on their own; where everyone is grappling with how to make resources meet demand which is outstripping them; and where the way forward therefore lies in involving as many people's energies, ideas, talents and expertise as possible.



Systems leadership is particularly relevant for people involved in the delivery of health and care services, and in integrating complex services around individuals. The aim of systems leadership is to transcend individual organisational interests and work together on the basis of a shared ambition, with a view to making progress towards better health and wellbeing outcomes across a population. It's a practical, grounded approach to integrated working.

This is not to portray systems leadership as some kind of silver bullet or magic wand. It is emphatically not going to solve your problems for you. But it is an approach to working that we believe everyone involved in OD and HR should have in their own, and their organisation's armoury. We know it can work in effecting change within and across organisations, sectors and systems.

Figure 1: Public service context systems leadership and systems leaders - an integrated model

> *Whole-system transformational change will only occur if we have the right leadership in place. We have found it invaluable to have [Systems Leadership] mentoring/ coaching support for the senior leadership team….Through the Pioneer programme we have had an experienced programme enabler who brings board members together to reflect, share and challenge – we know that if we want to shift the workforce to a new ethos and culture, we need to start at the top.*
>
> *- Clare Henderson, Integrated Care Programme Director, London Borough of Islington*

> *Establishing good relationships is fundamental to joint working and should not be underestimated; listening to others, trust, openness all need to be nurtured.*
>
> *- Cheshire Local Vision project: Developing multi-agency response to social isolation.*

A core set of shared values sit at the heart of systems leadership

Systems leadership goes beyond partnership or collaboration, because it's not just about retaining your own power and authority whilst working with others. Because of the complexity of the issues involved, Systems leadership recognises that leadership is not vested solely in people because of their job titles or authority, and works on the basis that leadership and influence are distributed. It therefore involves being willing to cede leadership to others if they're in the best position to provide it, and to come together not on the basis of a single pre-identified solution, but on the basis of a wider shared ambition or purpose, for example for a group of service users. Systems leadership welcomes partial, clumsy or emergent solutions, and supports experimentation, working with uncertainty and adapting as you go along.

Systems leadership behaviours therefore include:

- focusing on outcomes and results rather than processes
- basing the work on strong but honest relationships
- allowing for experimentation – and therefore allowing for risk
- being willing to genuinely listen to others and see their point of view
- being able to adapt, going with 'good enough' solutions and building on them rather than waiting until you have the perfect service/ solution.

At the heart of systems leadership in practice are shared values and intentions to improve outcomes for service users. This core is surrounded by a complex if interrelated dimensions. Although they overlap, these dimensions can be categorised as:

1. Personal core value (ways of feeling)
2. Observations, 'hearing' and perceptions (ways of perceiving)
3. Cognition, analysis, synthesis (ways of thinking)
4. Participatory style (ways of relating)
5. Behaviours and actions (ways of doing)
6. Personal qualities (an overarching way of being that forms the essence of both professional and personal style and approach)

Above all, and despite systems leadership aptitude being put into practice by a means of professional styles and behaviours, systems leadership was described as a mind set, or a way of thinking about and approaching the leadership role, rather than a set of technical skills or competencies.

To read more about systems leadership, **Click here to view publication.**

When recruiting system leaders it is important to consider the following skill mix:

- ✓ *Willingness to align around a shared purpose or ambition*
- ✓ *Able to build engagement/ relationships and really listen*
- ✓ *Preference for outcomes over processes*
- ✓ *Not being bound up with role and with a willingness to take risks*
- ✓ *Able to work reasonably well with conflict and uncertainty*
- ✓ *Having a strong commitment to a service in a particular place*

Leadership qualities at all levels are considered in the Adult Social Care Leadership Qualities Framework: ***Click here to view publication.***

Good practice in leading Better Care implementation shows that 5 essential and different roles are required to be successful. Neglecting any of these will, at some stage in the change process, imperil the desired outcomes.

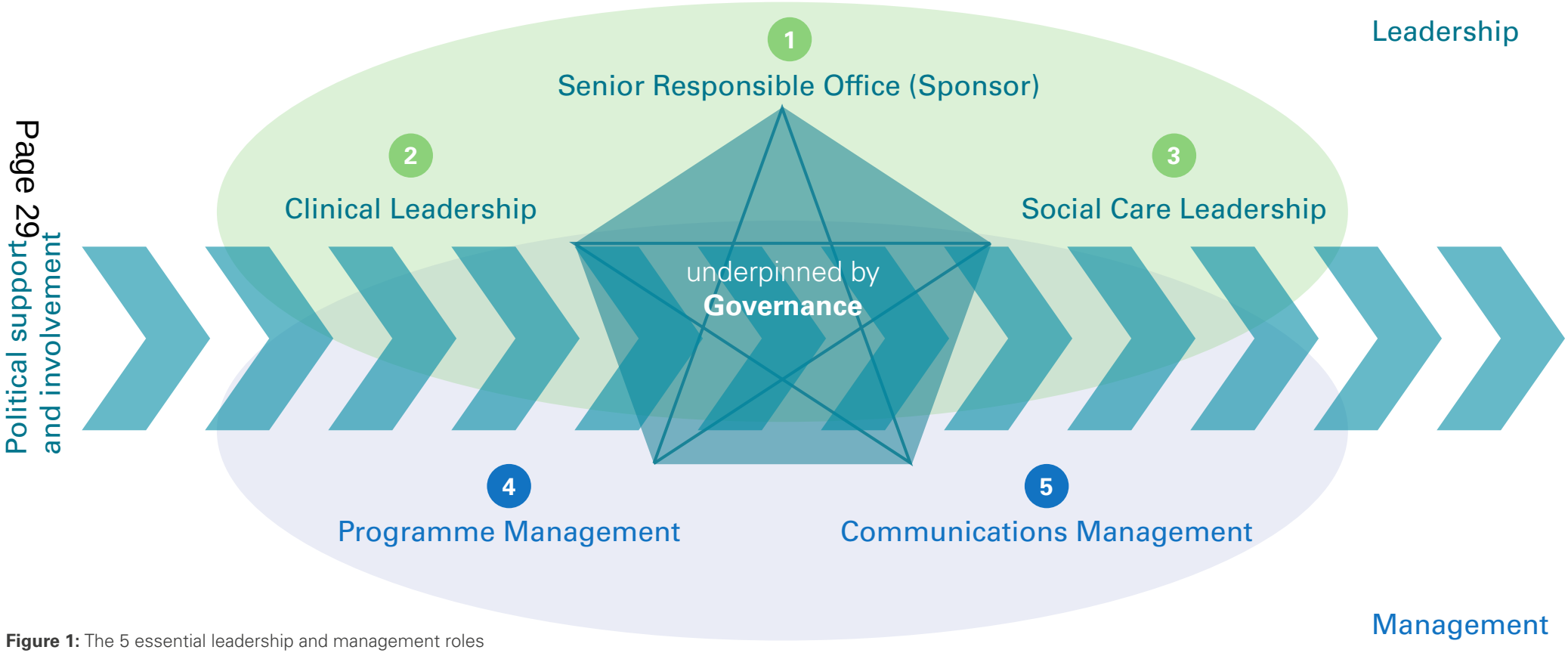


Figure 1: The 5 essential leadership and management roles

Investment in establishing these 5 roles is critical to effective delivery

Clinical Lead

'Owns' the vision, objectives and outcomes from a clinical perspective. Ensures clinical designs reflect best practice and are clinically safe.

- Liaises with local clinicians to ensure buy-in and support
- Works in close collaboration with Care Lead – ideally co-located
- Requires respect from fellow clinicians and sufficient time commitment to be effective
- Must be committed to delivering person-centred care underpinned by service design
- Must have good communication skills, with the ability to build effective relationships, influence, persuade and negotiate with others
- Should recognise the very different clinical skills necessary to develop Better Care
- Able to use and interpret quantitative and qualitative data to draw conclusions and inform evidence based decision making

Senior Responsible Owner (Sponsor)

Provides strong, visible leadership and strategic direction. Champions executive approval for the programme. Ideally the CEO of a CCG, Local Authority or Acute Trust.

- Builds senior relationships and trust across organisation boundaries
- Removes obstacles, arbitrates conflict, and mediates negotiations
- Acts as a focal point for decisions (beyond PM's scope of authority)
- Defines the programme management process with PM
- Approves scope and objectives, schedule and resources, roles and responsibilities
- Provides support for obtaining timely resources
- Supports, coaches, and mentors PM

Social Care Lead

'Owns' the vision, objectives and outcomes from a social care perspective. Ensures designs reflect best practice and align with council procedures and protocols.

- Liaises with social care colleagues to ensure buy-in and support
- Works in close collaboration with Clinical Lead – ideally co-located
- Requires respect from fellow colleagues and sufficient time commitment to be effective
- Must be committed to delivering person-centred care underpinned by service design
- Must have good communication skills, with the ability to build effective relationships, influence, persuade and negotiate with others
- Should recognise the very different skills necessary to develop Better Care
- Able to use and interpret quantitative and qualitative data to draw conclusions and inform evidence based decision making

Programme Manager (PM)

Good programme management is more 'art' than 'science'. Choose someone who is experienced in large programme delivery and transformational change – a good one is worth their weight in gold and will cost a small % of the total spend.

- Must fully understand the purpose of Better Care in terms of the narrative to develop better outcomes and must be able to articulate it as the reason for actions
- Responsible for successful delivery (on behalf of the SRO)
- Responsible for the overall integrity and coherence of the programme
- Develops and maintains the programme environment to support each individual project within it - often through an effective Programme Management Office (PMO)
- Supports project co-ordination, management of inter-dependencies, oversight of risks and issues and co-ordination of new capabilities to enable effective change and realisation of projected benefits
- **Should be full-time**. The role is crucial for creating and maintaining focus, enthusiasm and momentum

Communications Manager

As many of the proposed changes are complex and have a direct impact on vested interests and the general public, an experienced communications manager will be essential to engaging and aligning teams and organisations.

- Owns all internal and external programme communications and ensures that all other senior managers know and own the narrative
- Develops and owns the communications and engagement strategy and approach
- Establishes and manages communication channels and messages beyond the boundaries of the programme (including other programmes related to integrated care and organisations at local, regional and national level where required)
- Should be well connected with other communications leads in the integrated care field and encourage collaboration where possible
- Leads on media handling including proactively placing good news stories, dealing with enquiries and producing media releases

Leadership role Management Role

Successful leadership of change always includes 4 key components…

… these are: **visible** and **resilient leaders** who inspire a **sense of purpose**, who have the key facts and **a grip on the key information**.

This section focuses on the attributes of leadership that need to be embedded in successful teams. This is not only aimed at system leaders but is applicable to anyone in a leading position. The NHS has its own change model which can be very effective if followed to achieve large scale complex change such as Better Care transformation **Click here to view publication.**

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Improving the likelihood of success

It might seem obvious, but many change programmes fail because it is not clear who the leaders are. The challenge, for the system-wide transformation that Better Care is seeking, is that there will be leaders across many organisations. Better Care teams should set out the decision making process and agree clearly how leaders are signing off decisions and committing resources.

Lessons learnt from across health and care indicate that leaders will have different strengths and attributes, but need to show a set of certain consistent behaviours:

1. Visibility of leaders

Most change fails during the transition from old to new. One crucial factor is that staff in an organisation need to 'keep believing' that the change will improve lives of service users. The leader's role should not be underestimated in giving staff the confidence to continue.

- Ensure your role and responsibilities are clear and explicitly shared
- Communicate the Better Care vision widely and regularly across partners and with the population
- Show that by pursuing Better Care other objectives are achieved as a by-product
- Personalise the Better Care work, so it resonates with all audiences (including staff and citizens).

> *Better Care will require leaders to focus above all on users, to innovate and to manage the consequential risks.*
>
> *- Lord Michael Bichard, Chair of the Social Care Institute for Excellence (SCIE)*

2. Resilience of leaders

- Be prepared to take and explain difficult decisions. We know that many of the Better Care plans require decisions to be made that can have short-term impact on some of your organisations. Great leadership will be resilient and find a way through this conundrum to achieve the longer term prize of Better Care **Click here to view publication**
- Working in an integrated way across many organisations has been a challenge for health and care systems. Leaders need to work hard to build trust and a common purpose for Better Care. One successful way to achieve this is by focussing on an area that resonates across organisations. The improvement of outcomes for frail and elderly is a good example. The key message from successful systems is that leaders need to be persistent to keep driving forward the vision for service transformation. Organisations where the leadership is seen to have moved onto new priorities will quickly lose impetus.

3. Leaders inspiring shared purpose **Click here to view publication**

Doing all of the following will help to build a coalition of people from across many organisations who have the shared goal of Better Care for their population:

- Be seen to live the values of health and care. Act as a role model for people across your local system
- Maximise the contribution of the teams to improve the quality of the Better Care work. Spread the workload across people who are already stretched
- Demonstrate the importance of Better Care to you within your organisation and across the local health and care system. This is often overlooked and the role of the leader is to constantly remind people of the Better Care goals to improve population health and wellbeing.

4. Having a grip of the key information

Select a small number of indicators that arise from your Better Care plan as an acid test of whether progress is being made. Most boards can understand how well their organisation is performing with very few indicators. The leadership role is to keep the organisation focused on them whilst driving all parties forwards towards making Better Care a reality.

Better Care Fund indicators (% variance)	Year 2014/15			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Delayed transfer of care from hospital per 100,000 (average per month)	3%	3%	2%	-5%
Permanent admissions of older people (aged 65 & over) to residential	4%	1%	2%	1%
Proportion of older people (65 & over) who were still at home 91 days	5%	1%	3%	2%
Avoidable emergency admissions per 100,000 population (composite measure)	3%	3%	2%	2%

Figure 3: Example dashboard for tracking key indicators.

How can you check your leadership impact?

Leaders should make active use of coaching and peer to peer support to reflect and help improve their performance. In addition, tools are available that can you help you gain insight into the impact of your leadership style (Example: 360 tool provided by the NHS Leadership Academy **Click here to view publication**).

There are a range of change models available, including models on systems leadership.

Click below to view publications:

- **Publication 1**
- **Publication 2**

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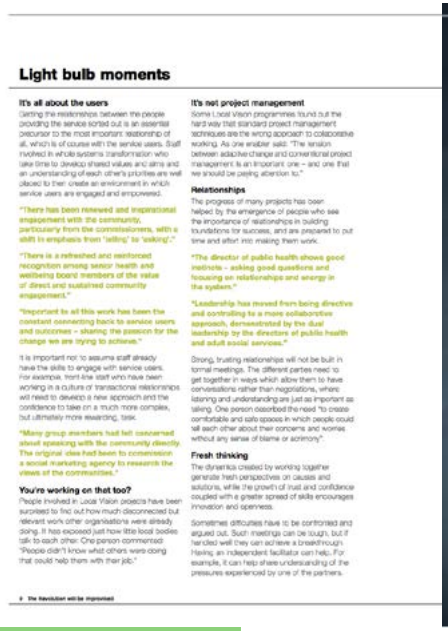
In my experience it is important to think about:

- *outcomes for patients, carers and populations, not targets*
- *cultures not structures*
- *place not organisation*
- *delegation not transfer of functions and*
- *clinical and professional engagement.*

- Andrew Cozens CBE, former Strategic Adviser, Children Adults and Health Services for the Improvement and Development Agency for local government, and President of the Association of Directors of Social Services (ADSS) in 2003/04

Light bulb moments


Light bulb moments

It's all about the users

Getting the relationships between the people providing the service sorted out is an essential precursor to the most important relationship of all, which is of course with the service users. Staff involved in whole systems transformation who take time to develop shared values and aims and an understanding of each other's priorities are well placed to then create an environment in which service users are engaged and empowered.

"There has been renewed and inspirational engagement with the community, particularly from the commissioners, with a shift in emphasis from 'selling' to 'asking'."

"There is a refreshed and reinforced recognition among senior health and wellbeing board members of the value of direct and sustained community engagement."

"Important to all this work has been the constant connecting back to service users and outcomes – sharing the passion for the change we are trying to achieve."

It is important not to assume staff already have the skills to engage with service users. For example, front line staff who have been working in a culture of transactional relationships will need to develop a new approach and the confidence to take on a much more complex, but ultimately more rewarding, task.

"Many group members had felt concerned about speaking with the community directly. The original idea had been to commission a social marketing agency to research the views of the communities."

You're working on that too?

People involved in Local Vision projects have been surprised to find out how much disconnected but relevant work other organisations were already doing. It has exposed just how little local bodies talk to each other. One person commented: "People didn't know what others were doing that could help them with their job."

It's not project management

Some Local Vision programmes found out the hard way that standard project management techniques are the wrong approach to collaborative working. As one enabler said: "The tension between adaptive change and conventional project management is an important one – and one that we should be paying attention to."

Relationships

The progress of many projects has been helped by the emergence of people who see the importance of relationships in building foundations for success, and are prepared to put time and effort into making them work.

"The director of public health shows good instincts – asking good questions and focusing on relationships and energy in the system."

"Leadership has moved from being directive and controlling to a more collaborative approach, demonstrated by the dual leadership by the directors of public health and adult social services."

Strong, trusting relationships will not be built in formal meetings. The different parties need to get together in ways which allow them to have conversations rather than negotiations, where listening and understanding are just as important as talking. One person described the need "to create comfortable and safe spaces in which people could tell each other about their concerns and worries without any sense of blame or acrimony".

Fresh thinking

The dynamics created by working together generate fresh perspectives on causes and solutions, while the growth of trust and confidence coupled with a greater spread of skills encourages innovation and openness.

Sometimes difficulties have to be confronted and argued out. Such meetings can be tough, but if handled well they can achieve a breakthrough. Having an independent facilitator can help. For example, it can help share understanding of the pressures experienced by one of the partners.

The Revolution will be Improvised: stories and insights about transforming systems, Leadership Centre
Click on image to view publication.

Leadership checklist

- The **governance** for sign off **and resourcing is clear**
- A **strong narrative** led by the leadership team is available
- The NHS Change Model or another **model** is **used to manage the transformation** of Better Care implementation
- The **personal approach** by the leader is demonstrated by **visible actions**. How much of the weekly diary is devoted to Better Care?
- **Tough decisions** are made and communicated in a timely way
- The **leadership team** across the organisations of the system is viewed as a **coalition of shared goals** for Better Care
- A **360** has been undertaken to encourage learning
- **Better Care remains high up the agenda** after the first flush of enthusiasm
- **Individual organisational goals are aligned** with Better Care to demonstrate that one can help achieve the other.

Good programme management is not PMO

Whilst an effective and efficient PMO is important to the smooth running of a programme, it is not the only or even the main aspect of a well run programme. Indeed, when an overly process-focused PMO takes over, it risks undermining the credibility of Better Care. It is vital that the PMO as with all other leaders emphasises that the purpose of Better Care is to achieve outcomes for real people. A good programme shouldn't produce reams of detailed status reports that no one ever reads, or obscure risk logs that gather dust on a shared drive. Instead the PMO should provide the programme with the concise and focused information it needs to understand progress against schedule and budgets, and to recognise and manage the risks and issues that might stop the programme from reaching the goals that will develop Better Care for real service users.

Good programme management engages with and influences the vision

Good programme management is about **understanding and contributing to a vision** and then **building and organising a committed, skilled team to deliver specific objectives that will realise that vision.** A well managed programme will have a constant dialogue with system leadership over its objectives, priorities and progress. In a highly constrained world, there will be difficult decisions to be made over priorities, and trade-offs will have to be made between time, cost, scope and quality. Scarce high quality resources will have to be found and brought on board. Issues will crop up with disaffected stakeholders or around funding availability. Risks around information availability or financial incentives will have to be actively managed.

Good programme managers are hard to find – but are essential to success

All this requires a **senior and experienced individual** that understands the programme vision and plays an active role in shaping the programme to deliver the vision. This person needs to be **credible amongst system, clinical and care leadership**, able to quickly build a good knowledge of the main content issues, and understand the difference between administrating and managing a programme. The programme manager understands and shapes the content of the programme rather than being a mere administrator of the plan. They have a meaningful dialogue with the SRO and clinical and social care leads in shaping the programme, actively build a team that can deliver the programme and work closely with the communications lead to craft and deliver the story of the programme.

> *The Local Vision programme in South Tyneside describe what effective programme management has meant for them:*
>
> - *Achieving a shared purpose and clear vision has been key to getting so many people involved in so many sectors. Achieving this has taken time with many iterations of the vision and challenges of "we do this already" and "it will never work" but the time invested in this has led to a greater clarity and commitment.*
> - *The thorough way we approached planning at the beginning is now starting to result in benefits. Because our programme was an iterative process based on testing things and learning from them, without a solid framework we would have struggled to keep on track.*

Programme management checklist

Objectives and rationale

- **Specific objectives** have been set for projects within the overall programme, rather than vague aspirations. *e.g. A jointly funded, jointly operational, community based continuing healthcare assessment team will be in place by June 2015*
- The objectives for individual projects **clearly underpin the overall programme vision and will realise that vision for service users**
- The **rationale, business case and benefits** of each project are clear, be they financial, clinical or patient experience. *e.g. we are doing this because it will…*
- The **costs of implementing** each project are clear, and so are the ongoing operational costs
- The objectives and rationale are **well communicated and understood** by key stakeholders across organisations

Prioritisation and resourcing

- Projects are **clearly prioritised according to a sound logic** that is understood and accepted by key stakeholders. There are only a **small number of priorities** at any one time
- Each prioritised project is **properly resourced** with a team that has the **skills and time availability** to get the job done – people are dedicated full time where they need to be

Structuring the programme

- The programme and sub-project **organisation structures are clear**. Wherever possible, direct control is given to the programme manager, for people across all organisations involved in delivering the programme

Managing the plan, reporting issues and risks

- There is a **meaningful milestone plan**, at a suitable summary level, that the governance group understands and influences
- The plan covers **all elements needed to deliver** *(IT, estates, workforce etc.)*
- PMO reporting is **concise and to-the-point**, and directs stakeholders towards understanding and tackling the issues that stand in the way of progress
- Issues and risks **reflect reality** and are discussed and **properly tackled** by the programme board.

Good governance provides structured oversight to overcome barriers to success

Good governance, in a Better Care programme context, creates **structured programme oversight** that, in bringing together all relevant organisations in a focused, collaborative way, supports the collective overcoming of barriers to success.

An effective Better Care governance setup will have **suitably representative, senior, accountable membership** that through a shared vision, are empowered to make decisions / recommendations on behalf of their constituent organisations. This should include service user representation. They will meet regularly, have a strong focus and purpose, and be closely plugged into the information they need in order to unblock barriers to success and hold the programme leaders and delivery team to account.

Please note the upcoming operationalisation guidance will set out requirements around reporting etc. for 2015/16.

Please also reference the following: Making an impact through good governance: A practical guide for health and wellbeing boards **Click here to access publication**

Case study: North West London (NWL)

The NWL Whole Systems Integrated Care programme has incorporated 'lay partners' (service users and carers from across the population in NWL) into every layer of it's programme governance structure to ensure co-production is embedded throughout.

"The cornerstone of the co-design process was the set of working groups that we held across five modules to address the central questions of integrated care design for North West London. We established a working group for each module which consisted of an equal partnership between lay partners, clinicians, commissioners and care professionals to co-design the future of integrated care. Throughout this programme, we have focused on the importance of incorporating both the professional expertise of the clinicians and care professionals and the holistic lived experiences of the lay partners. There was lay partner representation on each one of the module working groups, and we have worked as equal partners throughout the programme."

North West London Whole Systems Integrated Care Toolkit. **Click here to view publication.**

Programme governance structure (co-design phase)

Figure 3: Example programme governance structure that embeds co-production with service users

For more information please contact:
NWLWholesystems@nw.london.nhs.uk

Governance checklist

- The culture is **positive, inclusive and transparent**. It is receptive to engagement and open to information sharing
- **All relevant organisations are represented**. Commissioner, provider, health, social care, voluntary and third sector. Governance meetings are **well attended**
- Representatives are **sufficiently senior** and represent the view of their organisations. They are **empowered to make decisions**, subject to statutory ratification
- Terms of references are clear and **set out powers of decision making** and recommendations
- The decision making process is **clear and consistent**, describes how conflicts can be escalated or resolved and is **followed in practice**
- **Real risks and issues are being discussed and resolved** within the governance forum
- **Governance arrangements are aligned** to other related programmes e.g. CCG activities

Successful large scale transformation requires a focus on effective transition planning

When large scale change succeeds, it is often because the transition between the old and new vision has been really well managed. The evidence to support this is compelling and yet it is often the area that is ignored by leaders. Evidence suggests using a model will bring structure and rigour to the transition and increase chances of success.

The experience of successful transition planning suggests the following areas need to be paid attention by leaders:

- **Leaders need to be visible throughout the change** and nowhere is this more important than during the crucial transition between old and new
- Successful transition starts with **clarity on the transformation's objectives and a detailed timetable of actions** that leaders have signed up to
- Different organisations and individuals will have **a range of incentives to participate and engage**. Leaders need to understand these and tailor conversations to suit different motivations
- Better Care will often mean a shift of emphasis and resource away from secondary care towards a community or place of residence. The transition may need to include **double running costs** that are realistic and reflect that 'the referral tap' is rarely turned off instantly
- **Early and regular wins** are vital to maintain momentum and confidence that the transition is being managed well towards better care. Communicating this is a key role for the Better Care leadership. This should also include **clarity around the benefits realisation** that the entire transformation is aiming to deliver
- The transition is the period when momentum and progress can slow down. Building **clear timescales for delivery** across the transition period is important to maintain progress
- Experience suggests that people are more comfortable in the planning rather than the execution phase. Leaders will wish to weigh up the benefits of the thoroughness of planning versus the **need for speed to build momentum**
- **Engagement with stakeholders and a relentless focus on communicating the vision** are core elements of successful transition
- Making the changes stick is a significant challenge if leadership attention 'wanders' onto new priorities. Successful transition does not confuse people with new targets/priorities but instead **maintains the focus on the original vision**. This is itself a major challenge for many leaders.

> *We have learnt from the past when relationships have been allowed to drift, or they have been neglected in some way, that they have put a halt on developing integrated services – we learnt from that and so we spend a long time meeting, discussing, encouraging and breaking down those barriers.*
>
> *- Dr. Derek Thomson, Medical Director, Northumbria Healthcare NHS Foundation Trust, describes the experience of integrating care in Northumberland and North Tyneside – (Kings Fund) Contact: derek.thomson@northumbria-healthcare.nhs.uk*

Successful transition planning checklist

- ☐ The NHS Change Model (or similar) provides a **structure to the transformation**
- ☐ The transition plan is **part of the overall plan**
- ☐ Good governance is in place. An approach to **resource sign off and decision making** is agreed to support a smooth transition
- ☐ The transition phase includes sufficient amount of **small wins** to maintain momentum
- ☐ **Communication and engagement** activities have been developed to help counter the predictable 'dip' in support
- ☐ Diaries have been organised to ensure that **leaders are visible** across the Better Care sites
- ☐ Organisation **skills are mapped** to the new requirements
- ☐ The **gap is being closed** to ensure that the transition succeeds
- ☐ A **training needs assessment** has been conducted to check whether new skills are required as result of job changes
- ☐ **Support** is provided for a new capability
- ☐ A **detailed cutover plan** (day by day or hour by hour) has been developed
- ☐ Different **possible approaches have been assessed** e.g. big bang versus phased cutover - one is simple but high risk, one is more complex and protracted but potentially lower risk
- ☐ Dress rehearsals or **dry runs** are created where possible
- ☐ **Low risk ways of 'opening' a new service** on a trial or pilot bases have been considered.

Evidence shows that inadequate engagement and communications are a major cause of failure in transformation processes. Service users, carers and staff have growing expectations of being involved in the change process and help to ensure new approaches are well informed and sustainable.

1. Create a narrative for coordinated care

As you will know creating coordinated care is hard. Begin by establishing a story which explains how we get to the future based **on improving experience and outcomes for service users and carers.** This will combine national and local strategic priorities with a clear voice for service users and what they need. The aim is to build a shared narrative which explains why coordination matters. Start by defining the outcomes that you are trying to achieve in partnership with service users. Good narratives tell a clear story of why the change is required, what will have to change and what improved outcomes will arise by when.

To develop a strong narrative:

- Include service users and carers as experts by experience. Draw on powerful, stories and insights. Since the success or failure of your project will be judged on the experience of joined up care in your locality, **transformation plans should be built on the experience of local people.** This will also help to build a brand for local integration to encourage sign up and commitment **Click below to view publications**
  - **Publication 1**
  - **Publication 2**
- Articulate what "better care" and "integration" actually mean in practice. Build commitment across the partnership with individuals using 'I will' statements to clearly set out what they will **do differently to achieve the vision.** This could include high level commitments from system leaders **Click here to view publication**
- Make your statement tangible by **integrating agreed performance metrics.** Ensure your objectives are realistic and agreed with service users, carers and patients
- Ensure there is **clear alignment between messaging** on Better Care and other associated initiatives, such as the Care Act, personalisation etc
- Be realistic and honest with stakeholders – **do not overpromise what can be delivered** and recognise the boundaries of the project

> *"By 2018 we want to improved outcomes for Kent's 1.5 million population through an integrated system that is sustainable for the future and crosses the boundaries between primary, community, hospital and social care with services working together, along with voluntary organisations and other independent sector organisations."*
>
> *- Vision for the Kent Better Care Fund*
> ***Click here to view publication***
>
> **Contact us:** jo.frazer@kent.gov.uk, Programme Manager, Health and Social Care Integration

> *"It is important to create a compelling story which everyone at all levels across the economy can associate with and take themselves back to when they are facing a challenging situation to remind themselves that this is why we are on this journey."*
>
> *- Cheshire Local Vision project: Developing multi-agency response to social isolation*

2. Use a common language

Create and share a clear and common language that will be used in all communications. Everyone involved in delivering the programme should adopt this shared language and use it to disseminate messages. Ensure this is aligned - both across the health and care system and with other associated integrated care initiatives.

Revisit the narrative frequently to help ensure that people adopt the shared language and test it on service users and staff. Opportunities could include partnership meetings, multi-disciplinary teams, community engagement events, team meetings and training sessions.

- Use joint and clear branding of all information
- Avoid organisational references and jargon.

3. Develop clear measures of success

Communication strategies need to identify clear outcomes and measures to track performance. Understanding the impact of different engagement activities will help you refine your approach and focus on the most effective techniques.

Frameworks like logic models or theory of change process maps can help plot the logical links between your main communication and engagement activities, their immediate outputs and the short, medium and long term outcomes. **Click here to view publication**

4. Understand your stakeholders

- Develop a clear map of all different internal and external stakeholders who need to be involved and agree this with the leadership team
- Explore and surface the core motivators for different stakeholders, understand what their position is towards Better Care and develop approaches which address different stakeholders issues and concerns
- Ensure you map and understand seldom heard groups **Click here to view publication**
- Remember that everyone has a communication role, including service users. Map out the different ways in which stakeholders interact (including interaction with service users) to identify good opportunities to communicate messages. Identify champions from across the health economy that can play a communication role.

5. Equip people with the right communication skills

- Offer training and support to communication champions (including service users)
- Include communication training in existing training and development programmes including staff induction
- Include communication related objectives in appraisal processes
- For more information on how to develop an effective communications plan please refer to Communications Planning for the Better Care Fund (available on request from the BCF Taskforce bettercarefund@dh.gsi.gov.uk).

6. Engage the local population

There is evidence that demonstrates the benefits of involving service users in the change journey. Engagement can help to identify and remove barriers, communicate messages to a wider audience, as well as scrutinise and challenge the process of implementation.

Steps to take include:

- Ensure people who use services, patients and carers are represented on Project / Programme Boards. Ensure these are accessible – including building in time to support where required (e.g. for people with learning disabilities, sensory impairments etc.)
- Ensure that services users, carers and families take an equal role alongside other partners in decision making
- Co-develop and co-produce communication plans and engagement strategies with service users, carers and families **Click here to view publication**
- Ensure plans and communication tools are reviewed by service users. Observe communication activities, measure success (where possible) and provide feedback to the Project / Programme Board
- Create opportunities for feedback from partners, service users, carers and communications champions. Routinely monitor feedback and review narrative, engagement and communication plans.

7. Engage politicians

Understanding how to create a public narrative that works to secure buy-in and support from local politicians is essential, and it is worth making sure you consider the following:

- If providing information and advice to enable a complex decision, try to provide genuine options with associated risks and implications
- Provide the right type and amount of information for what the politician wants to do (make a decision, scrutinise the executive, deal with a ward resident's query) – ask and don't just assume
- Show understanding and respect for politicians' very different world, e.g. ask questions about what issues are arising at ward level, show you see issues from their vantage points
- Be sure to have members' confidence that your input is politically neutral – word travels fast otherwise
- Show a readiness to use politicians' personal knowledge and expertise – they have lives outside politics!
- Never let an agreed deadline go by without response – if there's a delivery problem, explain what can be done by when (the politician may need to let others know what's happening)

> *Amanda knows that she can receive 24/7 access to community health services and preventative services through her GP or by contacting the local single point of access. She knows that if the worst should happen and an ambulance is called they will have immediate access to her care plan through her online record. A record of what she wants to happen has been discussed with her by her care co-ordinator, so Amanda has confidence that she is in charge of her support team. Amanda's family know they can receive an update on her condition when they need it as they've been given access to her care plan. All services that Amanda comes in to contact with are focused on treating her – a person and not just her condition – she feels confident in the quality of services she's receiving.*
>
> *The Kent Better Care Fund: Bring care closer to home – health and social care in Kent by 2018*
>
> Contact us: Jo.Frazer@kent.gov.uk, Programme Manager, Health and Social Care Integration

7. Deliver effective communication and engagement

Effective communication and engagement seeks to **change hearts and minds and build trust.** Presentations should be delivered **jointly by leaders from the health, care and the community sector** – including service users, carers and patients. Communications need to look and feel joined. Leaders in this role should:

- Refer to the same narrative, and use the agreed common language
- Agree answers to frequently asked questions. Provide joint contact points for questions and answers e.g. on websites and e-bulletins.
- Use case studies and examples that accentuate joint working: This is Albert, Nottinghamshire Better Care Fund
  Click here to view publication
- Co-produce and co-deliver the communications and engagement plan with people who use services and patient representatives, utilising a broad range of methods and approaches
  Click here to view publication
- Involve governors from both sides of health and care, e.g. elected members and Chairs of the CCG
- Think creatively which communication formats or channels can be used to reach a wide audience and maximise engagement. See examples below: **Click here to view publication**

Key success factors for My Life, A Full Life programme in the Isle of Wight

- People who use care and support need to be made aware of the programme
- Targeting and marketing the narrative is essential to success
- Engagement and a clear communications strategy is needed at the earliest possible stage

For more information please contact MLAFL@iow.gov.uk

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www.mylifeafulllife.com

Figure 4: Example of how to creatively communicate the programme vision From My Life, A Full Life programme in the Isle of Wight. **Click on image to view publication.**

Effective engagement and communications strategies can draw on the following tools:

- **Simple tailored messages**: *e.g. Five things that every councillor should know about integration*
  Click here to view publication
- **Visual Aids:** *e.g. North Manchester Integrated Neighbourhood Care Team diagram*
  Click here to view publication
- **Video and animation:** *e.g. Maggie and Rose's Story – Joining up care in Islington*
  Click here to view publication
- **Stories and personal accounts to demonstrate how people lives will be changed**: *e.g. Your stories, Better Care Birmingham*
  Click here to view publication
- **On-line dialogue platforms**: *e.g. Birmingham Better Care (birminghambettercare.com); Health and Social Care West Midlands* (www.hscwm.org.uk)
- **Posters and reminders:** *e.g. Celebrate an 85 Birthday at Home display, Portsmouth*
  Click here to view publication
- **Existing channels**: *e.g. correspondence with current service users, review meetings etc.*

At different stages, most people leading transformations of practice in health and care (including those working on implementing Better Care) will have to lead bravely.

However, even more important than bravery, is the capacity to **plan and sequence change in a way to diminish the times that leaders have to be brave**. Talk to any successful leader about bravery and risk taking and they will assure you that the main aim of leadership is to diminish risk to manageable proportions. Good leaders don't seek out situations to demonstrate their bravery - on the contrary, they construct processes and alliances that limit the number of times that bravery is called upon.

This guide describes how to plan to diminish risk, manage conflict and gain broad agreement for what you are doing.

But even if you and your fellow leaders do this well, there will be moments when you will have to go a bit more out on a limb to make a breakthrough in the sequence of change.

Firstly, try not to do this on your own. We have a set of historical myths about great leaders being individuals. And these myths make all of us, as individuals, feel a bit inadequate because we don't seem to be as brave or as powerful as individual leaders who have 'the real thing'. But by and large great individual leaders (think of your heroines and heroes) did not lead as individuals. Someone took the notes of the meeting, someone stood at the back of the room and made a face when the leader was going too far and someone stepped up to the mark after the brave leader and said "…and this is how we are going to do it".

So if it looks as if there is a moment coming up when only leadership bravery will do, talk about it to people you trust. Check with them that indeed this is such a moment. Talk through how you are going to play it. Ask for people's help in backing you up and taking it forward. Don't think about bravery on your own and don't do it on your own.

Secondly, if the changes to create Better Care are going to have any traction in changing social care and NHS practice with service users **you will be need to work to a narrative that will drive this forward**. The role of the narrative is to repurpose this complex set of changes by continually focussing the aim of this process "stuff" to create better care for real service users. To make an impact in creating Better Care this narrative will need to start and finish with the purpose of the change being about radically improving care for service users.

"We have a set of historical myths about great leaders being individuals. And these myths make all of us, as individuals, feel a bit inadequate because we don't seem to be as brave or as powerful as individual leaders who have 'the real thing."

> *Change in the NHS and social care must not need heroines and heroes. It should need ordinary leaders doing a good leadership job well.*

The need for bravery is almost certain to take place in the midst of an important bureaucratic change that is at some distance from the service users who currently have such fragmented care. For example, the creation of new financial processes for the whole social care and NHS care system will cause a lot of anxiety for many Directors of Finance.

There will be moments when a lot of the status quo will go through very real anxiety and gather together to forbid change.

If this were to happen, the situation would demand that leaders who are in favour of change would have to be brave about a new model of finance.

However, the point of your bravery is NOT to create a new model of finance but to create better care for people who are currently receiving fragmented and uncoordinated care.

Never be afraid to repurpose what you are trying to achieve by shining a spotlight on the compelling case for change that is at the core of Better Care. You are leading change, not because you are interested in changing processes for their own sake, but because you need to lead these processes to create better care for real people.

It is important to start and finish these moments of brave leadership by **clearly driving the change for Better Care outcomes**. Only then it will ensure that the challenges of the most bureaucratic conflict to achieve better care for real people is brought to the discussion. That is leadership.

Thirdly, being brave is not an end in itself. It is a part of the process of leading change.
Often brave leadership will break a logjam and change will flow. It will have worked.
But it will have worked by stepping into a form of change leadership which will be difficult to maintain all the time. **Leading change to create better care needs to become ordinary, rather than very special.** So if brave leadership has moved things forward, revert as quickly as possible to the everyday leadership of change and don't dwell on the really brave moments (ok, do so - but privately).

On the other hand, sometimes brave leadership hasn't worked. You have been brave, but at that moment the coalition against change was too big and entrenched. That doesn't mean that what you were trying to achieve was wrong or that being brave was wrong. It does mean however, that you need to approach the problem you were trying to move at a different time and place and probably in a different way.

Change in health and care must not need heroines and heroes. It should need ordinary leaders doing a good leadership job well. That will need some bravery but not every minute of every day – it is too wearing and above all, you need to maintain resilience and energy.

By Paul Corrigan

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Leadership in practice: the Torbay story (Page 7)

http://www.kingsfund.org.uk/sites/files/kf/integrating-health-social-care-torbay-case-study-kings-fund-march-2011.pdf

Successful leadership of change always includes 4 key components… (Page 8)

http://www.nhsiq.nhs.uk/capacity-capability/nhs-change-model.aspx

The leadership role relies on some key characteristics (Page 9)

http://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/what-works/creating-new-value-with-patients/Documents/staying-power-success-stories-v1.pdf

http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/All_together_now_2014.pdf

Measuring your leadership impact (Page 10)

http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/

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Good governance provides structured oversight to overcome barriers to success (Page 14)

http://integration.healthiernorthwestlondon.nhs.uk/section/why-is-embedding-partnerships-important-

http://www.local.gov.uk/documents/10180/6101750/Making+an+impact+through+good+governance+-+A+practical+guide+for+health+and+wellbeing+board/f5efdab2-eb16-4c6d-996b-fcd111d3af94

Strong engagement and communication is vital for the successful delivery of Better Care (Page 18)

http://www.bettercareleicester.nhs.uk/about-us/case-for-change

http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/principles_for_integrated_care_final_20111021.pdf

http://www.leeds.gov.uk/residents/Pages/Health-and-social-care-integration.aspx

http://www.kent.gov.uk/__data/assets/pdf_file/0015/12471/Better-Care-Fund-introduction-and-vision.pdf

Only through effective engagement will the breadth of partners feel ownership of Better Care (Page 19)

http://www.theoryofchange.org/what-is-theory-of-change/how-does-theory-of-change-work/example/backwards-mapping/

http://www.scie.org.uk/publications/positionpapers/pp10.asp

Communication requires drawing on resource with the right skills (Page 20)

http://www.thinklocalactpersonal.org.uk/_library/Resources/Coordinatedcare/FINAL_TLAPGettingSerious_1.pdf

Leaders play a key role in the successful implementation of an engagement strategy (Page 21)

http://www.local.gov.uk/documents/10180/6653779/W3+Nottinghamshire+case+study.pdf/1d2da6db-9205-419f-b526-0e3ae7d0f06c

http://www.thinklocalactpersonal.org.uk/_library/Resources/Coordinatedcare/FINAL_TLAPGettingSerious_1.pdf

http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/reconfigure-it-out.pdf

http://www.local.gov.uk/documents/10180/12193/Isle+of+Wight+-+Solving+the+data+sharing+problem+version+2/794bc54f-eb6a-44f6-bde2-70468ab67455

Engagement and communications checklist (Page 22)

http://birminghambettercare.com/five-things-every-councillor-needs-to-know-about-integrated-care

http://www.manchester.gov.uk/download/meetings/id/16321/6_better_care_funding

http://youngfoundation.org/health-wellbeing-ageing/communicating-change-frontline-staff/

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www.hscwm.org.uk

https://socialcare.blog.gov.uk/2014/09/25/pioneering-portsmouth-momentum-builds-for-better-care/

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Debbie Nixon, Blackpool with Darwen Clinical Commissioning Group
Relevant Cabinet Member:	Cllr Kath Rowson, Cabinet Member for Adult Social Care
Date of Meeting :	4th March 2015

LANCASHIRE CRISIS CARE CONCORDAT AND ACTION PLAN

1.0 Purpose of the report:

1.1 To brief members of the Health and Wellbeing Board on work being undertaken to deliver the obligations set out in the mental health crisis care concordat. To seek the approval of the Health and Wellbeing board for the mental health crisis concordat action plan and the governance arrangements to deliver it.

2.0 Recommendation(s):

2.1 To note the content of the report.

2.2 To approve the Crisis Concordat Action Plan for Blackpool.

3.0 Reasons for recommendation(s):

3.1 The Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will develop, agree and sign off Mental Health Crisis Declarations. These statements will then be supported and implemented through a multi - agency action plan with local actions delivering services that meet the principles of the national concordat including:

- A jointly agreed local declaration across the key agencies in line with principles of the national Concordat- establishing a commitment for local agencies to work together to continuously improve the experience of people in mental health crisis in their locality
- A shared action plan to implement, monitor, track and review improvements.
- Reduced use of police stations as places of safety and a fast-track assessment process for individuals whenever a police cell is used.
- Evidence of sound local governance arrangements.

Full Crisis Care concordat document can be accessed at:
http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

The Department of Health and the Home Office in partnership with the Concordat signatories and other partners are planning practical ways to support and promote the development of these local agreements. The concordat sets out key elements of an effective system as shown in the table to improve responses for a mental health crisis, however, it is recognised that local approaches will differ due to local circumstances.

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:

No alternative options

4.0 Council Priority:

4.1 The relevant Council Priority is

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 Mental Health Crisis Care concordat – Local Progress

Blackburn with Darwen Clinical Commissioning Group (GCCG) has been nominated by all Clinical Commissioning Groups in Lancashire to take this work forward on their behalf on a Lancashire foot print.

Initial discussions between the Blackburn with Darwen Clinical Commissioning Group, Lancashire Constabulary, Lancashire Care Foundation Trust and North West Ambulance Service have taken place and the way forward has been agreed by working together on a Lancashire locality footprint. Rather than developing individual action plans for each agency the agreement is to develop a single action plan for the whole Lancashire. Lancashire locality will cover all eight Clinical Commissioning Groups and three local authorities.

A multiagency full day event, sponsored by Lancashire Constabulary and supported by all key partners, was held on 10th October 2014 at Lancashire Police Headquarters. Over 70 delegates representing Clinical Commissioning Groups, Police, Lancashire Care NHS Foundation Trust, Acute Trusts, North West Ambulance Service, three local authorities in Lancashire, service user and carer representative voluntary sector organisations attended the event to agree the way forward and support the development of declaration and the action plan.

A declaration agreed by 23 key local partners was submitted to the department of health in December 2014.

The deadline to agree and submit an action plan is 31st March 2015. The attached action plan has been prepared in extensive consultation with all key partners including representatives of service users cares and local communities.

5.2 Governance:

The action plan will be monitored via a steering group. A Lancashire wide multi-agency steering group consisting of representation from all partners agencies involved in responding to mental health crisis care has been established. The group will be chaired by Debbie Nixon – Chief Operating Officer from Blackburn with Darwen Clinical Commissioning Group.

5.3 Does the information submitted include any exempt information? No

5.4 **List of Appendices:**

Appendix 5a: Mental Health Crisis Concordat Pan Lancashire Action Plan
Appendix 5b: Action Plan Signatories

6.0 Legal considerations:

6.1 Not applicable

7.0 Human Resources considerations:

7.1 Not applicable

8.0 Equalities considerations:

8.1 Not applicable

9.0 Financial considerations:

9.1 Not applicable

10.0 Risk management considerations:

10.1 Not applicable

11.0 Ethical considerations:

11.1 Not applicable

12.0 Internal/ External Consultation undertaken:

12.1 This report is prepared by Blackburn with Darwen Clinical Commissioning Group and Blackpool Clinical Commissioning Group and Blackpool Council

13.0 Background papers:

13.1 None

Pan-Lancashire Action Plan to Enable Delivery of Shared outcomes of Mental Health Crisis Care Concordat

DRAFT

Introduction and Background

Mental Health Crisis Care Concordat was launched on 18th February 2014 by HM Government which is a commitment from 22 key national organisations to work together to support the development of local systems to achieve systematic and continuous improvements for crisis care for people with mental health issues across England. A shared statement was required locally by key partners and signed by senior representatives from all the organisations involved. All partners are then required to develop an action plan setting out how they will improve care for people in a mental health crisis.

The concordat highlights what needs to happen when people are in mental health crisis and how to make sure effective emergency response systems operate in localities. A whole system joined up approach is emphasised from policy making and spending decisions, to anticipating and preventing mental health crises wherever possible, and in when a crisis does occur.

The Concordat is arranged around four key outcomes:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

Implementation in Lancashire: Lancashire locality consists of 8 clinical commissioning groups (CCGs) and three local authorities Blackburn with Darwen Borough Council, Blackpool council and Lancashire County Council covering a population of 1.5 million (approx.). CCGs in Lancashire already have well established partnership working process in place for mental health. Blackburn with Darwen CCG as the lead commissioner for mental health contract is leading on this work in partnership with key stakeholders and signatories to the concordat. Blackburn with Darwen CCG is also working in close partnership with Lancashire Care NHS Foundation Trust to improve mental health crisis care by reviewing and redesigning the existing mental health crisis services across Lancashire.

Alongside 8 CCGs and 3 local authorities, 13 other key organisations have signed the local declaration including police, ambulance service, mental health trusts, acute trusts, health watch and voluntary sector organisations.

A Multiagency Crisis Concordat Partnership Group consisting of representatives from all key partner agencies and signatories and led by Blackburn with Darwen clinical Commissioning Group will act as the programme board for the crisis concordat work in Lancashire and will monitor the implementation of this action plan till April 2017. The group will meet every two months, starting from January 2015.

This is a continuous action plan which will be reviewed in September every year for the full duration to reflect any new developments and make any amendments necessary agreed by all stakeholders, this is required as a key health commissioning intention is the total review and redesign of LCFT unscheduled care services.

LCFT Unscheduled Care Mental Health Transformation Programme: Lancashire Care NHS Foundation Trust working in partnership with Blackburn with Darwen CCG has ambitious plans for a full scale redesign of its crisis mental health pathway to support the delivery of the mental health crisis concordat outcomes. Blackburn with Darwen CCG as lead commissioner are working closely with LCFT and the Lancashire Commissioning Support Unit (CSU) to undertake a Lancashire wide review of the Unscheduled Care (Crisis) pathways within LCFT as part of its planned commissioning intentions.

The objective of this work is to review all of the service specifications and commission an updated single unscheduled crisis pathway that ensures that patients (age inclusive) receive the same consistent level of care across Lancashire 24/7. Work is taking place to ensure that collaborative planning takes place for the Mental Health Unscheduled Care redesign work and the MH Care Crisis Concordat and ensure that there is not any unnecessary duplication of work.
There is a 'shadow' specification currently being written and this will be incorporated within the LCFT contract on 1st April 2015, once agreement has been obtained from all CCG's and LCFT. It is planned that a review will take place in Sept 2015. At the 6 month review the pilots being delivered will be reviewed and a decision will be made as to whether they should be delivered across Lancashire. It is anticipated that changes could be identified and agreed in year.

It should be noted that the crisis care concordat action plan will be underpinned by a number of local specific plans relating to a wide range of stakeholders and concordat will be reviewed and refreshed September 2015 to update high level progress.

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
1. Multiagency partnership working for Commissioners, Providers, Police and wider stakeholders, governance arrangements					
1.1	**Multiagency day event:** Invite all key stakeholders, raise awareness of the concordat, share planned work, seek their commitment and sign up and agree high level issues.	BwD CCG	Oct 2010	Completed	
1.2	Apply for **targeted resilience money** from NHS England on behalf of all stakeholders and allocate funds to most effective schemes.	BwD CCG	Nov 2014	Completed	
1.3	**Declaration** draft prepared, agreed, signed off by CEOs of all key organisations and published at the national crisis concordat website.	BwD CCG	Dec 2014	Completed	
1.4	**Multiagency Oversight Group** development for Crisis Concordat Implementation and oversight Group for Lancashire.	LCFT/Police/ CCG	Jan 2015	Commenced	
1.5	**Stakeholder Consultation:** Share final action plan draft, seek comments and feedback through LCFT event.	LCFT - BwD CCG	Feb 2015	2nd Feb 2015	
1.6	**Multiagency action plan:** draft prepared, agreed, signed off by CEOs of relevant organisations and published on national crisis concordat website.	BwD CCG	March 2015	Commenced and needs final circulation.	

DRAFT

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
1.7	Review the scope, role and Terms of Reference of the **Multi Agency Oversight Group for section 135-136.** Involvement of all key stakeholders. Resolution of operational day to day problems in communication, procedure. Joint data set and regular reporting of the use of S136.	LCFT - Police	April 2015	Shared key relevant information and data sources Agreed priorities. Joint Action Plan and joint delivery of solutions. The strategic Pan-Lancashire Multi Agency Oversight Group (MAOG) was established in December 2013 to understand and improve assessment and admission processes across Lancashire. Locality groups were realigned to police divisions to provide a forum where local relationships could develop and issues could be quickly understood and resolved. The meeting has an engaged membership and has established clear reporting and monitoring. The format of this meeting will now evolve to incorporate regular review of our Mental Health Crisis Care Concordat Action Plan. One of the key successes of the MAOG has been the collaborative development and launch of the Section 135 136 Protocol.	
1.8	Joint Strategic Needs Assessment to include information to help plan and monitor the Crisis concordat Outcomes delivery.	Public Health	2015/16	Better understanding and clearer picture of need for each local authority area.	
2. Support before crisis					
2.1	**Lancashire wide 24/7/365, (all age) mental health helpline** acting as a single point of contact with direct access to known patient records and ability to book an initial emergency, urgent or routine or assessment providing: • Support to service users, carers to speak to someone when need help and advice regarding mental health. • Expert advice and support for all external agencies	LCFT	Sep 15 Review March 2016 Implementation in Full	It should be noted that this specific action is being actioned through the CCG 15/ 17 Commissioning Intentions as part of the review/ redesign of LCFT Unscheduled Services which includes full engagement with external stakeholders. This will be monitored and reviewed via normal commissioning governance and updated as and when required.	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	including police, AMHPs and NWAS Staff. • Greater Preston/CSR CCGs: Support for care homes/nursing home staff who may need help and advice regarding a residents mental health.				
2.2	**Single Point of Access for Mental Health.** Review and evaluate pilots in Blackburn with Darwen and East Lancs CCG area to understand its contribution to pre-crisis support and share lessons learned across Lancashire	LCFT – (Bwd & East Lancs CCGs)	Feb 2015	Pilots in 2 CCG areas BwD and Greater Preston CCG, both to be involved with the review as they are involved with 1 of the pilots.	
2.3	**Mental Health Street Triage Pilots:** Mental Health workers working closely with police and ambulance staff to support patients in public places avoiding attendance to A&E department and escalation to crisis point. • Implement pilot (LCFT - Police) • Evaluate (LCFT – Police) • Include as part of crisis pathway (LCFT – BwDCCG)	**Police, LCFT** (AMHP Leads)	April 2015	Pilot planned in Blackburn with Darwen and Chorley. Run pilots, review and implement learning as part of the unscheduled care review. Final model to be agreed April 2016.	
	NWAS ERISS, system adapted for mental health patients and offered to mental health trusts. This system alerts attending Ambulance crews of care plans in place and appropriate contact numbers for patients in crisis, which can reduce Emergency Department attendances. This system is available to all mental health care providers following a registration process	**NWAS** LCFT,		This is subject to agreement between NWAS and LCFT and LCFT Unscheduled Care Board will need to have direct contact.	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
2.4	**Access to service via police:** Opportunity to improve patient care who come into contact with services via police through better partnership working between police, police liaison and diversion team, Crisis/Home Treatment Teams via 'street triage' and via effective 24/7 Mental Health clinical advice for police.	**LCFT** Police	April 2015	Following NHS England funding, LCFT as of 1st April 2015 will deliver a 7 day service within all its police custody suites, this gives direct access to mental health workers for persons who are arrested.	
2.5	Collection of qualitative/quantitative data via case studies/interviews with patients and their carers and families to understand what would help them to avoid falling into a mental health related crisis. Also highlight what may have worked in the past, that has avoided a crisis occurring. Is that support still available for the individual ?	**LCFT/ Third Sector Public Health** (All 3 LAs)	Sep 2015 March 2016	CCG to work with LCFT when reviewing/ redesigning the unscheduled care specification to ensure qualitative and quantitative data requirements are included in the contact schedules. To explore other sources internally with LCFT via there Service User networks. Check with Public Health and Third Sector on data available/ required to action.	
2.6	**Pre-crisis help/advice/support via voluntary sector:** Identify key services and support (e.g. Samaritans, MINd etc) available via voluntary and community sector across Lancashire and ensure effective use alongside statutory services.	CCGs	March 2016	Wellbeing Centre in Blackburn with Darwen. Third Sector Counselling consortium in East Lancs. Conduct audit of similar services Lancashire wide and establish full base line of pre crisis support services and identify any gaps.	
2.7	**Pre/Post Crisis Support Services:** Develop a community facility for short term (72 Hours) care for individuals who do not need an admission and those who can be discharged from A&E department but may need some further	MIND	March 2015 Sep	Proposals for BwD and Chroley Supported Accommodation under consideration subject to funding as part of Crisis Care Concordat reliance monies. This service is to be reviewed by commissioners following pilot period if	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	mental health support before being discharged fully. Lancashire County Council crisis accommodation in Central Lancashire. The accommodation/facility would need to be reviewed to ensure that individuals needs could be met safely and effectively.	LCC	2015 Review	funding successful.	
2.8	Monitor individuals attending hospital for self harm but not being admitted and develop a pathway for support. • Greater Preston and CSR want to particular look at issues around how this pathway could be developed utilising existing resources.	Acute Trusts/LCFT GP/CSR CCG	Review Sep 2015	To establish clear contracting quality schedule to allow clear reporting/ baseline of numbers and consider local Greater Preston work already undertaken.	
2.9	**Mental Health Awareness Training:** Effective multi-agency awareness and skills development training programme for non-health/mental health staff. • Police officers • Ambulance Staff • Acute Trusts • Primary Care Staff Mental Health First Aid Training	LCFT, LAs	April 2015	Police / LCFT/ LSSA – 135/136 training is jointly provided and LCFT have supported on Police induction. The CJL providing MH training to police custody staff and new recruits. LCFT in collaboration with LCC and Lancashire Constabulary have developed a series of Mental Health Act videos to provide information for patients, carers, staff and partner agencies on the powers, roles and	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
				responsibilities within the Act and the safeguards for patients who are subject to the Mental Health Act. The podcasts can be found at http://www.lancashirecare.nhs.uk/about-us/Mental-Health-Act-Information.php It should be noted that LCFT already offer this type of training to a number of stakeholders and this needs to be a more formalised arrangement where clear overlaps are in place.	
2.10	**Support of those suffering from ADHD and Autism:** People with autism are often found in offender health and criminal justice systems. Earlier identification and treatment will reduce the risk of access to service via crisis pathway. Build on the pilots currently underway.	CCGs (LCFT)	2015/16	LCFT have specific services for ADHD and Autism in the community and specialised commissioning and this will need to be reviewed to ensure access/ entry points during crisis are identified.	
3. Urgent access to crisis services when required					
3.1	**Awareness of access points:** Clear information for Patients, Carers, Families, GPs, DOC Police, Ambulance Staff and other professionals as who to contact when in a mental health related crisis.	LCFT, LAs, CCGs		To Note: LAs also have a responsibility to act as an access point i.e. GPs and family (nearest relatives) ability to directly request MHA assessment via LA	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
3.2	**Timely and effective Mental Health Assessments**				
3.2.1	**Maintain maximum waiting times standards for full mental health assessments** irrespective of either the patient is in the community, A&E department or any other location. Priority given to patients at risk, or where Police/Ambulance are in attendance Following waiting times thresholds are to be adhered to:	**LCFT**	Review Sep 2015.	**Community:** Assessment and Treatment Teams led by Consultant Psychiatrists in BwD and East Lancs. Being actioned through the CCG 15/ 17 Commissioning Intentions as part of the review/ redesign of LCFT Unscheduled Services which includes full engagement with external stakeholders. This will be monitored and reviewed via normal commissioning governance and updated as and when required..	
3.2.2	**Mental Health Act Assessments:** Completion of all Mental Health Act Assessments within set time scales by local councils.	BwD, Blackpool and Lancashire County Councils	Review Sep 2015.	As above this is being reviewed as part of review/ redesign of unscheduled care pathways.	
3.2.3	**Review assessment pathways.** Improve access to appropriate 24/7 services and timely out of hours assessment for specific groups when in a mental health crisis: • Under 16s • Individuals with Learning Disabilities. Individuals with Dementia	CCG/ LCFT/ Acute Trusts/ Calderstones / Police	Review Sep 2015	Being actioned through the CCG 15/ 17 Commissioning Intentions as part of the review/ redesign of LCFT Unscheduled Services which includes full engagement with external stakeholders. This will be monitored and reviewed via normal commissioning	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
				governance and updated as and when required.	
3.4	**Section 135-136 policy & Protocol**				
3.4.1	Develop a **Multi-Agency Section 135 136 Protocol** which includes local procedures and guidance for police welfare checks to support decision making in mental health services.. NHS providers need to ensure • to use police time more effectively, • to work together safely when the police are called to an incident on NHS premises	**MAOG** (LCFT, Acute, Police)		Pan-Lancashire Multiagency protocol. Lancashire County Council Blackburn with Darwen Borough Council Blackpool Council Lancashire Constabulary North West Ambulance Service East Lancashire Hospital Trust Lancashire Teaching Hospitals Blackpool Teaching Hospitals NHS Foundation Trust University Hospitals of Morecambe Bay NHS Foundation Trust Southport and Ormskirk NHS Hospitals Trust University Hospitals of Morecambe Bay NHS Foundation Trust Blackburn with Darwen Clinical Commissioning Group The joint Protocol was launched on 08/12/2014 and has been positively received. The Protocol clearly outlines all agencies responsibilities and seeks to ensure effective multi-agency practice that complies with the Act to support consistent service user experience and outcomes. Monitoring arrangements and service user feedback have been included.	
3.4.2	**Missing Persons Protocol:** Lancashire wide Absent Without Leave (AWOL) policy/protocol to ensure consistent application of a shared definition and procedures across Acute, Mental Health, Police and independent providers.	**MAOG**	2015-16	Better risk management. Effective use of resources.	
3.4.3		LCFT/Police	April		

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	Lancashire constabulary, LCFT and AMHP leads will jointly produce a single unified data source on use of 136 across Lancashire and report via the MAOG for monitoring purposes.		2015		
3.4.4	Ensure accuracy of information and consistent reporting on 135 and 136 activity and outcomes.	LCFT/Police	April 2015	The monitoring form has been agreed and meets the national requirements. LCFT assume responsibility for collating and presenting 135 and 136 information to both the Trust-wide and locality groups. The MHA module in ECR will be launched by April 2015. The monitoring form will be completed electronically and is linked to business intelligence reporting.	
3.5	**Conveyance and Transportation**				
3.5.1	Review multi-agency conveyance guidance for individuals detained under the Mental Health Act. The role of Ambulance service, police and mental health teams with regard to ensuring that patients should always be conveyed in a manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people.	NWAS	Mar – June 2015	A defined policy is in place with regards to the transportation of patients with mental health needs in crisis.	
3.5.2	Develop an appropriate protocol to ensure that mental health patients are not treated unfairly by lengthy waiting times for	NWAS	Mar – June 2015	To review existing protocols with NWAS and other providers	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	an ambulance.				
3.5.3	Consider and develop proposals for an alternative form of conveyance as opposed to fully kited ambulance.	Blackpool CCG, LCFT	Mar – June 2015	NWAS required to do an evaluation paper of current commissioned provision. This work needs to be undertaken with LCFT to look at appropriate alternatives. LCFT have started to scope out what this may entail.	
3.5.4	Monitor and reduce conveyance target breaches. The Department of Health (DH) national target for conveyance is 4 hours. NWAS have set a local target of 1 hour. Lancashire County Council (LCC) audit data demonstrated that 54.80% of responses breached NWAS 1 hour target but responses were predominantly within the DH timescales.	MAOG	Monthly with Sep 15 Review	Delays of over 4 hours are recorded on Datix and monitored through the Oversight Group.	
3.6	**Place of Safety**				
3.6.1	**Stocktake and agree all places of Safety across Lancashire** Ensure 135/136 accommodation and staffing is adequately addressed.	LCFT Police	Sept 2015	Guidance for commissioners: Service provision for Section 136 of the Mental Health Act 1983 recommend that there must be adequate provision for the anticipated section 136 demand. This should include suitable provision to meet the needs of specific groups; in particular, those under 18 years, Section 135-136	
3.6.2	Allocate appropriate resources for the development of Mental Health Assessment Rooms at Acute hospitals and section 136 suites at appropriate locations.	CCGs	2017	Consideration for the 136 suite to remain in a central Lancashire site. (GP/CSR CCG)	
3.6.3	**Place of safety for under 16s:**	LCFT/CCGs	2015-16	The Multi- Agency Section 135 and 136	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	A bespoke section 136 assessment suite and minmum staffing model for assessment of under 18s will be identified, agreed and commissioned.			Protocol has been ratified and it is recognised that provision for under 18s is a gap	
3.6.4	Consider the development of **alternative places of safety for specific client groups** i.e. older people with dementia, children and younger adults. • Paediatric Wards • Mental Health Units • designated care home / community hospital with staff experienced in dementia	CCGs	2015-16	Acute Trusts: All A&E wards as places of Safety. Dedicated Section 136 Suite for Lancashire.	
3.6.5	Lancashire constabulary to regularly monitor and report the use of police cells as a place of safety via the MAOG.	Police	Monthly with Sep 15 Review	To report exceptions to the multiagency oversight group.	
3.7	**Safeguarding** – Awareness, Policy, Protocol, Implementation for • Police • Crisis Team Staff • Others	Local Authorities (LCC, BwD, B,pool)		Appropriate safeguarding leads to be invited to attend the MAOG.	
3.8	**Approved Mental Health Professionals - Mental Health Law Administration – The role of Social Services Local Authority**		Ongoing – Plan and timescales to be confirmed	The below section needs further discussions to inform detailed implementation and review plan.	
3.8.1	Stocktake AMPHS staffing and availability in all localities • Training and qualification is appropriate • Review reporting quality and structure	BwD BC, LCC, Blackpool	.		

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	• Have a system of ongoing review in collaboration with local partners to ensure AMHP workforce is sufficient and capable to address local needs				
3.8.2	Where authorities have combined the services with children's safeguarding, they should satisfy themselves, in consultation with the police and mental health providers, that AMHPs can be available within locally agreed response times.	BwD BC, LCC, Blackpool			
3.8.3	If necessary authorities should consider the implementation of a scheme that employs sessional AMHPs in addition to existing resources to ensure they are able to respond in a timely manner.	BwD BC, LCC, Blackpool			
3.8.4	Explore the potential for better integration of AMHP and Emergency Duty Teams (EDT) services with out-of-hours crisis provision of health and other partners.	BwD BC, LCC, Blackpool			
3.8.5	Review and report issues to MAOG around partnership working between AMPHS and • Police • Crisis & Home Treatment Team • North West Ambulance Service	BwD BC, LCC, Blackpool, NWAS			
3.8.6	Develop multi-agency Police assistance for Approved Mental Health Professionals protocol	Police LAs LCFT		This is included in s.135/136 protocol as support to professionals where warrant not appropriate.	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
3.8.7	All AMHP services across three local authorities will ensure attendance at bi-monthly MAOG meetings.	BwD BC, LCC, Blackpool council		Share ideas of improving working practices agreed cross border working arrangements for undertaking MHAAs to avoid people in crisis being passed around / between LAs	
3.9	Lancashire constabulary to identify areas where joint operational arrangements need further consideration and improving and produce an action plan/report for the oversight group.	Police	October 2015	Resolution of operational issues via the MAOG and the crisis concordat oversight group.	
3.10	Implement safe restraint techniques into Ambulance and Police training.	NWAS/ Police	Mar – June 2015	To scope viability of this type of specific training and intended outcomes.	
3.11	**Criminal Justice Liaison and Diversion Services**				
3.11.1	Provision of effective L&D services across Lancashire that covers Police custody and Magistrates courts for individuals of all ages suffering from mental health, providing a 7days a week service, preventing escalation to crisis and appropriate sign posting for those in crisis.	**LCFT**	April 2015	As of 1st April 2015 This will be an all age service which will also include learning disabilities and veterans. LCFT led CJL&D services in Lancashire police custody suites and magistrate courts covering 8-4, 7days a week.	
3.11.2	Undertake a pathway review of offender access to MH services.	LCFT	Sept 2015	Assessment and timely access and coordination through the court system.	

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
				Signposting to appropriate services. Avoid inappropriate imprisonment.	
	Access to appropriate 24/7 services for specific groups when in a mental health crisis and in police custody: • Under 16s • Individuals with Learning Disabilities. • Individuals with Dementia		April 2015	The CJL & D service will be available for these groups if they are arrested.	
	4. High Quality Mental Health Crisis Services				

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No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
Page 72	Lancashire Care NHS Foundation Trust working in partnership with Blackburn with Darwen CCG has ambitious plans for a full scale redesign of its crisis mental health pathway to support the delivery of the mental health crisis concordat outcomes. Blackburn with Darwen CCG as lead commissioner are working closely with LCFT and the Lancashire Commissioning Support Unit (CSU) to undertake a Lancashire wide review of the Unscheduled Care (Crisis) pathways within LCFT as part of its planned commissioning intentions. The services included are; • Mental Health A & E Liaison. • Pennine Lancashire Mental health Liaison. • Hospital Liaison (Older Adults). • Crisis Resolution and Home Treatment team. • Intermediate Support Team. • Care Home Liaison Teams. • Mental Health Helpline. The objective of this work is to review all of the service specifications and commission an updated single unscheduled crisis pathway that ensures that patients (age inclusive) receive the same consistent level of care across Lancashire 24/7. Work is taking place to ensure that collaborative planning takes place for the Mental Health Unscheduled Care redesign work and the MH Care Crisis Concordat and ensure that there is not any unnecessary duplication of work. There is a 'shadow' specification currently being written and this will be incorporated within the LCFT contract on 1st April 2015, once agreement has been obtained from all CCG's and LCFT. It is planned that a review will take place in Sept 2015. At the 6 month review the pilots being delivered will be reviewed and a decision will be made as to whether they should be delivered across Lancashire. It is anticipated that changes could be identified and agreed in year.	CCG/ LCFT/ ID stakeholders as appropriate.	2015-17 With ongoing planned reviews New Service to be implemented in full by April 2017.	Implementation of new unscheduled care specification/ pathway with agreed service user/ carer outcomes will be ongoing. The implementation of this specific commissioning intention will require full engagement with all stakeholders to ensure any other services are in alignment/ complement each other throughout this programme. There is a formulised governance structure that will oversee this programme of work and a number of the actions described throughout the concordat action plan will be included within this programme of work for monitoring, review and long term implementation. – Full EIA assessment required.	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	5. Post Crisis Support – Recovery and Staying well				
	There is an increasing acknowledgment and commitment to the requirement of ensuring post crisis support. The LCFT Unscheduled Care Review and other initiatives with MIND are looking to address this, for example every service user in Mental Health should have a crisis plan that highlights key information for the individual and any professionals who they may come into contact. This plan should be devised in full conjunction with the service user and their family where appropriate and include named contacts following their discharge. This support should be also offered to the carer/ families and carers assessments should be offered. The plan will include the contact information for the 24/7 mental health helpline that is currently being reviewed to also include access for support to other professional groups. The review/ redesign also needs to include appropriate pathways of support for all ages (children, older adults), learning disabilities and other vulnerable adults to ensure they have equal access to services pre/ during and post crisis. Crisis services should be able to offer relevant information and signposting to self help, peer support, wellbeing services to promote recovery, social inclusion and crises prevention. Post Crisis Support services in the community are to be developed in alignment with all providers which includes the way in which we communicate and the linked processes to this to ensure no one falls between the gaps due to service criteria.	LCFT MIND, BwD BC, LCC, Blackpool LD Leads	Review Sep 2015	The review/ redesign programme and the multi agency oversight group need to identify gaps in current service provision and plan appropriate actions; this will require full review in September 2015 to ensure all stakeholders can plan appropriately based on evidence. The evidence will be required to be produced via a number of routes dependent on stakeholder but may be via NHS contracts or multiagency intelligence reports to ensure an informed picture can be established. It should be noted that a number of areas have already identified areas of good practice and there are a number of schemes in different areas of Lancashire that will require review to see if outcomes relating to quality can be duplicated in other areas. Further work on this agenda is planned in LCFT Unscheduled Care Programme/ Crisis Care Concordat Group and the multiagency oversight group. The detail plans will be developed and updates will be provided in the review of this action plan.	

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	In Lancashire we need to identify vulnerable patients who are being regularly assessed on 136 through the monthly multi-agency locality meetings. Facilitate a complex case and risk management meeting to inform care planning with the aim of improving access to appropriate support and reducing the use of section 136. Lancashire need to explore alternatives to home post admission and scope if access to appropriate beds or speedy step down from acute MH to more therapeutic environments would be beneficial in our health economy. In addition the review needs to address how people access other services following crisis, for example; physical health care (if not required immediately during crisis); drug and alcohol services.				

6. Action Plan Monitoring, Review and Evaluation

No.	Action – Activity - Milestone	Lead	Timescale	Outcome/ Progress	RAG status
6.1	Monitor action plan implementation via the Pan-Lancashire Steering groups on a monthly/ bi-monthly basis to ensure its delivery.	BwD CCG	April 2015	To be monitored via CCG Transition oversight group, LCFT Unscheduled Care Board, Crisis Care Concordat Group and Multi agency oversight group – This will also inform any future CCGs Commissioning intentions.	
6.2	Review Action Plan annually in Sept to ensure all stakeholders are delivering against actions and commissioners align their	BwD CCG	Sept 2015		

No.	Action – Activity – Milestone	Lead	Timescale	Outcome/progress	RAG Status
	priorities accordingly.				
6.3	**Equality and Diversity** All organisations responsible for leading on key actions of the action plan are required to complete Equality screening and where required a full Impact Assessment before any changes are made, services are redesigned or new services are introduced.	All	April 2017	Equality Impact Assessments. This will be ongoing throughout the programme and specific EIA and engagement with services users will be undertaken and assurance given to above groups.	

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Appendix 5b:

Action Plan Signatories: Organisations committed to working together to improve mental health Crisis Care.

1. NHS Blackburn with Darwen CCG
2. NHS Blackpool CCG
3. NHS Chorley and South Ribble CCG
4. NHS Lancashire North CCG
5. NHS East Lancashire CCG
6. NHS West Lancashire CCG
7. NHS Fylde and Wyre CCG
8. NHS Greater Preston CCG
9. Blackburn with Darwen Borough Council
10. Blackpool Borough Council
11. Blackpool Teaching Hospitals NHS Foundation Trust
12. Calderstones Partnership – NHS Foundation Trust
13. East Lancashire Hospitals
14. Health watch Blackburn with Darwen
15. Health watch Blackpool
16. Lancashire Care NHS Foundation Trust
17. Lancashire Constabulary
18. Lancashire County Council
19. Lancashire MIND
20. Lancashire Teaching Hospitals
21. North West Ambulance Service
22. Police and Crime Commissioner
23. University Hospitals Of *Morecambe* Bay *NHS* Foundation *Trust*

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Hazel Walton, Transport Planning Manager, Lancashire County Council
Relevant Cabinet Member	Councillor John Jones, Cabinet Member for Highways, Transport and Equality and Diversity
Date of Meeting:	4th March 2015

FYLDE COAST HIGHWAYS AND TRANSPORT MASTERPLAN

1.0 Purpose of the report:

1.1 This report is to ask the Board for their views on the draft Fylde Coast highways and Transport Masterplan, particularly in relation to the last priority to support healthy lifestyles.

2.0 Recommendation(s):

2.1 To consider the draft Fylde Coast Highways and Transport Masterplan and give views as part of the consultation process.

3.0 Reasons for recommendation(s):

3.1 The plan is a draft strategy for the next 15 to 20 years; the masterplan will set out a cohesive highways and transport strategy for the Fylde Coast, linking economic development, spatial planning and public health priorities to the wider policy objectives of the County Council and Blackpool Council.

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:

- Expand and promote our tourism, arts, heritage and cultural offer
- Improve health and well-being especially for the most disadvantaged
- Attract sustainable investment and create quality jobs

5.0 Background Information

5.1 Lancashire County Council and Blackpool Council have unveiled a masterplan which outlines plans to transform the road, rail, tram and cycle networks on the Fylde Coast. The proposals aim to boost the economy, reduce gridlock on the roads and support healthy lifestyles over the coming decades in Blackpool, Wyre and Fylde.

5.2 The Fylde Coast is a very diverse area and the transport network needs to support a vibrant tourism industry as well as the UK's most significant centre for aerospace manufacturing and large firms specialising in energy and environmental technology, chemicals and polymers.

5.3 As well as making sure the visitor economy and industries can continue to grow the Councils must ensure that everyone who lives on the Fylde Coast can reach the opportunities they need to thrive. The Councils must also take account of future residents and ensure that new housing can be accommodated without overwhelming existing communities.

5.4 The proposals for the near future include:

- The extension of the Blackpool Tramway from the promenade at North Pier to Blackpool North railway station which will improve access to the UK national rail network from Blackpool, Fleetwood and Cleveleys.
- A new junction 2 on the M55 near Preston and Preston Western Distributor road which will improve links to the Fylde via a direct dual carriageway connection from the motorway to the A583/A584 – this is being funded through the Preston, South Ribble and Lancashire City Deal and the Highways Agency.
- The commitment recently announced by central government to A585 Windy Harbour to Skippool improvements. This Highways Agency scheme proposes a new bypass of the village of Little Singleton. This scheme would remove the current bottleneck at Five Lane Ends and give the opportunity to improve the A585 Mains Lane/A588 Shard Road junction. It could also remove rat-running traffic from Singleton.

5.5 The masterplan also puts forward proposals for the future to:

- Consult on proposals for a Blackpool North (Talbot Gateway) Interchange to improve links between rail and tram services and provide a terminus to the

tramway extension. A bid could be made for Local Growth Funding through the Lancashire Enterprise Partnership.

- Carry out a study of the South Fylde railway line to explore its potential for investment. Improved rolling stock and more frequent and reliable services could make it a much better option for commuters, and there may be further benefits to linking the line to the Blackpool Tramway.
- Carry out a study into the potential for improving facilities at stations on the North Fylde railway line. Electrification of the Blackpool North line will see changes to a number of stations to accommodate Pendolino trains, and the study will look into the potential to improve features such as accessibility and parking.
- Establish design and location options for coach facilities in Blackpool.
- Develop a Fylde Coast long term public transport strategy to find the most cost effective ways to provide access to services in rural and remote areas, and market improved facilities to encourage visitors to consider alternatives to the car.
- Take opportunities to make cycling a better option for shorter journeys, and develop a Fylde Coast cycle network which builds on existing routes and initiatives already underway to create better routes for commuters and family-friendly routes for tourists.

5.6 Does the information submitted include any exempt information? No

5.7 **List of Appendices:**
Appendix 6a: Draft Fylde Coast highways and transport masterplan

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

Fylde Coast

Highways and Transport Masterplan

Consultation Draft

December 2014

Blackpool Council

Lancashire County Council

Foreword

Blackpool Council is delighted to work in cooperation with our neighbouring local authorities to put forward a long term strategy of achievable transport schemes to benefit the Fylde Coast.
Efficient transport networks are vital to our local economy's growth, enabling job creating investment that will replace deprivation with prosperity and improve the visitor experience.

Road and public transport investment in Blackpool will accommodate increasing travel demand as regeneration accelerates and improved connectivity to the national economy via the M55 and rail network will be crucial. Further investment in the Fylde Coast's rail access, following the North Fylde line's electrification, could allow new routes to be established including further direct services to London. Supporting a growing market for coach travel could ease congestion on inter-urban routes. New technology offers opportunities to further improve the resort's visitor routes, whilst minimising the impact on our local population.

Local people require access to job opportunities as these are created. The state-of-the-art tramway, successfully re-opened in April 2012, demonstrates the potential that investment in local mass transit systems has. A high-quality bus network needs to adapt as new employment sites, including those that are cross-border, are developed.
Local walking and cycling routes can be developed further to facilitate these cost-effective and sustainable travel modes, accessing employment and services whilst reducing congestion.

The council is keen to grasp all funding opportunities to enhance local economic performance, create prosperity and combat deprivation, while preserving environmental quality on which the Fylde Coast depends.
The Government's Growth Deal initiative is especially welcome and I will ensure Blackpool works effectively to secure the transport network improvements that are needed.

This consultation document seeks residents' and stakeholders' views on our highways and transport masterplan for the Fylde Coast. I look forward to receiving your comments on our proposals and your thoughts on the kind of transport systems that you want to see.

Councillor John Jones
Cabinet Member for Highways and Transport
Blackpool Council

"Blackpool" is one of the most recognisable place names in the country, with a long history as the nation's favourite resort. The number of visitors is staggering with the busiest weeks seeing a total footfall of almost half a million in Blackpool alone.

And it's not just Blackpool that draws the crowds. From the coast in the west, with destinations such as the 'classic' resort of St Annes, to the rural heartlands of the east and market towns such as Kirkham and Wesham and Garstang (the world's first Fairtrade town), the Fylde Coast area offers visitors an unrivalled breadth of opportunity. Add to that stunning scenery and internationally recognised wildlife havens and it is easy to see why so many people flock to the area.

But the Fylde Coast is about much more than tourism. What may surprise those outside Lancashire is that world class manufacturing is also at the core of the Fylde Coast's success.

BAE Systems at Warton help make Lancashire the UK's most significant centre for aerospace manufacturing, part of a wider world class regional cluster making a contribution of over £850 million to the economy. With the Lancashire Advanced Engineering and Manufacturing Enterprise Zone at the BAE Systems site, advanced chemical and polymer manufacturing in Wyre and a strong energy and environmental technology presence, including that of the nuclear industry at Westinghouse Springfields at Salwick, the Fylde Coast is actually an industrial powerhouse.

But such success hides the area's issues. Even more than in other areas of Lancashire, the population is ageing. Parts of the urban area, especially in Blackpool, have significant health and social challenges. Rural areas potentially face increasing social isolation as we move forward.

The future development of our highways and transport networks is therefore critical. We must support a growing visitor economy and a world class industrial base. We must ensure that all the Fylde Coast's residents can benefit from economic growth and reach the opportunities that they need to thrive. We must also take account of future residents too and ensure that new housing can be accommodated without overwhelming existing communities with the extra traffic.

This consultation masterplan therefore starts a conversation as to how we can make sure that our highways and transport networks support the Fylde Coast over the next 15 to 20 years. We have set out what we believe is needed. Now we need to know whether you agree with us and how we can between us make this a stronger document still.

County Councillor John Fillis
Cabinet Member for Highways and Transport
Lancashire County Council

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Executive Summary

This document presents the draft Highways and Transport Masterplan for the Fylde Coast.

Both Lancashire County Council and Blackpool Council, as highways and transport authorities, have a Local Transport Plan (LTP3) that sets out their transport priorities. These strategies establish a commitment to support the economy and to tackle deep-seated inequalities in its people's life chances, revitalising communities and providing safe, high-quality neighbourhoods.

We are therefore producing five Highways and Transport Masterplans that reflect the county's economic areas:

- Central Lancashire, covering Preston, South Ribble and Chorley
- East Lancashire, produced in cooperation with Blackburn with Darwen Council and covering Blackburn with Darwen, Burnley, Hyndburn, Pendle, Rossendale and Ribble Valley
- West Lancashire
- Fylde Coast, produced in cooperation with Blackpool Council and covering Blackpool, Fylde and Wyre and
- Lancaster

The Fylde Coast Highways and Transport Masterplan is being produced jointly by the County Council and Blackpool Council.

Once completed, these masterplans will set out a cohesive highways and transport strategy for the whole county, linking economic development, spatial planning and public health priorities to the wider policy objectives of the County Council, Blackburn with Darwen Council and Blackpool Council.

Three of these masterplans have been approved and are now being delivered. The Central Lancashire Highways and Transport Masterplan was approved in March 2013, the East Lancashire Highways and Transport Masterplan in February 2014 and the West Lancashire Highways and Transport Masterplan in October 2014.

The masterplan presented here sets out our vision for travel and transport in the Fylde Coast. It seeks a consensus on the validity of that vision and on options that could be implemented and developed to achieve it.

The Fylde Coast Now

The Fylde Coast is an area of significant contrasts and is made up of three authorities:

Fylde is one of the most affluent areas in Lancashire, containing towns and rural areas, popular with commuters, which do not have the levels of deprivation seen in some other areas. The advanced engineering and manufacturing sector provides highly paid jobs that underpin local economies, centered on Warton, home to both BAE Systems and one of the two Lancashire Enterprise Zone Sites. Fylde is also home to Blackpool Airport

Wyre is split by the river it takes its name from and has two distinct areas with different economic and social needs. The urban areas of Thornton Cleveleys and Fleetwood, to the west, contrast with the largely rural part of the district that centres on Garstang to the east.

Blackpool is England's largest and most popular seaside resort, attracting more than 13 million visitors a year. Shifts in tastes, combined with opportunities for Britons to travel overseas, affected Blackpool's status as a leading resort during the late 20th century, but there are now positive signs that the visitor economy is revitalising, with recent substantial investment that has supported this.

The Fylde Coast area is relatively self-contained in terms of housing, economy and travel but also has ties to both Central Lancashire and to Lancaster. However, with the visitor economy so important to the area, particularly to Blackpool and the resorts of Lytham and St Annes, it is no surprise that the study area for the masterplan looks to regional and national links as well.

Current highways and transport issues across the area include:

- The A585 presents a significant bottleneck at Singleton crossroads, with other local problems on it between the M55 and Fleetwood.
- Emerging development plans could put a significant strain on the local highways network.
- Rail connectivity is limited on the South Fylde line and there are opportunities to capitalise on rail improvements elsewhere, not least HS2.
- Public transport provision for employment and in the rural area needs to be better.
- Cycle facilities don't necessarily work for all users.
- There is limited interchange/connectivity between public transport and cycling.
- Neighbourhoods and the links between them need to be of a good enough standard to make travel easy for everyone.
- Travel choice still favours the private car and
- Road safety needs to be improved still further, particularly in Blackpool and for vulnerable road users.

Looking to the future

A key driver of the Fylde Coast's economic development is the Lancashire Enterprise Partnership (LEP), of which both Blackpool Council and Lancashire County Council are members. The Partnership's Strategic Economic Plan sets out how strong and sustainable economic growth can be achieved in the county and a significant strand is the regeneration of Blackpool.

There are other more local economic and development plans which form part of the spatial background to the development of our highways and public transport networks.

Also, in April 2013, both Blackpool Council and the County Council took responsibility for some work that was previously carried out by the NHS. The two authorities will now work with the NHS to tackle some of the key issues that affect people's health and wellbeing, helping people to stay healthy and prevent illness. The changes will make sure that public health experts have a greater input to many of the different council services that impact on people's health including education, housing, transport and the local environment.

Funding

The cost of delivering the package of measures identified in the masterplan, and those that will come out of the work we propose to do, cannot be borne entirely by public sector funding. We have shown that, in areas where we can come to rely on the development industry to contribute funding to new infrastructure, we can increase investor confidence and our ability to attract other sources of funding, and in turn improve the prospects of delivery, and delivering to earlier timescales.

Moving forward, investment in major new infrastructure will, increasingly, need to demonstrate an economic justification. In practice, this means a clear strategy that brings forward integrated development proposals for new development and economic growth alongside the infrastructure to support it.

New procedures have been put in place for collecting and investing developer contributions. The Community Infrastructure Levy or other developer contributions through planning obligations will be a key mechanism to delivering major new infrastructure to stimulate and support major house building and business development. The speed and certainty with which we will be able to implement new infrastructure will be directly linked to developer contributions.

Our Vision

Transport and travel allow our residents and businesses not only to go about their everyday lives and also to grow and prosper. Our vision for travel and transport in the Fylde Coast therefore reflects the aspirations that have already been put forward for Blackpool and Lancashire as a whole:

By 2031, we want the Fylde Coast to have highways and transport networks that support:

Prosperity ~ because the success of the area's economy will determine the availability of good jobs that allow people to fulfil their aspirations and enjoy independent, productive lives; and because a strong, diverse commercial base will be central to sustaining investment in the area and in turn securing long term economic success.

Health ~ because it is central to everybody's happiness and ability to achieve what they want from life and

Wellbeing ~ because we aim to move from intervention to prevention as much as we can, giving people the opportunities that allow them to stay well and thrive on their own or as part of their family.

Greater prosperity, health and wellbeing will make the Fylde Coast a good place to live, work or visit, a place where all people can live long, happy and healthy lives regardless of their background.

Taking Our Vision Forward ~ What we're already doing

Having set out what we need our networks to do in the future, we need to consider what is already being done or is programmed as we, and our partners, already have schemes and proposals in place to tackle many of the problems including:

- Yeadon Way refurbishment
- Poulton-le-Fylde Town Centre
- M6 Junction 32 Northbound Widening
- A585 Windy Harbour Junction Improvement
- A585 Bourne Way to West Drive Widening and Improvement
- Preston ~ Blackpool rail electrification

And through the Growth Deal negotiated by the Lancashire Enterprise Partnership:

- Blackpool Integrated Traffic Management
- Blackpool Bridges Major Maintenance Scheme
- M55 to Heyhouses Link Road
- Blackpool Green Corridors
- Blackpool Tramway Extension

The City Deal for Preston, South Ribble and Lancashire also has schemes that directly affect the Fylde Coast:

- M55 Junction 2 and the Preston Western Distributor
- Broughton Bypass and
- Preston Railway Station

Taking Our Vision Further

Despite the work underway now or programmed, there will still be issues to be addressed in the Fylde Coast area if we are to reach our vision. We believe there are 5 key requirements that our highways and transport networks must meet and we can use to set out our programme:

We need our highway network to operate more efficiently, not just for cars, but also for buses, coaches and for freight.

What we will do:
To enable growth, we will work with our partners to ensure that demands placed on our highways and transport networks by new housing development are accommodated as sustainably as possible. We will also make sure that our main business locations, such as the Enterprise Zone at Warton, Blackpool Airport and other strategic locations are well served by both roads and other means of travel. We will also work to make the most of opportunities provided by other development schemes as they come forward where benefits to Lancashire's residents and businesses exist.

We want to ensure that the **A585** operates as effectively as possible by carrying forward a programme of viable improvements. We therefore propose to build on the work that the Highways Agency is starting now and to work together to design and take forward the recently announced A585 Windy Harbour to Skippool Improvements and then any further scheme or schemes needed to remove any final pinch-points on the corridor. However, we do not propose to maintain route protection of the southern section of the M55 to Norcross Link road south of the A586 as we do not believe that this scheme will be fundable as it will no longer deliver sufficient benefit to offset the high cost of the scheme in financial and environmental terms.

We need our rail network and services to make commuting convenient and easy and to be an outstanding gateway to the Fylde Coast for businesses and visitors.

What we will do:
We will work with our partners to design and then consult on proposals for a **Blackpool North (Talbot Gateway) Interchange** that will facilitate interchange between rail and tram and provide the terminus to the tramway extension. Once we have a final scheme, we will work with the LEP to secure funding.

In order to establish just what potential our rail stations have, we will undertake a **North Fylde Line Station Viability Study**, which will complement the work being done elsewhere in the county and proposed for the Fylde Coast.

We also propose to carry out a **South Fylde Line Study** to look at the future role of the South Fylde Line, the best way to enhance the role of the line in providing a southern gateway to Blackpool and to establish what the most viable and cost effective way of linking the South Fylde line and the Blackpool Tramway would be and what benefits such a link would bring.

We need public transport to serve all our communities so that people can get to the jobs and services they need.

What we will do:
In Blackpool, we propose to continue to work with our partners to establish design and location options for **coach facilities** within the Leisure Quarter on New Bonny Street and for layover facilities at an appropriate location. Once a scheme for coach facilities has been finalised, we will work with the LEP to secure funding if needed.

To ensure that urban public transport is fully integrated with other sustainable modes, we will work with our partners in the bus industry to put together a Fylde Coast **Long Term Public Transport Strategy.**

In order to **maintain rural connections,** work is already proposed in the county to find the most cost effective methods of providing access to services in rural or remote areas. We will extend this work to the Fylde Coast.

To help ensure effective **visitor travel choices,** we will work with our partners to provide effective marketing to publicise these improvements and reduce the dependence on the car for leisure travel to and from the Fylde Coast. We will also put in place a monitoring programme to make sure that we know how travel patterns are changing.

We need cycling and walking to become the convenient travel choice for shorter distances and for it to be easy for people to change between modes.

What we will do next:
The **Fylde Coast Cycle Network** will build on work already undertaken between Fleetwood and Starr Gate and in St Anne's, as well as the Blackpool Explorer routes and initiatives that are underway such as Blackpool Green Corridors. Key to the network will be the completion of the **Fylde Coastal Way**, the towpath of the **Lancaster Canal** and the creation of **Explorer Mini-wheels,** family friendly, multi user circular routes aimed at the leisure and tourist market and **Green Spokes** that will allow safe access by cycle to key employment destinations.

We need our streets and public spaces to feel safe and attractive.

We will work to make **Local Links** play a vital role in improving prosperity, health and wellbeing for all age groups. A safe and attractive street makes people more likely to walk and cycle, however far or fast, and increasing levels of physical exercise will not only help tackle obesity, but will help to reduce heart disease, strokes and type 2 diabetes as well as improving mental wellbeing.

Next Steps

This consultation masterplan represents the beginning of a programme of highways and transport infrastructure delivery to serve the Fylde Coast over the next 16 years and beyond.

There is much to do and it will need the commitment and efforts of a variety of service providers to see it through ~ County, Unitary and District Councils, Lancashire's Local Enterprise Partnership, the Highways Agency, Network Rail - and the support of private business and house builders as well.

The first task is to make sure we have widespread agreement for the highway and transport improvements that are taken forward. Then, to stand the best chance of delivering these improvements, we must make sure they are 'ready to roll' as soon as we can, so that we can make use of all opportunities to get funding for schemes that are ready to be delivered. That will mean committing time and funding now to working out detailed plans for these ideas and preparing the economic case for them.

Let us know what you think

From 12th January to 20th February 2015, there will be a public consultation on the Fylde Coast Highways and Transport Masterplan.

As part of the consultation it is important that we get your views on the vision presented in the masterplan.

A leaflet with a questionnaire accompanies the masterplan and this is your opportunity to let us know what you think. Copies of the leaflet are available from public libraries and council offices.

We are also holding a number of events where you can come and talk to us about the masterplan. These are shown in the box opposite.

The masterplan can also be viewed or downloaded from our website. To access the documents paste the following link into your browser www.lancashire.gov.uk and then search for Highways and Transport Masterplans on the A-Z list. You can also fill in the questionnaire online.

You can also write to us at:

Fylde Coast Highways and Transport Masterplan
Environment Directorate
Room C4
County Hall
Preston
Lancashire
PR1 0LD

or by email: enquiries@lancashire.gov.uk

Venues

Garstang Library Windsor Road Garstang PR3 1ED Tuesday 27th January 2pm ~ 7pm	**Kirkham Community Centre** Mill St Kirkham PR4 2AN Wednesday 4th February 12 Noon ~ 6.30pm	**Poulton Library** Blackpool Old Road Poulton-le-Fylde FY6 7DH Thursday 29th January 2pm ~ 7pm
St John the Evangelist Church St John's Square Church Street Blackpool FY1 1BP Wednesday 28th January 2pm ~ 7pm	**Fleetwood Library** North Albert Street Fleetwood FY7 6AJ Tuesday 3rd February 2pm ~ 6.45pm	**St Annes United Reformed Church** St George's Rd, St. Annes FY8 2AE Wednesday 11th February 2pm ~ 7pm

Introduction - Lancashire's Highways and Transport Masterplans

Both Lancashire County Council and Blackpool Council, as highways and transport authorities, have a Local Transport Plan (LTP3) that sets out their transport priorities. These strategies establish a commitment to support the economy and to tackle deep-seated inequalities in its people's life chances, revitalising communities and providing safe, high-quality neighbourhoods. The plans include commitments to:

- Improve access into areas of economic growth and regeneration
- Improve the efficiency and management of parking to support the local economy, especially for shoppers and visitors
- Provide better access to healthcare, education and employment
- Improve people's quality of life and wellbeing
- Improve the safety of our streets
- Manage congestion levels
- Provide safe, reliable, convenient and affordable transport alternatives to the car
- Maintain our assets
- Reduce carbon emissions and their effects.

To work towards these aims, Lancashire County Council is leading in the production of a set of Highways and Transport Masterplans that will cover the entire county.

Rather than produce a masterplan for each district, five masterplans are being created that reflect the travel areas identified in the County Council's Local Transport Plan:

- Central Lancashire, covering Preston, South Ribble and Chorley
- East Lancashire, covering Blackburn with Darwen, Burnley, Hyndburn, Pendle, Rossendale and Ribble Valley
- West Lancashire
- Fylde Coast, covering Blackpool, Fylde and Wyre and
- Lancaster

The Fylde Coast Highways and Transport Masterplan is being produced jointly by the County Council and Blackpool Council.

Once completed, these masterplans will set out a cohesive highways and transport strategy for the whole county, linking economic development, spatial planning and public health priorities to the wider policy objectives of the County Council, Blackburn with Darwen Council and Blackpool Council. Each masterplan will:

- Outline current issues affecting our highways and transport networks
- Look at the impact of plans and policies in future years, including the Lancashire Enterprise Partnership's Strategic Economic Plan and approved Local Plans
- Put forward the measures that we consider are needed to support future growth and development and improve our communities
- Outline funding mechanisms and delivery programmes and associated risks.

Future funding allocations from central government are being devolved to the Lancashire Enterprise Partnership (LEP), which covers the local authority areas of Lancashire, Blackburn with Darwen and Blackpool. It is therefore vital that there is a coherent highways and transport strategy for the whole county, rooted in approved and adopted strategies and plans.

Three of these masterplans have been approved and are now being delivered. The Central Lancashire Highways and Transport Masterplan was approved in March 2013, the East Lancashire Highways and Transport Masterplan in February 2014 and the West Lancashire Highways and Transport Masterplan in October 2014.

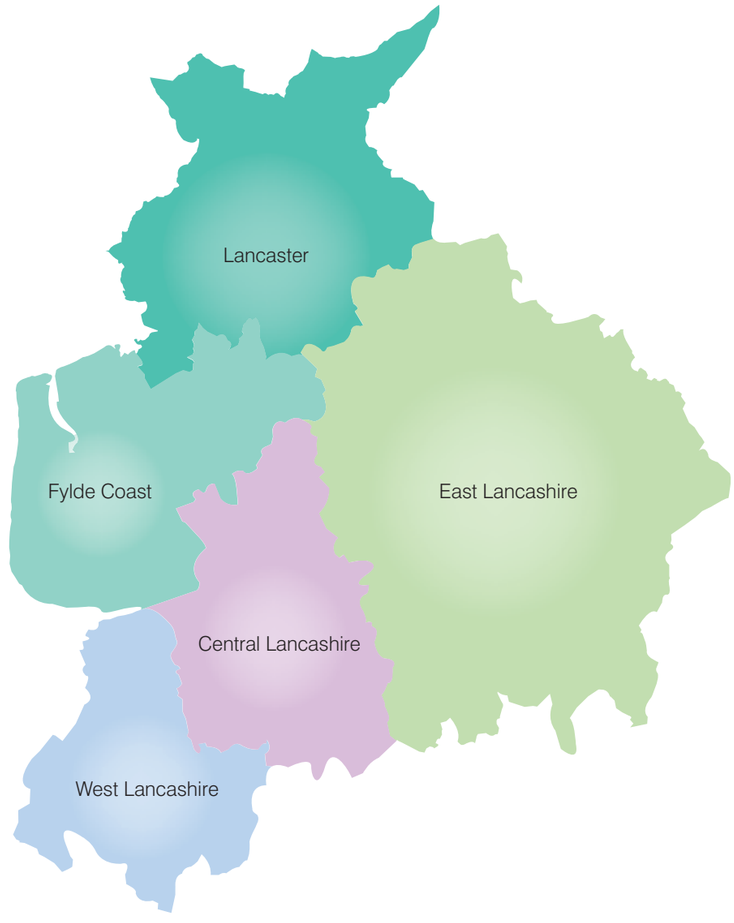


Figure 1: LTP Masterplan Areas

Introduction ~ The Fylde Coast Masterplan

This document introduces the Highways and Transport Masterplan for the Fylde Coast. Produced jointly by Lancashire County Council and Blackpool Council, it sets out the options for a future Highways and Transportation Strategy for the Fylde, Wyre and Blackpool area to 2031 and beyond, to inform the area's emerging Local Plans (the planning policies that set out how an area will develop).

The fundamental purpose of transport is to enable economic and social activity. It allows people to get to work, to access services and to see friends, family and visit places. It also allows businesses to move goods and allows suppliers and customers to come together. However, transport also has other impacts on people, on places, and on our environment: Traffic congestion brings delay and disrupts communities; road accidents cause injury and suffering; vehicle emissions affect local people's health and contribute to global environmental problems and so on.

Balancing the positive and negative impacts of transport is vital in providing sustainable highways and transportation networks for the future. We can only do this if we consider the consequences that changing these networks will have not just on the users, but on the people, environment and economy of Fylde, Wyre and Blackpool both now and in the future.

All the masterplans require similar evidence, which must be up-to-date and accurate. Local Plans set out the details of future land use and there must be a sound economic strategy in place. Existing travel and transport must be understood and there must be evidence as to the impact of future development on the highways and transport networks. The health and social needs of the population must also be known.

Economic and public health evidence is robust. The Lancashire Enterprise Partnership has agreed its Strategic Economic Plan and the individual authorities also have established development priorities. There is a wealth of information about health and wellbeing in the area.

However, not all Local Plans are at the same stage of development across the area. The 3 authorities are at different stages of the plan making process but are cooperating to ensure that development is coordinated across the Fylde Coast area.

Blackpool Council consulted on the Pre-Submission Core Strategy in summer 2014 with adoption expected in 2015. Fylde's new Local Plan is currently under preparation. Wyre Council's Local Plan next consultation stage will be held in 2014/15, and it is anticipated that the Local Plan will be adopted in 2017. The masterplan will take into account the emerging content of the three local plans to set out a strategy for highways and transport for the Fylde Coast to 2031.

This consultation masterplan therefore:

- Describes the Fylde Coast's people and places as they are now
- Outlines what we know of current transport patterns and identifies issues with the current highways and transport networks that support the Fylde Coast
- Sets out the plans and policies, both adopted and emerging, that will impact on the area in the future
- Uses the evidence to establish what challenges our transport networks face
- States our vision for what our highways and transport networks should be able to do by 2031
- Shows what work is already underway to achieve that vision and
- Lastly, sets out how we intend to take the masterplan further.

In consulting on our vision of what the Fylde Coast's highway, rail, bus, cycling and walking networks need to be able to do and what options we have for fulfilling that vision, we want to involve everyone across the area in the decisions that will affect them. We also want to be sure that we are committing resources in the way that will support economic growth and improve the health and wellbeing of the people across the Fylde Coast.

The Fylde Coast Now

The Fylde Coast is an area of significant contrasts and is made up of the three authorities of Blackpool, Fylde and Wyre. The area had a population of over 325,000 in 2013. This is expected to increase by over 15,500 people between now and 2037, with 90% of that growth predicted to be in Fylde and Wyre.

Fylde is one of the most affluent areas in Lancashire, containing towns and rural areas popular with commuters, which do not have the levels of deprivation seen in some other areas. The advanced engineering and manufacturing sector provides highly paid jobs that underpin local economies. This centres on Warton, where BAE Systems has a major centre, and which is also home to one of the two Lancashire Enterprise Zone Sites.
Fylde also has a vibrant tourist economy based on the resorts of Lytham and St Anne's.

Wyre is split by the river from which it takes its name and has two distinct areas with different economic and social needs. The urban areas of Thornton Cleveleys, Fleetwood and Poulton-le-Fylde to the west contrast with the largely rural area to the east that centres on Garstang. Only in Fleetwood are there any urban areas that suffer from significant deprivation, although rural isolation is an issue in some areas to the east of the Wyre.

Blackpool is England's largest and most popular seaside resort, attracting more than 13 million visitors a year. Shifts in tastes, combined with opportunities for Britons to travel overseas, affected Blackpool's status as a leading resort during the late 20th century, but there are now positive signs that the visitor economy is revitalising, with recent substantial investment that has supported this. Blackpool is also the most densely populated borough in the North West. The combination of seasonal work, poor quality housing, low skills and high unemployment has led to significant economic decline which has resulted in a number of health and social challenges.

The Fylde Coast area is relatively self-contained in terms of housing, economy and travel but also has ties to both Central Lancashire and to Lancaster. However, with the visitor economy so important to the area, particularly to Blackpool and the resorts of Lytham and St Annes, it is no surprise that the study area for the masterplan looks to regional and national links as well.

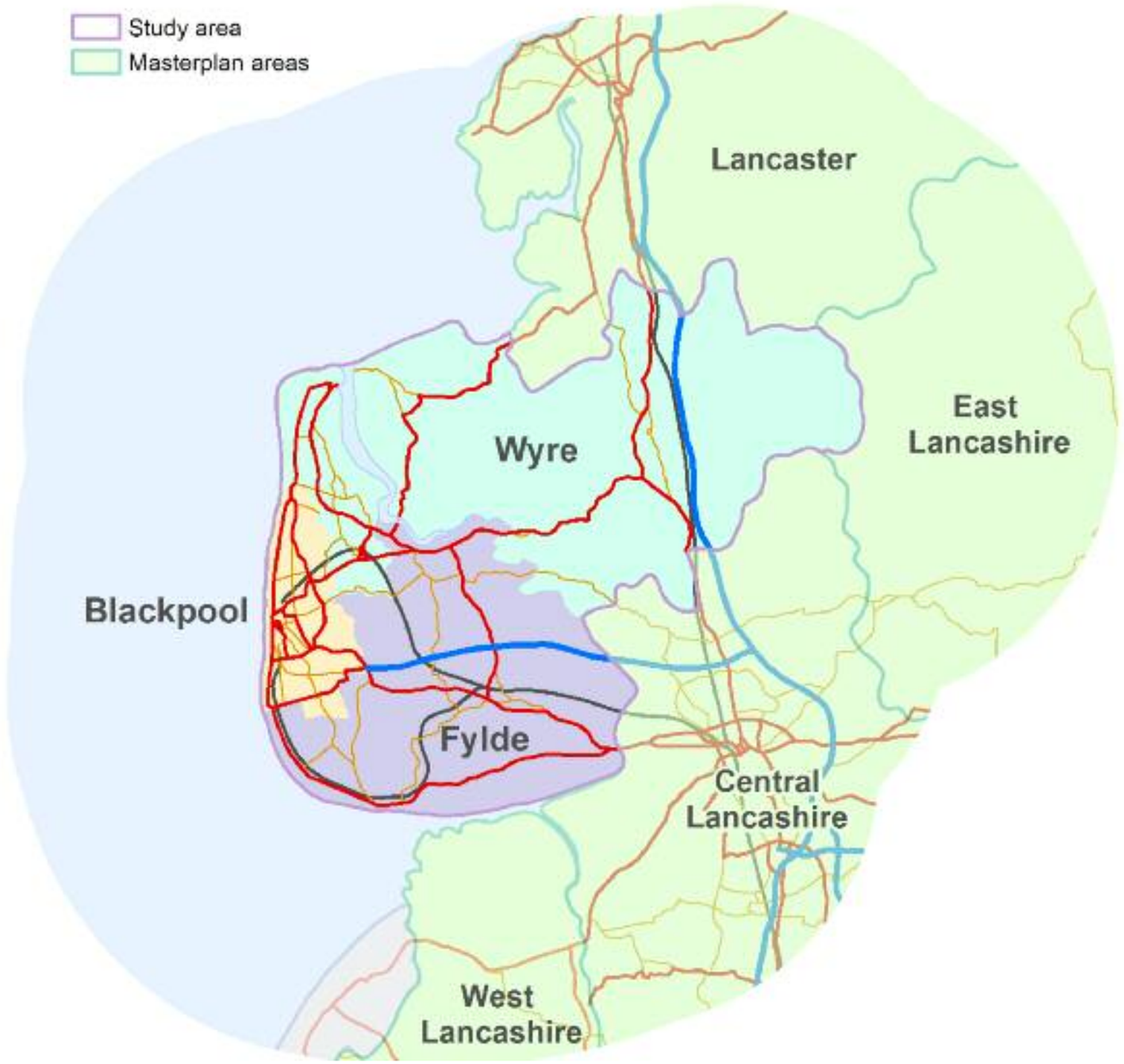


Figure 2: The Fylde Coast

Blackpool

Blackpool Council, as a Unitary Authority, is the highways and transport authority for the borough.

Blackpool (population 142,000 in 2012) includes some of the most deprived areas in England which face numerous social and economic challenges.

The 'Golden Mile' is the central hub for Blackpool's tourism industry. Blackpool remains the most popular seaside resort in the UK, receiving over 13 million visitors per year to attractions such as the Tower, Pleasure Beach and Winter Gardens as it adapts to the changing visitor market and reinvents itself as a modern destination resort.

Blackpool has always had a lower than average proportion of jobs in the manufacturing sector, with a higher rate of employment in the service sector. The visitor economy and accommodation and food services significantly dominate the service sector in Blackpool. The manufacturing employment that does exist includes Burton's biscuits and Tangerine Confectionery.

Blackpool and the Fylde College has around 30,000 students and has been designated a National Beacon of Excellence by the government. The main campus is at Bispham but there is also a new multi million pound University Centre close to Blackpool Town Centre.

Blackpool Victoria Hospital, which serves the Fylde Coast area, is one of only four hospitals in the North West providing specialist cardiac services.

Average house prices in Blackpool are below the county and national average. Economic problems have resulted in low property prices in some areas and the cheap, poor quality housing available has attracted a vulnerable population including economically inactive people seeking cheap accommodation, including migrant workers, ex-offenders and vulnerable families.

Fylde

Fylde (population 76,000 in 2012) includes Lytham and St Anne's, Kirkham, Freckleton and Warton.

Lytham and St Annes are the principal towns and have grown together to form an attractive and popular seaside resort with a vibrant tourist economy. The area has a strong golfing tradition, with four championship courses located within a 5 miles radius. Situated south of Blackpool at the point where the coastline turns east to form the Ribble estuary, Lytham and St Annes is considered to be a wealthy area with residents' earnings among the highest in Lancashire. It is popular with engineers and scientists from BAE Systems in Warton.

Blackpool Airport is located in Fylde, on the coast between St Anne's and Blackpool.

Kirkham and Wesham, which lies between Blackpool and Preston is a small market town which is at the heart of the surrounding rural area. The town attracts visitors from a wide area and has a notable built heritage. Freckleton, one of the Fylde's oldest villages, and Warton lie to the south of the district along the Ribble estuary and are dominated by the presence of BAE Systems and the Lancashire Advanced Engineering and Manufacturing Enterprise Zone.

Manufacturing jobs are heavily influenced by BAE Systems and Westinghouse Springfields at Salwick. In October 2011, the government announced the creation of a single Enterprise Zone that covers the two BAE Systems sites at Samlesbury and Warton. Enterprise Zones are areas where financial incentives and a simplified planning structure are designed to encourage businesses and create employment. The Enterprise Zone is a key strategic site for both the regional and national economy. Public administration also provides jobs in the wider Fylde area.

Unemployment is not an issue in the area and the basic skills of the working population in Fylde is estimated to be higher than the county and national averages. Not surprisingly, given the affluence of much of the district, Fylde has a high proportion of quality housing and has better health than the England average, although small pockets of moderate deprivation do exist.

Wyre

Wyre (population 107,900 in 2012) includes Poulton-le-Fylde, Thornton Cleveleys, Fleetwood and Garstang. Even during the economic downturn, the unemployment rate is well below the regional and national averages.

Poulton-le-Fylde is a market town and the administrative centre of the borough. Approximately 4 miles from Blackpool town centre, there are rail links to Blackpool and Preston and bus routes to the larger towns and villages of the Fylde.

Garstang has become known as the World's First Fairtrade Town and has a wide variety of independent retailers and a popular weekly market, whilst the seaside town of Cleveleys lies on the coast to the north of Blackpool, with Thornton just inland adjacent to it.

Many local employers have a heritage that is linked to the Fleetwood fishing industry and have adapted since the port closed. The Port of Fleetwood comprises two underutilised docks and a ferry terminal which has potential for future development.

Myerscough College is built on the site of the old Myerscough Hall, approximately six miles north of Preston in Bilsborrow, near Garstang. It attracts over 6,000 students and specialises in education for land-based and sports industries.

Wyre has strengths in a number of areas including advanced manufacturing / engineering with emerging opportunities in ICT and creative media sectors. The Hillhouse site at Thornton is of particular significance being home to a cluster of international advanced chemicals and materials businesses. Other areas expected to enjoy continued growth within Wyre, include education, retail and other business activities. Jobs in the manufacturing sector have reduced whilst the service sector is a greater source of jobs.

Like Blackpool, the visitor economy is important and people visit the area both for leisure and shopping - attractions include Fleetwood Freeport, Wyreside Visitors Centre, Marsh Mill and Farmer Parrs Animal World.

The Fylde Coast Now ~ People and Places

People

Like much of the county, the Fylde Coast area has an ageing population. In 2012, people aged 65 and over made up just over a quarter of the population in Fylde and Wyre and almost a fifth of the population in Blackpool.

Life expectancy is slightly below the England average in Fylde and Wyre and more significantly so for deprived areas of Wyre and for Blackpool. Blackpool has the lowest life expectancy age for males in England at 74 years and the second lowest age for females at 80.

The health of people in Fylde and Wyre is generally better than the average for Lancashire. However, some areas of Fleetwood have very poor health outcomes, which are linked to the relatively high levels of socio-economic deprivation in some communities. The health of people in Blackpool is generally worse than the England average. The rate of chronic liver disease in Blackpool is the highest in England and it also has one of the highest rates of lung cancer incidence. The number of people suffering from coronary heart disease is one of the highest rates in England when compared with areas experiencing similar levels of deprivation.

Obesity levels for adults and children are better than the England average (apart from the rate for adults in Wyre, which is slightly higher). However, projections for obesity in Blackpool's older population (65 and over) indicate that considerable increases are to be expected over the next ten to twenty years.

There are wide social inequalities within the Fylde Coast area. Fleetwood has already been mentioned, but there are significant issues in parts of Blackpool. These social inequalities stem from some of the most significant deprivation in the country. This deprivation is the result of a combination of factors including low income levels, unemployment, low education levels and poor housing, coupled with community factors such as a lack of community cohesion and higher crime levels.

In the Fylde Coast area:

- The decline in overnight visitors to Blackpool has resulted in guest house owners seeking alternative income through converting and sub-dividing their properties to permanent residential use. This has resulted in oversupply of small, poor quality bedsits and flats or Houses in Multiple Occupation (HMO) and Blackpool has become a destination for low income and vulnerable households.
- Although the service sector in Blackpool has grown due to tourism, the seasonal nature of this work currently leads to high rates of unemployment in the winter months. Even during the tourism season, the unemployment rate in Blackpool is usually well above the county and national averages.
- In 2013, both Fylde and Wyre had more than the England average (70%) of people aged 16-64 with qualifications to at least NVQ2, whilst in Blackpool this rate was 65%. Fylde had a remarkable 40% qualified to level 4 and above.
- In the academic year 2012/13, Blackpool saw just under 50% of pupils achieve five or more GCSEs (including English and Maths), compared to around 65% in Fylde and Wyre (England average 61%)
- At the end of 2013, the proportion of young people Not in Employment, Education or Training (NEETs) was 5.3% across Lancashire, with 5.2% in Fylde and 6.1% in Wyre. In Blackpool, however, the proportion is 6.8%.
- Average earnings in Blackpool are very low when measured by both place of residence and by place of work, as opposed to earnings in Fylde and Wyre. Not surprisingly, given its employment base, Fylde in particular has average earnings well above the national average.

Where people live determines where many journeys start and end, so the more people in an area, the greater the demand on the network. This is particularly true of commuting, which currently places by far the biggest strain on our transport systems as many workers try to travel in a relatively short period of a few hours in the morning and early evening.

Figure 3 shows how the population of the Fylde Coast is spread across the area, as recorded in the 2011 Census. The largest settlements follow the line of the coast, from Fleetwood in the north of the peninsula, down through Blackpool and Poulton-le-Fylde, to St Annes and Lytham in the south. The very linear nature of this main urban area is clear from the map.

What are not shown on the map are the small settlements that are scattered across the rural areas. These communities have only a very limited impact on overall travel patterns because, individually, the numbers of journeys are small. However, their needs are still an essential consideration for this masterplan.

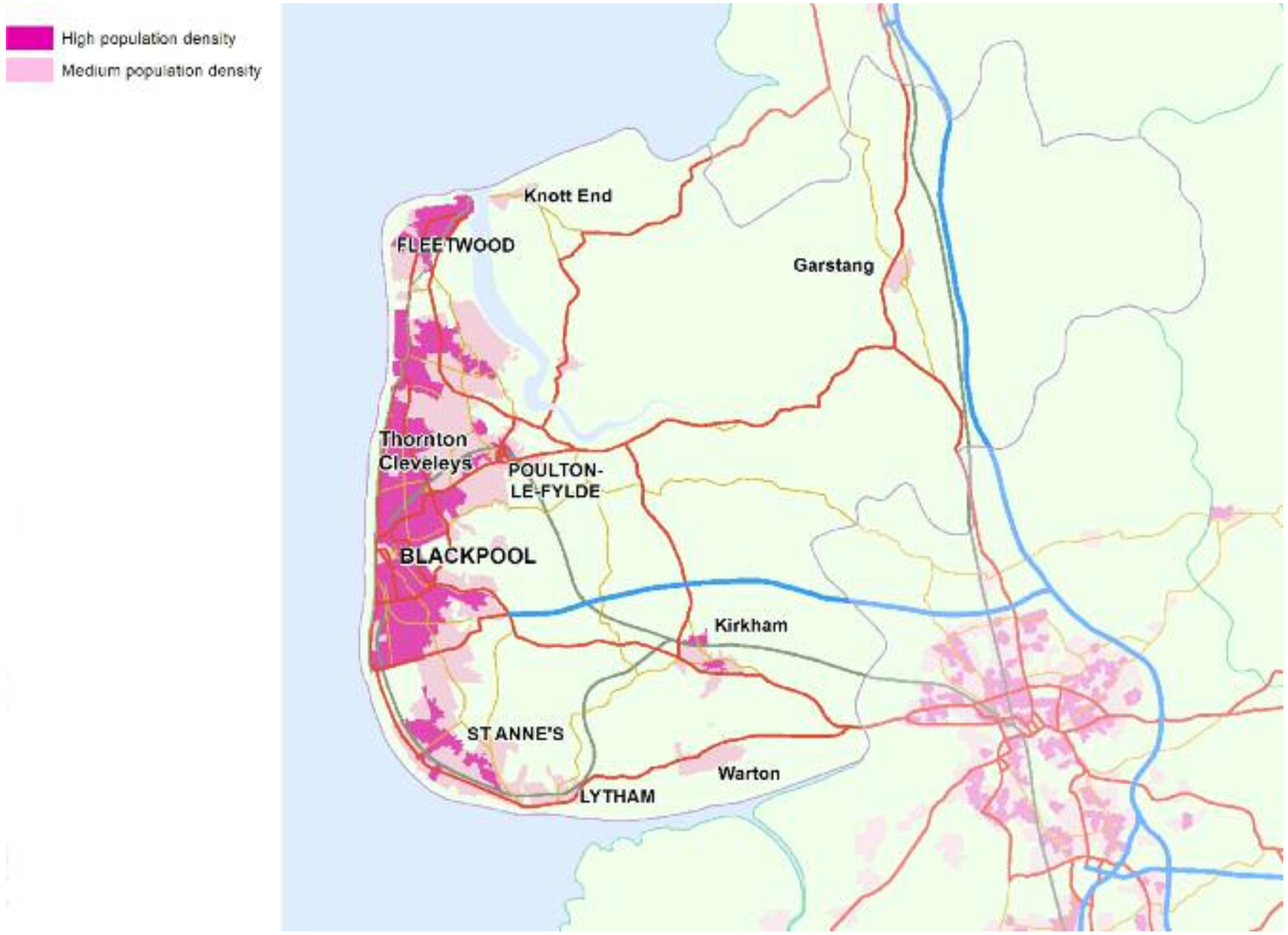


Figure 3: The Fylde Coast's People

Places

The next major influence on our transport systems is the places that people want to travel to.

Certain destinations attract a lot of people, whether through choice, such as for leisure and shopping or through necessity, such as for health or education. As well as acting as destinations for visitors, these locations often have large numbers of workers and therefore have a major impact on commuting. Major retail developments attract large numbers of shoppers and superstores also provide a focus for trips and are present across most of the major urban areas. These are obvious places that people travel to: however other places specific to local areas can also be identified.

Whilst town centres have traditionally been a focus for employment and shopping, out of town locations are now also major destinations for both people and goods.

The Visitor Economy is crucial in the demand placed on the Fylde Coast's highways and transport networks, particularly in and around Blackpool.

Blackpool is one of the UK's most visited tourist destinations, with its many attractions, most notably Blackpool Tower, now owned by Blackpool Council, the Illuminations and the Pleasure Beach. There has been an upturn in visitor numbers to 13.2 million people in 2010/11, of which 2.6 million were staying visitors.

Blackpool's seafront continues to attract many visitors every year and other major attractions and landmarks include Blackpool Zoo, the Winter Gardens, the new state of the art tramway which also runs a 'heritage' service from Pleasure Beach to Little Bispham on weekends and holidays. There is also a peak of visitors who travel to Blackpool to see the illuminations.

Blackpool Airport, although no longer offering international flights, is likely to remain a significant destination and focus of economic development.

Visitor numbers and spending in Wyre has risen, as have job numbers in the tourism sector.

The coastal towns of Cleveleys and Fleetwood are popular for high street shopping with offers from a range of independent retailers and markets. Thornton is home to the award winning Wyre Estuary Country Park and Marsh Mill is a restored Grade II* listed tower mill. It is the tallest in Europe, standing at over seventy feet and is set in Marsh Mill Village and shopping centre. Garstang, a fairtrade town, has a strong cultural calendar and traditional weekly market.

Fylde's coastline is popular with the older generation and the resort of St Annes on Sea is popular with families. Lytham has a mix of shops, bars and restaurants. The Royal Lytham Golf Club course is one of the premier links courses in the world and was the venue for the 2012 Open.

Large numbers of journeys are also made to the hospitals in the Fylde Coast, particularly the cardiac specialist unit at Blackpool Victoria Hospital as well as to the education facilities provided by Blackpool and the Fylde College, which is spread across 4 main campuses including Fleetwood Nautical College.

Figure 4 shows the places that are visited by large numbers of people. Together, people and places shape the demand for travel in, to and from the Fylde Coast.

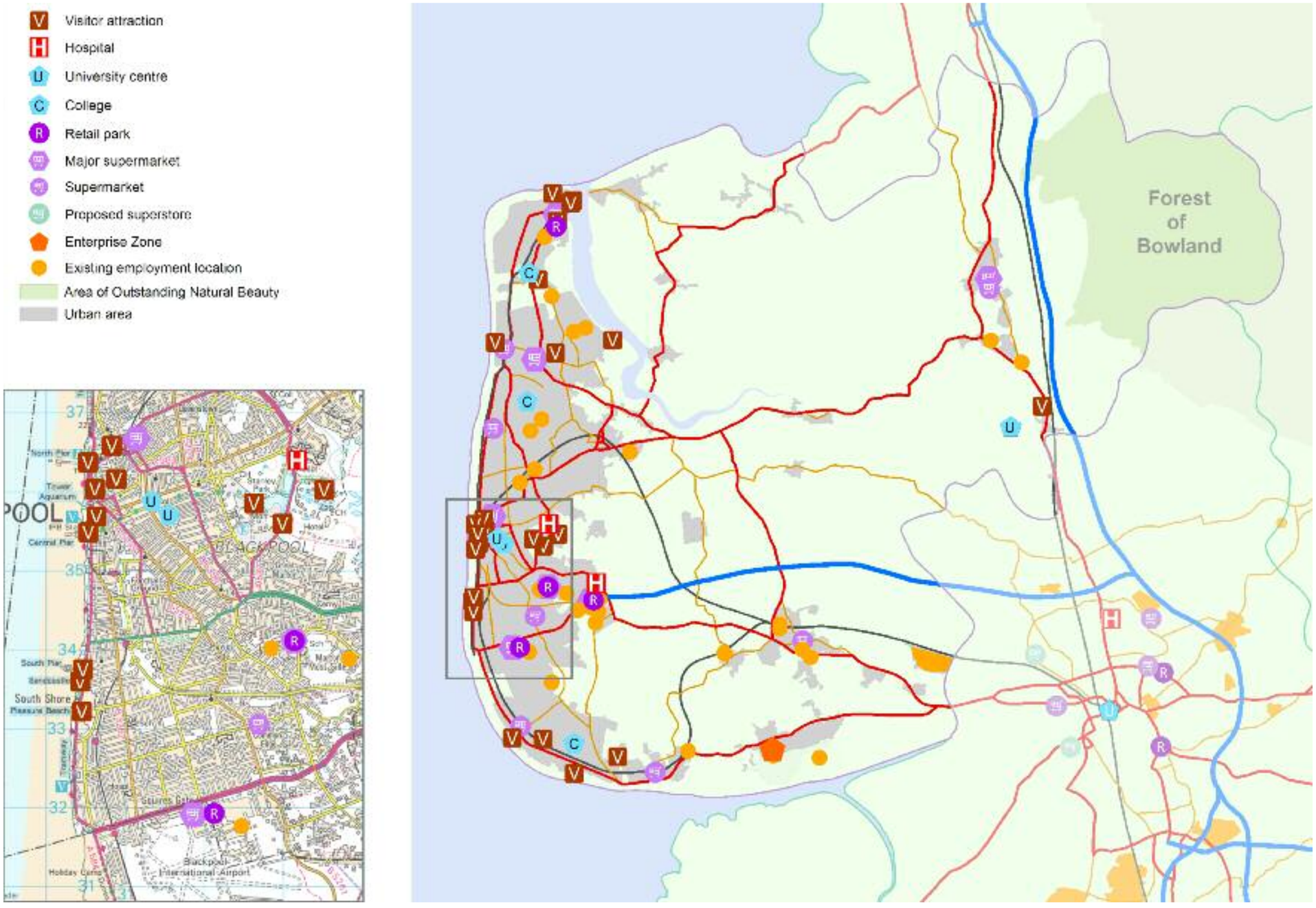


Figure 4: The Fylde Coast's Places

Fylde Coast Now ~ Transport and Travel

Travel patterns ~ Longer distances

As a peninsular, transport connections to the Fylde Coast are dependent to a large extent on the quality of the highways and transport infrastructure in and around Central Lancashire. With a high demand for travel as a result of the Fylde Coast's visitor economy, these links are particularly important.

The M55 links Blackpool and the Fylde Coast to the M6 at Junction 32 north of Preston. It also provides access to Blackpool Airport via the A5230 Squires Gate Link Road from Junction 4 at Peel Hill.

The A585(T) stretches from the M55 to Fleetwood and is an important route linking the urban areas of the Fleetwood peninsula (Fleetwood, Cleveleys, Thornton and Poulton-le-Fylde) with the motorway network.

To the south of the area, the A583 and A584 connect the towns of Kirkham, Wesham, Lytham and St Annes to Preston and Blackpool. In the east of the area the A6 provides connectivity between Garstang and the rural areas with the M6 and Preston.

There are two terminus railway stations serving Blackpool: Blackpool North in the town centre and Blackpool South at the southern end of the resort core. Both lines connect Blackpool, Fylde and Wyre with the national rail network via Preston, providing services to London, Birmingham and Scotland.

The Blackpool North line has direct rail services to London, York, Liverpool, Manchester and Manchester Airport, whilst the Blackpool South line has direct services to East Lancashire.

Blackpool Airport is located to the south of Blackpool in Fylde. Until October 2014, regular scheduled and charter flights throughout the UK and to a number of European destinations, were operated from the airport. It has easy access to the motorway network.

The Port of Fleetwood currently provides marine services for the offshore energy sector.

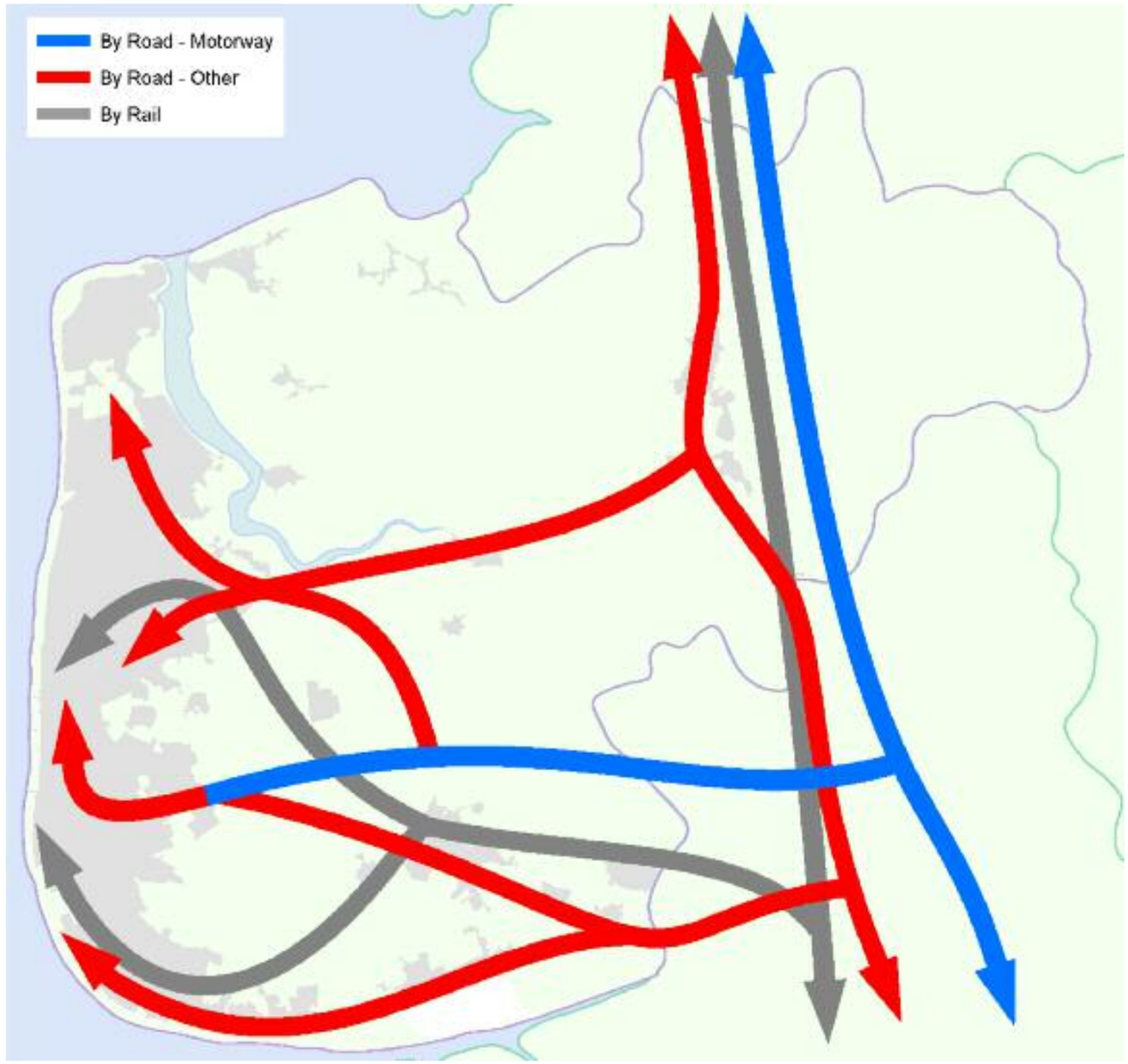


Figure 5: Longer distance journeys

Travel within the Fylde Coast

Information on where people live and need to travel to across the Fylde Coast, together with an understanding of the longer distance journeys in the area, provides a basis to understanding the main journey patterns in the area.

Journeys are made for many purposes, but the purpose that dominates the busiest times of the working week is the journey from home to work. This is also the journey type about which most information exists.

Questions about travel to work were asked in the 2011 National Census. The major journey to work movements into and out of the Fylde Coast are shown in Figure 6.

The Fylde Coast has a remarkably high proportion of residents living and working in the area although there are large inflows from other parts of the county, particularly Preston, primarily due to the presence of BAE and Westinghouse Springfields.

These commuter movements take place in the context of a highway network that has reached or is reaching capacity in a number of places but where sustainable modes are becoming a viable option for some journeys.

However, in the Fylde Coast, overlain on this pattern are the movements of visitors. More than in any other part of the county, tourists change the pattern of congestion and also when the worst congestion occurs. Unlike most commuting, these visitor movements are weather dependent and therefore unpredictable.

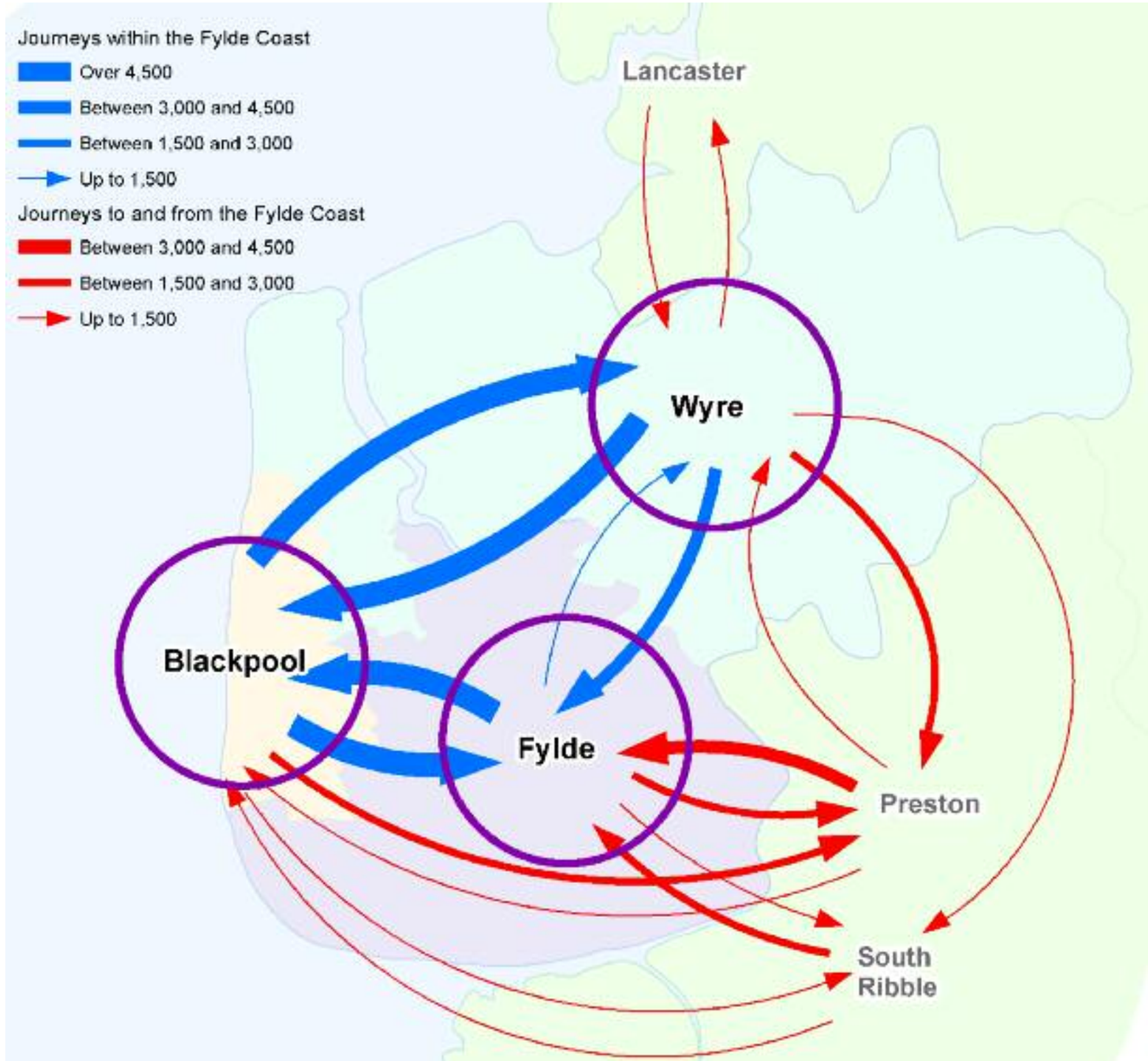


Figure 6: Commuting in the Fylde Coast

The car is the dominant travel choice for most people for most journeys. There are many reasons for this, but the most obvious impact on our roads is the amount of traffic they carry, not just in the peak hours but through the whole day.

Figure 7a shows the number of motor vehicles that use our major roads during a typical day.

However, more than any other area of the county, the Fylde Coast, and Blackpool in particular, sees very high traffic volumes at certain times of the year, particularly in summer school holidays and during the Blackpool Illuminations. This seasonal variation in traffic is considerable, as Figure 7b below shows.

Showing data from 2013, the lines show how traffic on different modes of transport changes through the year relative to a neutral month, which would be represented by a value of 1.

Travel on the tram increases dramatically in the tourist season and, of course, during the Illuminations. Rail travel shows an earlier peak in the summer holiday period, with this peak being more pronounced on the North Fylde Line. Road travel shows a very long peak through both the summer holidays and the Illuminations, but far less seasonal variation overall. This reflects the dominance of the car as the travel choice for all types of journey at all times of the year.

Figure 7a: Daily traffic today

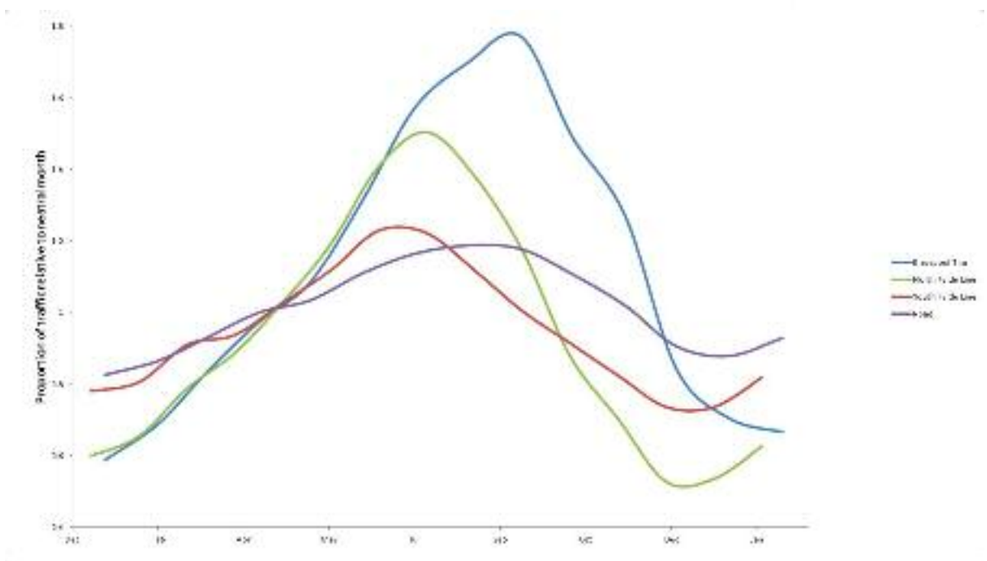


Figure 7b Seasonal variation in traffic

The previous map shows the volume of traffic on our major roads. This traffic of course includes buses, which suffer the same delays as other road users unless there are dedicated bus lanes etc. Bicycles may not be counted in the traffic totals, but cyclists also have to share this road space unless they have dedicated cycle provision.

Figure 8 shows the main sustainable transport provision across the Fylde Coast.

There are twelve railway stations, most of which are situated on the South Fylde Line, which has services operated by Northern Rail. As well as providing a connection into Blackpool South and the Pleasure Beach, the line serves the towns of Lytham and St Annes with an hourly service to Preston.

The North Fylde Line serves Poulton-le-Fylde and Blackpool and has frequent and fast services to Preston. This line has recently been electrified and it is possible that through services to London using Pendolino trains will be a reality by 2017.

Coach travel is important in the Fylde Coast, particularly in Blackpool, where up to 20% of visitors (over 2 million visitors) arrive by coach. Current estimates show that several hundred coaches arrive in the resort on a typical day and these numbers increase dramatically during the Illuminations.

Blackpool Tramway runs from Starr Gate in Blackpool to Fleetwood and is the only surviving first-generation tramway in the United Kingdom. It is owned by Blackpool Council and operated by Blackpool Transport . The tramway runs for 11 miles and carried 4,297,472 passengers in the year ending October 2013.

The tramway has been refurbished with new vehicles, although at visitor peaks such as during the Illuminations, heritage vehicles are also used to enhance the tourist experience. The tramway provides an important service linking residents of Fleetwood, Cleveleys and Bispham into central Blackpool and to Blackpool North and South stations.

The Knott End to Fleetwood ferry provides a regular daily passenger service across the Wyre estuary connecting Knott End and Preesall with Fleetwood. It is operated by a private company and subsidised by Lancashire County Council and Wyre Council.

The main cycle route in the area is the promenade running continuously between Starr Gate and Fleetwood. At 12 miles long, this is the longest sea front promenade route in the country.

Although not traffic free, new Explorer routes run west to east across Blackpool to provide safe routes to the Stanley Park area. Other key routes are the Wyre Way and the Lancashire Coastal Way.

However, the reality is that the majority of commuters still choose to use cars. Across the Fylde, around 48% of commuter journeys are made by car, even in areas of low car ownership where car sharing is more common. For some, it is a choice, often due to perceptions and lack of knowledge of alternatives. For some though, particularly in rural areas, car travel is a matter of necessity as there are currently only limited viable alternatives.

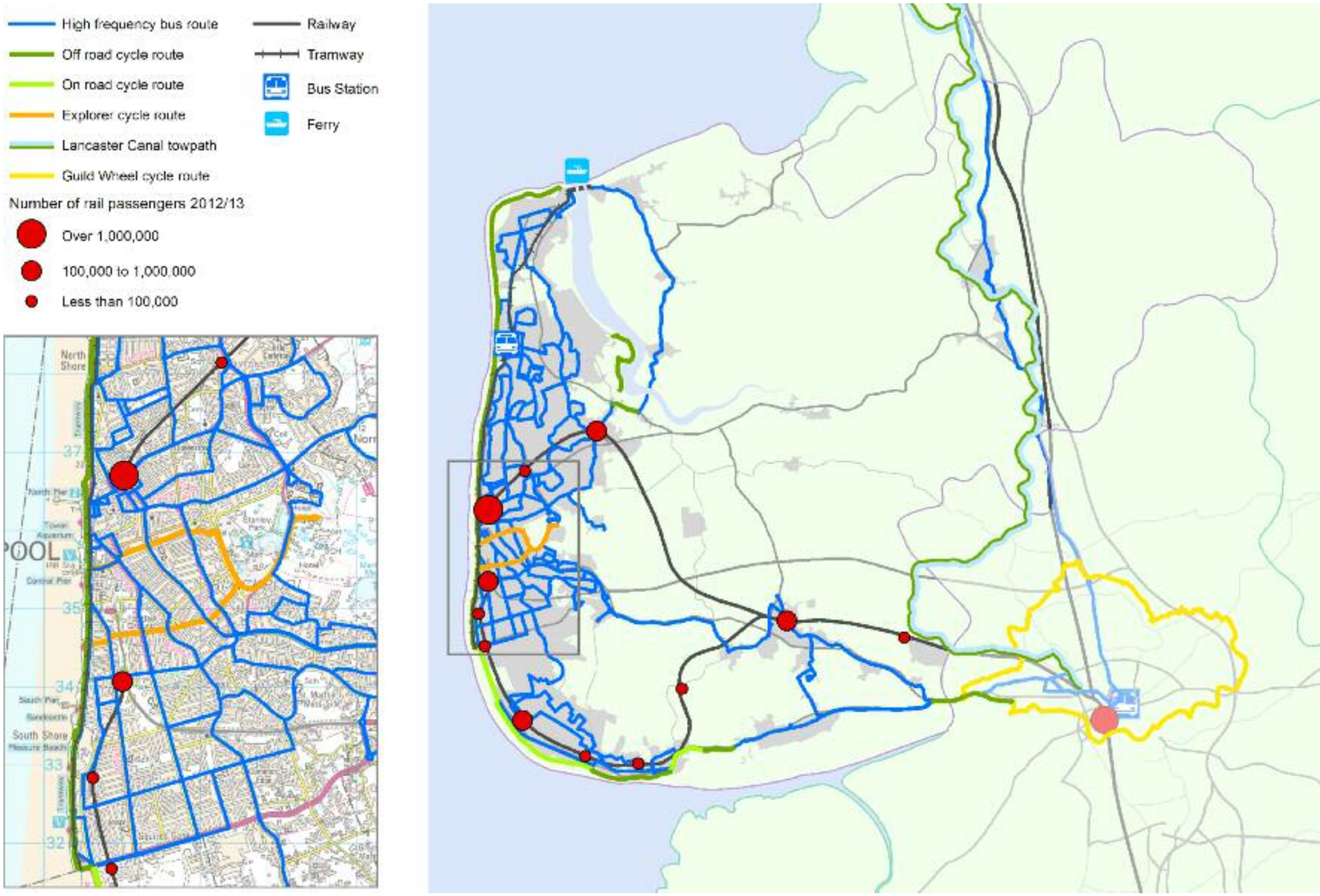


Figure 8: Sustainable travel today

Travel problems today

So far we have looked at the demands on the network from where people live, where they want to travel to and how they choose to travel. We now want to look at the impact these journeys have on the economy and on us as we travel about in our daily lives.

Locally, one of the biggest issues is congestion. Some congestion is inevitable; better economic conditions tend to produce more traffic. However, too much congestion hampers business and makes travel difficult for everyone.

Usually, the worst congestion is at peak commuting times. In Blackpool, however, low car ownership means that peak hour congestion is far less of an issue than accommodating visitor traffic. It is estimated that in one year, roughly 9.1 million visitors arrive by car, 2.6 million by coach and 1.3 million by train. The large numbers already arriving by both road and rail make it all the more important that demand for all modes is treated equally.

Congestion here is a problem at weekends and during holiday periods, whilst events such as the Blackpool Illuminations draw in traffic at levels way above those that the highways network would normally be expected to cope with. Tourist traffic can also be unpredictable as other factors, particularly the weather, influence journeys. This can make it very difficult to manage congestion that can occur very quickly and with limited warning.

Although traffic flows on the M55 are within capacity, significant congestion can occur during the peak holiday season at Junction 4 (Peel Hill). Congestion is also apparent at Junction 1 (A6 Preston North) during the traditional peak periods and is occurring increasingly at Junction 3 (Kirkham).

The A585 (T) links Fleetwood, North Blackpool, Thornton-Cleveleys and Poulton-le-Fylde with the M55 at Junction 3, north of Kirkham. There are significant traffic volumes travelling to and from the Fleetwood peninsula via the A585, which at times already struggles to cope with current traffic levels, with particular problems at Windy Harbour and Singleton crossroads.

Congestion is only part of the problem though. Increasing traffic has a wide range of unwelcome side effects.

Impacts on road safety and on local air quality are the most obvious. Road safety is a particular issue in Blackpool, where recent analysis shows that the authority has a significantly higher rate of accidents than the national average and although casualties are reducing, more needs to be done. The same research shows that Lancashire, on the other hand, has an accident rate similar to the national average and that safety is improving, but road safety still remains a key issue in the county.

Parking is a significant issue, particularly in Blackpool, where visitors searching for parking spaces add to congestion. These problems spread along the Fylde Coast, however, whenever there are major events and at other peak visitor times.

Roads that are busy with motor traffic can also become barriers to local movement. Busy roads can make people worry about safety or about how difficult walking and cycling will be. For instance:

- people are far less likely to want to cycle or walk any distance due to fears about safety and pollution
- communities suffer if the roads that run through them are busy and difficult to cross other than at limited places
- local centres cannot become sustainable if busy roads make the area unattractive and potential visitors therefore go elsewhere.

And as well as these local impacts, there are the wider environmental and social impacts that affect our ability to meet our commitments to:

- reduce carbon emissions
- improve personal health and wellbeing in Lancashire
- support economic development
- increase community cohesion and
- provide affordable travel options in the future

Unfortunately, the alternatives to the car are not without problems in the Fylde Coast area.

Blackpool is relatively well served by train and tram services, although interchange between the two is poor, making switching between them difficult. These interchange problems are also a problem for residents in the coastal areas of Wyre. Fleetwood in particular has no rail connection and those wishing to travel by train must either take the tram to Blackpool or travel to Poulton-le-Fylde. Rural areas of the district to the east of the Wyre estuary have even more limited access to the rail network, with Preston, Kirkham and Lancaster providing the main gateways. At Preston, interchange between services is made more difficult by poor platform access arrangements between the main platforms and those generally used by services to and from the Fylde Coast.

In the Fylde, the South Fylde line does not provide an effective commuter service and is underutilised when compared to rail lines serving similar populations. However, this is unsurprising when the service on the line is infrequent and the rolling stock poor.

Up to 20% of visitors to Blackpool arrive by coach. As well as somewhere to drop off and pick up passengers, many of these coaches also need somewhere to park during the day, or ‘layover’, with facilities for the drivers. Temporary coach facilities are currently available on the Central Station site, but this is being redeveloped, so a permanent solution is needed in the longer term.

Local bus services have limitations. As well as problems with access to out of town, remote and rural locations, which are shared with many other areas of Lancashire, bus journey times in the urban area can be relatively long e.g. Lytham to Blackpool town centre takes over 45 minutes. This is due in large part to the linear urban form in the Fylde Coast area which results in longer routes and slower journey speeds. These issues are particularly significant for those who do not have access to a car.

The flat landscape of the Fylde Coast should make cycling attractive, enabling people of all fitness levels to cycle. However, cycle use is only around average for Lancashire. Blackpool was awarded cycling town status in 2008 and implemented new routes to benefit residents and tourists alike.

Add to this that neither rail nor bus connections are all that they could be, with interchange between these modes and with cycling limited, and it is clear that there are challenges to be overcome.

Until more people have more sustainable choices that they are confident will meet their needs, the number of cars will continue to grow, at least as long as people can afford to run them. The cost of motoring is already a significant burden to many lower income households and this burden becomes even greater as the distance needed to be travelled increases, as happens from more rural areas.

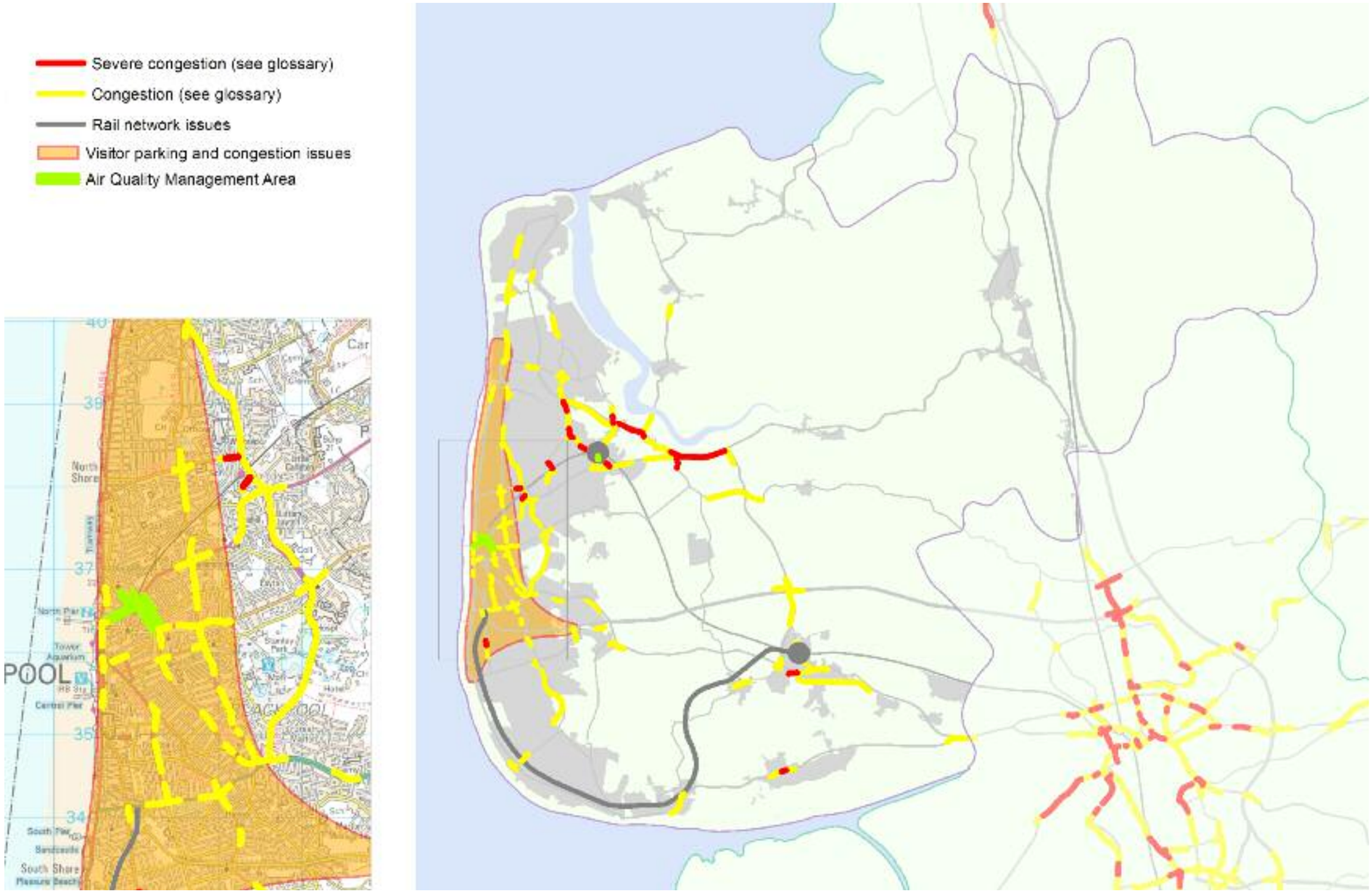


Figure 9 shows where the most significant issues on the Fylde Coast's highways and transport networks are today.

Figure 9: Travel problems today

Looking to the Future ~ Our priorities

We have looked at what we know of our current transport problems and at the wider issues that impact on transport. We now need to look at the Fylde Coast area in the longer term as both the people and the places of the area change over the next 15 to 20 years.

The future development of the Fylde Coast is being shaped by policies and strategies being put in place now. These plans allow us to understand how economic development will be promoted and how public health will be improved. Whilst there are also changes that are harder to predict, such as how our weather and climate will alter and how technology will advance, we know that we need to do all we can to make sure that what we do now is sustainable for future generations.

Economic Growth

A key driver of the Fylde Coast's economic development is the **Lancashire Enterprise Partnership** (LEP), of which both Lancashire County Council and Blackpool Council are members.

The LEP's Strategic Economic Plan (SEP) sets out the county's growth ambitions for the next 10 years, with a clear focus on realising the potential of the whole of Lancashire by improving the capability and capacity of our local economy, seizing new market opportunities and overcoming the barriers that constrain growth to help re-establish Lancashire as a national economic leader.

The LEP's ambitions for the Fylde Coast are significant.

The partnership is the driving force behind the **Lancashire Advanced Engineering and Manufacturing Enterprise Zone** (EZ) that covers the two BAE Systems sites at Samlesbury and Warton. The Zone has the potential to create between 4,000 and 6,000 high value jobs in the long term.
The Enterprise Zone is of strategic significance at a national as well as local level. The EZ builds on the existing expertise in the advanced engineering and manufacturing sector provided by BAE Systems. The Warton site covers approximately 75 hectares and support is given, through the LEP, to new and growing businesses.

Blackpool's renewal is a key priority of the SEP. The LEP believe that this requires growing Blackpool's visitor economy and establishing the development of key new sectors, in Blackpool's case the Energy sector. Key programmes and projects include:

- A major visitor attraction
- A major casino licence
- The Leisure Quarter Site and
- The Energy Skills HQ.

In 2010 the public sector invested significant resources to secure the town's iconic leisure assets including Blackpool Tower and the **Winter Gardens**. Building on this investment, the SEP proposes a £21m Heritage Based Visitor Attraction (HBVA) for the Winter Gardens. Analysis done for the scheme suggests that this could create 80 jobs, an additional 400,000+ visitors and £14.9m annual benefit to the local economy.

The **Leisure Quarter** lies on Blackpool's former Central Station site and is a prime 7.15ha area of land in the middle of Blackpool town centre. The site is in public ownership and has for many years represented the ultimate development opportunity for the resort; it is also a BIS "Growth Demonstrator". Support is needed to release the site for major leisure/retail activity. Typical leisure development could incorporate a mix of a major visitor attraction, hotels and retail. A constraint is the ability to relocate the Ministry of Justice operations and the town's Police Station, and delivery of supporting infrastructure.

Research in 2013 by UCLan highlighted the future skills requirements for the Advanced Manufacturing and Energy Sectors on the Fylde Coast. To deliver this Blackpool & Fylde College's intention is to create an **Energy Skills HQ**, strategically located to deliver these essential training requirements. The Skills Centre will provide training and qualifications from areas such as specialist groundwork and maintenance through to Advanced Engineering, including up-skilling in areas such as blade preparation and maintenance for wind farms. The courses and qualifications offered can be from entry level through to full honours degree level.

Working alongside the LEP, the Blackpool, Fylde and Wyre Economic Development Company is a partnership of Local Authorities and the Private Sector and has the specific aim of driving growth in Blackpool, Fylde and Wyre. The company is developing a **Local Growth Accelerator** Strategy which is expected to be ready in early 2015 and will potentially shape the work recommended in this masterplan.

Blackpool's **Talbot Gateway Central Business District** is a £175 million project being delivered by Blackpool Council in partnership with Muse Developments, which is regenerating the area around Blackpool North railway station and Talbot Road.

The first phase of the development has seen new offices for Blackpool Council, a new flagship Sainsbury's store and the refurbishment of a 650 space multi-storey car park, with 20,000 sq ft of retail space on the ground floor of the car park and a further 10,000 sq ft on the ground floor of the Council office building.

A comprehensive set of highway works - including new roundabouts, signalised junctions and a public square - was also delivered, prior to the opening of the first phase, providing serviced plots and open public space around which the various phases of development are fitted.

The second phase of development will deliver a new town centre hotel on the site of the former St John's Market.

Until October 2014, **Blackpool Airport**, which lies within the borough of Fylde, provided direct air links from Lancashire to destinations in Europe. The airport played an important role in supporting Lancashire's economy, both as a local employer and indirectly by the jobs it supported. Discussions are currently taking place between the owners and the independent aviation businesses and tenants at the airport to understand if their operations can continue in the future.

It is the intention of the three local authority partners (Lancashire County Council, Blackpool Council and Fylde Borough Council) to produce a Blackpool Airport site and surrounding area masterplan early in 2015. This will be designed to create future employment and sustainable economic development opportunities for Blackpool and the Fylde Coast and will provide a key driver for work resulting from this masterplan.

Hillhouse International is a large, fully secure and serviced strategic industrial and employment site situated on the Wyre estuary, close to Fleetwood. It is already occupied by successful multi-national chemical and polymer companies. However, there are also substantial opportunities for growth around the secure site, including residential, commercial and industrial uses, with almost 500 homes currently planned in the area.

The Whitehills business area located at Junction 4 of the M55 spans the boundaries of Blackpool and Fylde and represents key strategic employment locations for both local authorities. Whitehills is already home to some 100 companies, including major facilities for the Department for Work and Pensions; National Savings & Investments; NST Travel Group ~ the UK's largest educational travel company and modular buildings and street furniture manufacturer, Glasdon. Whitehills has a significant amount of land available for further development for business or housing.

How land is used is a vital factor in how an area's economy and people develop. Housing and development must support economic growth but must also ensure that public health considerations are taken into account and that future plans are sustainable. How this is to be achieved is set out in an area's Local Plan.

The three authorities are at different stages of the plan making process but are in continuous dialogue to ensure that they complement each other and development is coordinated across the Fylde Coast area.

Perhaps the biggest impact of the local plans on our highways and transport networks comes from the location of planned housing, particularly where larger developments are planned.

For instance, the Queensway site, on the north side of St Annes, for over 1,000 houses, has already been granted planning permission. The associated Heyhouses link road will provide a new primary route between the M55 and St Annes. 1,500 dwellings are also proposed at Whyndyke Farm on the boundary with Blackpool.

In Blackpool, there is expected to be some limited housing growth at South Blackpool but the majority of sites will be located within the existing urban area.

Housing plans in Fylde and Wyre are still emerging however, with a number of scenarios that present possible solutions to the conundrum of providing sufficient housing stock to meet future development need without overwhelming existing communities or damaging the areas attractive coasts and rural areas.

Lastly, shale gas extraction could also impact on the Fylde Coast area if such extraction were to go ahead. As well as economic and social impacts, the sites would generate traffic, much of it in the initial drilling phase. Whilst this would present traffic management issues wherever it occurred, there could also be damage by the heavy vehicles required in the drilling and operation of the site. The road maintenance implications of this are something that the County Council will bear in mind if shale gas extraction develops in the county.

Health and Wellbeing

In April 2013, Lancashire County Council and Blackpool Council took responsibility for some work that was previously carried out by the NHS.

The two authorities will now work with the NHS to tackle some of the key issues that affect people's health and wellbeing, helping people to stay healthy and prevent illness. The changes will make sure that public health experts have a greater input to many of the different council services that impact on people's health including education, housing, transport and the local environment.

We already know there are health and social issues of real significance in the Fylde Coast that our transport networks could help to address. Among the work that the two councils will take responsibility for are a number of strands that have a bearing on the masterplan:

- tackling obesity
- increasing levels of physical activity
- public mental health
- cancer and long-term conditions prevention through behavioural and lifestyle campaigns
- accidental injury prevention
- community safety promotion, violence prevention and response(public health aspects)
- tackling social exclusion through local initiatives (public health aspects)
- public health services for children and young people aged 5-19.

Public Health Profiles for 2013, produced by Public Health England, show that there is significant work to do in some areas. Indicators that have a bearing on how we shape future transport strategy include a number that are categorised as 'significantly worse than the national average' in different areas of the Fylde Coast:

- Physically active adults (Blackpool, Fylde, Wyre)
- Life expectancy ~ male (Blackpool)
- Life expectancy ~ female (Blackpool, Wyre)
- Road injuries and deaths (Blackpool, Fylde, Wyre)

Based on these issues, both councils have public health strategies which set out immediate priorities.

The Blackpool Joint Health and Wellbeing Strategy 2013 ~ 2014 sets out a number of priorities which are of direct relevance to this masterplan:

Healthy Lifestyles

- Obesity and Healthy Weight
- Physical Activity

Health and Social Care

- Disease Prevention and Early Detection
- Long Term Conditions and Disabilities

Wider Determinants of Health

- Economy, Employment and Workforce
- Education and Aspirations
- Environment
- Transport

The Lancashire Health and Wellbeing Strategy sets out:

- 3 goals
- 6 changes to the way public health works and
- 3 programmes of interventions to be delivered by April 2016 to start to achieve our outcomes

Of these, a number are of potential relevance to this masterplan:

Goals:

- Better health ~ we will improve healthy life expectancy, and narrow the health gap and
- Better value ~ we will reduce the cost of health and social care

Changes:

- Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
- Work to narrow the gap in health & wellbeing and its determinants

Programmes

Starting Well	To reduce child obesity.
Living Well	To promote healthy settings, healthy workforce and economic development. To promote mental wellbeing and healthy lifestyles. To reduce avoidable deaths.
Ageing Well	To promote independence. To reduce social isolation. To manage long term conditions and dementia.

These priorities have clear links to travel and transport. Reducing road injuries and deaths and improving access to transport are clear and specific transport issues. Active travel is key to tackling obesity and encouraging healthy choices for all ages. But our streets and public spaces are also deeply influenced by transport. A lower life expectancy is closely related to deprivation; addressing deprivation requires addressing the social determinants of deprivation and that includes access to employment and to education among other factors.

The borough councils have also identified health needs that they can impact on:

- Wyre Borough Council has identified key projects in its health plan that will help to provide quality and accessible leisure and cultural services, encourage physical activity for all residents and maintain and manage high quality green spaces including parks, open spaces and coastline.

- Fylde Borough Council's current Corporate Plan details its priorities in specific areas in the short medium and long term. One of the four priorities is 'To encourage cohesive communities' and one of the long term outcomes it wishes to achieve is to improve public health and reduce health inequalities in the borough.

Sustainability

From the National Planning Policy Framework to the Local Sustainable Transport Fund, sustainability has become a key factor in all plans and policies. For a highways and transport masterplan, it presents several key challenges that must be considered.

- Lancashire and Blackpool's transport infrastructure assets are the most valuable publicly owned assets managed by the two councils, with a combined estimated gross replacement cost of about £10 billion.

Without this infrastructure, Blackpool and Lancashire would not be able to function as places to live, work or visit. Given the importance that this transport infrastructure plays in our everyday lives and in our economic future, it is vital that we maintain and manage our asset as sustainably as possible, maximising benefits and opportunities and reducing negative impacts as far as possible, to provide best value for the people of Lancashire.

The extensive network of moss roads presents a particular maintenance challenge.

- As Highways Authorities, both Blackpool Council and the County Council have had a duty to manage roads to ensure that flooding does not represent a nuisance to road users. However, under The Flood and Water Management Act 2010 (FWMA) both authorities have now also been designated as a Lead Local Flood Authority (LLFA). The FWMA places a range of new powers, duties and responsibilities on the LLFA and its partner Flood Risk Management Authorities (RMAs). Each LLFA has to produce a Local Flood Risk Management Strategy (a 'Local Strategy'), and Lancashire County Council has produced a joint Local Strategy in partnership with Blackpool Council.

The predominant flood risks are very different across the area:

- Blackpool and parts of Wyre are protected from coastal erosion and flooding by concrete coastal defences. Most of the watercourses that drain the area run into the public sewer network, however, meaning that the main cause of flooding is lack of capacity or failure of sewer systems. Some low lying land to the south east relies on pumped drainage which can be overwhelmed or fail, leading to flooding.

  In Wyre, key areas of the district are at high risk of tidal or fluvial flooding, when high water levels in the sea or rivers slows the discharge of smaller watercourses and drainage systems and causes them to overflow. Flash flooding, which can be a problem in the eastern parts of Wyre, occurs suddenly with little or no warning and tends to happen when heavy rainfall runs off land and quickly swells rivers and streams. It can also occur where drainage systems are overwhelmed by intense rainfall.

- The primary sources of flooding in the lowland agricultural areas of Fylde are the rivers and surface water runoff after high rainfall. The coastal area has only a low risk of tidal flooding, but shallow gradients in the drainage system can cause problems.

  As LLFAs, we are therefore working with our RMA partners to develop options for water management in rural areas, with a view to balancing the needs of agricultural productivity, flood risk management and sustainable drainage practices. We will therefore make sure that proposals put forward under this masterplan fit with our local strategies and that issues of flooding and drainage that could affect a proposal are taken into account in the development of schemes and business cases.

- There is now little argument that we need lifestyles that generate a smaller carbon footprint. 'Low carbon' transport has the potential to allow individuals to make a genuine difference to the world around them. However, the evidence of travel choices made at the moment shows that what is on offer now is not what people are prepared to switch to. This suggests that we need to do more to provide low carbon options that more people want to use.

- There are some areas of the Fylde Coast that are remote from employment and services. Many of these are in the rural areas but it would be wrong to assume that all our towns and villages have good connections. These areas have come to rely on the car, making it very difficult for those without their own transport. However, increasing car use is unlikely to be sustainable in the future. Providing alternatives both for residents and for visitors will therefore be vital for economic development.

- The roll out of superfast broadband across the area will have a fundamental impact on how many of us do business on a day to day basis. It will allow many people to reduce the amount they have to travel ~ we can shop from home, download films and games and, of course, work from home. For businesses, it will offer far greater access to customers and digital media, also with less need to travel.

  We need to maximise the benefits of reduced car traffic for our highways and transport networks while also taking account of the negative impacts, such as greater delivery traffic. We also need to ensure that those who cannot or do not adopt superfast broadband are not forgotten.

- The landscape of Fylde and Wyre is particularly diverse, ranging from sand dunes and reclaimed mossland, through the river valleys of the Wyre and Calder and rising up to the western boundary of the Forest of Bowland AONB. As well as having an important agricultural sector, the landscape provides an important recreational resource supporting the visitor economy which already exists across the Fylde Coast. Providing good transport links that do not damage that environment will therefore be crucial to the masterplan.

- 'Green' tourism could be a vital component of the Fylde Coast's future visitor offer. By actively seeking ways to reduce the negative impact of business operations on the environment, green tourism aims to ensure that economic development as a result of tourism is a positive experience for everyone; local community, tourism businesses and visitors. Businesses benefit by conserving resources, reducing waste, reducing costs through efficiencies and staff awareness, attracting new customers and improve their public image. The wider benefits are the positive impact on the local community, support for the local economy and reduction of congestion and pollution.

As well as future development, Figure 10 also shows how the environment of the Fylde Coast impacts on development:

- the areas of outstanding natural beauty
- the green belt, put in place to prevent the merging of neighbouring towns and to direct investment to the older parts of the urban areas
- the high quality agricultural land
- the areas at risk of flooding
- the areas of nature conservation value and
- Ramsar sites.

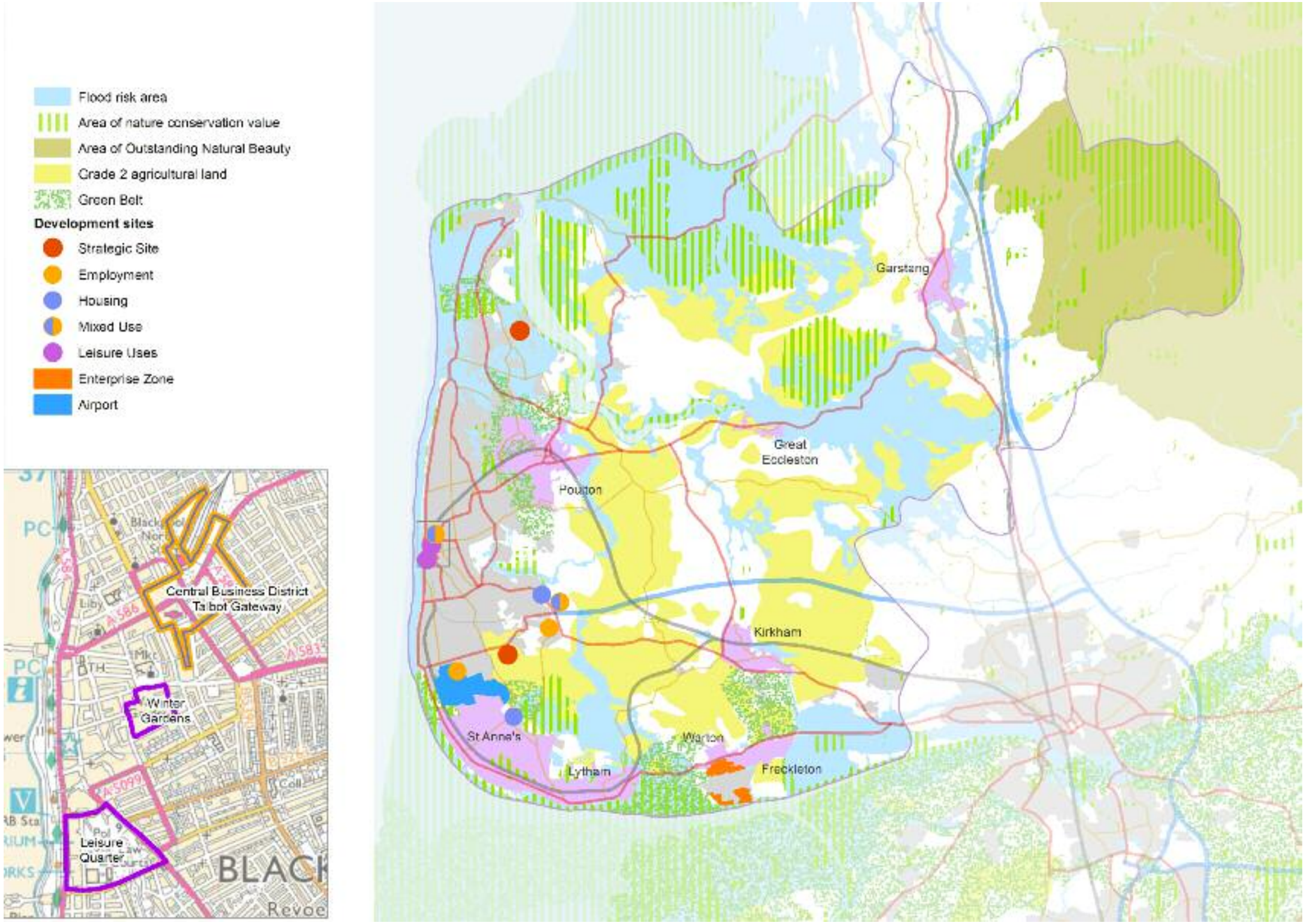


Figure 10: Development and constraints

Looking to the Future ~ Funding

Funding for transport infrastructure is changing. These changes are already happening, as the Preston, South Ribble and Lancashire City Deal shows. The City Deal's £334m Infrastructure Delivery Programme includes four major highway schemes and local community infrastructure, such as schools and health facilities. The Delivery Programme is funded through pooling local and national resources, including funds from the DfT (including the Local Major Scheme Programme), from local government and from private sector investment through the Community Infrastructure Levy (CIL).

We now need to be ready to take advantage of these changes, set out below, for the benefit of the rest of Lancashire.

Government funding

The changes to the way transport infrastructure is funded will come into effect from 2015/16. From that time, the Lancashire Enterprise Partnership (LEP) will be responsible for a multi-million pound budget devolved from the Department for Transport. This creates for the first time the opportunity to integrate key economic and transport priorities and plans. The LEP will be responsible for the review and approval of individual major scheme business cases and ensuring effective delivery of the programme.

Transport for Lancashire (TfL) is a committee of the LEP. As such, TfL is able to give robust advice to the LEP on issues that transcend complex local economic relationships, transport patterns and local government administrative boundaries.

Through the Preston, South Ribble and Lancashire City Deal, TfL has secured a ten year local major transport scheme allocation from the Department for Transport, something only achieved by four other local transport bodies nationally (Greater Manchester, West Yorkshire and York, the Sheffield City region and South Yorkshire and the West of England).

In June 2013, the Chief Secretary to the Treasury confirmed the establishment of the single Local Growth Fund (LGF). The LGF amounts to over £2bn in 2015/16 and includes a significant amount of local transport funding.
In addition to funding for local major transport schemes, from 2015/16 the LGF includes over 40% of the Integrated Transport Block (IT Block) funding currently received directly from the Department for Transport by local transport authorities. The Government has committed to maintain the LGF at a total of at least £2bn each year in the next Parliament. The LGF is a single pot with no internal ring fencing.

IT Block funding is capital funding used by local transport authorities for small transport improvement schemes costing less than £5 million. Schemes include small road projects, road safety schemes, bus priority schemes, walking and cycling schemes and transport information schemes. The reduction in the amount of IT Block from 2015/16 will mean that the County Council and Blackpool Council will have less direct guaranteed funding for local transport schemes going forward.

Access to the LGF is through a 'Growth Deal'.

The Lancashire Growth Deal, as agreed in July 2014, aims to realise the growth potential of the whole of Lancashire, building on key local economic assets including the universities and colleges, the Lancashire Advanced Engineering & Manufacturing Enterprise Zone, the Preston, South Ribble and Lancashire City Deal, and the high value business clusters in Central and East Lancashire.

Improving transport connectivity to release economic activity and housing potential particularly in the Fylde Coast area is a key component of the Deal. There is a strong focus on Blackpool, with a combination of transport and housing interventions designed to support and sustain the visitor economy and address local housing market challenges. The specific schemes are discussed later.

This first Growth Deal includes over £85 million of investment from both the private and public sector to support economic growth in the Fylde Coast area. Future growth deals will likewise need funding to be both local and national, with support from across local and central government.

Strategic partners

Our strategic partners are also seeing changes that will impact on what we can achieve through this masterplan.

The rail industry is complex, with operation of the infrastructure separate to the operation of passenger and freight train services. Network Rail is the private sector monopoly owner and operator of the national rail network, including track, signalling, bridges and tunnels. It operates in 5 year 'Control Periods' (CP), for which delivery plans are produced. CP5 started in April 2014, with CP6 starting in April 2019.

However, the Government's High Level Output Specification (HLOS) and Statement of Funds Available (SoFA) determine what is delivered in these control periods. These set out what the Government wants achieved by the rail industry during that control period and the amount of money available.

The HLOS and SoFA for CP5 have been published. In order to achieve infrastructure improvements in Lancashire in the next CP, we therefore need to be in a position to influence the development of the HLOS that will determine activity in CP6.

Many rail services in the country carry people making relatively short journeys and are a key part of an area's local public transport network. They have seen substantial growth in demand in recent years, a trend that is expected to continue.

At the moment the franchise contracts underlying these services are specified, funded and managed centrally by the DfT. 'Rail Devolution' would see decisions relating to local rail services made closer to the communities they serve.

Rail North, a consortium of 30 local authorities across the north of England, is now working in partnership with the DfT to take forward the re-franchising of the Northern and TransPennine services, with the Secretary of State responsible for final decisions and letting the contracts and the subsequent development and implementation of a formal integrated partnership structure to manage the new franchises, on which decisions will be made jointly.

Away from the rail industry, the Highways Agency (HA) is an Executive Agency of the DfT and is responsible for operating, maintaining and improving the strategic road network in England, which includes major trunk roads and most motorways.

Route based strategies are currently being taken forward by the HA, including one covering Lancashire. The strategy initially will identify performance issues on routes and also future challenges, taking account of local growth challenges and priorities. The HA, working with the DfT, will use this evidence to identify and prioritise possible solutions to inform investment plans for the next full government spending review in 2015 and beyond.

Throughout the process, we will work with the HA both to understand the issues on Lancashire's strategic roads now and in the future and to ensure that the resultant investment plan meets our needs.

Developer contributions

When a development is proposed, Section 106 agreements can be put in place to make it possible to approve a planning proposal that might not otherwise be acceptable in planning terms. For example, a section 106 agreement might require a developer to fund improving the access road to a site, to ensure that access will be safe once the development is completed. They are specific to the site that is proposed for development.

Since April 2010, local authorities have been able to charge a 'Community Infrastructure Levy' (CIL) on any new development above a certain size. Where introduced, CIL is a general levy on qualifying development, designed to raise funds for infrastructure needed to support the development proposals. We are now in a transitional period where both CIL and section 106 agreements can apply. As yet, none of the Fylde Coast authorities has a CIL in place, but that may change as their Local Plans develop.

In introducing CIL, local planning authorities need to prepare a 'charging schedule'. The schedule sets out what, if anything, the charge will be per dwelling for residential development, or per square metre for all other development. In setting the charges, planning authorities need to balance the level of charge with the potential impact on the economic viability of development.

Across Lancashire, this need for balance between developer contributions and development viability is a key issue. Securing developer contributions through planning obligations as private sector investment will be crucial to taking all Lancashire's masterplans forward.

Looking to the Future ~ What are the challenges?

We have already looked at current problems on the highways and transport networks. We now need to look at what extra effect the plans and priorities we have outlined will have.

Ensuring that the Fylde Coast has the connections to the rest of Lancashire and to other economic opportunities further afield will be essential; as well as providing markets for business and job opportunities for residents, access to the Fylde Coast for visitors is vital.

Travel options within the Fylde Coast will also be necessary, both for residents and for visitors.

In Fylde, development plans will see significant housing at Queensway and potentially around existing settlements such as Lytham and St Annes, Kirkham and Wesham and Warton, as well as around Junction 4 of the M55 (i.e. the M55 Hub). In Wyre existing settlements could see many more new residents. In Blackpool, new development will largely be accommodated within the existing urban area.

Accommodating all this development will require changes to the highway network to make sure that it can cope, but convenient alternatives to the car must also be available to help meet future demand for travel. Increasingly, this will not only be for those who don't own a car, but for those who want to travel more cheaply and/or sustainably.

Rail, public transport and cycling all have the potential to offer alternatives to the car, particularly if it is made easier to interchange between these modes and the car. Improving how our streets and public spaces feel and look will also make it easier for people to travel without a car, whether as a resident of an area or as a visitor.

The rural parts of the Fylde Coast face their own challenges, particularly at a time when the costs of car ownership are rising and the availability of conventional public transport is reducing. Supporting access to jobs, education and services for our rural residents is vital and again, what is good for residents and local businesses will be good for the visitors.

Finally, the local links that support all travel need to be better in many parts of the area. The best road, rail, bus and cycle networks are no use if people do not feel able, or do not know, how to use them. High quality local links are vital for those who need to get to work as cheaply as possible and for whom car ownership is not an option. These links also provide the opportunity to add to our 'green tourism' offer, giving visitors real alternatives to the car. And such links are also crucial for neighbourhood businesses and for individual health.

Whilst these are distinct challenges for the future, the Fylde Coast has many advantages working in its favour.

These positive and negative influences are summarised here to show the strengths and opportunities in the area and also the potential weaknesses and threats. Appreciating these provides us with the understanding of what will influence and shape our highways and transport network in the future.

Strengths

- A strong LEP working in partnership with the County Council and Blackpool Council
- Established tourist economy with leading tourist destinations, especially Blackpool, the UK's most visited resort and the classic resort at St Annes
- Lancashire is the most significant centre in the UK for civil and military aerospace manufacturing, part of a wider world class regional cluster making a contribution of over £850 million to the economy.
- Lancashire Advanced Engineering and Manufacturing Enterprise Zone (BAE Systems Warton and Samlesbury sites)
- Advanced chemical and polymer presence including Asahi Glass, Victrex, Vinnolit and Glasdon UK
- Strong energy and environmental technology centre, including nuclear industry presence of Westinghouse Springfields at Salwick
- Strategic site at Hillhouse International, Thornton
- Well established food production companies including Burtons Foods, Fox's Biscuits and Tangerine Confectionery
- Outstanding leisure and recreational opportunities
- Strong built heritage
- Outstanding natural landscapes
- Rising educational standards in higher, tertiary and vocational education
- Further education at the four campuses of the Blackpool and the Fylde College, including the specialist nautical campus in Fleetwood
- Centre of excellence for land-based courses such as agriculture and horticulture at Myerscough College
- Good transport links to wider area
- Committed programmes for new transport investment

Weaknesses

- Low confidence and aspiration in some communities
- Poor educational attainment and lack of higher level skills in parts of the community ~ particularly Blackpool
- High levels of worklessness in Blackpool
- Poor life expectancy and ill health in some areas
- Long public transport journeys between some coastal communities
- Lack of rural access to services in places
- Ageing population
- Rail trips to the north and south of the UK require interchange at Preston
- Infrequent rail service on the South Fylde Line
- Lack of sustainable transport integration
- Poor motorway connectivity in some parts of the area
- Blackpool's road safety currently worse than the national average

Opportunities

- Emerging Local Plans
- Comprehensive development plans include strategic sites as a focus for investment
- Scope for further development of a new National Aerospace Supply Chain Centre is a key feature of the Lancashire Enterprise Zone
- Energy economy/energy sector growth deal boost
- Proximity to Central Lancashire and Lancaster
- Further growth of already established visitor economy
- Substantial committed public transport investment
- Superfast broadband
- Universities enabling access to quality education

Threats

- Growing car ownership and use, with limited alternatives
- Decline of public transport affecting non car owners in particular
- Financial threats and uncertainty - Comprehensive Spending Review
- Uncertainty amongst private investors
- Reluctance to change travel behaviour
- Poor air quality in some places
- Congestion from tourist traffic adversely affecting the visitor experience
- Visitor numbers can make parking difficult in some areas
- Unpredictable congestion has an adverse effect on reliability and punctuality of public transport

Our Vision

Transport and travel allow our residents and businesses not only to go about their everyday lives but also to grow and prosper. Our vision for travel and transport in the Fylde Coast therefore reflects the aspirations that have already been put forward for Blackpool and Lancashire as a whole:

By 2031, we want the Fylde Coast to have highways and transport networks that support:
Prosperity ~ because the success of the area's economy will determine the availability of good jobs that allow people to fulfil their aspirations and enjoy independent, productive lives; and because a strong, diverse commercial base will be central to sustaining investment in the area and in turn securing long term economic success.

Health ~ because it is central to everybody's happiness and ability to achieve what they want from life and

Wellbeing ~ because we aim to move from intervention to prevention as much as we can, giving people the opportunities that allow them to stay well and thrive on their own or as part of their family

Greater prosperity, health and wellbeing will make the Fylde Coast a good place to live, work or visit, a place where all people can live long, happy and healthy lives regardless of their background.

To achieve this vision across the Fylde Coast we need our highways and transport networks to do more than they do now. The evidence shows that there are 5 key requirements for the future:

- We need our highway network to operate more efficiently, not just for cars, but also for buses, coaches and for freight. Over the life of this masterplan, there will always be a need for roads; not all car journeys can be made by other modes, buses and coaches need roads to travel on and the majority of freight movements will still be by HGV. We need to make sure that congestion doesn't limit the Fylde Coast's opportunities.

- We need our rail network and services to make commuting convenient and easy and to be an outstanding gateway to the Fylde Coast for businesses and visitors. Making the most of the opportunities that the network offers, particularly of the South Fylde Line, could take a significant pressure off our roads and make the area more attractive for residents, visitors and investors.

- We need public transport to serve all our communities so that people can get to the jobs and services they need. People who don't have access to a car need to be assured they will not become isolated from society; people who do have a car, resident or visitor, need to be able to leave it behind if congestion isn't to make road travel impossible.

- We need cycling and walking to become the convenient travel choice for shorter distances and for it to be easy for people to change between modes, so that cycling and walking can become part of longer journeys too. We need to make sure that both residents and visitors can have these choices.

- We need our streets and public spaces to feel safe and attractive so that local communities and their economies can develop and so that everyone can enjoy being out and about and being active, with all the health benefits that brings.

The remainder of this masterplan sets out how we propose to work towards this vision.

Taking Our Vision Forward ~ What we're already doing

Having set out what we need our networks to do in the future, we need to consider what is already being done or is programmed.

The area's Local Transport Plans have already been mentioned. They set out a broad strategy for how transport and the way we travel in Lancashire will change moving forward to 2021 (2016 in the case of Blackpool). The Local Transport Plans' objectives for both authorities are set out in the introduction to this masterplan.

Through the Growth Deal, the LEP has secured £233.9m from the LGF to support economic growth in the area ~ with £36.4m of new funding confirmed for 2015/16 and £48.6m for 2016/17 to 2021.
In the Fylde Coast, three schemes will be funded in 2015/16 subject to demonstrating that they represent high value for money.
A further two schemes are being further developed for funding in 2016/17 and 2017/18, again subject to demonstrating that they represent high value for money.

Our partners are also improving their networks, with both the Highways Agency and Network Rail investing in the Fylde Coast.

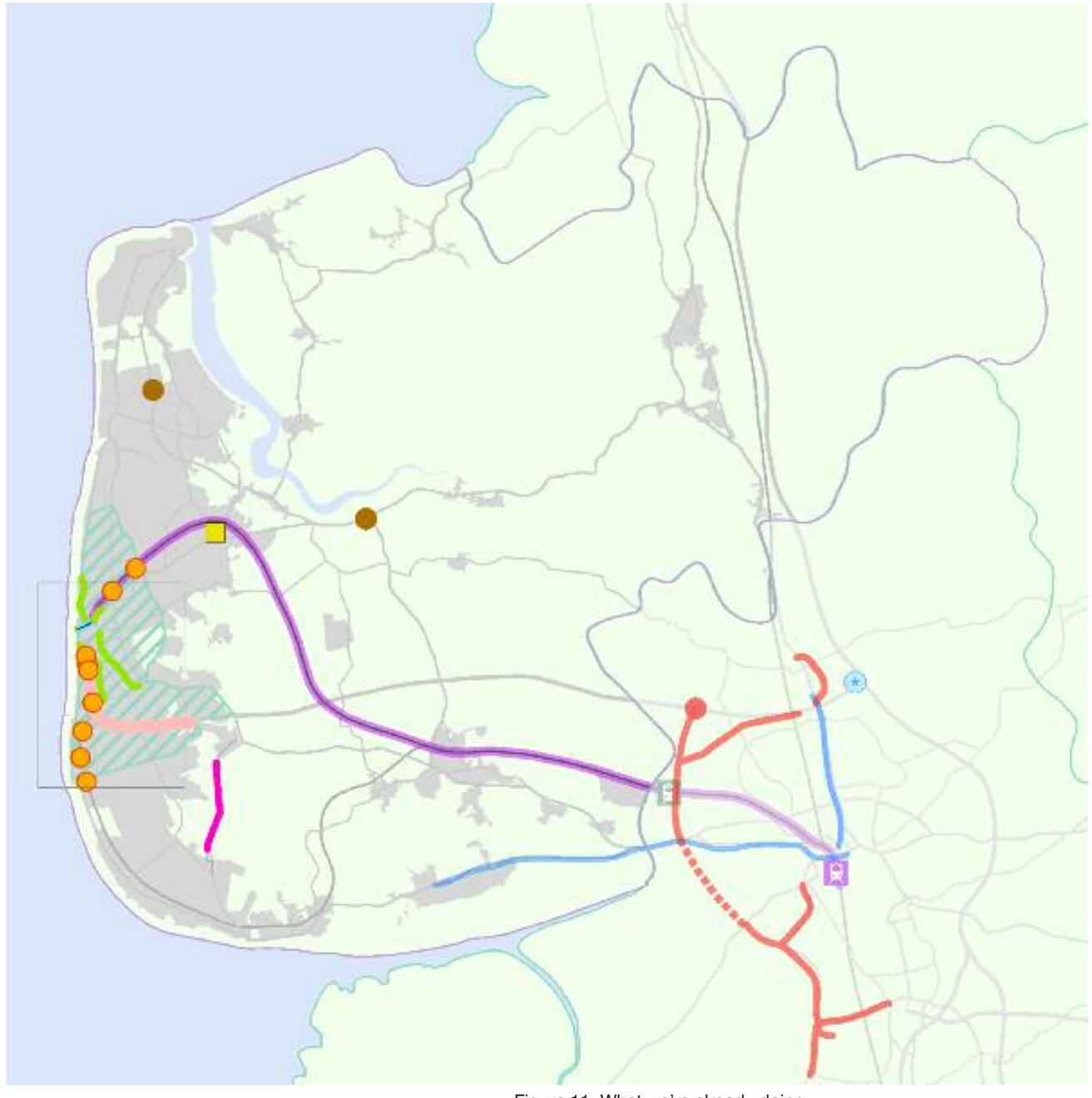


Figure 11: What we're already doing

Current schemes

Yeadon Way refurbishment programme

Yeadon Way connects the M55 motorway with the extensive car parking areas in Blackpool town centre and is of critical importance to the resort's economy and to redevelopment of the Central Station site within the Leisure Quarter.

Constructed on a former railway embankment, the road has significant maintenance issues including embankment slippage, bridge failure and drainage dereliction. Whilst the existing maintenance regime has prevented the road's failure, this one-off refurbishment, funded through the government's Local Pinch Point programme and scheduled to start in November 2014, will give the road another 25 years of life before major work is likely to be required again and simplify ongoing maintenance.

Yeadon Way currently has a weight limit of 7.5 tonnes which limits the vehicles able to use it. Once refurbishment is complete, weight limits will be lifted. This will provide capacity for heavier vehicles required for the Leisure Quarter's redevelopment. It will also have a positive impact on emissions as, at the moment, HGVs have to use an alternative route that is longer and slower.

Poulton-le-Fylde Town Centre

Poulton-le-Fylde town centre suffers from significant congestion problems and as a result Chapel Street has been declared an Air Quality Management Area.

The redevelopment of the Teanlowe Centre has provided an opportunity to address these congestion issues and therefore improve the environment of the town centre.

Lancashire County Council is working closely with Wyre Borough Council and the developer to deliver the Hardhorn Link Road. This is a short length of road which will run from Blackpool Old Road to Hardhorn Road through what is currently the Hardhorn Road car park. The scheme also includes other supporting changes on town centre approach roads. The full scheme will provide an alternative route to Chapel Street and facilitate movement to and around the town, including to the redeveloped Teanlowe Centre.

Growth Deal schemes

Blackpool Integrated Traffic Management ~ 2015/16

Whilst the Promenade is very much a focus for visitors, it is by no means the iconic public space it could be as pedestrians still face conflicts with traffic.

Away from the sea front, parking can be an issue for many visitors. Whilst the car parks are the natural arrival point for cars coming from the M55, many drivers still end up searching for parking in the town centre and on the Promenade. These extra vehicles cause congestion and add to the pedestrian/traffic conflicts that lessen the attractiveness of the new Promenade.

Enhancements to the resort's existing Urban Traffic Management Control (UTMC) system, will provide an Intelligent Transport System (ITS) that will reduce pedestrian / vehicle conflict on the Promenade by offering alternative routes and improving public transport performance, whilst supporting the Illuminations and other event management. Variable Message Signage will minimise parking search trips which will increase visitor dwell time. Since the new system will offer an enhanced real time response to what can be unpredictable traffic conditions, congestion will be reduced, which in its turn will improve public transport performance and support event management, particularly for the Illuminations.

It has been estimated that improved traffic control could lead to a total increase in the number of day visits of 2% over a three year period. Whilst this may not sound much, it represents an additional 1.24m visits over a period of 10 years.

Blackpool Bridges and Structures Major Maintenance Scheme ~ 2015/16

Detailed survey work has identified 10 defective structures requiring urgent remedial attention across the resort area. These are:

- Priority 1: Plymouth Road, Squires Gate Lane, Devonshire Road (Railway), Harrowside and Waterloo Road
- Priority 2: Princess Street, Watson Road, Chapel Street and Rigby Road and Gas Works Subway.

Of these, four bridges carry road over rail, one carries rail over road, four carry a main visitor route into the resort core and one is a gateway to the town which accommodates access to Blackpool South Station.

These structures are vital to the Blackpool economy and their loss would inflict considerable damage, disrupting the road and rail networks considerably.

The remedial work on these structures will ensure that the road network will remain operable on a sustainable basis and will enable Blackpool as a whole, and site-based employment generation opportunities in particular, to be promoted ~ particularly Leisure Quarter (Central Station Site), Central Business District (Talbot Gateway) and South Blackpool Employment Growth.

In addition to supporting a sustainable maintenance programme, preventing transport network breakdown and under-pinning inward investment, the scheme also offers the opportunity to improving the structures' visual appearance, particularly important on main visitor routes to the resort.

The M55 to Heyhouses Link Road ~ 2015/16

There is currently no direct, high standard link between the M55 motorway and St. Annes. Access by way of the Squires Gate Link road is circuitous, as is the main alternative route via Queensway, School Road and Whitehill Road. The more direct route via Wild Lane/North Houses Lane is a narrow moss road with limited passing places which makes it a poor environment for more vulnerable road users in particular. Moss roads also tend to require more maintenance than other roads as there is often ground movement beneath them.

The new link will provide a direct route fit for all users between the M55 at junction 4 and A583 Preston New Road to the B5261 Blackpool Road in St. Annes, using an initial section of link road that was completed a number of years ago. It will give better access to development sites, including Whitehills and Blackpool Airport, to new housing at Heyhouses and for tourism, including future hosting of the R&A Open Golf Championships.

The scheme will also provide some congestion relief and allow Wild Lane to be used as a sustainable transport link by pedestrians, cyclists and equestrians.

Blackpool's Green Corridors ~ proposed start 2016/17
'Green Corridors' is a town centre focused green infrastructure programme that will benefit local residents, visitors and inward investors. The scheme builds on Blackpool's sustainable transport successes such as Better Bus Area Fund (BBAF) scheme and its cycling towns programme which has already provided a number of cycling routes, including those improving town centre access.

The Green Corridors will supplement this. As options to provide further off-road cycle routes are limited, the 'cycle proofing' roads concept will be explored to make what are also key vehicle routes into cycle and pedestrian friendly spaces.

The green routes will be 20 mph zones. As well as the obvious benefits to cyclist and pedestrians, buses will also benefit from 20mph speed control, providing easier pull in and out together with reduced congestion thanks to smoother flowing traffic.

The proposed routes pass through some of Blackpool's most deprived communities and their recovery through infrastructure improvements and community development initiatives is essential to Blackpool's future as a viable resort.

Primary routes have currently been identified as:
- Dickson Road
- Central Drive
- Talbot Road and
- Church Street

A number of the proposed routes have existing road safety issues which have made them substantial barriers to travel. The Green Corridors will allow this situation to be rectified.

Indicative funding has been allocated to this scheme within the Growth Deal which will allow work to commence in 2016/17 subject to value for money being demonstrated to Transport for Lancashire.

Blackpool Tramway Extension ~ proposed start 2017/18
The current lack of direct interchange between the tramway and the railway has already been mentioned as one of the more significant problems on the Fylde Coast.

The extension of the upgraded tramway from the Promenade at North Pier to Blackpool North railway station will improve access to the UK rail network from Blackpool, Fleetwood and Cleveleys.

The extension will see trams leave the promenade at North Pier, using the points which were installed a few years ago as part of the tramway upgrade, and run along Talbot Road to interchange with Blackpool North railway station.

Indicative funding has been allocated to this scheme within the Growth Deal which will allow work to commence in 2017/18 subject to value for money being demonstrated to Transport for Lancashire.

The City Deal and the Fylde Coast

Being able to quickly and easily access the rest of the country is always important for any area, both for its residents and its businesses. For the Fylde Coast, however, tourism adds another dimension to this as it is vital that the visitor experience isn't marred by a difficult journey to or from the area.

The Fylde Coast relies on both road and rail for this strategic connectivity. Rail connectivity is by way of the North and South Fylde lines. Road connectivity is provided by the M55 corridor, which links both Blackpool and A585 to the M6, the A584/A583 corridor in Fylde and the A6 corridor in Wyre.

What all these corridors have in common is that they cross Central Lancashire, making proposals in the Central Lancashire Highways and Transport Masterplan vital for the Fylde Coast as well. A number of schemes and proposals are discussed in the masterplan, brought forward both by the County Council and by our partners:

M55 Junction 2 and the Preston Western Distributor (The A584/A583 corridor)
A new junction on the M55 near Preston will be built, funded through the Local Pinch Point programme (Tranche 4), to support the Preston, South Ribble and Lancashire City Deal.

Estimated to cost between £25 to 30 million, the junction will be the northern end of the new Preston Western Distributor, which is being brought forward under the City Deal and which will provide a direct dual carriageway connection from the motorway to the A583/A584 at Clifton.

The new connection will provide relief for the M55 Junction 1 at Broughton and improve access to the Warton Enterprise Zone, as well as helping to unlock delivery of the North West Preston strategic location for housing, which will see more than 4,000 homes built in the area.

Its importance to the Fylde Coast lies in the way it will improve access to the Strategic Road Network from the Fylde, and in particular, the Enterprise Zone site at Warton.

Broughton Bypass and M55 Junction 1
(The A6 corridor)
The A6 is part of the main route between much of Wyre and Central Lancashire. It also provides key connectivity to the M6 at J33 (Forton) and at Junction 1 of the M55.

Major improvements to the Broughton roundabout, (Junction 1 of the M55) were completed in December 2013. The £2.6m scheme saw the junction with the A6 reconfigured, with additional signals and feeder lanes to improve traffic flow. The roundabout is now also safer to use for pedestrians and cyclists thanks to new crossing points and shared-use paths.

The work was carried out by Lancashire County Council but was part-funded by the Highways Agency through the 'pinch-point' programme.

Work is now underway on a bypass to relieve congestion in Broughton. The bypass will greatly reduce traffic in the centre of Broughton and improve journey times for motorists by creating a new route from the Broughton roundabout at Junction 1 of the M55 to the A6 north of the village.

The bypass will be approximately 2km long. The northern section from the A6 Garstang Road to the B5269 Whittingham Lane will have one lane in each direction. The southern section, from the B5269 Whittingham Lane to Broughton roundabout (M55 Junction 1), will have two lanes either way. Reduced traffic on Garstang Road through the centre of Broughton is predicted to lead to improvements in safety and the creation of a better environment for residents, shoppers, pedestrians and cyclists.

For those areas of Wyre that rely on the A6 for southbound travel, reducing congestion at these two major bottlenecks will make travel times shorter and more reliable. This will be a real benefit for public transport, offering much more reliable timetabling especially in the peak hours.

Preston Railway Station
Although there are a number of through services, many travellers to the Fylde Coast change trains at Preston, making it as much a key gateway to the Fylde as it is to Preston.

The development of Preston railway station as a fit-for-purpose strategic gateway to Lancashire, as well as for Preston itself, is therefore vital.
The redevelopment will allow the issue of poor connections between platforms to be addressed. By improving the station and taking full advantage of the electrification of the Blackpool North to Manchester line, we will be maximising the opportunities for rail commuting as well as longer distance travel.

The station's future development is all the more important to the Fylde Coast once Phase 2 of the high speed rail line HS2 is in operation. The journey time from Preston to London will be cut to 84 minutes, with trains from a new fleet capable of running on both 'classic' and high speed lines (so called 'classic compatible') running to and from Preston. Preston will therefore be the Fylde Coast's main gateway to HS2.

Cottam Parkway
The final proposal that could have a significant impact on travel to and from the Fylde Coast is Cottam Parkway.

The new Parkway rail station, which will be accessed off the Preston Western Distributor, is planned to be complete in 2022/23. Its primary function will be to serve the North West Preston strategic housing locations, providing rail based park and ride facilities for travel to both Preston/Manchester/Liverpool and Blackpool.

However, its proximity to the motorway also offers the potential for the station to capture longer distance journeys and offer a parkway service for the Fylde Coast, particularly at those times when Blackpool is particularly congested. The potential for through services via the South Fylde Line could make the parkway even more attractive to visitors.

Highways Agency schemes

Several schemes will be funded through the Highways Authority Pinch Point programme. The Pinch Point Programme forms part of the UK Government's growth initiative, outlined during the Chancellor's Autumn Statement in November 2011.

M6 Junction 32 Northbound Widening
The northbound M6 suffers from safety problems and congestion related to the current layout as vehicles change lanes to either continue along the M6 (in two lanes) or turn onto the M55 to head towards the Fylde Coast. This junction is of critical importance now, but will become even more important with the advent of M55 Junction 2 and the Preston Western Distributor Road.

The M6 is being widened to provide three lanes northbound through the junction. The existing two lane exit to the M55 will be retained in a realigned layout and the northbound entry slip from the M55 onto the M6 will be amended north of the junction.

A585 Windy Harbour Junction Improvement
The junction suffers from congestion and has a poor safety record. The works will involve realignment and widening of the existing crossroads to create extra lanes through the junction. Included in the works are improvements to pedestrian routes, the addition of cycle facilities and upgrading of the traffic signal controllers.

A585 Bourne Way to West Drive Widening and Improvement
The scheme is aimed at improving access from the trunk road network to the Hillhouse International strategic site, easing traffic flows on residential roads whilst improving safety and providing additional capacity on the A585.

The West Drive crossroads will be remodelled with improved traffic islands and pedestrian crossing facilities and traffic signal control will be introduced at the Bourne Way T-junction. In addition the A585 link between the junctions will be widened to provide two lanes in both directions.

Network Rail programmes

Preston ~ Blackpool rail electrification

Electrification of the railway lines between Blackpool North and Preston and between Preston and Manchester / Liverpool, together with an associated increase in rolling stock capacity and quality, will allow electric multiple units to operate all services between Manchester (Piccadilly and Victoria), Liverpool, Preston and Blackpool North, including the Manchester Airport to Scotland services. These trains will have more seats and deliver journey time savings and improved reliability due to their superior performance. This is a rail industry committed scheme due for completion by May 2017.

The investment will complement the Northern Hub project and electrification of the main Trans-Pennine route between Manchester and Leeds / York which the Government committed funding to in July 2012. Together, these projects will deliver a significant improvement in connectivity between the Fylde Coast and major growth centres across the North of England, in particular, to Manchester city centre.

Taking Our Vision Further

Despite the work underway now or programmed, there will still be a number of issues to be addressed in the Fylde Coast area if we are to reach our vision. In terms of the 5 key requirements set out earlier these issues are:

We need our highway network to operate more efficiently, not just for cars, but also for buses, coaches and for freight.

- The A585 will still present a significant bottleneck at Singleton crossroads.
- Emerging development plans could put a significant strain on the local highways network.

We need our rail network and services to make commuting convenient and easy and to be an outstanding gateway to the Fylde Coast for businesses and visitors.

- Rail connectivity will still be limited on the South Fylde Line and there are opportunities to capitalise on rail improvements elsewhere, not least HS2.

We need public transport to serve all our communities so that people can get to the jobs and services they need.

- Public transport provision for employment and in the rural area needs to be better.

We need cycling and walking to become the convenient travel choice for shorter distances and for it to be easy for people to change between modes.

- Cycle networks won't necessarily work for all users.
- There will still be limited interchange between public transport and cycling.

We need our streets and public spaces to feel safe and attractive.

- Neighbourhoods and the links between them will still need to be good enough standard to make travel easy for everyone.
- Travel choice may still favour the private car and
- Road safety needs to be improved still further, particularly in Blackpool and for vulnerable road users.

These requirements are not independent of each other. Easy local travel, by walking and cycling, needs to feed into the bus and rail networks for longer journeys. The bus and rail networks themselves need to interlink properly both for journeys in the Fylde Coast and to the wider area. And no matter how far from the area people and goods are going, the connections to strategic road and rail networks must work to facilitate national and international travel.

Part of this is making sure that we look after the highways and transport assets we have already ~ the roads and footways, the lights and signs and all the other things that help our networks function. We also need to do all we can to make sure that we make our roads as safe as we can for all users.

However the best road, rail, bus and cycle networks serve no purpose if people can't, don't want to or don't know how to access them.
We need to make it easy for people to understand their travel opportunities and have the ability to change between modes of travel, so that whether travelling short or long distances, we can reduce reliance on the private car as much as possible for everyone.

The interventions and further work proposed by this masterplan are shown in Figure 12.

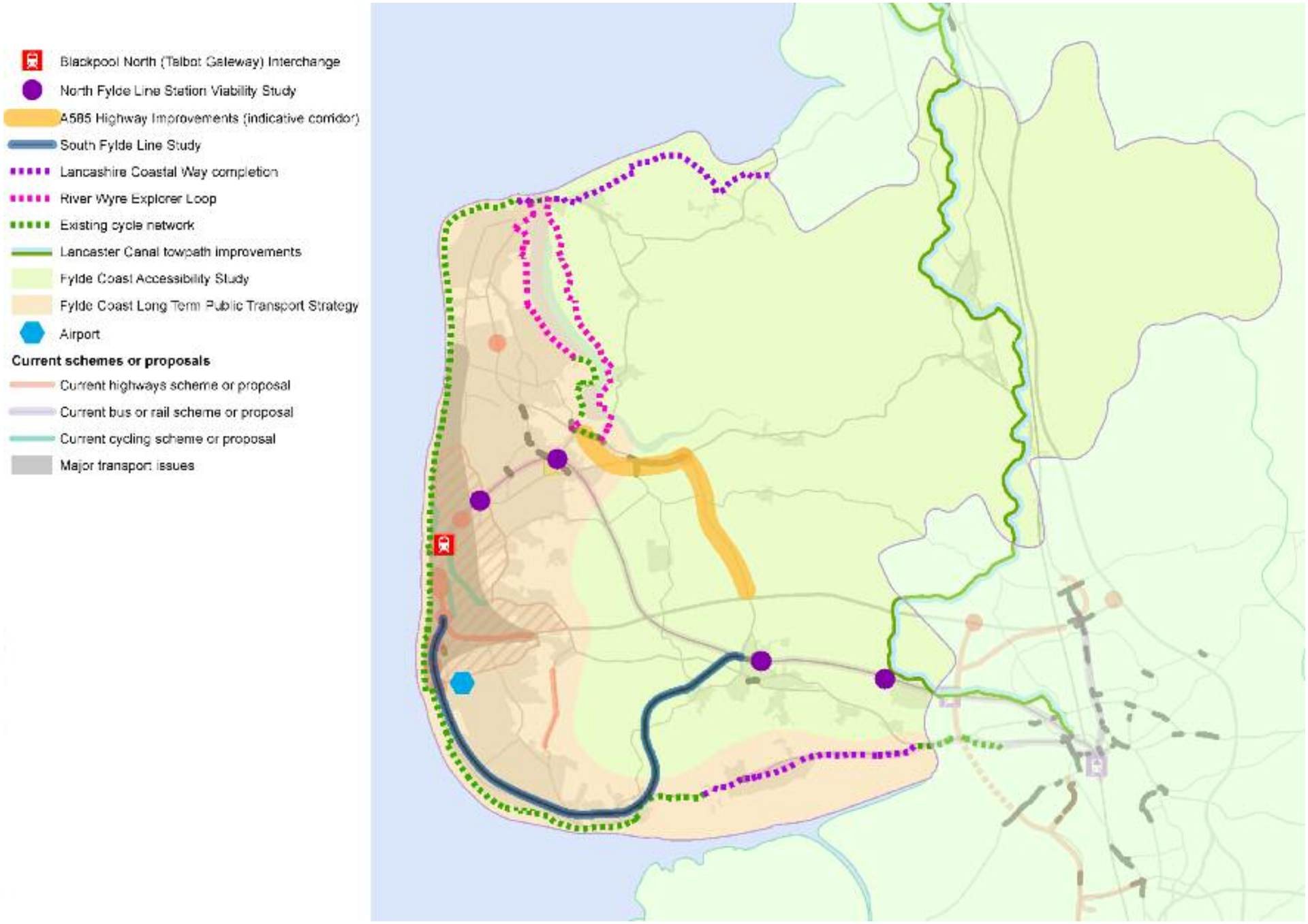


Figure 12: The Fylde Coast Highways and Transport Masterplan

Efficient Highways

Enabling Growth

To fully realise our vision for the Fylde Coast's highways and transport networks, we need to plan for all aspects of future economic development. However, there a are a number of strands of this development that are not yet finalised.

Blackpool Airport

A plan for the regeneration of Blackpool Airport is currently being produced which will set out how the airport can best be developed now that it is no longer operating as an international airport. Both Highways Authorities are involved in this work.

But with no definite regeneration plans in place at the moment, this highways and transport masterplan cannot be specific about what measures may be needed in the future to support regeneration plans. However the site develops though, effective sustainable transport links will be a key consideration for us as we move forward, as travel to the site other than by car is currently difficult. In particular, access from rail or tram is very limited. However, proposals in this masterplan, especially for the South Fylde line, have the potential to make access very much easier.

New housing and employment

In both Fylde and Wyre, the emerging Local Plans will set out where much needed new housing will be developed and where land will be allocated for employment. A number of scenarios are possible, ranging from dispersing the new homes needed across a district, to allowing some development around most existing settlements or, at the other extreme, ensuring that most of the development is accommodated only around the major towns and villages.

Clearly, exactly where housing and employment are developed has major implications for our networks, particularly for our highways. If only travel issues are considered, then it is obviously better if new development can use existing or programmed infrastructure and service improvements. New housing that allows residents to commute other than by car places less strain on our highways network than developments that are remote from public transport. No highways authority wants to see development that will make existing highway issues worse.

However, locating new development is in reality a very complex decision in which transport is only one consideration, although a major one.

This masterplan therefore provides a basis from which we can work with all our partners to ensure that each borough's housing and employment needs can be accommodated wherever and however that growth occurs. The larger the growth in any one area, the more likely it is that impacts will be felt further away, an important consideration when assessing what work will be needed to accommodate development.

Enabling housing growth whilst keeping our highways operating efficiently will be a challenge. Whilst some new road capacity may be needed, road building projects can be contentious and so we will do all we can to ensure that developments have sustainable travel options readily available. We won't, though, rule out even major infrastructure improvements if these are required and the funding can be found, although such funding could require a substantial contribution from developers.

A potential Wyre Barrage

A barrage across the Wyre, usually to link Fleetwood and Knott End, has been suggested on many occasions over the years. Harnessing tidal power has also been proposed.

Natural Energy Wyre Ltd is currently proposing a **Tidal Energy Barrage,** between Fleetwood and Knott End, with provision for boats to transit through the Barrage. Energy output, based on both ebb and flow generation, is anticipated to be in excess of 100MW. This means that the Project would qualify as a Nationally Significant Infrastructure Project.

As well as generating power, the barrage could offer wider economic benefits both during and after construction and could increase connectivity across the river.

What we will do:

We will work with our partners, both established and new, to ensure that growth across the Fylde Coast is sustainable and that development plans come forward in synergy with this masterplan. As part of this, we will consider how development within the Fylde Coast impacts on neighbouring areas where this is appropriate.

We will also work to make the most of opportunities provided by other development schemes as they come forward, such as the proposed Tidal Energy Barrage, which could offer significant regeneration benefits to Fleetwood and enable better access across the Wyre.

The A585 corridor

The A585 between Fleetwood and the M55 is currently part of the national Strategic Road Network and therefore managed and maintained by the Highways Agency. However, its strategic role as part of an inter-regional route between Great Britain and Northern Ireland stopped with the withdrawal of the Ro-Ro ferry service from the Port of Fleetwood to Larne in December 2010. It is, however, still a key route within the Fylde Coast network and is vital to the regeneration of Fleetwood and the success of Hillhouse International.

The A585 is single carriageway and although it bypasses all of the main towns along its route, it still passes through a number of smaller settlements. Most of the junctions with other main roads are roundabouts or have traffic signals, but there are still a significant number of priority junctions with side roads and other minor accesses, particularly on the unimproved section between the M55 and Skippool. Beyond Skippool, the A585 is a modern standard single carriageway. The Dock Street Link in Fleetwood, completed in January 1993, provided improved access to the ferry terminal.

Traffic flows are consistently above 20,000 vehicles per day along the southerly length of the route, peaking at 28,000 on Mains Lane east of Skippool.

Use of the route by HGVs has changed over the last 10 years, however. The decline and subsequent closure of the port has seen HGV numbers to the south of Fleetwood drop to typically around 550 per day in 2013, from a peak of 1,000 per day 10 years before. Further south around Skippool, numbers have stayed fairly consistent, at just around 1,000 HGVs on a typical day. However, between the Singleton and Windy Harbour junctions, the number rises to almost 1,600 HGVs per day, with 1,300 HGVs to the north of the M55.

Congestion remains an issue on the route between the M55 and Thornton-Cleveleys, mainly due to insufficient junction capacity and the high traffic flows, with low average speeds between the Norcross and Windy Harbour junctions during both morning and evening peak hours. However, congestion is now an increasing problem during off-peak periods and at weekends. This makes journey times unreliable for local residents, businesses and visitors.

The high volume of traffic combined with the numerous and varied access points between the M55 and Skippool results in road safety issues and problems for users. For example, a lack of right-turning facilities through the settlements of Greenhalgh and Esprick causes congestion. Traffic diverting onto less suitable local roads because of queuing problems at junctions remains an issue, with local communities away from the route suffering in terms of poorer road safety, noise, air quality and severance.

De-trunking

De-trunking is the legal process whereby responsibility for a particular length of road transfers from the Secretary of State for Transport to the local highway authority, in this case Lancashire County Council.

Closure of the Ro-Ro ferry operation at Fleetwood has focused attention on the future of the route as part of the Strategic Road Network. The Department for Transport's position is that unless there is a clear need to keep a road as part of the Strategic Road Network, it would prefer the road to be under local control. However, the DfT currently has no plans to start a further round of de-trunking, although it is prepared to look at the case for de-trunking specific roads individually.

The County Council does not believe there is currently any material advantage in seeking de-trunking. Other things being equal, the additional costs arising from de-trunking will outweigh any benefits or likely increased funding, and would increase its liabilities and exposure to risk, for example, in relation to winter service provision.

As part of its Pinch Point programme, in 2014/15 the Highways Agency will be undertaking improvements to the A585/A586 'Windy Harbour' junction near Singleton and the A585 junctions with Bourne Way and West Drive between Thornton and Cleveleys. Together these schemes represent an investment of over £3m in the route

The M55 to Norcross Link

There is a long-standing proposal to build a dual carriageway road to connect a new junction on the M55 east of Peel Hill to the Victoria Road roundabout on the A585 between Thornton and Cleveleys. This scheme is known as the M55 to Norcross Link, although it is often referred to as 'the Blue route'. The then Department of Transport withdrew its support for a similar scheme in 1994, but the County Council has continued to protect a route since then, a decision last reviewed in 2006.

The scheme was originally identified to ease congestion on the A585 caused in part by the operation of the Port of Fleetwood. The ferry operation from the port also meant that there were high volumes of HGVs on the road. With the withdrawal of the ferry service, that rationale no longer exists, although Fleetwood is still officially classified as a port and still has commercial sailings linked to the offshore energy sector.

The Blue route effectively breaks down into 3 sections:

- The Northern section ~ B5412 Victoria Road, Cleveleys to A588 Breck Road, Skippool
- The Poulton-le-Fylde section - A588 Breck Road to A586 Garstang Road East
- The Southern section ~ A586 Garstang Road East to M55 between Junctions 3 and 4

The northern section ~ B5412 Victoria Road to A588 Breck Road.

This section of the scheme proposed to widen the existing A585 to dual carriageway.

Whilst the A585 is still busy, congestion in this section is principally related to the capacity of the three roundabouts along the route. The County Council do not therefore believe that constructing a dual carriageway would deliver sufficient benefits to offset the likely cost and that local improvements such as those already being undertaken by the Highways Agency provide better value for money.

The Poulton-le-Fylde section - A588 Breck Road to A586 Garstang Road East

The section of the route around Poulton-le-Fylde would see Mains Lane widened to dual carriageway for approximately 450 metres from its junction with Breck Road. At that point, a new roundabout would take the A585 on a new section of dual carriageway down to join the A586 approximately 850 metres to the west of the Five Lane Ends junction at Little Singleton.

The existing A585 Mains Lane passes through Little Singleton and is very busy. The Five Lane Ends junction is arguably the worst 'pinch point' on the A585 and it would be very difficult to make a significant improvement to the junction as it stands.

In conjunction with other measures, this section of the proposed M55 to Norcross Link could offer options for solution to congestion at the Five Lane Ends junction.

The southern section ~ A586 Garstang Road East to M55 between Junctions 3 and 4

Comprising a new junction on the M55 to the east of Junction 4 at Peel Hill and a new 7.5km dual carriageway link to the A586 Garstang Road East to the west of Little Singleton, this is by far the most significant section in terms of new road construction, with an indicative cost of around £125m. It would pass through open countryside, much of which is Grade 2 (very good quality) agricultural land, and would have a significant environmental impact. In line with current funding regimes, it would also require a direct contribution to the cost of the scheme from Fylde Borough Council.

At the moment, there are a number of significant issues on the existing A585 which have been outlined:

- Queuing at Five Lane Ends junction, Singleton
- Queuing at Windy Harbour junction
- Queuing at M55 Junction 3
- Traffic turning at priority junctions
- Traffic on minor roads avoiding the A585

All of these issues relate to this southern section of the route and all would be solved by the 'Blue route'. However, the County Council believe that it would be difficult to put forward a strong enough case for change based on the traffic impacts of the scheme alone, given the environmental impacts of the scheme and current public policy objectives with regard to economic growth and job creation.

The County Council therefore does not believe that the scheme is deliverable in the foreseeable future, so we and our partners need to look for alternative solutions to what are very real day to day problems in the corridor and its nearby roads.

What we will do:
We want to ensure that the A585 operates as effectively as possible along its entire length. To do this we will work with the Highways Agency to carry forward a programme of cost effective, viable improvements to remove the last remaining pinch-points on the route.

A major step towards this aim is the Roads Investment Strategy recently announced by central government, which includes a commitment to **A585 Windy Harbour to Skippool improvements.**

This Highways Agency scheme proposes a new offline bypass of the village of Little Singleton. This scheme would remove the current bottleneck at Five Lane Ends and give the opportunity to improve the A585 Mains Lane/A588 Shard Road junction. It could also remove rat-running traffic from Singleton.

The northern section
We propose that we do not widen the road but instead work with the Highways Agency on smaller scale junction capacity improvements as needed, from the A588 Breck Road along the A585 to Fleetwood.

To remove continuing uncertainty and on-going risk of blight, the County Council therefore also proposes to remove the route protection along this section of the original scheme line.

The Poulton-le-Fylde section
As we believe that this section of the scheme could still be part of a solution to congestion at the Five Lane Ends junction, we propose to maintain the current route protection while we work with the Highways Agency to design and take forward the A585 Windy Harbour to Skippool improvements.

The southern section.
The Highways Agency is currently working to resolve capacity issues at Windy Harbour and at Junction 3 on the M55 and we will work with the Highways Agency as they bring forward the A585 Windy Harbour to Skippool improvements.

By dealing with the congestion at these significant junctions, the numbers of vehicles using inappropriate roads to avoid congestion should be greatly reduced. However, we do accept that there may need to be further improvements made between these major junctions, although reducing the number of vehicles turning off the A585 to rat run should of itself reduce conflicts at smaller priority junctions.

Once the currently proposed schemes are complete, we will continue to work with the Highways Agency to resolve any remaining issues.

As we do not intend to pursue a scheme along the line of the southern section of the 'Blue' route, the County Council is therefore proposing to remove the route protection from this section to remove continuing uncertainty and on-going risk of blight.

A585 Highway Improvements (indicative corridor)

Improved Rail connectivity

Rail connectivity in the Fylde Coast is provided by both 'heavy' (train) and 'light' (tram) operations and significant investment in both has either happened recently or is ongoing.

The Blackpool-Fleetwood Tramway, which is owned by Blackpool Council, runs from Starr Gate along the coast into Wyre, serving Cleveleys and Fleetwood. The line is a critical transport asset to the Fylde Coast, carrying millions of passengers every year and forming a key local tourist attraction.

To ensure the line's future, it has recently under gone a four year £100m upgrade ~ £68.3m from the Department for Transport; £17.7m from Blackpool Council; £15.2m from Lancashire County Council and £0.4m from INTERREG North West Europe Programme.

This upgrade, which opened in April 2012, has turned the network into a state of the art light rapid transport system fit for the 21st Century and beyond. The new fleet of 16 low floor easy access trams has been supplemented by a purpose built maintenance depot at Starr Gate, along with the replacement of 11km of track and redundant and outdated infrastructure along the route. Integrated public transport links have also been strengthened by the creation of the Broadwater and Bold Street interchanges, the latter providing the unusual opportunity of integrating bus, tram and ferry facilities.

With such significant improvements to the tram system and Network Rail's ongoing electrification of the line from Blackpool to Preston and work wider afield, excellent connections between train and tram have become vital. These connections will be provided in part by the extension of the tramway to Blackpool North Rail Station.

This will mean that all areas served by the tram service will have convenient access to the rail network. This will be of particular significance to Fleetwood, which currently has no rail station and should benefit greatly from faster journey times direct to Blackpool North.

Cottam Parkway will also offer opportunities for the Fylde Coast. For some, it will provide a convenient way to access the rail network for onward commuting, but it also offers the potential to be an attractive visitor park and ride facility if connectivity into the Fylde Coast is improved.

We also need to make sure that all stations on the Blackpool North to Preston line benefit as much as possible from the service improvements that electrification will bring, including Kirkham, where the North and South Fylde lines meet.

The South Fylde Line, on the other hand, is not currently scheduled to see any major improvements to either its infrastructure or services.

At present trains only run hourly Monday to Saturday between Blackpool South and Colne, with hourly services on some Sundays. This low frequency is a particular issue given that the journey between the Fylde Coast and Preston is a short one. The trains are slow and the rolling stock is of poor quality.
The branch between Kirkham and Blackpool South is a single line and this, combined with the single line branch from Gannow Junction at Rose Grove to Colne, reduces timetable reliability and flexibility for the Blackpool South to Colne service. The performance of the service continues to be an issue.

Not surprisingly the South Fylde Line is currently under used, particular given the population in its catchment area, who would be expected to make more use of the line for commuting, and the popularity of Blackpool, Lytham and St Annes for visitors.

Commuting, whether for work or education, currently only makes up around 35% of traffic on the line, which contrasts to other lines in the county where the percentage is around 65%. This low commuting usage makes journey numbers on the line more vulnerable to weather and seasonal fluctuations.

The South Fylde Line Community Rail Partnership covers the route from Blackpool South to Preston. The line has been formally designated by the DfT as a community rail line and service.

Designation covers lines, services and stations and is a formal process which results in an agreed 'Route Prospectus' for the line which is ultimately signed off at Ministerial level. Parliament considers designation to be a permanent arrangement although it recognises that changing circumstances may require a review of the route prospectus. Designation allows Community Rail Partnerships and the railway industry greater freedom to implement innovative solutions that stand outside normal industry processes.

Given the development likely in the Fylde area, and the parking/traffic management issues experienced, particularly in Blackpool, more needs to be made of the South Fylde Line.

There has also been a long held aspiration for the Poulton and Wyre Railway Society (a railway heritage society currently working towards operating trains along part of the former Fleetwood to Poulton line) to run into Poulton-le-Fylde station, but changes at the station due to electrification could make this impossible.

However, the railway society is exploring options for a separate station in Poulton-le-Fylde. This site, close to the existing station, would allow easy transfer between the two. In the longer term, there are aspirations to open more of the line and ultimately run commuter services from Fleetwood.

Three future strands of work therefore emerge under this masterplan:

Blackpool North (Talbot Gateway) Interchange

The first impressions made by any place are crucial, whatever the method of arrival. If the journey goes smoothly and you then arrive somewhere that is welcoming and easy to navigate, you are more likely to enjoy your stay and return. Particularly for any large tourist resort, the place where the visitor arrives, the 'gateway', is key to success. Nowhere in the Fylde Coast is this more the case than Blackpool.

A number of stations serve Blackpool, but the key gateway for longer distance travellers is Blackpool North. The station lies to the north east of the town centre, in the Talbot Gateway Central Business District, a key development location and a catalyst for improvements to support economic growth in the town centre.

Talbot Gateway has improved car parking and most bus services stop on Talbot Road, a few minutes walk away. Only one service, from Poulton, currently stops at the station itself, however. A successful 'Better Bus Areas Fund' bid has led to the creation of a bus interchange area in the town centre, close to the Promenade. However, this is a significant distance to walk for many people, including those with young children and /or luggage.

For what should be such a major arrival point, the actual experience offered to the traveller is not good. Some older buildings are not as attractive as they could be and the existing transport infrastructure is poorly integrated.

The station is now due to be become an interchange with the tramway. Current proposals provide for this connectivity, with a new length of track from the Promenade, along Talbot Road to High Street next to the station. However, the station could become a far more significant focus for travel; ambitions for a re-modelled station already form part of the Blackpool Local Plan.

There is a clear need for the Fylde Coast to have a central interchange that presents an outstanding welcome to travellers and facilitates onward travel through the Fylde Coast as a whole. A direct interchange between tram and rail would also have significant benefits for residents and businesses to the north of Blackpool by providing effective access via the tramway to mainline rail.

Such a gateway would have a vibrant modern rail station at its core with an integral tram interchange and bus and coach stops immediately outside. The station would need dedicated facilities for cyclists as well as the usual pick up/drop off parking and taxi facilities that any big station needs.

The interchange would allow total flexibility to change between different modes of travel. It would sit in an area of first class public spaces and have clear, high quality pedestrian and cycle links to the town centre and the sea front.

The North Fylde Line

Electrification of the Blackpool North line will see changes to a number of stations, not least to Blackpool North where there are plans to lengthen two platforms to allow Pendolino trains to terminate at the station.

The layouts of both Poulton-le-Fylde and Kirkham stations may also change. Whilst the alterations are primarily to allow through trains to be able to travel faster past the stations, these changes to the station layout are important as both stations have the potential to serve greater markets than they do at the moment.

At Kirkham, an Access for All scheme could provide compliant disabled access at the station, if an option for a new platform is progressed as part of the electrification scheme. There is also the potential to increase car parking capacity at the station, giving it a far greater potential to attract users among residents and businesses in the surrounding area.

At Poulton-le-Fylde, there is also the potential to offer more parking near the station in conjunction with other changes underway in the town centre.

The smaller stations on the Fylde Coast also have the potential to serve greater markets than they do.

The South Fylde Line

The most immediate need for the South Fylde Line is to improve the frequency and reliability of the service on the line, which would make it much more attractive, particularly to commuters, although all users would benefit.

The need to improve the service on the line is not only down to the likely demand, given the demographics of the current population, for rail-based commuting, but also to the developments proposed in the Fylde, both for housing and for employment (including the Enterprise Zone at Warton). Commuter movements into and out of the area are likely to increase and a viable rail service could do much to reduce car traffic.

The South Fylde Line has far greater potential if its possible connections to the Blackpool-Fleetwood Tramway are considered. The two lines lie only 300m apart in places, but if they were to be connected, then the Fylde Coast would have a through rail service from end to end, making rail travel easy for both commuters and tourists.

Providing a through service requires more than a simple length of track however, as the tramway is electrified whilst the South Fylde line runs diesel units. There are therefore a number of possibilities for line integration, most of which would need an interchange between tram and train at some point on the line, probably in Lytham.

Initial work to explore the feasibility of a genuinely through service was undertaken over the last 5 years through the SINTROPHER project, in which the Fylde Coast was the UK study area.

SINTROPHER was a five-year European cooperation project with the aim of enhancing local and regional transport provision to, from and within five peripheral regions in North-West Europe, areas that are beyond the 'economic core' and suffer from a lack of accessibility. Even within a zone of economic prosperity, those areas located a short distance away from the attractive rail and air interchange hubs become relatively harder to reach. The central challenge for the project, therefore, is to address this increasing marginalisation.

The project has a particular focus on tram-train systems which allow local trams to run on to national rail networks. Such a system could be far more beneficial to the Fylde Coast than a more traditional approach that required an interchange between systems.

What we will do:
We will work with our partners to design and then consult on proposals for a **Blackpool North (Talbot Gateway) Interchange** that meets as many of our aspirations as possible. Once we have a final scheme, we will work with the LEP to secure funding.

In order to establish just what potential these stations have, we will undertake a **North Fylde Line Station Viability Study**, which will complement the work being done elsewhere in the county and proposed for the Fylde Coast.

The study will look both at potential users and also how we can work with our partners to improve the attractiveness of the stations, particularly as part of an integrated, door-to-door sustainable travel network.

Through an extension to the original SINTROPHER project, we have been able to secure further funding to carry out a specific **South Fylde Line Study** to look at the future role of the South Fylde Line, the best way to enhance the role of the line in providing a southern gateway to Blackpool and to establish what the most viable and cost effective way of linking the South Fylde Line and the Blackpool Tramway would be and what benefits such a link would bring. Once the study has reported, we will be in a position to seek funding through the LEP and through other partners.

Outside the Fylde Coast area, the development of **Preston railway station** as a fit-for-purpose strategic gateway to Lancashire and a public transport hub for Central Lancashire is vital. Not only does the City need the station to be a state-of-the-art gateway, Lancashire as a whole will also benefit in having a modern, attractive facility as its key hub.

By improving the station and taking full advantage of the electrification of the Blackpool North to Manchester line, we will be maximising the opportunities for rail commuting as well as longer distance travel.

Integrated Public Transport

Facilitating coach travel

An estimated two million visitors arrive in Blackpool by coach each year. Of these, roughly 1.5 million are on day trips, whilst over 500,000 come to stay in the resort. Coach passengers are therefore very important to Blackpool's economy and also to the resorts of Lytham and St Annes.

With the ever improving visitor experience that Blackpool now offers, visitor numbers are increasing again after years of decline. Making coach travel an attractive option for visiting the resort therefore has the potential not only to reduce congestion on the main routes in and out of the area, but also reduce the space needed for car parking, another important consideration.

Buses and coaches are often thought of in similar terms, but the facilities the services need are very different. Both need depots, but coaches also need layover facilities where the coach can be parked to await its passengers, for instance, between dropping off visitors in the morning and picking them up at night or between dropping one set of passengers off and picking up another group for the next journey. Coaches may also need more space to board and alight passengers, as luggage holds are accessed from both sides and the rear of vehicles.

At the moment, temporary coach facilities are provided on part of Central Station car park. However, the facilities are basic and, whilst the location is an appropriate drop off or pick up for many day visitors, it is not as effective for those who wish to interchange with other modes of travel.

The Central Station site, together with the adjacent promenade area, forms the Leisure Quarter, one of Blackpool's most strategically important development sites. With a direct connection to the M55, the development will include parking and will have modern facilities for coach passengers. However, the issues of interchange and of layover will remain.

For coach passengers, the gateway also includes the Central Corridor (including Seasiders Way and Yeadon Way) which provides direct access from the M55 motorway. The Corridor is flanked by the main visitor car and coach parks, Blackpool South Railway Station, Blackpool Football Club and the Festival Leisure Park (accessed from Rigby Road). Major projects between Blackpool Football Club and Waterloo Road bridge (completed in phases between 2006 and 2009) have greatly improved the arrival experience. However, the remaining sections of the Corridor provide a visually poor and bland environment and similar treatment north of Sands Way roundabout and South of Waterloo Road bridge would create the quality of 'arrival experience' needed to confirm Blackpool's growing status as a high quality resort.

What we will do:

Work to improve facilities for coach travel is already underway. In the short term, Blackpool Council are looking to make improvements to the basic facilities on the Central Station site, including better shelters An approach is also being made to Blackpool Transport to see if coach drivers can use their facilities.

However, this is only a short term solution. High quality passenger facilities are required, both in the central location that the Leisure Quarter will provide and potentially at the Blackpool North interchange. A permanent layover facility, that has adequate space for coaches and good facilities for drivers, is also required.

Facilities at Blackpool North will be pursued as part of the work on that Gateway. We therefore propose to continue to work with our partners to establish design and location options for coach facilities within the Leisure Quarter on New Bonny Street and for layover facilities at an appropriate location. Once a scheme for coach facilities has been finalised, we will work with the LEP to secure funding.

Integrating urban public transport

As the maps in this masterplan show, the Fylde Coast has two distinct characters, one urban, one rural.

The principal urban area runs down the coast from Fleetwood in the north, through Blackpool and on to Lytham, with Warton and Freckleton linked to it by sporadic ribbon development along the A584. This often densely populated urban strip contains a wide variety of needs and uses.

- There are areas of very low car ownership but also areas of affluence where car ownership is the norm
- In many area employment is in a highly seasonal service sector
- An older and ageing population for whom car ownership may not be an option.

The tramway serves the needs of residents all year round and, particularly since its upgrade, provides superb links along the western side of the area. Blackpool's successful bid to the 'Better Bus Area Fund' has resulted in a new contra flow bus lane, improved town centre interchange and innovative bus priority.

However, travelling around the area away from the coast is more of a problem, with public transport journey times often long. These journey times are made longer by tourist traffic through a large part of the year, with unreliability caused by congestion a real issue during events and high summer.

Another significant issue is that, in common with other parts of the county, public transport does not tend to run to out of town employment locations. This is a particular issue for people who don't own a car; this group often includes those on low wages in low skill jobs and those seeking work, of which Blackpool has a high number.

Improving urban public transport is not straight forward however. Much of the bus industry is private sector and so is currently not subject to direct local authority control. Whilst getting more car owners to use the bus would clearly help reduce congestion and improve journey time reliability, journeys need to be reliable and convenient before drivers will even think about switching. And out of town locations are difficult to serve with a commercially viable service.

A solution that is sustainable in the long term without local government funding support is therefore more likely to be found if buses are fully integrated with rail travel, walking and cycling.

What we will do:
At a time when, across the country, public funds to support bus services are reducing, it is vital that public, private and third sector organisations work together to make the most of what funding is available and to increase passenger numbers to make more service commercially viable where possible.

To do this, we will need to establish what the longer term needs of the Fylde Coast's urban areas are in the wider context of development and transport changes and then establish a financially sustainable way of ensuring that public transport can address those needs.

Amongst the possible solutions could be:
- Quality Bus services (provided by the private sector)
- Quality Bus infrastructure
- Better Bus/Tram/Train coordination both in the urban area and for travel beyond it
- Cross Fylde ticketing
- Better cycling facilities in key places to make it easy to change to bus and train
- Facilities for cycles to be carried on buses/trams
- In the longer term, new infrastructure to support regeneration on the Fleetwood peninsula.

We will therefore work with our partners in the bus industry to put together a **Fylde Coast Long Term Public Transport Strategy** that will address the issues highlighted in this masterplan.

Maintaining rural connections

Away from the urban coastal strip, much of Fylde and Wyre is rural in nature and served by traditional market towns.

The challenges presented here are very different to those of the urban area, but again both residents and visitors must be accommodated.

By their nature, the rural areas of the Fylde Coast tend to be very dependent on the car, which can not only lead to local problems on the highways network, but makes life very difficult for those who, for whatever reason, do not have their own transport:
- Rural isolation and an ageing population both present health and wellbeing issues for the health sector, so there is a real opportunity to work together to maximise the benefits of reducing social isolation for organisations as well as individuals.
- Car dependence is unlikely to be sustainable in the longer term, both on cost grounds and through the need for carbon reduction. Car ownership in rural areas is likely to become increasingly unsustainable, so alternatives need to be in place sooner rather than later.
- Visitors to the area also need to be able to travel without needing a car and there is a definite need to support a sustainable visitor economy to ensure that the natural environment is protected while its economic benefit is maximised.

However, funding for conventional subsidised bus services is difficult in the current economic climate, so we need to find innovative ways to reduce rural isolation for non car owners, particularly with an ageing population. We need to investigate our options now to find the most cost effective solutions to ensure access to services.

What we will do:
Work is already proposed in the county to find the most cost effective methods of providing access to services in rural and remote areas. We will extend this work to include a **Fylde Coast Accessibility Study**.

In line with likely future funding requirements, the study will focus on where the greatest benefits can be achieved by using public money to maintain access to services.

Particular questions to be answered by the study include:
- How can public transport and cycling integrate to best connect towns and villages in rural areas?
- Are there alternatives to traditional public transport for rural areas?
- How can Community Transport best evolve to meet the diverse transport needs of the Fylde Coast?
- What is the best way for public transport to support the rural economy and the residents of and visitors to our rural areas?
- How can cycling be made more attractive in rural areas, given that distances are longer?
- How can we best support and develop rural transport hubs in places such as Garstang, Kirkham and Poulton-le-Fylde?
- Are there opportunities to create direct 'trunk' services between key centres with easy interchange with more local provision?

Decisions about the priority that different journeys and needs are given will be difficult and so one of the aims of the study will be to provide methods of comparing competing demands and the costs and benefits of responding to them.

Changing travel choices

Whilst managing car traffic is vital, particularly in Blackpool, there is no doubt that, in the longer term, if we do nothing to reduce car use, we will reach the point at which traffic can no longer be effectively managed, even by the latest traffic management systems.

With low car ownership in many parts of Blackpool, visitors make up a significant proportion of car traffic for much of the year; the more visitors that can be encouraged to arrive on the Fylde Coast by other means, therefore, the better.

However, the decision to leave the car behind will only be taken if visitors to the Fylde Coast are confident that they can get to everywhere they want to, when they want and that there are real alternatives to the car readily available.

Improvements planned to the rail network in the area have been outlined which will make rail travel more attractive:

- Electrification of the North Fylde Line
- Enhancing Preston station
- Creating a modern interchange at Blackpool North
- A new Cottam Parkway
- The potential development of the South Fylde Line (including its possible connection to the new tramway) and
- HS2 Phase 2

All these schemes have the potential to make a real difference to travel to Blackpool and the surrounding area if properly marketed as they near completion.

In Blackpool, a high quality arrival experience for coach passengers will also make it more attractive to leave the car behind and again these changes must be marketed if they are to be fully effective.

However, if visitors arrive without a car, we must make sure that they can still enjoy their holiday and are not restricted to one small area of the Fylde Coast. Public transport and cycling provision are therefore as important to visitors as they are to local travellers.

What we will do:

We will work with our partners to provide effective marketing to publicise transport improvements and show that the car isn't needed to travel on the Fylde Coast. We will also monitor travel so that we know what marketing tools are working and where we need to try harder.

One potential marketing solution that has been proposed is the use of multi-skilled transport-focused ambassadors at key arrival locations across the Fylde Coast. Acting as 'welcomers' who would promote the sustainable transport message, they would be able to suggest transport options and provide information about them, as well as being able to answer other questions tourists may have.

During off-peak periods these same staff would champion sustainable travel, including new facilities such as the Green Corridors to residents living along the corridors, with a particular focus on assisting job seekers with their travel-to-work needs.

The ambassadors would also present a friendly face to potential inward investors.

Better Cycling

Local travel and short journeys are a vital component of any transport network, as the DfT acknowledged in March 2013 when 'Door to Door - A strategy for improving sustainable transport integration' was published.

Cycling in particular has the potential to offer options not just for short journeys but also for longer journeys to work and education and for leisure, particularly when combined with bus and rail travel.

Short journeys in the local community, to school, to the shops or just to enjoy being out and about, are key to local economies and to health and wellbeing.

For longer journeys, ensuring cycle facilities at train and bus stations are easily accessible and secure will encourage more people to use a mixture of bike, bus and train to complete their journeys. However, this will not happen unless cycle storage is secure, buses and trains connect well and cyclists and their cycles are catered for on trains and buses.

Cycling is cheap and convenient. In general, cycling is a good option for journey times of less than 30 minutes and in relatively flat areas such as the Fylde Coast, should be an obvious choice.

However, for cycling to really become established, we need to make sure that there is a good cycle network across the Fylde Coast area. Just what a 'good' cycle network is, though, depends on who the user is. Different cyclists have very different needs ~ confident commuters want the most direct route, whilst families out for a leisure ride want a scenic and, above all, safe route away from traffic.

This wide range of users means that, initially at least, we will focus on two types of user, the commuter and the leisure rider. These are the groups that can make the most significant contribution to economic development in the area.

What we will do next:

The **Fylde Coastal Cycle Network** will build on work already undertaken between Fleetwood and Starr Gate and in St Annes, as well as the Blackpool Explorer routes and initiatives that are underway such as Blackpool Green Corridor initiatives. We will also learn from our work on the East Lancashire Strategic Cycle Network to help set out what standards and maintenance the Fylde Coastal network will need where we need to create new off road routes.

Key to the network will be the completion of the **Fylde Coastal Way**, which will ultimately be part of a high standard multiuser route linking the Guild Wheel to the Bay Cycle Way. Whilst much of this route is already off road, we will work towards ensuring that the whole length of the Way is a family-friendly, long distance route, suitable for all users.

We will also work to improve the towpaths of the **Lancaster Canal** to provide a long distance circular route that links Lancaster, Preston and the Fylde Coast.

The Coastal Way will form the spine of the wider network. Links in this network will provide one of two types of cycle route:

- **Explorer Mini-wheels**, as the name suggests, will build on our experiences in delivering the Guild Wheel and the Explorer routes; the routes will be family friendly, multi user circular routes aimed at the leisure and tourist market. They will be designed to bring the maximum economic return to the area and will generally link to the Coastal Way or to the Lancaster Canal
- **Green Spokes** will build on the Green Corridors; we will seek to ensure that key employment destinations are accessible by cycle on safe routes that commuters feel comfortable using throughout the year. These routes will generally be linked to the Coastal Way, but may also radiate off Explorer Wheels

There is a lot of local knowledge that can inform the development of these routes and there has already been substantial investment from a number of sources. Taking forward our ambition to have a coherent Fylde Coastal Cycle Network that can be used by all will therefore involve working with partners from both the public and private sectors.

The network will also provide some of the enhanced links to public transport that will be needed in the future. The Fylde Coast Accessibility Study has already been mentioned. Interchange between cycling and public transport will form part of that study and so the output will inform the future development of the cycle network.

Easy Local Travel

Our vision for the Fylde Coast focuses on the key priorities of shared prosperity, health and wellbeing. Greater prosperity, health and wellbeing will make the Fylde Coast a good place to live, work or visit, a place where all people can live long, happy and healthy lives regardless of their background.

Short journeys in the local community, to school, to the shops or just to enjoy being out and about, are key to local economies and active travel and will be absolutely fundamental to achieving this vision. But beyond that, any journey involving public transport will involve local travel, even if that local travel is simply walking to the bus stop.

Since public transport is likely to become ever more important in the future, linking to it will be a key consideration in both urban and rural areas. Local travel will increasingly include getting to public transport hubs and that will mean providing facilities for cyclists to store a bike or take it with them for later in the journey.

Active travel, including cycling can bring a wealth of health benefits and there is evidence to demonstrate that an inactive lifestyle has a significant negative effect on health. Even small increases in physical activity can have a significant impact on reducing early deaths, controlling long term conditions and promoting health improvement and quality of life.

Physical activity levels amongst the adult population across the Fylde Coast are currently low and significantly worse than the England average. Just less than 50% of the population are active in Blackpool and Wyre, with only just over 50% active in Fylde. Some of this, particularly in Fylde may be due to the age profile of the population.

However, since most interventions to boost local travel involve improvements to the appearance and functionality of our streets and public spaces for people on foot, local travel can also have a big impact on road safety and on how a town's gateways appear.

What we will do next:
We will work with our partners and our communities to establish a programme to identify and where necessary, improve our Local Links.

Although we know in general terms what we need to do, much of the work of identifying where we need to enhance local links will fall out of other work streams in this masterplan and from the day to day contacts we have with our partners and our communities.

Some problems we can identify; we know where road safety and air quality are local issues. In other areas, we can only identify where problems may be occurring. For example, the accessibility study will highlight where communities may not have adequate access to the wider public transport networks.

Other research can show where residents may be 'transport poor'. However, only the communities themselves can really know where new infrastructure or our doing things differently will provide the most benefit.

Work is already going on that will provide the starting point for providing high quality local links. Blackpool's Green Corridors will provide significant enhancement of local links and will set a template that can be used elsewhere in the county. We and our partners are already working to:

- Maintain our roads and footways
- Improve safety for all road users
- Improve air quality
- Improve public transport

The Local Links programme will look to build on partner working, involving the public and private sector, charities and communities in improving our county's neighbourhoods.

Local economies ~ greater prosperity

Not surprisingly, the local economy of an area is very dependent on the number of people who have money to spend and who are out and about.

We therefore need to make local centres attractive so that local business can flourish. The evidence shows that footfall increases in local shopping centres when people use sustainable modes and that these modes become more popular as the public realm improves.

Making it more viable to do business in the local area can also support job creation. SMEs are more likely to start and flourish in areas that are improving.

Improving our streets and public spaces to make it more attractive to walk and cycle is therefore key to reinvigorating local economies as well as to ensuring that there are good, safe links in and out of communities that will mean that anyone can commute without the need to own a car.

Better health and wellbeing

Mental and physical health is worse is parts of Blackpool than almost anywhere else in the country. There are a number of causes of this, but many are linked to deprivation and isolation.

The Fylde Coast also has an ageing population for whom health and wellbeing are key to independence in later life.

Road accidents are an issue in some parts of Blackpool, as is air quality. Where crime or fear of crime is higher, the streets will be perceived as an unsafe place to be, particularly for the old and young. With an ageing population, this presents an ever more important issue.

If the public realm was a safer, nicer place to be, with less car traffic and more people out and about, then active travel modes (walking and cycling) would become more popular, giving more people the opportunity to enjoy their living environment.

There are more direct health benefits too. Getting people more to walk and cycle benefits to the local economy and increasing levels of physical exercise will not only help tackle obesity, but will help to reduce heart disease, strokes and type 2 diabetes.

Exercise is also good for mental well being, as is green space. Access to the natural environment is a problem for some parts of Blackpool.

Making it sustainable

All plans, policies and schemes need to balance economic growth with the needs of the Fylde Coast's people and the needs of its environment.

Perhaps the biggest challenge for the sustainability of travel and transport is to reduce our reliance on the car. This is not just an environmental issue though. For some, owning a car puts an enormous strain on the household budgets and not having a car can be a very real problem in rural areas and for those who need to travel longer distances from some urban areas. And as the population ages, there will be more people who will not be able to drive even if they can afford to.

Creating sustainable travel and transport will also bring economic benefits. By making the Fylde Coast a place where it is easy to get around without a car, the visitor economy will benefit. Good local links are needed that are easy to navigate by residents and visitors alike. Not only is 'green tourism' becoming more popular, local attractions that are easy to reach will be used more by local people. And having fewer cars makes town and country more pleasant.

Next Steps

This consultation masterplan represents the beginning of a programme of highways and transport infrastructure delivery to serve the Fylde Coast over the next 17 years and beyond.

There is much to do and it will need the commitment and efforts of a variety of providers to see it through ~ County, Unitary and District Councils, Lancashire's Local Enterprise Partnership, Highways Agency, Network Rail - and the support of private business and house builders as well.

The first task is to make sure we have widespread agreement for the highway and transport improvements that are taken forward and delivered. Then, to stand the best chance of delivery, we must get these improvements 'ready to roll' as soon as we can, so that we can take all opportunities to get funding for schemes that are ready to deliver. That will mean committing time and funding 'upfront' to working up these ideas and preparing the economic case for them.

Once we have your views on the vision, schemes and proposals put forward in this masterplan, then over the next 2 years to 2016 we will need to:

- Progress with the studies and other evidence gathering, working with our partners to ensure that we can make the case for the programme
- Once we have that evidence, consult on and publish a final version of this masterplan
- For schemes we are already committed to, finalise designs, begin to assemble land, and start works
- For proposals made in this version of the masterplan, consult and work with communities, stakeholders and infrastructure providers to reach agreement on scheme specifics and secure funding for those proposals
- Draw up and identify the proposals in more detail and protect routes
- Begin the preparation of major scheme business cases.

These improvements will affect us all. They will support and safeguard the area's economic ambitions, relieve the worst congestion, offer real choice in the way we travel, improve our health and enrich our experience in our town centres. That makes it all the more important that we listen to your ideas, incorporate the best, and achieve a broad consensus to deliver this masterplan.

Delivery and funding of the masterplan will rely on a number of infrastructure providers and a variety of funding sources, and we will be working closely with these partners to make sure there is the guarantee of their support and assistance, with funding to follow.

Crucial to all this will be the support of residents and businesses. Too often attempts to deliver growth and new development have failed without the buy in and full support of the communities affected. We have the opportunity to make significant and long-term improvements, backed by substantial investment, to the Fylde Coast's highways and transport system.

Securing Developer Contributions

The cost of delivering the package of measures identified in this masterplan, and those that will come out of the work we propose to do, cannot be borne entirely by public sector funding. We have shown that in areas where we can come to rely on the development industry to contribute funding to new infrastructure, we can increase investor confidence and our ability to attract other sources of funding, and in turn improve the prospects of delivery, and delivering to earlier timescales.

Moving forward, investment in major new infrastructure will, increasingly, need to demonstrate an economic justification. In practice, this means a clear strategy towards bringing forward integrated development proposals for new development and economic growth alongside the infrastructure to support it. In order to deliver on our proposals, it is vital that local authorities take every opportunity to coordinate their development planning strategies with future infrastructure investment, and pursue and pool together contributions from the development industry.

The speed and certainty with which we will be able to implement new infrastructure will be directly linked to developer contributions.

Let us know what you think

From 12th January to 20th February 2015, there will be a public consultation on the Fylde Coast Highways and Transport Masterplan.

As part of the consultation it is important that we get your views on the vision presented in the masterplan.

A leaflet with a questionnaire accompanies the masterplan and this is your opportunity to let us know what you think. Copies of the leaflet are available from public libraries and council offices.

We are also holding a number of events where you can come and talk to us about the masterplan. These are shown in the box opposite.

The masterplan can also be viewed or downloaded from our website. To access the documents paste the following link into your browser www.lancashire.gov.uk and then search for Highways and Transport Masterplans on the A-Z list. You can also fill in the questionnaire online.

You can also write to us at:

Fylde Coast Highways and Transport Masterplan
Environment Directorate
Room C4
County Hall
Preston
Lancashire
PR1 0LD

or by email: enquiries@lancashire.gov.uk

Venues

Garstang Library
Windsor Road
Garstang
PR3 1ED

Tuesday 27th January
2pm ~ 7pm

Kirkham Community Centre
Mill St
Kirkham
PR4 2AN

Wednesday 4th February
12 Noon ~ 6.30pm

Poulton Library
Blackpool Old Road
Poulton-le-Fylde
FY6 7DH

Thursday 29th January
2pm ~ 7pm

St John the Evangelist Church
St John's Square
Church Street
Blackpool
FY1 1BP

Wednesday 28th January
2pm ~ 7pm

Fleetwood Library
North Albert Street
Fleetwood
FY7 6AJ

Tuesday 3rd February 2pm ~ 6.45pm

St Annes United Reformed Church
St George's Rd,
St. Annes
FY8 2AE

Wednesday 11th February
2pm ~ 7pm

Milestones

Project	Delivery Agency	Current Status	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Yeadon Way Refurbishment	Blackpool Council	Under Construction	Start of Works Project Completed							
Poulton-le-Fylde Town Centre	LCC	Committed	Start of Works	Scheme Complete						
Blackpool Integrated Traffic Management	Blackpool Council	Committed		Start of Works	Project Completed					
Blackpool Bridges and Structures Major Maintenance Scheme	Blackpool Council	Committed		Start of Works			Project Completed			
M55 to Heyhouses Link	LCC	Committed		Start of Works	Project Complete					
Blackpool Town Centre Green Corridors	Blackpool Council	Programmed			Start of Works			Project Completed		
Blackpool Tramway Extension North Pier to North Station	Blackpool Council	Programmed	Scheme business case development and statutory processes			Start of Works	Project Completed			
Preston to Blackpool North Electrification	Network Rail	Under Construction			Project Completed					
A585(T) Windy Harbour Junction Improvement	Highways Agency	Committed	Start of Works Project Completed							
A585(T) Bourne Way~West Drive Widening and Improvement	Highways Agency	Committed	Start of Works Project Completed							
A585(T) M55~Skipool Route Study	Highways Agency /LCC	Pre-programme	Start of Study	Study Completed						
North Fylde Line Station Viability Study	LCC	Pre-programme								

Project	Delivery Agency	Current Status	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
South Fylde Line Study: SINTROPHER Project	LCC	Committed	Start of Study	Study Completed						
Blackpool North (Talbot Gateway) Interchange	Blackpool Council /Network Rail	Pre-programme					Start of Works Project Completed			
Fylde Coast Long Term Public Transport Strategy	LCC /Blackpool Council	Pre-programme								
Fylde Coast Accessibility Study	LCC /Blackpool Council	Pre-programme								
Fylde Coast Cycle Network	LCC /Blackpool Council	Pre-programme		Scheme Identification Study	Start of Works	Ongoing				

Preston, South Ribble and Lancashire City Deal Projects	Delivery Agency	Current Status	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Preston Western Distributor and M55 Junction 2	LCC	Programmed	Scheme business case development and statutory processes			Start of Works		Project Completed		
Broughton Bypass	LCC	Programmed	Complete scheme business case and statutory processes	Start of Works	Project Completed					
Preston Railway Station/HS2 Interchange	Network Rail	Pre-programme								
Cottam Parkway Station	Network Rail/LCC	Programmed						Start of Works		Project Completed
M6 Junction 32 Northbound Widening	Highways Agency	Under Construction	Project Completed							

Funding

All Figures £M and indicative

Project	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total	Comments
Yeadon Way Refurbishment	3.6											**3.6**	
Poulton-le-Fylde Town Centre	0.3											**0.3**	LCC comittment full cost TBC
Blackpool Integrated Traffic Management		2.1	0.3									**2.4**	
Blackpool Bridges and Structures Major Maintenance Scheme		0.5	0.6	1.6	1.5							**4.2**	
M55 to Heyhouses Link		13.6	1.4									**15.0**	
Blackpool Town Centre Green Corridors			2.2	2.2	1.5	1.4						**7.3**	
Blackpool Tramway Extension North Pier to North Station				12.1	6.1							**18.2**	
A585(T) Windy Harbour Junction Improvements	1.3											**1.3**	
A585(T) Bourne Way~West Drive Widening and Improvement	1.8											**1.8**	
A585(T) M55~Skippool Route Study	Revenue Committment (HA)												
North Fylde Line Station Viability Study													Revenue Committment
South Fylde Line Study: SINTROPHER Project	0.17											**0.17**	

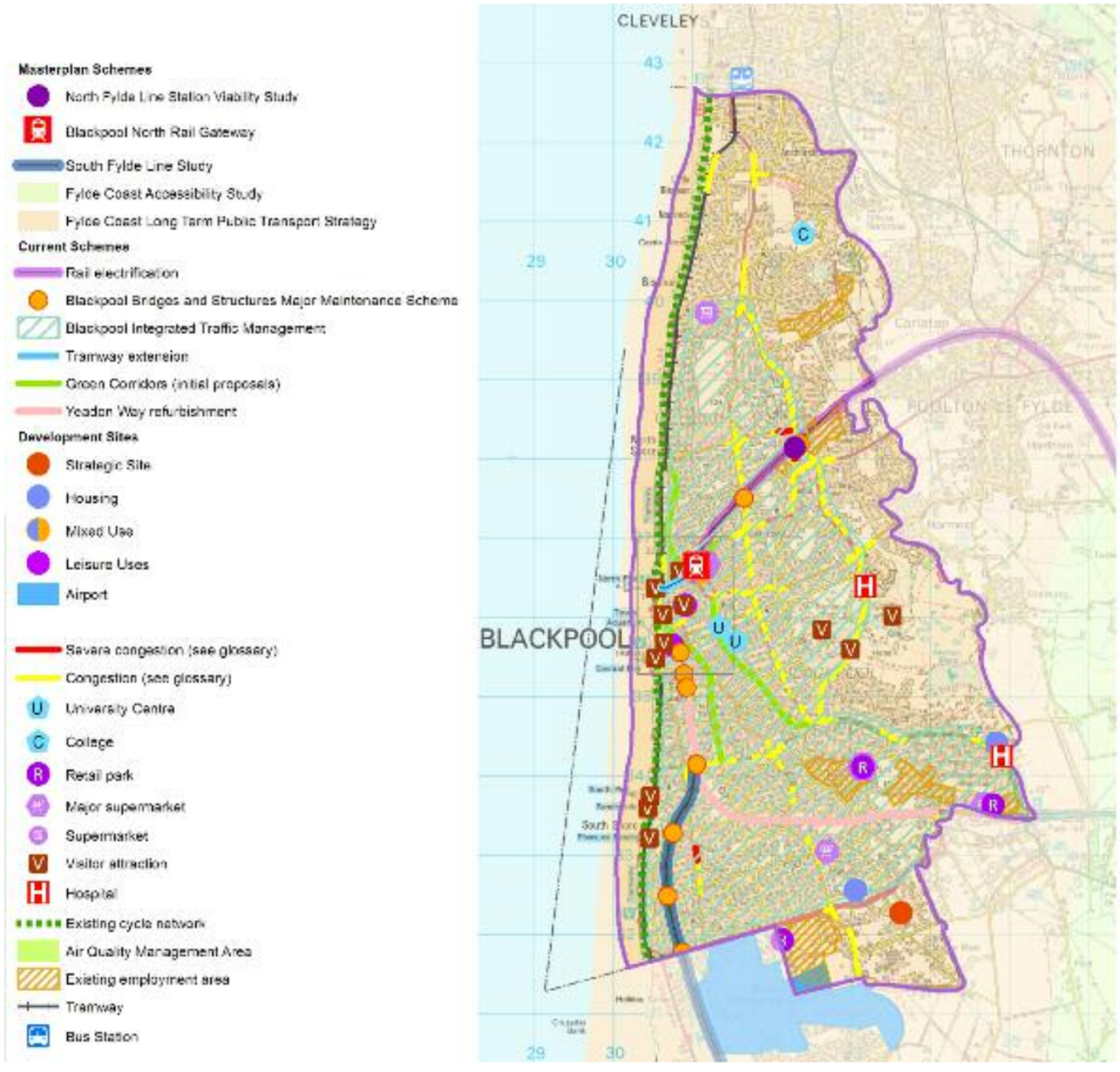
All Figures £M and indicative

Project	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total	Comments
Blackpool North (Talbot Gateway) Interchange					8							**8.0**	
Fylde Coast Long Term Public Transport Strategy													Revenue Committment
Fylde Coast Accessibility Study													Revenue Committment
Fylde Coast Cycle Network							0.5	0.5	0.5	0.5	0.5	**2.5**	LCC committment for match funding
Total	**7.17**	**16.2**	**4.5**	**15.9**	**17.1**	**1.4**	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**	**64.77**	
Highways Agency	5.62											**5.62**	
Single Local Growth Fund		2.6	4.2	14.1	8.3	1.3						**30.5**	
Blackpool Council	1.08	0.6	0.3	1.8	0.8	0.1						**4.68**	
European	0.085											**0.085**	
Borough Council		2.0										**2.0**	
Developer		11.0			8.0							**19.0**	
Lancashire County Council	0.385						0.5	0.5	0.5	0.5	0.5	**2.885**	
Total	**7.17**	**16.2**	**4.5**	**15.9**	**17.1**	**1.4**	**0.5**	**0.5**	**0.5**	**0.5**	**0.5**	**64.77**	

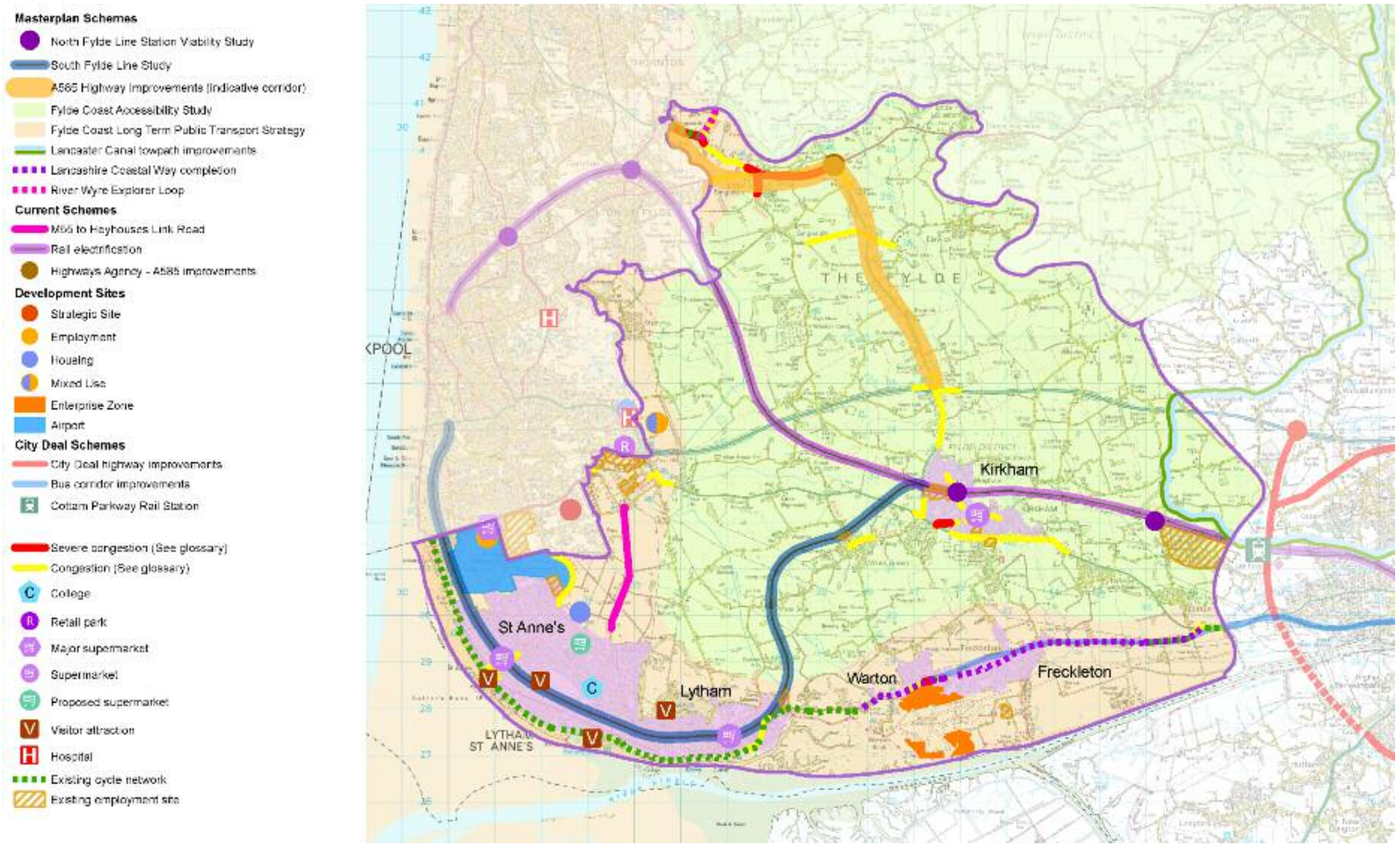
All Figures £M and indicative

Project	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total	Comments
Preston, South Ribble and Lancashire City Deal Projects													
Preston Western Distributor and M55 Junction 2				21.3	47.2	22.7	0.8					**92.0**	
Broughton Bypass	1.2	4.0	19.1									**24.3**	
Preston Railway Station/HS2 Interchange													TBC
Cottam Parkway Station						1.5	8	5.5				**15**	
M6 Junction 32 Northbound Widening	6.6											**6.6**	

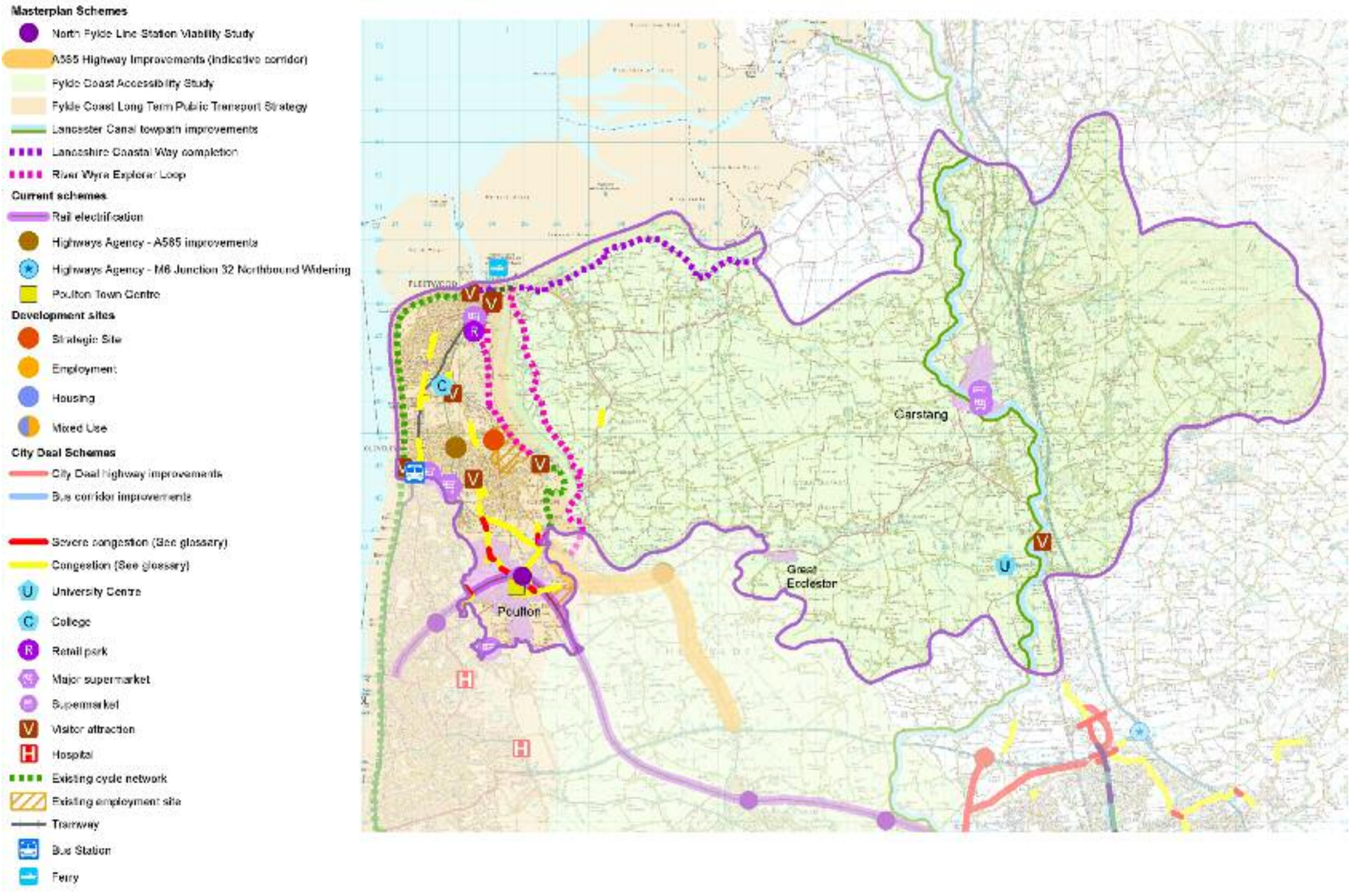
Appendix 1: District Maps



Blackpool


Masterplan Schemes
North Fylde Line Station Viability Study
South Fylde Line Study
A585 Highway improvements (indicative corridor)
Fylde Coast Accessibility Study
Fylde Coast Long Term Public Transport Strategy
Lancaster Canal towpath improvements
Lancashire Coastal Way completion
River Wyre Explorer Loop
Current Schemes
M55 to Heyhouses Link Road
Rail electrification
Highways Agency - A585 improvements
Development Sites
Strategic Site
Employment
Housing
Mixed Use
Enterprise Zone
Airport
City Deal Schemes
City Deal highway improvements
Bus corridor improvements
Cottam Parkway Rail Station
Severe congestion (See glossary)
Congestion (See glossary)
College
Retail park
Major supermarket
Supermarket
Proposed supermarket
Visitor attraction
Hospital
Existing cycle network
Existing employment site
THE FYLDE
Kirkham
St Anne's
Lytham
Warton
Freckleton
LYTHAM ST ANNE'S

Fylde


Masterplan Schemes
North Fylde Line Station Viability Study
A585 Highway Improvements (Indicative corridor)
Fylde Coast Accessibility Study
Fylde Coast Long Term Public Transport Strategy
Lancaster Canal towpath improvements
Lancashire Coastal Way completion
River Wyre Explorer Loop
Current schemes
Rail electrification
Highways Agency - A585 improvements
Highways Agency - M6 Junction 32 Northbound Widening
Poulton Town Centre
Development sites
Strategic Site
Employment
Housing
Mixed Use
City Deal Schemes
City Deal highway improvements
Bus corridor improvements
Severe congestion (See glossary)
Congestion (See glossary)
University Centre
College
Retail park
Major supermarket
Supermarket
Visitor attraction
Hospital
Existing cycle network
Existing employment site
Tramway
Bus Station
Ferry
FLEETWOOD
Poulton
Great Eccleston
Garstang
Wyre

Appendix 2: Glossary

Air Quality ~ the condition of the air around us. Pollution is often a cause of poor air quality. Carbon Emissions ~ carbon dioxide (CO2) and carbon monoxide (CO) produced by vehicles and industrial processes.

Central Business District (CBD) ~ the commercial centre of a city or large town, with the main concentration of offices and shops.

CIL/S106 Developer Funding ~ when new developments are planned, the developer may be required to make a payment towards facilities including transport schemes, flood defences, schools, health and social care facilities, green spaces and leisure centres. This was formerly through 'Section 106' agreements but is now through the Community Infrastructure Levy (CIL).

Core Strategy ~ the key compulsory local development document specified in United Kingdom planning law. It sets out the vision, objectives, strategy and policies that will manage development and use of land in an area. Every other local development document is built on the principles set out in the core strategy, regarding the development and use of land in a local planning authority's area.

Compulsory Purchase Orders (CPO) ~ compulsary purchase orders allow certain bodies to buy land or property even where a land owner does not want to sell it. A CPO is a last resort and only used where taking the land is necessary and it is in the public interest.

Road type/speed limit	Severe congestion	congestion
Urban 30mph & 40mph	<10mph	10 ~ 20mph
50mph & 60mph	<20mph	20 ~ 30mph
Dual carriageway and motorway (70 mph)	<40mph	40 ~ 50mph

Economic Development ~ long term actions to improve the standard of living and economic health of an area. Actions can involve many areas including education, infrastructure, competitiveness, environmental sustainability, social inclusion and health.

Green Belt ~ an area of open countryside or farmland between urban areas, where development is restricted to limit urban growth and prevent separate urban areas joining together over time.

High Speed Rail ~ High Speed 2 (HS2) will be the UK's new high speed rail network, built initially between London and Birmingham. Phase 2 of HS2 will extend the route to Manchester and Leeds.

Highway Authority ~ an organisation legally responsible for looking after the highway network (roads, footways and cycle ways) in an area and which has certain legal powers as a result.

Infrastructure ~ the basic facilities needed for society to function, such as roads, railways, communications systems, electricity, gas and water supplies, and public buildings including schools.

Integrated Transport (IT) Block ~ Government capital funding provided to County and Unitary Councils for support for small-scale transport improvement schemes.

Lancashire Advanced Engineering and Manufacturing Enterprise Zone ~ the Enterprise Zone is made up of the two BAE Systems sites at Samlesbury and Warton. The Lancashire Enterprise Partnership (LEP) worked with BAE Systems to launch the Zone in April 2012, and it is intended to become a world class location for advanced engineering and manufacturing.

Lancashire Enterprise Partnership (LEP) ~ a public/private sector partnership which provides leadership for the county's economy and therefore has an important role in directing local economic development activity for job creation and growth.

Local Plan ~ a set of documents setting out the policies and plans which will shape how an area develops and which make up the local plan for a local planning authority's area.

Local Sustainable Travel Fund ~ a government fund to support measures to encourage economic growth and reduce carbon emissions by supporting walking, cycling and public transport.

Local Transport Plan ~ a statutory document that sets out how a highway authority will provide sustainable and accessible transport capable of supporting the county's economic growth over the next few years and beyond.

Sustainable ~ in this masterplan, sustainable means something that 'meets the needs of the present without compromising the ability of future generations to meet their own needs'. Making plans, policies and schemes sustainable means balancing environmental, social and economic issues.

Nature Conservation Value ~ areas of the natural environment with valuable habitats or plant or animal species to be protected and enhanced that need to be considered by a planning authority when they are preparing their local plan and making decisions on planning applications.

Park and Ride ~ a system for reducing urban traffic congestion in which drivers leave their cars in parking areas on the outskirts of a town or city and travel to the city centre on public transport. Most park and ride is bus based; rail based sites are usually called 'Parkways'.

Pinch Point Programme Funding ~ part of the Government's growth initiative providing funding to tackle specific places on the national main road network where traffic congestion is at its worst.

Rolling Stock ~ the carriages and wagons that make up a train. The quality and capacity (the number of people or quantity of goods that can be carried) of rolling stock affects the level of service on a route.

Spatial Planning ~ how the public sector influences the distribution of people and activities in an area. It includes land use planning, urban planning, transport planning and environmental planning. Other related areas are also important, including economic development and community development. Spatial planning takes place on local, regional, national and international levels.

Strategic Location ~ a general location in a spatial plan where land has been allocated for major development, such as for housing or employment, but where there is as yet no detail of that development.

VPD ~ vehicles per day.

Fylde Coast
Highways and Transport Masterplan

Further Information

For further information on this and other Highway and Transport Masterplans covering Lancashire please contact:

Marcus Hudson
Head of Planning

Lancashire County Council
County Hall
Preston
PR10LD

Tel: 01772 530696
Email: marcus.hudson@lancashire.gov.uk
or search Local Transport Plan at: www.lancashire.gov.uk

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Liz Petch, Public Health Specialist, Blackpool Council
Relevant Cabinet Member:	Cllr Eddie Collett, Cabinet Member for Public Health
Date of Meeting:	4th March 2015

PHARMACEUTICAL NEEDS ASSESSMENT

1.0 Purpose of the report:

1.1 To update the Health and Wellbeing Board on the work that has been undertaken locally in relation to the Pharmaceutical Needs Assessment after public consultation and to seek the approval of the board to publish the final version.

2.0 Recommendation(s):

2.1 To sign off the final Pharmaceutical Needs Assessment, which has been amended after consultation

2.2 To agree that the Pharmaceutical Needs Assessment is published on the Health and Wellbeing Board and Joint Strategic Needs Assessment websites.

3.0 Reasons for recommendation(s):

3.1 The public consultation process followed all relevant legislation and legal requirements and substantial feedback was received from a varied group of stakeholders. No challenge was made to the key findings of the Pharmaceutical Needs Assessment. The Steering Group assessed all feedback and all necessary changes have been made to the document.

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, Health and Wellbeing Boards must produce a Pharmaceutical Needs Assessment.

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 From the 1st April 2013 every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for its local population. This is known as the Pharmaceutical Needs Assessment (PNA). It describes the needs of the population of Blackpool and enables commissioners to commission pharmaceutical services that are based on local priorities. The Pharmaceutical Needs Assessment includes information on local improvement services including smoking and sexual health, potential gaps in service provision and future needs of the population. The Pharmaceutical Needs Assessment covers chapters on the following: Process for the Pharmaceutical Needs Assessment, context for the Pharmaceutical Needs Assessment, current provision of NHS Pharmaceutical Services, health needs and locally commissioned services, future population changes and housing growth. The Pharmaceutical Needs Assessment is a working document and may need additional statements if there are changes to the population of Blackpool e.g. new housing developments. Pharmacies may challenge commissioning decisions and therefore the Pharmaceutical Needs Assessment must be robust to ensure decisions are made on relevant evidence.

5.2 The Pharmaceutical Needs Assessment (PNA) was presented to the Health and Wellbeing Board on the 3rd September 2014 prior to it going out for a 60 day public consultation. During this time the Pharmaceutical Needs Assessment was available on the Blackpool Joint Strategic Needs website, in six pharmacies throughout the borough and in all the libraries in Blackpool. It was also promoted via social media, in the Blackpool Fylde and Wyre Council for Voluntary Services (CVS) e-bulletin, on the Blackpool Council website and press releases were issued to the local media. A public consultation event took place on 23rd October 2014 where the purpose of the Pharmaceutical Needs Assessment was discussed, key findings were presented and feedback was sought. The Pharmaceutical Needs Assessment was also presented to a group of Healthwatch members on 11th December 2014. The public consultation process followed all relevant legislation and legal requirements. The public consultation finished on Friday 19th December 2014.

5.3 During the public consultation Blackpool Health and Wellbeing Board received detailed feedback from the following:

- Boots Pharmacy
- Whitworth Chemists

- Local Professional Network
- Local Pharmaceutical Committee
- Healthy Living Pharmacy Strategic Lead
- NHS England
- NHS Blackpool Clinical Commissioning Group
- Healthwatch members

5.4 The feedback received was substantial and all comments have been formulated and put into a response log which is available if the Chair would like to review this. The Pharmaceutical Needs Assessment Steering group met to discuss the feedback from the services. We have themed comments accordingly as some are formatting/data corrections whilst some are statements around future commissioning which do not need to be included in the Pharmaceutical Needs Assessment but need to be logged for future commissioning intentions. All necessary changes have been made to the document. From the comments received there were no significant changes to be made to the Pharmaceutical Needs Assessment . There was no dispute over the key findings which were:

- The Pharmaceutical Needs Assessment should be the basis for all future pharmacy commissioning intentions
- Pharmacies provide a wide range of services above core contracts
- There was no identified need for additional pharmacies.

5.5 Does the information submitted include any exempt information? No

5.6 **List of Appendices:**

Appendix 7a: Blackpool Pharmaceutical Needs Assessment 2015 – with post consultation amendments

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 An Equality Impact Assessment (EIA) has been carried out alongside this Pharmaceutical Needs Assessment. This process determined that, as the Pharmaceutical Needs Assessment does not directly impact the provision of services, a full Equality Impact Assessment was not necessary. However, organisations using this Pharmaceutical Needs Assessment to inform commissioning should undertake an Equality Impact Assessment when considering changing current service provision.

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 state that "each Health and Wellbeing Board must publish its first pharmaceutical needs assessment by 1st April 2015." If the Board does not approve and publish a Pharmaceutical Needs Assessment by this date it will be in breach of this regulation.

11.0 Ethical considerations:

11. None

12.0 Internal/ External Consultation undertaken:

12.1 See section 5.0 – Background Information

13.0 Background papers:

13.1 None

Blackpool Pharmaceutical Needs Assessment

2015

Blackpool health & wellbeing Board

SUPPORTED BY Blackpool Council

Supported by NHS Blackpool Clinical Commissioning Group

Acknowledgments

Stephen Boydell	Senior Public Health Analyst – Blackpool Council
Liz Petch	Public Health Specialist – Blackpool Council
Stephen Gough	Local Professional Network Lead – NHS England Local Area Team
Vicky Snape	Public Health Development Manager – Blackburn With Darwen Council
Andy Foot	Head of Housing Strategy – Blackpool Council
Mark Lindsay	Primary Care Commissioning Support – NHS England Local Area Team
Nicky Dennison	Senior Public Health Practitioner – Blackpool Council
Chris Hughes	G.I.S. Team – Lancashire County Council

Additional thanks to Cambridgeshire Health and Wellbeing Board for allowing the use of the structure of the Cambridgeshire Pharmaceutical Needs Assessment.

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Executive Summary

1. Introduction

From 1 April 2013, every Health & Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA). The PNA will help in the commissioning of pharmaceutical services in the context of local priorities.

Decisions on whether to open new pharmacies are not made by the HWB. Pharmacies must submit a formal application to NHS England. The relevant NHS England Area Team will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, the Blackpool PNA will be updated every three years. The availability of new information for the PNA will be assessed by the JSNA Working Group on behalf of the Health and Wellbeing Board and if indicated 'Supplementary Statements of Fact' will be produced, which include information on new facts, for example: openings and closings of pharmacies, houses completed, changes to the population size.

This PNA describes what services we have got and what may be needed for the population of Blackpool and includes information on:

- Pharmacies in Blackpool and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical services.
- Relevant maps relating to Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring Health and Wellbeing Board areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

2. Process

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA the Blackpool HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. This was primarily undertaken through engagement with the membership of Blackpool HealthWatch. Results of a survey of Healthwatch members can be found in **Appendix 8**.

A public consultation was undertaken from 20 October 2014 to 19 December 2014 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services.

3. Local context

This PNA for Blackpool is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Blackpool Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs and should be read alongside the JSNA.

Blackpool is a Unitary Authority that is bordered by the sea to the west, Wyre District Council to the north and east and Fylde District Council to the south and east.

Blackpool faces many health challenges. It may be a popular place to visit for millions of people each year, but unfortunately, Blackpool is not a healthy place to live. Our town is one of the most deprived local authority areas in England, with high levels of unemployment, deprivation, poor quality housing and benefit claimants. An ageing population, low educational achievement and the fact that 10% of the population of 142,000 moves into the town for just short periods of time before leaving again, adds to our problems. These economic and social factors impact on the poor health of our population in the same way that cancer, alcohol abuse and smoking do.

Life expectancy in Blackpool is the worst in the country for men and the third worst for women and although life expectancy is improving in the town, it is not improving fast enough. This is something that the HWB Board is extremely concerned about.

4. Key findings

4.1 Provision of local pharmaceutical services

The distribution of pharmacies appears to cover the borough well with Pharmacies within every locality of the borough. Also, 4 out of the 44 pharmacies provide services for between 90-100 hours per week; these are situated throughout the borough. It is evident from **Map 6** that all areas within Blackpool are within 2 miles of a pharmacy and over 95% of the population of Blackpool live within 15 walk of a pharmacy.

In Blackpool there is approximately one community pharmacy per 3,200 people. This is a higher concentration of pharmacies that the North West average which is one community pharmacy per 4,000 people.

Taking into account information gathered for this PNA, pharmaceutical service provision in Blackpool appears to be adequate. There is no current need identified for more pharmaceutical service providers at this time.

4.2 The role of pharmacy in improving the health and wellbeing of the local population

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care. Blackpool Health and Wellbeing Board consider community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Commissioners are recommended to

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commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

4.2.1 Services and support to encourage healthy lifestyle behaviours

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

As at February 2015, there are 40 out of 44 community pharmacies providing Emergency Hormonal Contraception (EHC). Whilst improving access to EHC remains a priority the main focus of the Sexual Health Action Plan is to prioritise prevention and ensure people are motivated to practice safer sex including using planned contraception and condoms. The Plan also aims to ensure that all individuals understand the range of choices for contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

People who use illicit drugs are often not in contact with health care services and specialist treatment services and their only contact may be through a needle exchange service within a community pharmacy. As at February 2015 17 out of 44 community pharmacies in Blackpool provide access to sterile needles, syringes and sharps containers for return of used equipment. This protects the wider community through safe disposal of equipment. Where agreed locally, associated materials will be provided (for example citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

Several opportunities exist to encourage a healthy weight such as providing advice, signposting services and providing on-going support towards achieving behavioural change for example through monitoring of weight and other related measures.

IBA alcohol training has also been available to pharmacies for some time although very few have so far undertaken the training. However, since the launch of the Healthy Living Pharmacies, Brief Intervention training has been offered to all pharmacy staff who have signed prospectus to commit to become a Healthy Living Pharmacy. The pharmacies are now in the process of undertaking brief intervention training, although it is not specific to alcohol.

4.2.2 Medicines advice and support

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. Through the provision of Medicine Use Reviews (MURs), New Medicine Service (NMS), clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile. Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

4.2.3 Supporting co-ordinated care and self-care

The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other, and with other healthcare professions, to develop models of care. These will enable commissioners to deliver integrated patient pathways and ensure patients have consistent access to support with medicine use as they move between care settings.

This could be particularly relevant for frail older people and those with multiple conditions. Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended. Pharmacists can help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly. If services are provided where vulnerable people are visited in their own homes, this also offers an opportunity to identify individuals who are at risk or require additional support, for example interventions to prevent falls.

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health helplines etc. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended.

The minor ailments service in Blackpool aims to provide greater choice for patients and carers and improve access to health care professionals, by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

There is also potential to draw on experiences from areas where community pharmacies have worked innovatively to address key local public health challenges and benefit local communities. The LGA report recommends that local commissioners consider the Healthy Living Pharmacy model and how it could be used to help improve health and reduce inequalities.

4.3 Future pharmaceutical needs with population growth and housing developments

Over the coming years the population of Blackpool is expected to age substantially and grow in size slightly. An increase in population size is likely to generate an increased need for pharmaceutical services, but on a local level changes in population size may not necessarily be directly proportionate to changes in the number of pharmaceutical service providers required, due to the range of other factors influencing local pharmaceutical needs. Some housing developments are in progress and considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. These are further described in section 6.5.2 of the PNA report.

To facilitate commissioning of pharmaceutical services responsive to population needs the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

4.4 Future pharmaceutical needs in the context of Better Care

As part of the Spending Review 2013, the Government announced the setting up of an integration transformation fund (Better Care Fund), described as “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between local CCG’s and local authorities”.

The aim of the Better Care Fund (BCF) is to act as a catalyst for the integration of health and social care by providing an opportunity to transform care with an influx of funding. It is also meant to deal with demographic changes in adult social care and the policy and legislative changes associated with the introduction of the Care Act 2014.

Blackpool Clinical Commissioning Group (CCG) will take a lead role in this work in order to reduce the number of hospital admissions by providing intensive management of complex patients within the primary and community care setting, based on multi-disciplinary neighbourhood teams.

The development of neighbourhoods will comprise groups of general practices, covering populations of between 20,000 and 40,000 people, associated community and primary mental health services, and strong links to third sector services, led and directed operationally by GPs. Local pharmacies will have a key role in this neighbourhood model of delivery and the expectation that more services will in future be delivered within these neighbourhoods. This will enable care to be ‘wrapped around’ the patients rather than the patients progressing through different levels and types of care that are isolated from each other.

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1 Introduction

Key messages:

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

This PNA describes what services we have got and what may be needed for the population of Blackpool Local Authority.

The PNA includes information on:

- **Pharmacies in Blackpool and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.**
- **Relevant maps relating to Blackpool and providers of pharmaceutical services in the area.**
- **Services in neighbouring HWB areas that might affect the need for services in Blackpool.**
- **Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.**

1.1 What is a Pharmaceutical Needs Assessment?

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable Health and Wellbeing Boards to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health (DH) published an Information Pack to help Health and Wellbeing Boards undertake PNAs.[1]

1.2 What is the purpose of the PNA?

This PNA will serve several key purposes:[2]

- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

[1] Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

[2] Primary Care Commissioning. 'Pharmaceutical needs assessments' March 2013. http://www.pcc-cic.org.uk/

- It will help the commission organisations that are members of the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
- It will inform interested parties of the pharmaceutical needs in Blackpool and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

1.3 Legislative background

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Blackpool published their first PNA in 2011.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established HWBs and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.3

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. As part of developing their first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The Health and Social Care Act 2012 also transferred responsibility for using PNAS as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when

[3] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made

making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g. CCGs.

The use of PNAs for determining applications for new premises is relatively recent. It is expected that some decisions made by NHS England may be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore important that PNAs comply with the requirements of the regulations, that due process is followed in their development, and that they are kept up-to-date.

Primary Care Commissioning (PCC) has highlighted that failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following refusal by NHS England of their application to open new premises.[4]

HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response. HWBs therefore need to establish systems that allow them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

1.4 What are NHS pharmaceutical services?

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.

Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews (MUR) and the New Medicines Service from community pharmacists and Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.

1.5 Local pharmacy services

[4] Pharmaceutical Needs Assessments: Right Service in the Right Place. 25 March 2013. http://www.pcc-cic.org.uk/article/pharmaceutical-needs-assessments-right-service-right-place

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Local pharmacy services do not impact on the commissioning of new pharmacy contracts.

The 2013 regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced services' have changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

1.5.1 Public Health Services and enhanced services

The changes to enhanced services are summarised in the following excerpt from PCC:[5]

Public health services

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- *Needle and syringe exchange*
- *Screening services such as chlamydia screening*
- *Stop smoking*
- *Supervised administration service*
- *Emergency hormonal contraception services through patient group directions*

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services.

Enhanced services

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by Health and Wellbeing Boards (HWBs) thereafter:

- *Anticoagulation monitoring*
- *Care home service*

[5] Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013: http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013

- *Disease specific medicines management service*
- *Gluten free food supply service*
- *Independent prescribing service*
- *Home delivery service*
- *Language access service*
- *Medication review service*
- *Medicines assessment and compliance support*
- *Minor ailment service*
- *On demand availability of specialist drugs*
- *Out of hours service*
- *Patient group direction service (not related to public health services)*
- *Prescriber support service*
- *Schools service*
- *Supplementary prescribing service*

CCGs now have the role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contract, dental, pharmacy, optical and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health services these services will be known as local services and then fall outside the definition of enhanced services, and so have no bearing on pharmacy applications.

1.6 What are pharmaceutical lists?

If a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled by NHS England. This is commonly known as the NHS 'market entry' system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, a person who wishes to provide NHS Pharmaceutical Services must apply to NHS England to be included on a relevant list by generally proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to the applications to meet a need, such as applications for needs not foreseen in the PNA or to provide pharmaceutical service on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list:

- Pharmacy contractors: a person or body corporate who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- Dispensing appliance contractors: appliance suppliers are a sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors: medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'.
- Local pharmaceutical services (LPS) contractors also provide pharmaceutical services in some HWB areas.

1.7 What information will this PNA contain?

The information to be contained in the PNA is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Briefly, this PNA includes information on:

- Pharmacies in Blackpool and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- Relevant maps relating to Blackpool and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Blackpool.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The PNA is aligned with the JSNA and HWB Strategy for Blackpool, as discussed in the next section.

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2 Process

Key messages:

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (4).[6]

In the process of undertaking the PNA the pan Lancashire (Lancashire County Council, Blackpool Unitary Authority, Blackburn with Darwen Unity Authority) steering group sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities. A pan-Lancashire stakeholder event was held in March 2014 and localised consultation events during October 2014.

A 60 day public consultation was/will be undertaken from 20 October 2014 to 19 December 2014 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation will be reported and reflected in the final revised PNA report. Alongside the 60 day public consultation a further stakeholder event was/will be held within Blackpool to promote the public consultation and identifying views from key stakeholders.

2.1 Summary of the process followed in developing the PNA

In developing the PNA for Blackpool, information from the JSNA and Public Health sources were used to explore the characteristics of areas within the town and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs[7] were duly considered. An extract of part of these regulations can be found in **Appendix 1**.

2.2 Stakeholders involved in the development of the PNA

A pre-consultation exercise was carried out across Pan Lancashire in March 2014 to seek and take into account views from a range of key stakeholders to form the first draft of the PNA. Key partners were consulted to seek their views and get initial feedback for the proposals to be set out in the draft PNA.

The list of stakeholders consulted included the following groups:

- Blackpool Health and Wellbeing Board members
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- Persons on the pharmaceutical list

[6] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made

[7] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made

- Healthwatch
- NHS trusts and NHS foundation trusts in the area.
- NHS England
- Commissioners of pharmaceutical services
- Local Pharmacy Professional Network Lancashire (LPN)

2.3 How stakeholders were involved

A pan Lancashire steering group was convened and met on a monthly basis during the development of the PNA (see Acknowledgements for list of steering group members). The steering group held a pre consultation event and engaged with key stakeholders.

Questionnaires relating to service provision were sent out to all pharmacies in Blackpool. As part of the PNA process, Blackpool has worked with neighbouring HWBs to develop the PNA within Lancashire.

The wider public in Blackpool and other interested parties have been informed of the PNA and their views on the PNA have been sought through a formal 60 day consultation which ran from 20 October 2014 to 19 December 2014. A stakeholder event was held in October with a wide range of stakeholders to launch the consultation period of the draft PNA. At the stakeholder event people were directed to the Blackpool JSNA website to review the full PNA.

After the consultation period was completed, feedback gathered from members of the public and stakeholders was reviewed by an editorial working group made up of members of the PNA working group. This group determined how to respond to each comment received during the consultation period. For further detail regarding the consultation process please see **Appendix 7**.

2.4 Localities used for considering pharmaceutical services

Blackpool Council split the town into three localities, north, south and central and Blackpool CCG split the town into six better care neighbourhoods for the delivery of services. However for the purpose of the PNA Blackpool was not split into localities as Blackpool is a geographically compact Unitary Authority. Where appropriate, information will be presented at small geography level (ward, MLOSA) to describe the health and wellbeing needs of local communities.

2.5 Methods used for identifying providers of pharmaceutical services

The methods used for identifying providers of pharmaceutical services and creation of maps are described in **Appendix 3**.

2.6 Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including[8]:

[8] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made

- The size and demography of the population across Blackpool.
- Whether there is adequate access to pharmaceutical services across Blackpool.
- Different needs of different localities within Blackpool.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Blackpool.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Blackpool.
- Whether further provision of pharmaceutical services in Blackpool would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

2.7 Future PNAs and supplementary statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB.

The availability of new information for the PNA will be assessed by the JSNA Working Group on behalf of the Health and Wellbeing Board and if indicated 'Supplementary Statements of Fact' will be produced.

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3 Context for the Pharmaceutical Needs Assessment

Key messages:

This PNA for Blackpool is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Blackpool Joint Strategic Needs Assessment. This PNA does not duplicate these detailed descriptions of health needs in the relevant JSNAs and should be read alongside the JSNA.

Blackpool is a Unitary Authority that is bordered by the sea to the west, Wyre District Council to the north and east and Fylde District Council to the south and east.

Blackpool faces many health challenges. It may be a popular place to visit for millions of people each year, but unfortunately, Blackpool is not a healthy place to live. Our town is one of the most deprived local authority areas in England, with high levels of unemployment, deprivation, poor quality housing and benefit claimants. An ageing population, low educational achievement and the fact that 10% of the population of 142,000 moves into the town for just short periods of time before leaving again, adds to our probems. These economic factors impact on the poor health of our population in the same way that cancer, alcohol abuse and smoking do.

Life expectancy in Blackpool is the worst in the country for men and the third worst for women and although life expectancy is improving in the town, it is not improving fast enough. This is something that the HWB Board is extremely concerned about.

3.1 Joint Strategic Needs Assessments

JSNA stands for Joint Strategic Needs Assessment and is the responsibility of NHS Blackpool CCG and Blackpool Council. JSNA is a programme, specified nationally but delivered at a local level by all NHS and upper tier local authorities. The duty to undertake the JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007).

The statutory guidance emphasises that the JSNA should be taken into account by the Health and Wellbeing Board and will identify the future health, care and wellbeing needs of the people of Blackpool and will guide how services are planned and developed. The issues identified in the JSNA will inform the priorities in the Health and Wellbeing Strategy.

The purpose of the JSNA is to pull together in a single, on-going process all the information that is available on the health and wellbeing of the people of Blackpool, the quality and accessibility of services, evidence about what works and the views and experience of the public. This information will then be used to make decisions about how services are provided in the future.

3.2 Blackpool Health and Wellbeing Board

Blackpool Health and Wellbeing Board builds on strong pre-existing partnerships between the NHS, Council and other public sector partners. It has 21 members spanning the Council, NHS Clinical Commissioning Group, Healthwatch, the two major health providers in the town, Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire Care NHS Foundation Trust; NHS England Local Area Team, the Police, Fire Service and Voluntary, Community and Faith Sector. The Board's key focus is on improving outcomes and reducing inequalities through

every stage in people's lives and to enable local commissioners to plan and commission integrated services that meet the needs of the whole community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

The Boards vision for the future health of Blackpool is bold and ambitious:

Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives

In developing its Joint Health and Wellbeing Strategy the Board have identified the main health challenges which they can influence and effect most as a partnership. The strategy is set against three themes **Healthy Lifestyles, Health and Social Care and Wider Determinants**, each theme consists of a number of priority areas listed below. The intention of the strategy is to outline a process of thinking differently by setting out a joined-up framework for commissioning across health, social care and broader wellbeing services in the future. It has been shaped through robust evidence from the Joint Strategic Needs Assessment and through consultation and engagement with local people and partners.

Theme	Priority Area
Healthy Lifestyle	Tobacco Control
	Substance Misuse
	Sexual Health
	Alcohol
	Obesity and Healthy Weight
	Physical Activity
Health and Social Care	Early Years and Family Support
	Dementia
	Mental Health
	Frail Elderly
	Carers and Young Carers
	Disease Prevention and Early Detection
	Safeguarding and Domestic Abuse
	Long Term Conditions and Disabilities
Wider Determinants	Economy, Employment and Workforce
	Education and Aspirations
	Housing and Transience
	Environment
	Transport
	Crime and Anti-Social Behaviour

3.3 Blackpool Clinical Commissioning Group (CCG)

NHS Blackpool CCG represents 23 GP practices and works on behalf of the people of Blackpool, commissioning health services for the local community. There are three branch practices administered by NHS Blackpool CCG practices. NHS Blackpool CCG work closely with Fylde and Wyre CCG on healthcare across the Fylde Coast, along with other local partners such as Blackpool Council, Blackpool Teaching Hospitals NHS Foundation Trust and voluntary agencies. The 'boundary' for the CCG is the same as Blackpool Local Authority and is illustrated in **Map 1**. It should be noted that the GP registered population of the CCG is greater than the resident population who live within the Blackpool Local Authority area, and it is the resident population this PNA refers to.

Blackpool CCG describe their vision as *"Together we will make Blackpool a place where all people can live longer, happier and healthier lives by commissioning better health care"* and aim is to reduce health inequalities through strong, clinically led commissioning of high quality services that are modern, truly patient-centred and in the most appropriate setting. The CCG is committed to ensuring equality and diversity is a priority when planning and commissioning healthcare services for our community, as is the need to promote safe and effective health care for the local population.

There are a number of priorities that the CCG is tackling to improve the health and wellbeing of our town. These include:

- Cardiovascular disease,
- Respiratory disease,
- Mental Health and wellness.

More information can be found at: http://blackpoolccg.nhs.uk/

3.4 Outcomes Frameworks

In addition to local priorities there are national priority areas for improvement in health and wellbeing. The Department of Health has published outcomes frameworks for the NHS, CCGs, Social Care, and Public Health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out desired outcomes for public health, focussing on two high-level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

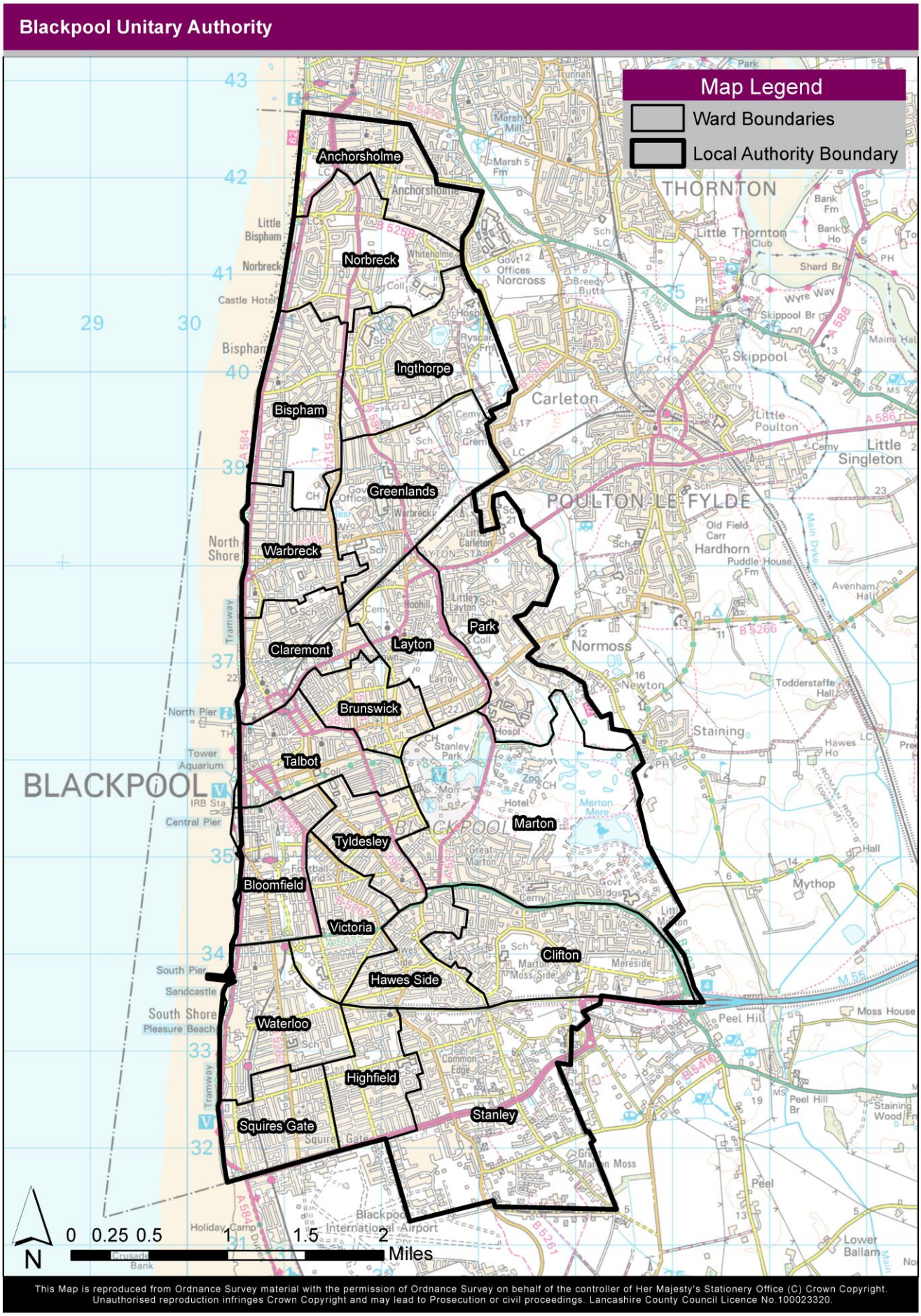
The Public Health Outcomes Framework Data Tool can be found here: http://www.phoutcomes.info/

3.5 Locations in Blackpool

Blackpool is a Unitary Authority that is bordered by the sea to the west, Wyre District Council to the north and east and Fylde District Council to the south and east. Fylde and Wyre District Councils are two of twelve district councils that make up the Lancashire County Council upper tier local authority. Blackpool can be sub-divided into wards (**Map 1**) to help understand the character of the town. The geographic boundary of Blackpool Local Authority and Blackpool CCG are the same.

There are important differences in health across Blackpool, as illustrated in **Map 2**. **Map 2** uses data from the 2011 Census to illustrate the proportion of the population in different areas of Blackpool that report being in good or very good health. Broadly, the map shows that relatively fewer people report being in good health in the central areas of the town. The data in the map have been age standardised, which means that the differences in self-reported health are not due to differences in age.

Map 1. Boundary of Blackpool Local Authority and wards



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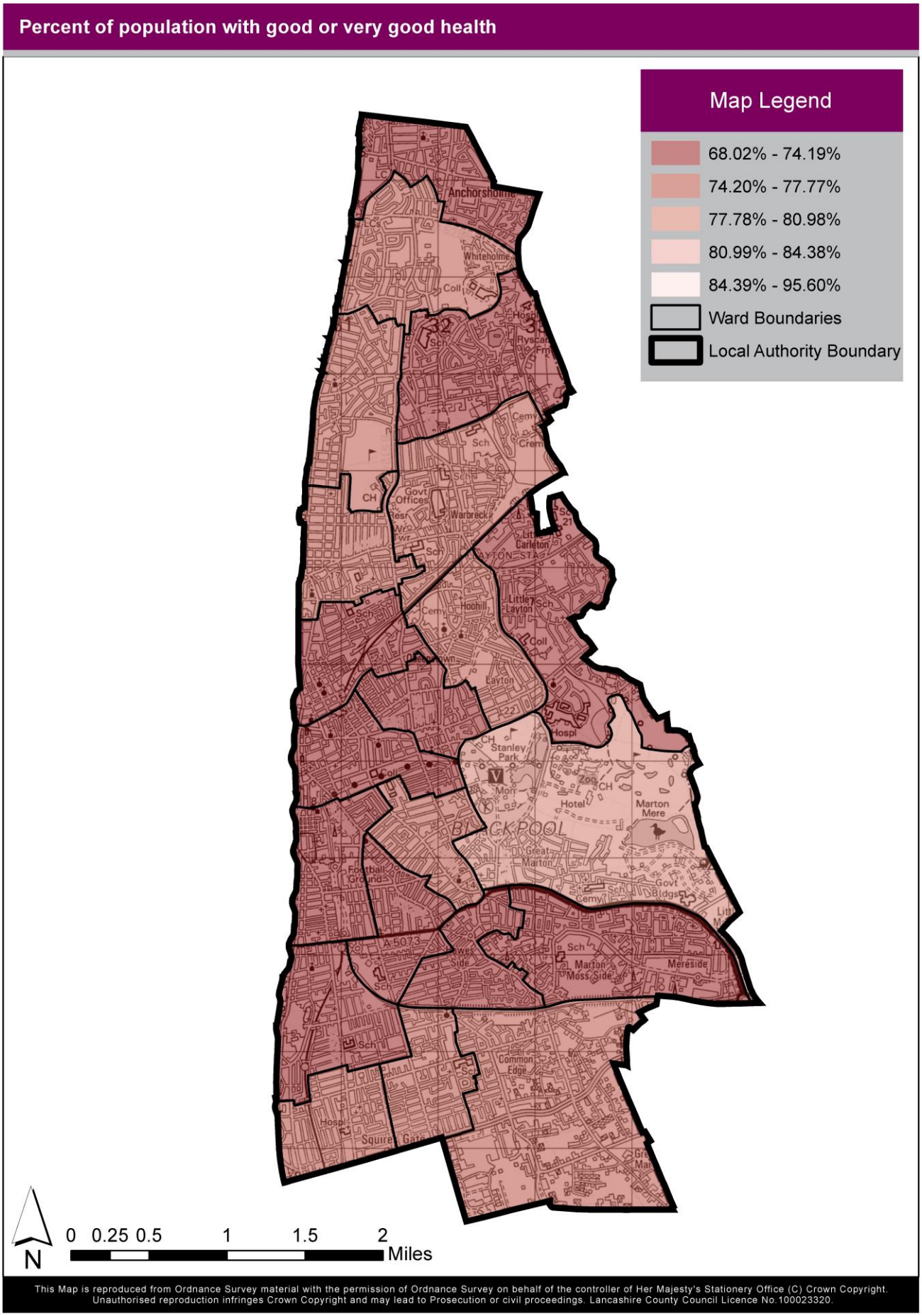
Map 2. Proportion of the population reporting good or very good health, by ward, Blackpool 2011



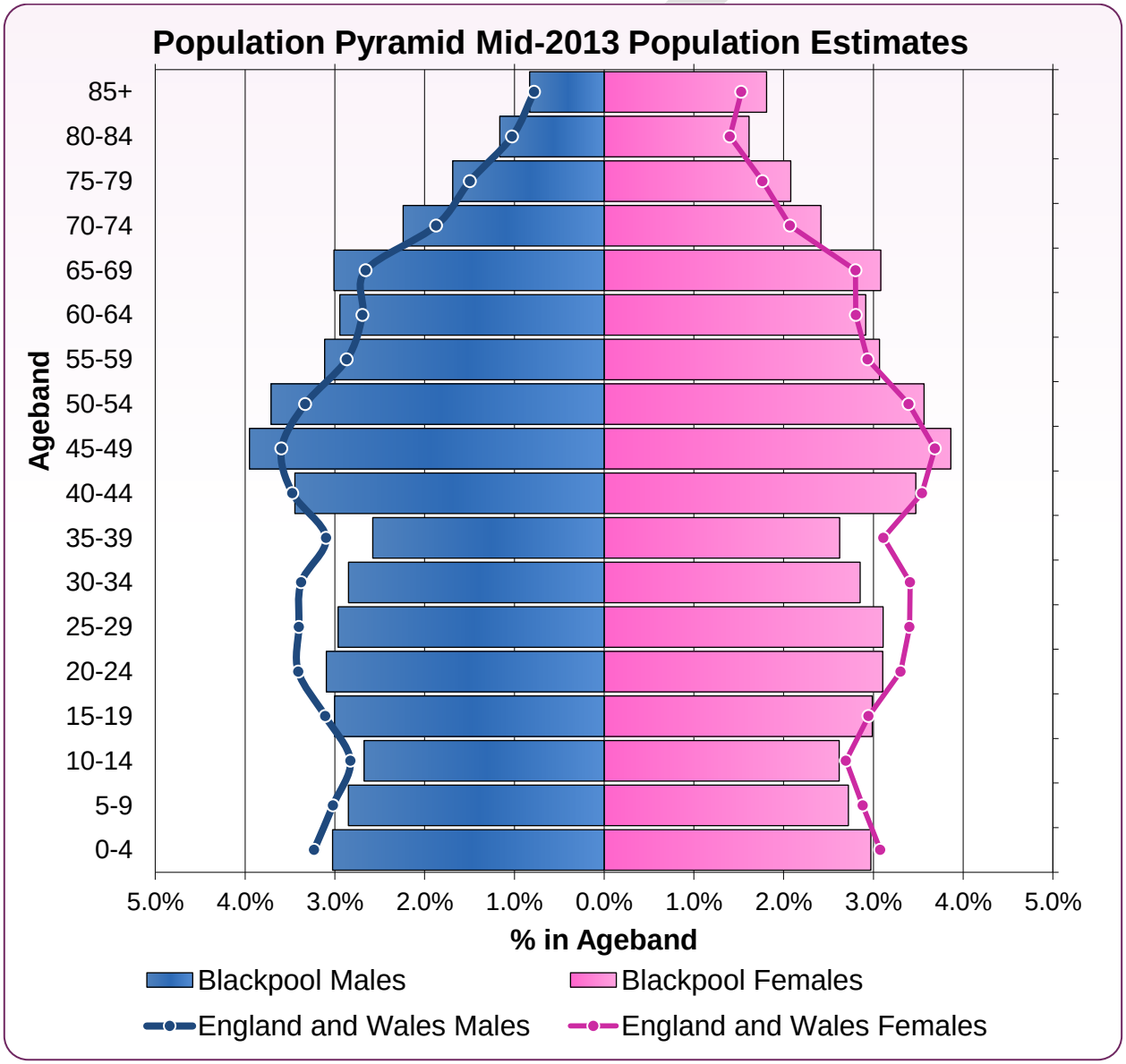
3.6 Characteristics of the population in Blackpool

3.6.1 Demography

The mid 2013 resident population of Blackpool is approximately 142,000. Older people (65 years plus) account for a greater proportion of Blackpool's resident population than observed at national level.[9] The age composition of Blackpool varies considerable across the town and this is illustrated in **Map 3**.

Blackpool's population pyramid (**Figure 1**) displays a higher proportion than England of people over 55 years of age, and a much lower proportion in ages younger than 35. The age band 30-35, in particular, has a considerably lower proportion than England. Blackpool reflects England's higher proportion of females in the older age bands than males.

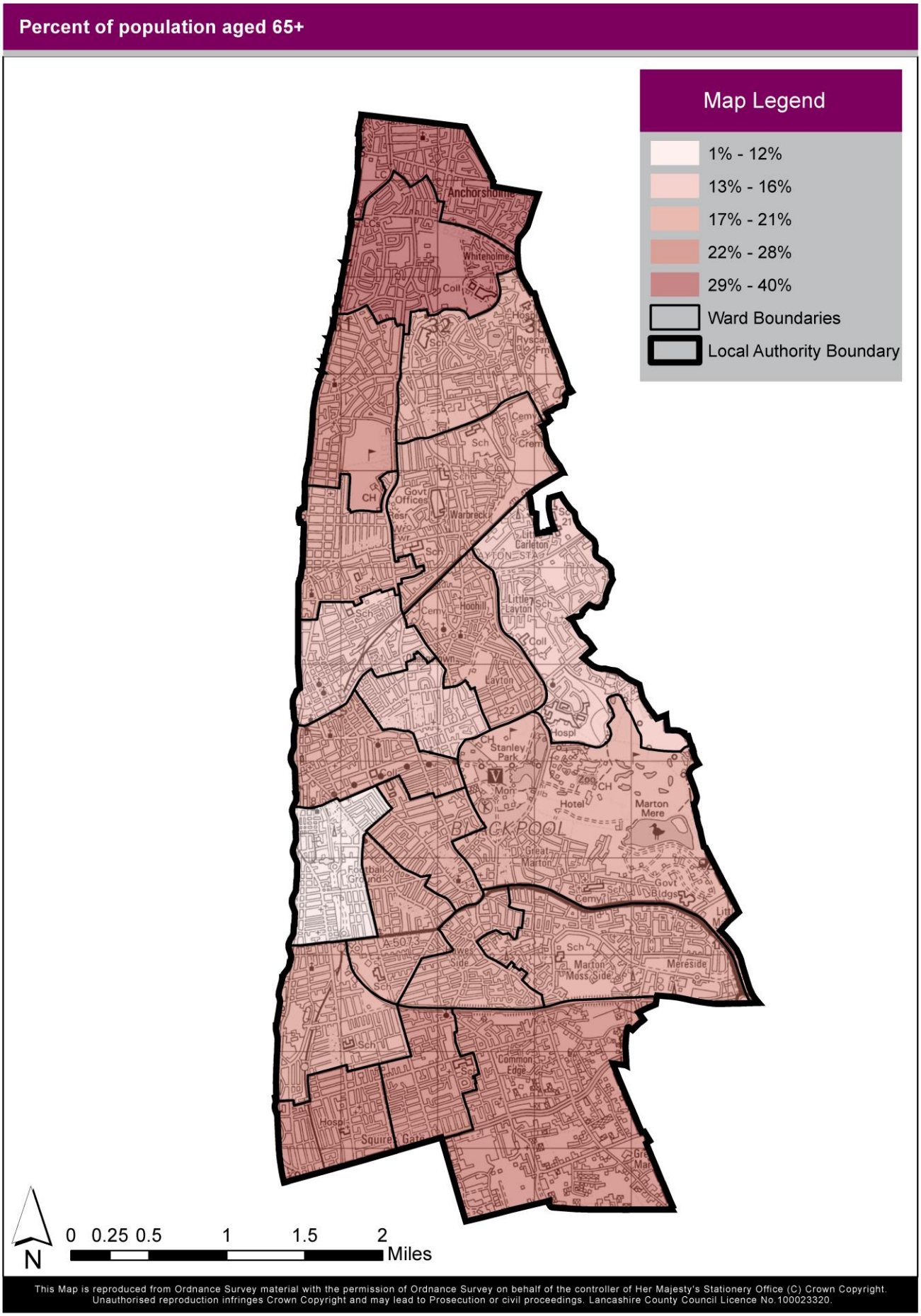
Figure 1 - Population Pyramid (Mid 2013 Estimated Resident Population) – Blackpool Local Authority



Source: ONS

[9] Mid 2012 estimated resident population: ONS

Map 3. Proportion of the population aged 65 years or older, by MLSOA, Blackpool 2011



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3.6.2 Deprivation

Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the 6th most deprived of 354 local authorities in England. 46 out of 94 small areas within Blackpool are amongst the 20% most deprived areas of the country and there are no areas amongst the 20% most affluent (**Map 4**). Blackpool's relative position in the national deprivation rankings has worsened over the last 5 years from 24th most deprived in 2004 and 12th most deprived in 2007.

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Indices of Deprivation are an important tool for identifying the most disadvantaged areas in England so that resources could be appropriately targeted.

3.6.3 Ethnicity

The 2011 Census indicate that a significantly smaller percentage of ethnic minority groups live in Blackpool compared to the North West and England and Wales. 3.3% of Blackpool's residents are classed as ethnic minorities compared to 9.8% in the North West and 14% in England. The BME populations are predominantly of Asian background.

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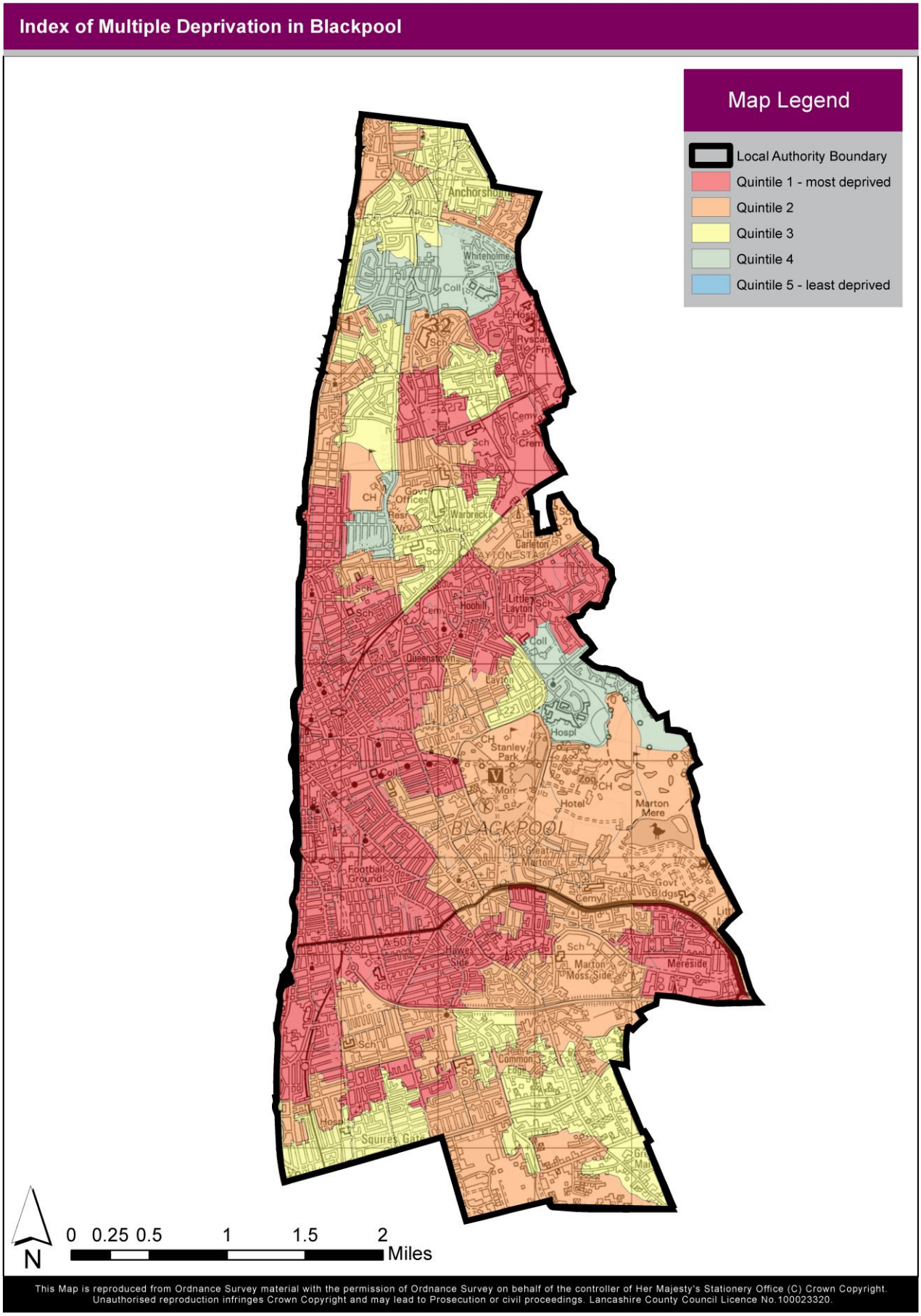
Map 4. Deprivation in Blackpool



4 Current Provision of NHS Pharmaceutical Services

Key messages:

Blackpool is well provided for by pharmaceutical service providers. This PNA has not identified a current need for new NHS pharmaceutical service providers in Blackpool. There are 44 pharmacies in Blackpool, representing 5% growth in the number of providers (42) since the last publication of the PNA in 2011.

The number of pharmaceutical service providers per population has also grown during the same period. The last PNA showed that there were 30 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. There are now 36 pharmaceutical service providers per 100,000 registered population in Blackpool, with the average in England being 22 and the average for the North West being 26.

Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Blackpool. There appears to be good coverage in terms of opening hours across Blackpool. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

Community pharmacies and pharmacists can have an impact on the health of the population by contributing to the safe and appropriate use of medicines.

This chapter describes the current provision of NHS pharmaceutical services, which were explained in Chapter 1: Introduction and are defined in the Pharmaceutical Regulations.[10]

The chapter includes a description of the number and locations of community pharmacies. The levels of provision of pharmaceutical services locally are compared with provision elsewhere.

4.1 Service Providers – numbers and Geographical distribution

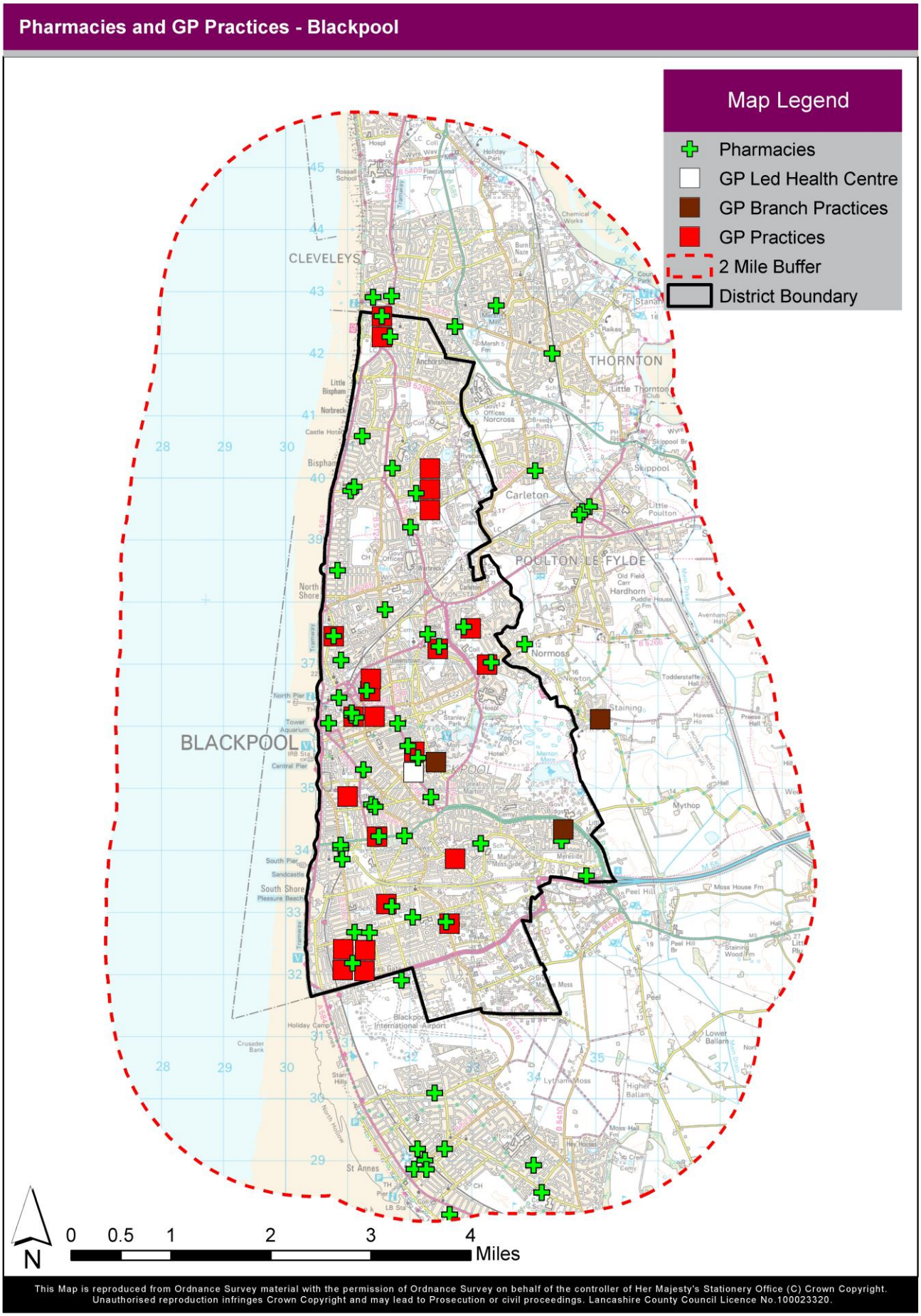
This PNA identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until 30/06/2014. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website: www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

4.1.1 Community pharmacies

There were a total of 44 community pharmacies within Blackpool as of 30/06/2014. The names of the community practices within Blackpool are listed in **Appendix 4** and their locations shown in **Map 5**. **Map 5** shows the location of NHS Blackpool CCG GP practices, community pharmacies within Blackpool and those within 2 miles of Blackpool's boundary.

[10] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. http://www.legislation.gov.uk/uksi/2013/349/made

Map 5. Community Pharmacy Locations and NHS Blackpool CCG GP Practices



4.1.2 Dispensing GP practices

The rurality of some areas leads to the existence of dispensing GP practices. Dispensing GP practices make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

There are no dispensing GP practices in Blackpool.

Access to GPs in general appears to be good in Blackpool compared to Lancashire and England. Blackpool has more full time GPs per 100,000 registered population than both Lancashire and England average.

4.1.3 Distance selling pharmacies

There are no distance selling pharmacies based within Blackpool.

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide.

4.1.4 Dispensing Appliance Contractors

Currently, there is no Dispensing Appliance Contractor (DAC) within Blackpool. Appliances are available from community pharmacies and other DACs from outside the HWB.

From the questionnaires sent out to Blackpool pharmaceutical service providers, 26 of the 27 pharmacies that responded (96%) reported that they provided all types of appliances. In addition, the remaining pharmacy provides certain types of appliances.

4.1.5 Hospital pharmacies

There is one hospital within Blackpool: Blackpool Victoria Hospital which has a pharmacy within its premises. This is not a community pharmacy and only dispenses on behalf of the hospital.

4.1.6 Pharmacy services in prisons

There are currently no prisons in the area of Blackpool HWB.

4.1.7 Essential Small Pharmacy Local Pharmaceutical Services scheme

ESPLPS pharmacies offered the same essential, advanced and enhanced services as other community pharmacies, but they dispensed fewer than 26,400 items per year. The ESPLPS scheme, which involved giving extra support to some essential small pharmacies, ceased as of 31 March 2015.

Therefore, there are no Essential Small Pharmacy Local Pharmaceutical Services Schemes in Blackpool.

However, as of 31 July 2014, Blackpool had one community pharmacy contracted to provide services under the Local Pharmaceutical Services (LPS) scheme. This is MedicX Pharmacy, Whitegate Health Centre, Whitegate Drive, Blackpool, FY3 9ES. This pharmacy holds a contract to provide services over 91 hours per week, and is open 365 days of the year. The service is contracted to provide these services until 4 January 2020.

4.1.8 Comparison with findings in the 2011 PNA

In 2011 a patient pharmacy questionnaire was developed for the PNA asking a range of questions. For this PNA we have engaged stakeholders in a different variety of methods and have asked varying questions. Therefore it is difficult to compare the responses.

As well as stakeholder and community engagement, questionnaires were sent out to community pharmacies. When the last PNA was carried out there was a higher return of questionnaires 85% as opposed to 61% this year. The following changes to the numbers of providers were noted since the 2011 PNA:

- There were 42 pharmacies in Blackpool. This has increased to 44 pharmacies in June 2014.
- There were no dispensing GP practices within Blackpool. This was unchanged in June 2014.
- The number of pharmaceutical service providers per population is higher than in the previous PNA. The last PNA showed that there were 26 pharmacies per 100,000 population, when the national figure for England was 20 and the average for the North West was 23. In June 2014, there were 31 pharmaceutical service providers per 100,000 registered population in Blackpool, with the average in England being 22 and the average for the North West being 26. This is perceived as a significant over provision.

4.1.9 Comparison with pharmaceutical service provision elsewhere

Assuming a population of 142,000 people in Blackpool and 44 providers of pharmaceutical services, there is on average one service provider per 3,227 people. Stated in a different way, there are 31 pharmaceutical service providers per 100,000 people in the borough. This is higher than the national average of 23 pharmaceutical providers per 100,000 (see **Figure 2**).

Figure 2 - Average numbers of pharmaceutical providers (community pharmacies or dispensing GPs) per 100,000 registered population, 2012/13

Blackpool	North West of England	England
31	26	23

Source: NHS Prescription Services of the NHS Business Services Authority, Population data - Office for National Statistics. Dispensing Practices in England from NHS Business Authority.

Information about pharmaceutical providers in other areas in England is shown in **Figure 3.** In terms of community pharmacies, there were 23 pharmacies per 100,000 population in England in 2012/13 and the North West of England SHA average was 26 per 100,000. The number of community pharmacies per 100,000 population ranged from 26 community pharmacies per 100,000 population in the North West to 18 per 100,000 population in South Central.

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Figure 3 - Community pharmacies on a PCT pharmaceutical list at 31 March, prescription items dispensed per month and population by SHA in England 2012-13

	Number of community pharmacies	*Prescription items dispensed per month (000)s*	*Population (000)s Mid 2011*	*Pharmacies per 100,000 population*
ENGLAND	**11,495**	**76,191**	**53,107**	**22**
North East	606	5,095	2,596	23
North West	1,812	12,334	7,056	26
Yorkshire and the Humber	1,206	8,557	5,288	23
East Midlands	919	6,476	4,537	20
West Midlands	1,297	8,247	5,609	23
East Of England	1,148	7,625	5,862	20
London	1,846	9,644	8,204	23
South East Coast	857	5,767	4,476	19
South Central	756	4,898	4,177	18
South West	1,048	7,546	5,301	20

Sources: NHS Prescription Services part of the NHS Business Services Authority, Population data - Office for National Statistics

Within the North West of England, the lowest level was 21.6 pharmacies per 100,000 population in Bury; Blackpool has a relatively high number at 31 per 100,000 in (see **Figure 4**). However, this table does not take into account the number of dispensing doctors of which Blackpool has none.

The mean number of items dispensed by pharmacies in Blackpool for 2012/13 was 7,955. This is higher than both the average for the North West of England (6,807) and for the whole of England (6,628).

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Figure 4 - Community pharmacies on a PCT pharmaceutical list at 31 March, prescription items dispensed per month and population by PCT in England 2012-13

		Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011 [1]	Pharmacies per 100,000 population
	ENGLAND	**11,495**	**76,191**	**53,107**	**22**
Q31	**NORTH WEST**	**1,812**	**12,334**	**7,056**	**26**
5HG	Ashton, Leigh and Wigan	73	523	318	23
TAP	Blackburn with Darwen Teaching	52	278	148	35
5HP	Blackpool	44	350	142	31
5HQ	Bolton	73	494	277	26
5JX	Bury	40	291	185	22
5NP	Central & Eastern Cheshire	101	737	463	22
5NG	Central Lancashire	114	738	467	24
5NE	Cumbria	111	765	500	22
5NH	East Lancashire	104	646	383	27
5NM	Halton and St Helens	82	579	301	27
5NQ	Heywood, Middleton & Rochdale PCT	51	374	212	24
5J4	Knowsley	37	299	146	25
5NL	Liverpool	136	866	466	29
5NT	Manchester	134	817	503	27
5NF	North Lancashire	76	577	322	24
5J5	Oldham	56	394	225	25
5F5	Salford Teaching	61	461	234	26
5NJ	Sefton	76	543	274	28
5F7	Stockport	70	504	283	25
5LH	Tameside and Glossop	64	455	253	25
5NR	Trafford	62	401	227	27
5J2	Warrington	45	316	203	22
5NN	Western Cheshire PCT	56	358	237	24
5NK	Wirral	94	570	320	29

Sources: NHS Prescription Services part of the NHS Business Services Authority - Population data - Office of National Statistics (2011 mid-year Estimated based on 2011 census)

4.1.10 Results of questionnaires sent to pharmacies

61% of community pharmacies in Blackpool responded to the PNA questionnaire about service provision. The results of the survey can be found in Appendix 6. Results of the questionnaire show that 25 of the 27 responding pharmacies have access to a consultation room. 26 of the responding pharmacies provide a comprehensive appliance dispensing service and the other pharmacy dispenses some appliances. 25 of the 27 responding pharmacies will deliver dispensed medicines free of charge on request.

4.1.11 Costs to NHS England for opening new pharmacies

It is worth noting that there is a cost to the local health economy of opening a new pharmacy, if NHS England approve an application, so it is important to assess pharmaceutical need.

As well as paying pharmacies a fair reimbursement for the costs of the prescription drugs they dispense, there are three main categories of payments that NHS England makes to community pharmacies in England.

Professional Fees – the payment for dispensing the prescription items and several associated fees recognise the extra work entailed to obtain and or dispense the items e.g. for supply of Controlled drugs, unlicensed medicines, appliances etc.

Payments for Essential Services: these include a variety of fees e.g. establishment and practice payments the size of which are determined by prescription item number; and more particular fees that are paid to each participating contractor e.g. for repeat dispensing, electronic transfer of prescriptions.

Payments for Advanced service – these payments are for a variety of services to support patients with their usage of medicines and appliances. These payments are generally limited to an upper ceiling payment per pharmacy.

The payment system to pharmacies is quite complex and it is difficult to determine the 'extra costs' to the health economy for an extra pharmacy. However, for each additional pharmacy dispensing over 3,500 items per month (a relatively low number) and a mid-range of additional services it can be estimated that the extra costs for having a new pharmacy contract would be approximately £40k.

4.1.12 Considerations of service providers available

The distribution of pharmacies appears to cover the borough well with Pharmacies within every locality of the borough. Also, 4 out of the 44 pharmacies provide services for between 90-100 hours per week; these are situated throughout the borough. It is evident from **Map 6** that all areas within Blackpool are within 2 miles of a pharmacy.

Taking into account information gathered for this PNA, pharmaceutical service provision in Blackpool appears to be adequate. There is no current need identified for more pharmaceutical service providers at this time.

4.2 Accessibility

Review of the accessibility of NHS Pharmaceutical Services in Blackpool in terms of locations, opening hours and access for people with disabilities, suggest there is adequate access. An Equality Impact Assessment (EIA) has been carried out alongside this PNA. This process determined that, as the PNA does not directly impact the provision of services, a full EIA was not necessary. However, organisations using this PNA to inform commissioning should undertake an Equality Impact Assessment when considering changing current service provision. Review of the locations, opening hours and access for people with disabilities, suggest there is adequate access to NHS Pharmaceutical Services in Blackpool. There appears to be good coverage in terms of opening hours across the borough. The extended opening hours of some community pharmacies are valued and these extended hours should be maintained. Many pharmacies have wheelchair access and home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport.

4.2.1 Distance, travel times, and delivery services

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population –

even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.[11]

Map 6 was created to identify which areas in Blackpool were within and which were not within a 20 minute walking distance of a pharmacy as of 30/06/2014. For this map pharmacies could be located either within the boundary of Blackpool or outside of the boundary. **Map 6** indicates that there are some pockets in Blackpool where it is necessary to walk more than 20 minutes to access a pharmacy. However, these areas are to a large extent uninhabited. The area identified in the map in the east of the town is the park, zoo and hospital. There is a small habited area in the south of the town which is not within 20 minutes' walk of a pharmacy. This area is within 10 minutes' drive in a car of a pharmacy.

Home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport. Of those completing the questionnaire, 25 pharmacies (92.6%) reported that they provide free delivery services to their patients. This is not a NHS contracted service and therefore any pharmacy can chose to stop this service at any time.

Pharmaceutical services are also available from internet pharmacies (located inside or outside of Blackpool) that could make deliveries to individual homes. Finally, in addition to delivery services, community transport schemes (e.g. car clubs, minibuses) can potentially improve access to both pharmaceutical services and other services.

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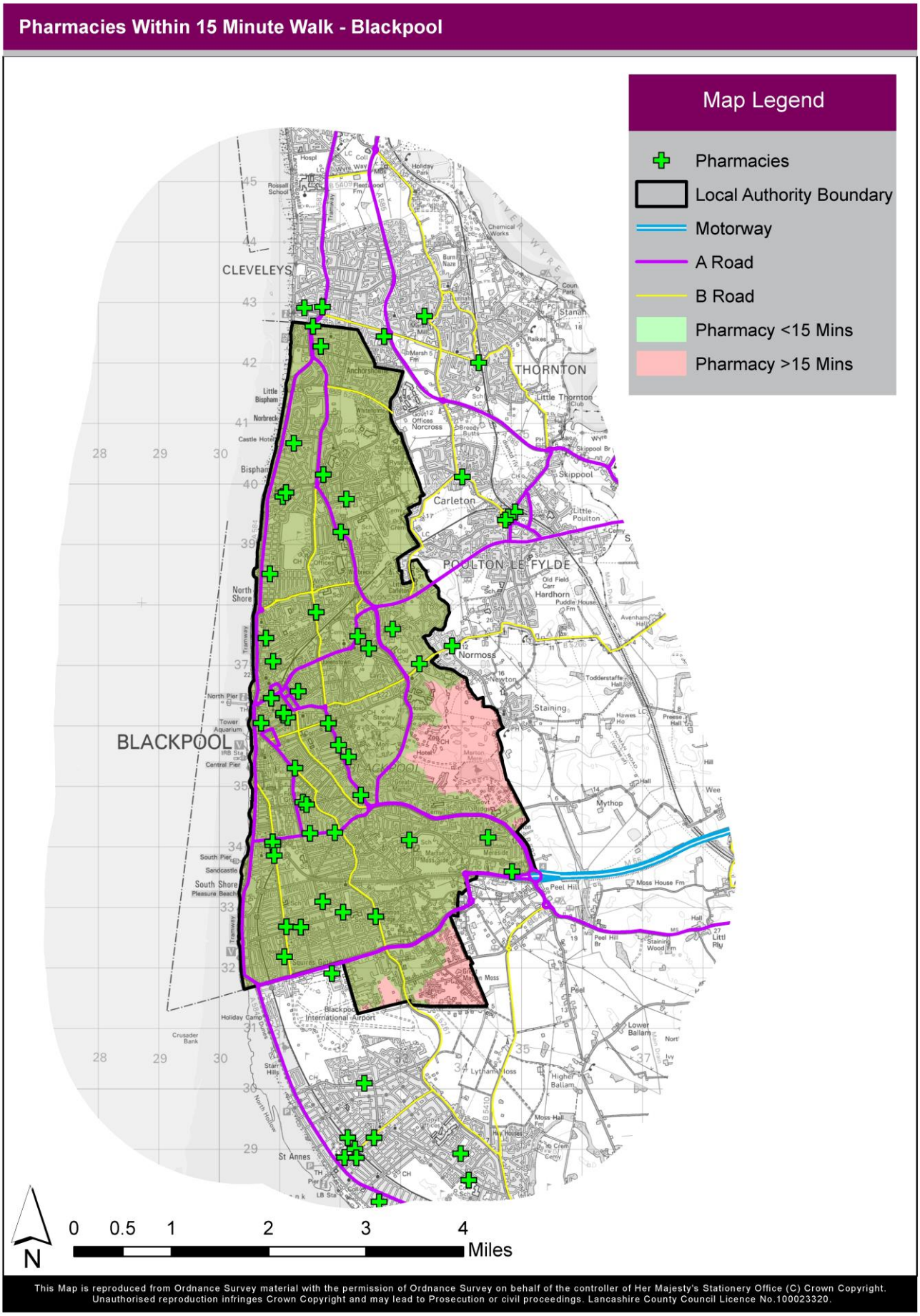
[11] Department of Health (2008). 'Pharmacy in England: Building on strengths – delivering the future.' http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf

Map 6. Locations in Blackpool that are Within 15 Minutes Walk of a Community Pharmacy



4.2.2 Border areas

The only Health and wellbeing Board which borders Blackpool is Lancashire's. This area has pharmacies that are accessible to the residents who live near the border of the Blackpool.

Within Blackpool there are a number of pharmacies that are close to the Local Authority border which serve Blackpool and the surrounding areas outside the Blackpool boarder. Just over the border of Blackpool there are a number of areas that provide services to Blackpool resident such as Cleveleys and Poulton-le-Fylde. **Map 5** indicates the location of pharmacies outside the boundary of Blackpool.

4.2.3 Opening hours: community pharmacies

There are currently 40 Pharmacies open for 40 hours, 3 '100 hour' pharmacies and the single LPS contract in Blackpool. The 100 hours contracts are included in the pharmaceutical list under regulation 13(1)(b) of the National Health Service (Pharmaceutical Services) Regulations 2005; premises which the applicant is contracted to open for at least 100 hours per week for the provision of pharmaceutical services.

Figure 5 - 100 hour Pharmacies

Cohens Chemist	Moor Park Health & Leisure Centre	Bristol Avenue	Blackpool	FY2 0JG
HBS Pharmacy	Newton Drive Health Centre	Newton Drive	Blackpool	FY3 8NX
Tesco Pharmacy	Tesco Extra	Clifton Road	Blackpool	FY4 4UJ

Overall, out of 44 community pharmacies, 18 (41%) are open after 6pm and 10 (23%) are open after 7pm on weekdays; 19 (43%) open on Saturdays; and 6 (14%) open on Sundays. These findings are similar to those in the 2011 PNA. The locations of pharmacies currently open on a Saturday or a Sunday are illustrated in **Map 7**.

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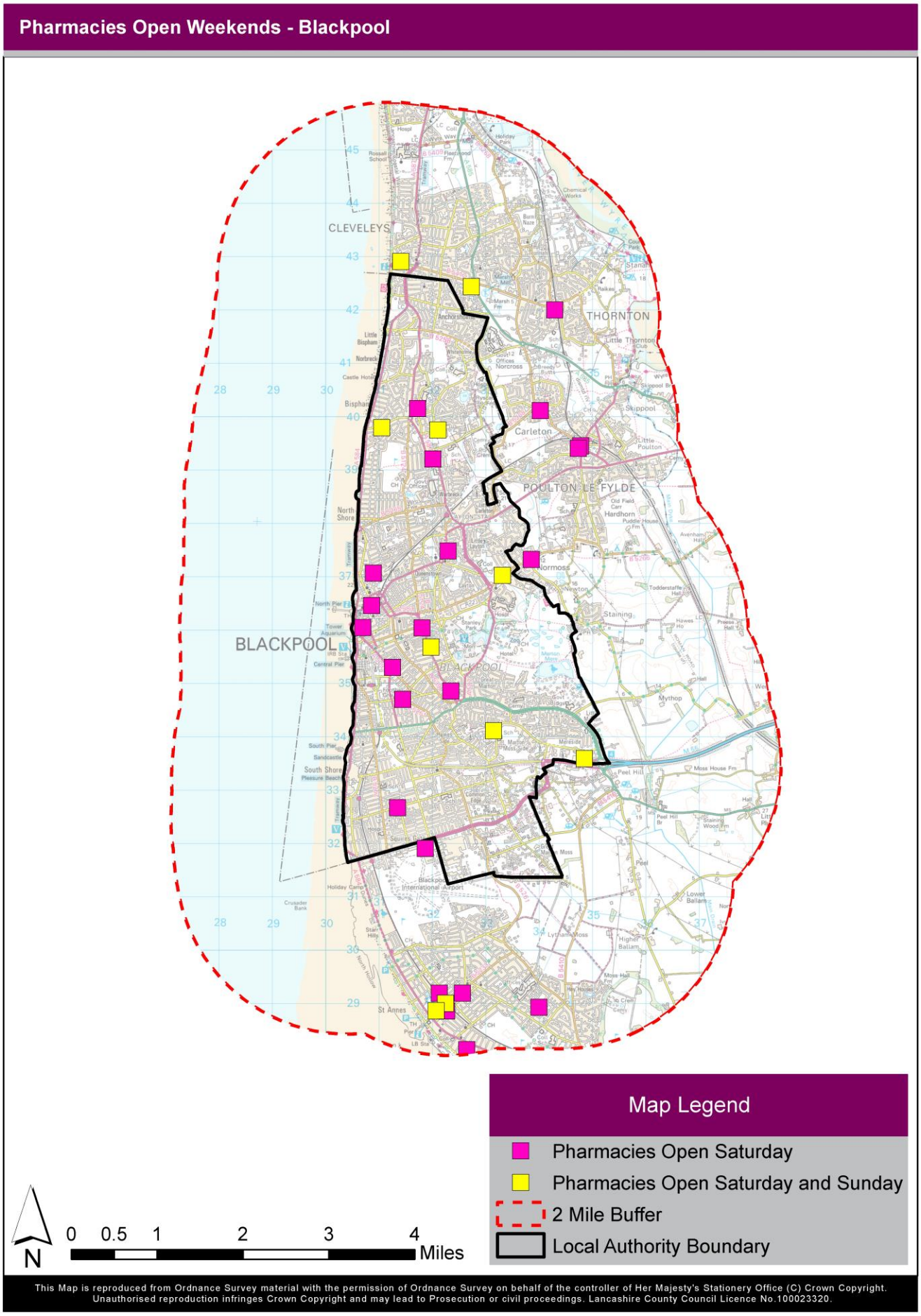
Map 7. Pharmacies Open at Weekends



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Further community pharmacy opening hours on weekdays can be summarised as:

Currently 3 pharmacies are contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at the weekend. There is a risk that if the regulations for these contracts were to change that they may reduce their hours. This could significantly reduce the availability of pharmacies within Blackpool that are available on late night and weekends.

Blackpool HWB has not identified needs that would require provision of a full pharmaceutical service for all time periods across the week. However, maintaining the current distribution of 100 hour/longer opening pharmacies is important to maintain out of hours access for the population of the borough.

Since the introduction of the pharmaceutical contractual framework in 2005, community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening. The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacies.
Due to changes in shopping habits a number of pharmacies now open on many Bank Holidays although they are not contractually obliged to do so. NHS England works with community pharmacies to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where pharmacies are still traditionally closed. The rota pharmacies will generally open for four hours on these days and work with out-of-hours providers to enable patients to access pharmaceutical services. These arrangements are renewed every year.

4.2.4 Access for people with disabilities

The questionnaire sent to pharmacies and included a question asking if any consultation facilities existed on site and if they included wheelchair access. The results showed that, of the responding pharmacies, 21 of 27 pharmacies (77.8%) have consultation areas with wheelchair access.

4.3 Community Pharmacy Essential Services

Community Pharmacies provide three tiers of Pharmaceutical Services:

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – services to support patients with safe use of medicines.
- Enhanced Services – services that can be commissioned locally by NHS England.

These types of services are briefly described below and are defined in the Regulations.[12]

Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.[13] Essential services include dispensing, dispensing appliances, repeat dispensing, clinical governance, public health (promotion of healthy lifestyles), disposal of unwanted medicines, signposting and support for self-care.

[12] The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/made
[13] NHS Community Pharmacy Services – A Summary. http://psnc.org.uk/wp-content/uploads/2013/08/CPCF-summary-July-2013.pdf

The essential services are specified by a national contractual framework that was agreed in 2005. All community pharmacies are required to provide all the essential services. NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. This is monitored by NHS England.

All community pharmacies in Blackpool are currently compliant with the contract to date.

4.3.1 Public Health Campaigns

The Community Pharmacy Contractual Framework identifies that pharmacies have to carry out 6 Public Health Campaigns over a 12 month period – this service provision is part of the overall pharmacy contract which is commissioned by NHS England. Historically the Public Health Campaigns delivered by community pharmacies were part of the contractual agreements with the Primary Care Team supported by the Public Health Team in the Primary Care Trust.

To gain consistency, the 6 public health campaigns for 14/15 have been agreed across Pan Lancashire (Blackpool, Blackburn with Darwen and Lancashire County Council) as below:

- April-May – Lung Cancer awareness,
- June-July – Road Safety,
- Aug-Sep – Healthy Weight,
- Oct-Nov – Stoptober, Flu Vaccination / Hand Hygiene
- Dec-Jan – Alcohol / Dry January,
- Feb-March – Mental Health /5 ways to Wellbeing

It is not stipulated that Public Health should provide the Pharmacies with the resources for each campaign. However for each campaign a briefing sheet of the key Public Health messages linked to pharmacies will be produced and links to where pharmacies can obtain posters and resources. For campaigns where we have resources available these will be distributed to the pharmacies.

It is expected that campaign material, either sourced by the contractor or provided by a commissioner should be displayed in a prominent area within the pharmacy. Pharmacists and pharmacy staff should actively take part in, and contribute to the campaigns for patients (and general pharmacy visitors) during the campaign period, including giving advice to people on the campaign issues. In future for those pharmacies accredited as Healthy Living Pharmacies, there will be flexibility to allow pharmacies to determine their own campaigns whilst maintaining their commitment to 4 of the 6 centrally agreed campaigns.

4.4 Advanced Services

In addition to essential services the community pharmacy contractual framework allows for advanced services, which currently include Medicines Use Reviews (MUR), Appliance Use Reviews (AUR), New Medicines Service (NMS) and the Stoma Customisation Service (SCS). A pharmacy can choose to provide any of these services as long as they meet the requirements that are set out in the Secretary of State Directions.

In 2013-2014, of the 44 pharmacies in Blackpool, 41 contractors provided the Medicines Use Review Service with the mean average of MURs undertaken being 320 per contractor per year. The maximum number of MURs per contractor per year is 400. Pharmacies can carry out more than 400 but will not get paid for any additional MURs.

In 2013-2014, of the 44 pharmacies in Blackpool, 39 contractors provided the New Medicines Service Review with the mean average of NMS Reviews undertaken being 107 per contractor per year.

Further guidance has been issued to community pharmacists to conduct MURs on patients who are taking medications known to increase the risk of hospitalisation through complications with their medications, including: Non Steroidal Anti-Inflammatory drugs, Warfarin, Methotrexate and other Disease-Modifying Anti-Rheumatic Drugs (DMARDs), Insulin, Anti-Epileptics and Parkinson's drugs.

4.5 Enhanced Services

The only pharmacy enhanced service commissioned from any willing pharmacy provider across Blackpool, excluding distance selling pharmacies, is the seasonal flu vaccination service.

In 2013/14 25% (11) providers signed service level agreements to deliver the seasonal flu service. In total 261 patients were vaccinated from a total of 10 providers.

Such services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services or local improvement services.

4.6 Local Improvement Services

In 2014/15 Public Health commission community pharmacies to deliver the following services:

- Needle exchange
- Supervised consumption
- Nicotine replacement voucher scheme
- Emergency hormonal contraception
- Brief Alcohol Intervention Advice

Not all pharmacies provide each service. Public Health commissioners provide service provision where there is the greatest of need. Public Health commissioners look at a wide range of evidence and data before commissioning a pharmacy to provide a specific service.

These will be discussed in more detail in **Chapter 5**.

4.7 Clinical Commissioning Group

Blackpool CCG has approved a minor illness strategy which is to be used across the whole of the Blackpool Health Economy – including GP Practices, A&E, Urgent Care, OOH, Public Health and Blackpool Borough Council.

This Strategy focuses on better understanding of self-care at home and using local pharmacies as the first port of call, rather than booking an appointment with a GP or going to Urgent Care or A & E. Surgeries within Blackpool are advised to redirect patients to local pharmacies for minor ailments, which will free up GP appointments to deal with more complex and long term conditions and help improve the life quality of the local population. Practitioners are encouraged not to routinely issue prescriptions for self-limiting minor ailments.

A range of posters, leaflets and information on the top 10 minor ailments has been developed to give out to patients rather than giving them a prescription – which is often of limited clinical value.

Key to the successful implementation of this strategy is the Community Pharmacy Minor Ailments Service commissioned by the Blackpool CCG. This is discussed in more detail in **section 5.14**.

Blackpool CCG also commissions the Community Pharmacy Just in Case Service. This service is described in more detail in **section 5.15**.

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5 Health Needs and Locally Commissioned Services

Key messages:

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, along with providing ongoing support for lifestyle behaviour change through motivational interviewing, providing information and brief advice, and signposting to other services.

Blackpool HWB Board considers community pharmacies to be a key public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

As at February 2015, there are 40 out of 44 community pharmacies providing Emergency Hormonal Contraception (EHC). Whilst improving access to EHC remains a priority the main focus of the Sexual Health Action Plan is to prioritise prevention and ensure people are motivated to practice safer sex including using planned contraception and condoms. The Plan also aims to ensure that all individuals understand the range of choices for contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

People who use illicit drugs are often not in contact with health care services and specialist treatment services and their only contact may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures. In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction. As at February 2015 17 out of 44 community pharmacies in Blackpool provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials will be provided (for example citric acid and swabs) to promote safe injecting practice and reduce transmission of infections by substance misusers.

Several opportunities exist to encourage a healthy weight such as providing advice, signposting services and providing on-going support towards achieving behavioural change, for example, through monitoring of weight and other related measures.

IBA alcohol training has also been available to pharmacies for some time although very few have so far undertaken the training. However, since the launch of the Healthy Living Pharmacies, Brief Intervention training has been offered to all pharmacy staff who have signed prospectus to commit to become a Healthy Living Pharmacy. The pharmacies are now in the process of undertaking brief intervention training, although it is not specific to alcohol.

The Royal Pharmaceutical Society (RPS) recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with medicines use as they move between care settings.

This could be particularly relevant for frail older people and those with multiple conditions. Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting clients to other appropriate services. Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended. Pharmacists can help with this, particularly for those who have complex medication regimens or have problems with taking their medication regularly. If services are provided where vulnerable people are visited in their own homes, this also offers an opportunity to identify individuals who are at risk or require additional support, for example, interventions to prevent falls.

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc. Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended.

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition, they are able to inform other primary care practitioners when a prescribed item is not normally available in the community.

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. Through the provision of Medicine Use Reviews (MURs),clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

The minor ailments service in Blackpool aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

In summary, local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

5.1 A focus on the role of community pharmacy in improving public health

5.1.1 Local contributions to improving health and reducing inequalities

The NHS Community Pharmacy Contractual Framework requires community pharmacies to contribute to the health needs of the population they serve. There are opportunities for local service commissioning to build on the services provided as essential services. Pharmacies are able to bid for locally commissioned health improvement

programmes, along with other non-pharmacy providers. Blackpool HWB considers community pharmacies a key public health resource and recognises that they offer potential opportunities to provide health improvement initiatives and work closely with partners to promote health and wellbeing, as recommended by the Local Government Association (LGA).[14]

The LGA report recommends that local commissioners consider the Healthy Living Pharmacy model and how it could be used to help improve health and reduce inequalities.

5.1.2 Evidence based approach

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*[15] recommends that a strong evidence base underpins commissioning of public health services from community pharmacy. The Department of Health recently invited the submission of research proposals to determine and evaluate the role of Community Pharmacy in public health. This invitation stated that "whilst the evidence for pharmacy's contribution to public health is growing, there are gaps, and there is a clear requirement for good quality research to be carried out to determine and evaluate the contribution of a pharmacy where the evidence is missing or less strong."[16]

Local commissioning organisations should consider pharmacies among potential providers when they are looking at the unmet pharmaceutical needs and health needs of the local population, including when considering options for delivering integrated care.

5.1.3 Opportunities for integrated care

In the Royal Pharmaceutical Society (RPS) report *Now or never: shaping pharmacy for the future*[17] RPS recommends that pharmacists must collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with the use of medicines as they move between care settings.

The NHS Confederation report *Health on the high street: rethinking the role of community pharmacy*[15] also highlights the importance of integrating the role of a community pharmacy with that of other elements of the health and public health system. The report emphasises the value of strong information flows between providers and commissioners. In developing commissioning and estate strategies, consideration could be given to how pharmacy services could be better integrated with health and social care and other public services, for example, through co-location.[14]

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[14] Local Government Association (2013). 'Community Pharmacy: Local government's new public health role.': http://www.local.gov.uk/documents/10180/11463/Community+Pharmacy+-+local+government's+new+public+health+role/01ca29bf-520d-483e-a703-45ac4fe0f521

[15] NHS Confederation (2013) 'Health on the high street: rethinking the role of community pharmacy.': http://www.nhsconfed.org/Publications/Documents/Health-on-high-street-rethinking-role-community-pharmacy.pdf

[16] Department of Health (2013). 'Invitation to tender. Department of Health Policy Research Programme: The role of community pharmacy in public health.': http://www.prpccf.org.uk/PRPFiles/Role%20of%20Community%20Pharmacy%20in%20Public%20Health%20-%20ITT.pdf

[17] Royal Pharmaceutical Society (2013). 'Now or never: shaping pharmacy for the future': http://www.rpharms.com/promoting-pharmacy-pdfs/mop-report-full.pdf

5.1.4 Developing the workforce

The LGA Report[14] suggests that health and social care workforce strategy includes consideration of the pharmacy workforce and its training needs, including its role as a potential employer in deprived and rural communities. It proposes that there may be opportunities for greater integration and joint workforce training, for example, of healthcare assistants and health champions. RPS is also developing *Professional Standards for Public Health Practice for Pharmacy*[18] for pharmacy teams to promote the delivery of high quality public health services in pharmacy settings.

5.2 What will this chapter discuss?

Each topic within this chapter will be split into three sections to consider the local health needs, local services offered and a consideration of whether these services meet the local need.

5.2.1 Local health needs

People of all ages are vulnerable to the risk factors that contribute to preventable non-communicable diseases, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.[19]

Life expectancy is one of the key indicators of health in a population. Life expectancy for men in Blackpool is 74.0 years (2010 - 2012) and is the lowest in England. Women can expect to live longer than men; life expectancy for women is 80. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live nearly 10 years longer than men in the most deprived areas. Similarly, for women this difference is eight and a half years. Not only do people in Blackpool live shorter lives, but also spend a smaller proportion of their lifespan in good health and without disability. Lifestyle related diseases such as diabetes are increasing. An ageing population with a range of health issues will also put pressure on health and social services. The Blackpool JSNA describes the specific health needs of Blackpool in detail.

5.2.2 Overview of local services

These are local services commissioned from community pharmacies by Blackpool Council and Blackpool CCG to support the public health agenda for Blackpool. Community pharmacies can make an important contribution to public health improvement. They are particularly valuable in reaching people who may not ordinarily access health services. There are several ways that pharmacies can contribute to public health improvement including providing brief advice, motivational interviewing, signposting to other services and offering ongoing support for behaviour change.

Local services that are commissioned in Blackpool include:

- Alcohol identification and brief advice
- Emergency hormonal contraception
- Needle syringe exchange programme
- Supervised consumption of opiate replacement therapies

[18] Royal Pharmaceutical Society (2013) 'Draft Professional Standards for Public Health':http://www.rpharms.com/unsecure-support-resources/professional-standards-for-public-health.asp

[19] World Health Organization. (March 2013) Fact sheet: Noncommunicable diseases. http://www.who.int/mediacentre/factsheets/fs355/en/

- Minor ailments service (CCG)
- Provision of nicotine replacement therapies in partnership with the 'Stop Smoking Service'
- Just in Case Paliative Care Service (CCG)

5.3 Smoking

5.3.1 Local health needs

Smoking is the single most important factor explaining the difference in death rates between the most and least affluent areas in Blackpool, and is a major factor in ill health. Around 380 people die prematurely every year in Blackpool due to smoking related illness[20], and a further 8,000 will suffer from a smoking related disease (e.g. bronchitis, emphysema (COPD), cardiovascular disease, cancer).

29.5% of over 18s smoke in Blackpool. This is significantly higher than England as a whole where 19.5% of the over 18 population smoke.[21] The proportion of people smoking varies widely between social groups with the highest rates of smoking seen amongst the most disadvantaged communities, such as the central wards within Blackpool such as Bloomfield or Claremont. This is also where the incidence of lung cancer is twice that of England as a whole. The rate of smoking in pregnancy in Blackpool is the worst in the country at 30.8%.

5.3.2 Local services

Services to help people stop using tobacco are available from Specialist Stop Smoking Services and through a Locally Enhanced Service at GP surgeries. These services have a combined target of helping more than 1,000 people to stop smoking every year.

The Stop Smoking Service provides specialist advice and support to all residents of Blackpool, and to employees who work in Blackpool but live outside the area. The service also provides information to health and related professionals who have contact with smokers to enable accurate signposting to the service, with particular focus on hard-to-reach groups such as pregnant women, young people and manual workers. In addition to prescribing nicotine replacement therapy (NRT), the service provides support to clients who wish to stop tobacco use by using e-cigarettes rather than NRT or who need support to stop using e-cigarettes.

The Locally Enhanced Service is an additional model for delivery of smoking cessation treatments. It is intended that this model will recruit smokers opportunistically during routine medical care, removing the need for direct marketing. The service aims to provide intermediate level stop smoking advice and support to all residents of Blackpool, and to those living outside the area but are registered with a Blackpool GP.
In 2013, the overall percentage of smokers setting a quit date in the Blackpool Stop Smoking Service and the LES who were successfully quit at 4 weeks was 36%. The Stop Smoking Service and the LES aim to:

- Reduce the number of smokers in Blackpool
- Reduce health inequalities by ensuring the service is aimed at the target population
- A reduction in the risk of developing smoking related conditions

[20] Smoking attributable mortality 2009-11. Source: APHO Health Profile Blackpool 2013.
http://www.apho.org.uk/resource/view.aspx?RID=126948
[21] Integrated household survey smoking prevalence. Source: Local Tobacco Profiles.
http://www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/1/par/E12000002/are/E06000009

- Contribute to a reduction in infant mortality

In addition to the services described above, various steps have been taken locally which go towards reducing harm from tobacco within our population. These steps include:

- Smokefree hospital grounds to protect patients and visitors
- Signage to encourage smokefree playgrounds and parks to protect our children
- Working with midwifery services and pregnant women to reduce the rate of pregnant women smoking at the time of delivery giving babies a better start in life
- Working closely with other colleagues such as Trading Standards on various operations relating to proxy sales of tobacco to children, employing specialist sniffer dogs on illicit and illegal tobacco operations, and operations at Blackpool airport on smuggling
- Commissioning a lung health check project to find the 'Missing Millions' – people who may be in the first stages of Chronic Obstructive Pulmonary Disease. The aim of this work is to give those people identified information in the right language that would encourage them to seek help to stop smoking.

5.3.3 Considerations of services offered

Map 8 shows smoking prevalence across Blackpool and shows the location of Stop Smoking Services and pharmacies that accept Nicotine Replacement Therapy (NRT) vouchers.

Whilst we recognise that there may be a need to review the current location of Stop Smoking Services clinics to ensure that they are accessible to those who most need them, we feel that there is currently adequate provision of access to NRT voucher exchanges from pharmacies.

A review of current provision of all tobacco control services will be undertaken during 2015 and options and opportunities for stop smoking interventions from pharmacy settings will be considered as part of an options appraisal.

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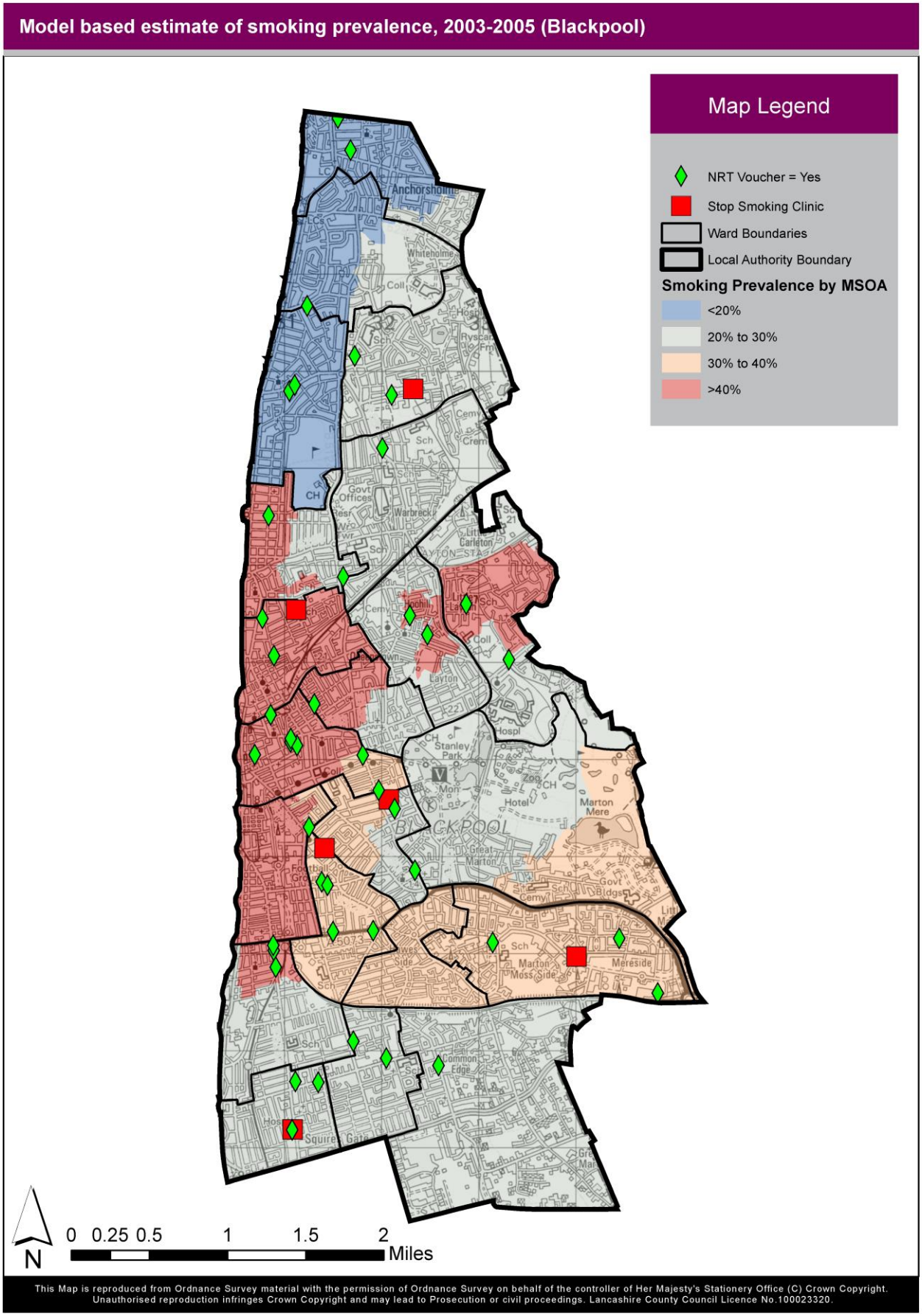
Map 8. Smoking prevalence, location of Stop Smoking Services and pharmacies that accept the NRT voucher scheme



5.4 Healthy weight

5.4.1 Local health needs

The proportion of adults estimated to be obese in Blackpool (25.8%) is similar to the North West (23.4%) and England (24.2%).[22] There is compelling evidence to clearly demonstrate that an inactive lifestyle has a substantial negative effect on health. Physical activity levels amongst the adult population in Blackpool are much lower than the North West and England as a whole. 48.2% of the adult population of Blackpool undertake over 150 minutes of physical activity a week compared to 56.0% of the adult population of England. [23]

It is important to note that obesity, and health problems related to obesity, are often more damaging to older people, particularly as they may have other health problems. Survey data suggest that children in Blackpool are more physically active than average, however levels of childhood obesity are slightly above the national average.

5.4.2 Opportunities in local services

Several opportunities exist such as providing advice, signposting services and providing on-going support towards achieving behavioural change for example through monitoring of weight and other related measures.

5.5 NHS Health Checks

Blackpool GP Practices currently deliver national NHS Health check programme which is a rolling programme for everyone between 40 and 74 years of age. The purpose is to identify an individual's risk of coronary heart disease, stroke, diabetes and kidney disease and for this risk to be communicated in a way that the individual understands and for that risk to then be managed appropriately. From April, 2013, the NHS Health Check also incorporated alcohol risk assessment and dementia awareness elements.

The core aims of the programme are the:

- Identification of eligible cohort and assessment of their vascular risk
- Communication to the patient of their vascular risk
- Management of vascular risk including:
    - Advice and treatment if required
    - Signposting to other services if appropriate
    - Referral to other services if required e.g. Smoking Cessation, Weight management

5.6 Sexual Health

5.6.1 Local health needs: chlamydia

Genital chlamydia trachomatis infection is the Sexually Transmitted Infection (STI) most frequently diagnosed in Genitourinary Medicine (GUM) clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubal

[22] Modelled obesity prevalence 2006-08. Source: National Obesity Observatory. http://www.sepho.nhs.uk/NOO/e-Atlas/adult/atlas.html

[23] Adults completing over 150 minutes of moderate equivalent physical activity per week 2012/13. Active People Survey. http://www.noo.org.uk/data_sources/physical_activity/activepeople

factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

It is difficult to assess changes in local chlamydia occurrence over the last decade for several reasons. The diagnostic definitions have changed during this period. More importantly, in the past two years the focus of the programme has changed from the absolute numbers being diagnosed to diagnostic rates.

In 2012, the proportion of 15-24 year olds tested for chlamydia in Blackpool (46.8%) was higher than national (25.8%) and North of England (27.1%) rates. Within Blackpool the percentages of positive tests (10.9%) was higher than that seen nationally (7.7%).

Quarterly data is available on the National Chlamydia Screening Programme Website: http://www.chlamydiascreening.nhs.uk/ps/data.asp

5.6.2 Local health needs: HIV/AIDS, gonorrhoea, syphilis and other conditions

Blackpool has amongst the highest prevalence of HIV in the North West, though the number of new infections is falling. The prevalence of diagnosed HIV infection in Blackpool has not changed substantially in the period from 2010 to 2012. Data from Public Health England indicate that between 2010 and 2012 there was a decrease in diagnoses of gonorrhoea, a slight increase in diagnoses of syphilis (small numbers), while diagnoses of genital warts decreased.[24]

5.6.3 Local services

Sexual health services in Blackpool are currently delivered via specialist clinical services and non-clinical outreach, awareness and behaviour change services. Open access, specialist clinical services are delivered via primary care centres and a selection of GP services. These services offer GUM, contraceptive services and psychosexual counselling. Young people can access a dedicated service via 'Connect'.

Non clinical services offer a range of targeted interventions for adults and children and young people. Adult services include HIV support services, counselling and CBT, sex worker outreach and brief intervention training for front line staff. Children and young people's services focus on assertive outreach and 1:1 intervention programmes for young people. A targeted programme of PSHE and Aspiration courses in schools are being delivered.

5.6.4 Consideration of services offered

An audit of contraceptive use in female service users of drug and alcohol treatment services is currently being undertaken. Substance misusing women are a particularly vulnerable group in relation to sexual health risk and morbidity. Part of this work entails consulting with female service users to identify barriers and facilitators to accessing sexual health services and reliable methods of contraception. The results should enable the exploration of more effective ways of delivering services to this vulnerable group.

[24] http://fingertips.phe.org.uk/sexualhealth

5.7 Emergency hormonal contraception

5.7.1 Local health needs

Blackpool has a teenage pregnancy rate significantly higher than England as a whole (under 18 conception rate of 42.9 per 1,000 in 2012).[25] The rate of teenage pregnancy in Blackpool has fallen steady after a peak in 2003. Although significant improvements have been made in recent years, teenage pregnancy remains an important problem for Blackpool. There are more terminations of pregnancy per head of population amongst under 18s in Blackpool than England as a whole. However this is reflective of the fact that Blackpool has a high teenage conception rate and more teenage conceptions in Blackpool result in live births compared with the national average.[26]

Studies indicate that making emergency hormonal contraception (EHC) available over the counter has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception.[27]

5.7.2 Local services

As at February 2015, there are 40 out of 44 community pharmacies providing Emergency Hormonal Contraception (EHC). This involves the supplying of Levonorgestrel (as appropriate), free of charge to the service user, according to the approved Patient Group Direction for the supply/administration of emergency hormonal contraception by a community pharmacist from a community pharmacy. The aims of this service are to:

- To increase access to Emergency Hormonal Contraception (EHC)
- To increase knowledge of EHC and mainstream contraception amongst service users and healthcare professionals
- To help contribute to a reduction in the rate of unwanted pregnancies, particularly in under 18s
- To signpost hard to reach females, especially young females, into sexual health services

Whilst improving access to EHC remains a priority the main focus of the Sexual Health Action Plan is to prioritise prevention and ensure people are motivated to practice safer sex including using planned contraception and condoms. The Plan also aims to ensure that all individuals understand the range of choices for contraception and understand how to access them. Community pharmacies play an important role in signposting service users to these services.

5.7.3 Consideration of local services

Map 9 shows areas of Blackpool where the conception rate of under 18 years old is significantly higher than the national average and also shows the location of pharmacies that provide Emergency Hormonal Contraception (EHC). There is good coverage across the town of EHC providing pharmacies, particularly in areas where there are higher under 18 conception rates.

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[25] Public Health Outcomes Framework – 2.04 Under 18 conceptions, 2012: http://www.phoutcomes.info

[26] Abortion statistics, England and Wales, 2012: https://www.gov.uk/government/statistical-data-sets/statistics-on-abortions-carried-out-in-england-and-wales-in-2012

[27] Marston C. (2005) 'Impact on contraceptive practice of making emergency hormonal contraception available over the counter in Great Britain: repeated cross sectional surveys', *BMJ* 331, 271.

Research has indicated that certain vulnerable groups have poorer access to sexual health services and have a higher risk of STIs and unintended pregnancy. Community pharmacies could potentially help improve access to sexual health services for these groups through the provision of depo injections and oral contraceptives.

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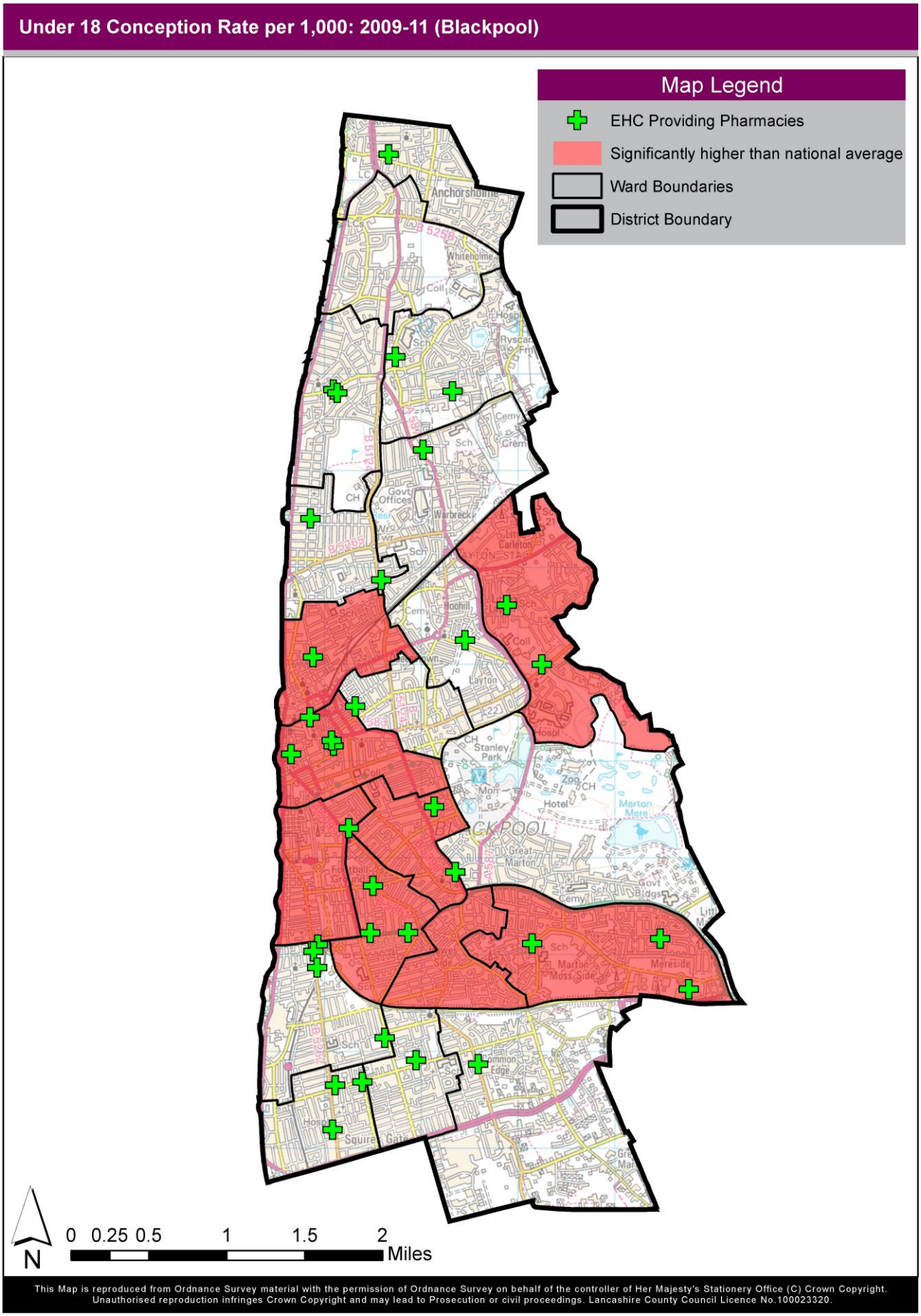
Map 9. Under 18 conception rate and location of pharmacies providing EHC



5.8 Alcohol use

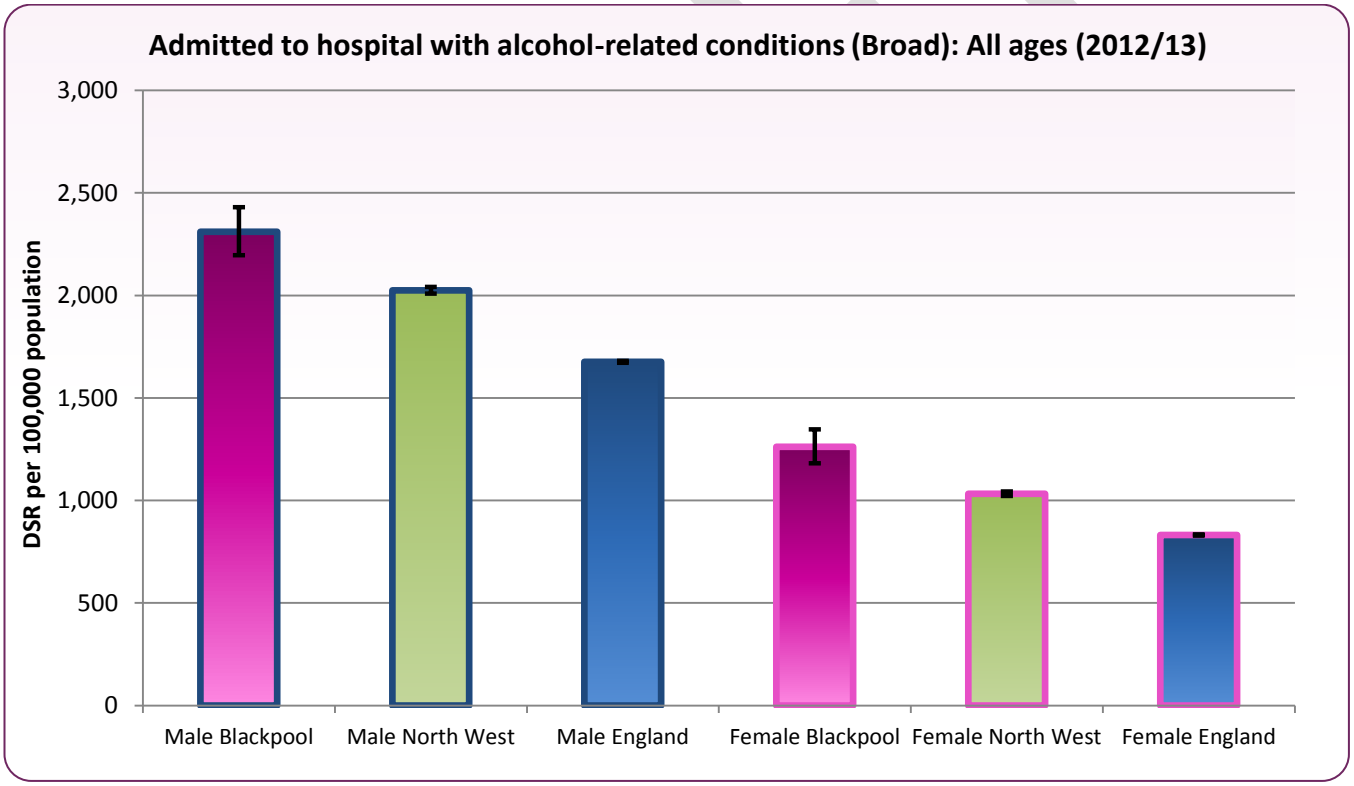
5.8.1 Local health needs

Local authorities are responsible for the commissioning of alcohol prevention and treatment services as of April 2013.[28]

Blackpool has some of the highest levels of alcohol related harm in the country. This includes direct health effects such as premature death and chronic liver disease, as well as other consequences such as disorder and violence. There are an estimated 32,500 Blackpool residents who drink at hazardous or harmful levels, equating to 29.3% of the adult population. [29]

Blackpool has statistically significant higher rates of alcohol related hospital admissions for both men and women when compared with England, as show in **Figure 6**. Alcohol related hospital admissions include admissions to hospital that are wholly attributable to alcohol, such as alcoholic liver disease, and also hospital admissions that are partially attributable to alcohol or in some cases attributable to alcohol, such as some types of cancer or road traffic accidents.

Figure 6 - Admitted to hospital with alcohol-related conditions (Broad): All ages (2012/13)



Source: Local Alcohol Profiles for England (LAPE). http://www.lape.org.uk/data.html

[28] Alcohol concern: Making sense of alcohol. (Sept 2013) 'Guide to alcohol for councillors.' Available at: http://www.alcoholconcern.org.uk/assets/files/Guide%20to%20Alcohol%20160813%20APPROVED.pdf

[29] Topography of Drinking Behaviours in England, The North West Public Health Observatory, 2011 http://www.lape.org.uk/downloads/alcoholestimates2011.pdf

5.8.2 Local services

There is evidence of the effectiveness of community pharmacy-based public health interventions such as smoking cessation and methadone maintenance for addictions, and in the management of osteoporosis, diabetes and raised cholesterol. Service users report positive experiences of using community pharmacy-based public health services, suggesting these services are acceptable as well as effective. 'Choosing Health Through Pharmacy' identified opportunistic advice, brief interventions and offering floor space to other health professionals as areas where community pharmacy could make a contribution. Several screening tools exist which are relevant for use in primary care settings including community pharmacy.

Blackpool community pharmacies perform a two part alcohol use questionnaire based on the 'Audit- C' tool. Depending on the outcome of the questionnaire the service user is provided with educational materials, brief advice and possibly a referral to alcohol treatment services. The aim of the service is to:

- Support the reduction in the level of alcohol related harm within the community
- Provide advice to customers drinking at increasing risk levels
- Signpost those customers that have been identified as being at risk from their alcohol use to the single point of contact treatment services
- Increase awareness within the local population to the associated health risks linked to alcohol use

5.8.3 Consideration of local services

A review of the effectiveness of Audit C as a screening tool is needed in order to inform future commissioning decisions on this service.

IBA alcohol training has also been available to pharmacies for some time although very few have so far undertaken the training. However, since the launch of the Healthy Living Pharmacies, Brief Intervention training has been offered to all pharmacy staff who have signed prospectus to commit to become a Healthy Living Pharmacy. The pharmacies are now in the process of undertaking brief intervention training, although it is not specific to alcohol.

5.9 Drug misuse related harm

5.9.1 Local health needs

Illicit drug use contributes to the disease burden both globally and in Blackpool. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as the delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale.[30]

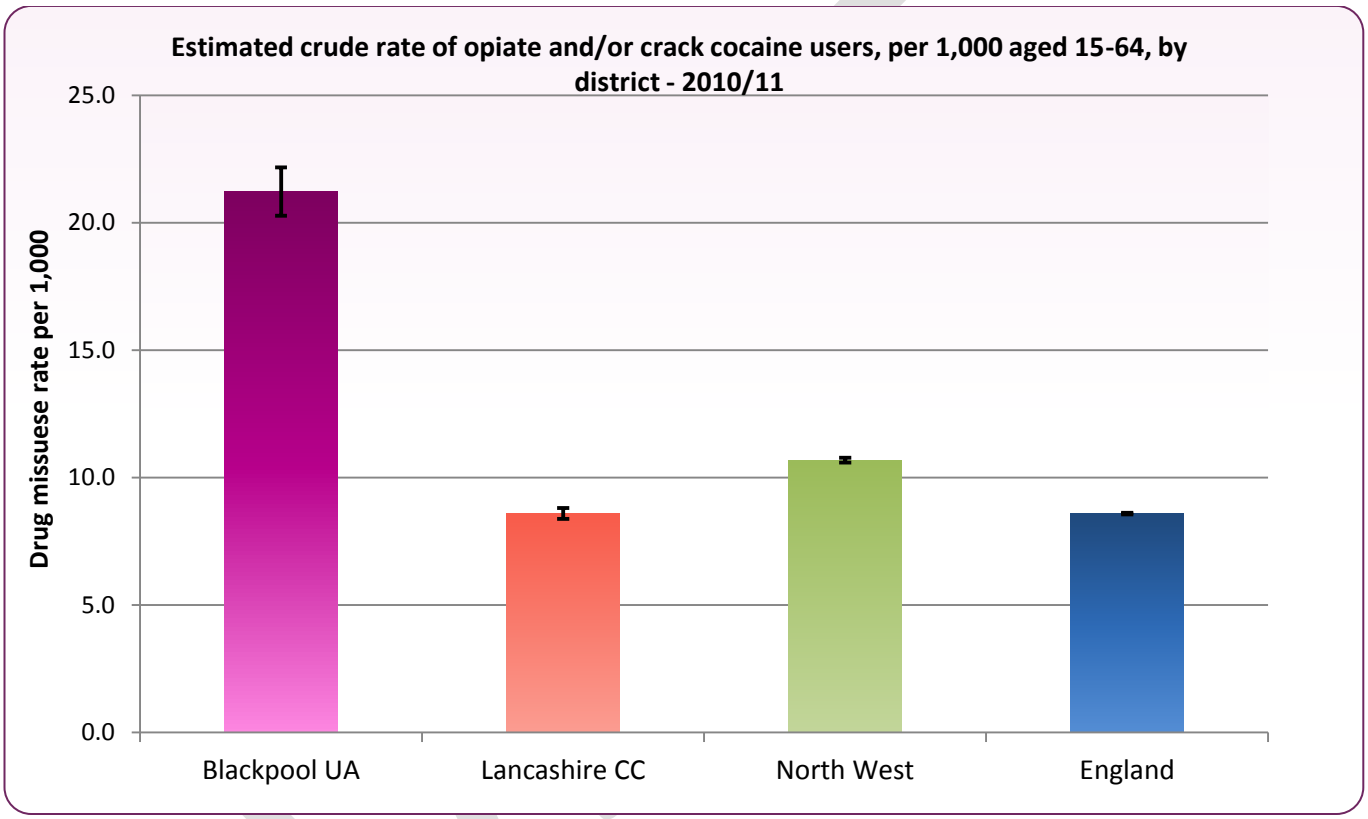
An overview of the current situation in the UK is given in the DH report *United Kingdom Drug Situation – 2012 Edition*. Between 2006/07 and 2010/11 the estimated lifetime use of any drug amongst 16 to 59 year olds remained stable (35.4% and 35.6% respectively). Over the same time period, recent and current drug use decreased. In 2006/07, reported use of any drug within the last year was reported as 10.2%, this decreased to

[30] Degenhart L et al. 'Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010'. *Lancet* 2013; e-pub 29 Aug: http://www.sciencedirect.com/science/article/pii/S0140673613615305

8.8% in 2010/11.[31] A similar pattern was seen for reported use of any drug within the last month, which decreased from 6.0% in 2006/07 to 4.8% in 2010/11.

Blackpool sees high levels of substance misuse, and has the highest levels of problematic heroin and crack cocaine use in the North West. The rate in Blackpool is significantly higher than both the North West and England (**Figure 7**). An estimated 1,946 residents of Blackpool are considered problematic drug users. In 2012/13 there were an estimated 1,946 Opiate and/or Crack Cocaine users in Blackpool and the current rate is 21.9 per 1,000 population, compared to 10.8 per 1,000 for the North West and 8.7 per 1,000 for England. The rate for opiate users is 20.3, compared to 9.6 and 7.6 for the North West and England; 10.8 for injecting drug users, compared to 3.2 and 2.7 for the North West and England.

Figure 7 - Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64, by district - 2010/11

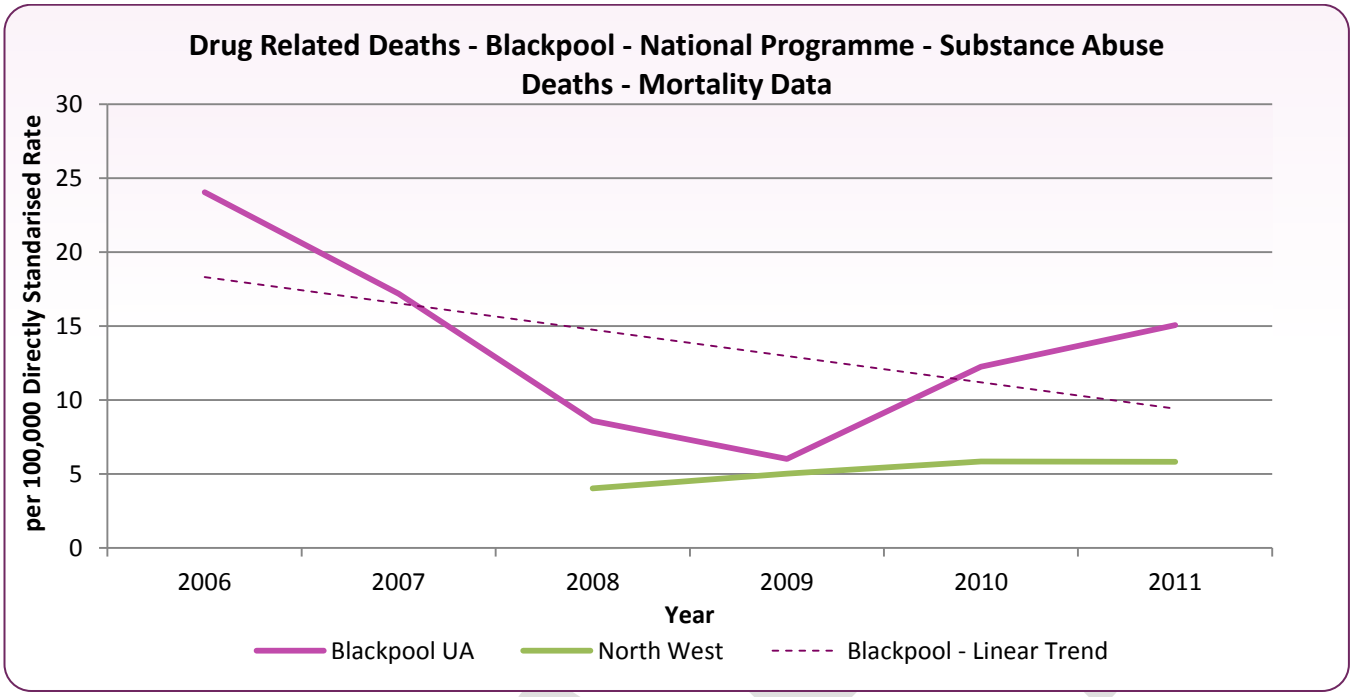


Source: PHE Health profiles 2013. http://www.apho.org.uk/resource/view.aspx?RID=126811

[31] Department of Health. (2012) 'United Kingdom Drug Situation: 2012': http://www.nwph.net/ukfocalpoint/writedir/userfiles/file/Reports%202012/UKDSR2012FINAL.pdf

Although the rate of drug related deaths in Blackpool has reduced over the long term, in recent years the rate has started to rise again (**Figure 8**).

Figure 8 - Drug Related Deaths - Blackpool - National Programme - Substance Abuse Deaths - Mortality Data



Source: *http://www.sgul.ac.uk/research/projects/icdp/our-work-programmes/substance-abuse-deaths/*

5.9.2 Local service: Community pharmacy needle and syringe exchange

Community pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment. Associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers, are also provided. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service to injecting drug users, steriod users and those injecting tanning products. The pharmacies promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis A and B immunisation.

Community pharmacists provide support and advice to the user, assisting them to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support. Pharmacists can refer to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

The aims of the service are to protect health and reduce the rate of blood-borne infections and drug related deaths among service users:

- by reducing the rate of sharing and other high risk injecting behaviours;
- by providing sterile injecting equipment and other support;
- by promoting safer injecting practices; and
- by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).

Participating pharmacies also improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.

5.9.3 Local service: Community pharmacy supervised administration service

One key element of drug treatment for opiate users is the prescribing of maintenance treatments such as Methadone, Buprenorphine or Suboxone®. Studies have shown that Methadone Maintenance Treatment reduces levels of injecting drug use and associated health problems, acquisitive crime and drug related death among those in treatment. Thus the Clinical Guidelines believe it to be 'an important part of drug misuse services' (DoH, 1999:45). Prescribing substitute medications allows time for individuals to implement personal or social changes that can reduce the impact of their illicit drug use and is a key element to increase the opportunities of individuals to achieve their goals.

Pharmacists play a key and unique role in the care of the substance users. 'Key', in that through the supervision of consumption of methadone, buprenorphine or Suboxone®, the pharmacist is instrumental in supporting drug users in complying with their prescribing regime, therefore reducing incidents of accidental death through overdose. Also through supervision, pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help to reduce drug related deaths in the community. The 'unique' role that pharmacists play in the treatment of drug users is the daily contact that they have with their patients, and their ability to monitor and offer advice on the patient's general health and well-being. By integrating the pharmacists into the 'shared-care' service this gateway role can be developed to maximise the positive impact treatment has for patients.

Community pharmacies provide support and advice to the patient, including referral to primary care or specialist centres where appropriate. Pharmacists can monitor the patient's response to prescribed treatment. For example if there are signs of overdose, especially at times when doses are changed, during titration of doses, if the patient appears intoxicated or when the patient has missed doses. If necessary the pharmacist can withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate.

By ensuring each supervised dose is correctly consumed by the patient for whom it was intended they reduce the risk to local communities. Specifically, by reducing the diversion of prescribed medicines onto the illicit drugs market and the accidental exposure to the supervised medicine.

5.9.4 Non pharmacy services: specialist drug services

The specialist drug service offers a recovery focused treatment service. Recovery is very individual, but the Public Health perspective is about clients leaving the specialist treatment service and being able to have a healthy sustainable life within the community. All clients are case managed by the care co-ordination service where they receive psychosocial interventions, cognitive behavioural therapy, structured day programmes and substitute medication within the community. Clients will also receive health checks and sexual health advice.

5.9.5 Consideration of services offered

At the present time there are 17 pharmacists delivering needle exchange services, alongside the harm reduction service. It is considered that there is sufficient coverage across Blackpool, and there are no plans at the present time to increase the provision.

In line with the recent announcement by the Crime Prevention Minister that Health Professionals can legally provide foil, consideration needs to be given as to whether this should be included as part of the needle exchange programme.

In relation to supervised consumption there are currently 32 pharmacists equipped to deliver this service. In view of the new contracts that have been issued for delivering drug and alcohol treatment services and the move to a

recovery focused approach there is a move to reduce the number of individuals on a supervised prescription. This will need to be monitored to consider the impact on the pharmacists and to study whether there is a need for the same level of pharmacy coverage.

There is an emerging trend of individuals being addicted to over the counter medications and prescribed medications, although the evidence of this is limited. Work has commenced at looking at the level of the problem within Blackpool. There will be a need to work with pharmacists to look at the extent of the problem and to consider the type of service that should be offered to individuals.

5.10 Long term conditions

Patients with Long Term Conditions (LTCs) are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Several types of interventions (e.g. reduced dosing demands as well as monitoring and feedback) may help in improving medication adherence[32]. Self-monitoring of medication taking can also potentially be facilitated by new technologies (e.g. automatic pill dispensers and home blood pressure monitors)[33]. It should be noted that, ideally, research in this field should consider not only patient adherence to medication but also patient outcomes.

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out Medicines Use Reviews (MURs) and New Medicines Service (NMS) reviews. Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Pharmacy MURs and NMS reviews are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber. There are opportunities to increase the uptake of MURs and NMS reviews and in the future to target pharmaceutical care towards complex cases.

The HWB and its partners recognise the importance of improving awareness of the risks associated with Long Term Conditions (LTC). Health campaigns aimed at improving medicines-related care for people with LTC and therefore reducing emergency admissions could be provided through community pharmacies. In addition pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.

Community pharmacists could be involved in monitoring the use of, for example: statins, blood pressure regulating medication and supplementary prescribing, making adjustments to the treatment being received by the patient.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the Be Clear on Cancer campaign[34], which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

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[32] Kripalani et al 2007. Interventions to Enhance Medication Adherence in Chronic Medical Conditions: A Systematic Review. Arch Intern Med. 2007;167:540-550. http://archinte.jamanetwork.com/article.aspx?articleid=412057

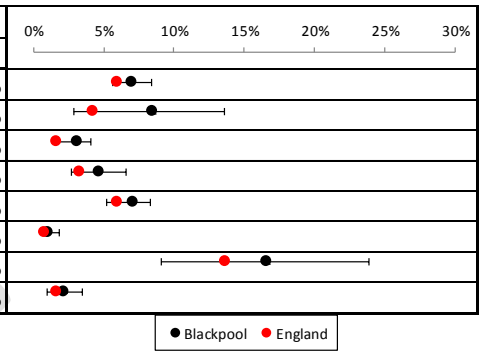
[33] Zullig et al 2013. Ingredients of Successful Interventions to Improve Medication Adherence. JAMA 2013 http://jama.jamanetwork.com/article.aspx?articleID=1784085&utm_source=Silverchair%20Information%20Systems&utm_medium=email&utm_campaign=JAMA%3AOnlineFirst11%2F21%2F2013

[34] More information on Be Clear on Cancer homepage, available at: http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/

The prevalence of several LTCs in the population of NHS Blackpool CCGs is significantly higher than the national average e.g. chronic kidney disease, diabetes, epilepsy and depression.

Figure 9 - Summary of prevalence of selected long-term conditions in Blackpool (2012 - 2013)

				GP Practice Range in Blackpool	
Condition	Blackpool	England	% Diff.	Min	Max
Asthma	7.0%	6.0%	16.7%	5.6%	8.4%
Chronic kidney disease	8.5%	4.3%	97.7%	2.9%	13.6%
COPD	3.1%	1.7%	82.4%	1.6%	4.1%
Coronary heart disease	4.7%	3.3%	42.4%	2.7%	6.6%
Diabetes	7.1%	6.0%	18.3%	5.2%	8.3%
Epilepsy	1.1%	0.8%	37.5%	0.8%	1.8%
Hypertension	16.6%	13.7%	21.2%	9.1%	23.9%
Stroke and TIA	2.2%	1.7%	29.4%	1.0%	3.5%



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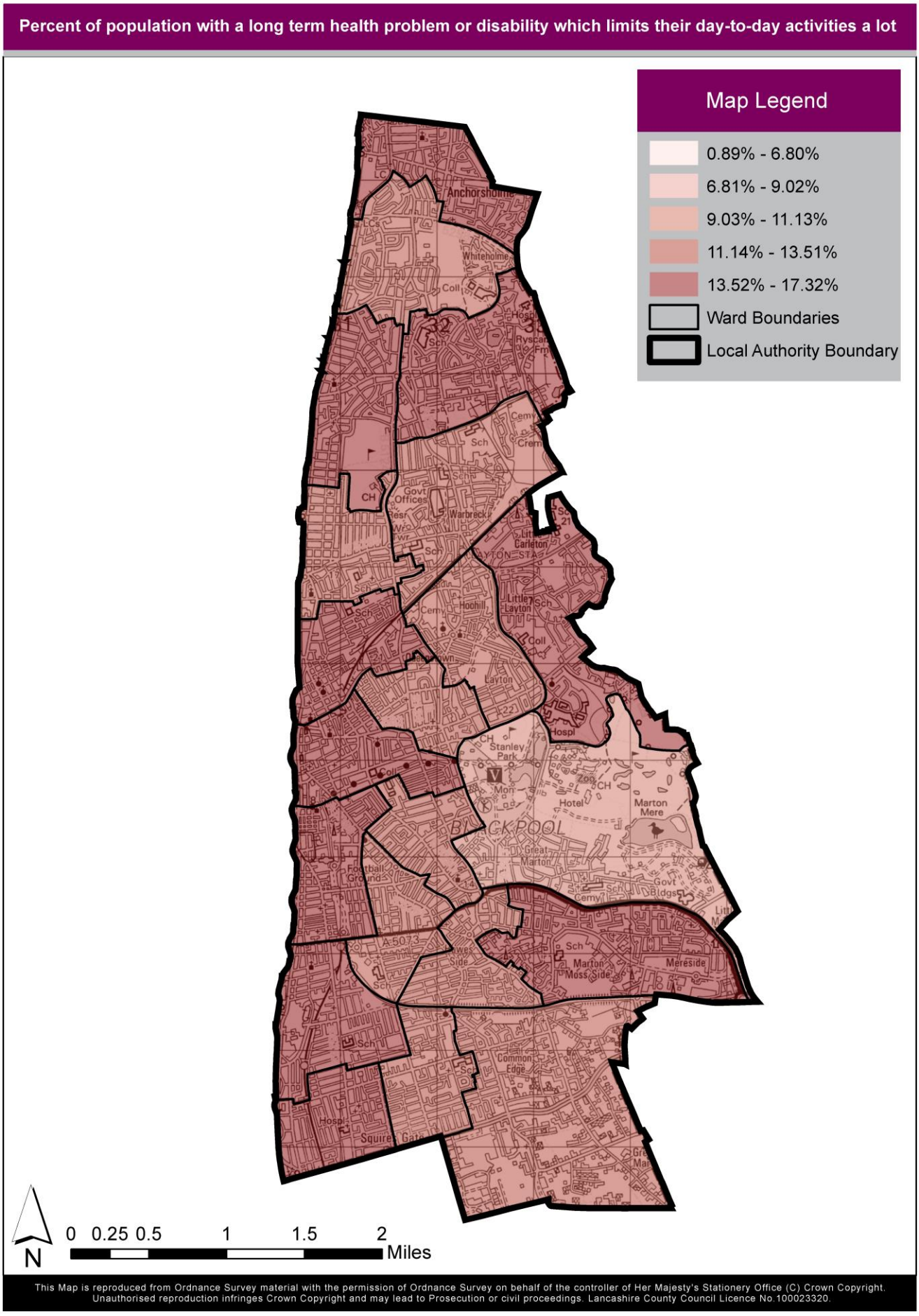
Map 10. Percentage of Population with a long term health problem or disability – Census 2011



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5.10.1 Consideration of services offered

Many patients with long term conditions receive a number of different medications for co-morbidities. Help with this, particularly for those with complex problems of concordance, could benefit from the intervention of a pharmacist working within a local clinical team, to give both them and other health professionals' advice and support.

5.11 Mental health

Pharmacy staff can play a role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc.

Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended. If necessary the patient could receive medication by instalment dispensing or through supervised administration.

5.12 Healthcare associated infections

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, MRSA and C difficile.

Senior specialist antimicrobial pharmacists within hospitals, primary care pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

Within the secondary care setting it is possible for pharmacists to lead on 'switching' policies to convert patients from intravenous therapy to oral drug therapy at the earliest appropriate opportunity.

Increasingly patients are treated with intravenous antibiotics at home and the patient's regular community pharmacy, together with hospital pharmacy services, should be aware of, and could be involved in their treatment.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAIs). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community.

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5.13 Medication related harm

5.13.1 Local health needs

In their report Safety in doses: improving the use of medicines in the NHS, the National Patient Safety Agency reviewed medication incidents reported to the RLS in 2007.[35] The most serious incidents reported included 100 medication incident reports of death and severe harm. Most serious incidents were caused by errors in medicine administration (41%) and, to a lesser extent, prescribing (32%). Three incident types – unclear/wrong dose or frequency, wrong medicine and omitted/delayed medicines – accounted for 71% of fatal and serious harms from medication incidents.

A prospective study of a random sample of residents within a purposive sample of homes and care homes in three areas found that two-thirds of residents were exposed to one or more medication errors. The authors concluded that "the will to improve exists, but there is a lack of overall responsibility. Action is required from all concerned."[36]

5.13.2 Local services

In the community, pharmacists should work with hospital discharge teams, interface teams, GPs and non-medical prescribers to ensure safe and rational prescribing of medication.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc.

Through the provision of MURs, NMS, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

Similar collaborative arrangements should be explored to ensure safe and appropriate supply of medication to residents in care homes in line with NICE guidance SC1:2014 'Managing medicines in care homes'.[37]

5.14 Community Pharmacy Minor Ailments Service

The White Paper Pharmacy in England – Building on Strengths, Delivering the Future set out the introduction of minor ailments services that promotes pharmacy as the first port of call for people with minor ailments and complements GP and out-of-hours medical provision.

A minor ailments service was first commissioned in Blackpool PCT in 2003. In 2010 this service was reviewed and re-launched across Blackpool.

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[35] National Patient Safety Agency (2009) 'Safety in Doses: Improving the use of medicines in the NHS.': http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625

[36] Barber D et al. (2009) 'Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people.' Qual Saf Health Care 18:341-346: http://qualitysafety.bmj.com/content/18/5/341.full

[37] NICE guidance SC1:2014 'Managing medicines in care homes' http://www.nice.org.uk/guidance/SC1

The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

To register for the service, a person must live in Blackpool or be registered with a Blackpool GP practice.

The following minor ailments were included:

- Acute Pain/headache/temperature
- Allergies (hayfever) Bites And Stings
- Cold Sores
- Colds/ Flu/ Nasal Congestion
- Conjunctivitis
- Constipation (acute)
- Cystitis
- Diarrhoea
- Head Lice
- Heartburn / Indigestion
- Mouth Ulcers
- Oral Thrush
- Sore Throat
- Teething Pain
- Threadworms
- Vaginal Thrush

5.15 Community Pharmacy Just in Case Service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain and aims to improve quality of life for both patients and their families. Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need

Blackpool has four designated community pharmacies that hold essential palliative care drugs for easier access. The drugs that must be held in stock by pharmacies taking part in the scheme are listed in the essential list of palliative care drugs agreed with palliative care clinicians.

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5.16 Healthy Living Pharmacy

5.16.1 Introduction

The political context for healthy living pharmacies (HLPs) was set out in the 2008 pharmacy white paper, 'Pharmacy in England: Building on Strengths, Delivering the Future'[38]. This described how, in time, community pharmacies would become healthy living centres, which would promote and support healthy living by offering healthy lifestyle advice and support on self-care and a range of pressing public health concerns.

The public, while fully aware of pharmacy's core role in the supply of prescription medicines and providing medicines over the counter, had little awareness of the broader role pharmacists and their teams could play in looking after their health and wellbeing. Research commissioned in 2008 by the Department of Health (DH) showed that, while around one in 10 people received health advice from their pharmacy, very few used pharmacy to access other health-related services, such as regular monitoring of current health conditions and screening for things such as diabetes and cholesterol[39].

NHS Portsmouth were asked by Department of Health to develop a national framework for HLP in recognition of local innovation underway. A national reference group was formed and academic research and support commissioned.

The HLP framework developed involves a system-wide approach to support change across the profession and within the workplace, an organisational development tool, and a brand that unites community pharmacy while changing public perceptions about what community pharmacy can offer in supporting their health.

A national pathfinder commissioned to test whether the HLP framework developed in Portsmouth was transferable across demography and geography demonstrated similar positive results. Benefits have also been realised by commissioners, contractors and employees and significantly, the public welcomed the concept.

NHS Blackburn with Darwen and NHS East Lancashire were selected as a pathfinder site. That experience has proved very informative and beneficial in supporting the current HLP programme. Service outputs broadly by HLPs were increased compared to before the pharmacy became an HLP and in comparison to non-HLPs.

In Lancashire the Healthy Living Pharmacy programme is co-ordinated by the HLP Strategic lead who chairs a steering group of senior Public Health leads and the Lancashire Local Pharmaceutical Committee. A Lancashire HLP prospectus has been drawn up that local pharmacy contractors are invited to sign up to. Healthy Living Pharmacy is an identified priority in the Local Professional Network (Pharmacy)(LPN) work plan and is accountable to the LPN for roll out and delivery of the plan.

5.16.2 What is a healthy living pharmacy?

Healthy living pharmacies put their local community's health and wellbeing at the core of everything they do. They consistently deliver a range of services to a high quality and are recognised with a HLP Quality Mark.

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[38] Pharmacy in England: Building on Strengths, Delivering the Future. Department of Health. 2008 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

[39] Community Pharmacy Use: Quantitative and Qualitative Market Research Report. COI on behalf of Department of Health. January 2008 http://rps.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=5155

5.16.3 HLP enablers

Important HLP enablers to support delivery include:

- Workforce development
- Engagement with the community and other providers
- Premises that are fit for purpose and support health promotion.

All Lancashire HLPs have at least two health champions, usually members of the medicines counter team, who proactively engage with the public and create a health-promoting environment. The pharmacist or pharmacy manager will have undertaken leadership and change management training to support a team approach and lead a 'supply plus service' delivery model.

To achieve the HLP quality mark locally, pharmacies have to demonstrate that they:

- Consistently deliver a range of health and wellbeing services to a high quality
- Meet the HLP quality criteria requirements[40]
- Have a team that actively promotes health and wellbeing, proactively offers brief advice and signposts to relevant
- Local and/or national support
- Have at least two trained health champions, who have achieved the Royal Society for Public Health's Understanding Health Improvement Level 2 Award
- Have a health-promoting environment with premises that are fit for purpose
- Proactively engage with the local community, and other health and social care providers and professionals
- Display the HLP logo

HLPs have a team approach which enable staff to make every contact count.

5.16.4 Role of a pharmacy health champion

The accessibility and location of community pharmacies offer significant opportunities to make every contact count and provide individuals visiting the pharmacy with information, signposting them to the NHS and other local community services.

The health champion is an important member of the HLP team.

A pharmacy's health champion will undertake a number of activities including:

- Engaging proactively with individuals and the community on health and wellbeing issues, signposting them to relevant services within and outside the pharmacy
- Leading on health promotion activities
- Keeping the 'health promotion zone' up to date
- Supporting the delivery of local and national health promotion campaigns
- Working with the team to identify and implement community outreach activities
- Maintaining a signposting resource within the pharmacy

[40] HLP Quality criteria and Lancashire HLP requirements. https://www.pharmacylancashire.org/healthy-living-pharmacy/

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- Developing window displays to attract the public into the pharmacy to use its health and wellbeing services.
- Other activities might include:
- Networking with other health champions to share ideas and see what works well
- assist in the delivery of services such as stop smoking, weight management, chlamydia screening and
- other services not requiring the specific input of a pharmacist at every stage.
- Within their HLP they may take a lead with their colleagues to ensure that the whole team is engaged in the concept.

5.16.5 Healthy Living Pharmacy and local priorities

Analysis of pathfinder reports indicated the value of HLPs for:

- Commissioners, showing that community pharmacies are able to deliver health and wellbeing services to meet local health needs.
- Public health teams who understood the potential for HLPs to deliver these types of health services effectively.
- Contractors - the results of the quantitative survey to assess the benefits of HLP status on contractors was positive for all contractor types and implementation of the HLP concept was seen as worthwhile for the business by over 70 per cent of contractors.

5.16.6 Healthy Living Pharmacy and commissioning intentions

Going forwards, the delivery of a pro-active approach and high quality services supports achievement of both Public Health England and NHS England outcomes. Identification of risk factors for life shortening diseases with appropriate signposting and/or referral helps prevent people dying prematurely; and targeted pharmaceutical support for patients with long term conditions provides enhanced quality of life.

The commissioning intentions for both Public Health England and NHS England would be to see as many HLPs as possible accredited throughout Lancashire, and to use these pharmacies as the platform from which to deliver high quality commissioned services within a setting where health and wellbeing information can be readily accessed. Initially that includes existing commissioned services but beyond that to develop, pilot and commission new services to improve capacity and extend access to healthcare within communities. All CCG areas have pharmacies working towards HLP accreditation.

Healthy Living Pharmacy has received widespread support from Earl Howe (minister for pharmacy), Professor Parish (PHE Advisory Board and former Chief Executive RSPH), Duncan Selbie (Chief Executive PHE), Professor Dame Sally Davies (Chief Medical Officer).

Text adapted from The Pharmacy Magazine CPD development programme Module 219 by Deborah Evans FRPharmS, pharmacy consultant, national HLP pathfinder work programme lead, and member of the Pharmacy and Public Health Forum.
http://www.pharmacymag.co.uk/ezines/PM_January_2014/HTML/files/assets/basic-html/page21.html

6 Future Population Changes and Housing Growth

Key Message:

The principal issue of housing demand and supply for Blackpool is the on-going demand for cheap flats in the private rented sector from people moving in to Blackpool from other areas. The new supply of homes over the last few years, especially since the economic downturn from 2007, has concentrated on conversions from former guest house accommodation in inner Blackpool. It is likely that conversions will continue at a similar rate in the inner area (approx. 100 new flats per year), although should be higher quality and larger on average as a result of planning policy changes and direct investment by the local authority.

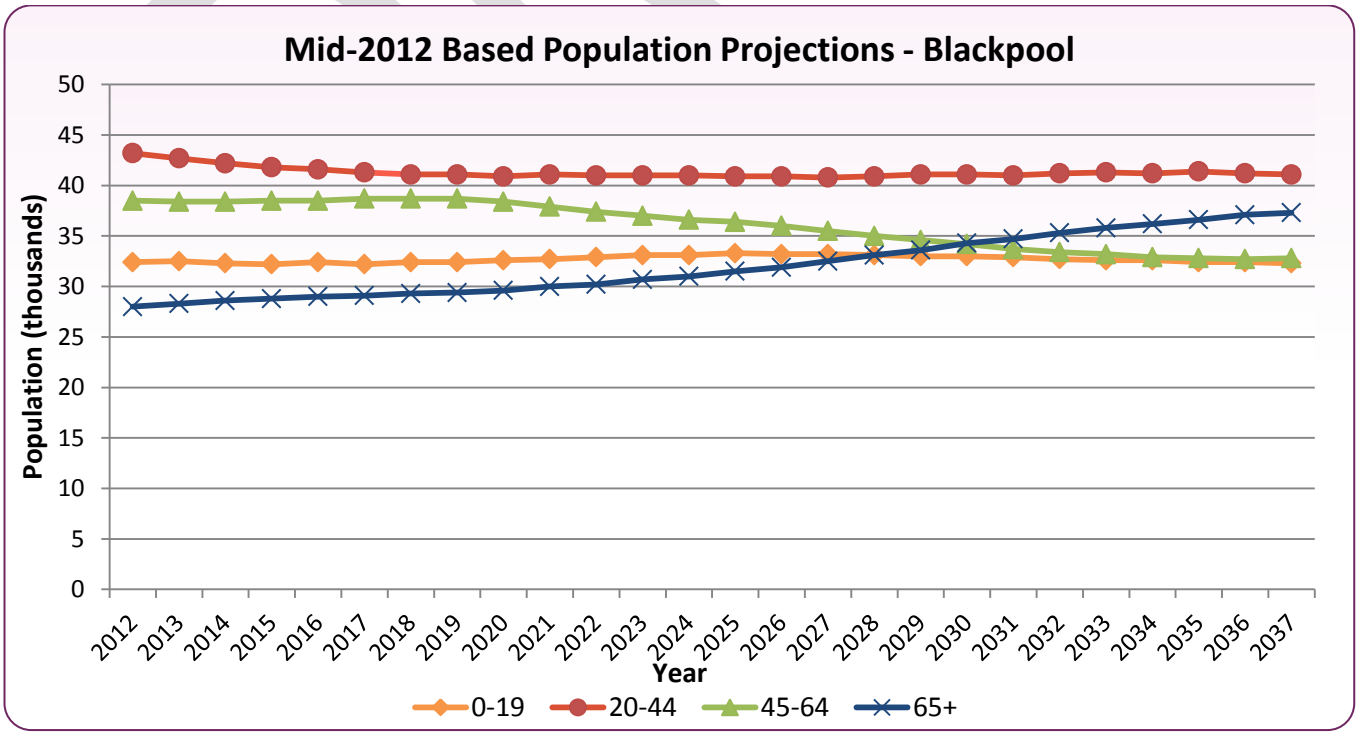
It is worth noting that while there is constant in-migration from other areas, there is an equally large out-migration, and recent ONS projections forecast that the overall population remains static. Household numbers should still grow slightly as the population ages and average household sizes reduce.

To facilitate commissioning of pharmaceutical services responsive to population needs, the Health and Wellbeing Board partners will, in accordance with regulations, monitor the development of major housing sites and produce supplementary statements to the PNA if deemed necessary, to ensure that appropriate information is available to determine whether additional pharmacies might be required.

6.1 Population changes in Blackpool

Projections of the population of Blackpool indicate that the number of residents over 65 will show a considerable increase within the next 20 years, far in excess of the levels of increase shown in all other age bands (**Figure 10**). The total population of Blackpool is projected to grow in the longer term from 142,100 in 2012 to 142,600 in 2032 (ONS mid-2012 based population estimates).

Figure 10 – 2012 based Subnational Population Projections for Blackpool



Source: Subnational population projections - ONS

Figure 11 – 2012 based Subnational Population Projections for Blackpool

AGE GROUP	2012	2022	2032
0-19	32,400	32,900	32,700
20-44	43,200	41,000	41,200
45-64	38,500	37,400	33,400
65+	28,000	30,200	35,300

Source: Subnational population projections – ONS

6.2 Housing growth

Reflecting the requirement for Local Plans to demonstrate a transparent and joined-up strategy between future housing growth and economic prosperity, further analysis of economic and housing forecasts and labour market assumptions support a housing requirement of 280 new homes on average per annum. This is based on the most realistic and appropriate employment-led forecast. It equates to 4,200 new dwellings over the plan period (2012 - 2027).

Blackpool's housing supply will be delivered from three different sources, comprising identified sites from within the existing urban area including major regeneration sites; identified sites within South Blackpool; and windfall sites. Collectively, these sources of supply will meet Blackpool's full, assessed housing needs, and on this basis there is no unmet need to address.

Focusing housing supply in the existing urban area supports Blackpool's strategy to maximise regeneration opportunities, ensures development takes place in the most sustainable locations and reflects the physical characteristics of the Borough. However, given that the urban area is intensely developed and is more challenging in terms of viability, opportunities for new housing are also identified in South Blackpool to provide a complementary housing offer. These different sources are discussed in turn below.

6.3 Growth during 2014 – 2018

Identified sites within the existing urban area, including major regeneration sites, are expected to provide around 1,950 new homes in total (net). These are identified in the Strategic Housing Land Availability Assessment (SHLAA) and comprise sites committed for development; vacant, underused or derelict land considered suitable for housing; and major regeneration sites within the inner areas, priority neighbourhoods and resort core, including the seafront (see **Map 11**).

The major regeneration sites include two large housing developments being brought forward by the Council and its partners at Rigby Road and Queens Park, to provide a choice of quality new homes that will appeal to different households and encourage sustainable communities to form. The scale of intervention will encourage investment into the wider area to make these neighbourhoods more attractive places to live; and they illustrate the Council's commitment to facilitating development in more challenging areas.

Identified sites within the South Blackpool growth area are expected to provide around 750 new homes on the edge of the urban area close to the Blackpool-Fylde boundary. This will comprise around 600 homes on land committed for development at Moss House Road; and around 150 homes at Whyndyke Farm in relation to land within the Blackpool boundary (the majority of this site lies within Fylde). These two large developments present

a real opportunity to improve the quality and choice of housing on the edge of Blackpool, linked to the development of wider lands in this area for major housing and employment growth.

To complement this housing growth, a neighbourhood planning approach for remaining land at Marton Moss will ensure the retention and enhancement of the distinctive character of this area.

Windfall sites are sites which have not been specifically identified as available in the Local Plan process. They normally comprise previously developed sites that have unexpectedly become available. A windfall allowance of around 1,500 homes will be the final component of Blackpool's housing supply; with the majority expected to come forward from conversions and bringing back long term empty properties into use.

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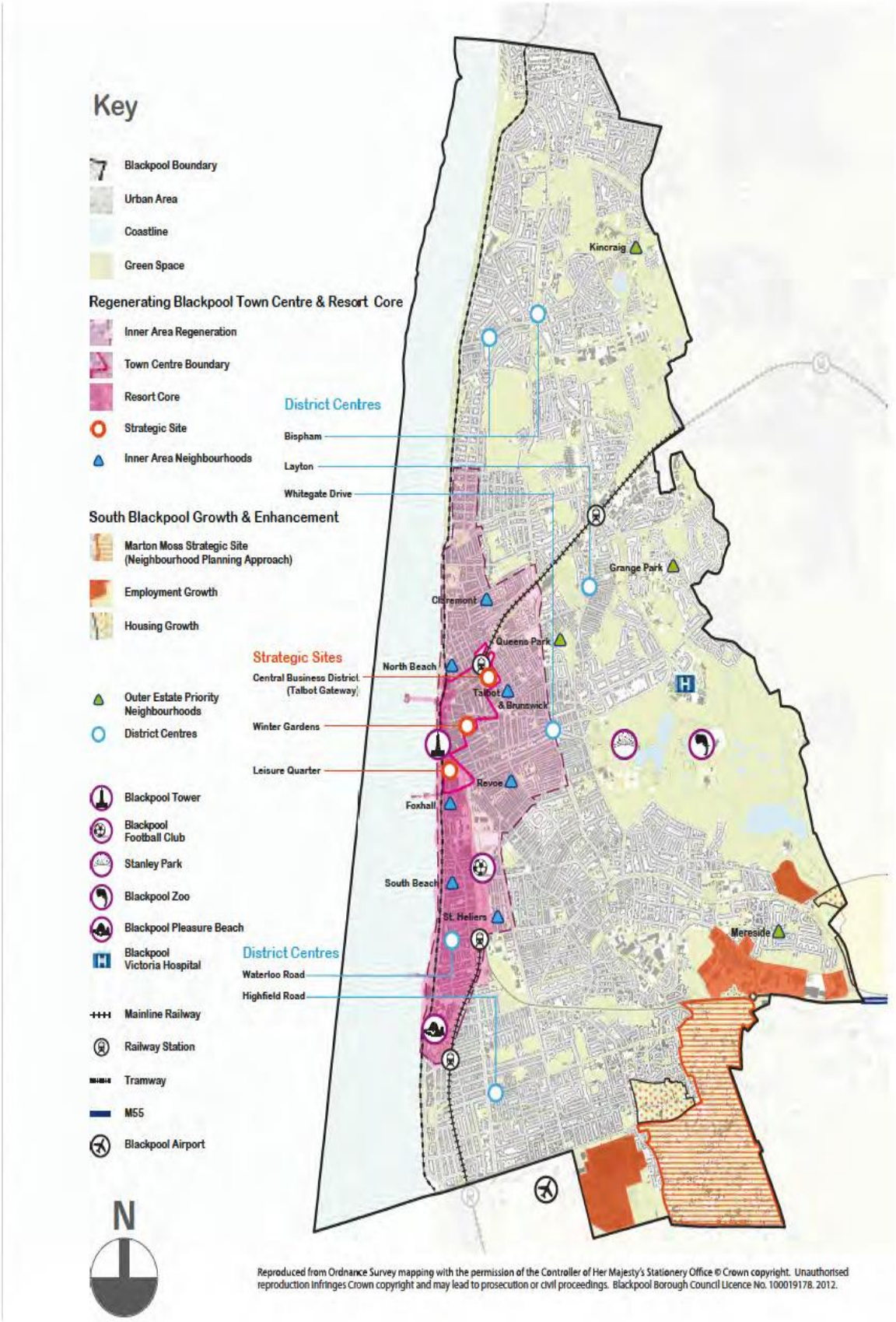
Map 11. Regeneration, Housing and Employment Areas



6.4 Growth after 2017

There is still little momentum for lots more house building in Blackpool, with weak demand from buyers and low prices making it difficult for developers to make new housing schemes stack up in many areas.

Local Planning Authorities are however required to identify a five year housing supply against the Plan requirements, in line with the National Planning Policy Framework, with a 20% buffer where there has been a persistent under delivery of housing. Reflecting Blackpool's persistent under delivery against previous plan requirements, a housing trajectory shows the five year supply position and a 20% buffer; and it will continue to do so in annual reviews of supply until the Council can demonstrate delivery against the housing requirement set out in this Policy[41].

6.5 Monitoring of housing developments and needs for pharmaceutical services

6.5.1 Monitoring of housing developments

In addition to monitoring individual housing sites, it may be necessary to monitor cumulative developments across several sites; i.e. if a number of smaller developments are built in an area then future completions may be worth monitoring by vicinity to pharmacies as well as just by individual housing developments. This might be particularly relevant where the ratio of pharmacies to people is already above or below average.

6.5.2 Factors to consider in relation to needs for pharmaceutical services

In Blackpool there is approximately one community pharmacy per 3,200 people. This is a higher concentration of pharmacies than the North West average which is one community pharmacy per 4,000 people.

Considerations when assessing needs for local pharmaceutical service providers should be based on a range of local factors specific to each development site. Such factors may include:

- Considerations of health inequalities and strategic priorities for Blackpool
- Average household size of new builds on the site
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e. the proportion of affordable housing at the development
- Access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors that can supply services.
- Developments in pharmaceutical supply models (e.g. delivery services, robotic dispensing, centralised hub dispensing and electronic transmission of prescriptions) that could affect the volume of services a pharmaceutical service provider can deliver.
- Skill mix. A pharmacy's capacity to dispense larger volumes of prescriptions and/or deliver other services is greatly influenced by the number of pharmacists working in the pharmacy and, increasingly more importantly, the number of support staff. There have been significant developments in the roles that

[41] Blackpool Local Plan. http://www.blackpool.gov.uk/Residents/Planning-environment-and-community/Planning/Planning-policy/Blackpool-local-plan/New-Blackpool-local-plan/New-Blackpool-local-plan.aspx

support staff can now fulfil to support the pharmacy operation. Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians all now make a significant contribution to the delivery of pharmacy services and their availability to support a pharmacist should be considered by commissioners when considering how services can be commissioned from pharmacies.

New developments within the timeframe of this PNA in Blackpool should not need new pharmacy provision as it has been identified within this PNA that the whole of the borough has access to a pharmacy within 20 minutes driving time (**Map 6**). Also Blackpool has a high proportion of pharmacies for its population.

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Glossary of Abbreviations

Abbreviation	Definition
AUR	Appliance Use Review
CCG	Clinical Commissioning Group
DAC	Dispensing Appliance Contractor
DH	Department of Health
DMARDs	Disease-modifying anti rheumatic drugs
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Services
ESPLPS	Essential Small Pharmacy Local Pharmaceutical Services
FHSAU	Family Health Services Appeal Unit
HCAI	Heath Care Acquired Infections
HLP	Healthy Living Pharmacies
HWB	Health and wellbeing Board
IMD	Indices of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LAPE	Local Alcohol Profiles for England
LGA	Local Government Association
LPC	Local Pharmaceutical Committee (Lancashire)
LPN	Local Professional Network (pharmacy)
LPS	Local Pharmaceutical Services
LTC	Long Term Condition
MUR	Medicines Use Review
NMS	New Medicines Service
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
PCC	Primary Care Commissioning
PCT	Primary Care Trust
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PNA	Pharmaceutical Needs Assessment
QOF	Quality Outcomes Framework
RLS	Report and Learning Systems
RPS	Royal Pharmaceutical Society
SCS	Stoma Customisation Service

Appendix 1: Legal requirements for PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at:

http://www.legislation.gov.uk/uksi/2013/349/contents/made

1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and come into force on 1st April 2013.

2. Interpretation *(long – see website)*

3. The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:

a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;

b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)

4. Information to be contained in PNA

(1) Each PNA must contain the information set out in Schedule 1.

(2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)

5. Date by which the first HWB PNAs are to be published

Each HWB must publish its first PNA by 1st April 2015.

6. Subsequent assessments

(1) After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –

a) the number of people in its area who require pharmaceutical services;

b) the demography of its area; and

c) the risks to the health or wellbeing of people in its area,

unless it is satisfied that making a revised assessment would be a disproportionate response.

(3) Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –

a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and

b) the HWB –

(i) is satisfied that making its first or revised assessment would be a disproportionate response, or

(ii) is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs

Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with

a) any supplementary statement published by the PCT (..)

b) any supplementary statement published by the HWB (..)

Each HWB must ensure that the NHSCB has access to –

a) the HWB's PNA (including any supplementary statements) (..)

b) any supplementary statement that the HWB publishes (..)

c) any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations

Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on PNAs

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f) any NHS trust or NHS foundation trust in its area;

(g) the NHSCB; and

(h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

(a) must consult that Committee before making its response to the consultation; and

(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

(a) is treated as served with the draft by virtue of paragraph (5); or

(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

(a) the demography of its area;

(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;

(c) any different needs of different localities within its area;

(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and

(e) any other NHS services provided in or outside its area (which are not covered by subparagraph

(d)) which affect—

(i) the need for pharmaceutical services in its area, or

(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and

(b) having regard to likely changes to—

(i) the number of people in its area who require pharmaceutical services,

(ii) the demography of its area, and

(iii) the risks to the health or wellbeing of people in its area.

SCHEDULE 1 Regulation 4(1)

Information to be contained in pharmaceutical needs assessments

Necessary services: current provision

1. *A statement of the pharmaceutical services that the HWB has identified as services that are provided—*

(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and

(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

Necessary services: gaps in provision

2. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;

(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other relevant services: current provision

3. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—*

(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or

(b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. *A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—*

(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,

(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

Other NHS services

5. *A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—*

(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

How the assessment was carried out

6. *An explanation of how the assessment has been carried out, and in particular—*

(a) how it has determined what are the localities in its area;

(b) how it has taken into account (where applicable)—

(i) the different needs of different localities in its area, and

(ii) the different needs of people in its area who share a protected characteristic; and

(c) a report on the consultation that it has undertaken.

Map of provision

7. *A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.*

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Appendix 2: Geographic regions used within the PNA

A number of different geographies were used throughout the PNA to describe the local health and wellbeing needs of the population of Blackpool.

Electoral wards

These are key building blocks of UK administrative geography. However, they have limited relevance to commissioning of pharmaceutical services, and are subject to change. The population size can vary from 100 to 30,000 residents.

District council areas

District council areas are well understood by many people and enables comparison of routine data.

Super Output Area (SOA)

This is a way of collecting and publishing small area statistics developed by the Office of National Statistics (ONS).[42] They are of a more consistent size than electoral wards, which facilitates an assessment of needs for the local populations. They are not subject to frequent boundary change, so may be more suitable for comparisons over time. In addition, they will build on the existing availability of data for census output areas. SOA data are increasingly used for health needs assessment, health planning and assessing health inequalities.

SOAs come in two levels. Lower Layer Super Output Areas (LSOAs) have a minimum population size of 1,000 people and the average size is 1,500 people. Additionally, LSOAs can be grouped into Middle Layer Super Output Areas (MSOA). The MSOAs population size is minimum 5,000 people and the average is 7,200 people. All MSOAs are contained within a local authority (LA) and do not cross LA boundaries.

Sources of data for small areas

A good source for a wide range of socio-economic data for small areas is the Office for National Statistics' Neighbourhood Statistics website (contains information on e.g. age structure, housing, long-term illness and deprivation and other data from 2011 Census): http://www.neighbourhood.statistics.gov.uk

Health profiles for the area can be found at: http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Some insight into the health needs of the local population can be gained from the Quality and Outcomes Framework data of the local GPs. Entering a postcode at http://www.qof.ic.nhs.uk/search.asp returns a list of GPs in the proximity of the postcode.

Comparing the prevalence of common conditions of the practices within the CCG or England average gives an indication of the health of the local population. A more convenient way of viewing individual practices are the practice profiles at http://www.apho.org.uk/pracprof/

[42] Office for National Statistics: Super Output Areas (SOAs). http://www.ons.gov.uk/ons/guide-method/geography/beginners-guide/census/super-output-areas--soas-/index.html

Appendix 3: Methods used to identify providers

This section outlines the methods used for identifying providers of pharmaceutical services.

1. Identification of pharmaceutical service providers

Pharmacies within Blackpool

A list of pharmacies as of 30/06/2014 including postcodes and other information was obtained from NHS England Local Area Team, who maintains the registration database of pharmacies in Blackpool and some surrounding counties (Lancashire and Cumbria).

Pharmacies outside of Blackpool

Pharmacies in surrounding counties were obtained from the Health and Social Care Information Centre Organisation Data Service (ODS).

Dispensing doctors (GP) surgeries

NHS England Local Area Team confirmed that there are no dispensing doctors in Blackpool.

Distance selling pharmacies

NHS England Local Area Team confirmed that there are no distanced selling pharmacies based in Blackpool.

Dispensing appliance contractors

NHS England Local Area Team confirmed that there are no distanced selling pharmacies based in Blackpool.

2. Creation of maps

Maps indicating locations of premises providing pharmaceutical services

Maps showing the locations of premises providing pharmaceutical services were created in ArcGIS by the One Connect G.I.S. team.

Maps indicating travel distance

Maps showing access to pharmaceutical services by travel distance were created using ArcGIS Network Analyst in ArcGIS by the One Connect G.I.S. team.

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Appendix 4: List of pharmacies

Pharmacy Name	Address			Postcode
Assura Pharmacy	Moor Park Health & Leisure Centre	Bristol Avenue	Blackpool	FY2 0JG
Assura Pharmacy	164C Whitegate Drive	Blackpool		FY3 9HF
Bispham Pharmacy	119 Redbank Road	Blackpool		FY2 9HZ
Boots UK	337 Whitegate Drive	Blackpool		FY3 9JR
Boots UK	28-38 Bank Hey Street	Blackpool		FY1 1DD
Cleveleys Pharmacy	2 Anchorsholme Lane	Blackpool		FY5 3QL
Cohens Chemist	91 Holmfield Road	Blackpool		FY2 9RS
F. Crossley (Chemists) Ltd	273 Lytham Road	Blackpool		FY4 1DP
Grange Pharmacy	59 Chepstow Road	Blackpool		FY3 7PH
HBS Pharmacy	Newton Drive Health Centre	Newton Drive	Blackpool	FY3 8NX
Lloydspharmacy	109 Egerton Road	Blackpool		FY1 2NL
Lloydspharmacy	21-22 South King Street	Blackpool		FY1 4LS
Lloydspharmacy	110 Talbot Road	Blackpool		FY1 1LR
Lloydspharmacy	118/120 Bloomfield Road	Blackpool		FY1 6JW
Lloydspharmacy	182 Waterloo Road	Blackpool		FY4 3AD
Lloydspharmacy	525 Lytham Road	Blackpool		FY4 1RF
Lytham Road Pharmacy	South Shore PCC	Lytham Road	Blackpool	FY4 1TJ
M J Moore Pharmacy	45-47 Westcliffe Drive	Blackpool		FY3 7BH
MedicX Pharmacy	Whitegate Health Centre	Whitegate Drive	Blackpool	FY3 9ES
Morrison's Pharmacy	Morrison Supermarket	Squires Gate Lane	Blackpool	FY4 2AY
Norchem	54-56 Norbreck Road	Blackpool		FY5 1RP
Normoss Pharmacy	112 Normoss Road	Blackpool		FY3 8QP
Pharmisense	118 Adelaide Street	Blackpool		FY1 4LN
Rhodes Pharmacy	275 Devonshire Rd	Blackpool		FY2 0TN
Sainsbury's Pharmacy	J Sainsbury Store	Red Bank Road	Blackpool	FY2 9HY
South Shore Pharmacy	7 Lido Buildings	Lytham Road	Blackpool	FY4 1EW
St Mary's Pharmacy	343 Lytham Road	Blackpool		FY4 1DS
Tesco Pharmacy	Tesco Extra	Clifton Road	Blackpool	FY4 4UJ
The Co-operative Pharmacy	9-11 All Hallows Road	Blackpool		FY2 0AS
The Co-operative Pharmacy	St Pauls Medical Centre	Dickson Road	Blackpool	FY1 2HH
The Co-operative Pharmacy	160 Bispham Road	Blackpool		FY2 0LA
The Co-operative Pharmacy	8 South King Street	Blackpool		FY1 4LS
The Co-operative Pharmacy	8 Grasmere Road	Blackpool		FY1 5HU
The Co-operative Pharmacy	Arnold Medical Centre	204 St Annes Road	Blackpool	FY4 2EF
The Co-operative Pharmacy	53 Highfield Road	Blackpool		FY4 2JE
The Co-operative Pharmacy	Unit E	5 Langdale Place	Blackpool	FY4 4TR
The Co-operative Pharmacy	Asda Supermarket	Cherry Tree Road	Blackpool	FY4 4QH
Whitworth Chemists Ltd	Layton Medical Centre	200 Kingscote Drive	Blackpool	FY3 7EN
Whitworth Chemists Ltd	80B Charles Street	Blackpool		FY1 3JJ
Whitworth Chemists Ltd	60 Whitegate Drive	Blackpool		FY3 9DG
Whitworth Chemists Ltd	292-294 Waterloo Road	Blackpool		FY4 3AG
Whitworth Chemists Ltd	91/95 Bloomfield Road	Blackpool		FY1 6JN
Whitworth Chemists Ltd	300 Highfield Road	Blackpool		FY4 3JU
Whitworth Chemists Ltd	27 Common Edge	Blackpool		FY4 5AX

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Appendix 5: List of Dispensing Practices

There are no dispensing practices in Blackpool.

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Appendix 6: Results of pre-consultation questionnaire

Results of the Community Pharmacy questionnaire

A questionnaire was sent to all 44 Community Pharmacies in Blackpool. There were 27 returned questionnaires (61%). In the table below 'Blank' denotes the number (percentage) who returned the questionnaire but did not respond to the specific question.

	Question	Response
Consultation facilities	Are consultation facilities on site and do they include wheelchair access?	Out of 27 returned questionnaires 21 (77.8%) Have consult. areas with wheelchair access 4 (14.8%) Have consult. areas w/o wheelchair access 1 (3.7%) No consultation rooms available 1 (3.7%) Blank
	Where there is a consultation area, is it a closed room?	Out of 27 returned questionnaires 25 (92.6%) Have the consult. area in a closed room 0 (0.0%) Don't have the consult. area in a closed room 2 (7.4%) Stated NA
	Have access to off-site consultation area?	Out of 27 returned questionnaires 7 (25.9%) Don't have access to off-site consultation area 7 (25.9%) Stated that None apply 13 (48.1%) Willing to undertake consultations in patient's home/ other suitable site
	During consultations are there hand washing facilities?	Out of 27 returned questionnaires 6 (22.2%) Hand washing facilities in cons. area 3 (11.1%) Hand washing facilities close to cons. area 16 (59.3%) No hand-washing facilities 2 (7.4%) Have toilet facilities available for patients
IT facilities	Electronic Prescription Service: Release 1 enabled, or Release 2 enabled, or Intending to become Release 1 enabled within the next 12 months, or Intending to become Release 2 enabled within the next 12 months, or No plans for EPS at present	Out of 27 returned questionnaires: 0 (0.0%) No current plans to provide EPS R2 2 (7.4%) Planning to become EPS R2 enabled in the next 12 months 7 (25.9%) Release 1 Enabled 18 (66.7%) EPS R2 enabled
Services	Essential Does the pharmacy dispense appliances?	Out of 27 returned questionnaires: 26 (96.3%) Yes - All Types 0 (0.0%) Yes, just dressings 0 (0.0%) Yes, excluding stoma appliances

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		0 (0.0%) Yes, excluding incontinence appliances 1 (3.7%) Yes, excluding stoma and incontinence appliances 0 (0.0%) Other: dressings and stoma and incontinence no space to measure and fit items 0 (0.0%) None
	Advanced Medicines Use Review	25 (92.6%) Yes 2 (7.4%) No 0 (0.0%) Soon
	New Medicine Service	25 (92.6%) Yes 2 (7.4%) No 0 (0.0%) Soon
	Appliance Use Review	2 (7.4%) No 25 (92.6%) Yes 0 (0.0%) Soon
	Stoma Appliance Customisation	18 (66.7%) No 9 (33.3%) Yes 0 (0.0%) Soon
	Home Delivery Service	12 (44.4%) Currently provide NHS funded service 5 (18.5%) Currently provide private service 8 (29.6%) Willing to provide if commissioned 1 (3.7%) Willing to provide if commissioned but facilities require adjustment 1 (3.7%) Blank
Non NHS Funded Services	Collection of prescription from surgeries	Out of 27 returned questionnaires: All (100%) collect prescriptions from surgeries
	Delivery of dispensed medicines – free of charge on request	Out of 27 returned questionnaires: 25 (92.6%) deliver dispensed medicines free of charge on request 2 (7.4%) don't deliver dispensed medicines free of charge on request 0 (0.0%) blank)
	Delivery of dispensed medicines – selected patient groups	5 (18.5%) deliver to selected patient groups. Selected patient groups stated include: care homes, elderly, disabled or housebound and other patients specifically requesting the service.
	Delivery of dispensed medicines – selected areas	5 (18.5%) deliver to selected areas. Areas ranged from immediate and local to nationwide.
	Delivery of dispensed medicines – chargeable	2 (7.4%) deliver medicines – chargeable.
Other	Does your pharmacy supply medicines etc. to care homes?	Out of 27 returned questionnaires: 5 (18.5%) Currently providing 7 (25.9%) Willing to provide if commissioned but would need training and currently providing a private service

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		12 (44.4%) Willing to provide 3 (11.1%) Blank

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Appendix 7: Consultation report

Blackpool Pharmaceutical Needs Assessment went out for public consultation from the 20th October 2014 to 19th December 2014. During this time the PNA was available on the Blackpool JSNA website, in six pharmacies throughout the borough and in all the libraries in Blackpool. It was also promoted via social media, in the Blackpool Fylde and Wyre Council for Voluntary Services (CVS) e-bulletin, on the Blackpool Council website and press releases were issued to the local media. A public consultation event took place on 23rd October 2014 where the purpose of the PNA was discussed, key findings were presented and feedback was sought. The PNA was also presented to a group of Healthwatch members on 11th December 2014.

During the public consultation Blackpool Health and Wellbeing Board received detailed feedback from the following:

- Boots Pharmacy
- Whitworth Chemists
- LPN
- LPC
- Healthy Living Pharmacy Strategic Lead
- NHS England
- NHS Blackpool CCG
- Healthwatch members

Over 100 comments were received during the course of the consultation. A working group was set up with members of the PNA steering group to review every comment. The comments were then allocated into three categories:

- Request to engage in commissioning process
- Amendment made
- No action taken

For those where no action was taken a rationale was provided to explain why the group deemed it not necessary to amend the document. The majority of comments did however lead to minor amendments in the document. Some comments were a request to engage in the commissioning process should future pharmaceutical services go out to tender.

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Appendix 8: Survey of Healthwatch Members

27 members of Healthwatch completed a survey to identify barriers to the use of pharmaceutical services.

Do you regularly visit your pharmacy?

Yes	No
24	3

What is your main reason for visiting your pharmacy?

Picking up a prescription	Getting medicine	Specific Service
24		

What services does a community pharmacy provide?

Dispensing	Repeat dispensing	Disposal of unwanted medicines	Medicine use reviews	Medicine service	Electronic Prescription Service	Prescription collection from GP
26	26	21	14	9	12	25

Can a community pharmacy provide any of the following services?

Screening	Flu vaccinations	Emergency Contraception	Incontinence Supplies	Needle exchange	Pregnancy testing	Stop smoking services
3	9	12	14	11	12	16

Have you heard of Healthy Living Pharmacies?

Yes	No
6	20

Many pharmacies are open when your GP surgery is shut - would you consider visiting a pharmacist rather than going to see your GP?

Yes	No
17	8

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Date	Version	Amended by	Description of changes

Approved By:

Name	Title	Signature	Date

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Carmel McKeogh, Deputy Chief Executive
Relevant Cabinet Member	Councillor Simon Blackburn, Leader of the Council
Date of Decision/ Meeting	4th March 2015

PROJECT SEARCH

1.0 Purpose of the report:

1.1 To update members of the Board on the progress of the Project Search programme since its implementation in September 2014.

2.0 Recommendation(s):

2.1 To note the positive impact of Project Search for the young people who are enrolled on the programme.

2.2 To consider future employment opportunities for the Project Search students within their own organisations.

2.3 To consider replicating the model in their own organisations to increase the opportunities for young people with learning disabilities.

3.0 Reasons for recommendation(s):

3.1 To provide the Board with an update on the programme and encourage other partners on the Board to implement similar projects.

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'.

5.0 Background Information

5.1 Project Search is a one-year work placement program for students with learning disabilities who are in their last year of high school. The project and is currently half way through its first year 2014/15. It is targeted for students whose goal is to gain paid employment of more than 16 hours per week.

5.2 Taking place at the heart of Blackpool Council, with a classroom based in the new council offices at Bickerstaffe Square. A group of ten students are now into their second term of workplace teaching and learning through classroom based activities whilst also experiencing total immersion in the workplace as they undertake complimentary work based learning each day through placements across the Council.

5.3 The students work with a team that includes their family, a special education teacher provided by Blackpool and the Fylde College and support worker from Mencap to maintain the focus on an employment goal and support the student during this important transition from school to work.

5.4 The presentation aims to give a six-month update to the members of the Health and Wellbeing Board on the progress of the students during this first year of the project.

5.5 Does the information submitted include any exempt information? No

5.6 **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 The project is aimed at reducing barriers by providing access to appropriately tailored

learning and work opportunities for people with learning disabilities and autism.

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 Not applicable

13.0 Background papers:

13.1 None

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