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Blackpool Council

31 May 2016

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 8 June 2016 at 3.00 pm
At the Solaris Centre, New South Promenade

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 20 APRIL 2016 (Pages 1 - 6)

To agree the minutes of the last meeting held on 20 April 2016 as a true and correct record.

3 STRATEGIC COMMISSIONING GROUP (SCG) UPDATE (Pages 7 - 16)

To update the Board on the activity of the Strategic Commissioning Group since the last meeting.

4 LANCASHIRE COMBINED AUTHORITY (Pages 17 - 22)

To update members on the background, rationale, process and progress toward forming a Lancashire Combined Authority.

5 BLACKPOOL ALCOHOL STRATEGY 2016-2019 (Pages 23 - 58)

To consider the Blackpool Alcohol Strategy 2016-2019.

6 DRAFT FORWARD PLAN (Pages 59 - 64)

To consider the draft Forward Plan.

7 DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

7 September 2016

19 October 2016

30 November 2016

18 January 2017

1 March 2017

19 April 2017

Venue information:

Ground floor meeting room, 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, 20 APRIL 2016

Present:

Councillor Cain, Cabinet Secretary (Resilient Communities), Blackpool Council (in the Chair)
Councillor Clapham, Opposition Group Member
Councillor D Coleman, Cabinet Assistant (Resilient Communities)
Councillor Collett, Cabinet Member for Children's Services and Reducing Health Inequalities

Delyth Curtis, Director of People, Blackpool Council
Dr Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group
Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
Phil Jones, Area Group Manager, Lancashire Fire and Rescue
Dr Arif Rajpura, Director of Public Health, Blackpool Council
Mary Whyham, Blackpool Healthwatch Chairman

In Attendance:

Lennox Beattie, Executive and Regulatory Manager, Blackpool Council
Jayne Bentley, Better Care Fund Project Lead, Blackpool Council
Matthew Burrow, Head of Corporate Assurance, Blackpool, Fylde and Wyre Hospital Trust
Scott Butterfield, Corporate Development Manager, Blackpool Council
Dr Tamasin Knight, Speciality Registrar in Public Health, Blackpool Council
Samantha Nicol, Healthier Lancashire Lead Officer
Liz Petch, Public Health Specialist, Blackpool Council
Laura Watts, Better Care Fund Accountant, Blackpool Council

Apologies:

David Bonson, Chief Executive Officer, Blackpool Clinical Commissioning Group
Councillor Debbie Coleman, Cabinet Assistant (Resilient Communities)
Jane Higgs, NHS England
Neil Jack, Chief Executive, Blackpool Council
Ian Johnson, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust
Dr Leanne Rudnick, GP Member, Blackpool Clinical Commissioning Group
Karen Smith, Deputy Director of People (Adult Services), Blackpool Council

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 2 MARCH 2016

The Board considered the minutes of the meeting held on the 2 March 2016.

Resolved:

That the minutes of the meeting held on the 2 March 2016 be approved and signed by the Chairman as a correct record.

3 BOARD MEMBERSHIP

The Board welcomed Mrs Mary Whyham the new Chairman of the Blackpool Healthwatch to the meeting and noted that the Healthwatch would soon appoint its other Board representative.

The Board also welcomed Mr Phil Jones as the new representative of Lancashire Fire and Rescue Service who had replaced Mr Simon Bone who had recently retired from the Lancashire Fire and Rescue Service.

The Board took time to thank Mr Simon Bone, Lancashire Fire and Rescue and Mrs Carmel McKeogh, Deputy Chief Executive, Blackpool Council who had both recently left their roles within their respective organisations. The Board expressed thanks for the contribution made by the two individuals to the Health and Wellbeing Board throughout their attendance.

Resolved:

That the new membership of the Board be noted

4 STRATEGIC COMMISSIONING GROUP (SCG) UPDATE

The Board received an update from Mrs Delyth Curtis, Director of People, Blackpool Council.

The finalised minutes of the meetings held on 20 January 2016 and 24 February 2016 on which verbal updates had been given at present meetings were presented to the meeting.

Mrs Curtis highlighted the key issues as discussed at meeting on the 16 March 2016 which were not dealt with elsewhere on the agenda namely: the integration of health services into Children's Centres in line with the National Maternity Review, a report on the development of the Older Person's Housing and Support and a presentation by Lancashire Fire and Rescue on a more integrated approach to delivering home fire safety checks. The Board also noted that the meeting had discussed the Better Care Fund and Healthier Lancashire, dealt with elsewhere on the agenda, and that the minutes of the meeting would be brought to a future Health and Wellbeing Board once finalised.

Resolved:

1. To note the minutes from the Strategic Commissioning Group meetings on 20 January 2016 and 24 February 2016, that had been presented verbally at previous meetings of the Board.

2. To note the verbal update from the meeting on 16 March 2016 and to note that the minutes of this meeting would be brought to a future Board meeting.

5 TRANSFORMING CARE UPDATE

The Board received an update on the Transforming Care Strategy from Mrs Delyth Curtis, Director of People, Blackpool Council.

Mrs Curtis reminded Board members that the Transforming Care agenda had been developed as the implementation phase of the Winterbourne concordat on which the Board had previously received regular updates.

She emphasised the four key challenges for Blackpool already identified in the report Market Development, Specialist Accommodation, Crisis and Respite provision and Workforce Development. She highlighted briefly the work being undertaken in cooperation with partners and other authorities to address these issues and that it was necessary address them nationwide.

Board members considered it positive that Blackpool had been working with other authorities to develop both the provider and accommodation capacity across the country as initially concerns were that there was not sufficient capacity.

Resolved:

To note the update.

6 BETTER CARE FUND

The Board received an update on the development of the Better Care Fund from Jayne Bentley (Better Care Fund Project Lead, Blackpool Council) and Laura Watts (Better Care Fund Accountant).

The Board noted the agreements that had been reached between Blackpool Council and Blackpool Clinical Commissioning Group namely the additional monies to be added to the pool budget, that there was to be no change in the schedule of schemes within the Better Care Fund, there was to be no additional risk sharing agreement in addition to the existing Section 75 agreement and the proposals for the monitoring arrangements. The submission to NHS England of the draft narrative plan and planning template was also noted.

The Board considered carefully the information to be included in the Better Care Fund Plan 2016/17 and while expressing concern that it had been unable to sign off the final version agreed the principle of the submission. It considered that the Chairman would be best placed to sign off the final Better Care Fund Plan but noted that the document would also be approved by the Council and the Clinical Commissioning Group.

Resolved:

1. To note the contents of this update report.

2. To agree in principle to the submission of the Better Care Fund Plan 2016/17 to be submitted to NHS England for approval.

3. To agree that the final Better Care Fund Plan 2016/17 be approved by the Chairman on behalf of the Health and Wellbeing Board.

4. To agree, in principal, for ongoing governance by the Strategic Commissioning Group and the establishment of a Monitoring Group to develop the Better Care Fund during the next period.

5. To note that the terms of reference for the Better Care Fund Monitoring Group be submitted to a future meeting of the Health and Wellbeing Board for approval.

7 HEALTH AND WELLBEING STRATEGY

Mr Scott Butterfield, Corporate Development Manager, gave a presentation on the development of the new Health and Wellbeing Strategy.

He highlighted that the current strategy was due for renewal and it was proposed to develop a new strategy based around the existing vision; “Together we will make Blackpool a place where all people can live, long, happy healthy lives.” Mr Butterfield also explained that the review had accounted for the recommendations of the Due North report into Health inequalities, and the revised Council Plan priority to Create Stronger Communities and Increase Resilience. It was also agreed that the development of healthcare system changes like Vanguard, Better Care Fund and Healthier Lancashire required a strong strategy that related to Board’s input on these changes.

The Board confirmed its commitment to the four priorities proposed in the draft strategy namely Stabilising the Housing Market, Substance Misuse, Social Isolation and Community, and Early Intervention, and agreed that the consultation should seek views on these priorities.

The Board highlighted its view that the Blackpool Healthwatch should play a key role in any consultation and that consultation should take place in a focussed manner so as to report back to the July Board meeting.

Resolved:

1. To note the progress made to date and endorse the draft document for consultation.

2. To agree a brief period of focussed consultation to receive a report back at the July meeting of the Health and Wellbeing Board to further develop the strategy.

8 HEALTHIER LANCASHIRE

The Board received a brief update from Samantha Nicol, Healthier Lancashire Lead Officer on the progress made in developing the Healthier Lancashire. This provided the Board with information on developments since the previous detailed presentation

It was explained that further work was being undertaken in developing collaborative working arrangements and on the programme structure. It was hoped that a full plan would be presented to the Board and other Health and Wellbeing Boards in June for approval.

Resolved:

1. To note the update on the Healthier Lancashire including the establishment of the Joint Committee of Clinical Commissioning Groups.

2. To agree that the Board continues to receive regular updates from the Healthier Lancashire Programme in respect of the establishment of the appropriate governance arrangements and resourcing of the programme structure.

9 FORWARD PLAN

The Board considered the draft forward plan for forthcoming agendas, which would enable the Board to strategically plan its future agendas and ensure that items were relevant to the Board's priorities.

Resolved:

To approve the Health and Wellbeing Board Forward Plan as set out in Appendix 9a to the report.

Chairman

(The meeting ended 4.40 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 Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	8 June 2016

STRATEGIC COMMISSIONING GROUP (SCG) UPDATE

1.0 Purpose of the report:

1.1 To update the Board on the activity of the Strategic Commissioning Group since the last meeting.

2.0 Recommendation(s):

2.1 To note the minutes from the Strategic Commissioning Group meeting on 16 March 2016, attached at Appendix 3a, which have been updated verbally at a previous meeting.

2.2 To receive a verbal update from the meeting on 27 April 2016 and to note that the minutes of the meeting will be brought to the next Board in July.

2.3 To note that the meeting scheduled for 24 May 2016 was cancelled.

2.4 To note the main actions arising from the work of the group.

3.0 Reasons for recommendation(s):

3.1 The Strategic Commissioning Group is a sub-group of the Board, which is responsible for overseeing the integration and alignment of commissioning across the Clinical Commissioning Group and the Council. It has a duty to update the Board on activity against its work programme and future planned activity.

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: "Communities: Creating stronger communities and increasing resilience"

5.0 Background Information

5.1 The minutes from the 16 March meeting are attached at Appendix 3a. Items included:

- A report on the development of an Older Person's Housing and Support Strategy; it was agreed that the Strategic Commissioning Group would oversee the development of the strategy, ensuring that the appropriate links are made with health and adult services.
- An update on Healthier Lancashire/NHS Sustainability and Transformation Plans; this is on the Board's agenda at each meeting for regular updates
- An update on the Better Care Fund submission; this has now been signed off and submitted to NHS England
- A presentation from Lancashire Fire and Rescue Service on Public Service Integration and a proposal to develop a pilot that will develop their model of home fire safety checks into more holistic working with vulnerable people, to join up with some of the work currently going in neighbourhoods; this is being taken forward and is on the agenda for the next Strategic Commissioning Group.
- An update on New Models of Care.

5.2 The meeting on 27 April 2016 covered the following items; minutes of the meeting is not yet available therefore a verbal update will be given of any decisions that were made.

- A presentation on alcohol and drug treatment services; a commissioning review is ongoing taking into account the changing needs of service users and current policy environment;
- A discussion about evaluation and the possibility of bringing it together;
- The draft alcohol strategy was presented for feedback;
- A discussion about the commissioning of domestic abuse services, these are currently being reviewed in light of a future potential bid for funding to the Home Office;
- An update on the progress of the Healthier Lancashire/ NHS Sustainability

and Transformation Plans; this is a regular agenda item at the Board;

- An update on new models of care; the Value Proposition had been submitted to NHS England and a response was awaited.
- An update of work to develop the draft Health and Wellbeing Strategy.

5.3 The meeting of the Group originally scheduled for the 24 May 2016 was cancelled so there is no update from that meeting.

5.4 Does the information submitted include any exempt information? No

5.5 **List of Appendices:**
Appendix 3a – notes from 16 March 2016 meeting

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
16 March 2016, 9.30 – 11.30am
Conference Room 3A, Bickerstaffe House

Present	David Bonson, Chief Operating Officer, Blackpool CCG (Chair) Nikki Evans, Superintendent, Lancashire Constabulary Pauline Wigglesworth, HeadStart Programme Lead, Blackpool Council Helen Lammond-Smith, Head of Commissioning, Blackpool CCG Dr Arif Rajpura, Director of Public Health, Blackpool Council Judith Mills, Public Health Specialist, Blackpool Council Merle Davies, Director Better Start, NSPCC
Also present	Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council Jayne Bentley, Care Bill Implementation and Better Care Fund Project Lead, Blackpool Council Julie McGowan, Commissioning Manager, Blackpool Council (representing Val Raynor) Andrew Foot, Head of Housing, Blackpool Council Mark Golden, Finance Manager, Blackpool Council (representing Steve Thompson) Steve Morgan, Lancashire Fire and Rescue
Apologies	Delyth Curtis, Director of People (Director of Children's Services), Blackpool Council Karen Smith, Director of Adult Services, Blackpool Council Steve Thompson, Director of Resources, Blackpool Council Dr Mark Johnston, Deputy Chief Operating Officer, Blackpool CCG Val Raynor, Head of Commissioning, Blackpool Council Lynn Donkin, Public Health Specialist, Blackpool Council Liz Petch, Public Health Specialist, Blackpool Council Pat Crawford, Finance, Blackpool CCG Scott Butterfield, Corporate Development and Research Manager, Blackpool Council Tamasin Knight, Specialty Registrar in Public Health, Blackpool Council

1.	**Welcome, introductions and apologies.** David welcomed everyone to the meeting, apologies were given and introductions made.
2.	**Minutes and actions from the last meeting** **Intermediate care** – Helen advised that the implementation of the new model was all on track, the staffing was mostly in place with a few minor issues to iron out. Mark Golden asked for sight of the financial approvals and was advised the CCG were awaiting final documents.

	Children's centres – Helen advised that the visioning paper had been discussed at the BTH maternity pathways group, and shared with internal managers. The paper had been accepted and all parties were signed up to the proposals, which align with the delivery plan, and also the national maternity review which suggests having more services delivered in neighbourhoods. There was one concern regarding whether health partners would be charged rent to deliver services from Council buildings, as we need to make sure we work together as a health economy. The group felt that there was an opportunity to consider this in more depth and a future item would be scheduled around **how we get the most out of our collective estates**.
3.	**Older People's Housing and Support Strategy** Andy Foot, Head of Housing presented the report, describing how the strategy would set out a plan for the future provision of housing for older people, enabling them to live independently and healthily. It should lead to an action plan that will help reduce the need for social care and acute health services, helping housing providers to understand what is needed and setting a clear framework that encourages appropriate investment. Work would be carried out over the next few months to understand demand for these types of housing, which has been weak for sheltered housing; this will help housing associations to understand potential areas to change types of housing. The impact would be to inform planning policy, part 2 of the Local Plan identifies particular sites for new housing including older people's housing, and choices about adaptability and accessibility. A Steering Group has been set up; this met last week to agree a project plan to deliver the strategy in six months, with action plans to deliver change, depending on what the recommendations are. Given the strong links to health and social care, it is suggested that this group oversees the strategy and receives a further report in three months. Discussion followed regarding the age group covered (over 55's) and the need to include some work on population projections. Arif commented on the importance of this work as a link between housing, care and support, and its importance with regards to preventing people from ending up in hospital. There was agreement that this is the right place to have the discussion, considering the issues involved around waiting lists for adaptations and social isolation; and the need to link with wider work around prevention. A separate question was asked regarding the new housing development at Wyndyke and how we can input regarding the types and location of services the residents will need to access. Judith is linked to this project. **Action: update on the strategy's development to be brought to the June meeting**
4.	**Healthier Lancashire /Sustainability and Transformation Plan** David updated on developments since the last meeting. The governance diagram has been updated to include new HWB Partnership Board that will operate on the Local Health and Care Economy footprint. The Joint Committee will have delegated responsibility for making decisions on certain things, for example collective decisions outside the remit of one CCG. There will be a JC of

	health and JC of other statutory organisations to make formal and public decisions. The original diagram has been changed to make sure voices are heard and organisations represented, Fylde Coast working arrangements will begin to make some difference. Discussion followed and it was suggested that there is lots of work to do on the detail; the acute hospital work makes sense on a larger footprint however some of prevention work seems to work better locally. This is a good opportunity to get things lined up, the perception previously was that we can't do things because we don't join up, this gives permission to do so and the conversations are productive. It was suggested that we need to be mindful of the Big Lottery's investments in Blackpool when we talk about boundaries changing; they have put money into three key strategic programmes, they like Blackpool as it is small and they can see impact of their investment. This is about understanding what can be done better on a bigger footprint, and Fylde and Wyre will benefit from working closer with Blackpool. There were some concerns that working on a larger footprint will impact on the speed of decision making and this may become overly bureaucratic; also that our voice may be lost if we become part of Lancashire; and systems transformation will not work as well on a larger scale. David advised that the rules for HL are still evolving, however the transformation plans require formal sign off to access transformation funding for 2017. All CCG's are required to hold 1% non-recurrent funds to pool into Lancashire which will be released when there is financial balance; this is to incentivise people to work together. The centre is going to be looking to larger footprints to get system management. It was agreed to keep as a **standing agenda item** to maintain clarity, enable issues to be escalated, and monitor risk.
5.	**Better Care Fund** Jayne Bentley and Laura Watts presented an update on the Better Care Fund submission; following a separate meeting that had taken place the week before, the adult's community contract had been included and the CCG funding has been uplifted by 1.1%. The total pooled budget is £16 million. It was proposed that a quarterly monitoring report is brought to the SCG, where any potential changes can be discussed and more projects/services can be added during the year. Mark Golden added that it was important to have one place to monitor the schemes, and the CCG had suggested pooling the community contract, the Council element can be added along with intermediate care, in order to monitor over/underspend. David added that the BCF is now becoming a more meaningful contract as it has more support from across the partners. It was also suggested that Fylde Coast working might improve the BCF in future, and it would be good to include public health services as well to protect them from future cuts. Originally BCF was introduced to include services for adults to prevent them going into

	hospital and reduce readmission rates; the purpose is to integrate and transform these services. It fits with the enhanced primary care model and lots of other workstreams, children's services could also be included in the future. **Action: Quarterly update reports to be scheduled on the SCG's forward plan.**
6.	**Public Service Integration – Fire as a Health Asset (slides attached)** Steve Morgan attended to present the item; the fire service are currently scoping how they move their model of home fire safety checks into more holistic working with vulnerable people. They want to work with partners to develop a product without moving into a clinical environment but focusing on the built environment using the Marmot principles of upstream prevention, and focusing on reducing the risk of falls, social isolation and seasonal factors/winter pressures. The main question was can we develop a pilot to take forward? A discussion followed where a number of ideas were put forward. Connections were made to the neighbourhood models and vanguard and the benefits that could be gained from more joined up working were recognised; and an opportunity to look at the 'blue light' input. There is some nervousness within fire and rescue staff with regards to working with people with complex needs and it was suggested that some workforce development may be required, around brief intervention training for example. Key for the fire service is that they are well-placed to go into households and engage with people, they are immediately trusted and a well-known brand. When discussing how to develop a pilot project, the importance of working with communities to gain some qualitative data and for communities to co-design was raised. The fire service would be looking to align resources to the locality models. It was agreed that a further conversation with the wider locality team was required to establish what a pilot would look like and if there were any projects that would benefit immediately, as well as beginning discussions about how to join up pieces of work e.g. Jobs, Friends and Houses; Fulfilling Lives; transience. **Action: David/Helen/Arif and Nikki to progress and update at a future meeting.**
7.	**New models of care** David advised that the Value Proposition had been submitted to NHS England and there may be less funding available than originally asked for.
8.	**Draft Health and Wellbeing Strategy** Venessa advised that the document was still work in progress and would be circulated to the group for comment and additional information the following week.

9	**AOB** 1. CVS: Arif raised the issue of CVS, commenting that we need a strong third sector to deliver certain aspects of the neighbourhood and locality work, and a CVS needs to pull this together. Referring to previous discussions about CVS, it was suggested that individual voluntary sector organisations are coming together to work with public sector to deliver what is required. Also work was ongoing as part of the Early Action project to develop public service volunteers, which would link with established third sector organisations. 2. Fulfilling Lives: The evaluation of the first year of Fulfilling Lives had been published and had produced some good savings although some data was missing. Action: Add to agenda for the next meeting as part of a wider discussion on how the three BL programmes work together. 3. Mental Health Café: Aldershot CCG have developed a mental health café, designed to be a safe haven café, open in the evenings. Early indications show there is a need for this type of service and that it is showing a reduction in admissions to hospital. Staff have skills in working with people with mental health issues. The pathway has been developed with the police. Public Health are currently exploring this idea, Camerado's (part of Fulfilling Lives) want to organise a pop-up café but Arif would like something longer term, based on a non-medical model. Pauline suggested that Stewart Lucas (CE Lancs Mind) may be interested.

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Antony Lockley, Strategic Head, Place
Relevant Cabinet Member:	Councillor Simon Blackburn, Leader of the Council
Date of Meeting	8 June 2016

LANCASHIRE COMBINED AUTHORITY

1.0 Purpose of the report:

1.1 To update members on the background, rationale, process and progress toward forming a Lancashire Combined Authority.

2.0 Recommendation(s):

2.1 To note the report and discuss potential implications and opportunities presented by Combined Authority working.

3.0 Reasons for recommendation(s):

3.1 The formation of a Combined Authority for Lancashire is of interest and relevance to all public services in the County, with health a key part of emerging Combined Authority proposals.

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 Combined Authority proposals are important to both Council priorities:

Priority One – The economy: Maximising growth and opportunity across Blackpool
Priority Two – Communities: Creating stronger communities and increasing resilience

5.0 Background Information

5.1 A Combined Authority is formed when a number of Local Authorities come together in a binding legal arrangement to enable collaboration and co-ordination on areas of overarching strategic importance, typically housing, transport, skills, health, regeneration and economic growth. The basic principle driving the creation of Combined Authorities is that local authorities and their partners can only meet the challenge of delivering on the likes of growth, housing and transport if they work together in 'real-world' economic geographies. As a result, the footprint of Combined Authorities are required to fit the way that the economies, housing and labour markets function – things that do not normally fit neatly within individual Local Authority boundaries. This principle can be seen clearly in the formation of the Greater Manchester Combined Authority and the Liverpool City Region Combined Authority for example.

5.2 Combined Authorities are generally led by a board made up of the Leaders of the Local Authorities that make up the Combined Authority, plus the (non-voting) Chair of the Local Economic Partnership. Government believes the establishment of Combined Authorities will support increased democratic accountability and transparency (over and above that provided by LEPs) to major areas of strategic policy making.

5.3 Once established, a Combined Authority can negotiate a devolution deal with central government, bringing new powers and potentially new resources to the Combined Authority's area. So far, the Government has insisted on Combined Authorities agreeing to an Executive Mayor before any agreement is made to devolve significant amounts of new money to a Combined Authority. A number of 'devo deals' have been done so far, focusing on those Combined Authorities in the North – Manchester, Tees Valley, Sheffield and Liverpool. The Government's clear focus on the Northern Combined Authorities is driven in large part by the Chancellor's 'Northern Powerhouse' agenda. As well as new powers over the likes of skills, health services and transport, most devo deals so far have included major new funding to drive economic growth, usually in the order of an additional £30-£35m per year for 30 years.

5.4 Lancashire's economy is a very similar size to the Sheffield and Liverpool City Regions, yet it is a long way behind others in securing new powers, resource, and anchoring itself within the Northern Powerhouse agenda. The Government and partners in Lancashire recognise that Lancashire cannot be left out, and that Combined Authorities are only the only way to access significant new powers and resource under current and likely future arrangements.

5.5 Headline reasons for a Lancashire Combined Authority include:

- The Government has a clear direction of travel. It wants to deal with local government on economy, planning, housing and skills via Combined Authorities. Those without them are already being left behind.

- A Combined Authority will provide a single voice for Lancashire in the debate about the future of the North. Greater Manchester and Merseyside already have powerful voices via their Combined Authorities and are shaping the 'Northern Powerhouse'. Preston, Blackpool, Lancaster or Blackburn on their own, will not be heard.

- A Combined Authority gives Local Authorities a clear focus for driving economic growth, which is the strongest way to impact on business rates and secure the future of public services. When new funding arrangements for Local Government are fully implemented Councils will be reliant on rates and growth to fund services however they are delivered.

- A Combined Authority gives Local Authorities in Lancashire an unprecedented opportunity to influence and shape the work of the Local Economic Partnership and the funding streams which Government distributes through the Local Economic Partnership. With this closer knowledge and working we will have a better prospect of aligning Local Authority propositions/ projects and attracting investment via the Local Economic Partnership.

- A Combined Authority for Lancashire creates the opportunity to contribute to a 'Lancashire Plan' on economy, skills, health etc. including the opportunity to shape how Lancashire's priorities are decided.

- A Combined Authority creates the vehicle for Local Authorities to and influence what the transport priorities are at local, sub-regional and regional level. Where those priorities are of regional and national significance, a Combined Authority will ensure the area has a strong voice in the shaping the priorities of Transport for the North.

- A Combined Authority creates the right framework to work more closely across Lancashire, and the opportunity to share capacity, expertise and experience in a co-ordinated way.

- A Combined Authority will provide the mechanism to have sensible and structured resolutions to disputes and differences which have sometimes divided Lancashire, fuelled negative perceptions and undermined local credibility.

- A Combined Authority provides the right structure for Local Authorities and other public partners to work collectively on the challenge of delivering sustainable public services into the future.

- Without a Combined Authority, Lancashire cannot secure a devolution settlement that will bring new powers and resource to bear on the area's strategic challenges and priorities.

5.6 Across 2015 Local Authorities in Lancashire conducted an in-depth governance review. The Governance Review explored three questions: Where are we now? Where do we want to be? How will we get there? As part of this review Council Leaders developed ambitions for Lancashire under five themes. These are:

1. Prosperous Lancashire – a Lancashire that is recognised as a destination of choice, to invest in, do business in, live or visit;

2. Connected Lancashire – digital and transport connectivity to promote inclusive growth;

3. Skilled Lancashire – a skilled workforce to meet the demands of employers and future business growth;

4. Better Homes for Lancashire – better living standards for residents with good quality homes and a wide housing offer;

5. Public services working together for Lancashire – integrated public services at the heart of local communities given everyone the opportunity for a healthier life.

5.7 An options appraisal was undertaken and consideration was given to arrangements including an enhanced status quo, Joint Committee, Economic Prosperity Board, Integrated Transport Authority and Combined Authority. The conclusion of the review was that a Combined Authority offered the strongest governance model to attract freedoms, flexibilities and resource from the Government and drive the strategic agenda against the five themes that Leaders had identified.

5.8 Fourteen of the fifteen Local Authorities in Lancashire are working in support of forming a Combined Authority, and each Council made a positive decision before Christmas 2015 in favour of consulting on the formation of a Combined Authority for Lancashire. Formal public consultation took place across January and February 2016, with over 70% of respondents supporting the formation of a Combined Authority for Lancashire. Following this, all fourteen Local Authorities took a further report in March and April 2016 to their Councils recommending the formation of a shadow Lancashire Combined Authority.

5.9 The shadow Lancashire Combined Authority will hold its first formal meeting in early July 2016, although meetings are already taking place between all fourteen Leaders on a Combined Authority basis. Officers have been given approval to open negotiation with Government on the formation of a Combined Authority for Lancashire, and to start to negotiate on a first devolution deal. Officers met with Department for Communities and Local Government's Governance Team in mid-May to begin to work on a draft Parliamentary Order that must be laid before Parliament to enable the formation of the Combined Authority. This is a complicated process but sound progress has already been made as Lancashire is advanced in its governance proposals. Civil Servants hope that the Order can be presented to Parliament in the Autumn, with passage through Parliament in the months following. This will enable the Lancashire Combined Authority to come into formal legal existence in early 2017.

5.11 Officers hope to begin direct negotiation with Civil Servants on a first devolution deal for the County over the summer. At the same time officers are currently preparing a work programme for the shadow Combined Authority. This work programme will include production of a Lancashire Plan setting out a vision for the Lancashire area, and will address the key strategic themes already identified, i.e. economic growth, housing, transport, skills and health.

5.12 Does the information submitted include any exempt information? No

5.13 **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 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 Information on the composition and work of new Combined Authorities elsewhere in the North West, good places to start are:
Liverpool City Region Combined Authority:
https://www.liverpoollep.org/economic-strategy/combined-authorities/
Greater Manchester Combined Authority:
https://www.greatermanchester-ca.gov.uk/site/index.php

If you are more interested in the new money and powers potentially on offer, take a look at the content of the agreed devolution deals for our neighbouring Combined Authorities:
Liverpool City Region CA devo deal:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477385/Liverpool_devolution_deal_unsigned.pdf
Greater Manchester CA devo deal:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/369858/Greater_Manchester_Agreement_i.pdf

Report to:	**Health and Wellbeing Board**
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Amy Cross, Cabinet Member for Adult Safeguarding and Reducing Health Inequalities
Date of Meeting :	8 June 2016

BLACKPOOL ALCOHOL STRATEGY 2016-2019

1.0 Purpose of the report:

1.1 To consider the Blackpool Alcohol Strategy 2016-2019.

2.0 Recommendation(s):

2.1 To approve the Blackpool Alcohol Strategy 2016-2019 and the delivery of the associated action plan.

3.0 Reasons for recommendation(s):

3.1 The importance of alcohol misuse as a public health issue has been highlighted in a number of key policy and strategy papers both locally and nationally. Addressing the harm caused by alcohol has been a Blackpool priority for many years. Indeed, significant investment has been made to tackle alcohol related problems and although progress has been made, alcohol harm indicators in Blackpool remain amongst the highest in the country.

The Blackpool Alcohol Strategy group has developed a new Alcohol Strategy 2016-2019, as a continuation of the work achieved through the previous Alcohol Strategy 2013-2016, on behalf of the Blackpool Health and Wellbeing Board.

The new strategy sets out the strategic priorities for local partners in tackling alcohol-related harm in Blackpool over the next three years. A robust action plan will support delivery of the strategy by setting out how partners will take responsibility for making it happen.

The alcohol strategy is a key component of the Health and Wellbeing Board's major strategic approach in improving health and wellbeing in Blackpool and as such is highlighted as a strategic priority by the Blackpool Health and Wellbeing Board.

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?	No

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is: "Communities: Creating stronger communities and increasing resilience"

5.0 Background Information

5.1 Alcohol misuse in the northwest region of England is the worst in the UK, and Blackpool has high levels of alcohol related harm (health, disorder, violence) for the size of the population.

5.2 Alcohol related mortality for males in Blackpool is significantly higher than the national average. In 2013, there were 75 alcohol-related deaths of Blackpool residents.

5.3 Alcohol related mortality for females in Blackpool, although the rate had seen a decrease, reaching similar rates to the England average in 2011/2012, by 2013 the rate began to rise again. In 2013, there were 37 alcohol-related deaths of Blackpool resident females.

5.4 Blackpool has the highest rate of alcohol related hospital admissions of any local authority in England. Alcohol-related hospital admissions can be a result of regular alcohol use above lower-risk levels and are most likely to be found in increasing-risk drinkers, higher-risk drinkers, dependent drinkers and binge drinkers.

5.5 Alcohol is too often a pre cursor and catalyst for crime and disorder in Blackpool in addition to creating health and safety issues in the wider community. There is a correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse and criminal damage all associated with alcohol abuse to some degree.

5.6 Blackpool residents are significantly more likely to be victims of alcohol-related sexual crime than England as a whole. There were 41 case of alcohol-related sexual crime in 2012/13 experienced by Blackpool residents.

5.7 Blackpool reported rate of alcohol-related violent crimes is more than double the England and north west rate.

5.8 Between 2011/2012 and 2013/2014, there were 1,109 assault related injury emergency attendances at Blackpool Victoria Hospital which occurred in the home. Almost three-quarters (73%) resided in Blackpool.

5.9 **The structure of the strategy;**
Developing healthy attitudes to alcohol across the life course

The strategy outlines the actions being taken locally to reduce alcohol-related harm across the life course. Actions will focus on;

- Starting well: Reducing alcohol related harm during pre-conception, pregnancy and the early years
- Growing well: Reducing alcohol related harm among school age children in Blackpool
- Living well: Reducing alcohol related harm in working age adults
- Aging well: Reducing alcohol related harm in older adults
- Keeping our local communities safe from alcohol-related harm

5.10 **Changing the environment and promoting responsible retailing**

The strategy aims to ensure alcohol is sold responsibly by developing programmes of work, which support the use of existing laws, regulations and controls available to all the local partners, to minimise alcohol related harm and advocating for national legislation to further reduce alcohol related harm.

5.11 **Early identification and support for alcohol issues**

The strategy aims to ensure that the most effective provision is in place to ensure individuals, identified as having an alcohol misuse problem, can access effective alcohol treatment services and recovery support.

5.12 Does the information submitted include any exempt information? No

5.13 **List of Appendices:**

Appendix 5a: Blackpool Alcohol Strategy 2016-2019

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 The work will be delivered from existing resources.

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 A stakeholder workshop was held on the 1 February 2016 to ensure the involvement of all relevant stakeholders in the development of the Blackpool Alcohol Strategy 2016-2019 and its associated action plan.

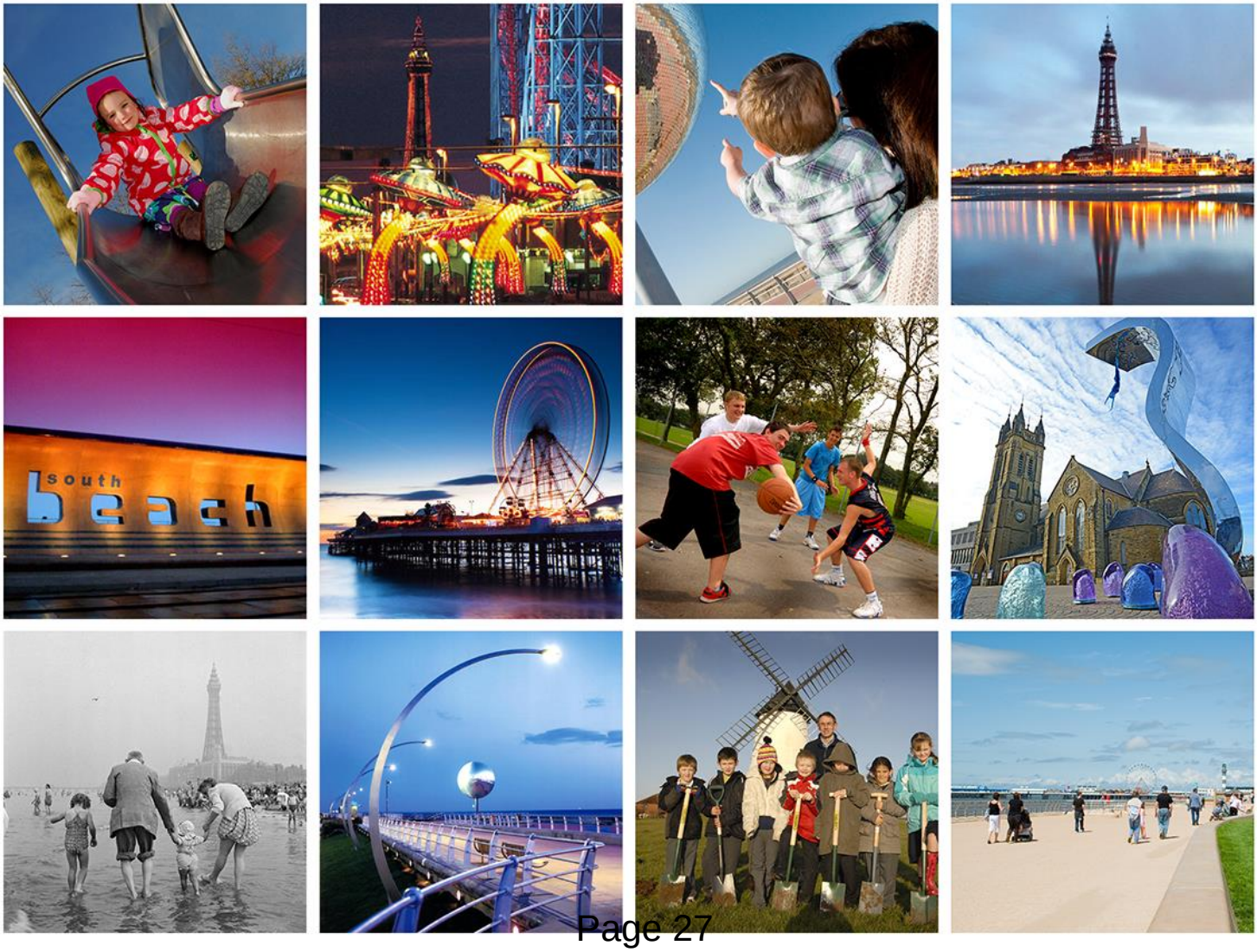
13.0 Background papers:

13.1 None

Appendix 5a

Blackpool Alcohol Strategy 2016-2019

Blackpool Council



Contents Page No

1. Introduction

There can be no doubt that tackling alcohol-related harm is currently a priority both nationally and locally. Alcohol misuse in the northwest region of England is the worst in the UK, and Blackpool has high levels of alcohol related harm (health, disorder, violence) for the size of the population.

The health of people in Blackpool is generally worse than the England average and there are marked inequalities both between Blackpool and the national average and within the town itself. Life expectancy for men in Blackpool is the lowest in the country at 73.6 years and third lowest in the country for females at 79.4 years (England averages of 78.6 for men and 82.6 for women). There is considerable variation within Blackpool where life expectancy is 12.8 years lower for men and 8.1 years lower for women in the most deprived areas than the least deprived areas of the town. Although the overall trend shows life expectancy to be improving, it is not improving as fast in Blackpool as it is elsewhere and the gap between Blackpool and the national average is widening. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health and without disability and in the most deprived areas of the town disability-free life expectancy is around 50 years. One of the main causes of shorter life expectancy in Blackpool is alcohol related diseases.

This Strategy has been developed, to build on the achievement of the previous Blackpool Alcohol Strategy 2013-2016, in collaboration with partners from the Blackpool Alcohol Strategy group, agreeing the vision, outcomes, objectives and actions.

The partners involved in drafting this strategy are listed below:

- Lancashire Constabulary
- Lancashire Fire and Rescue
- North West Ambulance
- Blackpool Bid
- Blackpool Pubwatch
- NSPCC
- Blackpool and the Fylde College
- Blackpool Teaching Hospitals NHS Foundation Trust
- Public Health England
- Horizon Substance Misuse Treatment service
- Blackpool Council Licensing Authority
- Blackpool Council Public Health
- Blackpool Council Partnerships and Business Development
- Blackpool Council Organisation and Workforce Development
- Blackpool Council Trading Standards

2. The Blackpool Alcohol Strategy 2016-2019

Blackpool has developed this strategy to deal specifically with the very unique problems faced by the town.

The importance of alcohol misuse as a public health issue has been highlighted in a number of key policy and strategy papers both locally and nationally. Addressing the harm caused by alcohol has been a Blackpool priority for many years. Indeed, significant investment has been made to tackle alcohol related problems and although progress has been made, alcohol harm indicators in Blackpool remain amongst the highest in the country.

The Blackpool Alcohol Strategy group has developed this Alcohol Strategy 2016-2019, as a continuation of the work achieved through the previous Alcohol Strategy 2013-2016, on behalf of the Blackpool Health and Wellbeing Board.

The strategy sets out the strategic priorities for local partners in tackling alcohol-related harm in Blackpool over the next three years. A robust action plan will support delivery of the strategy by setting out how partners will take responsibility for making it happen.

2.1 Developing healthy attitudes to alcohol across the life course

The strategy outlines the actions being taken locally to reduce alcohol-related harm across the life course. Actions will focus on:

- Starting well: Reducing alcohol related harm during preconception, pregnancy and the early years
- Growing well: Reducing alcohol related harm among school age children in Blackpool
- Living well: Reducing alcohol related harm in working age adults
- Aging well: Reducing alcohol related harm in older adults
- Keeping our local communities safe from alcohol-related harm

2.2 Changing the environment and promoting responsible retailing

The strategy aims to ensure alcohol is sold responsibly by developing programmes of work, which support the use of existing laws, regulations and controls available to all the local partners, to minimise alcohol related harm.

2.3 Early identification and support for alcohol issues

We recognise the need for efficient methods to effectively screen, identify and offer support to individuals to reduce alcohol consumption and ensure appropriate referral pathways are in place to effective treatment services. Effective early intervention can save lives. This strategy aims to ensure that the most effective provision is in place to ensure individuals, identified as having an alcohol misuse problem, can access effective alcohol treatment services and recovery support.

In implementing decisive alcohol reduction policies, Blackpool Council and our partners must show leadership in responding to the direction of travel set out in this Strategy. Communities themselves also have a role to play. Whole population approaches such as regulation and investment in services must be supported by interventions which are driven by, and meet the needs of, local communities. We all need to consider, as individuals and communities, what we can do to support each other to make alcohol harm a thing of the past and improve not only our own health but also the health of our local areas. We are confident that by working in partnership we will be able to reduce the harm caused by alcohol misuse, improve the quality of life of the people of Blackpool and make Blackpool an even safer place to live, work and visit.

It will concentrate its efforts on three priority themes as they believe these to be the areas of greatest opportunity where the greatest differences can be made.

2.4 Vision

A Blackpool where there is no alcohol related harm

2.5 Strategic Aim

To prevent and reduce alcohol related problems in Blackpool

2.6 Key priorities

- Developing healthy attitudes to alcohol across the life course
- Promoting responsible retailing
- Early identification and support for alcohol issues

3 Alcohol related harm

3.1 Health related alcohol harm

Alcohol is a major cause of ill health; it causes and contributes to a wide range of serious health problems, accidents and deaths. Alcohol causes and contributes to numerous health problems including liver and kidney disease; cancers of the mouth and throat, liver, larynx, colon and breast; acute and chronic pancreatitis; heart disease; high blood pressure; depression; stroke and alcohol exposed pregnancies. In most cases, the relationship between alcohol and disease is 'dose-dependent' - that is the more alcohol consumed, the greater the risk of disease.

3.2 Crime and disorder related alcohol harm

Alcohol misuse also has a detrimental effect on families and society; 40% of domestic violence cases result from alcohol misuse and every week on average more than 100 children call Childline upset about their parents' alcohol and/or drug use. There were almost 1 million alcohol-related violent crimes in England and Wales in 2010/11. According to the 2013/14 Crime Survey for England and Wales, 19 per cent of people thought that people being drunk or rowdy in public places was a very big or fairly big problem in their area. It is estimated that the cost of alcohol-related harm to society is £21 billion.

4 Alcohol related harm in Blackpool

4.1 Alcohol consumption in Blackpool

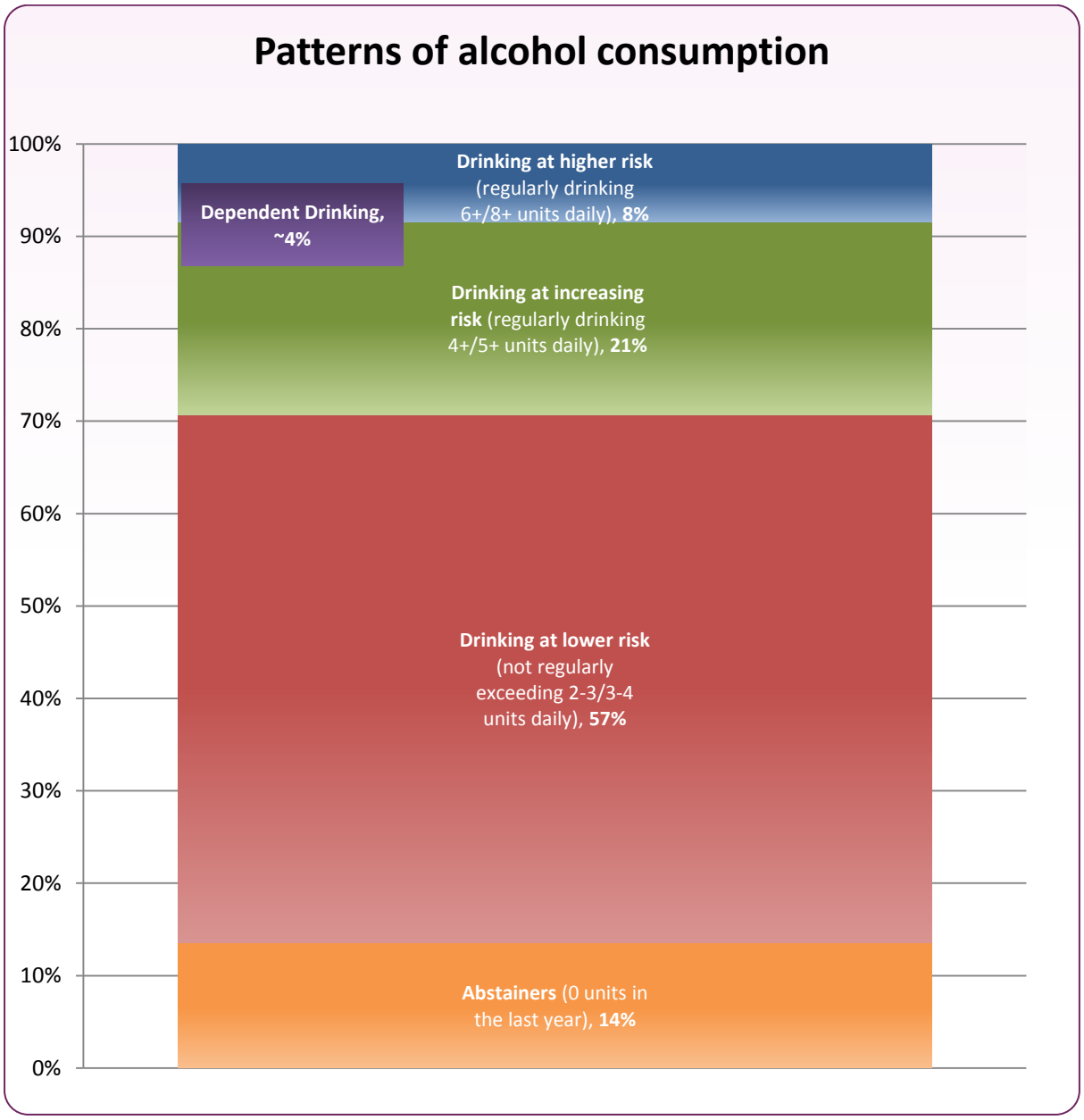
4.11 Patterns of alcohol consumption in Blackpool

Figure 1 demonstrates how alcohol drinking behaviour is classified. The more units regularly consumed per day increases the risk factor, whilst binge drinkers could drink at any level normally with an occasional binge. Dependent drinkers are predominantly a subset of either increasing risk or high risk drinkers, however recovering drinkers could be abstinent but remain dependent.

Low-risk drinking is defined as drinking within Government guidelines and making a personal assessment of particular risks and responsibilities at the time. Increasing risk drinking is defined as drinking more than the sensible drinking guidelines but without having experienced any alcohol-related harms. Higher risk drinking is defined as drinking more than the low risk drinking guidelines and already experiencing some alcohol-related harms (but no dependence). Dependent drinking is defined as (normally) drinking more than the low risk drinking guidelines, experiencing alcohol-related harms and signs of psychological and/or physical dependence. Binge drinking generally refers

to drinking large amounts of alcohol in a limited time period. It is usually defined as more than six units for women and more than eight units for men in one occasion; however binge drinkers may sit in any of the drinking risk groups.

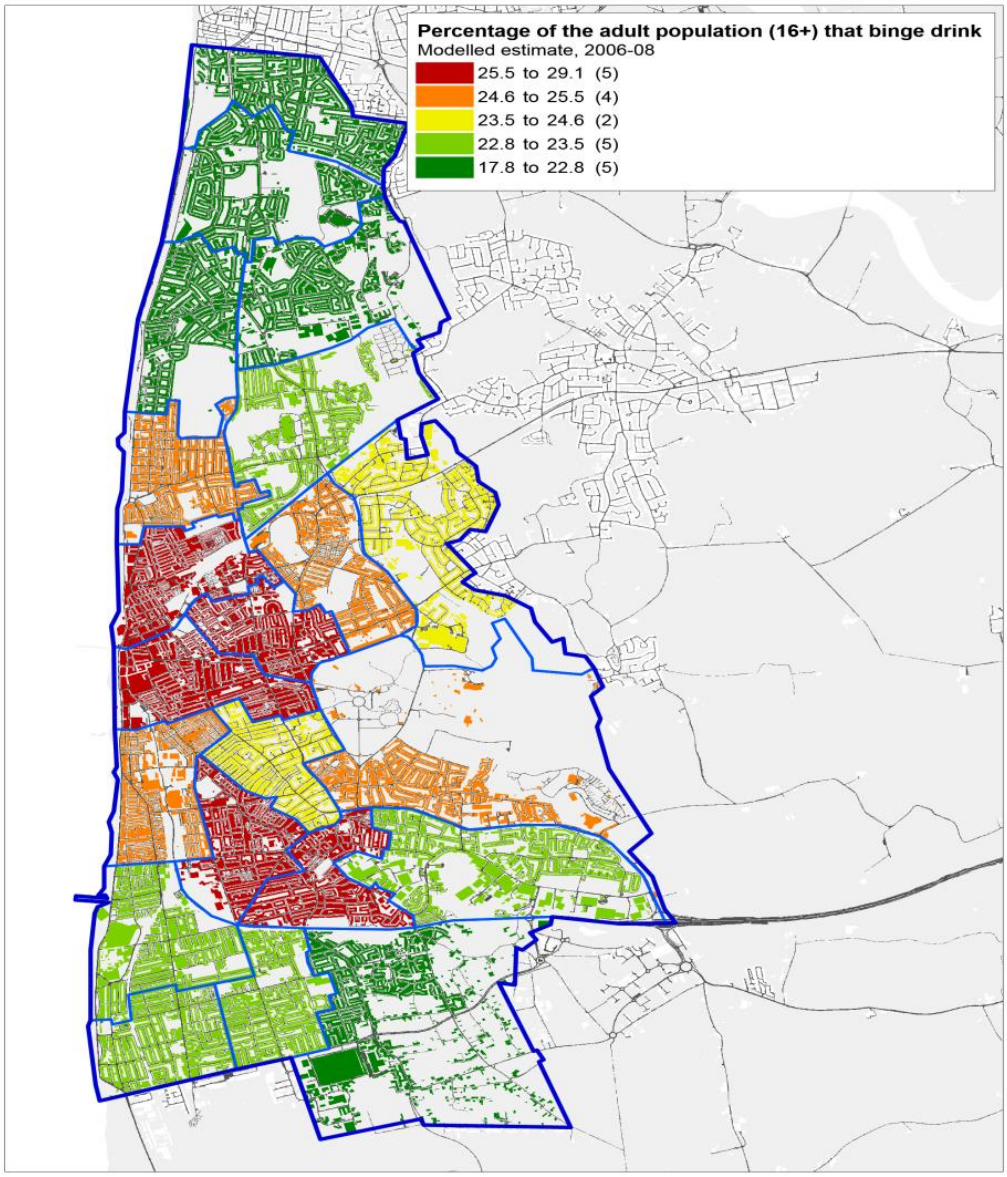
Figure 1: Patterns of alcohol consumption



4.12 Geographical variations in consumption in Blackpool

Alcohol consumption varies, in levels, between different wards across Blackpool. Figure 2 shows a map of binge drinking expressed as the percentage by ward in Blackpool. Also, greater deprivation is associated with higher rates of alcohol dependency.

Figure 2: Percentage of adult population who binge drink



4.2 Health related alcohol harm in Blackpool

4.2.1 Mortality

Figure 3 shows that Blackpool is worse than the England average on all alcohol mortality indicators, with some indicators being the worst in the country, including alcohol-specific mortality for males, mortality for chronic liver disease for all persons and mortality for chronic liver disease for males.

Figure 3: Alcohol and Mortality

Mortality

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1	1.01 - Months of life lost due to alcohol (Male)	2011 - 13	28.0	12.0	6.1		28.0
2	1.01 - Months of life lost due to alcohol (Female)	2011 - 13	10.2	5.6	13.5		2.8
3	2.01 - Alcohol-specific mortality (Persons)	2011 - 13	30.5	11.9	31.2		3.4
4	2.01 - Alcohol-specific mortality (Male)	2011 - 13	44.5	16.6	44.5		3.6
5	2.01 - Alcohol-specific mortality (Female)	2011 - 13	17.0	7.5	29.9		1.6
6	3.01 - Mortality from chronic liver disease (Persons)	2011 - 13	31.7	11.7	31.7		3.3
7	3.01 - Mortality from chronic liver disease (Male)	2011 - 13	44.8	15.5	44.8		2.4
8	3.01 - Mortality from chronic liver disease (Female)	2011 - 13	19.1	8.2	23.7		0.0
9	4.01 - Alcohol-related mortality (Persons)	2013	79.5	45.3	83.6		27.9
10	4.01 - Alcohol-related mortality (Male)	2013	113.6	65.4	117.3		38.5
11	4.01 - Alcohol-related mortality (Female)	2013	49.8	28.4	68.7		14.8

Source: Local Alcohol Profiles

4.2.2 Alcohol related mortality

Definition: Mortality from alcohol-related conditions, directly age-standardised rate, all ages, per 100,000 per population. Includes; conditions wholly-attributable and partially-attributable to alcohol.

Alcohol related mortality for males in Blackpool is significantly higher than the national average. In 2013, there were 75 alcohol-related deaths of Blackpool residents.

Alcohol related mortality for females in Blackpool, although the rate had seen a decrease, reaching similar rates to the England average in 2011/2012, by 2013 the rate began to rise again. In 2013, there were 37 alcohol-related deaths of Blackpool resident females.

4.2.3 Hospital admissions due to alcohol

Alcohol-related hospital admissions can be a result of regular alcohol use above lower-risk levels and are most likely to be found in increasing-risk drinkers, higher-risk drinkers, dependent drinkers and binge drinkers. Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'.

4.2.4 Alcohol related hospital admissions

Alcohol related admissions include all alcohol-specific conditions plus those where alcohol is causally implicated in some but not all cases, for example high blood pressure, various cancers and falls.

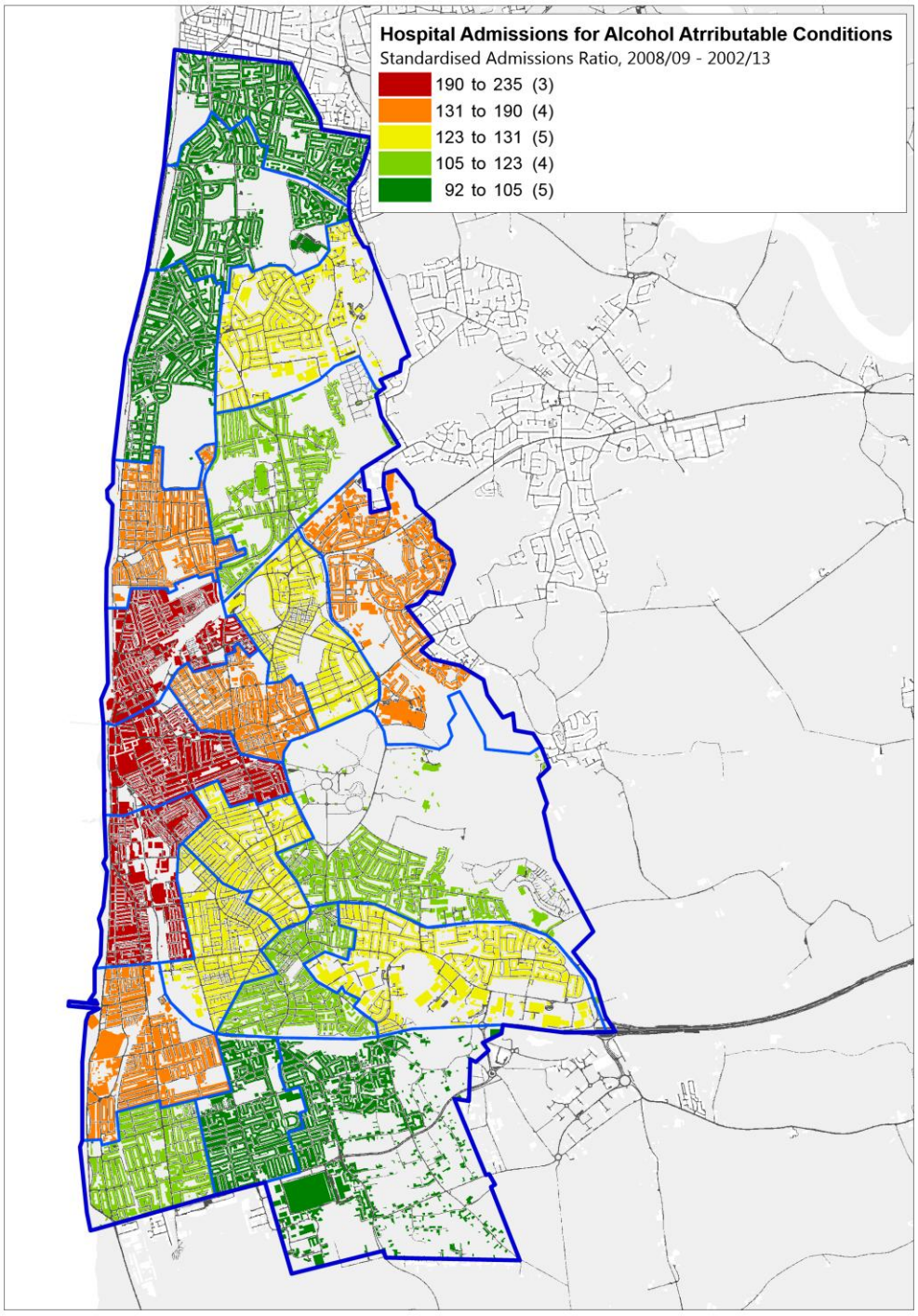
Alcohol related hospital admissions are split into two types of measure; broad and narrow.

The broad measure is an indication of the totality of alcohol health harm in the local adult population.

The rate of alcohol related hospital admissions has risen both locally and nationally.

Figure 4 shows how the highest rates of alcohol related hospital admissions are concentrated in Blackpool's most disadvantage communities, in the centre of the town.

Figure 4: Alcohol Related Hospital Admissions - Broad Definition – Ward Map

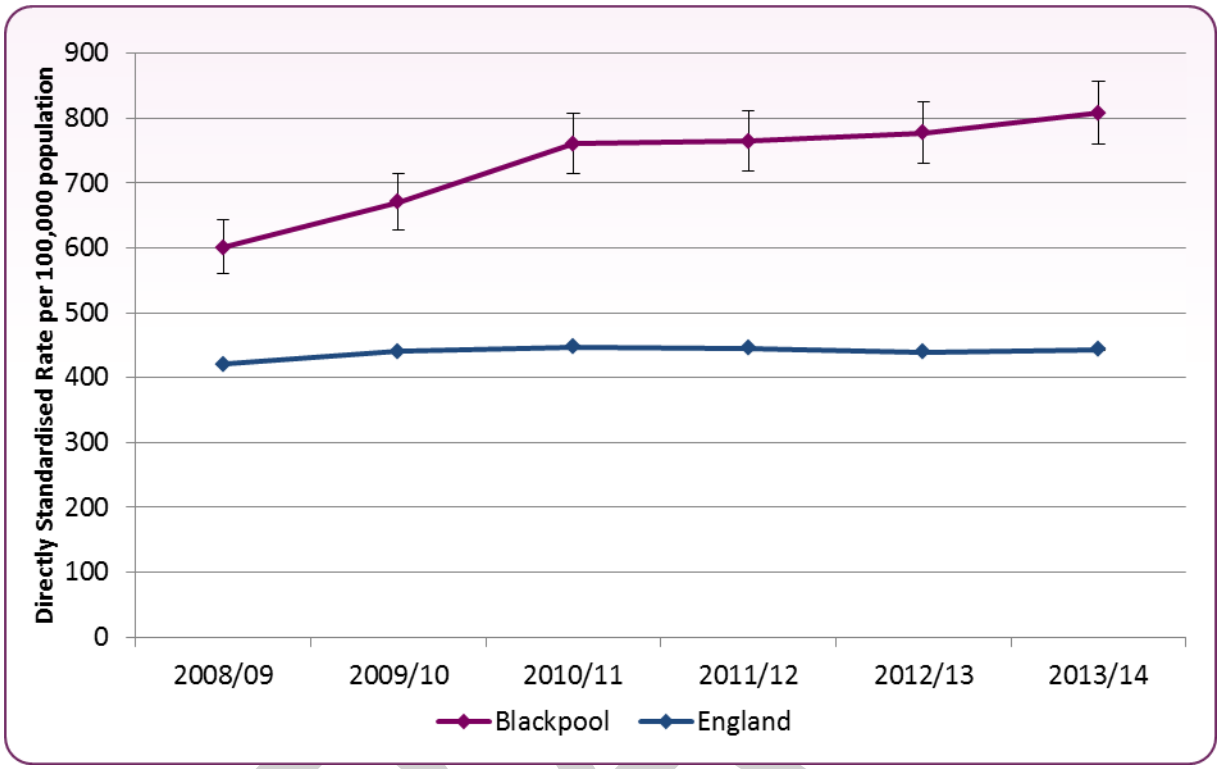


Source: Local Health

The narrow measure shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the Public Health Outcomes Framework.

Figure 5 shows the trend in alcohol related hospital admissions between 2008/2009 to 2013/2014 using the narrow measure.

Figure 5: Alcohol Related Hospital Admissions - Narrow Definition Trend



Source: Local Alcohol Profiles

Blackpool has the highest rate of alcohol related hospital admissions, using the narrow definition, of any local authority in England.

4.3 Crime and disorder alcohol related harm in Blackpool

Alcohol is too often a precursor and catalyst for crime and disorder in Blackpool in addition to creating health and safety issues in the wider community. There is a correlation between Blackpool's areas of deprivation and hotspots for violent crime, domestic abuse, and criminal damage, all associated with alcohol abuse to some degree.

Visitors to Blackpool swell the local population significantly during summer months, and although they make a huge contribution to the local economy, including a substantial 'night-time economy', they also contribute to the local crime statistics as victims or offenders. This 'tourism effect' does have negative impact on crime and disorder statistics.

'Alcohol-related' incidents are defined as those incidents where the victim perceived the offender(s) to be under the influence of alcohol at the time of the incident.

Although the number of cases each year is small, Blackpool residents are significantly more likely to be victims of alcohol-related sexual crime then England as a whole. There were 41 case of alcohol-related sexual crime in 2012/13 experienced by Blackpool residents.

The Blackpool reported rate of alcohol-related violent crimes is more than double the England and North West rate.

Between 2011/2012 and 2013/2014, there were 1,109 assault related injury emergency attendances at Blackpool Victoria Hospital which occurred in the home. Almost three-quarters (73%) resided in Blackpool unitary authority.

5 Policy context

Reducing the harm caused by alcohol is both a national and local priority.

5.1 National policy context

In March 2012, **The Government's Alcohol Strategy** was launched. This strategy sets out the Government's approach to turning the tide against irresponsible drinking. The alcohol strategy set out proposals to crackdown on the 'binge drinking' culture, curb alcohol fuelled violence and disorder that blights too many of our communities, and reduce the number of people drinking to damaging levels. The alcohol strategy built upon the Government's Drug Strategy 2012, which set out the ambition to increase effective treatment and support full recovery for those suffering from addictions, including alcohol.

Health first: An evidence based alcohol strategy for the UK was written by an independent group of experts and calls upon the UK government to go further in order to reduce alcohol harm. Health First sets out evidence-based actions with the aim of changing society's relationship with alcohol for the better. The top ten recommendations included in the Health First strategy are:

1. A minimum price of at least 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism to regularly review and revise this price.
2. At least one third of every alcohol product label should be given over to an evidence-based health warning specified by an independent regulatory body.

3. The sale of alcohol in shops should be restricted to specific times of the day and designated areas. No alcohol promotion should occur outside these areas.
4. The tax on every alcohol product should be proportionate to the volume of alcohol it contains. To incentivise the development and sale of lower strength products, the rate of taxation should increase with product strength.
5. Licensing legislation should be comprehensively reviewed. Licensing authorities must be empowered to tackle alcohol-related harm by controlling the total availability of alcohol in their jurisdiction.
6. All alcohol advertising and sponsorship should be prohibited. In the short term, alcohol advertising should only be permitted in newspapers and other adult press. Its content should be limited to factual information about brand, provenance and product strength.
7. An independent body should be established to regulate alcohol promotion, including product and packaging design, in the interests of public health and community safety.
8. The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml.
9. All health and social care professionals should be trained to routinely provide early identification and brief alcohol advice to their clients.
10. People who need support for alcohol problems should be routinely referred to specialist alcohol services for comprehensive assessment and appropriate treatment.

The Licensing Act 2003 and its regulations set out the law on alcohol licensing. It provides a framework within which licensing authorities process and determine applications and exercise other licensing functions.

Under the Licensing Act 2003, local licensable authorities regulate 4 'licensable activities'. These are the:

- sale of alcohol
- supply of alcohol (for example, in a members' club)
- provision of regulated entertainment
- provision of late-night refreshment (after 11pm)

Licensing authorities must promote the 4 statutory licensing objectives of:

- preventing crime and disorder
- preventing public nuisance
- public safety

- protecting children from harm.

In 2010 the Government set out an aim to overhaul alcohol licensing to address rebalancing the Licensing Act 2003 in favour of local communities in order to reduce crime and disorder and the health and social harms caused by alcohol.

Amended guidance issued under **section 182 of the Licensing Act 2003** has recently been made available which calls on licensing authorities to be bold and innovative in their approach to alcohol licensing in order to protect the public from alcohol-related harms. The amended guidance provides new powers for the police and licensing authorities to close down problem premises and deal with alcohol-fuelled crime and disorder, and enables tougher action on irresponsible promotions in pubs and clubs. It also includes guidance for local authorities on the process of adopting early morning restriction orders (EMROs), late night levies (LNLs) and introducing Cumulative Impact Policies (CIP).

In addition the **Police Reform and Social Responsibility Act 2011** provides new powers to reduce alcohol-related crime and disorder and reduce underage sales. The act includes:

- doubling the fine for persistent underage sales to £20,000
- introducing a LNL to help cover the cost of policing the late-night economy
- increasing the flexibility of early morning alcohol restriction orders
- reducing the evidential requirement placed upon licensing authorities when making their decisions
- removing the vicinity test for licensing representations to allow more people to comment on alcohol licences
- reforming the system of temporary event notices
- suspension of premises licences if annual fees aren't paid

The National Planning Policy Framework, 2012 sets out the government priorities for town and country planning in England. The framework emphasises the role planning has in shaping physical environments to enable people to make healthier choices, which would include healthier choices around alcohol.

This framework has a section on promoting healthy communities, and within that there are actions which link with preventing alcohol related harm. For example, it is stated that planning policies and decisions should achieve places which: promote safe and accessible environments where crime and

disorder, and the fear of crime, do not undermine quality of life or community cohesion; and plan positively for the provision and use of shared space, community facilities (such as local shops, meeting places, sports venues, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments.

5.2 Local policy context

The harmful impacts of alcohol described above have been recognised by partners in Blackpool and reducing alcohol related harm has been identified as a priority by the Health and Wellbeing Board, Community Safety Partnership and Blackpool Children's Safeguarding Board.

Many local strategies link to and influence local actions to reduce alcohol-related harm in Blackpool. Key local strategies which have influenced the strategy development are outlined below:

6 Evidence base: what works to reduce alcohol –related harm?

In order to reduce alcohol-related harm in Blackpool it will be vital we take an evidence-based approach. There has been extensive research and guidance published around reducing alcohol related harm, a brief summary is provided below.

6.1 Prevention

Information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes to alcohol. NICE recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and different learning needs (NICE, 2007).

However the evidence suggests that information and education initiatives are unlikely, on their own, to deliver sustained changes in drinking behaviour (World Health Organization, 2009). They will only help to change behaviour if they are supported by actions in the areas outlined below.

6.2 Early identification

There is strong evidence that opportunistic early identification and brief advice (alcohol IBA) is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings (NICE, 2010).

6.3 Treatment

NICE has published detailed guidelines on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community-based assisted withdrawal programmes (NICE, 2011).

The Royal College of Physicians recommend that every acute hospital have an Alcohol Liaison Nurse to manage patients with alcohol problems within the hospital and liaise with community services (Royal College of Physicians, 2001).

6.4 Price of alcohol

Making alcohol less affordable is the most effective way of reducing alcohol-related harm. There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake. There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol-related harm. Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidence of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime. The reverse is also true: price cuts increase harm (University of Stirling, 2013).

An important study from the University of Sheffield has worked out that setting a minimum cost of 50p per unit of alcohol means that nationally each year there would be 98,000 fewer hospital admissions, 3,000 lives will be saved and there will be 40,000 fewer crimes (Holmes et al, 2014).

6.5 Availability of alcohol

International evidence suggests that making it less easy to buy alcohol, by reducing the number of outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence, NICE have recommended that legislation on licensing should be revised to include 'protection of the public's health' as the 5th licensing objective (NICE Public Health Guideline, 2010).

6.6 Promotion of alcohol

There is evidence that alcohol advertising does affect children and young people. It shows that exposure to alcohol advertising is associated with the onset of drinking among young people and increased consumption among those who already drink. All of the evidence suggests that children and young people should be protected as much as is possible by strengthening the current regulations. See:- S:\Substance Misuse\Alcohol\Drinkwise\Lets look again at alcohol\Lets Look Again At Alcohol Report.pdf

6.7 Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy

Policy tools that can reduce the problems associated with alcohol, crime and disorder and the night time economy include:

- Alcohol pricing
- Licensing

- Premise design and operations
- Public realm (e.g. CCTV, street lighting)
- Policing
- Transport (covering buses and taxis)
- Public education campaigns and engagement

6.8 Planning

A recent study by the Joseph Rowntree Foundation identified the scope to develop planning policies to discourage excessive alcohol consumption – this included ensuring land is clearly allocated for non-alcohol –related youth leisure facilities, and separated from alcohol-based leisure. Wider planning policy changes in relation to the night-time economy may also reduce alcohol related harm. For example street lighting can increase surveillance and so help reduce violence and fear (Ramsey et al, 1991).

7 Achievements so far

The previous strategy was structured around four key objectives. Highlighted below are just some of the achievements from each of these four areas;

7.1 Reduce alcohol related ill-health:

- ✓ Over 4200 staff working within the NHS and community sector workforce have received Identification and Brief Advice Training
- ✓ Successful provision of a Night Safe Haven delivered, with NWAS as lead provider from 2015, and agreement from Blackpool CCG and Fylde and Wyre CCG to fund service for a further 12 months from April 2016.
- ✓ Partnership with Better Start has enabled key focus on Alcohol Exposed Pregnancies
- ✓ 'Supported house' established providing community detox service to Blackpool residents (Horizon as provider)
- ✓ Funding received to implement a 'recovery housing model' – properties currently being purchased

7.2 Reduce alcohol related anti-social behaviour and crime:

- ✓ Alcohol awareness courses introduced as an alternative to fixed penalty notices
- ✓ Training courses delivered to magistrates to promote Alcohol Treatment Requirement awareness
- ✓ Public Space Protection Order, including the prohibition of the consumption of alcohol in a public place, came into force 1st November 2015

- ✓ Responsible authorities group established
- ✓ Stronger working relationships between Public Health and other Responsible Authorities developed in relation to alcohol licensing activity

7.3 Improve Blackpool's cultural attitude to alcohol, providing a safe, enjoyable and sustainable environment for visitors and residents to improve the town's economy:

- ✓ A number of alcohol harm reduction campaigns have been delivered with partners (including Alcohol Awareness Week linking to the Safer Sleep campaign, the BSafe facemat safety campaign and an Alcohol Units campaign within Blackpool Teaching Hospitals NHS Foundation Trust)
- ✓ 343 individuals from the licensed trade attended Award in Responsible Alcohol Retailing training
- ✓ The roll out of Selective Licensing in Claremont was initiated
- ✓ Work continues to advocate for MUP - a senior managers event has been held with Global Expert to explore the introduction of local level legislation
- ✓ Restrictions on advertising and sponsorship from the alcohol industry introduced at some Blackpool based events, where there were no alcohol related advertisements or sponsorship at these events
- ✓ The number and variety of establishments in the twilight time economy has increased – including the introduction of family friendly restaurateurs and the introduction, by BID, of an early evening events calendar
- ✓ Our Life were commissioned to deliver 'Talking Drink: Taking Action – The Blackpool Alcohol Inquiry' with participants being recruited from the area of Grange Park. The Inquiry ran for ten weeks from January to April 2014

7.4 Provide a safe alcohol-free environment for children and empower young people to make informed decisions in relation to alcohol

- ✓ PHSE programme now being delivered in all secondary schools across Blackpool which includes alcohol awareness in the Drugs and Alcohol Scheme of Work (including a FASD lesson plan)
- ✓ Alcohol exposed pregnancy awareness training included within health professionals Brief Intervention training courses by BTH
- ✓ An 'alcohol harm awareness' campaign was developed and delivered by young people from Mereside Youth Club – broadcast during Dry January 2015 on Rock FM. The campaign linked in with the Families in Recovery group.

Action plan

Developing healthy attitudes to alcohol across the life course

ACTION	HOW	WHEN	BY WHOM
Develop and deliver a targeted alcohol awareness campaign to influence behaviour change amongst working age adults	1 campaign	Jan 2017	Public Health Communications
To ensure that 'alcohol harm-reduction' is considered in the delivery of any actions resulting from the Public Health Service engagement with men report 2015.	Explore actions within report Ensure actions are consistent with outcomes of report Share relevant findings with relevant service delivery partners	2019	Public Health
To receive feedback from the police on the outcomes of zero tolerance drink driving campaigns	2 feedback sessions per year	ongoing	Police

Actions linked to other strategies

ACTION	HOW	WHEN	BY WHOM	LINKED STRATEGY
Use co-developed participatory action research to develop and then deliver a campaign	Identify key stakeholders Submit ethics application for research (Study 1 late April	July 2016 (Study 1) September (Study 2)	NSPCC (CECD) Better Start	Blackpool Better Start Strategy

	2016) Study 1: Understanding the different ways the Blackpool community can help prevent babies and young children from being harmed by alcohol. Submit ethics application for research (Study 2, late June 2016) Study 2: Developing and assessing the perceived effectiveness of a mass media intervention for the prevention of alcohol-exposed pregnancy, in socioeconomically disadvantaged populations. Tender for data collection			
To deliver alcohol education unit within schools PSHE programme	Unit is delivered in all schools including Academies A minimum of 2500 students per year (year 7, 8 and 9) to complete Drugs and Alcohol PSHE unit or suitably approved alternative	March 2019	The Hub/WISH	
Increase awareness of the harms of alcohol and the safe care of young children when adults are under the influence	Develop and deliver a communications plan	March 2017	Blackpool Children's Safeguarding Board Blackpool Council communications team Public Health	Blackpool Children's Safeguarding Board Communications plan 2016
To tackle alcohol related violent crime in the night time economy	To develop a delivery plan for alcohol related violent crime	March 2017	Community Safety Tactical Tasking group	Blackpool Community Safety plan 2016-2019

Changing the environment and promoting responsible retailing

ACTION	HOW	WHEN	BY WHOM
Ensure the 'promotions and advertising code of practice' continues to be implemented through planning, licensing, marketing, media and working with the wider industry.	Lobby MPs to advocate for national legislation	March 2019	Dr Arif Rajpura Philip Welsh Blackpool BID
Explore the possibility of introducing a by-law banning the advertising of alcohol in Blackpool	Explore with the legal team the possibility of introducing the by-law Present a report to Alcohol Steering Group on the options explored including recommendations for possible action	March 2018	Public Health
Continue to advocate for Minimum Unit Pricing (MUP) through legislation across the North West	Lobby MPs to advocate for national legislation	March 2019	PHE Public Health – Dr Arif Rajpura Blackpool Alcohol Strategy Steering group
Continue to advocate for a 5th Licensing objective relating to public health	Lobby MPs to advocate for national legislation	March 2019	PHE Public Health – Dr Arif Rajpura

			Blackpool Alcohol Strategy Steering group
Pilot the re-introduction of the ALTN8 campaign	Explore funding options to re-introduce campaign Explore pilot venues Gain commitment from pilot venues and implement pilot Evaluate pilot and produce report to Alcohol steering group including recommendations Include campaign messages within the criteria for the licensed premises accreditation scheme, when developed.	March 2018	Public Health Communications Pub Watch Night time Economy Working group
Change the nature of alcohol displays in off-license premises so alcohol is not in direct view of children	To develop pilot scheme in 2 identified 'problem' wards Evaluate pilot Produce report to Alcohol Steering group including recommendations for roll out across Blackpool	March 2018	Mark Marshall Public Health
To explore how 'community protections warnings' can be used to influence individuals to consider alcohol treatment (focus on influencing behaviour	Key managers to meet and agree how this will be implemented, including	March 2017	Dominic Blackburn/ Matthew Dougall

change not criminalising)	types of requirements Begin to issue community protection warnings with positive requirements Identify how treatment services can deliver sessions to encourage individuals, referred through use of 'new tools and powers', into treatment		Alcohol Treatment Services Public Health
To improve public awareness, bar server compliance and police enforcement of Section 141 and 142 of the Licensing Act 2003 (Knowingly selling alcohol to, or purchase alcohol for, a drunk person).	Engage relevant stakeholders to jointly develop and deliver a pilot intervention aimed at increasing awareness of legislation amongst public & licensed premised staff Evaluate pilot to consider roll out of intervention across Blackpool	March 2019	Enforcement/ Licensing Police Public Health Other identified stakeholders
To explore ways to reduce the harm caused by alcohol as a result of 'drinking tourism'	Gather and exchange good practice, knowledge and experience in relation to 'drinking tourism' with partner organisations across Europe	March 2019	Public Health Philip Welsh – Visitor Economy Night time economy working group

	Work with local partners to pilot relevant best-practice interventions		

Actions linked to other strategies

ACTION	HOW	WHEN	BY WHOM	LINKED STRATEGY
To develop an accreditation scheme based on the Licensing Manual	Agree stakeholders to develop the scheme (including 1 member from the industry) Develop scheme and begin roll out	March 2017	Night Time Economy Working Group	Night Time Economy Working Group action plan
Continue to provide 'safer taxi scheme'	Community safety team to continue to commission safer taxi scheme	March 2017	Dominic Blackburn	Blackpool Community Safety Plan 2016-2019
Continue to provide taxi marshal scheme	Community safety team to continue to commission taxi marshal scheme	March 2017	Dominic Blackburn	Blackpool Community Safety Plan 2016-2019
Continue to improve the early evening economy	Support the delivery of the Night Time Economy working group action plan	March 2019	Partners of Alcohol Steering group	Night Time Economy working group action plan

Early identification and support for alcohol issues

ACTION	HOW	WHEN	BY WHOM
Ensure the early identification and support of school age children drinking alcohol	Ensure the Children's Services Social Work team have access to IBA delivered by the Hub/WISH.	March 2018	Children's services Social work team Hub/WISH
Ensure school age children identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	To promote awareness of pathways to key partners	March 2017	Alcohol Treatment Services
Ensure individuals identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	Complete review of treatment services and produce recommendations for action Redesign of treatment services in line with recommendations	September 2016	Public Health – Nina Carter/Rachel Swindells Blackpool CCG

	Develop links between neighbourhood Integrated Area model and treatment services Improve links between Blackpool Teaching Hospital's Alcohol Liaison Nurse Service and treatment services (consider recommendations following 'Liaison services' review). Develop links with Parents Under Pressure programme		
Support clients achieving and maintaining recovery through meaningful activity and support them to integrate into the community and strengthen their resilience.	To continue to commission 'positive steps' programme to support clients to gain access to employment, education and training	September 2016	Public Health
Continue the 'Night safe haven' provision	NWAS to continue to deliver NSH as lead provider and update Alcohol Steering group on activity	Quarterly up to March 2017	Multi agency partnership - Blackpool CCG Fylde and Wyre CCG NWAS
Explore the possibility of external funding to economically evaluate the Night Safe Haven	Explore funding options via NIHR Research Design Service	March 2017	Public Health - Tamasin Knight

To increase awareness of adult and young people's alcohol treatment services	Alcohol treatment services to develop and deliver a communication plan specifically targeting GP practices with support from Healthwatch Healthwatch to provide a signposting service to alcohol treatment services through community engagement events Healthwatch to promote services through social media To explore opportunities to incorporate Alcohol Identification and Brief Advice training into fire service 'Safe and Well' checks	September 2016	Alcohol Treatment Services Healthwatch Lancashire Fire Service
Explore the possibility of introducing a 'recovery centre' in the town centre	Explore evidence base for 'recovery centres' Produce evidence base including recommendations	March 2018	Public Health
Explore the evidence base for introducing a 'wet garden' to manage street drinking in the town centre	Explore evidence base for 'wet garden' interventions Produce evidence base including recommendations	March 2018	Public Health

Actions linked to other strategies

ACTION	HOW	WHEN	BY WHOM	LINKED STRATEGY
Ensure all health professionals and health care staff use consistent 'no alcohol during pregnancy' message	Commission a qualitative research study to understand health professionals and health care staff understanding of the message and the barriers of facilitating/implementing it	2019	NSPCC (CECD) Better Start	Blackpool Better Start Strategy

	Use results of research to develop intervention/resources			
In association with OWD, roll out 'Making Every Contact Count (MECC)' training programme to Blackpool Council staff	Develop programme in association with OWD Identify trainers Rollout to all BC departmental staff	Developed by March 2017 Training ongoing up to March 2019	Public Health OWD within Blackpool Council	Public Health Business Plan

References

Holmes, J., Meng,Y., Meier P., Brennan,A., Angus, C., Campbell-Burton, A., Guo, Y., Hill-McManus., D & Purshouse, R., (2014). Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study. Vol. 383. P 1655–1664.

NICE (2007). Public Health Guideline; Alcohol: School based interventions. NICE

NICE (2010). Public Health Guideline PH24; Alcohol-use disorders: prevention. NICE

NICE (2011).Clinical guideline 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE

Royal College of Physicians (2001) Alcohol: can the NHS afford it?. Royal College of Physicians

University of Stirling (2013). Health First: An evidence based alcohol strategy for the UK. University of Stirling

World Health Organization (2009). Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm). WHO

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Report to:	**Health and Wellbeing Board**
Relevant Officer:	Scott Butterfield, Corporate Development and Research Manager
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	8 June 2016

DRAFT FORWARD PLAN

1.0 Purpose of the report:

1.1 To inform the Health and Wellbeing Board members of the draft Forward Plan that has been developed for the Board.

2.0 Recommendation(s):

2.1 That members of the Board consider the draft Forward Plan and advise of any forthcoming initiatives, projects, policy developments and any other agenda items from individual organisations that are of interest to and are the business of the Board.

3.0 Reasons for recommendation(s):

3.1 In order to maintain a strategic oversight of the health and wellbeing agenda and ensure that the Board fulfils its statutory duties, a draft Forward Plan has been developed. This will enable the Board to strategically plan its future agendas and ensure that items are aligned to and relevant to the delivery of the Board's priorities.

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 "Communities: Creating stronger communities and increasing resilience."

5.0 Background Information

5.1 In order to maintain a strategic oversight of the health and wellbeing agenda and ensure that the Board fulfils its statutory duties, a draft Forward Plan has been developed. This will enable the Board to strategically plan its future agendas and ensure that items are aligned to and relevant to the delivery of the Board's priorities. This plan was agreed at the meeting of the Board held on the 15 July 2015 and has been reviewed at all meetings since then and it is intended that it will be reviewed at all future meetings to give the Board oversight of its workplan.

5.2 At the Strategic Commissioning Group away day on 1 July 2015, the link between the Health and Wellbeing Board and Strategic Commissioning Group was discussed. In order to maintain the relationship between the Board and Strategic Commissioning Group, and ensure that there is alignment between the Strategic Commissioning Group's commissioning priorities and the Board's strategic priorities, the draft Forward Plan will be included as a standing item at the Strategic Commissioning Group to enable relevant items from the Strategic Commissioning Group to be added on a regular basis for discussion and ratification.

5.3 Does the information submitted include any exempt information? No

5.4 **List of Appendices:**

Appendix 6a – Draft Forward Plan

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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Appendix 6a

(Draft) Health and Wellbeing Board Forward Plan 2015 – 16

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 8 June 2016 3.00 – 5.00pm	Formal	**SUB-GROUP UPDATES** 1. Strategic Commissioning Group update (10mins) **BUSINESS ITEMS** 2. Healthier Lancashire and NHS Sustainability and Transformation Plan update (15mins) 3. Combined Authority (20mins) 4. Forward Plan	Alcohol Strategy (30mins)	All finalised reports to be sent to Venessa Beckett by **12 noon on Wednesday 25 May 2016**

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 20 July 2016 3.00 – 5.00pm	Formal	**SUB-GROUP UPDATES** 1. Strategic Commissioning Group update (10mins) **BUSINESS ITEMS** 2. Governance (15mins) 3. Healthier Lancashire and NHS Sustainability and Transformation Plan update (15mins) 4. HWB Strategy (15mins) 5. Fylde Coast Cancer Strategy (15mins)		All finalised reports to be sent to Venessa Beckett by **12 noon on Wednesday 6 July 2016**

Future meeting dates:

7 September 2016

19 October 2016

30 November 2016

18 January 2017

1 March 2017

19 April 2017

7 June 2017

19 July 2017

6 September 2017

18 October 2017

29 November 2017