

## Public Health Annual Report

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

a better tomorrow



# Public Health Annual Report

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Published June 2014.

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

[www.blackpooljsna.org.uk](http://www.blackpooljsna.org.uk)

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### Foreword

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

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

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

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

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

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

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



**Dr Arif Rajpura**  
Director of Public Health



### *Further reading:*

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

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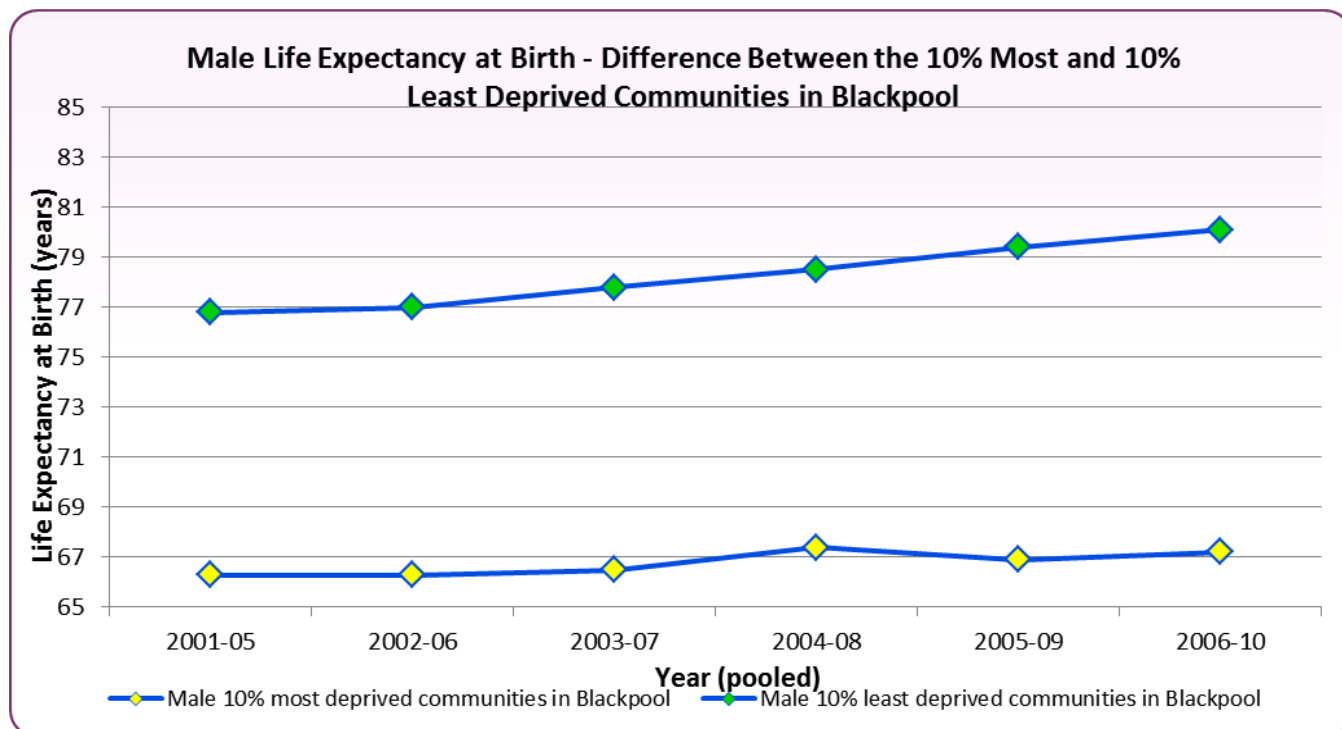
### Introduction

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

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

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

Figure 1:



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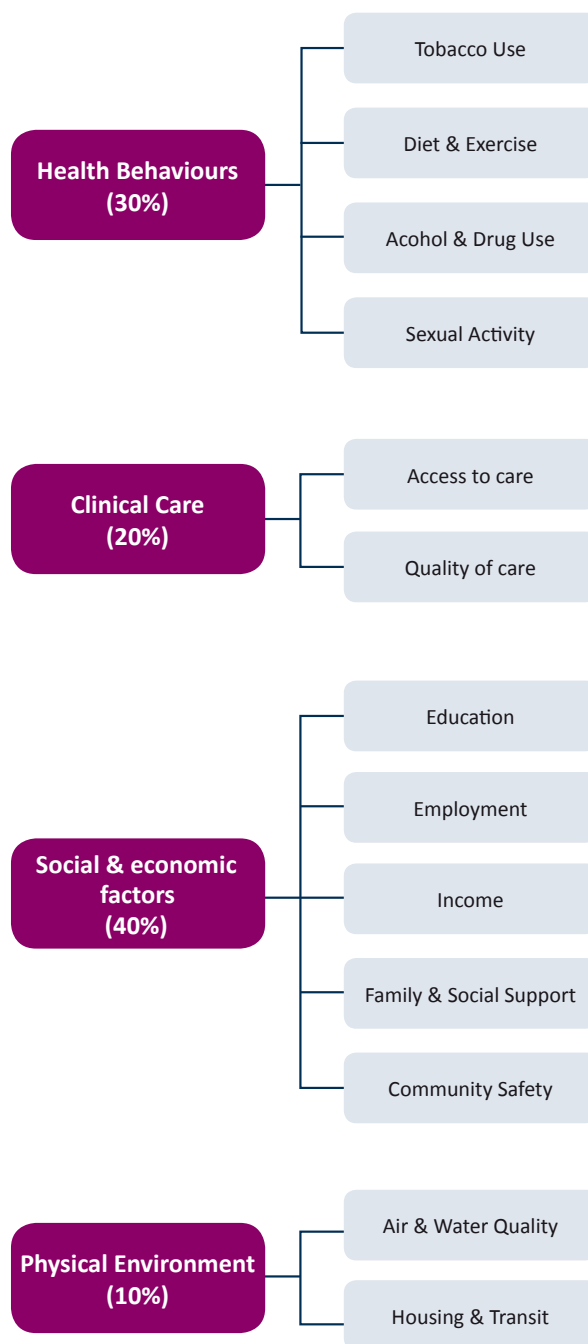
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### Major causes of early death in Blackpool (taken from Public Health Annual Report for Blackpool, 2012)

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

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

Fig 2. What affects our health?



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

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### Lifestyles in Blackpool

#### Alcohol

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

#### Drug misuse

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

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

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

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

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

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

In relation to the risk factors:

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

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



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### Excess weight and healthy eating - children

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

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

(Period: 2012/13, Source: PHOF)

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

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

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

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

In Blackpool:

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

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

### Excess weight and healthy eating - adults

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

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

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

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

You can check your BMI using the NHS Healthy Weight calculator at [www.nhs.uk](http://www.nhs.uk).

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

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### *Physically inactivity in children*

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

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

### *Physical inactivity in adults*

Blackpool residents are slightly less physically active than elsewhere:

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

*(Period: 2012, Source: PHOF)*

### *Smoking*

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

*(Period: 2012, Source: PHOF).*

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

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

*(Source: PHOF).*

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### Building a healthier relationship with alcohol

#### What's behind the stats?

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

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

#### The NHS recommends:

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

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

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

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

#### What's being done in Blackpool at present?

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

#### *Modr8 and altn8*

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

#### *Policies for a safer night time economy*

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

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

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

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

### *Treatment services for people with alcohol problems*

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

### *Alcohol liaison in hospital*

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

### **What's planned for the coming year?**

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

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

### **Recommendations**

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

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### Drug misuse - working towards a recovery community

#### What's behind the stats?

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

#### What's being done in Blackpool at present?

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

#### *Education in schools*

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

#### *Needle Exchange Programme*

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

#### *Horizon – integrated drug and alcohol treatment service*

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

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

#### *Supported housing*

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

#### What's planned for the coming year?

#### *Recovery housing*

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

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### *Big Lottery Fulfilling Lives Complex Needs project*

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

### **Recommendations**

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

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### Healthier eating and healthier weight

#### What's behind the stats?

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

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

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

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

#### How much is a portion of fruit or veg?

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

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

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

- a heaped tablespoon of dried fruit

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

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

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

Source: Change4Life [www.nhs.uk/change4life](http://www.nhs.uk/change4life)

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### **What's being done in Blackpool at present?**

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

#### *Free school breakfast scheme*

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

#### *School Food Ambassadors*

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

#### *Health Buddies*

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

#### *Health Works Award*

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

#### *Breastfeeding Out and About Scheme*

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

#### *Weight management services*

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

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



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### What's planned for the coming year?

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

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



### Recommendations

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

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### Physical inactivity – sit less, move more

#### What's behind the stats?

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

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

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

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

#### Sit less, move more

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

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

#### What's being done in Blackpool at present?

##### Wellness Service

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

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### *Active Blackpool*

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

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

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

### *Walk to School Project*

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

### *Bikeability Cycle training*

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

### *Fit2Go project*

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

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### What's planned for the coming year?

#### *Sport and Physical Activity strategy*

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

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

#### *Green Infrastructure Plan*

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

#### *Leisure Services developments (Town centre gym, fitness factory)*

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

#### **Recommendations**

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

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### A healthier, longer and smoke-free life

#### What's behind the stats?

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

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

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



#### What's being done in Blackpool at present?

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

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### What's planned for the coming year?

#### *Tobacco control plan*

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

#### *Improvements for brief intervention training*

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

#### *New tobacco products*

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

#### *Lobbying for standardised packaging*

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

### Recommendations

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

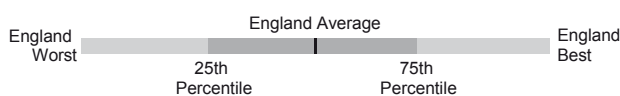
# Public Health Annual Report

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### Appendix 1

Figure A1.1 Health Profile 2013: Blackpool

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



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

#### Indicator Notes

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

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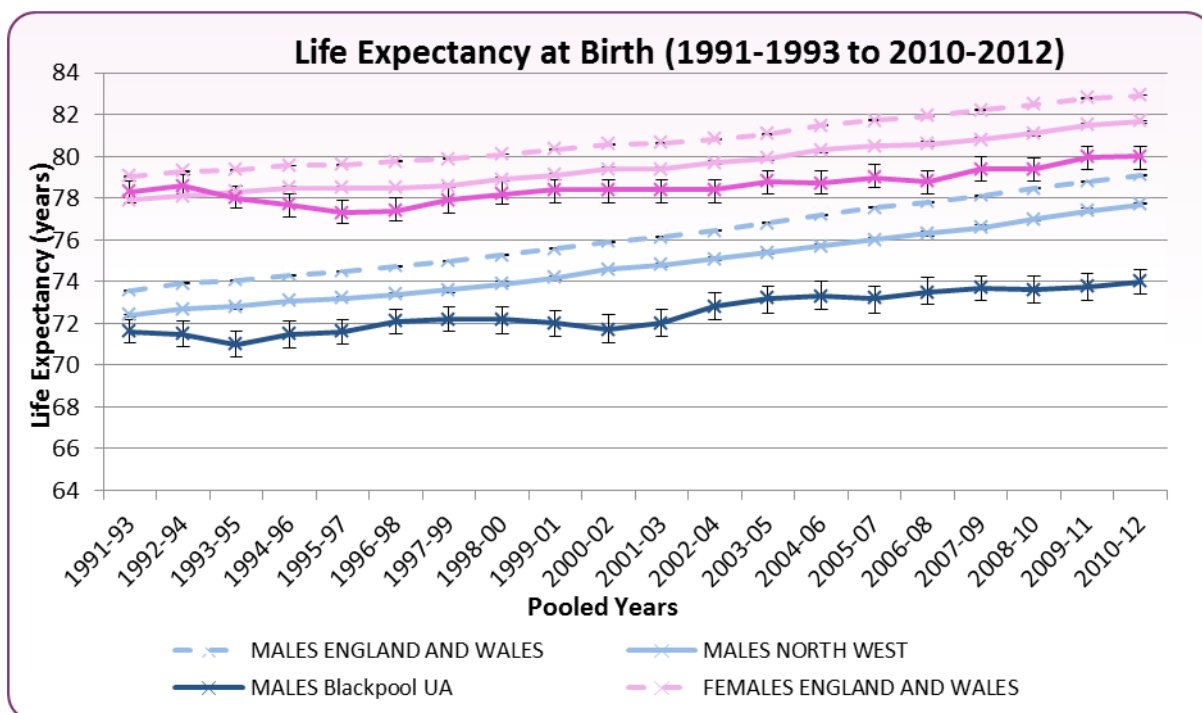
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### Appendix 2 Trends in life expectancy and mortality

#### Life expectancy

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

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



Source: Health and Social Care Information Centre Indicator Portal



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

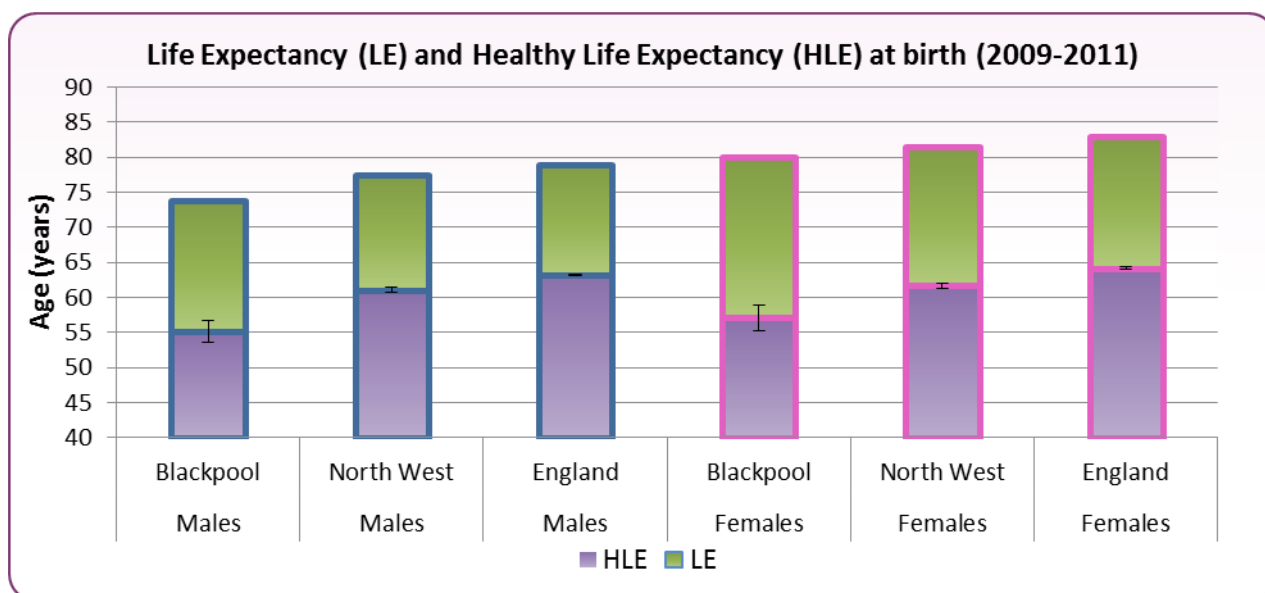
		1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12
MALES	ENGLAND AND WALES	74.3	74.5	74.7	75.0	75.3	75.6	75.9	76.1	76.4	76.8	77.2	77.5	77.8	78.1	78.5	78.8	79.1
	NORTH WEST	73.1	73.2	73.4	73.6	73.9	74.2	74.6	74.8	75.1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

Source: Health and Social Care Information Centre Indicator Portal

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

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

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



Source: ONS

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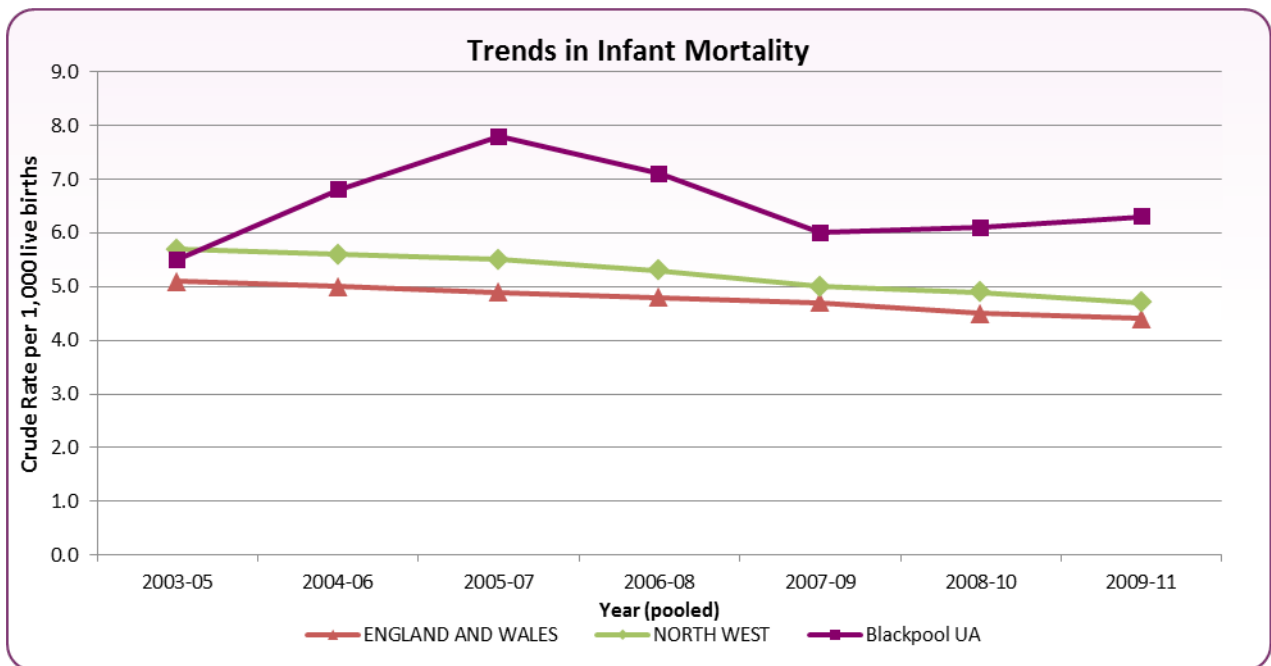
## An independent assessment of the health of the people of Blackpool 2013

### Infant mortality

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

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

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



Source: Health and Social Care Information Centre Indicator Portal

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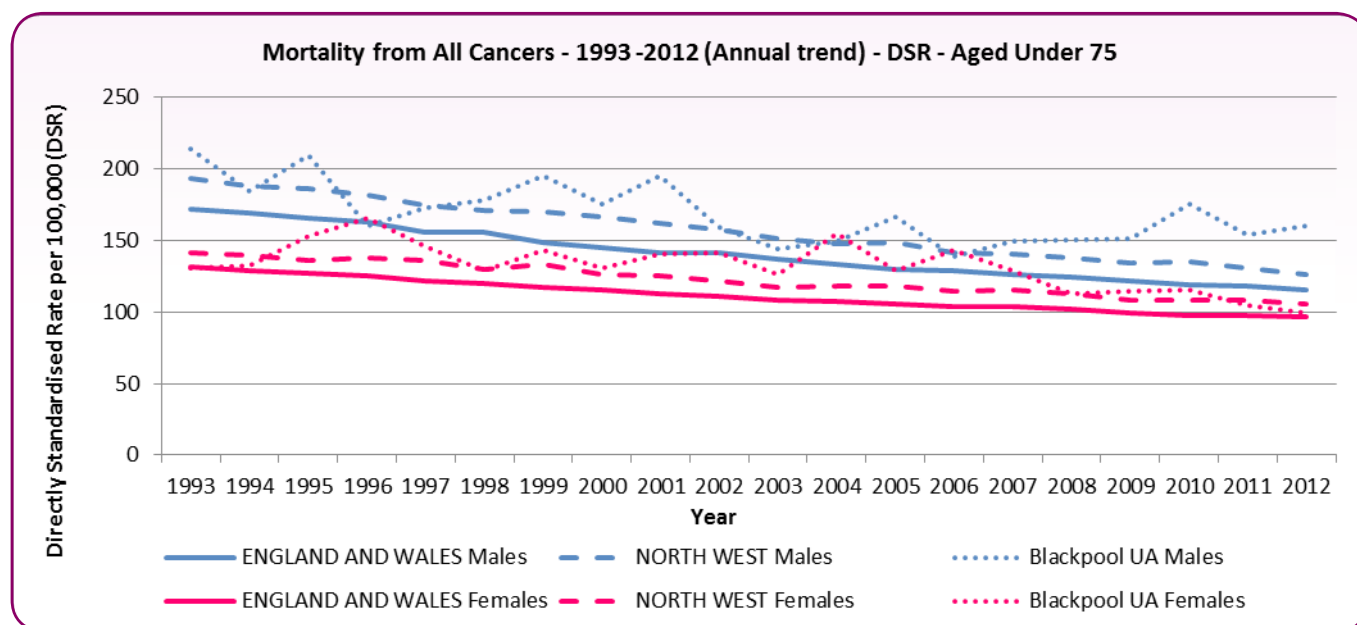
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### Premature mortality

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

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

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

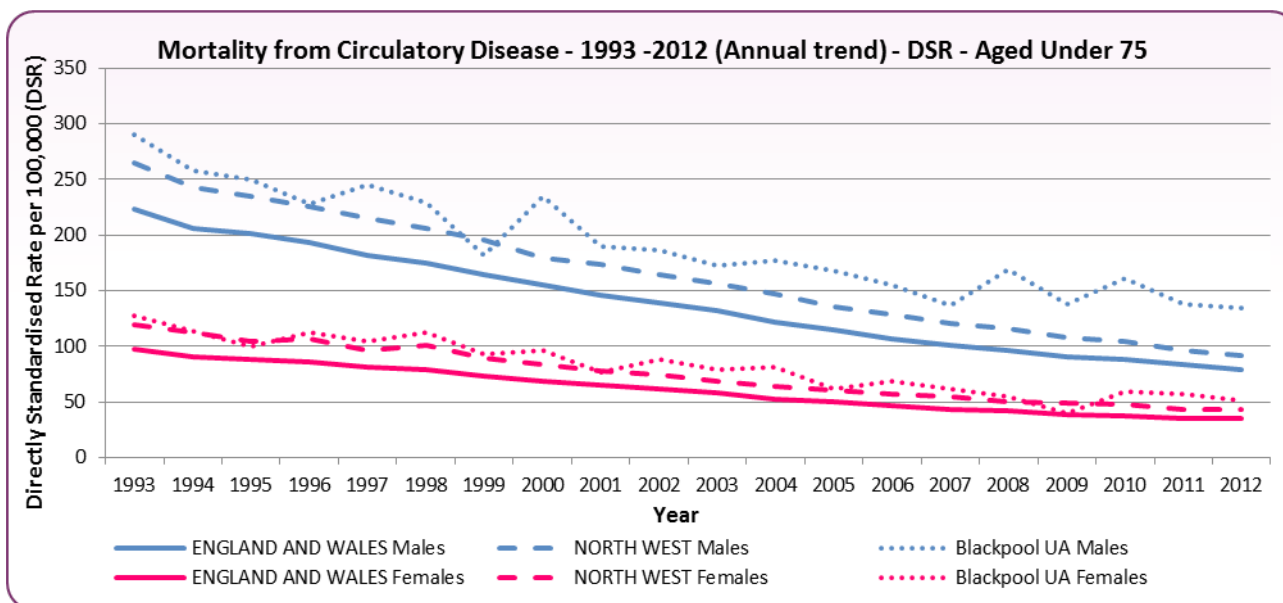


Source: Health and Social Care Information Centre Indicator Portal

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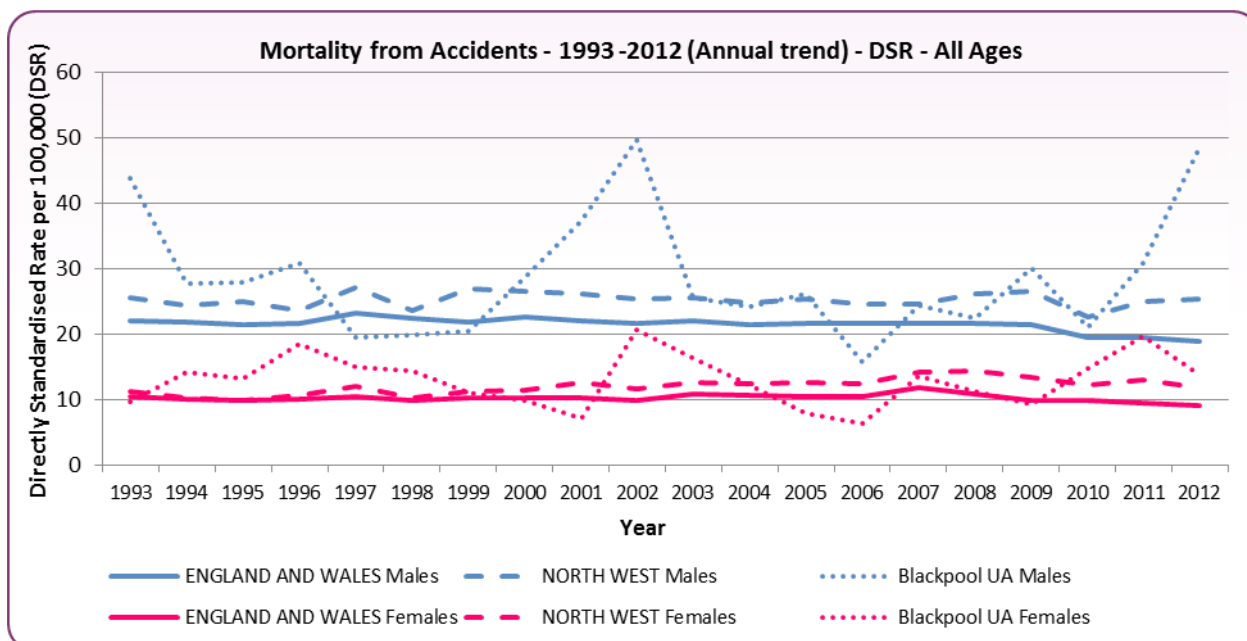
Figure A2.5 - Trends in mortality from circulatory diseases - 1993-2012



Source: Health and Social Care Information Centre Indicator Portal

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

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



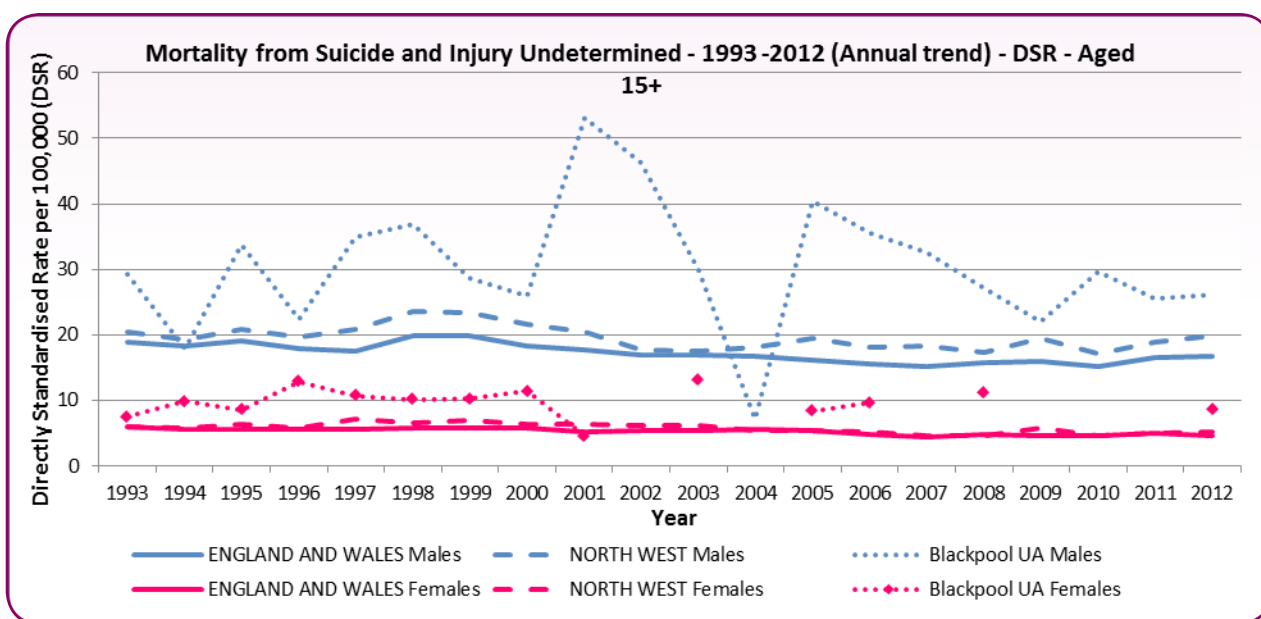
Source: Health and Social Care Information Centre Indicator Portal

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

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



### **Finding out more**

Blackpool Joint Strategic Needs Assessment (JSNA)

[www.blackpooljsna.org.uk](http://www.blackpooljsna.org.uk)

Blackpool Council

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)

Health Profiles from Association of Public Health Observatories

[www.healthprofiles.info](http://www.healthprofiles.info)

National Statistics

[www.statistics.gov.uk](http://www.statistics.gov.uk)

NHS Choices

[www.nhs.uk](http://www.nhs.uk)

Stop smoking

[www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)



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Published June 2014.

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

[www.blackpooljsna.org.uk](http://www.blackpooljsna.org.uk)