

BLACKPOOL COUNCIL



HEALTH & WELLBEING IMPROVEMENT PLAN



Blackpool Council
BUILDING A BETTER COMMUNITY FOR ALL

March 2006

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BLACKPOOL COUNCIL

HEALTH AND WELL-BEING IMPROVEMENT PLAN

Foreword from the Chief Executive

Blackpool Council is working in partnership with the Primary Care Trust to improve health in Blackpool. To demonstrate its ongoing commitment, the Council prioritised health within the corporate goal of 'Stronger Communities' in the Corporate Performance Plan 2005/2007. This further supports the profile that health has in the Community Plan and builds on the Negotiated Actions and our emerging Local Area Agreement.

Poor health manifests itself within the context of social deprivation. Our ambitions for the town that will regenerate Blackpool, raise people's skill and income levels, improve the quality of the physical environment and homes, and provide better opportunities for all, will have a positive impact on our deprivation, reducing our levels. This holistic medium-long term approach will, we believe, result in a step improvement in the quality of life of our residents, thereby minimising health inequalities in the town.

In the more immediate future, we have developed a strategy and action plan that will provide a framework for the Council to impact on health across Blackpool.

This plan draws together Council commitments from other documents and highlights additional steps the Council intends to take, towards the goal of improving health.

Steve Weaver

1. HEALTH IN BLACKPOOL

Despite an overall increase in prosperity and a reduction in death rates in England over the last 20 years, the gap in health status between different groups of the population remains significant. When compared to both the North West and England as a whole, the health of the people of Blackpool is relatively poor with reduced quality of life and early death.

Life Expectancy

An important overall measure of health is life expectancy. Life expectancy at birth is an estimate of the average number of years a child born today would be expected to survive. Despite overall life expectancy rising in England, in Blackpool the picture is different.

Life expectancy in Blackpool for males has shown little improvement over the last 10 years with a slight improvement in the pooled data to 2004. For women the picture is similar with little change over the last 10 years and unlike for men, not recent improvement. Of the 374 Local Authorities in England and Wales, Blackpool has the second worst life expectancy for men.

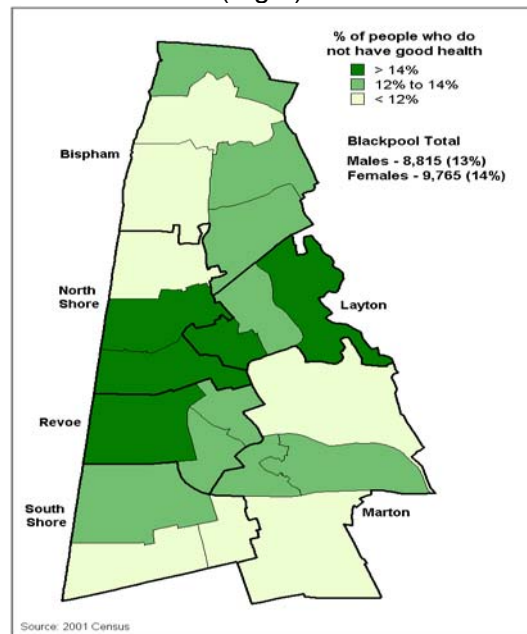
There are also significant inequalities within Blackpool itself; people residing in some areas, live substantially longer than those from adjacent areas.

General Health

The 2001 census included a question regarding a person's health during the twelve months prior to the census. All the electoral wards in Blackpool had higher rates of 'not good health' than the average for England (England average was 8% for men and 9% for women) with people in the wards located in the centre of Blackpool and Grange Park reporting the highest rates of poor health (Fig. 1).

This action plan aims to ensure that Blackpool Council plays a leading role to narrow the gap between communities on their health experience, and therefore will improve the overall life expectancy of people who live in Blackpool.

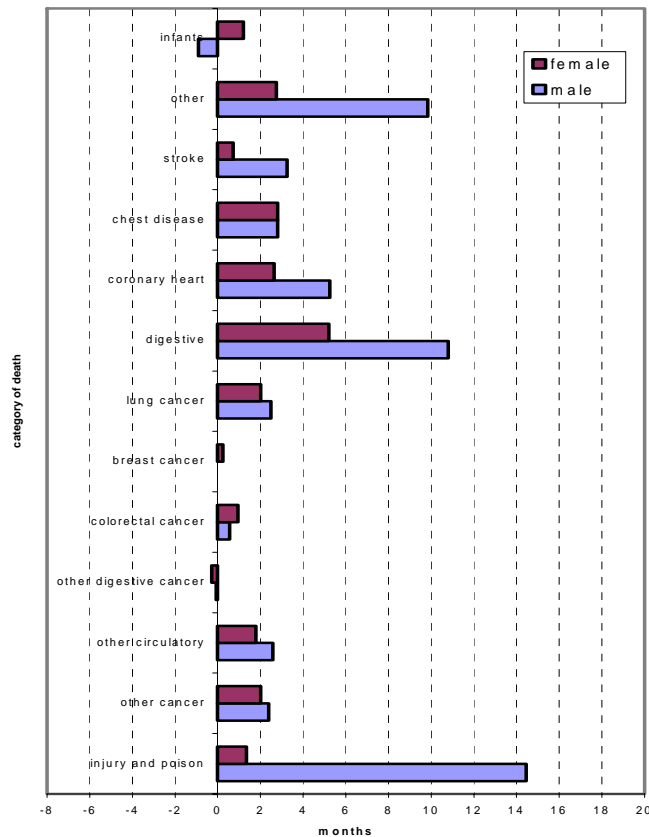
(Fig 1)



2. WHAT CAUSES OUR POOR LIFE EXPECTANCY

(Fig 2)

Reduced Life Expectancy in Primary Care Trusts - compared to E & W average
Persons under 75 dying in Blackpool 2000-2002
(population denominators estimated from 2001 census multiplied by 3)



An analysis of the causes of early death in Blackpool (Fig 2) compared to the national average highlights the reasons for poor life expectancy, as being digestive disorders which are related to alcohol, injuries and poison, coronary heart disease and cancer. The latter diseases are caused by poor nutrition, low levels of physical activity and smoking.

3. WHAT DO WE WANT TO ACHIEVE

We want to set ourselves challenging targets to increase life expectancy in both men and women.

In real terms to achieve the following average life expectancy:

For men	2004	72.8 yrs
	2007	73.0 yrs
	2010	73.7 yrs
	2020	75.3 yrs

For women	2004	78.3 yrs
	2007	79.2 yrs
	2010	79.6 yrs
	2020	81.1 yrs

Not only do we want to improve life expectancy overall, we aim to target the improvement at the people in neighbourhoods or subgroups of the population with the poorest health.

4. **HEALTH IS A CROSS CUTTING ISSUE FOR ALL DIRECTORATES OF THE COUNCIL**

Good Health is influenced by many factors. These factors are called 'Determinants of Health'.

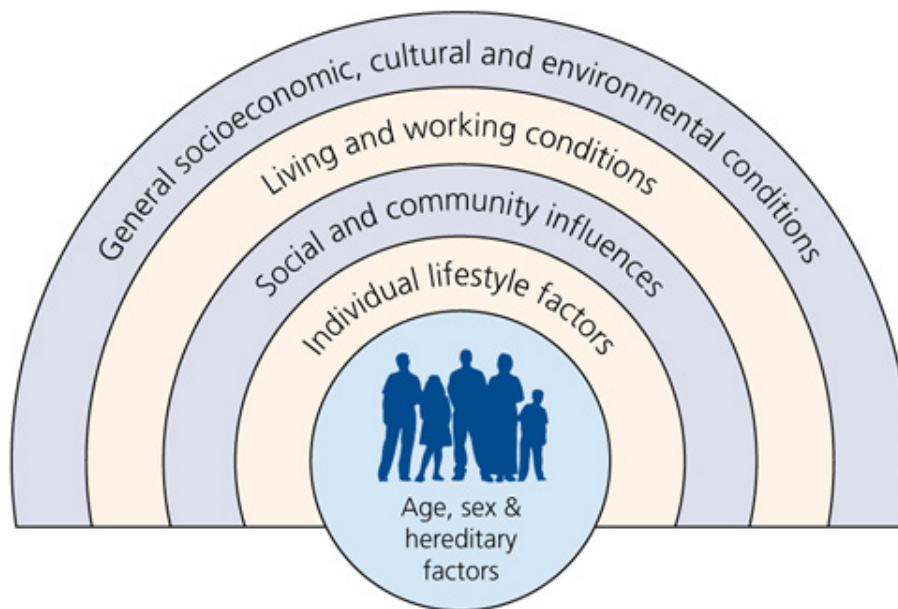


Fig: 3 'The Main Determinants of Health' by Dahlgren G. & Whitehead M. 1991

This model shows where people's health status comes from and this demonstrates why people do not all enjoy the same level of health and quality of life. Where we live, work, learn or play will affect our health.

Pre-requisites to health are good housing, a pleasant and safe environment, employment opportunity, education, training, public transport, leisure opportunities, cultural activity, and a supportive community.

Therefore each of the Council's Directorates has a key role to play in achieving a healthier population and there are reciprocal benefits for the Directorates from attaining a healthy population.

The future performance of the economy in Blackpool will have a direct impact on health and a healthy workforce will allow us to achieve vibrant economic growth. A recent EU report points out that increases in life expectancy are accompanied by increased economic growth.

In order to reduce health inequalities, both within Blackpool and between Blackpool and the rest of England, a framework is needed to enable a joined up approach across the Council. Achieving health improvement and reducing inequalities will require action to:

1. Prevent ill-health by tackling the wider determinants of health, including action to address housing, education, crime, transport and poverty.
2. Prevent ill-health by tackling lifestyle and risk factors, including action on tobacco control, exercise and nutrition, accidents, sexual health and teenage pregnancy, drugs and alcohol and environmental hazards.
3. Improve health and social care services to ensure high quality services for all.
4. Engage with and strengthen local communities.
5. Support families, mothers and children.

The Council has a major potential to have a positive impact on all these thematic areas.

5. **KEY THEMES**

The Key Themes of the Council's Health and Well-being Improvement Plan are: -

- Preventing CHD and cancer through improved diet, physical activity and reducing the prevalence of smoking.
- Improved sexual health including reducing teenage pregnancy, unwanted pregnancy and sexually transmitted disease.
- Reducing the harm caused by alcohol and drugs
- Reducing the number of accidents and deaths due to accidents
- Improving mental health and reducing the number of suicides in Blackpool.
- Maximising the health of vulnerable people.
- Maximising the health of children and young people.
- Maximising the health impact of all Council activities through: -
 - Promoting the use of approaches such as Health Impact and Integrated Impact Assessment to identify the impact of key Council policies such as housing, transport and the Masterplan.
 - Using approaches such as Equity Audit to identify how Council services, programmes and initiatives affect deprived communities.
 - Developing the corporate citizen role of the Council, through consideration of the impact of its actions around procurement, employment and sustainability/ environment on local health.
 - Identifying opportunities for health promoting actions –

e.g. adopting a healthy approach to leisure centre vending machines.

- Adopting a Healthy Settings approach to the delivery of services.
 - Developing approaches to allow easy access to health and wellbeing activities for identified priority groups.
-
- Developing, in partnership with the PCT, the capacity of Council staff to engage in multi-agency approaches to health.
 - Developing the role of the Council as a healthy employer.

6. DELIVERY OF THE STRATEGY

Structural arrangements for delivery are outlined below.

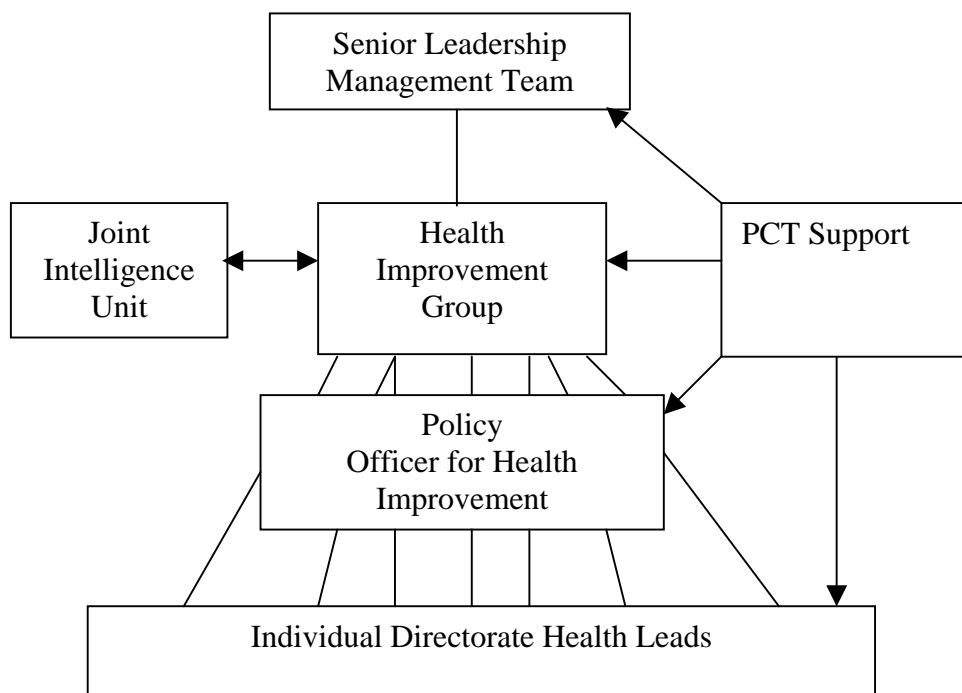
The Council's Senior Leadership Management Team will be accountable on behalf of the Council for the delivery of the action plan, with the Director of Public Health as the lead officer.

Each Directorate will identify a health lead, who will participate in a Health Improvement Group to drive the work forward and ensure that the actions are delivered.

A Policy Officer for Health Improvement will support the Director of Public Health to co-ordinate activities. This post will be a key post in the establishment of a Joint Health Improvement Group, comprising the Directorate Health Improvement Leads.

The establishment of a joint (virtual) intelligence unit will be explored to support this new-shared structure.

The structures shown below would also engage with the Council Health Overview and Scrutiny Committee and the other Council internal scrutiny functions



7. **KEY STRATEGIC COMMITMENTS**

- The Council will prioritise health improvement as a priority in its Corporate Performance Plan and, as a consequence, also in its resource allocation process.
- The Council will support the adoption of the approach advocated in this paper and the development of the structures outlined. In particular: -
 - Committing to the key health improvement themes outlined above (section 5)
 - The establishment of a Health Inequalities Policy Officer role
 - The identification of a Health Inequalities Lead from each directorate and the formation of a Council Health Improvement Group
 - The identification of a series of health improvement actions for each directorate, which will form the basis of a health improvement plan for that directorate (Some of these actions are outlined in Section 9) and, in aggregate, for the Council
- As an integral part of its health improvement agenda
 - The Council will participate in training and development activities to build the capacity to allow participation in multi-agency approaches to health improvement.
 - To ensure that health and wellbeing is considered in all Council activities and in support of the Community Plan, the Council will ensure that Integrated (Sustainability) Impact Assessments and, where appropriate Health Impact Assessment, are undertaken on all policy and service developments.
 - The Council will also undertake a programme of Equity Audits to ensure that services are meeting need rather than responding to demand.
 - Establish an effective monitoring system for initiatives with a health improvement dimension.

8. Performance Indicators

PI Ref	Description	2004/5 baseline	2005/6 target
	Teenage conception rate (under 18)	80.3 (2003)	55.1(Govt.2004 target) or 73.0 (in order to meet 2010 target of 55)
	Average life expectancy – male	71.7 (2003)	73.0 (2007)
	Average life expectancy – female	78.4 (2003)	79.2 (2007)
	LSP performance rating for health theme	Red/Amber	Red/Amber
	Serious accidents injury – hospital admission per 100,000	818 (2002/03)	775 (2006/07)
	Suicide Targets	33 (2001)	23 (2006)
	Alcohol related deaths – MALE per 100,000	43.9 (2001-3)	43.9 (2005-2007)
	Alcohol related deaths – FEMALE per 100,000	17.3 (2001-3)	17.3 (2005-2007)
	The number of children and adults meeting the Chief Medical Officer's recommendations for activity: – Enhance the take-up of sporting opportunities by 5 to 16 year olds so that the percentage of school children who spend a minimum of two hours each week on high quality PE and school sport within and beyond the curriculum.	25% (2002)	75% (2006)
	Number of successfully quit (self-report) per 100,000 population aged 16 and over	570 (2004/05)	1026 (2005/06)
	Prevalence of smoking in Blackpool PCT (Current smokers)	30% (2003)	29%
BV099 a(i)	Road accidents – pedestrians per 100,000 ALL killed/seriously injured	10.53 (2004)	10.2 (2005)
BV099 a(ii)	Road accidents – pedestrians per 100,000 slight injuries	78.68 (2004)	76.32 (2005)
BV184a	Proportion of LA homes which were non-decent at 1 st April		12
BV198	Number of drug mis-users in treatment	1338 (2004/5) (1180 LDP Target)	1278 (LDP Target) 1323 (Local Partnership Service Agreement Target)

9. Local Area Agreement Stretch Targets

The Council is in the process of negotiating a number of targets with the Office of the Deputy Prime Minister which represent the key priorities locally.

For some of these targets, the Council has pledged itself to achieve a higher level of success, these are known as stretch targets.

The following are some of the key stretch targets for Blackpool aimed at reducing health problems.

Alcohol	72 people completing treatment for alcohol problems / dependence in Blackpool. To include outpatient (community) detox inpatient 10 days detox, 3 week detox, 9 week detox, 9 week rehab programmes. 192 people completing out patient counselling programmes – short courses, intermediate course and 10 week early dependence course.
Smoking	Increase the number of people who access smoking cessation service in Blackpool, have been recorded as not smoking at 4-week follow up, and are still not smoking at 52-week follow-up (long-term quitters) to 222 by 2008.
Nutrition and Physical Actives	Increase the number of schools with "Healthy Schools" status to 75% by 2008/9.
Accidents	Reduction in the number of older people falling requiring pick up or transport to hospital as a proportion of older people in the population, using Age Concern data base by 5%.
Affordable warmth	Improve the SAP rating of Council homes (A calculated measure of the thermal efficiency of a dwelling – " Standard Assessment Procedure")
Sexual Health	Increase the uptake of long term contraception prescribed by specialist young peoples services to 220 by 2008/9.

10. HEALTH ACTION PLAN

Department: Children & Young People Division: Children Services

Objective	Task and Action	Lead person	Targeted outcome	Time scales
Increase life expectancy and reduce health inequalities by improving healthy life styles of young people.	School catering service to ensure all school children have access to healthy school meals and vending machines.	Steve Crawshaw	Improved health of young people	March 2007
	School catering service to work with schools to ensure tuck shops and vending machines are providing healthy options. Healthy Schools Initiative and 5 A DAY project will provide support.	Steve Crawshaw		March 2007
	Roll out 5 a Day to nursery schools, schools and residential units for looked after children	Sarah Lambert		June 2007
	All target schools (50% school meals) and secondary schools with high teenage pregnancy rates to be targeted and achieve healthy schools level 3 accreditation	Claire Blackburn/Suzanne Holroyd		March 2007
	Work through Healthy Schools to support schools in their development of tobacco control policies and smoking education initiatives.	Claire Blackburn/Suzanne Holroyd		July 2007
	Develop an emotional literacy strategy through children's centres, PRU's, Primary and Secondary Schools, Youth Services and Connexions to increase educational attainment and reduce teenage pregnancy	Richard Marshall		March 2007
	Develop a whole school approach	Suzanne Holroyd		June 2006

	pilot to increasing the self-esteem of young women (14yrs) in 2 target secondary schools.			
	Continue to expand detached youth work with high risk groups not regularly attending school <ul style="list-style-type: none"> • Squires Gate, Park, Haweside and Claremont 	Bernard Booth		Ongoing
	Agree with individual secondary schools school nursing input, to include the direct provision of sexual health services.	Merle Davies		June 2006
	Develop a young peoples services mobile outreach unit to deliver services to target neighbourhoods.	Bernard Booth		June 2006
	Appoint a senior post to champion health for children.	David Lund		June 2006
	Provide increased support for parents through schools in talking to children about sex and relationships	Lesley Hodder		Ongoing
	Agree a facilities strategy for young people's services through the Children and Young People's Strategic Partnership. Colocate services appropriately.	David Lund		March 2007
	Co-ordinate and expand targeted detached work with young people vulnerable to exploitation and young sex workers, linking to drug prevention services	Sheila Sutherland		March 2007
	Develop and further extend peer education programmes including teenage mums, young men excluded from services. MVFM, Alpha B	Bernard Booth		March 2007

	Develop peer led alcohol harm reduction provision within the eight secondary schools and their localities in Blackpool.	Bernard Booth/Suzanne Holroyd		September 2006
	Develop a tiered intervention and referral protocol using the 'models of care approach'.	Carol McNair		March 2007
	Develop a joint young people's media strategy.	Sue Crouch		March 2007
	Pupil support work with PCT in re-designing school health services.	Merle Davies		June 2006
	Undertake an equity audit on one service.	David Lund		March 2007
	Implement Springboard, the multi-agency approach to vulnerable families.	Merle Davies		March 2006
	Establish a multi-agency approach to improve the collection, analysis and reporting of data on the health of Blackpool's children and young people.	Merle Davies		September 2007
	Ensure all schools achieve Healthy Schools Standard.	Claire Blackburn/Suzanne Holroyd		March 2009

Department: Leisure Culture & Community Learning

Objective	Task and Action	Lead person	Targeted outcome	Time scale
Increase life expectancy and reduce health inequalities by increasing physical activity	Active for Health Programme. i) The extension and development of the 'Steps To Health' community health walking programme. This initiative promotes physical activity and encourages social interaction.	Andy Holland	Blackpool population to become more physically active	End March 2008
	Active for Health Programme. ii) The extension and development of the G.P. referral 'lifestyle circuit'. This initiative provides a comprehensive programme focusing on increasing physical activity as well as promoting the health and well being benefits of stopping smoking and healthy eating. Currently, demand exceeds provision, creating unacceptable delay for clients referred onto the programme.	Andy Holland		End March 2008
	Active for Health Programme. iii) The delivery of domiciliary strengthening and exercise opportunities for high-risk individuals reducing the potential incidence of slips, trips and falls. The programme is targeted particularly at elderly people including housebound and will include elements of health promotion, healthy eating and	Andy Holland		End March 2008

Objective	Task and Action	Lead person	Targeted outcome	Time scale
	physical activity, as an addition to existing programmes delivered by Age Concern and Care & Repair at different venues.			
	Workplace Physical Activity Promotion. Scheme to encourage the workforce to be more active both during the working day and beyond. The programme provides a lifestyle screening service, physical assessment, delivery of workplace exercise/physical activity opportunities and will improve access to leisure facilities/sessions for employees.	Andy Holland		End March 2007
	The 'Fresh Air' Programme. The development and enhancement of our community based Pulmonary Rehabilitation programme for clients with established COPD, referred through via Chest clinic.	Andy Holland		Ongoing
	Heartwise. The development and enhancement of our community based Cardiac Rehabilitation programme for clients having suffered MI or having undergone revascularisation surgery and have progressed through a hospital	Andy Holland		Ongoing

Objective	Task and Action	Lead person	Targeted outcome	Time scale
	based phased programme.			
	Employment of 4 community workers across the PCT and Council facilitate & coordinate community participation in nutrition and physical activity sessions for the most difficult to reach and 'at risk' populations.	Andy Holland		March 2007
	Access to healthy food and healthy vending machines in all leisure, culture and learning centres.	John Blackledge		December 2006
	Lifestyle management – development of referral pathway to all potential projects and activities for whole population to include clinical interventions and treatment of morbid obesity.	Andy Holland		March 2007
	Obesity intervention camp pilot summer 2006. Targets children referred 'at risk' from obesity/overweight problems by GP/Practice nurses/ school nurses.	Justine Blomley		September 2006
	Encourage parents and children to take part in leisure activities together.	Chris Simcock		Ongoing

Objective	Task and Action	Lead person	Targeted outcome	Time scale
	Based at five of the key MUGA (multi use games areas) sites and off peak times at leisure centres, with only limit to activities is that they improve health and well being.			
	Sports activities to be set up which target adults and children who don't take any physical activity. Competitive sport benefits without the pressure to succeed can be linked with MUGAs, indoor BBC facilities and schools.	Chris Simcock		Ongoing
	Exploit the popularity of extreme sports to attract children & adults into activities at new climbing wall & refurbished bouldering wall. Targeting disaffected young people at 8 x Blackpool high schools.	Chris Simcock		Ongoing
	Provision of dance and performing arts alternatives to sport to encourage young women to increase physical activity.	Samantha Blackburn		March 2007
	Develop an Arts and Health Strategy for Blackpool.	John Blackledge		March 2007
	Participate in the mental health promotion strategy through facilitating group work courses, green gyms and Reading On	Anne Ellis		March 2007

Objective	Task and Action	Lead person	Targeted outcome	Time scale
	Prescription			
	<p>Developing approaches to allow easy access to health and wellbeing activities for identified priority groups, including:</p> <ul style="list-style-type: none"> • Developing a cultural passport scheme • Working with PCT and SSSCo programme to publicise benefits of health, physical activity and nutrition and develop a new approach to the marketing of information, services and facilities. • Develop a new approach to ensure the Council inform, educate and advise about the benefits of exercise and good nutrition in wards with the greatest needs. 	John Blackledge		March 2007
	Develop a parks and open spaces strategy and link to the LTP	Mark Scrivens		September 2007
	Undertake an equity audit on one service	Fred Barnes		September 2007

Division / Directorate:

Housing and Social Services

Objective	Task and Action	Source	Lead person	Targeted outcome	Completion date
Increase life expectancy and reduce health inequalities by improved housing and social support	Roll out the Seashore project to Talbot, Brunswick and Clifton areas. The service will assist to provide a safer healthier environment for older people. This is done through identifying older people living at home and evaluating significant hazards to their health and well being including: state of disrepair, internal & external hazards, fire safety, carbon monoxide, fat fryers, poor lighting etc	LAA and Negotiated	Jennifer Jaynes (Christine Garrity)	Improved housing standards and social support in Blackpool	March 09
	Consider as part of the Homeless strategy the need to develop a Damp Night Shelter for homeless street drinkers.	Homeless Strategy	Val Bower (Susan Walsh)		September 05
	Development of a range of cost effective rehabilitation and relapse prevention services delivered locally.	Alcohol Strategy (joint strategy: BC, PCT and Police)	David Clear (Ian Treasure)	Reduction in relapse for dependent alcohol users	September 06
	Jointly commission holistic alcohol treatment and rehabilitation services with the PCT	Alcohol Strategy (joint strategy: BC, PCT and Police)	David Clear (Ian Treasure)		September 06
	Review potential provision of outreach counselling/ therapy services commissioned by	Alcohol Strategy (joint strategy: BC, PCT and Police)	David Clear (Ian Treasure)		September 06

Objective	Task and Action	Source	Lead person	Targeted outcome	Completion date
	the PCT and Blackpool Council in the light of prevalence data and ensure services are developed to target those in greatest need.				
	Basic awareness training for all staff who have contact with the Public.	Action agreed at Health and Well-being Group	Group to nominate.		
	Development of an expert carers training / support programme in association with the voluntary sector for partners / relatives of people with HIV.	HIV Service Review	Jennifer Jaynes (Elina Dupres)	Improved outcomes for people living with HIV	This is integral to the every day service given by the Council, PCT and voluntary sector whose SLA's are under review
	Supporting People will refocus life skills support to promoting health	Agreed by Fred Bridges	Val Bower (Fred Bridges)		March 08
	Restructure housing and social services support SLA with the voluntary sector in line with the outcome of the HIV services review	SP Review and HIV Strategy	Val Bower (Fred Bridges)		March 08
	Provide education to employers on the implications and advantages of employing people with HIV.	HIV Service Review	Jennifer Jaynes (Elina Dupres)		Ongoing
	Undertake an equity audit on one service	Group Agreed Action	To be confirmed	Reduced health inequalities in Blackpool	March 07

Objective	Task and Action	Source	Lead person	Targeted outcome	Completion date
	Increase the SAP rating for Council homes	Affordable Warmth Strategy	Peter Jefferson (Ian Grimshaw)	Reduced fuel poverty in Blackpool	March 10
	Establish automatic referral system for housing safety checks for vulnerable older people.	LAA	Jennifer Jaynes (Christine Garritty)	Reduced number of falls in Blackpool	March 09
	Improve the speed of delivery of appropriate equipment to people living at home.	LAA	Jennifer Jaynes (Elina Dupres)	More people able to live in their own homes	March 09
	Establish a referral system for a home security check for vulnerable older people.	LAA	Jennifer Jaynes (Christine Garritty)		March 09
	Integrate more Occupation Therapy and Physiotherapy into social care services with a rehabilitative focus.	LAA	Jennifer Jaynes (Elina Dupres)		March 09
	Reduce access points to Single Assessment, to ensure an "end to end" response and minimise hands-on/re-referrals.	LAA	Jennifer Jaynes (Pat Workman)	Reduced levels of domestic abuse in Blackpool	March 09
	Undertake a programme to awareness of domestic abuse in Blackpool.	Domestic abuse BVPI	Val Bower (Andrea Maskill)		March 09

Directorate:**Tourism & Regeneration****Division:****Environmental Services**

Objective	Task and Action	Lead person	Targeted outcome	Completion date
Increase life expectancy and reduce health inequalities by improving economic and environmental conditions in Blackpool	Explore the possibility of renting or purchasing a mock house for demonstration purposes as the House of Horrors.	Tim Coglan	Reduced accidents within the home	July 2006
	Provide promotional resources to encourage people to access services and attend community awareness events. (seashore project)	Links with Care & Repair		Ongoing
	Strengthen the enforcement of the law on under age tobacco sales.	Tim Coglan	Reduced access to under age sales of tobacco	Ongoing
	Work with shopping areas, other workplaces, community halls, restaurants and cafes to be completely smoke free.	Ian Almond / Tim Coglan	Smoke free environments	Ongoing
	Mainstream existing taxi ranking pilot and consider accreditation scheme for taxi rank stewards. Work towards all taxis being smoke-free.	Tim Coglan		June 2006
	Consider the need to extend controlled drinking areas under the terms of the Criminal Justice and Police Act 2001.	Kevin Garritty	Reduced harm caused by alcohol in Blackpool	Completed
	Review and further develop transport solutions in relation to the night-time economy.	Ian Treasure		Ongoing
	Target off licences involved in discount sales.	Tim Coglan		Ongoing

Objective	Task and Action	Lead person	Targeted outcome	Completion date
	Optimise private landlord involvement.	Lorayne Ferguson		Ongoing
	Commission a training pack for bar staff that gives guidance/instruction on issues of under age drinking, conflict resolution, duty not to serve intoxicated customers with further alcohol.	Tim Coglan		March 2006
	Work with Band B's to establish a healthy breakfast award	Ian Almond		March 2007
	Work with employers and the Health and Safety Executive to ensure the introduction of alcohol policies within the workplace.	Tim Coglan/Dave Womack		Ongoing
	Utilise opportunities to deliver clear, consistent messages about Healthy Food.	Ian Almond	Improve access to healthy foods	Ongoing
	Undertake an equity audit on one service	Derek Mure	Reduced inequalities due to targeting those in greatest need	March 2007
	Increase the number of properties brought out of fuel poverty in the INI's	Hugh Wignall	Reduce numbers of people living in fuel poverty in Blackpool	March 2008
	Establish a central energy efficiency contact place for all tenures	Hugh Wignall		March 2007
	Implement the affordable warmth strategy	Hugh Wignall		Ongoing

Objective	Task and Action	Lead person	Targeted outcome	Completion date
	Monitor smoking on school buses and enforce no smoking regulations to ensure smoke-free environment for children.	Jane Roberts / Ian Almond	Smoke free environments	Ongoing
	Work with agencies to curb the spread of sex workers into residential areas and promote sexual health	Hugh Wignall	Reduced transmission of sexually transmitted infections in Blackpool	March 2007

Department: Tourism & Regeneration

Division: Planning & Transportation

Objective	Task and Action	Lead Person	Targeted outcome	Completion date
Increased life expectancy and reduce health inequalities by improving access to healthy living opportunities	Ensure that the Local Transport Plan encourages walking and cycling and considers accessibility to food outlets and physical activity opportunities.	Tim Brown	Increased numbers of people walking and cycling in Blackpool	March 2007
	Link the LTP more effectively with the lifestyle activities underway in neighbourhoods	Tim Brown	Encourage increased physical activity	March 2007

Department: Tourism & Regeneration

Division: Economic Development

Objective	Task and Action	Lead Person	Targeted outcome	Timescales
Increased life expectancy and reduce health inequalities by increasing economic wellbeing in Blackpool	Undertake and respond to an Integrated Impact assessment on the Master-plan	Stuart Gibson	Maximum benefit achieved from the Masterplan	March 2007
	Develop a commissioning strategy that ensures the development of the voluntary sector	Mike Kirkman	Growth in the local voluntary sector	March 2007
	Develop an alcohol strategy for the Master-plan together with community safety, licensing services and public health	Ian Treasure	Reduced harm due to alcohol in Blackpool	March 2007
	Ensure all Council external contracts include provision for complying with health and safety and also deliver actions identified in this action plan.	Mike Kirkman	All organisations maximise health in Blackpool	March 2007

Division: Directorate – Business Services

Objective	Task and Action	Lead Person	Targeted outcome	Timescales
Increase life expectancy and reduce health inequalities through the corporate citizenship role of the Council	Ensure implementation of corporate citizen role by supporting the employment of vulnerable young people and other vulnerable groups such as people with mental health problems.	Catherine Wilson	Increased employment of vulnerable people from Blackpool within the Council	March 2007
	A recruitment strategy is produced to recruit people from disadvantaged areas and vulnerable groups	Catherine Wilson		March 2007
	Build Impact Assessment into the facilities management and development process.	Stephen Waterfield	All Council development will maximise the health benefits through impact assessment	March 2007
	Work with community safety, public health, tourism and regeneration to develop an alcohol licensing, strategy.	Sharon Davies	Reduce the harm caused by alcohol in Blackpool	December 2007
	Ensure the representatives from vulnerable groups are effectively represented in Council Strategies and Planning Processes.	Sandy Lee	Vulnerable people represented on key Council strategic planning groups	March 2007
	Agree an enforcement policy on all Council prosecutions.	Christine Baines	A consistent approach to enforcement across all Directorates	September 2007
	Offer subsidised refresher driving courses for the target age group	Carol Bracegirdle	Reduce road traffic accidents involving	June 2006

	where there is a lack of confidence or concerns.		old people in Blackpool	
	Continue working with older people to reduce road traffic accidents.	Carol Bracegirdle		Ongoing
	Identify Borough Council facilities with associated high suicide rates and take appropriate preventative action.	Paul Lucas	Reduced numbers of suicidess in Blackpool	March 2008
	Establish a Health Overview and Scrutiny Committee (OSC) separate from Housing & Social Services.	Mark Towers	Overview and Scrutiny Committee established	April 2006
	Undertake scrutiny of smoking cessation and drugs education and rehabilitation services and act on the findings.	Mark Towers	Modernised and effective services in Blackpool	September 2006
	OSC Participate in the Deep Dive for Teenage Pregnancy to reduce TP rates in Blackpool.	Peter Baines	Reduced numbers of teenage pregnancies in Blackpool	March 2007
	OSC to receive reports on the equity audit undertaken by each Directorate of the Council.	Peter Baines	The Council performance manages directorates to reduce health inequalities through targeting need	Ongoing
	Explore ways to involve patients and the public in the Overview and Scrutiny role.	Mark Towers		December 2007
	Develop a debt strategy for Blackpool	Andrew Pollock	Reduced impact of debt including improved mental health	

Division: **Staff**

Objective	Task and Action	Lead Person	Targeted outcomes	Time scale
Increase life expectancy and reduce health inequalities by improving the health of the workforce	Develop a Corporate Health Strategy for Blackpool Council including nutrition, physical activity and other life-style issues affecting staff.	S Lowdon / J Curtis	Reduced sickness absence and improved health of the Blackpool Council workforce	December 2006
	Develop and implement Corporate Occupational Health arrangements.	S Lowdon / J Curtis		September 2006
	Develop and implement Corporate Display Screen Equipment arrangements.	S Lowdon / T Hall		August 2006
	Develop and implement Corporate First Aid arrangements.	S Lowdon / T Hall		July 2006
	Develop and implement Corporate Asbestos arrangements.	S Lowdon / T Hall		October 2006
	Develop and implement Corporate Noise at Work arrangements.	S Lowdon / T Hall		December 2007
	Develop and implement Corporate Hand Arm Vibration arrangements.	S Lowdon / T Hall		December 2007
	To ensure the Council meets its statutory requirements for health surveillance.	S Lowdon		March 2008

	Implementation of an Employee Assistance Programme within the Council.	S Lowdon / J Curtis		May 2006
	Implementation of stress management initiatives within the Council.	S Lowdon/T hall		March 2007
	To ensure that health and well-being is given consideration within the employee benefits group.	J Curtis		May 2006
	Develop and implement Corporate New and Expectant Mothers arrangements.	S Lowdon / T Hall		March 2008
	Re-introduce smoking cessation clinics and review tobacco control policy.	J Curtis		December 2007