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Blackpool Council

2 September 2016

To: Councillors Blackburn, Cain, Campbell, Cross, Jackson, Kirkland, Smith, I Taylor and Mrs Wright

The above members are requested to attend the:

EXECUTIVE

Monday, 12 September 2016 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

- 2 **PUBLIC HEALTH SCRUTINY REVIEW DRAFT REPORT** (Pages 1 - 24)
- 3 **HEALTH AND WELLBEING STRATEGY** (Pages 25 - 72)
- 4 **MEDIUM-TERM FINANCIAL SUSTAINABILITY STRATEGY 2016/17 TO 2021/22** (Pages 73 - 78)
- 5 **APPROVAL TO BORROW FROM THE MUNICIPAL BONDS AGENCY** (Pages 79 - 88)
- 6 **WINTER GARDENS CONFERENCE AND EXHIBITION CENTRE** (Pages 89 - 92)
- 7 **TRANSPORT FOR THE NORTH: APPROVAL TO SUPPORT THE ESTABLISHMENT OF A SUB-NATIONAL TRANSPORT BODY** (Pages 93 - 114)
- 8 **FINANCIAL PERFORMANCE MONITORING AS AT MONTH 3 2016/2017** (Pages 115 - 118)

Venue information:

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

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: (01253) 477157, e-mail lennox.beattie@blackpool.gov.uk

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Report to:	EXECUTIVE
Relevant Officer:	Sharon Davis, Scrutiny Manager
Relevant Cabinet Member	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Decision	12 September 2016

PUBLIC HEALTH SCRUTINY REVIEW DRAFT REPORT

1.0 Purpose of the report:

1.1 To consider the Public Health Scrutiny Review final report.

2.0 Recommendation(s):

2.1 To consider the report and offer a response to the recommendations contained within the Action Plan. (The comments of the Cabinet Member are included in Appendix 2a).

3.0 Reasons for recommendation(s):

3.1 The recommendations contained within final report seek to deliver improvements in service.

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

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

3.3 Other alternative options to be considered:

The Executive must consider the recommendations outlined in the Scrutiny Review but may accept them, reject them or vary them.

4.0 Council Priority:

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

5.0 Background Information

- 5.1 At the Resilient Communities Scrutiny Committee on 17 September 2015, Members considered that there were a large number of issues raised in the Public Health Annual Report, which required more detailed consideration. Therefore, the Committee agreed to establish a Review Panel to consider the annual report in more detail. The Panel would also consider the wider determinants of health and the targets and priorities moving forward.
- 5.2 An initial meeting of the Panel was held to agree a Chairman and to establish the scope for the review. It had initially been intended that the Panel would only require one meeting following the pre-meeting, in order to gather evidence and draw conclusions. However, during that meeting, the Panel was advised that an action plan covering the four overarching recommendations from the Due North report, upon which the Public Health Annual Report was based, was currently being drafted and would be incorporated into the Health and Wellbeing Board Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a partial basis for the contents of the revised Joint Strategic Needs Assessment.
- 5.3 The Resilient Communities Scrutiny Committee therefore agreed to the widening of the Panel's remit to enable proper consideration of the draft Health and Wellbeing Board Strategy and the revised Joint Strategic Needs Assessment. The final report details the findings and recommendations of the Panel and is attached as Appendix 2a.
- 5.4 In accordance with the Overview and Scrutiny / Cabinet Member Relations Protocol, the final report has been considered by the Health Scrutiny Committee, which approved the report for consideration by the Executive. The Cabinet Secretary (Resilient Communities) as the relevant Cabinet Member, has been forwarded the report to make comments on the recommendations contained within the report and these are included in Appendix 2a within the Public Health Scrutiny Action Plan.

5.5 Does the information submitted include any exempt information? No

5.6 List of Appendices:

Appendix 2a – Public Health Scrutiny Review final report.

6.0 Legal considerations:

- 6.1 Contained within the body of the report.

7.0 Human Resources considerations:

7.1 Not applicable.

8.0 Equalities considerations:

8.1 Not applicable.

9.0 Financial considerations:

9.1 Contained within the body of the report.

10.0 Risk management considerations:

10.1 Contained within the body of the report.

11.0 Ethical considerations:

11.1 Not applicable.

12.0 Internal/ External Consultation undertaken:

12.1 Contained within the body of the report.

13.0 Background papers:

13.1 None.

14.0 Key decision information:

14.1 Is this a key decision? No

14.2 If so, Forward Plan reference number:

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed:

Date approved:

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes :

22.1

Blackpool Council



PUBLIC HEALTH SCRUTINY REVIEW FINAL REPORT

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1.0 Foreword

- 1.1 The Resilient Communities Scrutiny Committee initiated the review following concern that there were a large number of issues raised by the Public Health Annual Report presented at the 17 September 2015 Committee meeting, which required more detailed consideration.
- 1.2 The Panel held an initial meeting to establish a Chairman for the review and to agree the scope for the review and identify the key areas for consideration. Following the initial meeting, two further meetings were held by the Panel in order to consider the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report. Consideration was also given to the revised Joint Strategic Needs Assessment and the Draft Health and Wellbeing Board Strategy.
- 1.3 The Panel considered that there was a significant amount of work being planned and undertaken to adequately try to address the findings in the Due North Inquiry. However, it was acknowledged that improvements in reducing health inequalities will take time and should be an area for Scrutiny to keep under review.
- 1.4 I would like to thank everyone who contributed to the review and gave their time willingly. I freely acknowledge the help and assistance given to me by the other Councillors on the Panel and the officers from across Blackpool Council.

Councillor Benson
Chairman, Public Health Scrutiny Review Panel

2.0 Summary of Recommendations

	Timescale
<p>Recommendation One Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.</p>	Ongoing commencing immediately.
<p>Recommendation Two Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.</p>	Request to be sent immediately to Healthwatch July 2016
<p>Recommendation Three A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.</p>	A date to be identified for the training session as soon as possible
<p>Recommendation Four</p> <ul style="list-style-type: none"> a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation. b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment. 	To be immediately included within the Health and Wellbeing Strategy
<p>Recommendation Five The Council's approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.</p>	November 2016
<p>Recommendation Six Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.</p>	Ongoing

3.0 Background Information

- 3.1 At the Resilient Communities Scrutiny Committee on 17 September 2015, Members considered that there were a large number of issues raised in the Public Health Annual Report, which required more detailed consideration. Therefore, the Committee agreed to establish a Review Panel to consider the annual report in more detail. The Panel would also consider the wider determinants of health and the targets and priorities moving forward.
- 3.2 The Scrutiny Review Panel comprised of Councillors Benson (Chairman), Humphreys, Galley, Singleton, O'Hara and Critchley.
- 3.3 A pre-meeting was held to scope the review and the following key areas for consideration were identified:
- Detailed scrutiny of the Public Health Annual Report.
 - The wider determinants of health across Blackpool.
 - The remit, priorities and targets of Public Health and the Health and Wellbeing Board and how targets are being acted upon and progress tracked.
 - The reasons why progress in improving health and wellbeing previously has been slow.
 - How progress could be made in addressing the recurrent health issues.
 - The context of local government budget cuts and its impact on public health.
- 3.4 It had initially been intended that the Panel would only require one meeting in order to gather evidence and draw conclusions. However, during that meeting, the Panel was advised that an action plan covering the four overarching recommendations from the Due North report, upon which the Public Health Annual Report was based, was currently being drafted and would be incorporated into the Health and Wellbeing Board Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a partial basis for the contents of the revised Joint Strategic Needs Assessment.
- 3.5 The Resilient Communities Scrutiny Committee therefore agreed to the widening of the Panel's remit to enable proper consideration of the draft Health and Wellbeing Board Strategy and the revised Joint Strategic Needs Assessment.
- 3.6 The review relates to the Council priority 'Communities: Creating stronger communities and increasing resilience.'

4.0 Methodology

4.1 The Panel held two meetings to consider all evidence and speak to witnesses. These meetings followed an initial scoping meeting. Details of the meetings are as follows:

Date	Attendees	Purpose
28 October 2015	<p>Councillors Benson (Chairman), Humphreys, Galley, O’Hara and Critchley.</p> <p>Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)</p>	To elect a Chairman and agree the scope for the review.
8 January 2016	<p>Councillors Benson (Chairman), Humphreys, Galley, O’Hara and Critchley.</p> <p>Councillor Cain, Cabinet Secretary (Resilient Communities)</p> <p>Councillor Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding</p> <p>Councillor Collet, Cabinet Member for School Improvement and Children’s Safeguarding</p> <p>Dr Arif Rajpura, Director of Public Health</p> <p>Mrs Lynn Donkin, Public Health Specialist</p> <p>Ms Liz Petch, Public Health Specialist</p> <p>Dr Tamasin Knight, Specialty Registrar in Public Health</p> <p>Chris Kelly, Senior Democratic Services Adviser (Scrutiny)</p>	To scrutinise the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report.
22 April 2016	<p>Councillors Benson (Chairman), Humphreys and O’Hara.</p> <p>Dr Arif Rajpura, Director of Public Health</p> <p>Mrs Lynn Donkin, Public Health Specialist</p> <p>Ms Liz Petch, Public Health Specialist</p> <p>Mr Scott Butterfield, Corporate Development Manager</p> <p>Mrs Christine Graham, Senior Public Health Intelligence Analyst</p> <p>Mr Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)</p>	To consider the revised Joint Strategic Needs Assessment and the Draft Health and Wellbeing Board Strategy.

5.0 Detailed Findings and Recommendation

5.1 Public Health Annual Report 2014

- 5.1.1 The Panel was advised that the theme of the 2014 Annual Health Report was Blackpool's response to the Due North report, which was an Inquiry on Health Equity for the North of England.
- 5.1.2 Members were provided with details of the difference in life expectancy between the north and south of the country, noting it was significantly lower in the north. The Panel was also advised that a baby boy born in Blackpool would be expected to live eight fewer years than one born in Kensington or Chelsea and his life expectancy would be 5.1 years less than national average. It was also explained to the Panel that there were differences in life expectancy within different areas of Blackpool, with there being a nine year difference between some areas.
- 5.1.3 It was reported to Members that the Due North Inquiry had demonstrated that cuts to local authority spending per head of population had been far greater in areas of increased deprivation and that local government expenditure had decreased by a far greater percentage in the north, as compared to other areas of the country.
- 5.1.4 The Panel was provided with data relating to child poverty and it was demonstrated that there was a trend linking child poverty and inequalities in infant mortality. Members were advised that on average, deprived areas in the North had experienced smaller increases in life expectancy than areas with similar levels of deprivation in the rest of England. It was considered that this could reflect different levels of investment or that determinants of poor health in the North were more intractable and therefore required different approaches.
- 5.1.5 The Panel was advised that the Due North report contained four overarching recommendations, which were:
- Tackle poverty and economic inequality.
 - Promote healthy development in early childhood.
 - Share power over resources and increase influence of the public.
 - Strengthen the role of health sector in promoting health equity.

Members considered each of the overarching recommendations in turn, with a focus on the work that was being undertaken or being planned to address issues in each area.

5.2 Tackle Poverty and Economic Inequality

- 5.2.1 With regards to tackling poverty and economic inequalities, it was considered that there were a number of areas for focus. Those areas were discussed by the Panel and included:
- Health equity – which included a range of measures from supporting a network of credit unions and other community finance initiatives to reduce the cost of credit for poor communities.

- Focus public service reform, which would involve establishing integrated support across the public sector to improve the employment prospects of those out of work.
- Adopt a common progressive procurement approach that would promote high quality local employment, improve working conditions and promote the Living Wage, as calculated by the Joseph Rowntree Foundation.
- Ensure that reducing economic and health inequalities were central objectives.
- Implement and regulate the living wage.
- Increase the availability of high quality affordable housing through stronger regulation of the private rented sector and where quality was poor, through investment in new housing.

5.2.2 The Panel was advised that work was already being undertaken in many areas to address the recommendations from Due North. It was noted that the work included implementing and regulating a living wage through the 'Suppliers Charter', increasing the availability of high quality affordable housing and stronger regulation through the Selective Licensing programme and training programmes for landlords, and through programmes like Chance2Shine that provided structured work experience placements for unemployed people.

5.2.3 The Panel considered the areas in which more could be done to address the recommendation and it was noted that the Public Health team would be working towards:

- Focusing public service reform on prevention of poverty and promote prosperity by reorienting services.
- Ensuring that reducing economic and health inequalities were central objectives of the local economic development strategy, so that growth and economic development should be sustainable and equitable and be focused on more than just economic output.
- Addressing the impact of changes in national economic and welfare policies on health inequalities.

5.3 Promote Healthy Development in Early Childhood

5.3.1 The Panel was provided with details of the health issues relating to early childhood in Blackpool, with it being reported that almost a third of children in Blackpool lived in poverty and the town had the highest levels of looked after children in England. The Panel was also advised that too many babies experienced unhealthy gestation and birth. Members noted the smoking rates amongst women during pregnancy and it was reported that 28% of women in Blackpool smoked during pregnancy, compared to 12% nationally, although it was also noted that the Blackpool figure had reduced in recent years from 42%.

5.3.2 It was explained to the Panel that the pattern of ill-health continued, with tooth decay being much more prevalent in Blackpool (17% of three year olds, compared to 12% nationally) and obesity rates were also high, with 26% of four/five years olds and 35% of 10-11 year olds being overweight or obese.

5.3.3 The Panel was also advised that children living in poverty and experiencing disadvantage in the UK were more likely to die in their first year, be born small, be bottle fed, breathe second hand smoke, become overweight, perform poorly at school, die in an accident, and become a young parent. As adults, they were also more likely to die earlier, be out of work, live in poor housing, receive inadequate wages and report poor health. It was considered that none of those outcomes should be considered inevitable and that providing better support early in children's lives was one of the most effective approaches to reduce inequalities in life chances.

5.3.4 Members were advised of the recommendations contained within the Due North report for local authorities in regards to promoting healthy development in early childhood, which were:

- Monitor and incrementally increase the proportion of overall expenditure allocated to early years.
- Ensure good quality universal early years education and childcare with greater emphasis on those with greater need.
- Maintain and protect universal integrated neighbourhood support for early child development, with a central role for health visitors and children's centres and clearly articulate the proportionate universalism approach.
- Collect better data on children in early years so that we can track changes and monitor effectiveness of programmes.
- Develop and sign up to a Charter to protect the rights of children to the best possible health.

5.3.5 The Panel was advised that many of the recommendations were already being acted upon, particularly through the work planned as part of Better Start.

5.4 Share Power over Resources and Increase Influence of the Public

5.4.1 Members were advised that the UK had one of the most centralised political systems, with 74% of public spending controlled by central government. The Panel discussed devolution of power and resources to local administrations and it was considered that devolution would need to be accompanied by greater public participation in local decision making. The Panel was advised that when community members acted together to achieve common goals, there were indirect benefits resulting from improved social support and supportive networks. It was noted that Due North report provided evidence that health was better in poor areas where people had more control over resources and decisions.

5.4.2 It was noted that some of the key recommendations in this area for local authorities from the Due North Report included:

- To establish deep collaboration between combined authorities in the North.
- To develop community-led systems for health equity auditing and accountability.
- To expand the involvement of citizens in shaping local budgets.
- To assess opportunities for setting up publicly owned mutual organisations for providing services where appropriate.

- To help communities develop the capacity to participate in local decision making and in developing solutions.
- Revitalise Health and Wellbeing Boards to become stronger advocates for health both locally and nationally, and to:
 - Establish a Health Equity North Board with high level political representation.
 - Collectively produce an annual report detailing how regional and national policy needs to change to reduce inequality.

5.4.3 The Panel was provided with details of the work that was already being undertaken in this area, which included helping communities develop the capacity to participate in local decision-making and in developing solutions. Examples of this type of activity included the Alcohol Inquiry held in 2014 and a number of Blackpool Fairness Commission projects, for instance the Dementia Network. Upon questioning from Members, the Panel was provided with details of the work of the Dementia Network and advised that it aimed to promote awareness and increase the number of people and organisations that were ‘dementia friendly’, which could help a dementia sufferer if required.

5.4.4 It was noted that work had been undertaken in relation to being ‘dementia friendly’ with a number of businesses, including Blackpool Transport Services and that training on dementia was planned with taxi drivers operating within the town. The Panel questioned how messages promoting dementia and other similar public health messages were communicated with families and younger people. Members were advised of the involvement of Public Health in schemes such as Fit2Go and Altogether Now, but it was considered that Public Health could do more to connect with children and their parents through sports clubs and activities being operated from parks within the town.

Recommendation One

Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.

5.4.5 The Panel was also informed of the measures that were considered important to undertake in future to deliver against the recommendation. The measures included:

- Holding more inquiries and ensuring recommendations are enacted.
- Creating a culture of asset based community development.
- Establishing greater collaboration between combined authorities in the North of England to develop approaches to economic development and health inequalities.
- Involving citizens in shaping how local budgets are used.
- Developing community-led systems for health equity auditing and accountability.
- Assessing opportunities for setting up publicly owned mutual organisations for providing services where appropriate.

5.4.6 The Panel discussed the role of Healthwatch and was advised that The Due North report referred to Healthwatch being initially established to have ‘a role in promoting public health, health improvements and in tackling health inequalities’, but to date it had primarily focused on promoting consumer rights for users of health and social care. It was considered that to some extent, that had represented a missed opportunity. The Panel agreed that it should recommend that Healthwatch consider adopting a greater focus in its work in promoting public health and tackling health inequality.

Recommendation Two

Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.

5.5 Strengthen the Role of Health Sector in Promoting Health Equity

5.5.1 Members were advised that between 1999 and 2010, the government pursued a systematic strategy to reduce inequalities. It was noted that whilst the strategy fell short of fully achieving its objectives, the gap in mortality amenable to healthcare, infant mortality and male life expectancy between the most and least deprived areas, all reduced during this time. It was noted that the Due North report had made reference to the fact that a policy of allocating increasing levels of resources to poorer areas was associated with declining inequalities in mortality amenable to health care. However, a combination of funding constraints and the expansion of market reforms were jeopardising the capacity of the NHS to take effective action on health inequalities.

5.5.2 It was considered by the Director of Public Health that Clinical Commissioning Groups were yet to fulfil their role in improving public health and that their engagement with local authorities had been focused on the integration of health and social care services, rather than advocating for action on the social determinants of health.

5.5.3 The Panel was advised that the Due North report considered that the NHS could have an influence in reducing health inequalities through three main activities:

- Providing equitable high quality health care. Although improvements had been made in mortality amenable to healthcare, a large gap still remained between North and South.
- Directly influencing the social determinants of health through procurement and as an employer.
- Becoming a Champion and facilitator that influenced other sectors.

5.5.4 The Panel considered the work already being undertaken in regards to the recommendations, which included that Public Health was now working more effectively with the Department for Public Health and Public Health England to address social determinants of health. It was also reported to the Panel that work was being undertaken between the Local Authority and the Department for Work and Pensions to develop “Health First” type employment support programmes for people with chronic health conditions.

- 5.5.5 The Panel was advised that the Health and Wellbeing Board was being supported to integrate budgets and jointly direct health and wellbeing spending plans for the NHS and Local Authority, of which the Better Care Fund was an example. The Panel also noted the work ongoing in relation to the 'Vanguard' Programme, which aimed to reduce pressure on GPs and nurses and help to encourage people to use services in a more effective way.
- 5.5.6 Members were informed that an action plan covering the four overarching recommendations from the Due North report was currently being devised and would be incorporated into the Health and Wellbeing Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a basis for the contents of the revised Joint Strategic Needs Assessment.

6.0 The Joint Strategic Needs Assessment

- 6.1 It was explained to the Panel that the Joint Strategic Needs Assessment (JSNA) described a process that identified current and future health and wellbeing needs and the causes of poor health and that it could be considered to provide the 'story' of the area in terms of health and wellbeing. It contained comprehensive information relating to the health of the population. It was noted that local authorities and Clinical Commissioning Groups had an equal and joint duty to prepare a JSNA and a Health and Wellbeing Strategy and that as part of the JSNA production, third sector organisations had also been consulted.
- 6.2 Members noted that the JSNA was not a static document and that strategic planning identified how resources would be allocated and improvements would be made to achieve the vision of "TOGETHER we will make Blackpool a place where ALL people can live long, happy and healthy lives". It was reported that the JSNA process informed all strategic plans related to health in the area, such as the Health and Wellbeing Strategy, the Clinical Commissioning Group's Commissioning Plan and the Blackpool Council Plan.
- 6.3 The Panel was provided with details of how the JSNA informed the prioritisation process by comparing the health and wellbeing characteristics of Blackpool against other areas and examined how the characteristics changed over time. Members were advised that the JSNA was also used to determine where inequalities existed between different communities within the town and to identify communities with specific health needs. The Panel was informed that, as part of the JSNA process, the views of the public and service users would be gathered to determine the expressed needs of the community and the strengths and assets found within the community.
- 6.4 Members were provided with a demonstration of the new JSNA website and were advised that it had gone live in March 2016 and would be continually updated. It was demonstrated to Members that the website was split into various sections relevant to age groupings, which were Starting Well, Developing Well, Living and Working Well and Ageing Well. Members were also advised that there was a Blackpool Profile and a People and Places sections, which would consider wider determinants of health and would link to other areas of work undertaken by different departments of the Council.
- 6.5 It was reported that the creation of the new website had involved a much more inclusive process, which involved all local stakeholders, to identify health and wellbeing needs in

Blackpool and to provide simple to use outputs that could be widely used by partners. It was noted that the new website was easier to use and navigate around and that it had moved away from pdf reports, towards web based content and contained embedded links.

6.6 Members noted the various pages of the website, witnessing that the content of each sub-section followed a template where possible that included:

- An Introduction.
- Facts, figures and trends.
- National and local strategies (current best practices) – evidence of effectiveness.
- What were the inequalities/unmet needs/service gaps?
- Views of the local community.
- Recommendations for consideration by key partners.

6.7 The future plans for the website were discussed with the Panel. It was noted that there would be an offer of regular briefing sessions with partners to explain the JSNA process and demonstrate the JSNA website, which would involve smaller hands on sessions with Public Health officers visiting key users to provide the demonstration, where appropriate.

Recommendation Three

A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.

7.0 Draft Health and Wellbeing Strategy

7.1 The Panel considered the draft Health and Wellbeing Strategy and was advised that there was a statutory requirement to have a Health and Wellbeing Strategy in place, which must be based on evidence from the Joint Strategic Needs Assessment. It was explained that the Health and Wellbeing Board would be responsible for the delivery of the Health and Wellbeing Strategy.

7.2 The Panel was presented with information relating to the background context that had informed the revised Strategy and was advised that the draft Strategy was based on the four overarching recommendations from the Due North Inquiry. Members noted that the draft Strategy also linked to the Council Plan priority to create stronger communities and increase resilience.

7.3 It was reported to the Panel that there were four priorities proposed within the Draft Health and Wellbeing Strategy 2016-2019, which were:

- Stabilising the Housing Market.
- Substance misuse – alcohol, drugs and tobacco.
- Social isolation and Community Resilience.
- Early intervention.

7.4 Stabilising the Housing Market

- 7.4.1 The tourism trade in Blackpool has resulted in Blackpool having a significantly different housing stock compared to other local authority areas. It was noted that there were issues relating to the decency and standard of accommodation and it was reported that the draft Strategy contained the aim to reduce the number of houses of Multiple Occupation and linked to the Selective Licensing programme to improve standards in the private rented sector.
- 7.4.2 Members were informed that further aims included within the Strategy related to stabilising the housing market, redeveloping Queen's Park and finishing new housing projects at Foxhall village. Members queried where the residents of Queen's Park had moved and were advised that Blackpool Coastal Housing had employed a decanting policy for residents in order to ensure housing for those that required it.
- 7.4.3 Members noted the work being undertaken to remodel the housing stock, which was considered to be particularly focused on housing for families. Members noted the high numbers of single people in the town and challenged what provision there would be for that group of people. The Panel considered that there was a requirement to properly consider single people as part of the Health and Wellbeing Strategy, with specific regards to housing and social isolation. Members noted the work being undertaken through the Selective Licensing programme and considered that it was important that the Housing Strategy aimed to continue work to ensure that accommodation for single people was of a decent and appropriate standard. Members also discussed changes that were made to communities, as a result of the implementation of actions identified in the Housing Strategy. For example, it was noted that following the demolition of housing in Queen's Park, residents had moved to various other locations within Blackpool, resulting in the break-up of an existing community. Members therefore considered that there was a requirement to ensure the Health and Wellbeing Strategy contained adequate provisions to prevent single people becoming isolated following changes to their communities.
- 7.4.4 The Panel also questioned the considerations that were given to the proximity of playgrounds and takeaways to new housing developments and discussed s106 requirements for planning applications. The Panel considered that the built environment could be planned and shaped to encourage healthy behaviours, which should be incorporated into the Health and Wellbeing Strategy.

Recommendation Four

a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation.

b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment.

7.5 Substance misuse – alcohol, drugs and tobacco

7.5.1 Members were advised that substance misuse in Blackpool was the biggest cause of reduced life expectancy and considered the key elements of the draft Health and Wellbeing Strategy that related to substance misuse. The areas of focus in the draft Strategy were to:

- Supporting drug, alcohol and tobacco education programmes.
- Develop suitable policy interventions to reduce harm in key groups.
- Deliver the Horizon treatment service to support people with recovery.

7.5.2 Upon questioning from Members, the Panel was advised that Public Health was currently developing an Alcohol Strategy, which, amongst other things, aimed:

- To develop and deliver a targeted alcohol awareness campaign to influence behaviour change amongst working age adults.
- To develop and deliver a campaign aimed at women planning pregnancy, women who are pregnant and women at risk of unplanned pregnancy using co-participatory action.
- To ensure the ‘promotions and advertising code of practice’ continued to be implemented through planning, licensing, marketing, media and working with the wider industry.
- To change the nature of alcohol displays in off-licence premises so alcohol was not in direct view of children.

7.6 Social isolation and community resilience

7.6.1 The Panel noted that the main areas of focus in relation to social isolation and community resilience in the draft Health and Wellbeing Strategy concerned:

- Increasing volunteering and social action.
- Neighbourhood Navigators.
- Community Orientated Primary Care.

7.6.2 It was reported to the Panel that work was being undertaken to consider the Council’s approach to social action and volunteering, alongside Councillor Kirkland, Cabinet Member for Third Sector Engagement and Development, with a view to exploring ways of encouraging more people in Blackpool to become ‘active citizens’ and providing the required levels of support to help develop community action.

Recommendation Five

The Council’s approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.

7.6.3 It was also explained to Members that work would be undertaken to develop Community Orientated Primary Care, which would entail discussions with all stakeholders in a locality in order to gain additional intelligence to what was provided in the JSNA. There would then be a jointly planned response to wider social issues.

7.7 Early Intervention

7.7.1 Members were informed of the work that was ongoing or planned in relation to Early Intervention that was included within the Draft Health and Wellbeing Strategy, noting the key areas, which were:

- Deliver Better Start from birth to three year olds
- Deliver Head Start for 10-16 year olds
- Implement Blackpool's Healthy Weight Strategy

7.7.2 It was explained that the intention of the priority was to prevent problems before they escalated. It was explained to the Panel that research demonstrated that from birth to three intervention worked in regards to preventing issues escalating and that the 10-16 programme was focused on developing mental resilience before young people reached adulthood. Upon further questioning from Members, the Panel was advised that both Better Start and Head Start were externally funded programmes, which was the reason for defined age ranges and that Children's Services did provide services for all from birth to 19 years.

8.0 **Conclusion**

8.1 The Panel considered that there was a significant amount of work being planned and undertaken to adequately try to address the findings in the Due North Inquiry. It noted the aim to have the draft Health and Wellbeing Strategy approved by the Health and Wellbeing Board in July 2016 and considered that future performance against the Health and Wellbeing Strategy should be scrutinised by the Health Scrutiny Committee.

Recommendation Six

Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.

9.0 Financial and Legal Considerations

9.1 Financial

- 9.1.1 There are no financial implications arising from the recommendations contained within the report.

9.2 Legal

- 9.2.1 Local Government and Public Involvement in Health Act 2007 (as amended). The Act introduced a requirement on responsible local authorities to undertake a joint strategic needs assessment of the health and social care needs for the area of the responsible local authority to determine need in terms of the discharge of health and social care functions in relation to the area of the local authority. A further assessment of relevant needs may be prepared at any time. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies has been issued.

Public Health Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
<p>Recommendation One Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.</p>	<p>The Cabinet Member supports the recommendation.</p>					
<p>Recommendation Two Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.</p>	<p>Recommendation to be forwarded to Healthwatch for consideration.</p>					
<p>Recommendation Three A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.</p>	<p>The Cabinet Member supports the recommendation.</p>					

<p>Recommendation Four a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation. b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment.</p>	<p>The recommendations were considered as part of the development process of the Health and Wellbeing Strategy and have been incorporated into the final draft of the strategy.</p>					
<p>Recommendation Five The Council’s approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.</p>	<p>The Resilient Communities Scrutiny Committee will be asked to include the Council’s approach to social action and volunteering in its workplan.</p>					
<p>Recommendation Six Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.</p>	<p>The Health Scrutiny Committee will be asked to include scrutiny of performance against the Health and Wellbeing Strategy in its workplan.</p>					

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Report to:	EXECUTIVE
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting	12 September 2016

HEALTH AND WELLBEING STRATEGY

1.0 Purpose of the report:

1.1 To present the final draft of the Health and Wellbeing Strategy for approval following the public consultation carried out with Blackpool Healthwatch. The Strategy and the performance monitoring proposals have already been approved by the Health and Wellbeing Board at its meeting on the 20 July 2016.

2.0 Recommendation(s):

2.1 To note the consultation summary, attached at Appendix 3b.

2.2 To recommend the Council to approve the Health and Wellbeing Strategy, attached at Appendix 3a.

2.3 To note the performance monitoring proposals outlined at Paragraph 5.9 which have been approved by the Health and Wellbeing Board at its meeting on 20 July 2016.

3.0 Reasons for recommendation(s):

3.1 The Council has a statutory duty to produce a Health and Wellbeing Strategy. The previous strategy expired at the end of 2015 and a new draft strategy has been in development over the last few months.

The Strategy has been developed in line with the vision and priorities agreed by the Health and Wellbeing Board in December 2015.

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

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

3.3 Other alternative options to be considered:

There are no alternatives – the Council must have a strategy in place.

4.0 Council Priority:

4.1 The relevant Council Priority is: “Creating stronger communities and increasing resilience”

5.0 Background Information

5.1 A draft Health and Wellbeing Strategy has been produced based on the vision and priorities agreed by the Board at a development day in 2014. These were reaffirmed at a Board discussion in December 2015, where it was agreed that the evidence related to health outcomes in Blackpool suggests that there are a number of drivers we need to address in order to achieve the Board’s vision:

5.2 Vision

“Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives”

5.3 Priorities

1. Housing

To improve the quality, mix, and management of private rented homes through Blackpool Housing Company and other initiatives such as Selective Licensing. Create higher quality new homes at Queen’s Park and Foxhall Village.

2. Tackling substance misuse (alcohol, drugs and tobacco)

To address lifestyle and addiction issues by developing policy interventions, treatment programmes and education in order to prevent substance misuse, and support individuals and communities with substance misuse issues.

3. Building community resilience and reducing social isolation

To build resilience within individuals and communities to improve their mental health and wellbeing and enable them to cope in difficult situations and circumstances.

Support communities to work together to determine their needs, developing a co-production approach to service design that will promote community empowerment, community led decision making and increase social action to

reduce social isolation experienced by sections of our communities.

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time; to prevent a problem becoming a crisis, therefore identified an additional priority.

4. Early Intervention

Encourage more upstream intervention to prevent a problem from becoming a crisis; this approach will be implemented throughout the life course and will reduce the need for expensive interventions further down the line.

5.4 Consultation

A draft strategy was considered at the Board's meeting on 20 April 2016 and it was agreed that public consultation would be undertaken to inform the strategy. An online survey was produced by Infusion, the Council's in-house market research organisation and a consultation took place throughout June to seek views on the vision and priorities.

5.5 The survey was circulated via social media and also through Healthwatch's engagement mechanisms; this included circulation to key voluntary sector organisations including Blackpool Carers, Age UK, Salvation Army, Creative Support, Autism Initiatives, Arthritis Care, NCompass, Empowerment, Blackpool Citizen's Advice Bureau, Action for Blind People, Groundwork, and Streetlife. Healthwatch also visited a number of organisations and assisted people in completing the survey.

5.6 In total 144 responses were received. The main issues raised from the consultation are summarised at Appendix 3b.

5.7 Stakeholders have been engaged throughout the strategy's development via the Strategic Commissioning Group and have inputted into the development at different stages of the process. Drafts of the strategy have also been presented to a special Public Health Scrutiny Committee that took place on 22 April 2016 and to the Clinical Commissioning Group Governing Body in July 2016. Comments and issues raised at these meetings have subsequently been addressed in producing the strategy attached at Appendix 3a.

5.8 Performance Monitoring

A performance monitoring framework has been developed to accompany the strategy; this includes new and existing performance indicators. A list of indicators is included on p22 of the strategy. In some cases the indicator does not exist and would require a resource commitment to establish, for others it may require a data source or suitable proxy. The Board may wish to suggest other measures directly relevant to

the priorities and comment on how the measure could be obtained.

5.9 It was originally proposed that a six-monthly report would be presented to the Health and Wellbeing Board updating on the progress of the actions and an annual report of performance indicators. However, in light of the forthcoming changes that under consideration for the Health and Wellbeing Board as part of the Lancashire and South Cumbria Change Programme, the Director of Public Health will be asked instead to ensure that the priorities and performance monitoring arrangements are incorporated into any new structure.

5.10 Does the information submitted include any exempt information? No

5.11 **List of Appendices:**

Appendix 3a – Health and Wellbeing Strategy 2016-19
Appendix 3b– Health and Wellbeing Consultation Report

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 An Equality Assessment has been carried out as part of the development process

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 The consultation undertaken is described in Background Information section at Paragraphs 5.4, 5.5, 5.6 and 5.7.

13.0 Background papers:

13.1 None.

14.0 Key decision information:

14.1 Is this a key decision? Yes

14.2 If so, Forward Plan reference number: 12/2016

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

15.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed:

Date approved:

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes :

22.1



**Joint Health and Wellbeing
Strategy for Blackpool
2016–2019**



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Foreword

With the Health and Wellbeing Board now firmly established as a mature partnership, this strategy aims to sharpen our focus on tackling the main drivers of Blackpool’s health issues. We have refined our priorities down from twenty in the previous document to four, and used them to articulate a new approach. We cannot just aim to provide great services addressing needs. We need to be a more intelligent commissioner of services, meeting individual needs whilst developing preventative approaches, and enabling communities to support themselves by building on their inherent strengths.

Key to all of this is using the principle of *early intervention* across all of our organisations, maximising the difference we can make by putting in place initiatives which may not have a direct, short term pay off, but in the long run will create the right social and environmental context for health to flourish. This needs a big culture change by all members of the board, but by continuing to come together and share our thinking we can amplify our efforts to achieve our strategic vision.

So, there are considerable challenges ahead, but I remain endlessly inspired by the efforts of everyone serving on the board and beyond. I hope that this strategy can deliver a further boost to all working towards a healthier future for everyone in Blackpool.



Dr Arif Rajpura
Director of Public Health
Health and Wellbeing Board member

As the Chair of Blackpool’s Health and Wellbeing Board I am proud to present our second Health and Wellbeing Strategy. Our Board has evolved into a strong partnership of leaders who share a dedication to improving health outcomes for Blackpool’s residents. This dedication will continue to grow as we embrace the changes that are on the horizon and move towards closer working with our colleagues across Lancashire through the transformation programme and Combined Authority.

The strategy describes the fundamental areas where we must focus our efforts if we are to build the kinds of communities where people want to live and where they live long, happy and perhaps most importantly, healthy lives.

The task ahead is not an easy one, and we are still faced with significant financial challenges, but I am confident that together, through our shared vision and by taking a different approach to delivering our services across the whole system, it is achievable.



Councillor Graham Cain
Cabinet Secretary (Resilient Communities)
Chair, Blackpool Health and Wellbeing Board

Executive Summary

Our vision

Our vision for Blackpool is bold and ambitious:

“Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives”

Our priorities

The board believes that the evidence related to health outcomes in Blackpool presents the following drivers which must be addressed in order to achieve our vision:

1. Housing

We will improve the quality, mix, and management of private rented homes through Blackpool Housing Company and other initiatives such as Selective Licensing. Create higher quality new homes at Queen’s Park and Foxhall Village.

2. Tackling substance misuse (alcohol, drugs and tobacco)

We will address lifestyle and addiction issues by developing policy interventions, treatment programmes and education in order to prevent substance misuse, and support individuals and communities with substance misuse issues.



3. Building community resilience and reducing social isolation

We will build resilience within individuals and communities to improve their mental health and wellbeing and enable them to cope in difficult situations and circumstances.

We will support communities to work together to determine their needs, developing a co-production approach to service design that will promote community empowerment, community led decision making and increase social action to reduce social isolation experienced by sections of our communities.

4. Early Intervention

We will encourage more upstream intervention to prevent a problem from becoming a crisis; this approach will be implemented throughout the life course and will reduce the need for expensive interventions further down the line, with a particular focus on pre birth to three year olds.

Throughout these priorities runs the need for a strong local approach to addressing national inequalities which lie underneath health issues – poverty, inequality, poor living and working conditions, and access to protective factors which maintain health. This need has - and will - influence how we design actions and initiatives.

Introduction

Blackpool's Health and Wellbeing Board

Health and Wellbeing Boards are an important feature of the Health and Social Care Act 2012. Blackpool's Health and Wellbeing Board was established in 'shadow form' in December 2011 and became a formal statutory committee of the council in May 2013.

The Board's membership builds on strong pre-existing partnerships between the NHS, Council and other public, voluntary sector and statutory partners.

Health and Wellbeing Boards are the key mechanism for co-ordinating the health system at a local level. They bring together major partners to jointly plan how best to meet the health and social care needs of the local population, with joining up and integration of services a key element of the agenda.

The Board's main focus is on improving outcomes and reducing inequalities through every stage in people's lives.

Its responsibilities include oversight of the implementation of a number of important national and local policy agendas for example; the Care Act, the NHS Five Year Forward View, the Children and Families Act, Future in Mind, Transforming Care and the Better Care Fund.

Blackpool is a British institution, and a global phenomenon – the world's first mass market seaside resort, with a proud heritage stretching back over 150 years. More than two thirds of Britons have visited Blackpool, and with 17 million visits per year it is still one of the most popular tourist destinations in the country.

But being the biggest and brightest is not without challenges and Blackpool suffers from complex and intertwined economic, social and health issues which are extremely difficult to remedy.

As Blackpool's Health and Wellbeing Board we are committed to building a thriving, prosperous and beautiful Blackpool with strong and healthy communities, reducing the health inequalities that are clearly evident within Blackpool, and closing the health and wellbeing gap with the rest of the country. It is our duty to bring together local institutions and residents to work together and effect the changes that are desperately needed.

This strategy articulates the Board's vision and priority areas that contribute to the overarching vision for Blackpool:

The UK's number one family resort with a thriving economy that supports a happy and healthy community who are proud of this unique town

And the two priorities which support this:

- **The Economy:** Maximising growth and opportunity across Blackpool; and
- **Communities:** Creating stronger communities and increasing resilience.

These priorities are interdependent and achieving positive outcomes in one area is reliant on success in the other. While the board's main focus is on the health and wellbeing of residents, the role that the economy plays is one of central importance that runs throughout this strategy.

Health and Wellbeing in Blackpool

Our Joint Strategic Needs Assessment is constantly being developed to provide detailed evidence which shapes our strategic approach and has informed the development of this strategy.

Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. Analysis indicates that the health domain, particularly the level of acute morbidity, is one of the prime drivers behind our decline in the rankings¹.

It is well documented that Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services.

Life expectancy for men remains the lowest in the country at 74.7 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 79.9 years although this is also lower than the rest of the country by three years. Even within Blackpool there are large variations in life expectancy, demonstrating the inequalities that exist within the town; this ranges from 71.6 years in the most deprived ward, Bloomfield, to 80.4 years in Highfield - a difference of over 9 years².

A major driver of poor health in our most deprived wards is poor housing. In the inner areas half of homes are privately rented, with around 89% of rents funded by Housing Benefit³. A large proportion of the housing supply in inner Blackpool is characterised by former guest houses that have been converted into houses of multiple occupation (HMO's). This creates a concentration of low-income vulnerable households and results in high levels of transience, and problems of crime, anti-social behaviour, and worklessness.

Blackpool also has lower healthy life expectancy caused by circulatory, digestive and respiratory disease; these are often attributable to lifestyle factors such as smoking and alcohol and substance misuse⁴.

Smoking is the single most important influence on death rates and is a major factor in ill health, including for Blackpool babies – smoking in pregnancy rates are the highest in the country at 26% compared to 10.6% nationally⁵.

Meanwhile, we also have some of the highest levels of alcohol related harm in the country; this not only directly contributes to health effects such as premature death and chronic liver disease but also carries other consequences such as disorder and violence. In 2014/15 1,245 Blackpool residents were admitted to hospital with an alcohol-specific condition. This is a rate of 906 per 100,000, almost three times the national average of 364⁶.

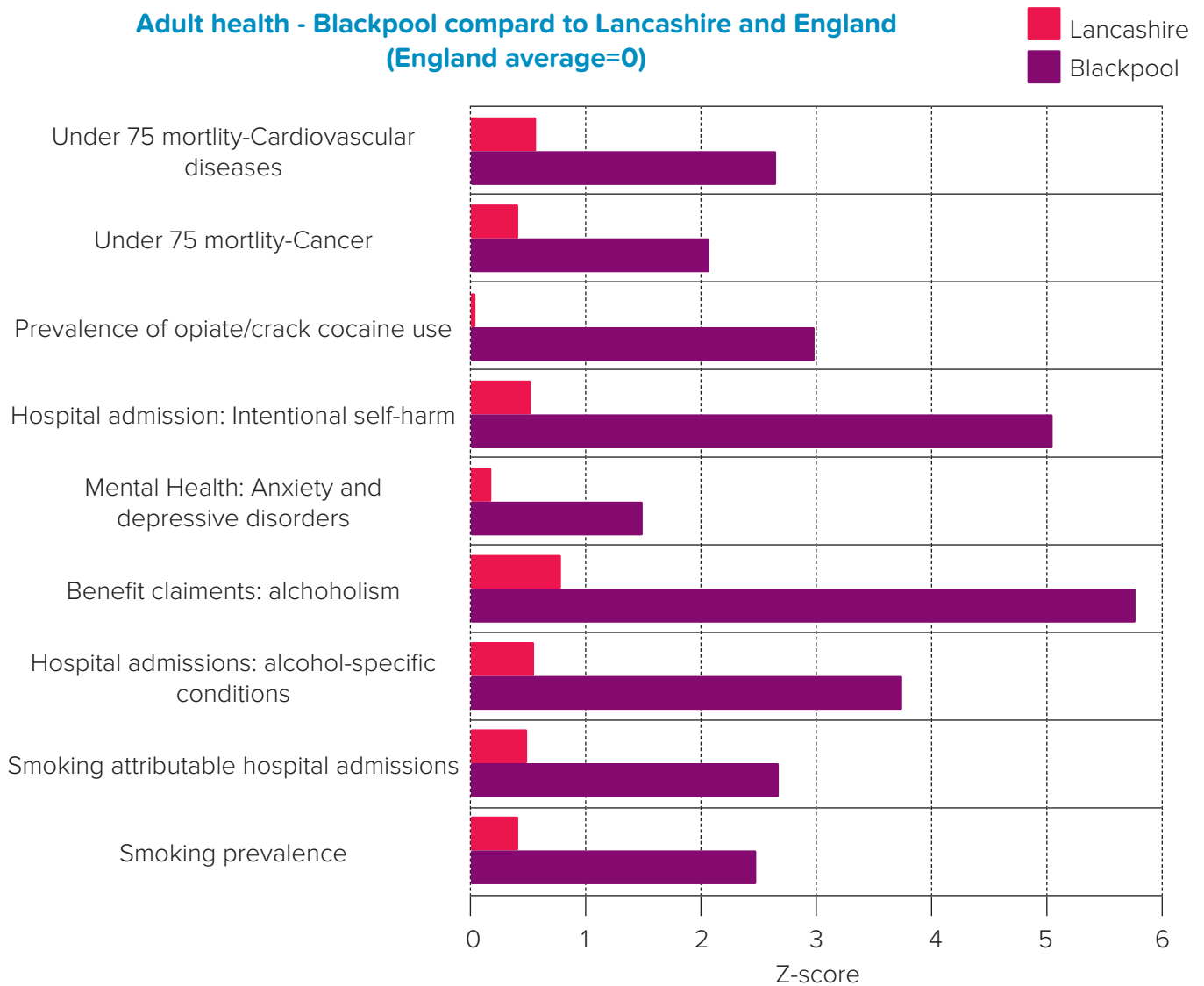
In terms of drug use there are an estimated 1,822 opiate and crack users in Blackpool, aged between 15 and 65 years, with an estimated 794 injecting users. The rates of substance misuse are significantly higher than the North West average and more than double the national rate. Two-thirds of users are in the 35 plus age range. Nationally and locally since 2013 the overall rate of people exiting treatment successfully has slowed, this is likely to be a result of those now in treatment having more entrenched drug use and long-standing complex problems⁷.

Addiction is common in people with mental health problems. But although substance abuse and mental health disorders like depression and anxiety are closely linked, one does not directly cause the other. Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse.

As well as poor physical health, Blackpool has the fifth highest rate for all mental health conditions in the country. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health are inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems⁸.



Figure 1 shows a summary of the some of the key health data for Blackpool adults compared to Lancashire and England. It highlights that Blackpool has Z-score's, a measure of difference from the average, far higher than the rest of Lancashire and suggests a much higher level of local need in our population.



A z-score greater the 0 represents a value greater than the England average.

Growing up in Blackpool

For young people growing up in Blackpool, life can be difficult. 29.5% live in low income families, which is the 11th highest in England. All wards in Blackpool have some children living in poverty; however Bloomfield, Claremont, Brunswick and Park wards each have child poverty rates of over 40%⁹.

The lifestyles of parents, in particularly drinking and smoking are shown to have a substantial impact on the development of the foetus and subsequent health of the child. As mentioned earlier 26% of mothers in Blackpool continue to smoke when their babies are born (twice the national level and the highest proportion in England). Around forty four per cent of mothers choose not to try breastfeeding. Among those that do try, only half persist after six to eight weeks¹⁰.

Unsurprisingly, given these levels of disadvantage, child development outcomes are poor. One in twenty children aged six months to five years has poor speaking or listening skills and results across the Early Years Foundation Stage profile compare poorly against the national average¹¹. Following early years, school years and adolescence are areas where other potential health issues are evident.

In terms of children's health the picture in Blackpool is a major concern. Data for 2014/15 shows that 26% of Reception children are overweight and 10% of these are obese, whilst in year 6 the figure increases to 37% overweight with 22% obese; again these figures are higher than the national average¹². High levels of sugar consumption are widely recognised as a key driver of obesity levels, however it also contributes to poor levels of dental health in children; Blackpool is seeing high numbers of admissions to hospital for tooth extraction under general anaesthetic¹³.

Blackpool has higher than regional and national average teenage pregnancy rates; in 2014, approximately 37 girls aged less than 18 years conceived for every 1,000 females aged 15-17 years. This is a complex issue closely linked to deprivation and low aspirations¹⁴.

Large numbers of children and young people are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse. Whilst the exact number of children affected by parents misusing drugs is unknown. It is reasonably estimated from national data that there are potentially 1500-2500 children affected by parents using opiate and/or crack cocaine; this is expected to be much higher than the national average, and will no doubt have an adverse impact on the child's wellbeing¹⁵.

The ways in which young people in Blackpool deal with their circumstances can also be the very things we want them to avoid; 15% of older school pupils say they had drunk alcohol in the previous week¹⁶, and the rate of admissions to hospital amongst our 15-24 year olds for both alcohol and substance misuse is the highest in England and more than double the national average¹⁷.

There is a growing weight of evidence to suggest a high prevalence of mental health need in our children and as outlined in earlier evidence, Blackpool has a higher presence of some of the key risk factors known to increase the likelihood of children developing a mental health disorder such as substance misuse in pregnancy, poor maternal mental health, poor parenting skills, and child abuse.

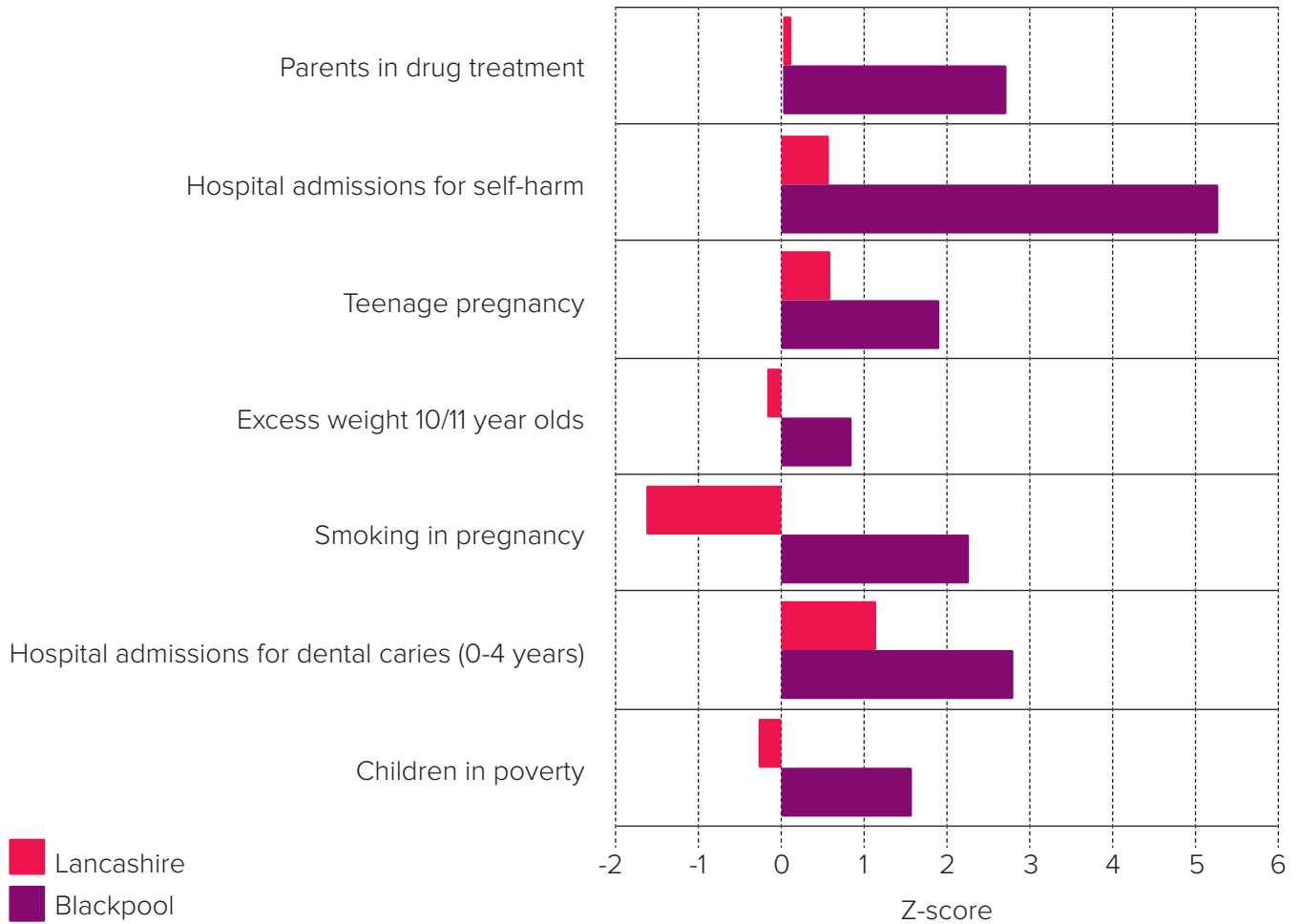
In addition, Blackpool also has a substantial local population at risk of developing mental health disorders across several of the vulnerable groups; looked after children, young offenders and pupils with special educational needs are especially prevalent. 75 per cent of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18¹⁸.

Self-harm can occur at any age but is most common in adolescence and young adulthood (10 – 24 years). Females are more likely to self-harm than males, and our rate of self-harm admissions for the same age group is more than triple the national figure, at 1388.4 per 100,000. 341 10-24 year olds living in the Blackpool area were admitted to hospital because they'd self-harmed or self-poisoned in 2014-15¹⁹.

All of the factors described above demonstrate the importance of a system-wide approach to prevention and early intervention that acts to promote good health and wellbeing and addresses emerging health issues promptly and in a coherent, joined up way in order to prevent the escalation of poor childhood health outcomes into adolescence and adulthood, and to drastically reduce demand for costly interventions at a later stage.

Figure 2 below compares some of the key social outcomes data for Blackpool children to Lancashire and England. It highlights that Blackpool has Z-scores (a measure of difference from the average) which are far higher than the rest of Lancashire and England, suggesting a higher level of local need.

Child health - Blackpool compared to Lancashire and England (England average=0)



A z-score greater the 0 represents a value greater than the England average.

Socio-economic challenges

The challenges faced by Blackpool's economy are closely related to the health of its population and the association between income poverty and poor mental and/or physical health is well established and well-documented.

The average earnings for those in work in Blackpool is lower than any other local authority in England. Also a smaller proportion of the Blackpool labour market are economically active compared to England, and a high proportion of those inactive are long term sick²⁰.

The adverse impact of unemployment on health is well established. Studies have consistently shown that unemployment increases the chances of poor health. The negative health experiences of unemployment also extend to families and the wider community.

High levels of chronic illness in the North, and particularly in Blackpool, contribute to lower levels of employment, 12.9 per cent of Blackpool's working age population claim ESA or Incapacity Benefit; this is more than double the national average of 6.2 per cent²¹.

In Blackpool, 52% of ESA claimants have a mental health disorder (compared to 46% nationally), and although statistics are not available for JSA customers, JCP surveys suggest a very similar picture²².



Inequality: The Due North Report

Blackpool does not exist in isolation, and it is crucial to address the wider context to determine an adequate solution. In 2015, the Due North Report of the Inquiry on Health Equity in the North was published²³. The report was commissioned by Public Health England to examine health inequalities in the North of England. The report identifies that there is a clear 'North-South divide' in England when it comes to health.

The Inquiry's overarching assessment of the main causes of health inequalities within and between North and South, are:

- Differences in poverty, power and resources needed for health;
- Differences in exposure to health damaging environments, such as poorer living and working conditions and unemployment;
- Differences in the chronic disease and disability left by the historical legacy of heavy industry and its decline;
- Differences in opportunities to enjoy positive health factors and protective conditions that help maintain health, such as good quality early years education; economic and food security, control over decisions that affect your life; social support and feeling part of the society in which you live.

As the most deprived borough in England, addressing these issues must be a central concern if health in Blackpool is to improve. This strategy has been directly informed by the recommendations made by Due North, shaping the work we are undertaking to deliver the priorities. The recommendations are summarised below, with the first three being particularly relevant:

1. Tackle poverty and inequality

Tackling poverty and inequality is a theme running across all of our health and wellbeing priorities. Due North suggests that one of the consequences of the uneven economic development in the UK has been higher unemployment, lower incomes, adverse working conditions, poorer housing, and higher debts in the North, all of which adversely impact health and increase health inequalities.

The report highlights the inverse relationship between income and health, and how increases in poverty are associated with a greater risk of physical and mental health problems. In addition, the burden of local authority cuts and welfare reforms has fallen more heavily on the North than the South. Research by Sheffield Hallam University on the impact of all of the recent welfare reforms has shown that Blackpool has been the hardest hit of all the local authorities, with a loss of £914 for every working age adult²⁴.

2. Promote healthy development in early childhood

There is a large amount of evidence that children who experience disadvantage during their early years are more likely to have poorer health and development outcomes in later life. The Marmot review of health inequalities states that “Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken”²⁵.

3. Sharing power over resources

The Due North report advocates greater devolution of power and resources so that the North can develop tailor-made solutions to its problems, whilst at the same time making efforts to increase public participation in deciding how resources are used and decisions made.

4. Role of the health sector in promoting health equity

Whilst life expectancy has increased in recent years and mortality reduced, it is estimated that less than a quarter of this is due to health care and the rest is due to improvements in other social determinants and preventative measures. Nevertheless the North still experiences higher rates of mortality amenable to health care than the rest of England.

The Due North report also found that, following the move of Public Health to Local Authorities, the NHS and the new Clinical Commissioning Groups are focusing more on reducing the demand on services by managing frequent users of services rather than the social factors that cause the high demand in the first place. An approach that is not sustainable.

The health sector can still play an important role in reducing health inequalities by:

1. Providing equitable, high-quality health care;
2. Directly influencing the social determinants of health through procurement, and as an employer; and
3. Being a champion and facilitator who influences other sectors.



Taking an Asset Based Approach

Electoral turnout is an indicator of engagement. In the 2016 EU referendum, turnout in Blackpool was the 21st lowest of any area in England ²⁶, whilst turnout at the last local election was as low as 26.5% in Bloomfield and only rose to 48% in Norbreck ²⁷, reflecting a lack of engagement which is also seen in how connected people feel to where they live - a 2014 survey found that only around 50% of residents in central wards of Blackpool felt they belonged to their local neighborhood compared to up to 80% for those in more affluent areas ²⁸.

There are three ways in which the lack of influence and democratic engagement impacts on health and health inequalities:

1. The very act of getting together, getting involved and influencing decisions builds social capital leading to health benefits;
2. Stress is reduced if people can influence and feel in control of their living environment;
3. Those who have less influence are less able to affect the use of public resources to improve their health and wellbeing.

Conversely, addressing issues of engagement can have positive effects on health.

But we have perhaps concentrated on the problems, needs and deficits within our communities for far too long and must recognise and work with the strengths and opportunities that our local communities bring.

We have a strong identity yet great diversity in Blackpool which creates a passion for our town, particularly amongst our workforce and the residents that have been born and raised here. We need to harness this strength as an opportunity to spread to others so that we grow a social movement of people and communities that care about themselves and care about the environment and community that they live in.

Blackpool has many positive assets that we need to recognise and build on, harness and use, for the benefit of our residents, visitors and stakeholders. This includes;

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local people that provides an energy to change
- The networks and connections within our community
- The effectiveness of local voluntary, community and faith sector organisations
- The resources of not only the public sector, but also that of the voluntary and private sector that are available to support the community, and
- The physical resources that we have that enhance the sense of place and so can be used to improve our health and wellbeing, like the beach and our history

Blackpool Council has an ambition to create a culture of asset based community development (ABCD) across the authority, which will permeate throughout Blackpool engaging both organisations and communities in creating a social movement of healthier, more connected and more resilient communities.

We want to build communities that are strong and confident; that have recognised networks and are empowered, engaged and involved in decision making.

We want to increase participation in community life, so that people can call on their friends and neighbours and are not dependent on services to always 'step in' particularly as reductions in such services are inevitable.

According to the Nobel Prize winning economist Amartya Sen "a fundamental cause of inequalities in health is the relative lack of control and powerlessness of less privileged groups". So any strategy to reduce health inequalities needs to empower individuals and communities and "create the conditions for people to take control over their lives", a maxim we have adopted for the approach outlined in this document.

The opportunities and challenges ahead

Given this context, and as public sector organisations face unprecedented budget cuts and the NHS is forced to make considerable efficiency savings it is now more crucial than ever for partners in health, local authority, police, fire and rescue services and the voluntary and community sector to work together to bring about the systems transformation needed to reverse these downward trends and deliver sustainable and long term changes.

We need a major shift in how we deliver health and social care and wider public services, moving away from traditional models of care based on acute services towards more preventative methods which promote self-management and self-care and are co-ordinated around the needs of individuals. The Health and Wellbeing Board has a central role to play in co-ordinating and driving this shift at a local level.

Lancashire Combined Authority

While Blackpool has been hit significantly harder by the scale of cuts to services, many other areas also face similar challenges, and this is a driver for reorganisation in many places. As part of central government's devolution agenda, Blackpool is currently in the process of forming a Combined Authority with Lancashire County Council, Blackburn with Darwen Council and the district authorities within Lancashire. Once established, the Combined Authority can negotiate a devolution deal with government which can bring new powers and potentially new resources to the area. This will bring exciting opportunities for Blackpool to influence and shape public policy in ways that will benefit our residents.

Being part of the Combined Authority will provide us with a single voice for Lancashire in the debate about the future of the North and will give the local authority a clear focus for driving economic growth; this will be the strongest way to impact on business rates and secure the future of public services, once new funding arrangements for local government are implemented.

It will also give the local authority an unprecedented opportunity to influence and shape the work of the Local Enterprise Partnership and the funding streams that are distributed from central government via this mechanism; this will be vital if we are to have any influence on the economy, skills, health etc. There are five themes of the Combined Authorities' work:

1. Prosperous Lancashire – a Lancashire that is recognised as a destination of choice, to invest in, do business in, live or visit;
2. Connected Lancashire – digital and transport connectivity to promote inclusive growth;
3. Skilled Lancashire – a skilled workforce to meet the demands of employers and future business growth;
4. Better Homes for Lancashire – better living standards for residents with good quality homes and a wide housing offer;
5. Public services working together for Lancashire – integrated public services at the heart of local communities giving everyone the opportunity for a healthier life. This recognises that population-level health improvement can be achieved in part by re-shaping the healthcare and prevention delivery system.

As a Health and Wellbeing Board we will work together to maximise the opportunities to improve health and wellbeing that the Combined Authority and devolution will bring in the medium and longer term, through closer working with the LEP.

Lancashire and South Cumbria Change Programme

Alongside the Combined Authority there is a major programme of transformation in place to radically change the way that health and social care is delivered across Lancashire.

The Healthier Lancashire programme was initiated by NHS England in 2013 to respond to the challenges identified in improving poor health outcomes on a Lancashire-wide scale, whilst ensuring that health and care services are sustainable in the long term.

The programme is gathering pace and so to ensure effective delivery, governance structures have been reconfigured to reflect the larger geographical footprints of the Local Health and Care Economies (LHCE), which for Blackpool includes neighbouring districts Fylde and Wyre. A pan-Lancashire Health and Wellbeing Board will ensure that all partners are represented in the decision making process.

To mirror the LHCE arrangements, a Fylde Coast Health and Wellbeing Partnership is being considered. This board will be a key link between CCG's and local authorities and other public sector organisations and will be central to the decision making process for Healthier Lancashire.

In January 2016 Healthier Lancashire, which also incorporates South Cumbria was tasked with co-ordinating and facilitating the development of the Lancashire and South Cumbria Sustainability and Transformation Plan. The plan is a collaboration between health commissioners, providers and local authorities and is central to accessing transformation funding for local areas to deliver efficiencies in the system. The main objectives of the plan are:

- Ensuring that the health outcomes of the population are measurably improved by 2020
- ensuring that the health and care system can do this within their financial resources
- And that these are enabled through focus on agreed, evidenced care quality standards that drive and guide the redesign of the health and care system.



Vision and priorities

Our vision

Taking all of this into account, our vision for Blackpool needs to be bold and ambitious:

“Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives”

Our priorities

Having considered the evidence, the board believes that the following drivers of health must be addressed to achieve our vision:

- 1. Housing** – Reduce the availability of Houses of Multiple Occupation (HMO’s) via the Blackpool Housing Company and other initiatives such as Selective Licensing to improve standards in the private rented sector. Create higher quality housing and mix of tenure by redeveloping Queen’s Park and developing new housing at Foxhall Village.
- 2. Tackling Substance misuse (alcohol, drugs and tobacco)** – We will address lifestyle and addiction issues by developing policy interventions, treatment programmes and education in order to prevent substance misuse, and support individuals and communities with substance misuse issues.

- 3. Building community resilience and reducing social isolation** – We will build resilience within individuals and communities to improve their mental health and wellbeing, enabling them to cope in difficult situations and circumstances.

We will support communities to work together to determine their needs, developing a co-production approach to service design that will promote community empowerment, community led decision making and increase social action to reduce social isolation experienced by sections of our communities.

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time, and addressing the health needs of the youngest, so we have therefore identified an additional priority; this cuts across the other priorities, influencing and shaping the way we will plan our services in the future.

- 4. Early Intervention** – Encourage more upstream intervention at the earliest stage of life and throughout the formative years through programmes such as Better Start and HeadStart; and also by implementing Blackpool’s Healthy Weight Strategy.

The next section describes each of the priorities in more detail and sets out the key areas of activity.



Priority One: Housing

The link between poor health and poor housing has long been established; research shows that inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer. Poor housing also negatively impacts on an individual's physical and mental wellbeing and on children's ability to perform well at school, and is estimated to cost the NHS at least £600 million per year ²⁹.

Blackpool experiences among the lowest rates of life expectancy in the country and this is largely concentrated in the inner areas where private rented housing is most prevalent – 50% of all households in the inner area live in a privately rented home, equivalent to 6,887 households ³⁰.

Many of these are former traditional guest houses that have been converted in poor quality privately rented flats or houses in multiple occupation. Poor quality housing is generally only accessed by households who are unable to access better housing choices, and there is continuing demand from people attracted to the town from deprived urban areas in other parts of the UK. This means that many people moving into the area have no real association with the community and are likely to quickly move on again.

Over 80% of homes in the private rented sector are rented to people receiving Housing Benefit, compared with around 30% nationally ³¹.

Analysis of new Housing Benefit claimants has shown that 85% of new claimants come from outside the borough – around 4,500 households each year – and that 70% of these move into rented accommodation in the inner wards.

This transient dynamic leads to intense concentrations of deprivation and an environment that fosters poor health and a lack of opportunity for residents. Low life expectancy and mental health problems in these areas are amongst the worst in the country. The poor environment and endemic social problems in the inner town also have a serious negative effect on tourism.

There are financial incentives for property owners to use former guesthouses as rented accommodation, because of the high yields associated with letting rented property to Housing Benefit claimants in Blackpool. The returns are greatest for small flats and where investment in the quality of accommodation is minimized.

Not only does this economic model deliver unstable communities constantly seeing a change of population, it also exerts a massive strain on public services as new residents drawn to the ready supply of accessible accommodation bring with them a range of embedded and enduring problems that get referred to public services already under strain.

Intervening in the housing market to change the current dynamic is essential if the efforts of public services to improve the life chances of residents and to transform our deprived inner areas into thriving neighbourhoods are to be successful. There are a number of important areas where we need to focus our efforts:

Firstly, it is essential that we tackle the failing housing market in parts of the town by promoting change in the housing stock and inner neighbourhoods, and reducing transience and concentrations of severe deprivation over the long term.

The Blackpool Housing Company has been established to begin the transformation of the private rented sector. The Company acquires properties that need improvement, converts and refurbishes them to a high standard and lets them at market rents to local tenants. It is anticipated that the Company will own one thousand units in the next five years.

The Council is currently redeveloping the Queen's Park estate, demolishing the 500 high-rise flats to build 191 new houses and low-rise flats to create more desirable communities.

In addition a large new build development is currently being constructed in the Bloomfield area. The site includes 410 new homes, which are innovative and attractive, of which 70 are available for affordable rent.

Secondly, we must improve conditions within the housing stock to keep people safe and warm and enable people to access the kinds of housing that people need, including effective commissioning of specialist supported housing. This is essential in reducing some of the chronic physical and mental health conditions associated with poor housing.

To improve standards within the private rented sector we have introduced selective licensing schemes in the Claremont and South Beach areas and are about to roll out a new scheme to the central area of Blackpool. The schemes have improved the management of standards and have reduced anti-social behaviour by tenants.

We are also leading part in Cosy Homes in Lancashire; this is a county-wide home energy efficiency and affordable warmth pilot initiative aimed at using grants from energy companies (particularly the Energy Company Obligation or 'ECO') and other sources to fund new heating measures, insulation and renewable technologies in domestic properties. The outcome will be a reduction in energy bills and an increase in the 'thermal comfort' of homes, leading to a reduction in cold-related illnesses and associated GP and hospital visits.

Thirdly, we must support vulnerable people with their housing needs, for example;

1. Those at the point of hospital discharge so that they can return to and remain at home, preventing unnecessary admission to hospital.
2. People with chaotic lifestyles or multiple and complex needs including substance and/or alcohol misuse, mental ill health or homelessness.
3. Young people, including those leaving care, who often require support making the transition to independent living.

A great deal of work is ongoing to support vulnerable people but there is potential to further improve this by joining up health and social care services better. We want to improve outcomes for the individual and alleviate pressure on the NHS.

We are currently developing an Older Person's Housing and Support Strategy that will identify the housing needs of older people and set out a plan for the future provision. One of the aims will be to improve people's homes by reviewing the aids and adaptation programme and how funds are allocated, this will help to reduce delays for those who are awaiting hospital discharge.

The strategy will also review the future for sheltered housing and understand what changes are required to meet future demands; and understand the demand for and impact of Extra Care Schemes and to investigate the feasibility of commissioning new developments should excess demand be identified.

As described in earlier sections, Blackpool has high numbers of people with chaotic lifestyles and complex and multiple needs.

A transience programme has operated in the South Beach and Claremont areas to identify people with support needs and signpost them to relevant services. An important element to this has been community development and building social networks to improve confidence and mutual support.

As the Vanguard Programme is rolled out across Blackpool and into the inner areas, the transience programme will help identify residents who need support and are not accessing services, and ensure that they are included.

The Council's Housing Options team will continue to work to prevent and resolve homelessness, providing advice and assistance to up to 2,500 households each year. This is backed up by supported housing providers, voluntary agencies, and tenancy support and training provision. Maintaining people in stable home environments is critical to improving health and wellbeing.

New, holistic, support for young people will be delivered through a new Vulnerable Adolescents' Hub, alongside more work to prevent homelessness caused by family breakdown, and a wider range of housing and support options for all vulnerable young people.

As the Due North report previously suggests, poor housing is one of the many consequences of uneven economic development alongside higher unemployment and low incomes; and the impact of unemployment on health is well established.³²

To address this, the Blackpool, Fylde and Wyre Economic Development Company's 'Framework for Inclusive Growth and Prosperity' describes its key objective 'to deliver inclusive economic growth and prosperity, and in doing this, close our performance gap with national averages and drive improvement in the quality of life and health of our people and businesses, now and into the future.'³³

To achieve this objective we need to support and enable people who have mental and physical health problems to return to work and maintain employment, we are beginning to develop initiatives in this area and are one of four areas piloting a new programme of integrated employment coaching and health therapies – Healthy Lifestyles - to improve the work and health outcomes of jobseekers with common mental health disorders.

This work is based on evidence in relation to health trainers/ health coaching and social prescribing models to improve the health and wellbeing of the population and reduce reliance on health care services. The Health Works hub will be easily accessible and will offer drop-in self-referral activities for health and employment information, self-care advice, support and access to services, plus referrals from professionals and partner agencies.

The hub has been jointly commissioned by the Council, DWP and Blackpool CCG to provide a lifestyle management service across Blackpool and will also closely link to the Vanguard programme described earlier.

Key projects

- Reduce the number of HMO's
- Redevelop Queen's Park estate, creating 191 new homes
- Build over 400 new homes in Bloomfield
- Continue to implement Selective Licensing
- Continue to implement Cosy Homes in Lancashire
- Continue to support people with complex needs and chaotic lifestyles with their housing needs
- Deliver the Health Works hub to support people with health problems into work

Priority Two: Tackling substance misuse, including alcohol and tobacco

Substance misuse including alcohol and tobacco brings a wide range of problems and is a major public health issue. The health and social problems they cause are significant, wide ranging and costly.

Alcohol

Alcohol, and people's relationship with it, is particularly problematic in Blackpool; it is one of the main causes of shorter life expectancy, causing and contributing to numerous physical and mental health problems including kidney and liver disease, cancer, heart disease, stroke and depression as well as foetal alcohol spectrum disorder and related developmental conditions in children of women who have consumed alcohol whilst pregnant.

Perceptions of alcohol use as a socially acceptable pastime combined with other socio-economic problems results in a significantly higher than average alcohol related mortality rates and the highest rate of alcohol related admissions to hospital in England.

Our refreshed Alcohol Strategy 2016 – 19 focuses on reducing the harm caused by alcohol, based around three priority areas.

- 1. Developing healthy attitudes to alcohol across the life course** – this includes preconception; interventions to reduce alcohol exposed pregnancies; and interventions to reduce the effects of alcohol consumption on families with young children; delivered through Better Start and described in more detail in later sections. For school age children, interventions include PHSE programmes in secondary schools, and for adults, campaigns to raise awareness of the risks associated with excessive drinking.
- 2. Changing the environment and promoting responsible retailing** – we will continue to use enforcement and planning regulations to ensure that harm from alcohol is minimised by not granting licenses to establishments where there is already an oversupply of alcohol, and by carrying out test-purchasing to ensure that regulations regarding the sale of alcohol are being followed. We will continue to lobby for a national Minimum Unit Price for alcohol, and for a public health licensing objective.

- 3. Early identification and support for alcohol issues**
 - we will commission services to ensure that adults and children with alcohol misuse problems can access effective treatment services and recovery support. We will have a focus on early intervention so will train wide ranging staff to identify people drinking at harmful levels and direct them to appropriate support.

Drugs

While all drugs have damaging impacts, the most harmful drugs, including heroin and crack cocaine bring untold misery to individuals, their families and communities. Problem drug use is an issue which has an impact on society as a whole, but disproportionately affects the most deprived communities, disadvantaged families and vulnerable individuals.

Previously, policy has tended to concentrate on treatment and harm reduction and not the wider implications. The Drug Strategy takes a whole system approach to the issues caused by drug misuse. The key objectives, which have been endorsed by the board, are to:

- Prevent harm to individuals
- Build recovery
- Prevent harm to the community
- Empower young people to make informed choices
- Keep children safe and rebuild families
- Build community and increase engagement and inclusiveness in Blackpool

New Psychoactive Substances

In recent years, the United Kingdom has seen the emergence of New Psychoactive Substances (NPS) that have similar effects to drugs that are internationally controlled. They have become increasingly more popular since 2008/9 and present a relative new challenge in drugs policy and being developed at such a speed never seen before in the drugs market. These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety and can even be fatal.

The Health and Wellbeing Board debated the issues NPS present for Blackpool and noted the work undertaken by the Council's Public Protection team to close all Head Shops in Blackpool.

In January 2016 the Psychoactive Substance Act 2016 was passed and came into force in May 2016.

Fulfilling Lives

In 2014, Blackpool was chosen by the Big Lottery to receive £10 million to deliver the Fulfilling Lives: Complex Needs programme.

The aim is to improve the stability, confidence and capability of people with multiple and complex needs including: homelessness, reoffending, problematic substance misuse and mental ill health resulting in a positive impact on local communities across Blackpool.

It aims to change systems to better deal with these people in the future and to significantly reduce the current costs incurred by emergency services such as the police and ambulance service in responding to people living chaotic lifestyles.

Considerable emphasis has been placed on the involvement of ex-service users (people who previously had chaotic lifestyles caused by problems with alcohol, drugs, offending behaviour, homelessness and mental health issues) in the design and delivery of this programme. They use their skills, knowledge and experience to identify, engage with and support people currently living chaotic lives.

Since September 2014, 172 people have been accepted onto the programme. Initial findings from the year one evaluation report identify a number of areas where improvements in services could be made from the perspective of service users, including the culture of services, pathways into rehabilitation and access to mental health and drug and alcohol services, while the consistency of support and co-ordination between Fulfilling Lives workers and other agencies was praised.

From a commissioning perspective Fulfilling Lives has been welcomed and learning from the programme will be used to inform and improve future commissioning decisions. The report estimates cost savings in the region of £840,000 based on a reduction in service use of 111 clients who were supported in the first year.

Tobacco

Smoking continues to kill almost 80,000 people in England every year and is the number one cause of preventable death in the country, resulting in more deaths than the next six causes combined³⁴.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have remained static over the last few years at around 27.2 per cent of the adult population smoking as compared to the England average at 20 per cent³⁵.

Effective tobacco control is central to realising the right to life and the right to the highest attainable standard of health for everyone in Blackpool. It recognises that people deserve to live in a town free from the harms caused by tobacco, where people choose not to smoke and enjoy longer, healthier lives.

For Blackpool to become a more successful town, with opportunities for everyone to flourish, we need to remove the burden of ill health, which tobacco contributes significantly to.

The Blackpool Tobacco Strategy therefore sets out a range of actions across three priority themes, as we believe these to be the areas of greatest opportunity where the greatest differences can be made:

- **Prevention** – creating an environment where (young) people choose not to smoke;
- **Protection** – protecting people from second hand smoke;
- **Cessation** – helping people to quit smoking.

This will be achieved by:

1. Reducing health inequalities through reduced tobacco consumption; helping tobacco users to quit and reducing exposure to second hand smoke.
2. Reducing the promotion of tobacco, communicating for tobacco control and effectively regulating tobacco/nicotine containing products.
3. Making tobacco less accessible by considering licensing sales/local initiatives and reduce the flow of illicit and illegal tobacco products into Blackpool.
4. Ensuring that tobacco control is prioritised in cross-cutting policies, education, guidance and funding and protecting tobacco control policy from industry influence.
5. Working with communities to change the cultural norms around smoking.

The role of e-cigarettes within the tobacco sphere is widely debated. As we don't yet know the long term health effects of e-cigarettes, Public Health in Blackpool have taken a precautionary approach and cannot advocate the use of e-cigarettes until more robust evidence emerges of their safety and efficacy.

Key health projects

- Review and recommission drug and alcohol treatment services by 2017
- Continue to implement and integrate Fulfilling Lives to support people with complex needs
- Continue to lobby central government for a minimum unit price for alcohol
- Introduce smoke-free outdoor public places
- Continue to develop Specialist Services to help people to stop smoking
- Utilise insights with pregnant women to develop effective interventions to reduce smoking during pregnancy

Priority Three: Building community resilience and reducing social isolation

As public sector resources diminish and we no longer have the funding to provide services to support people's health and social care needs in the same way as previously, we have to find ways to support people to make healthy lifestyle choices and encourage them to become more resilient and less reliant on our services.

We must explore the role and resilience of individuals and communities in order that they feel able to cope in changing circumstances and the difficult situations that they may sometimes find themselves in.

Communities need to work with service providers to determine how this will work in reality and what frameworks, systems and interventions will be needed, when and who is best to provide them.

This co-production approach to service design will promote community empowerment, community led decision making and increase social action, so reducing social isolation that is currently experienced throughout all sections of our community in Blackpool.

There will be times when individuals and communities are affected by an emergency situation or find themselves in crisis but are not in immediate danger. We need to ensure that individuals and communities are able to look after themselves and each other; only calling external assistance when needed.

In order to achieve this we will need to build a sense of community, empowering patients and communities to act for themselves and give them the power, skills and resources to know what to do when; how to access advice and support and promote self-management and self-care of certain health conditions.

The role of the wider health system

We will connect and learn from the NHS Realising the Value Programme³⁶ which aims to empower patients and communities to take more control of their health. A key part of this work will include identifying evidence-based approaches to self-care, and we will develop a self-care strategy for Blackpool.

The NHS has a key role in reducing health inequalities and this work will empower people to take a more active role in their health and care. There is recognition that the health service needs to change in order that it has a more engaged relationship with patients, carers and the wider community.

The NHS Five Year Forward View³⁷ makes a specific commitment to do more to support people with long term conditions to manage their own health and care and this gives us the opportunity to ensure health, social care and the wider voluntary sector work together to create evidence-based approaches to improving healthy life expectancy of people with long terms conditions. For example, providing group based education for people with specific conditions and self-management courses, as well as encouraging peer-to-peer support to emerge.

Fylde Coast Vanguard – new models of care

A central element to the transformation of health and care services across the Fylde Coast is the Vanguard new models of care programme. The programme cuts across the Board's priorities and will change the way health services are delivered.

The new care models, Extensivist and Enhanced Primary Care are designed to ensure that health and social care services for the people of the Fylde Coast are integrated to provide better care outside of hospital, and that parity of esteem is achieved between physical and mental health needs. The model brings statutory and voluntary sector partners together based within neighbourhoods with a focus on prevention, early intervention, shared decision making and self-care.

Extensive care is focused initially on patients over 60 years of age with two or more long term conditions; whilst enhanced primary care is focused on patients with one or more long term conditions. The models provide pro-active and co-ordinated care wrapped around the patient, and are fundamentally oriented toward supporting patients so they have the confidence and knowledge to manage their own conditions.

One of the key components is clear patient accountability; decisions are made by the patient with the support of the lead professional and their care team, which includes the new role 'health and wellbeing support worker'. The care team has holistic responsibility for the patient's care, acting as a co-ordinating point across the local health and social care system.

It is anticipated that these new models of care will significantly improve the patient experience, with patients empowered to manage their own health and having an increased sense of wellbeing as a result. There will be fewer unnecessary outpatient consultants and investigations, fewer planned and unplanned hospital admissions and better use of technology.

Ultimately, the Fylde Coast Vanguard is aspiring to devolve local resources to local providers where possible, ensuring that services are truly integrated, and health and social care outcomes for the Fylde Coast population are further improved.

Mental health and wellbeing

Evidence suggests that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities³⁸.

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work, and to achieving our potential. It is the foundation for wellbeing and the effective functioning of individuals and communities. Through promoting good mental health and early intervention we can help to prevent mental illness from developing and mitigate its effects.

One aspect of our approach to building community resilience is through the *Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan for Lancashire*.

It has been developed with the aim of ensuring that we build a healthier, more productive and fairer society for children, young people and their families; which builds resilience, promotes mental health and wellbeing and ensures they have access to the care and support to improve their mental health when and where they need it thus reducing health inequalities.

The plan recognises that the foundations for lifelong wellbeing are being laid down before birth and aims to prevent mental ill health, intervene early when it occurs and improve the quality of mental health care and recovery for children, young people and their families. The focus on a whole child and whole family approach and developing systems which ensure children and families are at the centre of prevention, care and recovery will improve our children and young people population mental health and wellbeing.

Our early intervention approach to building resilience across the health and social care system will ensure that at every stage of the life course interventions are in place to help to build resilient communities, reduce social isolation and ultimately prevent the onset of poor mental health.

Active Citizenship/Volunteering

Volunteering is integral to reducing social isolation and creating strong communities.

As our own resources and capacity diminishes, we will encourage people to become more 'active citizens' in order to promote a positive social movement and change the perception of Blackpool to one where people help and support each other.

The public sector has also perhaps become more reliant on the voluntary, community and faith sector for support in delivering community building work and we will continue to develop our relationships with the sector in order to best use the experience and skills that they have to promote active citizenship.

There are many good examples of this within Blackpool and these opportunities are expanding. For example, as part of A Better Start, work has been ongoing to develop Community Champions who will ensure that all parents are given the support they require within pregnancy and the early years to become more active within their communities to make positive sustainable changes.

Volunteer roles also play an essential and important part in mainstream service delivery such as within the Police and NHS.

We are committed to supporting, enabling and celebrating volunteering in all its diversity. We will need to ensure appropriate support and resources for all aspects of volunteering.

Volunteering must be a choice freely made by each individual, and is defined as someone spending time, unpaid, doing something that aims to benefit the environment or someone who they're not closely related to.

The role of volunteers will need to become an essential aspect of building a sense of community in Blackpool.

Key community resilience projects

- Develop a Self-Care Strategy for Blackpool
- Piloting Community Orientated Primary Care in a Vanguard Neighbourhood
- Deliver the CYP Emotional Health, Wellbeing and Resilience Transformation Plan
- Strengthen our approach to volunteering for public sector services

Priority Four: Early intervention

In previous sections we have described the priority areas that need to be addressed, and where intervention is most needed if we are to improve health and wellbeing for our communities.

This priority is about how we will take a different approach to the way public sector organisations operate and deliver services in the future. Transformational change is an absolute necessity if we are to remain sustainable and able to continue helping those people in greatest need; we simply cannot afford to continue responding to individual problems in a disjointed and ad hoc manner, once issues have reached crisis point.

Early Intervention is a broad term, which covers things such as:

- Initiatives which address the life chances of young people
- Creating the right social conditions for individuals and communities to help each other and solve problems themselves – which encompasses much of the objectives in our Community Resilience and Social Isolation priority
- The process of moving the balance of our efforts away from service delivery and towards the prevention or de-escalation of situations
- Services and projects designed to anticipate future trends and minimise future needs

A massive culture change such as this takes time. Much of the early effort involves changing the approach of our organisations to commission in a way which addresses this need. A partnership approach is crucial, so we can identify ways of working which support this. One example is the introduction of Prevention and Wellbeing Visits by the Fire Service, a collaboration which involves early identification of individuals who would benefit from support around falls prevention, social isolation, dementia, diabetes, creating “healthy homes”, and home security.

A Better Start

One of the most significant shifts of resource towards early intervention is ‘A Better Start’, in partnership with the NSPCC; in July 2014 we secured £45 million and agreed to pool funding from across partners over a ten year period to improve outcomes for all pre-birth to age three children and families across Blackpool by transforming services.

A Better Start means to break the intergenerational cycles of poor outcomes in our children and families.

Working with national and international experts and in partnership with major universities, it uses the latest research and evidence to ensure families experience a healthy gestation and birth and children are ready for school. The three key outcome areas are improving language and communication, social and emotional development and diet and nutrition.

Initial work focuses on the seven wards where local communities face the greatest challenges: Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot and Victoria.

Building community resilience is one of the key themes running through ABS. Over the next 5 years £1.6 million will be spent improving our parks and open spaces in consultations with the community to improve emotional wellbeing and build community resilience. Significant investment is being made to train and recruit volunteers and work with parent to identify and co design programmes.

Interventions also focus on reducing the key risk factors affecting parenting, for example drugs and alcohol, mental ill-health, relationship conflict and domestic abuse, and social isolation; and empowering parents and communities to make positive changes, promoting good parenting, healthy parent-child relationships, self-efficacy and social cohesion.

HeadStart

HeadStart is one of the newer systems change initiatives currently underway and aims to build resilience in young people aged ten to sixteen years to help them cope with life's challenges and prevent mental health problems from developing in later life.

The programme will develop resilient environments in schools and communities by embracing the approach of proportionate universalism advocated in the Marmot Review.

We want to increase all young people's resilience to enable them to cope with life's challenges. The larger universal population will need a lesser level of support to achieve this and the smaller proportion of Universal + and Universal ++ will need a greater level of support, this proportionate level of support achieves ideal levels of resilience for the population of 10-16 year olds in Blackpool, with opportunities for individuals to step up and step down the level of support depending on their needs at any moment in time.

Together, HeadStart and a Better Start will create lasting system change, so that from 2022 a large proportion of Blackpool's young people will have benefitted from both initiatives.

Healthy Weight

At the beginning of this strategy we described some of the challenges that our children and young people are facing, with health and particularly healthy weight being a major concern. This is another important area where we must intervene at the earliest stage to reverse some of the worrying trends that are starting to take hold.

There is a growing consensus that preventing childhood obesity is key to achieving healthy lives in adulthood and ultimately to reversing obesity prevalence, which places a massive strain on health services. The Healthy Weight Strategy 2014 – 16 proposes a whole system approach to the problem of obesity, suggesting that to achieve this we need to change our approach as a society to food, drinks and physical activity and prioritise the creation of 'healthy-preference learning environments' for children.

The strategy's main priorities for continuing to address and reduce levels of overweight and obesity in children and adults include:

- Increase knowledge, skills and abilities about healthy eating
- Make healthy choices the default choice
- Pricing
- Availability of unhealthy foods
- Redesigning environments to promote physical activity and healthy food
- Reducing sugar consumption

In addition to the Healthy Weight Strategy, the Council has been working collaboratively with Food Active and has signed the Local Authority Declaration on Healthy Weight.

The declaration is a statement that the Council encapsulates a vision to reduce obesity/improve the health and wellbeing of the population by being a responsible Local Authority; some of the key themes include protecting residents from commercial pressures of the food and drink industry; reviewing provision in our public buildings; consider supplementary guidance for hot food takeaways specifically in areas around schools parks; protect our children from inappropriate marketing by the food and drinks industry; and consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity.

Key early intervention projects

- Deliver a Better Start for 0-3 year olds and their families
- Implement HeadStart for 10-16 year olds
- Prevention and Wellbeing visits
- Implement the Healthy Weight Strategy and Local Authority Declaration on Healthy Weight
- Other early intervention opportunities and approaches will be identified throughout the lifespan of this strategy as part of our approach to commissioning

Monitoring progress

The performance indicators below will be reported annually and a report on the progress of the actions within each priority will be presented by the Director of Public Health on a six monthly basis.

Indicators	Source
Overarching	
<ul style="list-style-type: none"> Healthy life expectancy at birth (male and female) 	Public Health Outcomes Framework
<ul style="list-style-type: none"> Life expectancy at birth 	Public Health Outcomes Framework
<ul style="list-style-type: none"> Slope of inequality in life expectancy 	Public Health Outcomes Framework
Priority One – Stabilising the housing market	
<ul style="list-style-type: none"> Proportion of private rented property in target wards 	
<ul style="list-style-type: none"> Average house price (relative to North West) 	
<ul style="list-style-type: none"> Number of HMO's 	
<ul style="list-style-type: none"> Number of properties achieving Decent Homes Standard 	
<ul style="list-style-type: none"> New build sales 	
<ul style="list-style-type: none"> Number of properties acquired by Blackpool Housing Company 	Local
<ul style="list-style-type: none"> Selective licensing 	Local
<ul style="list-style-type: none"> Proportion of private rented sector properties rented to people in receipt of Housing Benefit 	
Priority Two – Tackling substance misuse (including alcohol and smoking)	
<ul style="list-style-type: none"> Referrals to drug treatment 	Local
<ul style="list-style-type: none"> Successful completion of drug treatment – opiate users 	Public Health Outcomes Framework
<ul style="list-style-type: none"> Referrals to alcohol treatment 	Local
<ul style="list-style-type: none"> Successful completion of treatment for alcohol 	Local Alcohol Profiles for England
<ul style="list-style-type: none"> Alcohol specific hospital admissions 	Local Alcohol Profiles for England
<ul style="list-style-type: none"> Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years) 	Local Alcohol Profiles for England
<ul style="list-style-type: none"> % of Drug and Alcohol clients who gain employment through Healthy Lifestyles 	Local measure
<ul style="list-style-type: none"> Smoking prevalence at age 15 	Public Health Outcomes Framework
<ul style="list-style-type: none"> Smoking prevalence in adults aged 18 or over (NB, this is an estimate) 	Public Health Outcomes Framework
<ul style="list-style-type: none"> Proportion of 15 year olds that use an e-cigarette once a week or more 	What about youth survey

Priority Three – Building community resilience and reduce social isolation	
• Voter turnout in local and national elections	Electoral Commission
• % take up of NHS Health Checks per year amongst the eligible population (aged 40-74)	Public Health Outcomes Framework
• Percentage of adult social care users who have as much social contact as they would like	Public Health Outcomes Framework
• Proportion of older people offered reablement services following a discharge from hospital	Adult Social Care Outcomes Framework

Priority Four – Developing an early intervention approach	
• Breastfeeding initiation	Public Health Outcomes Framework
• Smoking status at the time of delivery	Public Health Outcomes Framework
• School Readiness: The percentage of children achieving a good level of development at the end of reception (Persons)	Public Health Outcomes Framework
• % of children aged 4-5 classed as overweight or obese	Public Health Outcomes Framework
• % of children aged 10-11 classed as overweight or obese	Public Health Outcomes Framework
• Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)	Local Child Health Profiles, Public Health England
• Hospital admissions for mental health conditions	Local Child Health Profiles, Public Health England

- 1 DCLG, Index of Multiple Deprivation, 2015
- 2 ONS, Life expectancy at birth 2012-14
- 3 ONS, Census 2011
- 4 ONS, Healthy life expectancy at birth
- 5 HSCIC, Smoking in Pregnancy, 2015/16
- 6 PHE, Local Alcohol Profiles, May 2016
- 7 PHE Health Profiles
- 8 <http://www.blackpooljsna.org.uk/Living-and-Working-Well/Health-Conditions.aspx>
- 9 HMRC, Children in Low Income Families, 2015
- 10 <http://www.blackpooljsna.org.uk/Starting-Well/Newborn/Breastfeeding.aspx>
- 11 DfE, Early Years Foundation Stage Statistics, 2015
- 12 HSCIC, National Child Measurement Programme, 2014-15
- 13 PHE, Dental Public Health Intelligence Programme 2014/15
- 14 Public Health Outcomes Framework, 2014
- 15 <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-wellbeing.aspx>
- 16 <http://fingertips.phe.org.uk/profile/what-about-youth/data>
- 17 <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>
- 18 Future in Mind, promoting, protecting and improving our children and young people's mental health and wellbeing, NHS England
- 19 <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-wellbeing.aspx>
- 20 NOMIS, Blackpool Local Authority Profile, 2016
- 21 DWP, WPLS, 2015
- 22 DWP, Mental health in context: the national study of work-search and wellbeing, 2012
- 23 Due North Report of the Inquiry on Health Equity in the North, 2015
- 24 Beatty and Fothergill, 'Hitting the poorest places hardest; the local and regional impact of welfare reform' Sheffield Hallam University, 2013
- 25 Fair Society Healthy Lives, The Marmot Review, 2010
- 26 Blackpool Residents Survey, 2014
- 27 Public Health Annual Report 2015
- 28 Blackpool Residents Survey, 2014
- 29 Fylde Coast Strategic Housing Market Assessment 2014
- 30 Ibid
- 31 Ibid
- 32 Due North Report of the Inquiry on Health Equity in the North, 2015
- 33 Framework for Inclusive Growth and Prosperity, 2016
- 34 <http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf>
- 35 Public Health Outcomes Framework, 2014
- 36 Realising the Value: A New Relationship with Patients and Communities, NHS England, 2014
- 37 NHS Five Year Forward View, NHS England, 2014
- 38 Fiona Mitchell-Resilience: concept, factors and models for practice – Scottish Child Care and Protection Network

If you would like find out more about Blackpool Health and Wellbeing Board including when we meet; the work of our subgroups; Board news and events visit our dedicated web page:

www.blackpool.gov.uk/hwb

We are always keen to hear your views and to receive questions from you. If you have any specific queries about our work or the information in this report please email us directly at

blackpoolhwb@blackpool.gov.uk

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Blackpool Council
Health and Wellbeing Strategy
Consultation Report

Blackpool Council

in:fusion
inspiring positive change

Report prepared by Adam Pearson
Infusion Research
On behalf of Blackpool Council
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July 2016

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1 Executive Summary

1.1 Overview of Consultation

- A public consultation on Blackpool's developing draft Health and Wellbeing Strategy ran from 31 May to 27 June 2016.
- The approach included an open-access online survey as well as paper copies available in public areas such as libraries and the Customer First Centre.
- The consultation was supported by a programme of promotion and engagement including an article in the Your Blackpool e-newsletter, social media engagement, an article in the CVS e-newsletter and proactive promotion from Healthwatch.
- A total of 144 responses to the consultation were received.

1.2 Vision

- Over four fifths of respondents felt the Health and Wellbeing Board's draft vision for health and wellbeing in Blackpool fully or mostly meets their own vision.
- Comments on the vision referred to the need for a safe Blackpool, for good access to healthcare and working together to achieve the best possible outcomes.
- Whilst many thought it was a good vision to have, some were sceptical about whether it could be made a reality and were concerned about the overall reductions in organisations' budgets.

1.3 Priorities

- There is overwhelming agreement for the four key priorities identified in the consultation.
- Addressing the number of empty and / or rundown properties, support for vulnerable groups and the need for council services and the community to work more closely with one another are highlighted as important areas.
- The use of complex dependency teams and early intervention initiatives were highlighted as important to combat the ready availability of alcohol across the borough in order to achieve an improvement in health and wellbeing.
- Working alongside schools and the 3rd sector including the provision of financial support, opportunity and training to support projects and organisations around Blackpool was seen as critical in order to create community resilience and reduce social isolation.

- There is general agreement for the early intervention programme and residents feel that there should be support for all children, at all ages, to achieve and be the best that they can be.

2 Background and Methodology

2.1 Background

The Health and Wellbeing board has been developing its draft Health and Wellbeing Strategy which describes its priorities, values and ambitions for 2016-2019 and explains what they will do to improve the lives of local people.

As part of the process for developing the strategy, the Council consulted with residents and other stakeholders in the Borough to find out what their views were in order to inform the finalisation of the priorities.

2.2 Methodology

The Health and Wellbeing Strategy consultation ran from 31 May to 27 June 2016 and residents and stakeholders could have their say in a number of ways:

1. An open-access online survey was developed and hosted on the Council's website. This was widely promoted through Council social media accounts, the CVS e-newsletter and Healthwatch.
2. Paper questionnaires were distributed to all libraries in the Borough, as well as the Council's Customer First Centre. This enabled those without access to the internet to have their say.

A total of **144 responses** were received to the Health and Wellbeing Strategy consultation.

Analysis throughout this report is based on the overall sample of responses to the consultation. Any example comments provided are not necessarily representative of all consultation responses.

2.3 Who Responded?

When asked what their home postcode is, it was found that the majority of respondents to this consultation, who gave a full postcode, lived in the borough of Blackpool but there was further interest in the draft strategy proposal from respondents across the wider Fylde coast. Although this represents a good spread of response from Blackpool residents and the wider area, caution should be used, owing to the low number of responses to this consultation, and it should not be interpreted as a representative sample.

Figure 2.3: What is your home postcode? (base – 114)

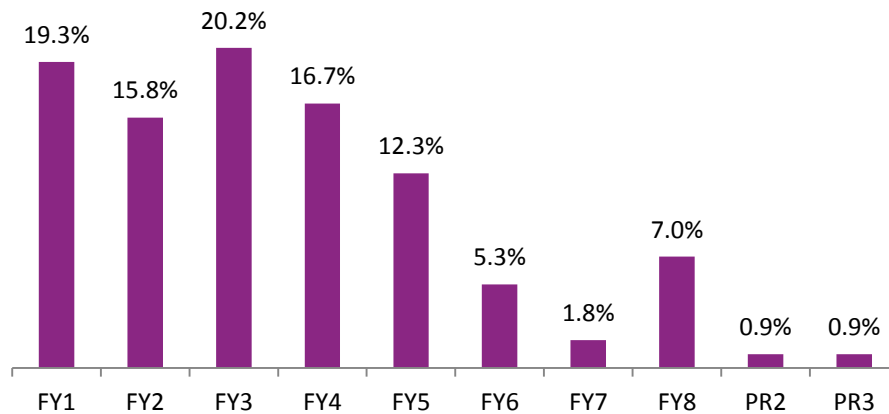
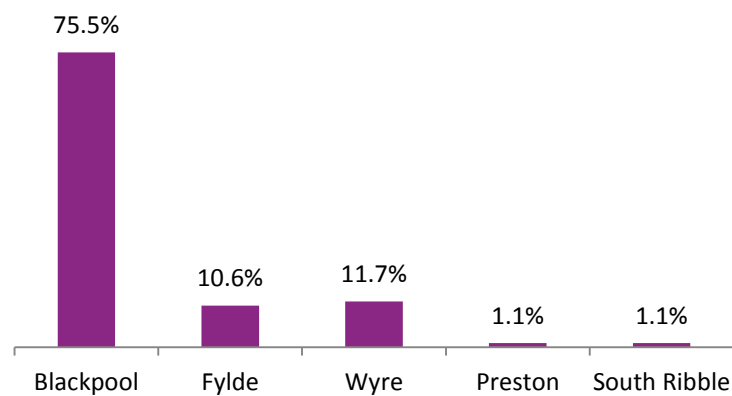
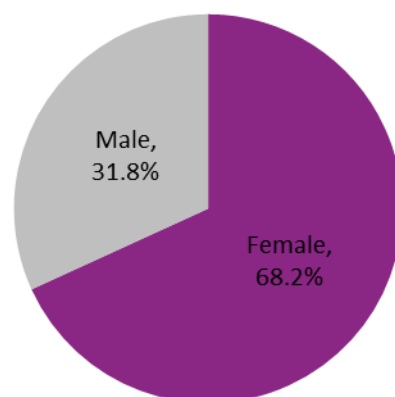


Figure 2.3: Which area home postcode was based in. (base – 94)



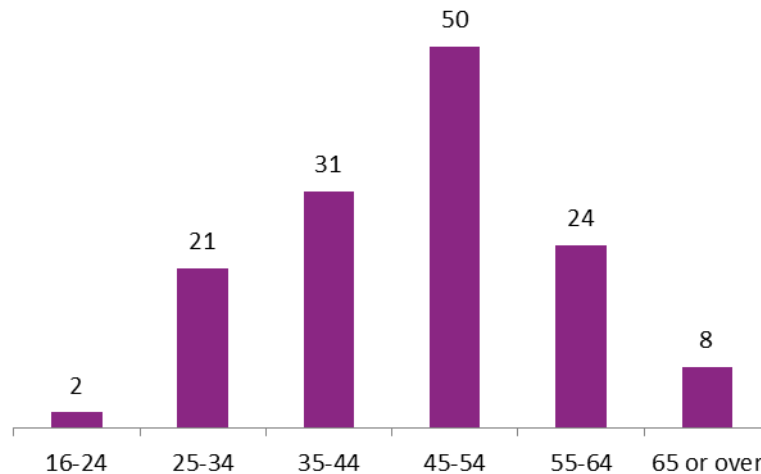
Over twice as many females than males responded to the consultation. 8 respondents did not indicate their gender. Comparatively, based on the 2011 Census the Blackpool population consists of 49% males and 51% females.

Figure 2.3: What is your gender? (base – 140)



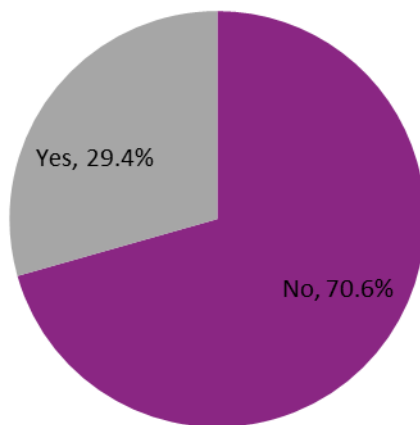
Respondents to the consultation sit within a range of age groups with some groups over represented and others underrepresented when compared with the population profile of the Borough. The age groups 16-24 and 65+ are underrepresented with the age groups 35-44 and 45-54 years over represented in this sample.

Figure 2.3: Of the following age groups, which do you fall into? (base – 136)



Just under a third of respondents indicated that they have a long standing illness or disability. Of those, 63% consider this illness or disability to limit their daily activities.

Figure 2.3: Do you have a long standing illness or disability? (base – 135)



97% of people who responded to the Health and Wellbeing Strategy consultation were of White British ethnicity. 79% of respondents consider themselves to be heterosexual, with a further 7% indicating gay or lesbian and 13% preferring not to say. 57% indicated that they are Christian and 39% do not identify with any religion.

3 Main Findings

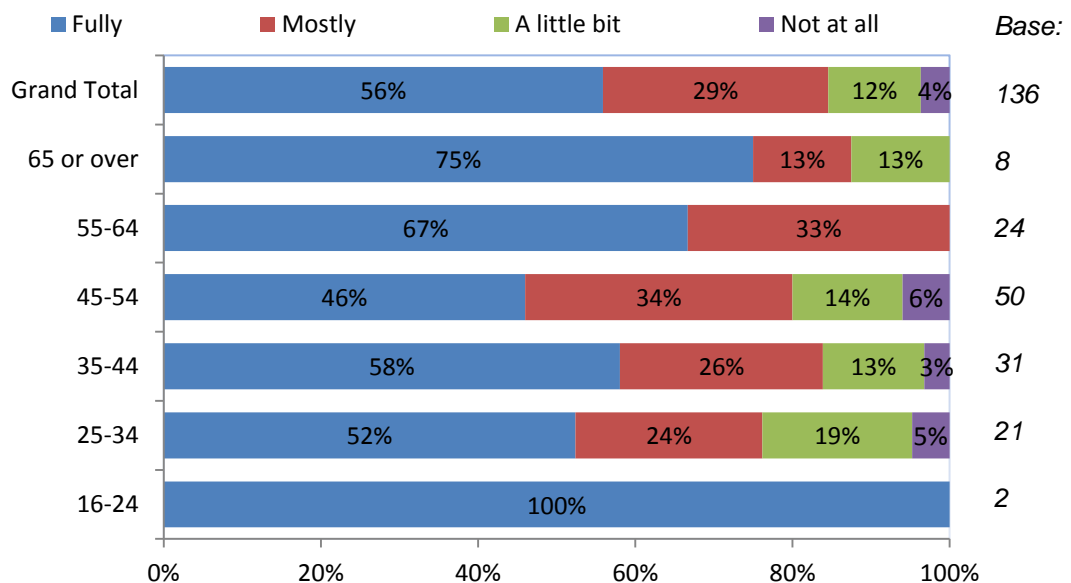
3.1 Vision

The Council’s draft vision for Blackpool’s Health and Wellbeing Strategy outlines 4 priorities which contain some of the things that we want to do over the next few years to make people’s lives healthier.

The vision for health and wellbeing in Blackpool is that together we will make Blackpool a place where ALL people can live long, happy and healthy lives.

85% of people who responded to the Health and Wellbeing strategy consultation feel it ‘mostly’ or ‘fully’ reflects their vision for Blackpool. In terms of age breakdown caution should be taken when interpreting this question for those groups with low base numbers, specifically ages 16-24 years and respondents who are 65 years or over.

Figure 3.1: How well, if at all, does this reflect your vision for health and wellbeing Blackpool? (breakdown by age).



Those who did not feel it reflected their vision were given the opportunity to explain what their vision for health and wellbeing in Blackpool is. A wide ranging selection of comments were received and several common themes emerged.

Some respondents believe the vision should encapsulate **the need for less cuts to services for vulnerable people**. The comments on this topic were focussed around better support for mental health, general health services and support for the elderly.

Additional comments were received, which were outside of the scope of the consultation, for example about the need for there to be **more focus on residents**. This included ensuring Blackpool residents have access to good housing and to improve the quality of shops.

Further comments were received regarding health and wellbeing in Blackpool that residents want services and the community to work together in a more cohesive way.

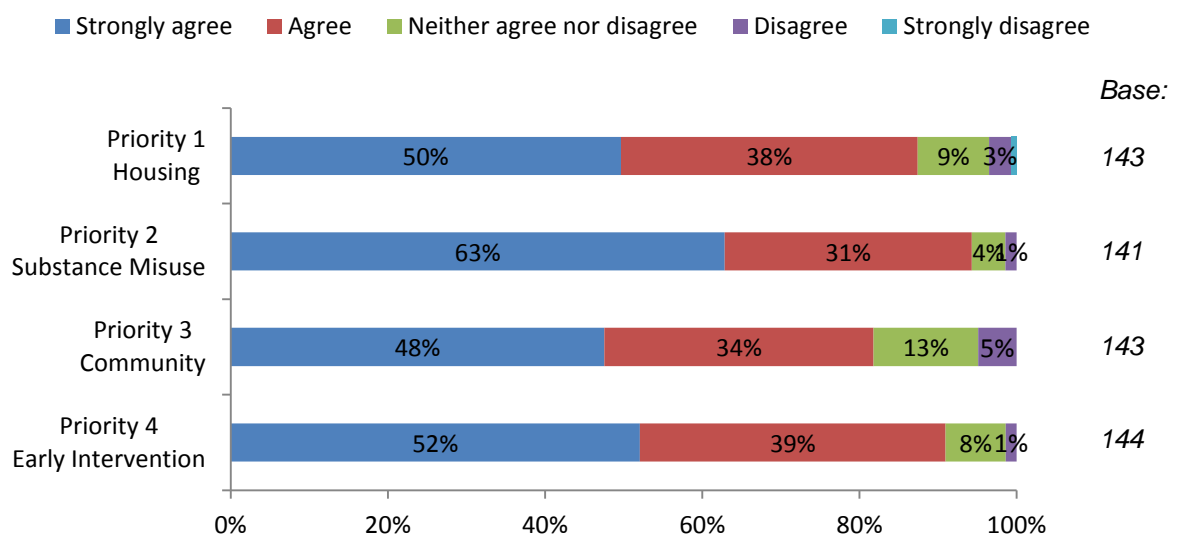
3.2 Priorities

The draft Health and Wellbeing Strategy suggests that there are things we need to address in order to achieve our vision for health and wellbeing. Questions were asked on four proposed priorities to achieve the aforementioned vision.

Priority one focuses on stabilising the housing market, priority two focuses on Substance Misuse, including alcohol, drugs and tobacco, priority three focuses creating stronger communities and increasing resilience and priority four focuses on early intervention.

The agreement level for the priorities is high ranging from 94% of respondents to the consultation choosing 'strongly agree or agree' that dealing with substance misuse, focussing on prevention and recovery, is a key priority for Blackpool to 82% of respondents who 'strongly agree or agree' that creating stronger communities, reducing isolation and increasing resilience is a key priority.

Figure 3.2: Priorities 1 to 4: To what extent do you agree or disagree that these are the right priorities for improving health and wellbeing in Blackpool.



Priority One: Stabilising the housing market.

The draft strategy suggests that “some parts of Blackpool have unsuitable housing in poor condition; this contributes to the poorer health of people in these areas and has an impact on the surrounding communities. The Council needs to change parts of the housing market to transform these neighbourhoods and have some projects that they are delivering to do this.”

The consultation found that 88% of respondents either ‘strongly agreed or agreed’ that this should be a key priority for health and wellbeing in Blackpool. The main comments are centred around concern about **the number of empty and / or rundown properties** and the roles and responsibilities of the private landlord / tenant relationship. Other points focussed on **increasing support for vulnerable groups**, including the homeless, and comments regarding the need for council services and the community to work more closely with one another to improve services generally.

Supporting the ageing and elderly community with their housing and care needs and also the HIV community who require specialist housing support around long term health conditions.

Clamping down on housing conditions of private landlords fines for properties in poor disrepair or with filthy unkempt gardens.

I think that there is lots of activity taking place, but it's not always joined up. There is also a lack of prioritisation of issues such as dealing with social isolation (for all age groups) and how this affects health and wellbeing.

Priority Two: Substance misuse - including alcohol, drugs and tobacco.

The draft strategy states that “substance misuse causes a wide range of health and social problems. In Blackpool there are the highest rate of alcohol related admissions to hospital; higher than average rates of substance misuse and a higher than average percentage of adult smokers.”

The consultation found that 94% of respondents either ‘strongly agreed or agreed’ that dealing with substance misuse, **focussing on prevention and recovery**, is a key priority for Blackpool with 63% of respondents choosing the ‘strongly agree’

option. The key comments from the responses to this question centre around better support from services for residents with a more joined up approach from schools, council services and the community, focussing on better use of complex dependency teams and early intervention initiatives. Concern was also raised about the availability of alcohol across the borough and the promotion of stag and hen parties.

Ensure early intervention is easily available and promoted to prevent crisis points being reached and putting more pressure on services. GP referrals, local campaigns etc.

It is essential that all sectors work together to address this.

Waste of time unless you can increase unit cost of alcohol. Make drinking on the street an offence enforce the law in public areas outside the party zone

Priority Three: Creating community resilience and reducing social isolation.

The draft strategy states that “As public sector resources diminish and the Council no longer has the funding to provide services to support people’s health and social care needs in the same way, they have to find ways to support people in different ways, one of which is to encourage residents to become more resilient. The Council will work with voluntary organisations to support and reduce isolation and develop a plan to ensure that volunteering is well co-ordinated to support vulnerable people and build resilience.”

The consultation found that that 82% of respondents either ‘strongly agreed or agreed’ that this should be a key priority for health and wellbeing in Blackpool. The majority of the comments focus on the perceived need for Blackpool Council to **work in a more joined up way with the schools and the 3rd sector** including the provision of financial support, opportunity and training to support projects and organisations around Blackpool. Several comments were made on the growing problem of social isolation, specifically for the older groups in the population and some comments focussed on the need to build personal resilience.

Ensure that there is a joined up approach to working with voluntary organisations in developing a plan - do with, rather than do to. Invest in volunteering infrastructure by working in partnership with the existing third sector volunteering infrastructure

Social isolation growing problem for all ages regardless of social position in life.

Start in schools to develop resilience and self-worth especially in girls

Priority Four: Early Intervention.

The draft strategy suggests “this priority is about taking a different approach to the way public sector organisations operate and deliver services in the future and the member organisations of the health and wellbeing board has an opportunity to turn things around by changing the way that they do this. This means they will prevent problems from reaching crisis point by intervening early. The Better Start programme supports families with 0-3 year olds in the most deprived parts of Blackpool and the HeadStart programme will work with all 10-14 year olds to build their resilience and improve mental wellbeing.”

The consultation found that 91% of respondents either ‘strongly agreed or agreed’ that this should be a key priority for health and wellbeing in Blackpool. Many of the comments are concerned with the perceived gap in service provision between the ages of 4 – 9 years and over the age of 14 years i.e. outside the age range of the ‘A Better Start’ Programme. **Some residents disagreed with the targeting of specific groups** and feel every child should have access to these services. Other comments focus on the need for collaborative working with the 3rd sector and promoting an evidence-based approach.

Ensuring that the interventions which are planned are evidence based and deliver real and measurable improvements.

Headstart should be offered to all schools not just most deprived and also not just to children at transient points in their education.

This requires long term commitment - funding to those services that deliver prevention/early intervention work (in whatever field) need to be protected as constant year either cuts, or applications for funding, means staff are constantly moving on and there is a lack of continuity. Need courage in our convictions that prevention is better than cure but doesn't happen over night.

3.3 Final Comments

Finally, respondents to the consultation were given the opportunity to make any comments about other priorities they felt should be considered in the draft Health and Wellbeing Strategy. 69 comments were received.

Summary of comments:

The largest group of comments were focussed around the need to improve service provision for health related programmes, with mental health services being identified the most. Other comments focussed on joint working initiatives, working alongside the 3rd sector and more progress towards a community based assets approach. The remainder of comments that have been mentioned at least 3 times are as follows:

- Promote pride in Blackpool by creating a clean and tidy borough.
- Invest in building resilience of the residents.
- Improve employment opportunities.
- Take steps to reduce takeaways and other unhealthy options.

The comments below are excerpts from typed responses, chosen at random but reflecting the main themes, and have been derived from all the responses.

Skill Blackpool up. Half the problem is that many residents just don't believe they can do things.

Public health should input into Planning policy and comment on Planning applications. For example - discourage applications for fast food restaurants / takeaways and off-licenses in deprived areas

Improving the general appearance of Blackpool to make it a respectable place to live and in turn making individuals proud to live here

Reducing isolation and enhancing opportunities for disabled people to live independent and fulfilled lives

Job creation - work is fundamental in raising people out of poverty. Seasonal employment is not sufficient and more emphasis needs to be put onto attracting investment into the town

There needs to long term planning! Not just 1-3 years many public health initiatives are good but short lived and stopped after a few years

Improving the health of local people. As many of the services that supported this issue have been closed or unfunded the knock on effect will be poor health, alcohol problems and individuals with mental health problems receiving little or no support.

Adult mental health remains a key issue in Blackpool.

Having a joined up approach across all sectors to make the best use of resources, expertise and opportunities.

Encouraging walking around the town for all. Keep green spaces open and in good condition.

Report to:	EXECUTIVE
Relevant Officer:	Steve Thompson, Director of Resources
Relevant Cabinet Member:	Councillor Simon Blackburn, Leader of the Council
Date of Meeting:	12 September 2016

MEDIUM-TERM FINANCIAL SUSTAINABILITY STRATEGY 2016/17 TO 2021/22

1.0 Purpose of the report:

- 1.1 To consider the attached report which constitutes the Council's Medium-Term Financial Sustainability Strategy (MTFSS) for the 6-year period, 2016/17 to 2021/22.

2.0 Recommendation(s):

- 2.1 To approve the Medium-Term Financial Sustainability Strategy 2016/17 - 2021/22.
- 2.2 To share this Medium-Term Financial Sustainability Strategy with the Secretary of State for Communities and Local Government by 14 October 2016 as the Council's 'Efficiency Plan' required to secure the benefits of the greater certainty that a 4-year Revenue Support Grant Settlement brings to medium-term financial planning.
- 2.3 To initiate a period of consultation on the efficiency plan with residents, local neighbours, public sector partners and devolution stakeholders.
- 2.4 To invite independent assurance on the robustness and validity of this Strategy and Medium-Term Financial Plan via CIPFA's new Financial Resilience Advisory Report peer review service or equivalent.
- 2.5 To agree to receive updates of the Strategy and/or Plan on a rolling annual basis or as changing circumstances dictate.

3.0 Reasons for recommendation(s):

- 3.1 Local Government is entering a further period of uncharted territory. In the face of continuing cuts it is battling to adapt and in some cases completely revolutionise the services that it provides. This strategy lays out the principles that will underpin the Council's financial direction to 2022, by which time there does seem to be some light

at the end of the tunnel. However, along that journey further services will have been cut and jobs lost, which will not go unnoticed by the residents of Blackpool, the businesses that operate here and the visitors who come to stay.

To achieve the corporate objectives of the Council every opportunity and idea must be explored. Every effort will need to be made to work with the public, partners, voluntary sector and the private sector to minimise the impact of the cuts on the people who need and depend upon our services. Seeking external funding and maximising income opportunities will also be vital.

It is an unsettling time for many people including staff, but the commitment to delivering the best possible services to Blackpool residents remains undiminished.

- | | | |
|------|--|-----|
| 3.2a | Is the recommendation contrary to a plan or strategy adopted or approved by the Council? | No |
| 3.2b | Is the recommendation in accordance with the Council's approved budget? | Yes |

3.3 Other alternative options to be considered:

To agree a different Medium Term Financial Strategy although there are significant risks in the delivery of the Council priorities in approving a different strategy.

4.0 Council Priority:

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

5.0 Background Information

5.1 The attached report at Appendix 4a constitutes the Council's Medium-Term Financial Sustainability Strategy (MTFSS) for the 6-year period, 2016/17 to 2021/22.

5.2 Since 2010 central government funding for local government has been progressively reduced in real terms as part of the Government's plan to lower the fiscal deficit and this policy will continue until at least the end of the current decade.

5.3 Blackpool Council is committed to protecting vital services, but to remain financially sustainable has had to respond with recurrent savings of £93.4m from its revenue expenditure up to the end of 2015/16. During the term of this Strategy a further £60.1m of savings is forecast to be needed.

- 5.4 Each successive year the scope remaining for savings from efficiency measures becomes less. Indeed savings achieved to date represent over 6 times the cost of the Council's combined back office services. Delivering savings of this magnitude has had an unavoidable impact on service levels, resident satisfaction ratings¹, jobs and morale, but by 2022 more radical, fundamental, transformational and sustainable solutions will be necessary.
- 5.5 Against this backdrop the proposed Strategy summarises the comprehensive review and assessment that has been undertaken of how the Council can finance its future service delivery and the level of savings needed if these activities are to be facilitated and maintained. It also considers the risks anticipated throughout what is forecast² to be an ongoing harsh economic climate for local government.

5.6 Does the information submitted include any exempt information? No

5.7 List of Appendices:

- Council's Medium-Term Financial Sustainability Strategy
- Appendix 1: Medium-Term Financial Plan
- Appendix 2a: Strategic Financial Risk Register
- Appendix 2b: Assessment of Significant Financial Risks to Substantiate Target Level of Unearmarked Working Balances
- Appendix 3: Local Authority Financial Assurance Processes

(All circulated to members under separate cover)

6.0 Legal considerations:

6.1 As outlined in the Medium-Term Financial Sustainability Strategy.

7.0 Human Resources considerations:

7.1 As outlined in the Medium-Term Financial Sustainability Strategy.

8.0 Equalities considerations:

8.1 An Equalities Impact Analysis will be completed for consideration with the Revenue Budget 2017/2018

¹ *Polling on resident satisfaction with councils*, Local Government Association July 2016

² *Chancellor of the Exchequer's Budget*, 16th March 2016

9.0 Financial considerations:

9.1 Please see the Medium-Term Financial Sustainability Strategy.

10.0 Risk management considerations:

10.1 Please see the Medium-Term Financial Sustainability Strategy attached report.

11.0 Ethical considerations:

11.1 As outlined in the Medium-Term Financial Sustainability Strategy.

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None.

14.0 Key decision information:

14.1 Is this a key decision? Yes

14.2 If so, Forward Plan reference number: 21/2016

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

15.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed:

Date approved:

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes :

22.1

Report to:	EXECUTIVE
Relevant Officer:	Steve Thompson, Director of Resources
Relevant Cabinet Member:	Councillor Simon Blackburn, Leader of the Council
Date of Meeting:	12 September 2016

APPROVAL TO BORROW FROM THE MUNICIPAL BONDS AGENCY

1.0 Purpose of the report:

- 1.1 To seek approval for the Council to enter into an arrangement with the UK Municipal Bonds Agency.

2.0 Recommendation(s):

- 2.1 To approve the Council's entry into the Framework Agreement and its accompanying schedules including the joint and several guarantee.
- 2.2 To delegate authority to the Director of Resources as Statutory Finance Officer and the Director of Governance and Partnerships as Monitoring Officer to sign those documents, as appropriate, on behalf of the Council.
- 2.3 To grant the Director of Resources delegated authority to agree amendments to the Framework Agreement as appropriate.

3.0 Reasons for recommendation(s):

- 3.1 The Council has limited sources of capital finance available to it with the main source of long- term borrowing being the Public Works Loan Board (PWLB). The cost of borrowing charged by the Public Works Loan Board rose significantly in 2010 and therefore the Local Government Association explored and then, with the support of a number of authorities, established the UK Municipal Bonds Agency as an alternative provider of long-term loans to the Public Works Loan Board.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

Not to sign the framework agreement which would limit the Council's sources of borrowing to those listed below and may result in the Council incurring increased costs of borrowing.

- Borrowing from the Public Works Loan Board (PWLB)
- Borrowing from other Local Authorities
- Borrowing from Pension Funds
- Borrowing from the European Investment Bank (EIB)
- Temporary Borrowing through money brokers

4.0 Council Priority:

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

5.0 Background Information

5.1 The report attached at Appendix 5a seeks approval for the Council to enter into an arrangement with the UK Municipal Bonds Agency (the "Agency"). The Agency requires that local authorities borrowing from it enter into its Framework Agreement.

5.2 The Agreement includes an accession document confirming that the Council has the necessary approvals to sign the Agreement and a joint and several guarantee to those lending money to the Agency in respect of the borrowing of all other local authorities from the Agency. Entering into the Framework Agreement enables the Council to access funding from the Agency as and when required.

5.3 Does the information submitted include any exempt information? No

5.4 List of Appendices:

Appendix 5a: Report on the UK Municipal Bonds Agency Agreement

6.0 Legal considerations:

6.1 The Agency's Framework Agreement incorporates a joint and several guarantee that requires all local authorities borrowing from the Agency to guarantee the money owed by the Agency to those who have lent it money to fund its loans.

6.2 The Council has the power to enter into the Framework Agreement under Section 1 (1) of the Localism Act 2011 – the general power of competence. Borrowing under the Framework Agreement will be under Section 1 of the Local Government Act 2003 – the power to borrow.

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 None.

9.0 Financial considerations:

9.1 Please see the attached report.

10.0 Risk management considerations:

10.1 Please see the attached report.

11.0 Ethical considerations:

11.1 The Council follows the principles set out in its Sustainable Procurement Code of Practice.

12.0 Internal/ External Consultation undertaken:

12.1 Council's Treasury Management Panel.

13.0 Background papers:

13.1 None.

14.0 Key decision information:

14.1 Is this a key decision? Yes

14.2 If so, Forward Plan reference number: 21/2016

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process?

No

15.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed:

Date approved:

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes :

22.1

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BLACKPOOL COUNCIL
REPORT
of the
DIRECTOR OF RESOURCES
to the
EXECUTIVE
on
12 September 2016

Approval for the Council to Borrow from the UK Municipal Bonds Agency

1. Introduction

- 1.1 This report seeks approval for the Council to enter into an arrangement with the UK Municipal Bonds Agency (the “Agency”). The Agency requires that local authorities borrowing from it enter into its Framework Agreement.
- 1.2 The Agreement includes an accession document confirming that the Council has the necessary approvals to sign the Agreement and a joint and several guarantee to those lending money to the Agency in respect of the borrowing of all other local authorities from the Agency. Entering into the Framework Agreement enables the Council to access funding from the Agency as and when required.

2. Background

- 2.1 The purpose of the Agency is to deliver cheaper capital finance to local authorities. It will do so via periodic bond issues, as an aggregator for financing from institutions such as the European Investment Bank (EIB) and by facilitating greater inter-authority lending. The Agency is wholly owned by 56 local authorities and the Local Government Association (LGA). The Council is a shareholder in the Agency with an investment of £10,000.
- 2.2 The Council has limited sources of capital finance available to it with the main source of long-term borrowing being the Public Works Loan Board (PWLB). The cost of borrowing charged by the PWLB rose significantly in 2010 and therefore the LGA explored and then, with the support of a number of local authorities, established the Agency as an alternative provider of long-term loans to the PWLB.

3. Framework Agreement and Guarantee

- 3.1 The Agency’s Framework Agreement sets out the arrangements for borrowing from the Agency and incorporates a joint and several guarantee that requires all local

authorities borrowing from the Agency to guarantee the money owed by the Agency to those who have lent it money to fund its loans. The Framework Agreement incorporates a mechanism to prevent a call under the guarantee by requiring borrowers to lend the Agency money to cover a default by another local authority, referred to as “contributions”.

- 3.2 The Council has the power to enter into the Framework Agreement under Section 1 (1) of the Localism Act 2011 – the general power of competence. Borrowing under the Framework Agreement will be under Section 1 of the Local Government Act 2003 – the power to borrow.
- 3.3 Acting on behalf of prospective borrowers, a small group of authorities appointed lawyers, Allen and Overy, to review and advise upon the documentation. Allen and Overy instructed counsel to obtain senior opinion on vires and reasonableness. The advice and opinion resulted in a small number of changes to the Agency’s documentation.
- 3.4 Counsel raised three key considerations that a local authority must take into account when taking a decision to enter into the Framework Agreement:
 - its specific financial position;
 - whether or not the council is “reasonably financially robust”, i.e. the Council can meet the potential demands that the Framework Agreement places upon it; and
 - whether it is to the authority’s advantage to enter into the Framework Agreement, taking into account the advantages and disadvantages of doing so.
- 3.5 Taken together these three considerations help address a key requirement of the Wednesbury Principles that the Council exercises its powers in a reasonable manner.
- 3.6 UK local authorities are heavily supervised and subject to tight statutory control that significantly reduces the probability that a local authority will default on its financial obligations. Furthermore, the Agency will undertake credit assessments of local authorities and limit its exposure to authorities to reduce credit risk. In the event that a local authority needs to refinance its borrowings from the Agency, the Public Works Loan Board is available to all local authorities as lender of last resort provided that the borrowing from the Public Works Loan Board is not unlawful. No UK local authority has ever defaulted on one of its primary debt obligations. Taken together the risk of a default is judged to be low and thus the risk of entering into the Framework Agreement and guarantee is deemed to be low.
- 3.7 If a local authority does default, the Agency has liquidity facilities available to it so that it can meet the interest payments due on a bond and covers a limited default on a principal repayment by a local authority; the provisions of the Framework Agreement will be used if these facilities are exhausted. Blackpool had unearmarked reserves of £5.6m million as at 31 March 2016 and in the unlikely event of a call for contributions under the Framework Agreement or payment under joint and several guarantee, has access to Public Works Loan Board funds at 48 hours’ notice if required (this is a

similar arrangement to the one that exists between the Council and Lancashire Pension Fund).

- 3.8 The risks associated with the joint and several guarantees are mitigated by the contribution arrangements. Therefore, from a practical perspective, the real risk to the Council is the requirement to make contributions in the event of a default by another borrower and this exposure is proportional because it is calculated by reference to the amount borrowed by the Council as a proportion of all non-defaulting loans made by the Agency. If the Council has no borrowings via the Agency, it will not be called upon under the Framework Agreement.
- 3.9 In the unlikely event that the guarantee is called upon, it is also unlikely that bond holders or other providers of finance to the Agency will pursue a single Council for payment because the best outcome for lenders is likely to be achieved by pursuing all the guarantors because this maximises the potential revenues available to repay them.
- 3.10 Section 13 of the Local Government Act 2003 secures all debts of a local authority on its revenues and therefore it is highly likely that the Agency will be able to recover amounts owed to it by a defaulting authority. In turn this will enable the Agency to repay sums lent to it under the Framework Agreement or paid out by the Council under the guarantee.
- 3.11 The risk that the Council suffers a loss under the Framework Agreement and the joint and several guarantee is therefore a combination of the low risk of a default by a local authority and the low risk that if a local authority does default, local authorities are unable to recover sums owed to them.
- 3.12 In return for accepting this risk the Council will receive access to more diverse and cheaper sources of capital finance via the Agency. On balance the financial advantages outweigh the financial disadvantages.
- 3.13 Although the Agency intends that the Framework Agreement is permanent, there may be a need to either amend the Framework Agreement or if the Council wishes, set aside provisions for a period of time without amending the contribution arrangements or joint and several guarantee.

4. Client Base and Loan Pricing

- 4.1 The Agency will only lend to UK local authorities who can give a joint and several guarantee. This is currently limited to 353 principal English local authorities that have the general power of competence under section 1(1) of the Localism Act 2011. The Department for Communities and Local Government specifically intended that local authorities should be able to give guarantees using the power in its regulatory impact assessment.
- 4.2 The Agency would prefer all borrowers to become shareholders. This ensures a strong alignment of interest between borrowers and shareholders, and is viewed positively by ratings agencies and the capital markets. Accordingly the Agency will charge a

higher interest rate to borrowers that are not shareholders, albeit one which still remains competitive.

- 4.3 The Agency will operate a transparent pricing structure. It will charge local authorities the interest the Agency pays to obtain the funds it on-lends, plus any transaction costs up to a maximum of 0.5 per cent of the amount borrowed, plus a margin to cover its costs. This margin is currently set at:
- 0.10 per cent for shareholders; and
 - 0.15 per cent for non-shareholders.
- 4.4 The Agency may adjust these margins for new borrowing transactions at its discretion, but will not increase them. It is expected that these margins will reduce once the Agency is profitable.
- 4.5 Transactions costs include the Agency's credit rating agency fees, bank syndicate fees and legal costs. The Council has the option to amortise these over the life of the loan or to account for them in-year.
- 4.6 The Agency will not require local authorities to borrow at a rate that is higher than the Public Works Loan Board, thus when borrowing via the Agency the Council should always achieve a saving. Over time the rates offered by the Agency are likely to improve as its bonds programme develops and it is able to borrow from institutions such as the European Investment Bank.

5. Recommendations

1. To approve the Council's entry into the Framework Agreement and its accompanying schedules including the joint and several guarantee.
2. To delegate authority to the Director of Resources as Statutory Finance Officer and the Director of Governance and Partnerships as Monitoring Officer to sign those documents, as appropriate, on behalf of the Council.
3. To grant the Director of Resources delegated authority to agree amendments to the Framework Agreement as appropriate.

MR S THOMPSON
DIRECTOR OF RESOURCES

Report to:	EXECUTIVE
Relevant Officer:	Alan Cavill, Director of Place
Relevant Cabinet Member:	Councillor Simon Blackburn, Leader of the Council
Date of Meeting:	12 September 2016

WINTER GARDENS CONFERENCE AND EXHIBITION CENTRE

1.0 Purpose of the report:

1.1 To consider the authorisation of £570,000 expenditure allowing the continued engagement of appointed architects in order to further progress plans and designs for the proposed conference and exhibition centre, to the stage allowing submission of a full planning application.

2.0 Recommendation(s):

2.1 That £570,000 expenditure is authorised in order to allow the continued engagement of appointed architects and other professional advisers to progress the conference and exhibition centre designs to RIBA4 allowing submission of a full planning application.

3.0 Reasons for recommendation(s):

3.1 To progress the delivery of a fit for purpose 21st century conference centre which once delivered will allow Blackpool to compete in the economically important business tourism sector and significantly contribute toward attaining the Council vision for Blackpool of being the UK's number one family resort with a thriving economy that supports a happy and healthy community who are proud of this unique town.

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

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

3.3 Other alternative options to be considered:

Delay further engagement of architects and associated professional services.

This course of action would increase the possibility of deviation from project schedule and in turn significant grant funding bids associated with the scheme being rejected, having a negative impact on the affordability of the development.

4.0 Council Priority:

4.1 The relevant Council Priority is: “The economy: Maximising growth and opportunity across Blackpool”

5.0 Background Information

5.1 Following receipt of delegated authority allowing the Director of Places to deliver the project, a tender exercise has been undertaken in order to engage architects to progress the plans and designs of the scheme.

5.2 Expenditure of £225,000 was authorised through Cabinet Member Decision PH60/2016. This allowed the continued engagement of architects and progression of scheme plans and designs ensuring the continued adherence to the project timescales.

5.3 Authority for a further £570,000 expenditure is now sought. This will allow development of the conference centre plans and designs to the stage allowing submission of a full planning application

5.4 Dialogue has taken place with the scheme architects in respect of their continued appointment, subject to further funding being authorised as set out at 5.3 above. Agreement has been reached in this regard.

5.5 Does the information submitted include any exempt information? No

5.6 List of Appendices:

None

6.0 Legal considerations:

6.1 The Council’s contracting and commissioning procedures will apply. A suitable contract will be developed in consultation with the Council’s Legal Services team.

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 The £570,000 expenditure for which authority is sought in this report will initially be classified as a revenue expense. Should grant funding be approved, reclassification of the £570,000 will take place and it will form part of the

Conference Centre capital expenditure.

10.0 Risk management considerations:

- 10.1 It is projected that Growth Deal 3 and Coastal Communities grant funding will contribute up to £18m of funds toward the scheme. Funding applications are currently being processed. It is anticipated that notification of progression to round two of the Coastal Communities Fund bidding process will be received early September, with further advancement in the Growth Deal 3 procedure following later this year however; grant funding is yet to be awarded. The risk that grant funding is ultimately not forthcoming has been identified.
- 10.2 Should grant funding not be awarded, the £570,000 requested will be charged to the Strategic Leisure Assets portfolio as a revenue expense. The project timescales will be realigned in order to distribute the associated cost across two financial years, as agreed with the Council's Director of Resources as Statutory Finance Officer.
- 10.3 The time constraints associated with completing the project designs and obtaining full planning approval are extremely tight. In order to minimise the risk of deviation from schedule and in turn maximise the likelihood of being awarded grant funding applied for, the Council's project team and planning department will continue to work as closely as possible with the selected firm of architects in order to meet the applicable timescales.

11.0 Ethical considerations:

- 11.1 None

12.0 Internal/ External Consultation undertaken:

- 12.1 Consultation has taken place with both internal departments and external consultants on the requirements set out in this report.

13.0 Background papers:

- 13.1 None

14.0 Key decision information:

- 14.1 Is this a key decision? Yes
- 14.2 If so, Forward Plan reference number: 23/2016
- 14.3 If a key decision, is the decision required in less than five days? No
- 14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

15.2 If **yes**, please give reason:

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed: N/A Date approved: N/A

17.0 Declarations of interest (if applicable):

18.0 Executive decision:

18.2 **Date of Decision:**

19.0 Reason(s) for decision:

19.1 **Date Decision published:**

20.0 Executive Members in attendance:

21.0 Call-in:

22.0 Notes:

Report to:	EXECUTIVE
Relevant Officer:	Alan Cavill, Director of Place
Relevant Cabinet Member:	Councillor Gillian Campbell, Deputy Leader of the Council (Tourism, Economic Growth and Jobs)
Date of Meeting:	12 September 2016

TRANSPORT FOR THE NORTH: APPROVAL TO SUPPORT THE ESTABLISHMENT OF A SUB-NATIONAL TRANSPORT BODY

1.0 Purpose of the report:

1.1 Along with the other 18 local transport authorities in the north of England, the Council has been asked to give support for establishing a Sub-National Transport Body (STB), which would be called Transport for the North (TfN). The Government has undertaken to establish Transport for the North on a statutory basis.

2.0 Recommendation(s):

2.1 To agree in principle support for the draft proposal to establish a Sub-National Transport Body as set out in Appendix 7a and consent to its submission to the Secretary of State.

2.2 That subject to the approval of 2.1 above, the agreement in principle be contingent on Transport for the North drawing down powers from central government and not derogating powers from local transport authority arrangements or securing any reserve powers to determine, manage and/or deliver local transport responsibilities without the full support of the relevant local transport authority.

2.3 To approve the nomination of the Deputy Leader of the Council as Blackpool Council's representative on Transport for the North and the nomination of the Cabinet Member for Municipal Assets as the designated substitute to attend meetings in the absence of the Deputy Leader of the Council.

2.4 To note that a report be brought to the Executive for consent to the draft legislation, and the Council's formal membership of Transport for the North as a statutory Sub-National Transport Body.

3.0 Reasons for recommendation(s):

3.1 To support the proposal in principle to establish a Sub-National Transport Body, noting there will be a further opportunity to consider the final draft regulations to establish Transport for the North) as a Sub-National Transport Body later this this year.

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

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

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is: "The economy: Maximising growth and opportunity across Blackpool."

5.0 Background Information

Introduction

5.1 Transport for the North (TfN) is an evolving partnership of local transport authorities, combined authorities and Local Enterprise Partnerships across the North of England acting collectively and working with the Government, Highways England, HS2 and Network Rail to develop a Northern Transport Strategy in support of the Government's wider Northern Powerhouse agenda. Transport for the North was established in October 2014 to enable the North to speak with one voice on the big decisions necessary to deliver transformational change through improved connectivity, thereby making the North a more attractive place to live, work and do business.

5.2 The Council has been fully engaged with Transport for the North since July 2015 through its membership of Transport for Lancashire (TfL). Transport for Lancashire is currently chaired by the Leader of Lancashire County Council, County Councillor Jennifer Mein, who currently represents Lancashire County Council, Blackpool Council, Blackburn with Darwen Borough Council and Cumbria County Council on Transport for the North's Partnership Board. The Lancashire Local Enterprise Partnership is represented on the Partnership Board by the Chair of the Cumbria Local Enterprise Partnership. Officers from the four local transport authorities (LTAs) provide input and support Transport for the North's various work streams, including

development of the Northern Transport Strategy.

5.3 Since its establishment, Transport for the North has developed as a strong and inclusive partnership, committed to driving forward the economy of the North through transformational investment in transport infrastructure. In response to this commitment from the North, the Government has undertaken to establish Transport for the North on a statutory basis, with powers drawn down from central government to support this role. Primary legislation to implement this commitment is set out in the Cities and Local Government Devolution Act 2016, enabling the Secretary of State for Transport to establish a statutory sub-national transport body (STB) following receipt of a proposal from authorities in that area, provided that the following two conditions are met:

1. The Sub-National Transport Body would facilitate development and implementation of transport strategies for the area; and
2. Economic growth would be furthered by development and implementation of such strategies.

5.4 The Act does not create the powers for a Sub-National Transport Body to operate; rather it enables the functions of the Sub-National Transport Body to be derived from a limited number of sources, including:

- General functions provided for in Section 102H of the Local Transport Act 2008, including the preparation of a transport strategy and powers to advise, co-ordinate and make proposals;
- Other public authority functions (i.e. including functions of the Secretary of State) to be exercisable either instead of by, or jointly (but not concurrently) with the public authority;
- Local transport functions (i.e. functions of combined authorities, local transport authorities or Passenger Transport Executives) exercisable instead of by, or concurrent with, the combined authority, Local Transport Authority or Passenger Transport Executive.

5.5 It is currently envisaged that Transport for the North would seek the following powers:

- Facilitate the development and implementation of the Northern Transport Strategy where this will further economic growth for the North;
- Coordinate and deliver a new North-wide system of smart and integrated ticketing; and
- Initially, to work jointly with the Government to ensure the investment programmes of Highways England and Network Rail are driven by the North's economic and connectivity priorities, and over time, assume sole responsibility for this client role.

- 5.6 The drawdown of powers described below is considered essential to achieving transformational economic growth in the North and reflects the Government's challenge to the North to be ambitious in its plans. The approach set out in the draft 'Proposal to Establish a Sub-national Transport Body', attached to this report as Appendix A, will establish Transport for the North on a permissive statutory framework that will allow it to build capability and capacity over time, where this has the explicit agreement and consensus of its members.
- 5.7 Powers drawn down from Central Government
Transport for the North considers that, to be effective in its final form, it will need to be responsible for setting the strategic, pan-northern transport objectives for Highways England and Network Rail, including fully devolved responsibility for specifying franchised rail services. In effect, this would transfer the client role from the Department for Transport (DfT) to the North of England, following similar principles for devolution to Scotland and Wales, where transport investment priorities are determined locally and according to economic priorities. Powers currently exercised by the Government would be exercised by Transport for North instead and would include:
- Setting and varying the objectives and priorities for the Road Investment Programme;
 - Setting the objectives and priorities for the Rail Investment Programme; and
 - Determining rail franchise service specification.
- 5.8 Achieving fully devolved status will, by necessity, involve transition through an interim 'co-decision' making role with the Government to fully devolved responsibilities as the capacity and capability of Transport for the North matures. This is similar to the way that the Government's relationship with Rail North has evolved.
- 5.9 Powers exercised concurrently with Local Transport Authorities and Passenger Transport Executives
To facilitate the development and implementation of its Transport Strategy, Transport for North considers it will likely require the ability to exercise a number of powers held by combined authorities, local transport authorities or Passenger Transport Executives; these are set out in Appendix 7b. These powers could only be exercised concurrently **and with the explicit agreement of the local transport authority in question**. The use of concurrent powers by Transport for the North will not reduce the powers available to local areas.
- 5.10 Transport for the North will continue to work with local transport authorities to develop the Transport for the North operating model, including key principles and heads of terms for working arrangements, operating agreements and protocols that would need to be put in place. These will be available for consideration when the Government issues the draft sub-national transport body regulations this autumn,

after which Transport for the North member authorities will be invited to consent formally to the regulations and to membership of the sub-national transport body.

- 5.11 Development and implementation of the sub-national transport body's transport strategy will fully involve all northern Local Transport and be agreed by the elected members of its 19 constituent authority areas. Transport for the North considers that this, together with the arrangements described above, will ensure that where the exercise of concurrent powers is required, consensus and workable solutions will be achieved.
- 5.12 Proposals for constitutional arrangements for the Sub-National Transport Body
The constitutional arrangements upon which Transport for the North will be established include the following key principles:
- Voting arrangements;
 - Funding;
 - Integration of Rail North Limited; and
 - Local accountability and operating model.
- 5.13 The sub-national transport body proposal aims to replicate as far as possible the arrangements already established for Transport for the North's non-statutory role, which has gained support from authorities and business leaders from across the North. These arrangements were considered by Transport for the North Partnership Board at its meeting on 9 June 2016 and further refinement will continue as the Government drafts the regulations. Member authorities will have a further opportunity to consent formally to the arrangements set out in the regulations this autumn.
- 5.14 Transport for the North will continue to endeavour to reach consensus on all its decisions; nevertheless, as a statutory body it will need to specify arrangements for when decisions are reached where unanimity is not possible. It is proposed to introduce a weighted system of voting based on population, as set out in Appendix 7c. The weighted voting entitlement of the constituent authorities will be determined on the basis of one vote for each 200,000 or part thereof of the resident population of its area as estimated annually by the Office of National Statistics (Resident Population). Certain decisions will require both a super-majority consisting of 75% of the weighted vote and a simple majority of the members appointed by the constituent authorities to be carried. Such decisions will be:
- The approval and revision of Transport for the North's transport strategy;
 - The approval of Transport for the North's annual budget; and
 - Any changes to Transport for the North's constitution.

- 5.15 The regulations should also provide for constituent authorities to make statutory contributions as determined by Transport for the North towards the costs of Transport for the North, **provided only** that a decision to require such contributions and the overall amount of such contributions is unanimously agreed by all Transport for the North members appointed by constituent authorities. The apportionment of such contributions would be determined on the basis of resident population, unless unanimously agreed to the contrary.
- 5.16 Integration of Rail North Limited (EX58/2014 refers)
It is proposed that Transport for the North should become the sole owner of Rail North Limited, provided that any changes to Rail North's constitutional arrangements ensure:
- That the rights and interests of those Rail North Limited member authorities that are not constituent authorities of Transport for the North are protected;
 - That Rail North member authorities that are Transport for the North constituent authorities are able to retain rights similar to their existing rights through Transport for the North's constitutional arrangements.
- 5.17 Such protection would include:
- Existing geographical sub-groups continuing to nominate directors of Rail North Limited;
 - Rail North authorities that are not constituent authorities of Transport for the North becoming co-opted members of Transport for the North with a right to vote on 'Rail North' matters.
- 5.18 Under Section 23 and 26 to 30 of the Railways Act 1993, the Secretary of State is responsible for rail franchising. Rail North Limited jointly manages the Northern and Trans Pennine franchises with the Secretary of State and has various rights under a contractual agreement. At the end of the recently let franchises in 2023/25, it is envisaged that this function would be devolved to Transport for the North.
- 5.19 Local accountability
Transport for the North is seeking to establish its powers through devolution from central government, not through any loss of powers, responsibilities or funding from local authorities. Transport for the North will work on the basis of 'subsidiarity', with local responsibilities exercised at local level, and cross-northern collaboration focused through Transport for the North where it adds value and becomes greater than the sum of its parts. Transport for the North will continue to work with local transport authorities during the regulations drafting period to clearly define the roles and boundaries between Transport for the North and local transport authorities. Several key principles have already been established through the emergence of Transport for the North:
- The sub-national transport body transport strategy will focus on enabling economic growth across the North;

- Transport for the North allows the North’s local transport authorities to adopt a coherent and integrated approach to strategic transport infrastructure planning across the North that enables local areas to grow their economies; and
- Transport for North exists to present a coherent and clear position to the Government and to national delivery agencies in respect of setting the strategic transport objectives for the area upon which subsequent interventions can be developed, appraised and implemented.

5.20 Transport for the North does not expect any future funding allocations towards Sub-National Transport Bodies to detract from those funds made available for local transport authorities.

5.21 Membership

Each constituent authority will appoint one of their councillors/members or their elected mayor as a member of Transport for the North and another to act as a substitute member in the absence of the first aforementioned. To maintain continuity, subject to Executive approval it is proposed that the Deputy Leader of the Council, Councillor Gillian Campbell, is nominated as the council's representative on Transport for the North once it becomes legally established as a Sub-National Transport Body. It is also proposed that the Cabinet Member for Municipal Assets, Councillor Fred Jackson be nominated as a substitute to attend meetings in the absence of the Deputy Leader of the Council.

5.22 Next steps

Transport for the North intends to submit a proposal to establish a sub-national transport body for the North to the Government. The Chair of Transport for the North, on behalf of its Partnership Board, has invited each of the 19 local transport authorities within the proposed Sub-National Transport Body area to consider the draft proposal attached as Appendix 7a and consent to its submission to the Secretary of State.

5.23 Subsequent to the Secretary of State’s review of the draft proposal and decision to proceed, it is anticipated that government lawyers will then draft the regulations. The Secretary of State will then consult on the draft regulations this autumn, giving constituent local transport authorities a further final opportunity to review the regulations, ratify their consent and formally agree to become a member of Transport for the North. Once all necessary consents are in place, the Department for Transport will institute parliamentary proceedings to establish Transport for the North as a statutory body. The timetable for laying an Order before Parliament will be dependent on completion of a number of policy and legislative processes; however, Transport for the North will maintain dialogue with Department for Transport to mitigate any potential delays to securing an Order in spring 2017.

5.24 Does the information submitted include any exempt information? No

5.25 **List of Appendices:**

Appendix 7a: Transport for the North proposal

Appendix 7b: Concurrent powers

Appendix 7c: Transport for the North voting arrangements

6.0 Legal considerations:

6.1 The Cities and Local Government Devolution Act 2016 provided for the establishment by secondary legislation of sub-national transport bodies. A Sub-National Transport Body is a Body Corporate and consists of two or more combined authorities and/or local authorities.

6.2 The process for establishing a Sub-National Transport Body is that the constituent authorities (the combined authorities and/or relevant local authorities) are required to make a joint proposal to establish a Sub-National Transport Body and all constituent authorities are required to consent.

6.3 The Transport for the North proposal can only be submitted with the agreement of the authorities which, if the Sub-National Transport Body is established, will be its constituent authorities. The Transport for the North proposal sets out the powers and functions that are being requested by Transport for the North. These include general functions, functions to be exercised concurrently with local authorities, and powers devolved from Government. The proposal does not include a mechanism for any local authority functions to be carried out by Transport for the North instead of a local authority. The proposal includes a requirement for constituent authorities to make statutory contributions towards the costs of Transport for the North apportioned on the basis of resident population. The proposal also sets out the decision-making and voting arrangements that Transport for the North will adopt.

6.4 The submission of a proposal by the authorities seeking to form a Sub-National Transport Body is required before the Secretary of State can make regulations to form such a body. If the Secretary of State accepts the proposals, the Council would be asked to consider and provide consent to the regulations that would establish Transport for the North as a Sub-National Transport Body. Therefore, a further Executive report will be required to consider the regulations and provide consent.

7.0 Human Resources considerations:

7.1 Future input into Transport for the North will be made with existing resources and staff.

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None arising directly from this report. The regulations should also provide for constituent authorities to make statutory contributions as determined by Transport for the North towards the costs of Transport for the North , provided only that a decision to require such contributions and the overall amount of such contributions is unanimously agreed by all Transport for the North members appointed by constituent authorities. The apportionment of such contributions would be determined on the basis of resident population, unless unanimously agreed to the contrary. Any request for contributions will be reported to a future Executive meeting.

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

14.0 Key decision information:

14.1 Is this a key decision? No

14.2 If so, Forward Plan reference number:

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process?

No

15.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed:

Date approved:

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes :

22.1

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TRANSPORT FOR THE NORTH (TfN)

PROPOSAL TO ESTABLISH A SUB-NATIONAL TRANSPORT BODY (STB)

This proposal is made by the constituent authorities set out below pursuant to section 102F of the LTA 2008 for the establishment of a sub-national transport body (STB) covering the area of the constituent authorities. In making the proposal the constituent authorities have consulted the appropriate authorities and other persons set out in Schedule A to this proposal.

The proposal provides as follows:

1. Constituent Authorities

The constituent authorities making these proposals are the local transport authorities situated wholly or partly in the North East, North West and Yorkshire and the Humber regions of England, namely:-

Greater Manchester Combined Authority
Liverpool City Region combined Authority
North East Combined Authority
Sheffield City Region Combined Authority
Tees Valley Combined Authority
West Yorkshire Combined Authority
Cumbria County Council
Lancashire County Council
North Yorkshire County Council
Blackburn with Darwen Unitary Authority
Blackpool Unitary Authority
Cheshire East Unitary Authority
Cheshire West and Chester Unitary Authority
Warrington Unitary Authority
City of York Unitary Authority
East Riding of Yorkshire Unitary Authority
Hull Unitary Authority
North Lincolnshire Unitary Authority
North East Lincolnshire Unitary Authority

2. Area of the STB

The area of the STB will be the area of the constituent authorities

3. Name of the STB

The name of the STB will be **Transport for the North (TfN)**

4. Membership

4.1 Each constituent authority will appoint one of their councillors/members or their elected mayor as a member of TfN.

- 4.2 Each constituent authority will appoint another of their councillors / members or their elected mayor as a substitute member to act as a member of the TfN in the absence of the person appointed under paragraph 4.1.
- 4.3 There would be a presumption that decisions would normally be taken by consensus. But in the absence of such consensus there will be a system on weighted voting at full meetings of TfN [using a formula to be agreed] to reflect differences in the populations of the constituent authorities.
- 4.4 Some decisions including the adoption of the transport strategy and the approval of the annual budget, should require a super-majority of the weighted vote.

5. Co-opted Members

5.1 The regulation should provide for the appointment of persons who are not elected members of the constituent authorities to be co-opted members of TfN

5.2 *Persons appointed as co-opted members will include:*

(a) the person appointed by TfN as “independent chair of the Partnership Board” for the purposes of paragraph 6.3 below and

(b) one elected member appointed by each of the local transport authorities which are members of Rail North Ltd, but not constituent authorities of TfN, namely:-

*Derbyshire County Council
Lincolnshire County Council
Nottinghamshire County Council
Nottingham City Council
Staffordshire County Council
Stoke-on-Trent City Council]*

5.3 Co-opted members will be non-voting members of TfN, except to the extent that the voting members of TfN resolve that such members should have voting rights.

6. Partnership with Business

6.1 A business *body* will be established consisting of representatives of Local Enterprise Partnerships in the area covered by TfN.

6.2 The functions of this body will be to advise TfN on its policies and priorities, to conduct its own reviews on matters relating to transport and the economic well-being of the North and to make representations to TfN

6.3 TfN and *the business body* will establish a Partnership Board which will hold regular partnership meetings to be chaired by the person appointed by TfN as the “independent chair”.

7. Executive Arrangements

7.1 TfN will not operate formal statutory executive arrangements

7.2 TfN is a “local authority” for the purpose of section 101 of the Local Government Act 1972 and may delegate the discharge of its functions to a committee, sub-committee or officer, or to another local authority. As such, TfN may establish a committee(s) to discharge any functions as are delegated to it.

7.3 The functions of agreeing a budget and the transport strategy of TfN will **not** be delegated functions and will only be determined by a meeting of the full TfN.

8. Executive Body

TfN will not establish an executive officer body, but will delegate the discharge of agreed functions to its officers in accordance with a scheme of delegation or on an ad hoc basis.

9. Functions

The functions of TfN will include:

- General functions provided for in section 102H of the Local Transport Act 2008, including the preparation of a transport strategy.
- Local transport functions to be exercised by TfN concurrently with local transport authorities and PTEs
- Other public authority functions (including functions of the Secretary of State) to be exercised by TfN instead of by, or jointly with, the public authority
- The functional power of competence in **section 102M of the Local Transport Act 2008**

10. General Functions

The general functions of TfN should be:

10.1 to prepare a transport strategy for its area in accordance with **section 102 I of the Local Transport Act 2008**

10.2 to provide advice to the Secretary of State (SoS) about the exercise of transport functions in its area (whether exercisable by the SoS or others)

10.3 to co-ordinate the carrying out of transport functions that are exercisable by its different constituent authorities

10.4 to make proposals to the SoS for the transfer of transport functions to TfN

10.5 to make other proposals to the SoS about the role and functions of TfN

11. Exercise of local transport functions

- 11.1 It is **not** proposed that any transport functions exercisable by a local authority (or PTE) should be exercisable by TfN instead of by the local authority (or PTE), but it is proposed that various transport functions should be exercisable by TfN concurrently with the local authority or PTE as set out below.
- 11.2 TfN should have the same power of an ITA or CA under **sections 99 and 102 of the Local Transport Act 2008** to promote the economic, social and environment well-being of its area.
- 11.3 TfN should have the general powers of a PTE under **section 10 of the Transport Act 1968** (with the omission of the words “with the approval of the Authority” where they appear), including the power to carry passengers by railway between places in Great Britain.
- 11.4 TfN should have the same powers of a local transport authority under **sections 135-138 of the Transport Act 2000** in relation to making joint and through ticket schemes.
- 11.5 TfN should have the same powers of a local authority under **section 239 of the Local Government Act 1972** to promote and oppose local or personal Bills in Parliament (which bring in rights to apply for orders under the Transport and Works Act 1992).
- 11.6 TfN should have the same powers and rights of a PTE under **section 13 of the Railways Act 2005** including rights to be consulted in relation to franchise agreements for services to, from or within its area, and to enter into agreements with the SoS or franchisees in relation to such services.
- 11.7 TfN Should have the same power of a local authority under **section 56(2) of the Transport Act 1968** to give capital grants to persons for purpose of the provision of facilities for public passenger transport.
- 11.8 TfN should have the power of county councils and unitary districts under **section 24 of the Highways Act 1980** to construct highways (subject to the consent of the highway authority) and their powers under **Part XII of the Highways Act 1980** to acquire land etc.
- 11.9 There will be an operating agreement between TfN and the constituent authorities providing, inter alia, for the drawing up of agreed protocols in relation to the exercise of concurrent functions. Such protocols would be kept under regular review.

12. Other Public Authority Functions

- 12.1 TfN should have the function of the SoS under **section 3 and Schedule 2 of the Infrastructure Act 2015** to set and vary the Road Investment Strategy (RIS) insofar as the RIS relates to TfN’s area. This function would be exercised jointly with the SoS.

12.2 TfN should have the function of the SoS under **Schedule 4A, paragraph 1D, of the Railways Act 1993**. In relation to the High Level Output Specification (HLOS) insofar as it relates to railway activity in TfN's area. This function should be exercised jointly with the SoS.

12.3 Devolution of Rail Franchising

Under section 23 and 26 to 30 of the Railways Act 1993, the SoS is responsible for the rail franchising. RNL jointly manage with the SoS the Northern and Transpennine franchises and have various rights under a contractual agreement. At the end of the recently let franchises in 2023/25, it is envisaged that the function would be devolved to TfN. The preferred legal route is that there should be an exemption order under section 24 enabling TfN to let concessions in the same way as TfL and Merseyside PTE do with exempted services in their area. [An alternative route would be to devolve the franchising functions of the SoS under the Railways Act 1993 to TfN as in Scotland and Wales]

12.4 **Section 6(5) of the Highways Act 1980** enables the SoS or Highways England to enter into agreements with a county council or metropolitan district council for the construction or improvement of trunk roads. It is proposed that this section be modified to include TfN as an authority having power to enter into such agreements.

12.5 **Section 8 of the Highways Act 1980** enables local highways authorities or Highways England to enter into agreements with other such authorities in relation to the construction, improvement or maintenance of a highway for which any party to the agreement is the highway authority. It is proposed that this section be modified to enable TfN to be a party to such agreements as if they were a highway authority.

13. Financial

13.1 TfN should be able to accept voluntary contributions to its costs from constituent authorities.

13.2 *Constituent councils should be required to make statutory contributions towards the costs of TfN to be apportioned on the basis of resident population, provided only that a decision to require such contributions is agreed by all constituent councils.*

13.3 An order should be made by the Treasury specifying TfN (or STBs generally) as a body to which **section 33 of the Value Added Tax Act 1994** applies. This would enable TfN to claim refunds of VAT paid by it in certain cases.

14. Scrutiny

14.1 It is proposed that TfN arrange for the appointment of a scrutiny committee including one member of each constituent authority nominated by the constituent authority.

14.2 The scrutiny committee appointed by TfN may not include a member, substitute member or co-opted member of TfN, but may include co-opted persons representative of non-constituent authorities and non-councillor representatives of passengers, road users, employers and employees.

14.3 The arrangements should ensure that the scrutiny committee has power:-

- (a) to review and scrutinise decisions made, or other action taken, by TfN
- (b) to make reports or recommendations with respect to the discharge of the functions of TfN
- (c) to make reports or recommendations on transport matters that affect the area of TfN or inhabitants of the area
- (d) to require members or officers of TfN to attend meetings of the committee to answer questions.
- (e) to invite other persons to attend meetings of the committee

15. Rail North Ltd (RNL)

15.1 *It is proposed that TfN should become the sole owner of RNL, provided that any changes to RNL's constitutional arrangements ensure:*

- *That the rights and interests of those RNL member authorities which are not constituent authorities of TfN are protected*
- *That RNL member authorities which are TfN constituent authorities are able to retain rights similar to their existing rights through TfN's constitutional arrangements*

15.2 *Such protection would include:*

- *Existing geographical sub-groups continuing to nominate directors of RNL*
- *RNL authorities which are not TfN constituent authorities becoming co-opted members of TfN with a right to vote on "Rail North matters"*

16. Miscellaneous

It may be necessary that certain additional local authority enactments are applied to TfN as if TfN were a local authority, including staffing arrangements, pensions etc. In this respect, it is also proposed that TfN should be a "local authority" for the purposes of **section 1 of the Local Authorities (Goods and Services) Act 1970**, to enable constituent authorities to provide services to TfN.

Summary of STB / LTA / PTE Concurrent Powers

To facilitate the development and implementation of its Transport Strategy, TfN will likely require the ability to exercise the following powers. These powers could only be exercised concurrently **and with the explicit agreement of the Local Transport Authority in question.**

- The power to promote the economic, social and environmental well-being in TfN's area.
- The power to promote or oppose local or personal Bills in Parliament or apply for Transport and Works Act Orders.
- The power to make a pan-northern smart ticketing scheme.
- The power to carry passengers by railway throughout the North and from the North to other places in Great Britain.
- The right to be consulted on invitations to tender for rail franchise agreements affecting the North and the power to enter into agreements with the Secretary of State or franchise operators in connection with such franchises.
- The power to make capital grants to persons for the provision or improvement of facilities for public passenger transport.
- The right to be party to voluntary agreements with the Secretary of State, Highways England or local highway authorities in relation to the construction or improvement of highways.
- The power to acquire land.

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TfN Legislation - Voting Arrangements

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Recommended TfN Combined Authority, County Council, Unitary Authority	Population	% of population	Weighted Vote (1 per 200k of pop or part thereof)	Weighted Vote (1 per 0.1% of TfN pop)	Rail North Weighted Vote (1 per 250k of pop or part thereof)	Weighted Vote (1 per 500k of pop or part thereof)	Alternatives Considered Weighted Vote (1 per 1,000k of pop or part thereof)	Rail North Votes (1 per 0.1% of pax miles)
Greater Manchester CA	2,732,854	18.08%	14	181	11	6	3	223
Leeds City Region / WYCA	2,264,329	14.98%	12	150	10	5	3	209
North East CA	1,952,473	12.92%	10	129	8	4	2	65
Liverpool City Region CA	1,517,463	10.04%	8	100	7	4	2	59
Sheffield City Region CA	1,365,847	9.04%	7	90	6	3	2	78
Lancashire CC	1,184,735	7.84%	6	78	5	3	2	55
Tees Valley CA	666,237	4.41%	4	44	3	2	1	33
North Yorkshire CC	601,536	3.98%	4	40	3	2	1	32
Cumbria CC	497,874	3.29%	3	33	2	1	1	40
Cheshire East UA	374,179	2.48%	2	25	2	1	1	21
East Riding of Yorkshire UA	337,115	2.23%	2	22	2	1	1	9
Cheshire West and Chester UA	332,210	2.20%	2	22	2	1	1	11
Hull City Council	257,710	1.71%	2	17	2	1	1	13
Warrington UA	206,428	1.37%	2	14	1	1	1	12
City of York UA	204,439	1.35%	2	14	1	1	1	54
North Lincolnshire	169,247	1.12%	1	11	1	1	1	4
North East Lincolnshire	159,804	1.06%	1	11	1	1	1	6
Blackburn with Darwen UA	146,743	0.97%	1	10	1	1	1	6
Blackpool UA	140,501	0.93%	1	9	1	1	1	15
Total		15,111,724				84		
Enhanced Majority 75%				63				
TfN Rail North Co-opted Member Areas								
Staffordshire CC		860,165				1		
Nottinghamshire CC		801,390				3		
Derbyshire CC		779,804				14		
Lincolnshire CC		731,516				7		
Nottingham City Council CC		314,268				15		
Stoke-on-Trent City Council		251,027				8		

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Report to:	EXECUTIVE
Relevant Officer:	Steve Thompson, Director of Resources
Relevant Cabinet Member:	Councillor Simon Blackburn, Leader of the Council
Date of Meeting:	12 September 2016

FINANCIAL PERFORMANCE MONITORING AS AT MONTH 3 2016/17

1.0 Purpose of the report:

1.1 The level of spending against the Council's Revenue and Capital budgets for the first 3 months to 30 June 2016.

2.0 Recommendation(s):

2.1 To note the report

2.2 To require the respective Directors and Director of Resources to continue to closely monitor and manage financial and operational performances, specifically Children's Services, Strategic Leisure Assets, Concessionary Fares and the Investment Portfolio.

3.0 Reasons for recommendation(s):

3.1 To ensure financial performance against the Council's Revenue and Capital Budget is kept under review by members.

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

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

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priority is: “The economy: Maximising growth and opportunity across Blackpool”

5.0 Background Information

5.1 See reports and appendices circulated to members under separate cover.

5.2 Does the information submitted include any exempt information? No

5.3 List of Appendices:

Report

Appendix 1 - Revenue Summary

Appendix 2 - Schedule of Service forecast overspendings

Appendix 3a - Chief Executive

Appendix 3b - Deputy Chief Executive (now disaggregated)

Appendix 3c - Governance and Partnership Services

Appendices 3c/d - Ward Budgets

Appendix 3e - Resources

Appendix 3f - Places

Appendix 3g - Strategic Leisure Assets

Appendix 3h - Community and Environmental Services

Appendix 3i - Adult Services

Appendix 3j - Children’s Services

Appendix 3k - Public Health

Appendix 3l - Budgets Outside the Cash Limit

Appendix 4 - Capital Monitoring

Appendix 5 - Cash Flow Summary

Appendix 6 - General Fund Balance Sheet Summary

All circulated to members under separate cover

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 See reports and appendices circulated to members under separate cover.

8.0 Equalities considerations:

8.1 An Equalities Impact Assessment was produced as a part of the budget setting process and remains relevant.

9.0 Financial considerations:

9.1 See reports and appendices circulated to members under separate cover.

10.0 Risk management considerations:

10.1 Impact of financial performance on Council balances. Financial performance against approved Revenue and Capital budgets.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

14.0 Key decision information:

14.1 Is this a key decision? No

14.2 If so, Forward Plan reference number:

14.3 If a key decision, is the decision required in less than five days? N/A

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

15.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed: N/A Date approved: N/A

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes:

22.1