

Blackpool Council

25 August 2015

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 2 September 2015 at 3.00 pm
At the Solaris Centre, New South Promenade

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

2 MINUTES OF THE LAST MEETING HELD ON 15TH JULY 2015 (Pages 1 - 4)

To agree the minutes of the last meeting held on 15th July 2015 as a true and correct record.

3 STRATEGIC COMMISSIONING GROUP UPDATE (Pages 5 - 14)

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

4 HEALTH PROTECTION ARRANGEMENTS (Pages 15 - 20)

To consider an update on Health Protection arrangements

5 BLACKPOOL INTERMEDIATE CARE REVIEW (2015) (Pages 21 - 24)

To consider a report on the Intermediate Care Commissioning Review.

6 PUBLIC HEALTH ANNUAL REPORT 2014 (Pages 25 - 72)

To consider the Public Health Annual Report 2014 and hold a thematic debate on this document.

7 PUBLIC HEALTH RING-FENCED FUNDING REDUCTION (Pages 73 - 76)

To receive an update on the Public Health Ring-Fenced Funding Reduction

8 DRAFT FORWARD PLAN (Pages 77 - 84)

To consider the draft forward plan for the Health and Wellbeing Board.

9 DATE OF FUTURE MEETINGS

To note the date of future meeting as follows:

2nd September 2015

21st October 2015

2nd December 2015

27th January 2016

2nd March 2016

20th April 2016

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 , Tel: 01253 477157, e-mail: lennox.beattie@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

Present:

Councillor Cain, Cabinet Secretary (Resilient Communities), Blackpool Council (in the Chair)

Councillor Jones, Cabinet Member for School Improvement and Children's Safeguarding, Blackpool Council

Delyth Curtis, Director of People, Blackpool Council

Simon Bone, Lancashire Fire and Rescue

Dr Amanda Doyle, Roy Fisher and Dr Leanne Rudnick, Blackpool Clinical Commissioning Group

Joan Rose, Blackpool Healthwatch

Jane Williams, Blackpool Council for Voluntary Services

In Attendance:

Neil Jack, Chief Executive, Blackpool Council

Lennox Beattie, Executive and Regulatory Support Manager, Blackpool Council

Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council

Tim Coglan, Service Manager Public Protection, Blackpool Council

Nicky Dennison, Public Health Specialist, Blackpool Council

Lynn Donkin, Public Health Specialist, Blackpool Council

Liz Petch, Public Health Specialist, Blackpool Council

Emma Savage, Public Health Specialist, Blackpool Council

Wendy Swift, Blackpool Victoria Hospital NHS Trust

Chief Inspector Nikki Evans, Lancashire Constabulary

Apologies:

Councillors Collett and Clapham

David Bonson, Blackpool Clinical Commissioning Group

Jane Higgs, NHS England

Ian Johnson, Blackpool Victoria Hospital NHS Trust

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Karen Smith, Deputy Director of People (Adult Services), Blackpool Council

Heather Tierney-Moore, Lancashire Care NHS Trust

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 15 JULY 2015

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 10TH JUNE 2015

Resolved:

That the minutes of the meeting held on the 10th June 2015 be approved as a correct record.

3 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received a verbal update on the activity of the Strategic Commissioning Group. It noted that an away day had taken place on the 1st July 2015 and the priority given in that away day to reviewing the group's terms of reference and membership, the integration of partners and to agree the group's focus for the forthcoming year.

It was noted that a report arising from the away day would be brought to a future meeting of the Board including revised terms of reference and an work plan.

Resolved:

To note the update on the work of the Strategic Commissioning Group.

4 PUBLIC HEALTH RING-FENCED FUNDING REDUCTION

The Board considered the implications on the proposed reduction in the ring-fenced budgets for Public Health.

The Board noted the submission by the Chairman in view of the proposed reduction and endorsed the views expressed in that letter and also noted that the pressure group 38 Degrees had also submitted a similar letter.

Neil Jack, Chief Executive, Blackpool Council provided an update to the Board and it was noted that formal proposals had yet to be submitted by Central Government. The Board expressed concern that this had not yet been circulated and asked that once received by the Council they be circulated to all members.

Resolved:

1. To agree that Councillor Cain's letter to the Secretary of State for Health be noted.
2. That any further update received from the Government be circulated to all members.

5 POLICE INNOVATION FUND BID

The Board received a presentation from Nikki Evans, Lancashire Constabulary on the proposed Police Innovation Fund Bid.

Superintendent Evans highlighted the bid document which was submitted to the Board and that the bid had been successful in securing £3.4million of funding from the Police Innovation Fund. She emphasised the links between the key objectives of the programme and the priorities of the Health and Wellbeing Board and it was noted that the key objectives were centred around four areas: Prevent, Pursue and Protect.

Chief Inspector Evans explained that the programme identified that it was essential to identify those escalating towards crisis and intervene at an early stage and to successfully identify those engaging in high risk criminal activities. She further highlighted that a crucial part of the programme would be to ensure the data was correctly evaluated in the future.

Resolved:

That the presentation be noted and the Board received further updates as to progress at future meetings.

6 THEMATIC DEBATE ON NEW PSYCHO-ACTIVE SUBSTANCES

The Board held a thematic debate on new psycho-active substances. To outline the situation there was a brief introductory presentation from Nikki Dennison (Public Health Specialist) and Tim Coglean (Service Manager Public Protection). The presentation highlighted the potential health issues both short term and long term, the potential changes in legislation and the innovative enforcement action being undertaken.

The Board expressed concern about the issue and suggested that it must be a key part of the developing Drug Strategy to be presented to the Board in the near future

Resolved:

1. That the presentation be noted.
2. To receive a further presentation at a future meeting either separately or as part of the Drug Strategy.

7 DRAFT FORWARD PLAN

The Board considered the draft forward plan for the Health and Wellbeing Board.

The Board noted the proposed items for future meetings and agreed to review this plan at each forthcoming meeting.

The Board additionally noted that the Council had received notification that the children's services department had now been removed from special measures and it was suggested that the Board may wish to consider the progress and agreed actions further.

Resolved:

To agree the forward plan.

8 DATES OF FUTURE MEETINGS

To note the date of future meeting as follows:

2nd September 2015

21st October 2015

2nd December 2015

27th January 2016

2nd March 2016

20th April 2016

Chairman

(The meeting ended 5.00 pm)

Any queries regarding these minutes, please contact:

Lennox Beattie Executive and Regulatory Manager

Tel: 01253 47 71 57

E-mail: lennox.beattie@blackpool.gov.uk

Report to:	Health and Wellbeing Board
Relevant Officer:	Delyth Curtis, Director of People
Relevant Cabinet Member:	Clr Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	2 nd September 2015

STRATEGIC COMMISSIONING GROUP UPDATE

1.0 Purpose of the report:

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

2.0 Recommendation(s):

2.1 To note the verbal update from the last meeting of the Strategic Commissioning Group.

2.2 To approve the new terms of reference for the Strategic Commissioning Group.

3.0 Reasons for recommendation(s):

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

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

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

3.3 Other alternative options to be considered:

No alternative options

4.0 Council Priority:

4.1 The relevant Council Priority is

‘Improve health and well-being especially for the most disadvantaged’

5.0 Background Information

5.1 The Strategic Commissioning Group was set up as an advisory group to the Health and Wellbeing Board in May 2013 to act partially as a filter and discussion forum before items were presented to the Board. Since then the Health and Wellbeing Board and the Strategic Commissioning Group have matured and evolved, and the role of the group has changed.

5.2 A number of discussions have taken place in 2014 and 2015 regarding the role and remit of the Strategic Commissioning Group and where the group ought to be focusing its efforts. One of the drivers for this has been the successful HeadStart and Better Start funding bids and the Better Care Fund; there is a need for strategic oversight of these funding streams in order to maximise opportunities and ensure that positive outcomes are achieved.

5.3 An away day was held on 1st July 2015 and one of the key discussions was the terms of reference for the group. Based on the discussions at the away day a new set of terms of reference have been devised, based on an agreed template provided by the Director of Governance and Regulatory Services (see Appendix 3a).

5.4 A meeting of the Strategic Commissioning Group was planned for 22nd July 2015 to continue discussions from the away day; this meeting was cancelled due to a high number of apologies. The last meeting took place on 13th August 2015, the minutes of this meeting were not available at the time the Board papers were distributed, however a copy of the agenda is attached at Appendix 3b.

5.5 Items covered at the meeting included:

- Section 75 agreement to enable Better Care Fund funding to be paid through the vehicle of a pooled budget; this is scheduled to come to Health and Wellbeing Board in October for ratification.
- The Intermediate Care Commissioning Review which explores existing and new service delivery models, and is on the Health and Wellbeing Board agenda.
- An update on the Vanguard New Models of Care, which advised that the Value Proposition is due to be submitted to NHS England shortly; this will be brought to a future Health and Wellbeing Board meeting.
- A discussion on the Public Health consultation on in year budget reductions

and the implications and difficulties that this will cause, and this will inform a Blackpool response to the consultation.

- The updated terms of reference were agreed as a good reflection of the group's purpose and it was agreed that the membership was appropriate.

5.6 Does the information submitted include any exempt information? No

5.7 List of Appendices:

Appendix 3a – Strategic Commissioning Group revised terms of reference

Appendix 3b– Strategic Commissioning Group agenda 13 August 2015

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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**Appendix 3a: STRATEGIC COMMISSIONING GROUP
TERMS OF REFERENCE**



1	PURPOSE, REPORTING LINES, LIMITATIONS AND REVIEW
	<p><i>This section should set out in no more than a couple of sentences the specific PURPOSE of this group (WHY it was established). It should state WHO established this group (usually a parent body), its reporting and accountability lines to its parent body and whether it has any limitations placed on its work, or whether it is a group of influence/ advisory body to others. If it does have any delegated powers (e.g. spend) then to state HOW it has been given those powers (do not state what those powers are in this section).</i></p> <p><i>Regarding reporting back to the parent group then this section should state how this is done and if relevant by whom. It should also state how often the Group will review the relevance and value of its work and its terms of reference. The terms of reference can only be changed by the body which set this group up.</i></p>
	<p>This Group is a sub-group of the Blackpool Health and Wellbeing Board. It was established by that Board to provide strategic leadership, oversight and co-ordination on commissioning arrangements for children and young people, adults, older people and adults with mental health problems across the NHS, public health, adults and children’s services and associated Project Boards.</p> <p>The Group is an advisory body to the Blackpool Health and Wellbeing Board where it reports every six weeks on its work programme.</p> <p>These terms of reference were last agreed by the Health and Wellbeing Board on</p>
2	KEY ROLES AND DUTIES
	<p><i>This section should state its key roles (in brief) and the duties assigned to it from the Parent body. These key roles and duties should specifically relate back to the purpose of the group and not deviate away from it.</i></p>
	<ul style="list-style-type: none"> • To lead, on behalf of Blackpool Health and Wellbeing Board the drive towards integrated commissioning of health and social care services, in particular for the most vulnerable individuals and groups with the worst health outcomes. • To lead, on behalf of Blackpool Health and Wellbeing Board on the development and implementation of plans for an improved and integrated health and social care system for children, adults, older people and adults with mental health problems. • To have strategic oversight of commissioning strategies and plans for partner organisations and project boards (Better Start, HeadStart and Complex Needs) to drive integrated working. • To develop and implement an annual work programme that will optimise opportunities to integrate commissioning and service delivery. • To be responsible for planning the way in which Blackpool Council and Blackpool CCG and other health commissioners work together to commission health and social care for children and young people, adults and older people and adults with mental health problems. • To jointly agree any national reporting responsibilities based on integrated commissioning responsibilities. • To oversee the delivery of an integrated commissioning approach across services for children and young people, adults and older people in Blackpool in conjunction with

**Appendix 3a: STRATEGIC COMMISSIONING GROUP
TERMS OF REFERENCE**

	<p>other governance partnerships.</p> <ul style="list-style-type: none"> • To enable commissioning of services across health and social care including the use of Section 75 Agreement or Section 256 agreements. • To have oversight of financial strategies and plans for partner organisations on the group to support financial planning and aligning of budgets to support integrated working. • To have oversight of pooled budgets and resources for identified services as and when required including funding arrangements for the Better Care Fund. • To comply with statutory guidance, where it exists.
3	MEMBERSHIP, APPOINTMENTS AND INTERESTS
	<p><i>This section should state who can be a member, how and when and by whom they are they appointed and the duration of the appointment. It should state if the membership of the Group is open to anyone else and what the restriction on numbers are. There should be balanced representation from interested organisations and a nominated deputy to attend in the representative's place. If this is not set down then a reason should be stated for this difference.</i></p>
	<p>The list below identifies the members of the Group, who have been appointed as members on a permanent basis and there are no arrangements for substitute members. Invited members will attend when there are items specific to their role and expertise.</p> <ul style="list-style-type: none"> • Director of People (statutory Director of Children’s Services), Blackpool Council (Chair) • Director of Adult Services, Blackpool Council • Director of Public Health, Blackpool Council • Director of Resources, Blackpool Council • Chief Operating Officer, Blackpool Clinical Commissioning Group • Chief Finance Officer, Blackpool Clinical Commissioning Group • Deputy Chief Operating Officer, Blackpool Clinical Commissioning Group • Head of Commissioning, Blackpool Clinical Commissioning Group • Head of Commissioning, Blackpool Council • Senior Public Health Specialists x 3, Blackpool Council <p>Invited members</p> <ul style="list-style-type: none"> • Director of Integration and Transformation, Blackpool Clinical Commissioning Group • Director of Better Start, NSPCC • Project Lead for HeadStart, Blackpool Council • Head of Public Health, NHS England • Corporate Development Manager, Blackpool Council <p>Wider partners will be invited to meetings as appropriate.</p>

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4	CHAIRING ARRANGEMENTS, PROCEDURES FOR THE MEETING AND GOVERNANCE SUPPORT
	<p><i>This section should set down who the chairman is and whether they were pre-appointed by the parent body or whether this group appoints them. It should also set down their term of office, if this is set.</i></p> <p><i>It should state the frequency of meetings, how many meetings will be held each year and where will they be held. It should state brief arrangements for how reports for the agenda are co-ordinated and when the meeting papers will be circulated in advance of the meeting.</i></p> <p><i>Regarding the format of the meetings, then this section should state any rules of debate and voting arrangements (members or nominated deputies to vote) and whether the chairman has a casting vote. It should also state who will provide secretariat for the group.</i></p>
	<p>The meeting is chaired by the Director of People from Blackpool Council (as appointed to this position by the Health and Well Being Board). If the chairman is not in attendance then the meeting will appoint a chairman for the meeting. The Chairman will continue that role until the Health and Well Being Board decide otherwise.</p> <p>The quorum for the meeting will be half of the membership with representatives from at least two organisations, in attendance.</p> <p>Meetings of the Group will take place monthly. The agenda is co-ordinated by Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council.</p>
5	SHARING OF INFORMATION, CONFIDENTIALITY ISSUES
	<p><i>This section should state whether the meeting will be held in private or whether it will be open to the public to attend. It should state how group members will share information and resources (and any limitations on these). It should also state how confidential papers and information are dealt with.</i></p>
	<p>The meeting is an informal one and due to the items under discussion is not open to members of the public to attend. Reports and agendas should only be shared with members of the group and members of the Health and Well Being Board unless otherwise specifically stated.</p>
6	CONTEXT AND RELATIONSHIP TO OTHER GROUPS
	<ul style="list-style-type: none"> • To act as an advisory group to Blackpool Health and Wellbeing Board. • To work collaboratively with the Children and Young People’s Partnership on key health priorities for children and young people. • To work collaboratively with health commissioners and relevant departments and organisations across the NHS, public health, social care and children’s services. • To have oversight of and contribute to the work of: <ul style="list-style-type: none"> - JSNA Strategic Group - Children and Young People’s Partnership - Fylde Coast End of Life Strategic Group - Quality Surveillance Group

**Appendix 3a: STRATEGIC COMMISSIONING GROUP
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| | <ul style="list-style-type: none">- Fylde Coast Out of Hospital Strategy Steering Group- Better Start Executive Board- HeadStart Executive Board- Complex Needs Executive Board |
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Terms of Reference last updated: August 2015

Quality Assured by Director of Governance and Regulatory Services

STRATEGIC COMMISSIONING GROUP
Thursday 13 August 2015, 2 – 4.30 pm
European Room, Solaris Centre

A G E N D A

Time	No.	Item		Member
2.00pm	1	Welcome, introduction and apologies		Del Curtis
2.05	2	Section 75 Pooled budget agreement	Attached	Hilary Shaw
2.20	3	Intermediate Care Commissioning Review	Attached	Helen Lammond-Smith
2.35	4	New Models of Care update	Verbal	David Bonson
2.50	5	Better Care Fund update	Verbal	Andy Roach
3.05	6	Public Health in year budget reductions consultation	Attached	Arif Rajpura
3.20	7	Recap from 1 July away day		Del Curtis
		<ul style="list-style-type: none"> • Notes and actions from away day (for info) • Revised terms of reference and membership • Away day agenda (for info) 	Attached	
3.35	8	Away day part two:	To follow	Val Raynor
		<ul style="list-style-type: none"> • Commissioning Mapping 		
4.20	9	Health and Wellbeing Board Draft Forward Plan	Attached	Venessa Beckett

Proposed dates/times for future meetings:
New monthly dates to be confirmed

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Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Eddie Collett, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
Date of Meeting :	2 nd September 2015

HEALTH PROTECTION ARRANGEMENTS

1.0 Purpose of the report:

- 1.1 Health protection seeks to prevent or reduce the harm caused by communicable diseases, and minimise the health impact from environmental hazards such as extreme weather, chemicals or radiation. There are a number of significant health protection challenges in Blackpool ranging from healthcare acquired infections, sexually transmitted infections and tuberculosis, to the uptake of vaccinations including MMR and seasonal flu, food hygiene, tattoo parlour hygiene and compliance of sunbed operators.

The local authority with the Health and Wellbeing Board will wish to be assured that that acute and longer term health protection responses and strategies are delivered in a way that properly meets the health needs of the local population.

This report proposes a mechanism for reporting on local health protection arrangements within Blackpool to the Health and Wellbeing Board and Strategic Commissioning Group, to include local health protection priorities and ad hoc reporting for serious incidents or areas of concern.

2.0 Recommendation(s):

- 2.1 That the existing Health Protection Forum becomes part of the formal governance structure reporting into the Health and Wellbeing Board, in the first instance and Strategic Commissioning Group as required.
- 2.2 The Health and Wellbeing Board is asked to indicate how frequently they would like to receive reports and updates, the suggestion being every six months.

2.3 That a formal set of terms of reference be drawn up by the Director of Governance and Regulatory Services and the Director of Public Health and be submitted to the next meeting for approval.

3.0 Reasons for recommendation(s):

3.1 Many organisations have a role to play in protecting the public from infections and infectious diseases. The three key agencies and departments are Public Health England, and the Public Protection and Public Health departments at Blackpool Council. The overlapping roles and responsibilities of these three agencies and departments can be complex. More widely, there is a diverse range of providers and stakeholders with a role to play ranging from care homes, catering outlets, sunbed operators and tattoo parlours.

The Department of Health has recommended that *“local areas consider setting up a health protection forum or committee, possibly linked to the health and wellbeing board, for example as a sub-committee of the board. Such an arrangement would help ensure that all key organisations met regularly, shared information and planned effectively.”*

A Health Protection Forum is already established in Blackpool. To date this has been operating as an information exchange group. The proposal is that this group becomes part of the formal governance structure reporting into the Health and Wellbeing Board, in the first instance and Strategic Commissioning Group as required.

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
“Improve health and well-being especially for the most disadvantaged”.

5.0 Background Information

5.1 The local authority has health protection duties under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch

Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006 (“NHS ACT 2006”) (as inserted by section 18 of the Health and Social Care Act 2012) which came into force on 1st April 2013 (“6C Regulations”).

- 5.2 Under this duty the local authorities are required to take certain steps to protect the health of their local population. In particular, they are required to provide information and advice with a view to promoting the preparation of health protection arrangements by key health and care partners within the local area, recognising that Public Health England (PHE) provides the specialist health protection functions of the Secretary of State.

A Health Protection Forum has been in place in Blackpool since November 2013. This group is chaired by and includes representation as follows:

Public Health Specialist (Health Protection), Blackpool Council (Chair)
Director of Cumbria and Lancs Health Protection Team, Public Health England
Public Protection, Blackpool Council
Emergency Planning, Blackpool Council
(Bathing Water), Blackpool Council
Adult Social Care, Blackpool Council
Occupational Health, Blackpool Council
Health and Safety, Blackpool Council
Emergency Planning, Blackpool Teaching Hospitals
Chief Nurse, Blackpool Clinical Commissioning Group

The Public Health Outcomes Framework gives an overview of the public health outcomes across the authority. One of the four domains of this framework is Health Protection which includes indicators on the following areas:

- Air pollution
- Chlamydia detection
- Uptake of childhood vaccinations and immunisations
- Uptake of seasonal flu vaccination
- Presentation of last stage HIV
- Tuberculosis
- % of NHS organisations that have a Sustainable Development Management Plan
- Preparedness for organisations to respond to health protection incidents and emergencies

The Public Health Annual Report 2014 includes a chapter on health protection and highlights some of the key health protection challenges faced within the town.

- 5.3 Does the information submitted include any exempt information? No
- 5.4 **List of Appendices:**
- None.
- 6.0 **Legal considerations:**
- 6.1 None.
- 7.0 **Human Resources considerations:**
- 7.1 None.
- 8.0 **Equalities considerations:**
- 8.1 None.
- 9.0 **Financial considerations:**
- 9.1 None.
- 10.0 **Risk management considerations:**
- 10.1 None.
- 11.0 **Ethical considerations:**
- 11.1 None.
- 12.0 **Internal/ External Consultation undertaken:**
- 12.1 This proposal has been discussed by the current informal health protection forum.
- 13.0 **Background papers:**
- 13.1 Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. May 2013. Available online at

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health Protection in Local Authorities Final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf)

'The new Public Health role of local authorities'. Department of Health, October 2012.

Blackpool's Public Health Annual Report 2014.

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Report to:	Health and Wellbeing Board
Relevant Officers:	Jeannie Harrop Senior Commissioning Manager and Julie McGowan, Integrated Commissioning Manager, Blackpool Council
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	2 nd September 2015

BLACKPOOL INTERMEDIATE CARE REVIEW (2015)

1.0 Purpose of the report:

- 1.1 To ensure that local intermediate care services are resilient and able to effectively contribute to timely hospital discharges and prevent avoidable hospital admissions by providing intermediate support in the most appropriate care setting.

2.0 Recommendation(s):

- 2.1 To agree to progress the findings of the work to date in relation to delivering intermediate care 'closer to home' through improved joint working and development of the care pathway.
1. The new intermediate care pathway will be underpinned by a jointly commissioned NHS and Social Care management and governance structure which will include robust and consistent management oversight with the ability to direct and prioritise the workloads of multi-disciplinary specialists.
 - 2 Demand for intermediate care services will be channelled through one access point which will enable the effective management and operational oversight of capacity and flow in the system.
 - 3 The shift from bed based to home based intermediate care provision will require additional reablement care at home capacity. Intermediate care capacity will be re-balanced from the current emphasis on bed provision towards intermediate care at home provision in line with intermediate care provision nationally.

3.0 Reasons for recommendation(s):

The proposed new Intermediate Care Service will:

Prevent crisis situations occurring through earlier interventions and joint working including timely and appropriate access to specialist services, preventing avoidable admissions to hospital and facilitating timely discharges. Individuals will receive their care in the right place, at the right time. We will aim to reduce the cost of acute hospital care for this group of people and to manage increased projected demand.

People receive timely and co-ordinated short term care at home or closer to home enabling them to live independently, reducing unnecessary admissions to long term care. Assessment and decision making about peoples long term care needs will only be made after they have had the opportunity for rehabilitation, recuperation and recovery.

People have control over their lives; involvement in their care and choice over their treatment. Increase patient and service user satisfaction and maximise people's potential to remain independent

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| 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: | |
| | Existing Intermediate Care Services continue and remain unchanged. | |

4.0 Council Priority:

- 4.1 The relevant Council Priority is
- Safeguard and protect the most vulnerable
 - Improve health and well-being especially for the most disadvantaged
 - Deliver quality services through a professional, well-rewarded and motivated workforce

5.0 Background Information

5.1 Blackpool hosts an array of good intermediate care services commissioned by health and social care. However, some potential gaps have been identified around the existing services and opportunities to deliver a more joined up service.

5.2 Under the Care Act (2014) local authorities have a duty to promote individuals' wellbeing and must provide or arrange for the provision of services, facilities or resources which will prevent, reduce or delay the development of people's need/s.

5.3 Does the information submitted include any exempt information? No

5.4 List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 Human Resources leads are being consulted in relation to the potential impacts on staffing.

8.0 Equalities considerations:

8.1 Equality Impact assessment completed.

9.0 Financial considerations:

9.1 A shift in existing Intermediate Care resources will be required to enable the new service to respond quickly and appropriately, closer to the person's home and to sustain patient flow through the intermediate care pathway.

10.0 Risk management considerations:

10.1 Assuring sufficient capacity to meet demand will be critical to the success of the proposed new Intermediate Care Model.

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 Consultation undertaken with service users

13.0 Background papers:

13.1 Care and Support Statutory Guidance Issued under the Care Act (2014)

Better Care Fund (2015). Available at: <http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

NHS Blackpool Clinical Commissioning Group Strategic Plan (2014) available at: <http://blackpoolccg.nhs.uk/wp-content/uploads/2013/02/Blackpool-Strategic-Plan-v-6.0.pdf>

Healthier Lancashire Programme. Lancashire Leadership Forum (2014) available at: http://www.eastlancscgg.nhs.uk/download/governing_body_papers/6.4%20%20Healthier%20Lancashire%20Programme%20-%20Purpose%20Document.pdf

Blackpool Joint Strategic Needs Assessment (2012) available at: <http://blackpooljsna.org.uk/>

Department of Health Intermediate Care – Halfway Home *Updated Guidance for the NHS and Local Authorities* (2009) available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_103154.pdf

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Eddie Collett, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
Date of Meeting :	2 nd September 2015

PUBLIC HEALTH ANNUAL REPORT 2014

1.0 Purpose of the report:

- 1.1 To present the Director of Public Health's independent assessment of local health needs, determinants and concerns in the Public Health Annual Report 2014 and hold a thematic debate on the recommendation.

2.0 Recommendation(s):

- 2.1 To receive the Public Health Annual Report 2014 and consider endorsing the recommendation.

3.0 Reasons for recommendation(s):

- 3.1 There is a clear 'North-South divide' in England when it comes to health. Since 1965, there have been 1.5 million excess premature deaths in the North compared to the rest of the country due to poorer health.

An independent inquiry into these health differences was called for at the North of England Fairness Commission hosted in Blackpool in February 2014. An inquiry was subsequently commissioned by Public Health England and chaired by Professor Margaret Whitehead from the University of Liverpool. The final report of this inquiry entitled "Due North: Report of the Inquiry on Health Equity for the North" made a series of recommendations for policies and actions that can be taken locally and nationally to address these social inequalities in health.

This latest Public Health Annual Report summarises the findings of "Due North", provide the Blackpool context and highlight the recommendations made for local action in the report. It takes a look at the picture in Blackpool, what is being done in Blackpool currently and at what could be done in the future to improve the health of everyone in Blackpool for each of the recommendations made by the inquiry panel.

Due North made the following four recommendations:

- Tackle poverty and economic inequality within the North and between the North and the rest of England
- Promote healthy development in early childhood
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- Strengthen the role of the health sector in promoting health equity

There is one single recommendation arising from the Public Health Annual Report 2014 namely that the recommendations for local action set out in the Due North report are implemented without delay.

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

"Improve health and well-being especially for the most disadvantaged"

5.0 Background Information

5.1 This year the report focuses on health inequalities and provides Blackpool's response to the recommendations made in Due North: Report of the Inquiry on Health Equity for the North.

5.2 The Director of Public Health has a statutory duty to write an annual report on the health of the local population.

5.3 Does the information submitted include any exempt information? No

5.4 List of Appendices:

Appendix 6a: Public Health Annual Report 2014

6.0 Legal considerations:

6.1 The Council has a duty to publish the annual report of the Director of Public Health (section 73B(5) and (6) of the 2006 Act, inserted by section 31 of the 2012 Act).

7.0 Human Resources considerations:

7.1 None.

8.0 Equalities considerations:

8.1 This report provides a response to the recommendations for local action presented by the Independent Inquiry into Health Equity for the North.

9.0 Financial considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Ethical considerations:

11.1 None.

12.0 Internal/ External Consultation undertaken:

12.1 None.

13.0 Background papers:

13.1 Due North: Report of the Inquiry on Health Equity for the North available at <http://www.cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-n-Health-Equity-in-the-North-final1.pdf>

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Public Health Annual Report 2014

Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

a better tomorrow



Public Health Annual Report 2014

Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Acknowledgements

Emma Savage, Specialty Registrar in Public Health

Lynn Donkin, Public Health Specialist

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Viv Ainslie, Public Health Facilitator

With additional thanks to the following people for their contributions:

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Public Health Annual Report 2014

Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

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Public Health Annual Report 2014

Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Foreword

I am pleased to present to you this year's annual report on the health of the people of Blackpool. This is the seventh annual report that I have written during my time here as Director of Public Health for the town and continues a tradition of independent assessments of local health which date back over 150 years to the first Medical Officer of Health's reports in the 1850s.

This year I continue my theme of recent years looking at the unacceptable health inequalities experienced by residents and what can be done to address these significant challenges, this year focusing on the underlying social conditions which are driving poor health. Over the years there have been a number of reports and inquiries exploring the social determinants of health from the Black Report in 1980¹, the Acheson independent inquiry in 1998² and Marmot's review in 2010³. To this list we can now add Due North, an independent inquiry into health inequalities in the North⁴.

This year's annual public health report takes the form of an audit of our position in Blackpool in respect of the recommendations arising from this new inquiry which was chaired by Professor Margaret Whitehead of the University of Liverpool, a distinguished public health academic of international repute. This inquiry was first called for at the North of England Fairness Commission held in Blackpool in February 2014 and I am pleased that this event was the catalyst for this important report.

This past year has seen the Public Health team really embedding into their new home in the local authority following the transfer of public health responsibilities from the NHS in April 2013. I was particularly pleased that concerns I raised with the Community Safety Scrutiny Committee have led to the Council introducing restrictions on alcohol promotion on council owned advertising media, and close working with colleagues in the Public Protection team has begun to tackle irresponsible sunbed tanning outlets in the town resulting in seven prosecutions for underage sales.

It has been a year which has seen a number of public health services being recognised for their excellent work. Blackpool Council Public Health was shortlisted for the Local Government Award in Public Health, Blackpool's Stop Smoking Service was commended as 'Team of the Year' at the Advisor Magazine Awards for innovative work in October 2014, Blackpool Health and Wellbeing Board Sexual Health Action Plan, 2013-15 was shortlisted for the UK sexual health awards.

Blackpool Wellness Service was recognised by the Royal Society for Public Health winning a 'Health and Wellbeing Award' and Blackpool Football Club Community Trust's Fit2Go project, a joint scheme with the Altogether Now partnership won 'Community Initiative of the Year' at the 2014 MBNA North West Football Awards.

References:

¹*Inequalities in Health. Black Report (1980)*, ²*Independent Inquiry into Inequalities in Health. Acheson (1998)*, ³*Fairer Society, Healthy Lives. Marmot (2010)*, ⁴*Due North. Whitehead (2014)*

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I have been lucky to have had a number of opportunities to share our local work with colleagues at a national level. In August we welcomed Dr Paul Cosford, Director for Health Protection and Medical Director for Public Health England to Blackpool and in September I presented at Public Health England's Lead Forward Health and Wellbeing Event at the Oval in London where I described how our local work was addressing the particular lifestyle determinants of poor health in the town.

Readers may recall that last year's report looked in some depth at how lifestyles were contributing to poor health in the town. I'm pleased to say that many of the recommendations I made have been implemented. An update on progress can be found on pages 30 to 31.

The series of action plans developed by our local Health and Wellbeing Board has contributed significantly to this progress. The council has introduced restrictions on the promotion of alcohol I referred to earlier; a Healthy Weight Steering group has been set up and is making progress with a number of actions including the introduction of a Healthier Catering Award for cafes, takeaways and canteens; and a major exercise to re-commission drug and alcohol treatment services for the town has been completed and the new suite of services are focusing strongly on

supporting people to achieve recovery. We continue to provide specialist support for people to stop smoking and importantly have seen a reduction in smoking rates amongst pregnant women from 30.8% in 2012/13 to 27.5% in 2013/14.

All these actions are oriented towards improving the health of people in the town, and we are seeing health improvements. However, this is no small or quick task and the challenge remains significant. Our latest figures show that although life expectancy is improving, men in Blackpool still have the shortest life expectancy of all English local authorities and women the second lowest, and the gap between Blackpool and the rest of the country is continuing to widen.

The coming year brings further change for the team and key activities will include gaining new responsibilities for commissioning public health services for children aged 0-5 (Universal Health Visiting and Family Nurse Partnership, a targeted service for first time mothers aged under 19 years old), supporting the development of a Green Infrastructure Plan for the town, and re-commissioning a number of public health services including sexual health, specialist stop smoking services, breastfeeding support and oral health promotion.

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The analyses I present here in this report have identified a number of activities that the local authority is already undertaking to address the social determinants of health identified in Due North. There remain areas where action is required. The Due North report made recommendations that could be implemented locally and also recommendations for the national government and other bodies such as Public Health England.

My single recommendation this year is that the council develop an action plan to ensure full implementation of the recommendations for local action arising from the Due North inquiry. We will also collaborate with other councils and sectors to advocate for progress on the national recommendations. I look forward to continuing to working closely with colleagues within the council and across the town to achieve this.



Dr Arif Rajpura
Director of Public Health



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Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Due North and Blackpool

Introduction to Due North

There is a clear 'North-South divide' in England when it comes to health. Since 1965, there have been 1.5 million excess premature deaths in the North compared to the rest of the country due to poorer health. A baby boy born in Blackpool today will live eight fewer years than a child born today in Kensington and Chelsea. These health inequalities are not fair, just or inevitable and can be avoided through appropriate action.

Calls for an inquiry into these differences were made at the North of England Fairness Commission hosted in Blackpool in February 2014, and an independent inquiry on health equity for the North was subsequently commissioned by Public Health England.

The inquiry, chaired by Professor Margaret Whitehead from the University of Liverpool, aimed to develop recommendations for policies to address social inequalities in health within the North, and between the North and the rest of England. August 2014 saw the publication of "Due North", a report summarising the findings of the inquiry.

"Due North" recommends policies and actions that can and should be taken locally and nationally to address these health inequalities.

Our response

In this report we summarise the findings of "Due North", provide the Blackpool context and highlight the recommendations made for local action in the report. We take a look at the picture in Blackpool, what is being done in Blackpool currently and at what could be done in the future to improve the health of everyone in Blackpool for each of the four recommendations made by the inquiry panel (see Box 1).

Box 1 - Due North recommendations

- 1. Tackle poverty and economic inequality within the North and between the North and the rest of England*
- 2. Promote healthy development in early childhood*
- 3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health*
- 4. Strengthen the role of the health sector in promoting health equity*

Figure 1a.

Health inequalities in Blackpool and the North

BLACKPOOL

ENGLAND

Life expectancy - how long do we live?



Life expectancy for men is the lowest in the country



Increase in male life expectancy at birth in the last 20 years



Increase in female life expectancy at birth in the last 20 years



Public Health Annual Report 2014

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Local context

Health inequalities do not just affect people in the North. Poorer health is seen among disadvantaged groups across the country but the North and Blackpool have particular challenges which increase this health divide.

- The North is disproportionately affected by poverty with half of the poorest areas in the country found in the North despite having less than a third of the population. Blackpool experiences considerable levels of disadvantage, and in 2010 ranked as the sixth most deprived of 354 local authorities in England. Almost half (46 out) of 94 small areas within Blackpool are amongst the 20% most deprived areas of the country.
- Poor areas in the North tend to have worse health than other areas with similar levels of poverty although the reasons for this are not clear.
- Historically the North has experienced high levels of poverty since the decline of manufacturing industry. This is confounded by Blackpool being a seaside resort that has had to cope with the seasonality and changing nature of its tourism industry.

Life expectancy is the average age a baby born today would be expected to live given the current death rates. Reduced life expectancy is the ultimate outcome of health inequalities throughout a person's life. Male life expectancy remains the lowest in the country and a boy born in Blackpool today will live 5.1 years less than the national average. Although life expectancy has been increasing in Blackpool it is not increasing at the same rate as the rest of country and so the gap is widening. Only four other local authorities have seen a smaller increase in life expectancy over the past decade than Blackpool.

Even within Blackpool there are large differences in life expectancy as can be seen by following the route of the Number 1 bus on the map overleaf (Fig 1b). There is a difference in life expectancy of nine years within a few miles.



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Causes of health inequalities

“Due North” identified the following causes of health inequalities both within the North and between the North and South:

1. Differences in poverty, power, and resources needed for health;
2. Differences in exposure to health damaging environments, such as poorer living and working conditions and unemployment;
3. Differences in chronic diseases and disability left by the historical legacy of heavy industry and its decline; and
4. 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.

These factors have been exacerbated by the cuts to local government budgets and by the welfare reform programme of the current government. Since 2010/11 Government funding to local authorities has fallen in real terms by 28% and these cuts are set to continue in the future. These cuts also make it more difficult for local government to take action. However these cuts are not distributed equally across the country with the largest spending cuts seen in the areas with highest premature mortality and are systematically larger in the North of England⁵.

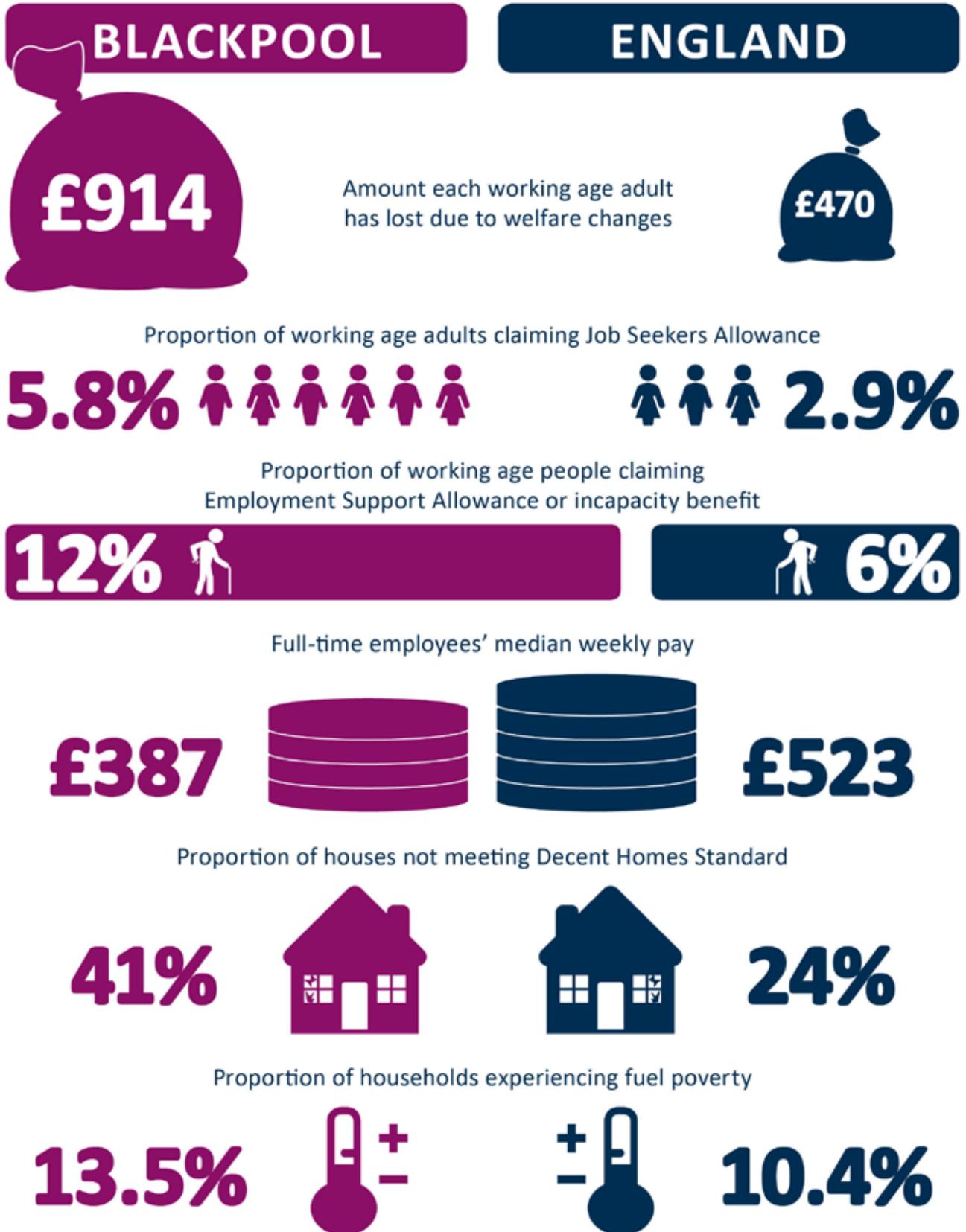


References:

⁵Taylor-Robinson, D et al. (2013). Electronic response to 'Maps of premature deaths across England will help tackle variation say public health chiefs.' *BMJ* 013;346:f3796

Figure 1c.

Tackle Poverty and Economic Inequality



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Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Tackle poverty and economic inequality

Tackle poverty and economic inequality within the North and between the North and the rest of England.

What "Due North" says

In the UK, economic strategy is generally focused purely on economic growth and creating jobs but this has resulted in large economic differences between regions and increasing levels of inequality which is linked with poorer health and social outcomes. Poverty, unemployment and poor housing are all higher in the North. The low wage, zero hours contracts that are now a feature of some jobs means that having a job does not necessarily provide economic security. People who cannot work due to unemployment or disability have also been affected by the changes to the benefits system.

"The burden of local authority cuts and welfare reforms has fallen more heavily on the North than the South."

Our picture

Unemployment

Blackpool has higher levels of unemployment compared to the national and regional averages. It is estimated that 10% of all those considered economically active (i.e. in a job or actively seeking work) are unemployed compared to 7.9% in the North West and 6.8% in Great Britain.

Pay

Average weekly pay for residents in Blackpool is the lowest in the country at £386.90 (Median gross weekly pay – full-time workers) compared to £484.60 in the North West and £523.30 in England. This is a reflection of the type of jobs that predominate in the town with many people employed in the tourist sector in low paid jobs in hotels and catering. Over 12% of jobs in Blackpool are in the accommodation and food services industries compared to 7% nationally.



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Welfare reform

Research on the impact of all the welfare reforms currently being introduced has shown that Blackpool will be the local authority hardest hit by the reforms with a loss of £914 for every working age adult per year⁶. This is partly due to the high proportion of people claiming Employment and Support Allowance (ESA), previously known as Incapacity Benefit, with 12.2% of working age people claiming ESA or Incapacity Benefit in 2014. This is almost double the national figure (6.2%) and also higher than the North West (8%). Currently there are 16,830 people claiming out of work benefits in the town out of a population of just over 87,700 working age people (16-64 years).

The current changes to welfare reform are having an effect on the health and wellbeing of residents locally. A recent study looked at the experiences and perceptions of six people in Blackpool affected by the changes to the ESA criteria and the appeals process in relation to their health and wellbeing⁷. The mental health of all those interviewed had been affected by the ESA process.

Carl (not his real name), who was in the middle of his appeal, contemplated suicide.

All the participants also commented on the high levels of stress they were now living with which was damaging their physical health.

"I wake up and I think what's the point of going on? Because it is just my grandchildren and obviously my wife but mainly the grandchildren because they'd be devastated. There's been times when I thought it's just not worth it. To fight it, that's becoming secondary now; it's whether I want to carry on or not. It's hard, very hard."

Carl (not his real name)

I nearly had cried in front of my doctor, I said I can't believe this. I cried my eyes out"

John (not his real name)

References:

⁶Beatty, C. and Fothergill, S. (2013) 'Hitting the poorest places hardest. The local and regional impact of welfare reform'. Centre for Regional Economic and Social Research, Sheffield Hallam University. ⁷Savage, EJ (2014). The effect of recent benefit changes on the health and wellbeing of Employment and Support Allowance recipients in Blackpool MPH Thesis. University of Liverpool

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Housing

Housing conditions are another important determinant of health and health inequalities because:

- 26% of houses in the most deprived areas not meeting the Decent Homes Standard compared to 17% in the more affluent areas
- the highest proportion of homes that do not meet the Decent Homes Standard are found in the private rented sector and this is an issue for Blackpool where over a quarter (26.1%) of residents live in privately rented accommodation; a much higher proportion than is seen in the North West (15.4%) or across England (16.8%)
- around two thirds of all homes that fail the Decent Homes Standard do so because of lack of thermal comfort, poor energy efficiency or inadequate heating systems
- there are many more vulnerable people living in private homes that fail to meet the Decent Homes Standard in Blackpool than the national average (40.6% as opposed to 23.6% nationally).
- Blackpool has a high number of houses of multiple occupation (HMOs) with HMOs forming around a third of the total private rented sector in Blackpool

Fuel poverty

Fuel poverty refers to a household that cannot afford to heat its home to an adequate standard of warmth and meet its other energy needs, in order to maintain health and wellbeing. The quality of housing, the cost of energy and the household income are all factors in determining whether a household finds itself in fuel poverty. In Blackpool 13.5% of households experience fuel poverty compared to 10.4% of households in England.

What are we doing about this in Blackpool?

Implement and regulate the Living Wage

Since April 2013, Blackpool Council has been paying all staff the Living Wage. They continue to actively work to encourage all their contractors to also pay the Living Wage and not use zero hours contracts. All contractors that Blackpool Council does business with are encouraged to sign up to and adopt the 'Supplier Charter' which asks them to make a positive contribution to improve the economic, social and environmental wellbeing of Blackpool in order to help achieve a number of council priorities including to improve the health and wellbeing especially for the most disadvantaged.

Increase availability of high quality affordable housing through stronger regulation of the private rented sector, where quality is poor, and through investment in new housing

Blackpool is improving the management of the private rental sector through:

- effective housing enforcement
- the introduction of selective licensing in the South Beach area and Claremont ward with further rollout planned in inner Blackpool from early 2016
- the development of training programmes for landlords

Tenants in selective licensing areas are supported by outreach workers as part of the Transience Programme, to link vulnerable people to the services that they need and encourage them to increase their confidence and gain the skills required to get a job and keep it.

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The Council's New Policy Framework is reducing the supply of HMOs and poor quality privately rented flats and bedsits in the town. The planning system is being used to improve standards when former guest houses are converted to residential accommodation. The Council has committed to building more and better affordable homes in the social rented sector through the re-development of the Queens Park estate and facilitating work by housing association partners.

A further priority is assisting people who struggle to access and maintain tenancies by providing a wide range of housing options with associated support where it is needed and through effective prevention of homelessness.

Draw up health equity strategies that include measures to ameliorate and prevent poverty among residents

Measures currently being taken in Blackpool include providing debt counselling and benefits advice and supporting credit unions and other community finance initiatives to make it easier and cheaper for poorer communities to access credit.

Since September 2014, Blackpool Year 7 children have been opening bank accounts at the Blackpool, Fylde and Wyre Credit Union with a £10 deposit provided by the Council. This initiative will teach youngsters about finances from an early age and encourage them to start saving.

Adopt a common progressive procurement approach to promote health and to support people back into work

Blackpool Council provides employment support services such as Positive Steps into Work and Chance2Shine. Chance2Shine provides a range of structured work experience placements for unemployed people with local employers to enable them to gain valuable new skills and rebuild their confidence to get them back on the road to full-time employment. The tailored approach has been taken up by over 100 people with 43 of those people going onto achieve paid employment. The programme has been recognised by a national charity, Fair Train, who awarded the Council its gold standard for quality work experience.

What more do we need to do locally?

Although steps have been made in the right direction more needs to be done in controlling pay day lenders and combating illegal money lending.

Increase availability of high quality affordable housing through stronger regulation of the private rented sector, where quality is poor, and through investment in new housing

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The Council is setting up its own company to invest in acquiring, re-modelling, and letting higher quality homes in the private rented sector, helping to re-structure the housing offer in inner Blackpool, stabilise those communities, and encourage other landlords to higher their standards.

Focus public service reform on the prevention of poverty in the future and promoting the prosperity of the region by reorienting services to boost the prospects of people and places.

Ensure that reducing economic and health inequalities are central objectives of local economic development strategy and delivery.

Address the impact in the North of changes in national economic and welfare policies on health inequalities in general and regional inequalities.

Blackpool is the local authority most affected by the benefit changes and so there is a very real risk of widening health inequalities. Indicators should also be developed so the impact on health can be monitored on a timely basis. A formal health equity impact assessment (HIA) should be carried out by Blackpool looking at all the welfare changes as recommended by the Institute of Health Equity.

There should be a new emphasis and reorientation of Blackpool's economic strategy and of the wider Lancashire Enterprise Partnership. Preventing poverty and reducing economic and health inequalities should be central to the objectives of their strategies. Growth and economic development should be sustainable and equitable and focus on more than economic output. This more considered approach to economic development will ensure wider benefits to all the residents of Blackpool.

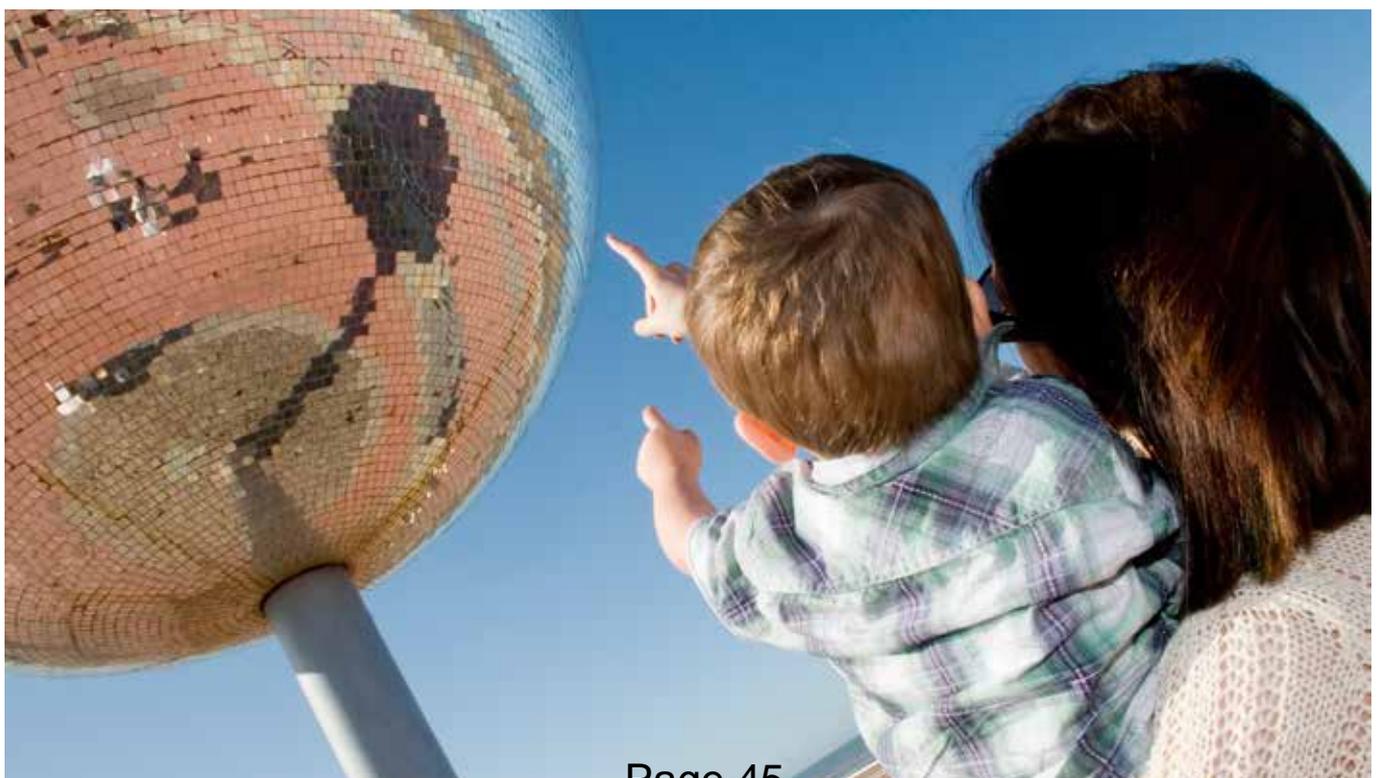
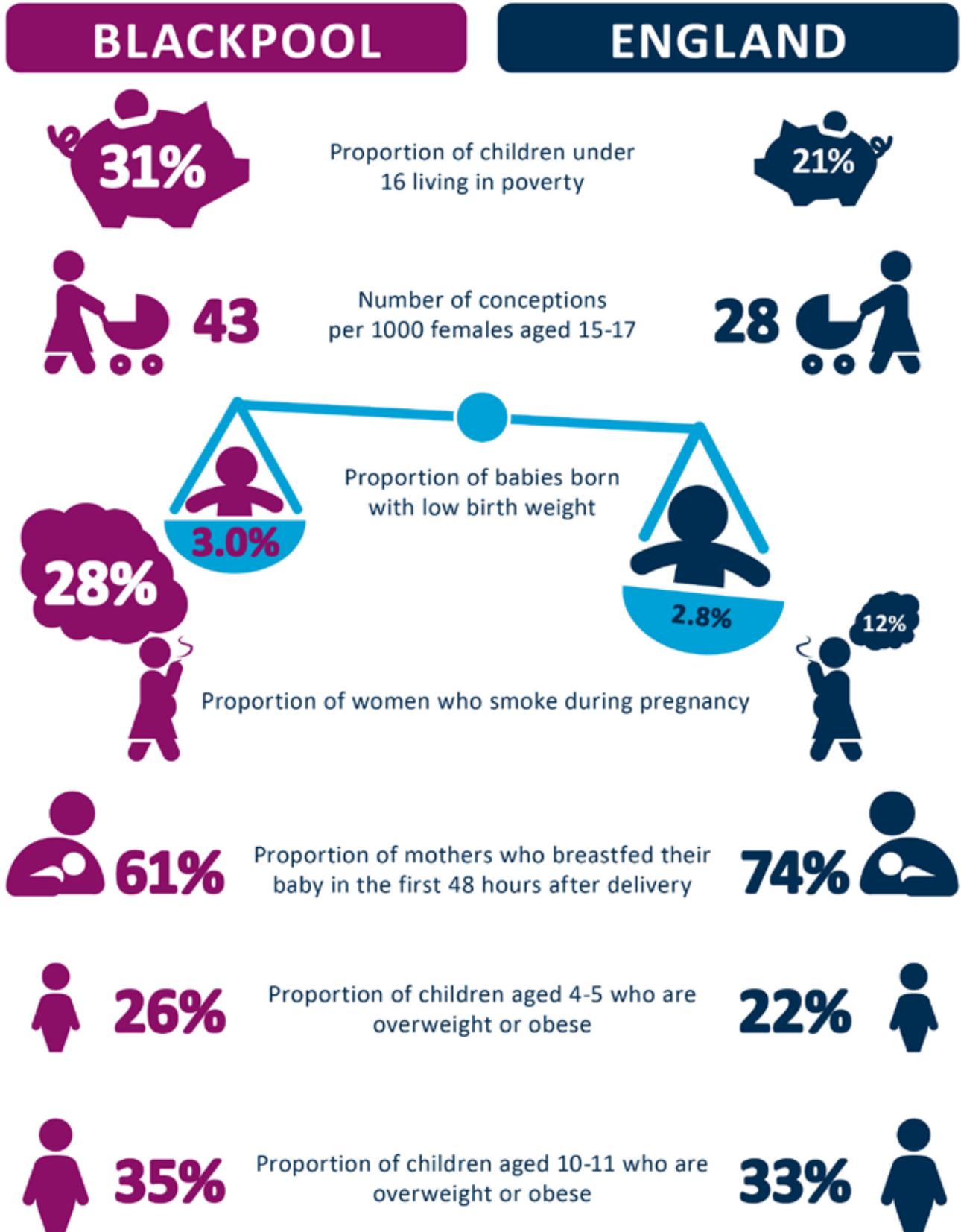


Figure 1d.

Promote Healthy Development in Early Childhood



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Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Promote healthy development in early childhood

What "Due North" says

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".

In the North large proportions of children are growing up in poverty. In addition children are one of the groups hardest hit by the current austerity measures introduced by the government with cuts to local government budgets resulting in cuts and closures of children's centres and other programmes targeting early years.

Children living in poverty and experiencing disadvantage in the UK are more likely to:

- die in their first year; be born small; be bottle fed; breathe secondhand smoke; become overweight; perform poorly at school; die in an accident; become a young parent
- as adults - die earlier; be out of work; live in poor housing; receive inadequate wages; report poor health

None of this is inevitable; by providing better support early in children's lives we can improve their life chances and reduce inequalities.

Our picture

Almost a third of children in Blackpool live in poverty and Blackpool has the highest levels of Looked After Children in England. It is a concern that babies in the town are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse. Women's risk of suffering domestic abuse, for example, is estimated to be nearly four times the national average.

Teenage pregnancy rates in Blackpool are falling, though are still relatively high with 42.9 conceptions per 1000 females aged 15-17 years compared to 27.7 per 1000 females in England. Too many babies in our most deprived wards experience an unhealthy gestation and birth. Over a quarter (27.5%) of mothers in Blackpool continue to smoke when their babies are born (more than twice the national level) and over a third (39.1%) of mothers choose not to try breastfeeding.

This pattern of ill-health continues as the children grow older with more Blackpool children being admitted to hospital with injuries than the national average. A recent survey showed that almost 17% of our three year olds have tooth decay compared to 12% nationally. A quarter of Blackpool children are overweight/obese by the time they start primary school; a figure which rises to one in three by the time they finish primary school. Although nationally child obesity figures are thought to be levelling off, they remain high and the levelling has not been seen in disadvantaged areas.

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What are we doing about this in Blackpool?

Monitor and incrementally increase the proportion of overall expenditure allocated to giving every child the best possible start in life, and ensure that the level of expenditure on early years development reflects levels of need.

Ensure access to good quality universal early years education and childcare with greater emphasis on those with the greatest needs to ensure that all children achieve an acceptable level of school readiness.

Maintain and protect universal integrated neighbourhood support for early child development with a central role for health visitors and children's centres that clearly articulates the proportionate universalism approach.

Collect better data on children in early years so that we can track changes over time, monitor inequalities in child development and evaluate services for their effects on early disadvantage.

A Better Start – A better future for Blackpool's children

A number of partners across Blackpool are working to deliver Better Start, a lottery funded programme which will run for the next 10 years and beyond, which aims to give every new baby in Blackpool a better start in life.

The Better Start approach starts with the needs of children and their families and a key component from the beginning has been engaging with families and communities in the target wards of Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot and Victoria. The focus will be on using the latest research findings on the key risks and protective factors affecting the physical, social and emotional development of young people in the town. This will include:

- tackling key risks: drugs and alcohol, mental ill-health, relationship conflict and domestic abuse, and social isolation
- empowering parents and communities: promoting good parenting, healthy parent-child relationships, self-efficacy and social cohesion.



Blackpool
Better Start

Public Health Annual Report 2014

Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Figure 1e. The Cornerstones



The approach will involve universal public health approaches for improvements across the whole population:

- using interventions based on the latest established research knowledge
- changing the way services for 0-3s are delivered in the town, and
- establishing a new centre providing specialist training and research.

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New Personal, Social and Health Education (PSHE) curriculum rolled out in Blackpool

Research evidence suggests that children with good levels of health and social wellbeing, perform better at school. Therefore in Blackpool schools, specialist support services and public health, have worked together to develop a town-wide scheme of lesson plans on Personal Social and Health Education in schools covering:

- Sexual Health including the risk of sexual exploitation
- Drugs and Alcohol
- Self-Harm and emotional wellbeing

The lesson plans were based on research evidence gathered by Lancaster University.

All mainstream secondary schools in Blackpool and the pupil referral unit have signed up to participate in the scheme which includes the delivery of 44 core lessons. Further lesson plans on emotional wellbeing and resilience are to be written in the future. The scheme will be delivered to year 7 and 9 pupils initially and will be implemented during 2015/16.

The scheme has also included the provision of training for frontline school staff on handling risky behaviours.

Forthcoming changes to children's public health services

Responsibilities for commissioning (i.e. planning and paying for) children's public health services from pregnancy through to five years are set to transfer from NHS England to local authorities with effect from 1st October 2015. These public health services include the universal health visiting service and Family Nurse Partnership which is a targeted service for first-time mothers under 19 years old.

Responsibility for children's public health services for 5-19s already rests with the local authority so the transfer means that responsibility for children's public health services from birth through to 19 years old will now rest with the local authority.

What more do we need to do locally?

Blackpool's Better Start programme offers a privileged opportunity to deliver the recommendations from "Due North" on providing healthy development in early childhood.

Develop and sign up to a Charter to protect the rights of children to the best possible health.

Blackpool should work with Public Health England to develop and sign up to a Charter to protect the rights of children to the best possible health. Blackpool should then play a leading role in encouraging other partner organisations to sign up to this Charter.



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Blackpool's Response to Due North: Report of the Inquiry on Health Equity for the North

Sharing power over resources

What "Due North" says

The UK has a highly centralised system of government with 74% of spending determined and controlled at Westminster. Due North advocates greater devolution of power and resources so that the North can develop solutions that are tailor-made for the people of the North. At the same time efforts need to be made to increase public participation in deciding how the resources are used and the decisions that affect their lives.

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".

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

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

Our picture

In the Blackpool South constituency only 55.8% of registered voters voted in the 2010 general election (43rd lowest turnout in the 650 UK constituencies) with 61.5% of registered voters turning out to vote in Blackpool North and Clevelleys.

As elsewhere there are lower levels of political engagement in the more deprived areas of Blackpool. This was seen by the voter turnout at the last election where the more deprived wards such as Bloomfield had a lower turnout at 26.5% compared to Norbreck where 48% of registered voters voted (see Figure 1f).

What are we doing about this in Blackpool?

Help communities to develop the capacity to participate in local decision-making and in developing solutions which inform policies and investments at local and national levels

In 2014, Blackpool Council carried out an Alcohol Inquiry using the citizen's jury model of community engagement whereby residents of Grange Park during a number of weekly sessions addressed the question "What would help make people's relationship with alcohol healthier?"

The residents heard from a number of speakers in this field, shared their opinions on alcohol and then made a number of recommendations such as including alcohol education in the school curriculum from year 5 upwards and changing licensing requirements so that health is the main licensing objective in all licences and reviews.

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Blackpool Fairness Commission was set up in 2012 and has been working hard over the last two years to make Blackpool a fairer place to live. The Fairness Commission delivers projects across Blackpool. These include the town's Dementia network, making Blackpool a better place to live for people with dementia; a range of initiatives to tackle social isolation, and a programme of summits to ensure the voices of older people and children, in particular, are heard by decision makers in the town. The Fairness Commission also provides regular opportunities for all sections of the local community to meet and discuss the key issues for Blackpool.

Revitalise health and wellbeing boards to become stronger advocates for health both locally and nationally

Blackpool Health and Wellbeing Board was established in 'shadow form' in December 2011 and became a formal statutory committee of the council in May 2013. It has 21 members spanning the Council; NHS Blackpool Clinical Commissioning Group; Healthwatch; the two major health providers in the town, Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire Care NHS Foundation Trust; NHS England Local Area Team; the Police; Fire and Rescue Service and Voluntary, Community and Faith Sector.

What more do we need to do locally?

Help communities to develop the capacity to participate in local decision-making and in developing solutions which inform policies and investments at local and national levels

More inquiries such as the Alcohol Inquiry described above should be run in the community. But it is vital that the recommendations that the community then make are considered and acted upon by the relevant local powers.

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.

We will achieve this by changing the culture of Blackpool Council so that our workforce recognises and values the capacity, skills, knowledge and potential in our communities. We need to shift from a deficit approach (i.e. focusing on needs, the need to fix something or provide services to), to an assets one.

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Establish deep collaboration between combined authorities in the North to develop a pan-Northern approach to economic development and health inequalities.

Take the opportunity offered by the greater devolved powers and resources to develop at scale, locally integrated programmes of economic growth and public services reform to support people in employment.

There is currently a high profile drive in Greater Manchester and Merseyside to gain more devolved powers. Blackpool as a much smaller area with a smaller economic footprint should consider all the options carefully to determine whether similar devolution of powers would improve the fortunes of the people of Blackpool.

Expand the involvement of citizens in shaping how local budgets are used.

Blackpool should consider utilising participatory budgeting whereby residents participate in the discussion and agreement on spending priorities of local budgets. This approach has been piloted in other local authorities in the UK where, alongside other community engagement processes, it resulted in increased turnout at elections, improved social cohesion and attracted additional funding to deprived areas.

Develop community led systems for health equity auditing and accountability

Health and Wellbeing Boards and other organisations such as Healthwatch should report regularly and publicly on the progress that has been made in reducing health inequalities. Local government and other public services should start collecting information on outcomes by an indicator of socio-economic status. Healthwatch was established to have a role in promoting public health and tackling inequalities but unfortunately it has primarily focused on promoting consumer rights for users of health and social care.

Assess opportunities for setting up publicly owned mutual organisations for providing public services where appropriate and invest in and support their development

A new and exciting project in the form of a social enterprise has been set up in Blackpool. Jobs Friends & Houses Community Interest Company's (JFH CIC) key aim is to integrate those from the recovery community into the wider community and vice versa. The project does this by providing meaningful employment, peer support and role models, access to stable accommodation and positive peer support. As a client achieves abstinence they are offered the opportunity of a work trial. If this proves successful they transition into an apprentice role with the ultimate goal of gaining employment within the organisation.

During the programme the individuals are given the opportunity of training and education which is linked to the Blackpool and The Fylde College. At the present time there are 19 paid employees and 14 apprentices. The strength of JFH CIC is all the work force is in recovery and therefore acts as a positive role model to other individuals making that journey and provides an active visual abstinent recovery model. All involved understand the need for stable accommodation to sustain recovery and they have pride and passion to help other individuals to achieve and thrive in recovery.

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Role of the health sector in promoting health equity

What "Due North" says

Health inequalities between the North and the rest of England are not caused by poorer access to NHS services or the quality of those services, although it should not be forgotten that there are still socioeconomic inequalities in access to health care. Indeed NHS services and care have helped to lessen the health impacts caused by the wider social determinants of health.

England, as elsewhere, has seen increased life expectancy and reduced mortality in recent years, however it is estimated that less than a quarter of this is due to health care with the rest due to improvements in other social determinants and preventative measures. Timely access to quality health care is more effective at preventing some types of deaths (from heart disease) than others (from accidents).

Mortality that is preventable through action by the health service is known as 'mortality amenable to health care'.

"The North continues to experience higher rates of mortality amenable to health care than the rest of England, with the deprived areas within the North of England experiencing some of the highest levels in the country".

In recent years the gap in mortality amenable to healthcare between the most and least deprived areas in England reduced due to the policy of giving a larger proportion of NHS resources to more deprived areas. Recent changes to the way that NHS resources are allocated "means that cuts in funding are hitting the poorest areas hardest".

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.

Our picture

Mortality from causes considered amenable to health care has declined substantially in Blackpool in the last twenty years from 257.6 deaths per 100,000 population in 1993 to 137.5 deaths per 100,000 population in 2012. Unfortunately Blackpool still has much higher rates than average across England (84.7 per 100,000 population in 2012) and it has not decreased at the same rate as the rest of country and so the gap is widening.

Screening programmes that identify people who are potentially at higher risk from a disease such as breast cancer or cervical cancer early on are an important way in which health care services can prevent deaths from occurring. Blackpool has lower than average screening rates for breast cancer (69% compared to 76% nationally) and cervical cancer (70% compared to 74% nationally).

Fig 1g. The role of the health sector

The Role of the Health Sector

BLACKPOOL

ENGLAND



138

Number of people per 100,000 dying from causes that may have been avoided with effective healthcare



84



120

Decrease in mortality from causes considered amenable to healthcare in the 20 year period to 2012



122

Number of admissions to hospital related to alcohol per 100,000 people



2311



1676



1262



832

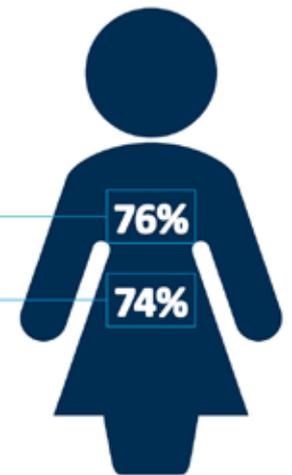


69%

70%

Proportion of women screened for breast cancer in the last three years

Proportion of women screened for cervical cancer



76%

74%



19%

Proportion of eligible people who had a NHS Health Check



9%

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All residents aged between 40 and 74 years and who have not previously been diagnosed with conditions such as heart disease, diabetes, stroke or kidney disease should be invited once every five years to have a health check as part of the NHS Health Checks programme. This programme aims to prevent these conditions by assessing each individual's risk of getting these conditions and providing support and advice to help reduce or manage that risk.

In Blackpool 19.1% of eligible residents have so far had a health check which compares favourably to the national figures where only 9% to date have had a health check.

What are we doing about this in Blackpool?

Blackpool Clinical Commissioning Group (CCG) represents 23 GP practices in the town and works on behalf of the people of Blackpool ensuring that appropriate health services for the local community are commissioned and available. NHS Blackpool CCG recognises the importance of reducing health inequalities and it is their stated primary aim.

Aims of Blackpool CCG:

- Improve the health outcomes of the population and reduce health inequalities.
- Work to ensure that commissioned services are responsive to patient needs, and that patients and the public are involved and integral to the work of the CCG.
- Continuously improve quality and outcomes of services and strive for excellence.
- Commission services for the Blackpool population within the financial allocation of the CCG.

Work more effectively with Local Authority Directors of Public Health and PHE to address the risk conditions (social and commercial determinants of health) that drive health and social care system demand

As Director of Public Health I sit on the CCG Governing Body which provides opportunity to raise PH issues and advise on PH approaches.

Expert Patient Programme

An expert patient's programme in diabetes has been delivered in Blackpool for several years. This programme ensures that patients have the knowledge and confidence to manage their conditions and recognise when they need to seek professional support.

Hypertension scheme

This scheme's aim is to reduce mortality from cardiovascular disease (CVD) and to reduce inequalities in mortality within the population. People at high risk were targeted and hard-to-engage people aged over 40 years old by running an 'Altogether Now – a Legacy for Blackpool' campaign involving a range of public events at non-clinical venues across the town e.g. football club.

This successful public awareness campaign highlighted the importance of managing blood pressure to prevent ill health with an additional 15,000 blood pressure checks carried out; 2,700 patients were added to hypertension registers, equating to 70 cardiovascular events being prevented and five lives saved over the period of a year.

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Community orientated primary care

Community Orientated Primary Care is an evidence-based public health approach to tackling the health problems of a defined community or neighbourhood, and incorporates population-based and epidemiological input/data. It 'marries' the best of primary care with the best of public health, with the primary care practitioner taking responsibility for the care of an identified community.

In Blackpool, this model of working has been adopted and members of the community and the wider voluntary, community and faith sectors are involved in the design and implementation of each GP neighbourhood model. The ethic of service is to drive community health improvement, and together neighbourhoods develop and implement prevention and treatment plans for their priority areas. The aim is to not only treat diseases but also to develop programmes for health promotion, protection and maintenance.

Each GP neighbourhood will take a different approach in reaction to the community's health needs, strengths and resources; including whether relationships have been established between the health service and the surrounding communities.

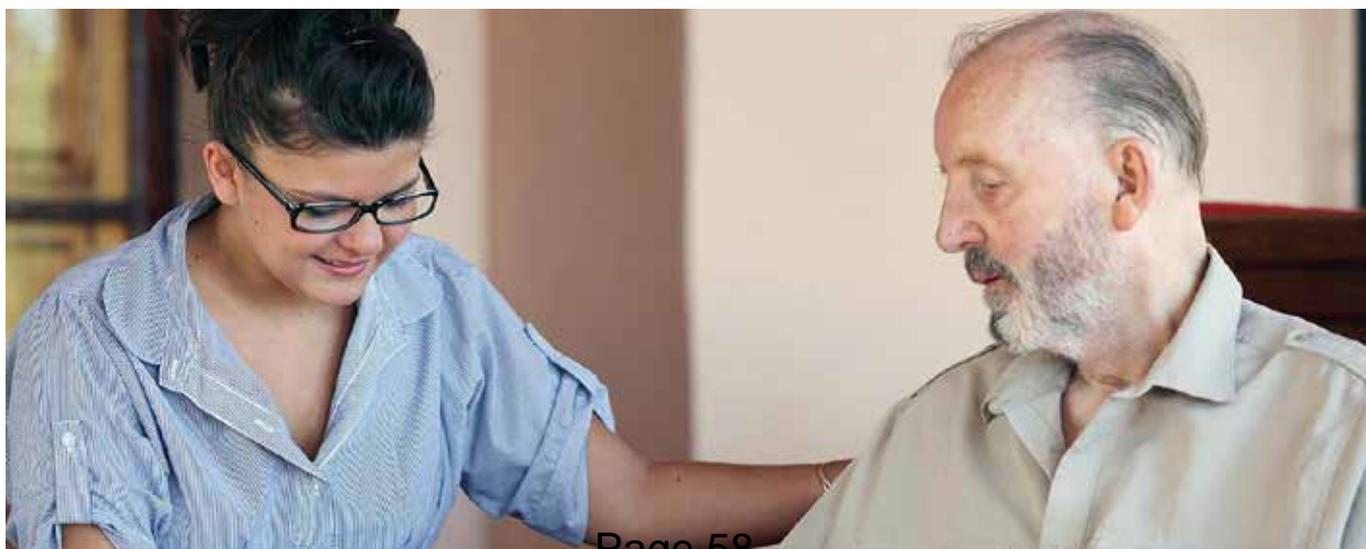
Work with LA and Department for Work and Pensions to develop "Health First" type employment support programmes for people with chronic health conditions

Blackpool Council Positive Steps and the CCG are piloting a new way of working, with employment support and mental health workers, based in locality teams to ensure that people with mild to moderate mental health conditions stay in work or return to work.

Blackpool Council Positive Steps, funded by Public Health are providing bespoke employment support for people recovering from drug or alcohol problems or living with HIV. This should be extended to provide employment support for those receiving cancer treatments or following cancer.

Support HWB to integrate budgets and jointly direct health and well-being spending plans for the NHS and LA

The Health and Wellbeing Board are currently overseeing the Better Care Fund which is a single pooled budget for health and social care for residents of Blackpool.



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What more do we need to do locally?

"Due North" makes a number of other recommendations for CCGs and the wider NHS:

- Lead the way in using the Social Value Act to ensure that all of its procurement and commissioning maximises opportunities for high quality local employment, high quality care and reductions in economic and health inequalities.
- Pool resources with other partners to ensure that universal integrated neighbourhood support for early child development is developed and maintained.
- Provide leadership to support health services and clinicians to reduce children's exposure to poverty and its consequences.
- Encourage the provision of services in primary care to reduce poverty among people with chronic illness.

NHS Blackpool CCG should work closely with the Health and Wellbeing Board to ensure that these recommendations are introduced. The only way to reduce health inequalities in Blackpool in the long-term is for the wider social determinants of health to be tackled. The CCG can play a leading role in this and should not only focus on reducing demand for health services.

Summary recommendation

This year there is just one single recommendation: that the recommendations set out in the Due North report are implemented without delay. The time for action is now. The Due North report joins an illustrious list of reports highlighting the existence and determinants of health inequalities stretching back over thirty years. There is by now widespread consensus that health inequalities are unfair and can be avoided.

The Due North report has put forward a range of actions that local agencies need to take. Some of these actions Blackpool are already doing successfully and for some time but further work needs to be done in many areas in order to decrease the unacceptable inequalities that exist within the North and between the North and South.

It must not be forgotten that Due North also made a number of important recommendations for Central Government and we urge this new government to acknowledge and implement these recommendations in full.

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Update on Blackpool Public Health Annual Report 2013

The paragraphs below summarises the progress that has been made with the recommendations made in last year's report.

Building a healthier relationship with alcohol

Recommendation 1

The evidence base for Minimum Unit Pricing (MUP) is growing and becoming widely accepted as effective in reducing harmful consumption. Therefore we should continue to lobby for national legislation to introduce a minimum unit price of 50 pence (index linked) and talk with residents about the need and benefits of such legislation. In the event of no national policy being brought forward, we should look to introduce local legislation.

Update

National legislation is yet to be introduced for minimum unit pricing. Public Health England continues to build on the evidence base for the introduction of a minimum unit price for alcohol. Locally, the introduction of local level legislation is currently being explored.

Recommendation 2

Blackpool Council should look to implement local restrictions on the advertising and promotion of alcohol to protect our children from the harms of alcohol.

Update

Discussions are now taking place within Blackpool Council to establish a Local Advertising Code of Conduct. Some Blackpool based events have already implemented the restrictions on advertising and sponsorship from the alcohol industry in 2014, where there were no alcohol related advertisements or sponsorship at these events.

Drug misuse - working towards a recovery community

Recommendation 1

Continue to commission a specialist treatment service that meets the changing drug trend demands, and respond to the issue of alcohol misuse.

Update

The drug and alcohol treatment system in Blackpool has been re-commissioned and incorporates a flexible response to new and emerging drug trends and alcohol treatment. This includes specialist alcohol treatment and the development of partnership projects which focus on prevention and early intervention.

Recommendation 2

To build a recovery community, as it is recognised that social relationships have a bigger impact on individuals achieving recovery. Offering volunteering opportunities for people in recovery is one way to support this. Commissioners, providers should work together with volunteering groups to identify opportunities.

Update

The re-commissioned drug and alcohol treatment system has a strong emphasis on peer and volunteer support and an allocated co-coordinator. This facilitates access to peers for all clients. Specific commissioned education, training and volunteer service links all clients in recovery into volunteer and employment opportunities across a multitude of industries.

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Recommendation 3

Commissioners of drug and alcohol treatment services should ensure that the 5 ways to wellbeing are achieved in treatment delivery i.e. connect, be active, keep learning, take notice and give.

Update

Providers link in the five ways to wellbeing as part of key working and case management practices.

Healthier eating and healthier weight

Recommendation 1

Blackpool Council and the Public Health Team should continue to support the work of the Food Bank Partnership and also to explore ways of providing more choices for affordable healthy food within the town.

Update

Public Health provided the Food Bank Partnership with a list of healthier suggested items for people to donate along with healthy meal recipes to be distributed to the food bank beneficiaries. Public Health have commissioned ABL Health to develop a healthier catering award for the town.

Physical inactivity – sit less, move more

Recommendation 1

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

Update

The Council is in the process of recruiting a healthy urban planner. A LEP bid to develop green corridor routes into the town centre is being progressed.

A healthier, longer and smoke-free life

Recommendation 1

Local businesses can promote healthier lives by prohibiting smoking on their premises and in their doorways.

Update

The introduction of smokefree legislation in 2007 has enabled local businesses to prohibit smoking on their premises. Work continues with Blackpool Council's Enforcement teams to support businesses to comply. The Blackpool Tobacco Alliance action plan commits to supporting local outdoor attractions and outdoor events to become smokefree. Discussions are already underway to progress this action.

Recommendation 2

Local public sector organisations can sign up to the local government declaration on tobacco control.

Update

The Local Authority has signed up to the Local Government Declaration on Tobacco Control.

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Protecting health in Blackpool

Introduction

From April 2013 new statutory responsibilities relating to health protection were placed upon Blackpool Council as a result of the Health and Social Care Act 2012. The Director of Public Health is responsible for the local authority's contribution to health protection matters including their role in planning for and responding to incidents that pose a threat to the public's health.

The Public Health team works closely with Council colleagues in the Public Protection team and with Public Health England (PHE) who provide a specialist health protection response to protect the population of Blackpool from infectious diseases and other non-communicable health threats. This includes infection control, vaccination and immunisation, planning and responding to incidents and outbreaks, and non-communicable hazards for example adverse weather, radiation.

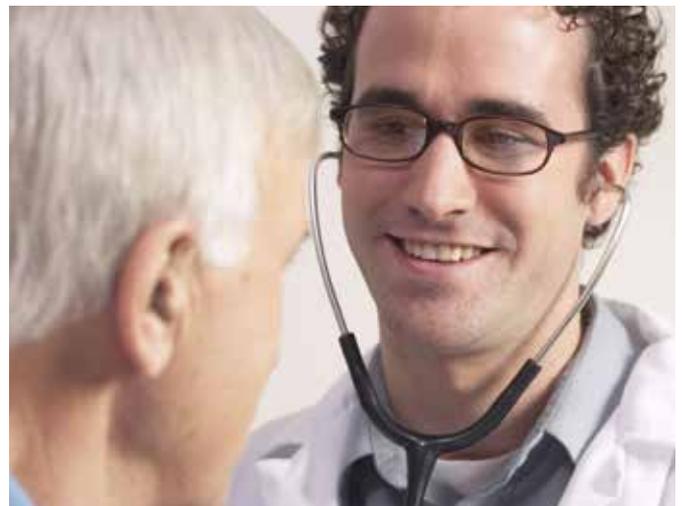
To assist the Director of Public Health in fulfilling this health protection role, Blackpool Council has established a Health Protection Forum, reporting to the Health and Wellbeing Board. The Health Protection Forum is currently chaired by the Director of Public Health and the membership includes Public Health England, NHS colleagues, and various departments within Blackpool Council involved in health protection - Public Health, Infection Control Nurse, Environmental Health, Emergency Planning and Adult Social Care.

Blackpool Council regularly reviews its emergency planning arrangements and updates response plans; these now incorporate the roles and responsibilities of the Director of Public Health. It also participates in tests of the emergency response to major incidents.

Communicable disease notifications

Public Health England receives and manages surveillance data on infectious diseases including statutory notifications and other information from laboratories and surveillance programmes. Working with Blackpool Council, PHE leads on dealing with reported infectious diseases and in detecting and managing outbreaks. Food poisoning which can be caused by a wide number of different organisms continues to be the most commonly notified with 68 reports of food poisoning during 2013.

The number of cases of tuberculosis reported has declined but there were still 12 cases reported in 2013. There continues to be a steady number of measles and mumps reported each year, diseases preventable by immunisation, highlighting the importance of the MMR vaccination programme (see Appendix 2 Table 1).



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Immunisation

A number of new immunisation programmes have been introduced in the past couple of years. Shingles (herpes zoster) vaccination started in September 2013 targeting initially those aged 70 and 79 years old. Vaccination against rotavirus, a major cause of diarrhoea in babies, was introduced for babies aged four months in July 2013. In the autumn of 2013 seasonal flu vaccination was offered to children aged two and three for the first time.

Blackpool achieved vaccination coverage of over 90% for all the routine childhood vaccinations recommended in the first two years of life (data on rotavirus vaccination is currently not available). However 15% of children are still starting school without having received the recommended two doses of MMR vaccine by age five (see Appendix 2 Table 2).

Infection control in Local Authority

Protecting the public from infections is a key priority for Government. The cost of caring for people who acquire a healthcare associated infection has been estimated at over £1 billion a year, and affects approximately one in six people.

Commissioners of health and social care services have a duty to ensure that providers have appropriate strategies in place for the prevention and control of healthcare associated infections to protect patients in their care from infections. Local Authority Directors of Public Health (DPH) have a crucial role in ensuring that those strategies are robust and appropriate, and include policies for Hand Hygiene and antimicrobial prescribing.

The DPH can challenge Clinical Commissioning Groups, Local Acute Trusts and Social Care Provider's plans and strategies, identify issues, and provide advice and recommendations to ensure that the population is protected from avoidable infections and harm.

HIV screening initiative

Public Health, Blackpool CCG and Blackpool Teaching Hospitals share an HIV and sexual health strategy for Blackpool. This includes expanding HIV screening in all settings in line with the Chief Medical Officer's recommendations for high prevalence areas. The HIV prevalence in Blackpool is 3.6 per 1000 persons aged 16-59 years and is one of only three local authorities in the North West which exceeds the threshold of 2 per 1000. Over a third (36.4%) of all patients in Blackpool that are newly diagnosed with HIV are diagnosed late.

On 30th September 2013 Blackpool Teaching Hospitals NHS Foundation Trust introduced a pilot programme of HIV screening all adults aged between 16 and 65 years who attended the Acute Medical Unit (AMU). All patients were offered a HIV test apart from those who were ineligible for screening (i.e. had already been tested for HIV in preceding 12 months, already known HIV positive, have a terminal diagnosis/too poorly or did not have the capacity to consent).

HIV Screening Champions were also appointed to ensure that colleagues in the AMU were offering screening as it was identified during the first month that although patients were happy to accept the test, not everyone was being offered one.

Between October 2013 and March 2014, 2044 of the patients admitted to AMU were eligible for HIV testing. Of those 1666 were offered a test (81.5%) and 1181 accepted, producing an uptake rate of 70.9%. In this period a total of three new HIV positive diagnoses were confirmed, two of whom were identified as late presentations due to the CD4 count being <200. This provided a positivity rate of 2.54 per 1000 tests conducted.

Blackpool Teaching Hospitals NHS Foundation Trust, the Clinical Commissioning Group and Public Health must work together to ensure that HIV screening in the AMU can continue in a sustainable manner. HIV screening in other settings should also be considered including HIV testing of new patients registering with GPs in Blackpool.

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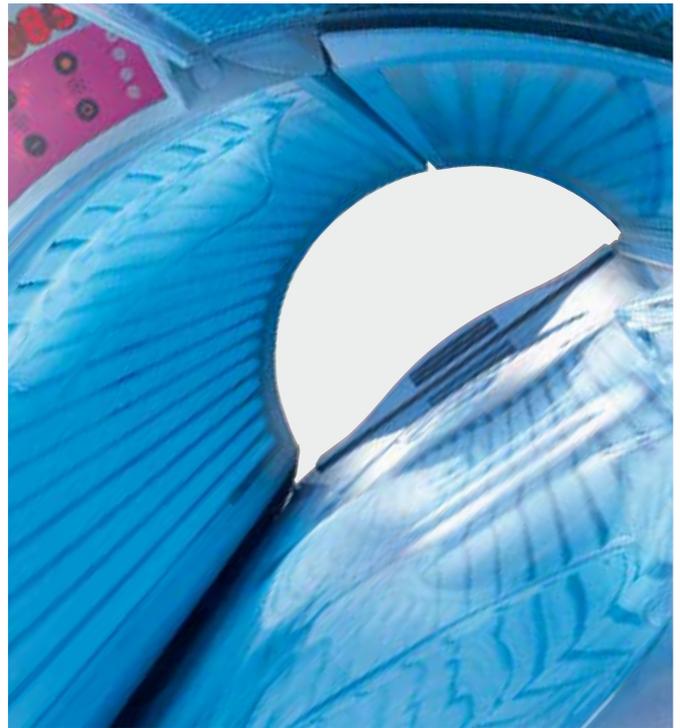
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Sunbed testing and enforcement

Skin cancer has been recognised as the fastest growing cancer amongst younger people in Blackpool. Over the past year the local authority has carried out testing in local sunbed shops to check compliance with legislation on age restrictions and levels of UV light from sunbeds. Worryingly, this work found a high number of failures. Seven out of eleven premises failed the underage sales test and subsequently were successfully prosecuted.

Over 110 beds in 45 shops in the town were tested for UV light emissions and over 70% were found to exceed the EU maximum standard. Advice has been given to those operators on how to become compliant and a retesting exercise is now underway. The latest compliance results for shops in the town are published on Blackpool Council's website so that members of the public can see which operators in the town are compliant.

The shocking findings uncovered by this work indicate that the current legislation is not strong enough. Blackpool's Director of Public Health and the Council have both written to the Secretary of State for Health requesting stronger regulatory powers for local authorities as was recommended by the All Party Parliamentary Committee Group on Skin's Inquiry into Sunbed Regulation in England which reported in May 2014.

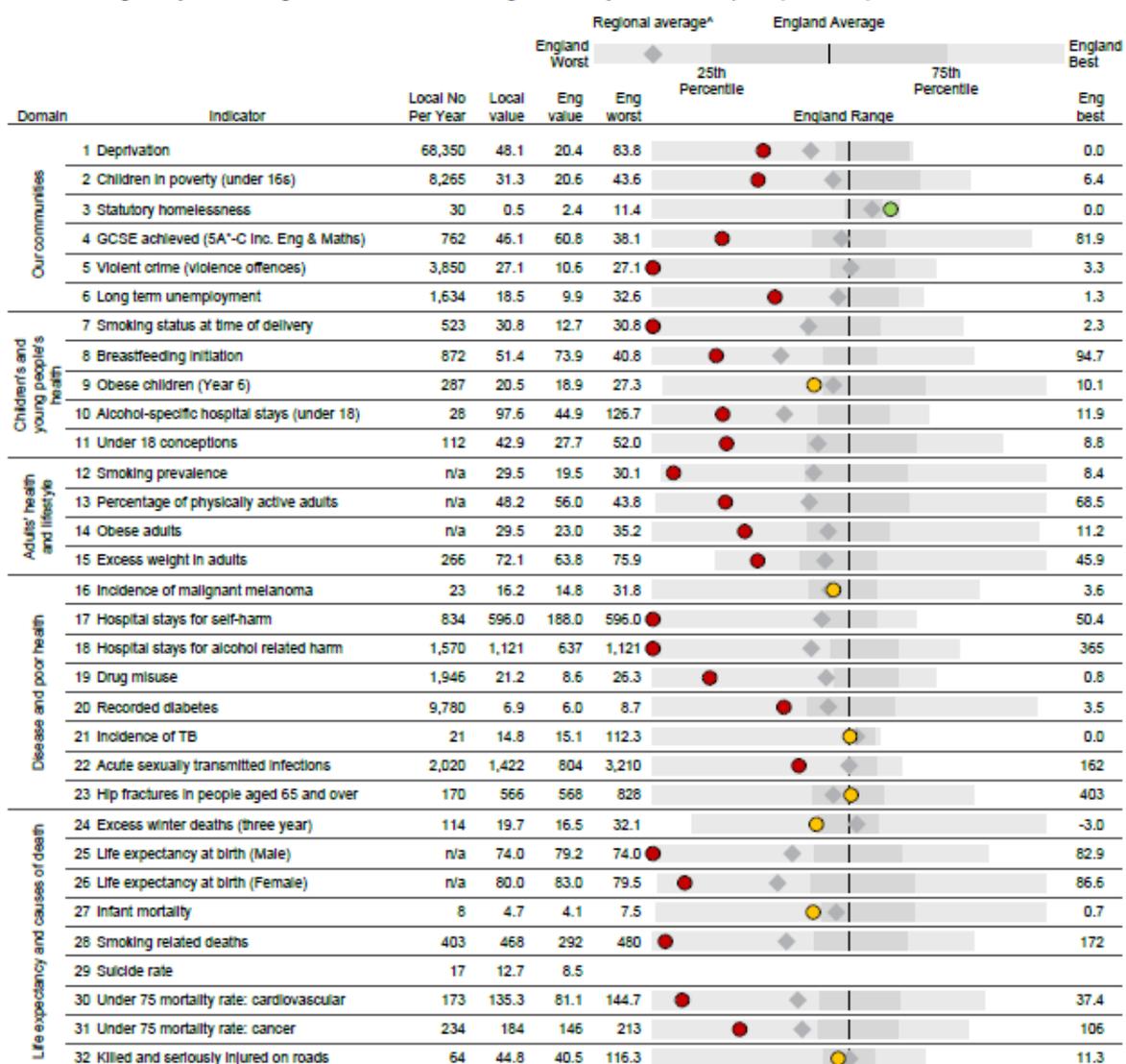


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Appendix 1 Health Profile 2014: Blackpool

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised mortality rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population aged under 75, 2010-2012 ^a "Regional" refers to the former government regions.

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Appendix 2 Health protection tables

Table 1: Number of cases notified to PHE for the main infectious diseases affecting Blackpool residents in 2011 - 2013

Area	2011	2012	2013
Acute encephalitis	.	.	.
Acute infectious hepatitis	<5	.	.
Acute meningitis	<5	.	.
Brucellosis	.	.	.
Cholera	.	.	.
Diphtheria	.	.	.
Enteric fever (typhoid or paratyphoid fever)	.	.	.
Food poisoning	79	86	68
Haemolytic uraemic syndrome (HUS)	.	.	.
Infectious bloody diarrhoea	<5	.	<5
Invasive group A streptococcal disease	<5	.	.
Legionnaires' Disease	<5	.	.
Leprosy	.	.	.
Malaria	.	.	.
Measles	5	7	5
Meningococcal septicaemia	.	<5	<5
Mumps	12	24	20
Other	.	.	.
Rubella	.	.	.
Scarlet fever	9	5	17
Tetanus	.	.	.
Tuberculosis	31	24	12
Viral haemorrhagic fever	.	.	.
Whooping cough	<5	<5	<5
Anthrax	.	.	.
Typhus fever	.	.	.

Table 2: Vaccination coverage for selected vaccines, 2011/12 - 2013/14

Vaccine	Coverage %		
	2011/12	2012/13	2013/14
Dtap / IPV / Hib (1 year old)	95.9	95.6	95.8
Dtap / IPV / Hib (2 years old)	97.7	97.4	96.9
PCV (1 year old)	95.7	95.4	95.9
Men C (1 year old)	94.8	95.6	95.2
Hib / MenC booster (2 years old)	93.3	92.8	91.8
Hib / Men C booster (5 years old)	88.0	91.3	90.9
PCV booster (2 years old)	92.7	92.4	91.9
MMR for one dose (2 years old)	92.2	92.3	91.5
MMR for one dose (5 years old)	94.1	94.7	94.2
MMR for two doses (5 years old)	84.1	84.9	85.1
HPV (12-13 years old)	88.4	87.2	78.9
Flu (aged 65+)	74.6	73.4	74.0
Flu (at risk individuals)	53.0	52.2	52.8

Source: Public Health Outcomes Framework

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Appendix 3 Data sources and definitions

Life expectancy data

Office for National Statistics (ONS). Life expectancy at birth in England and Blackpool, 1991–93 to 2011–13

Poverty and inequality data

HITTING THE POOREST PLACES HARDEST - The local and regional impact of welfare reform - Centre for Regional Economic and Social Research, Sheffield Hallam University – 2013

Office for National Statistics (ONS). Annual survey of hours and earnings 2014. Working age people claiming ESA or incapacity benefit

Office for National Statistics (ONS). NOMIS Official Labour Market Statistics. Accessed 28th January 2015

Office for National Statistics (ONS). Dwelling Stock by Tenure and Condition - 2011

Public Health Outcomes Framework. The percentage of households in an area that experience fuel poverty based on the “low income high cost” methodology - 2012

Promoting healthy development in childhood data

Public Health Outcomes Framework. Proportion of children in poverty. Percentage of children in low income families (children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income) for under 16s only - 2011

Public Health Outcomes Framework. Rate of conceptions per 1,000 females aged 15-17 - 2012

Public Health Outcomes Framework. Proportion of low birth weight babies at term - 2012

Public Health Outcomes Framework. Proportion of mothers who breastfed their baby in the first 48 hours after delivery - 2013/14

Public Health Outcomes Framework. Proportion of women who smoke at the time of delivery - 2013/14

Public Health Outcomes Framework. Proportion of children aged 4-5 who are classified as overweight or obese - 2012/13

Public Health Outcomes Framework. Proportion of children aged 10-11 who are classified as overweight or obese - 2012/13

Role of the health sector

Health and Social Care Information Centre (HSCIC). Mortality from causes considered amenable to healthcare - Directly standardised rate (DSR) per 100,000 population - 1993-2012

Local Alcohol Profile for England (LAPE). Alcohol-related hospital admission (Broad) Directly standardised rate (DSR) per 100,000 population - 2012/13

Public Health Outcomes Framework. Proportion of women screened for breast cancer in the 3 years to 31st March 2014

Public Health Outcomes Framework. Proportion of women screened for cervical cancer in the previous 3.5 or 5.5 years (according to age) to 31st March 2014

Public Health Outcomes Framework. Cumulative percentage of eligible population aged 40-74 who received an NHS Health Check in the five year period 2013/14 - 2017/18

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Appendix 4a: Due North recommendations for Local Agencies

Recommendation 1:

Tackle poverty and economic inequality within the North and between the North and the rest of England

- Draw up health equity strategies that include measures to ameliorate and prevent poverty among residents in each agency's patch
- Focus public service reform on the prevention of poverty in the future and promoting the prosperity of the region by reorientating services to boost the prospects of people and places
- Adopt a common progressive procurement approach to promote health and to support people back into work
- Ensure that reducing economic and health inequalities are central objectives of local economic development strategy and delivery
- Implement and regulate the Living Wage at the local authority level
- Increase availability of high quality affordable housing through stronger regulation of the private rented sector, where quality is poor, and through investment in new housing
- Assess the impact in the North of changes in national economic and welfare policies on health inequalities in general and regional inequalities.

Recommendation 2:

Promote healthy development in early childhood

- Monitor and incrementally increase the proportion of overall expenditure allocated to giving every child the best possible start in life, and ensure that the level of expenditure on early years development reflects levels of need
- Ensure access to good quality universal early years education and childcare with greater emphasis on those with the greatest needs to ensure that all children achieve an acceptable level of school readiness
- Maintain and protect universal integrated neighbourhood support for early child development with a central role for health visitors and children's centres that clearly articulates the proportionate universalism approach
- Collect better data on children in early years so that we can track changes over time, monitor inequalities in child development and evaluate services for their effects on early disadvantage
- Develop and sign up to a Charter to protect the rights to children to the best possible health.

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Recommendation 3:

Share power over resources and increase the influence that the public has on how resources are used to improve determinants of health

- Establish deep collaboration between combined authorities in the North to develop a pan-Northern approach to economic development and health inequalities
- Take the opportunity offered by the greater devolved powers and resources to develop, at scale, locally integrated programmes of economic growth and public services reform to support people in employment
- Revitalise health and well-being boards to become stronger advocates for health both locally and nationally
- Develop community led systems for health equity auditing and accountability
- Expand the involvement of citizens in shaping how local budgets are used
- Assess opportunities for setting up publicly owned mutual organisations for providing public services where appropriate and invest in and support their development
- Help communities to develop the capacity to participate in local decision-making and in developing solutions which inform policies and investments at local and national levels

Recommendation 4:

Strengthen the role of the health sector in promoting health equity

Recommendations for CCG and NHS:

- Use Social Value Act to ensure that all of its procurement and commissioning maximises opportunities for high quality local employment, high quality care and reductions in economic and health inequalities
- Pool resources with other partners to ensure that universal integrated neighbourhood support for early child development is developed and maintained
- Work with LA and DWP to develop "Health First" type employment support programmes for people with chronic health conditions
- Work more effectively with DsPH and PHE to address the risk conditions (social and commercial determinants of health) that drive health and social care system demand
- Support HWB to integrate budgets and jointly direct HWB spending plans for the NHS and LA, including mechanisms to support their governance, leadership, performance monitoring and democratic accountability
- Provide leadership to support health services and clinicians to reduce children's exposure to poverty and its consequences
- Encourage the provision of services in primary care to reduce poverty among people with chronic illness.

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Appendix 4b: Due North recommendations for Central Government and Public Health England

Recommendation 1:

Tackle poverty and economic inequality within the North and between the North and the rest of England

- Invest in the delivery of locally commissioned and integrated programmes encompassing welfare reform, skills and employment programmes to support people in work
- Extend the measuring national well-being programme to better monitor progress and influence policy on inequalities
- Develop a national industrial strategy that reduces inequalities between regions
- Assess the impact of changes in national policies on health inequalities in general and regional inequalities in particular
- Expand the role of Credit Unions and take measures to end the poverty premium
- Develop policy to tackle the issue of the poor condition of the housing stock at the bottom end of the private rental market and to support local investment in affordable housing
- End in-work poverty by implementing and regulating a Living Wage
- Ensure that welfare systems provide a Minimum Income for Healthy Living (MIHL)
- Grant city and county regions greater control over the commissioning and use of the skills budget and the Work Programme, to make them more equitable and responsive to differing local labour markets
- Develop a new deal between local partners and national government that allocates the total public resources for local populations to reduce inequalities in life chances between areas

Recommendation 2:

Promote healthy development in early childhood

- Embed a rights based approach to children's health across government
- Reduce child poverty through the measures advocated by the Child Poverty Commission
- Reverse recent falls in the living standards of less advantaged families
- Commit to carrying out a cumulative impact assessment of any future welfare changes
- Invest in raising the qualifications of staff working in early years childcare and education
- Increase the proportion of overall expenditure allocated to early years, and ensure expenditure on early years development, is focused according to need
- Increase investment in universal integrated neighbourhood support to families through parenting programmes, children's centres and key workers, delivered to meet social needs
- Make provision for universal, good quality early years education and childcare proportionately according to need across the country

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Recommendation 3:

Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health

- Grant local government a greater role in deciding how public resources are used to improve the health and well-being of the communities they serve
- Revise national policy to give greater flexibility to local government to raise funds for investment and use assets to improve the health and well-being of their communities
- Invest in and expand the role of Healthwatch as an independent community led advocate that can hold government and public services to account for action and progress on health inequalities
- Invite local government to co-design and co-invest in national programmes, including the Work Programme, to tailor them more effectively to the needs of the local population

Recommendation 4:

Strengthen the role of the health sector in promoting health equity

Recommendations for Public Health England

- Conduct a cumulative assessment of the impact of welfare reform and cuts to local and national public services, in particular focusing on the impact on children and people with disabilities
- Support local authorities to produce a Health Inequalities Risk Mitigation Strategy for the financial years 2015/16-2017/18
- Help to establish a cross-departmental system of health impact assessment
- Support the involvement of Health and Well-being Boards and public health teams in the governance of Local Enterprise partnerships and combined authorities to ensure that reducing economic and health inequalities and promoting health and well-being are central objectives in economic development strategies
- Contribute to a review of current systems for the central allocation of public resources to local areas, including systems for the allocation of NHS resources to maximise their impact on reducing health inequalities
- Support the development of a network of Health and Well-being Boards across the North of England with a special focus on health equity
- Collaborate in the development of a Charter to protect the rights of children to the best possible health that local authorities and other organisations across the North can sign up to
- Work with Healthwatch and Health and Well-being Boards across the North of England to develop community led systems for health equity auditing and accountability

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Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting :	2 nd September 2015

PUBLIC HEALTH RING-FENCED FUNDING REDUCTION

1.0 Purpose of the report:

- 1.1 To receive a verbal update on the proposed reduction in the ring-fenced funding for Public Health.

2.0 Recommendation(s):

- 2.1 To further discuss the implications of the proposed reduction in funding.
- 2.2 To receive a verbal update on any further information received since the last meeting.

3.0 Reasons for recommendation(s):

- 3.1 To allow the Board to review further information
- 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 to
“ Improve health and well-being especially for the most disadvantaged”

5.0 Background Information

5.1 At its previous meetings the Board considered the potential reduction of the ring-fenced funding for Public Health. Members previously expressed concern as to the implications of this reduction and the potential impacts upon the agreed actions of the Board.

5.2 The Chairman as reported at the last meeting wrote a letter to the Secretary of State to request that the Government to reconsider its proposed cut in public health funding and honour its commitments as set out in the Local Government Finance Settlement agreed in March. The Board will receive any further update on this issue verbally.

5.3 Does the information submitted include any exempt information? No

5.4 List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 While the reduction in funding has significant implications for Public Health and there are no direct financial considerations arising from this report.

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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Report to:	Health and Wellbeing Board
Relevant Officer:	Venessa Beckett, Corporate Development and Policy Officer
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	2 nd September 2015

DRAFT FORWARD PLAN

1.0 Purpose of the report:

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

2.0 Recommendation(s):

- 2.1 It is recommended that members of the Board consider the draft Forward Plan and advise of any agenda items from individual organisations that the Board is required to approve so that they can be timetabled into the plan as appropriate.

3.0 Reasons for recommendation(s):

- 3.1 The forward plan will enable the Health and Wellbeing Board to plan in greater detail its forthcoming agendas.

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

“Improve health and well-being especially for the most disadvantaged “

5.0 Background Information

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

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

5.3 Does the information submitted include any exempt information? No

5.4 List of Appendices:

Appendix 8a: Draft Forward Plan

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 None

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 None

13.0 Background papers:

13.1 None

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

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
<p>Wednesday 2 September 2015 3.00 – 5.00pm</p>	<p>Formal</p>	<p>Items requiring a decision</p> <ol style="list-style-type: none"> 1. SCG update – outcome of away day, terms of reference, work plan 2. Intermediate Care Commissioning Review 3. Health Protection update <p>Items for information</p> <ol style="list-style-type: none"> 4. Draft Forward Plan (SI) 	<p>Public Health Annual Report 2014</p>	<p>All finalised reports to be sent to Lennox Beattie by 12 noon on Wednesday 19 August 2015</p>
<p>Wednesday 21 October 2015 3.00 – 5.00pm</p>	<p>Formal</p>	<p>Items requiring a decision</p> <ol style="list-style-type: none"> 1. SCG update 2. Children and Young People’s Partnership update 3. HealthWatch 4. Welfare Reform 5. Section 75 Pooled Budget Arrangements 6. New Models of Care Vanguard Value Proposition 7. Special Educational Needs and Disabilities update (information) 8. <i>Blackpool Safeguarding Children’s Board Annual</i> 	<p>Healthier Lancs</p>	<p>All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 7 October 2015</p>

		<p><i>Report</i></p> <p>9. <i>Children and Young People's Emotional Health and Wellbeing Strategy (Transformation Plan) (draft)</i></p> <p>Items for information</p> <p>10. Draft Forward Plan (SI)</p>		
<p>Wednesday 2 December 2015 3.00 – 5.00pm</p>	Formal	<ol style="list-style-type: none"> 1. SCG update 2. LD Action Plan 3. Draft Forward Plan (SI) 4. HWB Annual Report? 5. Comprehensive Spending Review impact and implications 	Social Isolation	All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 18 November 2015
<p>Wednesday 27 January 2015 3.00 – 5.00pm</p>	Formal	<ol style="list-style-type: none"> 1. SCG update 2. NPS update – part of Drug Strategy 3. Draft Forward Plan (SI) 		All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 13 January 2015
<p>Wednesday 2 March 2015 3.00 – 5.00pm</p>	Formal	<ul style="list-style-type: none"> • SCG update • Draft Forward Plan (SI) 		All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 17 February 2015
<p>Wednesday 20 April 2015 3.00 – 5.00pm</p>	Formal	<ul style="list-style-type: none"> • SCG update • Draft Forward Plan (SI) 		All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 6 April 2015

Items to be scheduled:

Learning Disability Action Plan

Health and Wellbeing Annual Report

Health and Wellbeing Board Strategy

Vanguard update

Clinical Council for Eye Health Commissioning

Lancashire Screening and Immunisations 2014-2015 Annual report

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