

# Blackpool Council

12 July 2016

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

## **HEALTH AND WELLBEING BOARD**

Wednesday, 20 July 2016 at 3.00 pm  
At the Solaris Centre, New South Promenade

### **A G E N D A**

#### **1 DECLARATIONS OF INTEREST**

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

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

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

#### **2 MINUTES OF THE LAST MEETING HELD ON 8 JUNE 2016** (Pages 1 - 4)

To agree the minutes of the last meeting held on 8 June 2016 as a true and correct record.

#### **3 STRATEGIC COMMISSIONING GROUP (SCG) UPDATE** (Pages 5 - 8)

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

#### **4 HEALTH AND WELLBEING STRATEGY** (Pages 9 - 56)

To consider the attached report on the approval of the Health and Wellbeing Strategy.

**5 MAKING EVERY CONTACT COUNT** (Pages 57 - 60)

To receive a brief overview of the Making Every Contact Count training.

**6 COLLABORATION FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE NORTH WEST COAST** (Pages 61 - 80)

To receive a presentation on the work of the Collaboration for Leadership in Applied Health Research and Care North West Coast.

**7 DRAFT FORWARD PLAN** (Pages 81 - 86)

To consider the draft Forward Plan.

**8 DATE OF FUTURE MEETINGS**

To note the dates of future meetings as follows:

7 September 2016

19 October 2016

30 November 2016

18 January 2017

1 March 2017

19 April 2017

**Venue information:**

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

**Other information:**

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157 Email: [Lennox.beattie@blackpool.gov.uk](mailto: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](http://www.blackpool.gov.uk).

# Agenda Item 2

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 8 JUNE 2016**

**Present:**

Dr Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group, in the Chair

Councillor Clapham, Opposition Group Member, Blackpool Council  
Councillor D Coleman, Cabinet Assistant (Resilient Communities), Blackpool Council

David Bonson, Chief Executive Officer, Blackpool Clinical Commissioning Group  
Delyth Curtis, Director of People, Blackpool Council  
Roy Fisher, Chairman, Blackpool Clinical Commissioning Group  
Dr Arif Rajpura, Director of Public Health, Blackpool Council  
Dr Leanne Rudnick, GP Member, Blackpool Clinical Commissioning Group  
Mary Whyham, Blackpool Healthwatch Chairman

**In Attendance:**

Lennox Beattie, Executive and Regulatory Manager, Blackpool Council  
Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council  
Paul Greenwood, Interim Chief Executive, Blackpool Council for Voluntary Services  
Dr Tamasin Knight, Speciality Registrar in Public Health, Blackpool Council  
Anthony Lockley, Strategic Head of Development, Blackpool Council  
Liz Petch, Public Health Specialist, Blackpool Council  
Wendy Swift, Chief Executive Blackpool Teaching Hospitals NHS Foundation Trust  
Rachel Swindells, Public Health Practitioner, Blackpool Council

**Apologies:**

Councillor Cain, Cabinet Secretary (Resilient Communities), Blackpool Council  
Councillor Collett, Cabinet Member for Children's Services and Reducing Health Inequalities, Blackpool Council  
Eddy Jackson, Board Member, Blackpool Healthwatch  
Jane Higgs, Director of Operations and Delivery, NHS England  
Ian Johnson, Chairman, Blackpool Teaching Hospitals NHS Foundation Trust  
Phil Jones, Area Group Manager, Lancashire Fire and Rescue

**1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

**2 MINUTES OF THE LAST MEETING HELD ON 20 APRIL 2016**

The Board considered the minutes of the last meeting held on 20 April 2016.

**Resolved:**

That the minutes of the meeting held on the 20 April 2016 be approved and signed by the Chairman as a correct record.

### **3 STRATEGIC COMMISSIONING GROUP (SCG) UPDATE**

The Board received an update from Mrs Delyth Curtis, Director of People, Blackpool Council on the work of the Strategic Commissioning Group.

The finalised minutes of the meeting held on the 16 March 2016, on which a verbal update had been given to the meeting of the Health and Wellbeing Board held on the 20 April 2016, were presented to the Board with the agenda.

Mrs Curtis highlighted the key issues discussed at the meeting of the Strategic Commissioning Group held on the 27 April 2016 in a verbal update and confirming that the minutes of the meeting would be presented to the next Board meeting. The main areas considered at the meeting were a presentation on drug and alcohol treatment services, a discussion on commissioning of domestic abuse services including the potential for a funding bid to the Home Office, an update on the progress of the Healthier Lancashire plan and an update on new models of care. It was noted that the Strategic Commissioning Group had also considered the draft Alcohol Strategy which was considered elsewhere on the Health and Wellbeing Board agenda.

#### **Resolved:**

1. To note the minutes from Strategic Commissioning Group meeting on 16 March 2016 which had been previously reported verbally to the Health and Wellbeing Board meeting on 20 April 2016.
2. To note the verbal update from the meeting of the Strategic Commissioning Group held on 27 April 2016 and that the minutes of the meeting will be brought to the Health and Wellbeing Board meeting on 20 July 2016.
3. To note that the meeting of the Strategic Commissioning Group scheduled for 24 May 2016 had been cancelled.

### **4 LANCASHIRE COMBINED AUTHORITY**

The Board received a presentation for proposals for the development of a Combined Authority for Lancashire from Anthony Lockley, Strategic Head of Development, Blackpool Council.

Mr Lockley explained the legislative background behind the creation of Combined Authorities, he emphasised that to achieve some areas of strategic importance it had become clear that it would be necessary to collaborate and co-ordinate activities beyond local authority boundaries into areas that more accurately reflect the areas within which local areas for housing, work or labour operated. Mr Lockley then emphasised that in his opinion the most significant benefit of a Combined Authority would be that only a Combined Authority could negotiate a devolution deal with central government bringing both increased powers and new resources into the area. The advantages of such a deal in potentially driving economic growth and influencing transport priorities was noted by the Board.

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 8 JUNE 2016**

The Board noted that fourteen of the fifteen local authorities within Lancashire had already made resolutions in support of the creation of a Lancashire Combined Authority and that a shadow board would meet for the first time in July 2016. The Board expressed concern that one Council had not been supportive but noted Mr Lockley's view that the Combined Authority could still go ahead without that particular Council's support.

The Board acknowledged the potential advantages of a Combined Authority while noting that many of the details were still to be developed. The Board emphasised its wish for collaboration between the Healthier Lancashire programme and any Combined Authority for Lancashire. The Board suggested that the Health and Wellbeing Strategy's objectives could in future be delivered through the implementation of a Combined Authority. It was suggested that any further updates to the Board on the Healthier Lancashire programme should include links to the Combined Authority.

The Board reminded itself that it had agreed as a priority within the developing Health and Wellbeing Strategy action to deal with the failure of the housing market and suggested that as the Combined Authority developed it could possibly assist the Board in its future actions in addressing this priority.

### **Resolved:**

To note the report and presentation.

## **5 BLACKPOOL ALCOHOL STRATEGY 2016-2019**

Dr Tamasin Knight, Speciality Register in Public Health, Blackpool Council, presented the Blackpool Alcohol Strategy 2016-2019 to the Board for approval.

Dr Knight outlined that the strategy had been developed on behalf of the Board by the Blackpool Alcohol Strategy group as a continuation of the work achieved through the previous Alcohol Strategy 2013-2016. The Board was reminded that alcohol related harm in Blackpool in terms of health, disorder and violence was significant and notably Blackpool had the highest rate of alcohol related hospital admissions of any local authority in England.

The Board endorsed the vision identified in the strategy of "A Blackpool where there is no alcohol related harm" and the strategic aim to prevent and reduce alcohol related problems in Blackpool.

The proposed strategy included three key priority themes namely: Developing healthy attitudes to alcohol across the life course, changing the environment and promoting responsible retailing, and early identification and support for alcohol issues.

The Board agreed the three priority themes but board members emphasised their view that officers must make sure that resources were directed towards areas where they would have the largest impact so therefore robust evaluation must take place on the implementation of the strategy and action plan. Dr Knight and Dr Rajpura, Director of Public Health, Blackpool Council explained that the action plan emphasised individual actions towards delivering the vision and highlighted that an issue like alcohol misuse

## **MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 8 JUNE 2016**

required a range of initiatives to be developed and that a number of the actions in plan were focussed on delivery in the longer term. They however agreed that the Board would receive regular updates on progress against the action plan.

### **Resolved:**

To approve the Blackpool Alcohol Strategy 2016-19 and the delivery of the associated action plan.

### **6 DRAFT FORWARD PLAN**

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

### **Resolved:**

To approve the Health and Wellbeing Board Forward Plan as set out in Appendix 6a to the report.

### **7 DATES OF FUTURE MEETINGS**

To note the dates of future meetings as follows:

20 July 2016

7 September 2016

19 October 2016

30 November 2016

18 January 2017

1 March 2017

19 April 2017

### **Chairman**

(The meeting ended 4.25 pm)

Any queries regarding these minutes, please contact:  
Lennox Beattie Executive and Regulatory Manager  
Tel: 01253 477157  
E-mail: lennox.beattie@blackpool.gov.uk

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Delyth Curtis, Director of People, Blackpool Council
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	20 July 2016

## STRATEGIC COMMISSIONING GROUP (SCG) UPDATE

### 1.0 Purpose of the report:

- 1.1 To update the Health and Wellbeing Board on the activity of the Strategic Commissioning Group since the last meeting of the Board.

### 2.0 Recommendation(s):

- 2.1 To receive a verbal update from the meeting on 20 July 2016 and to note that the minutes of these meetings will be brought to the next Board in September.
- 2.2 To note that the meeting scheduled for 24 June 2016 was cancelled.
- 2.3 To note the main actions arising from the work of 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:

None

**4.0 Council Priority:**

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

**5.0 Background Information**

5.1 Items to be discussed at the meeting on the 20 July 2016 include:

- An update on work led by Lancs Fire and Rescue to develop a pilot in Blackpool which shapes the transition from a Home Fire Safety Check (HFSC) to a new, co-designed, more holistic Prevention and Wellbeing Visit centred around the person/family and aimed at reducing health inequalities by providing brief interventions and an onward referral service in six key areas of falls prevention; social isolation; dementia; diabetes; healthy homes/winter pressures; home security/arson vulnerability.
- An update on the quarter one performance monitoring of the Better Care Fund schemes.
- An update on the drug and alcohol treatment service commissioning review which was initially brought to the Strategic Commissioning Group in April for discussion in relation to how to proceed with the adult commissioned drug and alcohol service moving forward.

The meeting of the Strategic Commissioning Group will take place very shortly before the Health and Wellbeing Board so a verbal update on the items will be given to the Board. The minutes will be brought to the Board meeting in September once they have been finalised.

5.2 Does the information submitted include any exempt information? No

**5.3 List of Appendices:**

None

**6.0 Legal considerations:**

6.1 None

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 None

**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None

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<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting</b>	20 July 2016

## HEALTH AND WELLBEING STRATEGY

### 1.0 Purpose of the report:

- 1.1 To present the final draft of the Health and Wellbeing Strategy to the Board for approval following the public consultation carried out with Blackpool Healthwatch.

### 2.0 Recommendation(s):

- 2.1 To note the consultation summary, attached at Appendix 4b.
- 2.2 To approve the Health and Wellbeing Strategy, attached at Appendix 4a.
- 2.3 To consider and agree the performance monitoring proposals.

### 3.0 Reasons for recommendation(s):

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

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

- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes
- 3.3 Other alternative options to be considered:

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

#### **4.0 Council Priority:**

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

#### **5.0 Background Information**

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

#### 5.2 Vision

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

#### 5.3 Priorities

##### **1. Housing**

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

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

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

##### **3. Building community resilience and reducing social isolation**

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

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

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

**4. Early Intervention**

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

**5.4 Consultation**

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

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

5.6 In total 144 responses were received. The main issues raised from the consultation are summarised at Appendix 4b.

5.7 Stakeholders have been engaged throughout the strategy's development via the Strategic Commissioning Group and have inputted into the development at different stages of the process. Drafts of the strategy have also been presented to a special Public Health Scrutiny Committee that took place on 22 April 2016 and to the Clinical Commissioning Group Governing Body in July 2016. Comments and issues raised at these meetings have subsequently been addressed in producing the strategy attached at Appendix 4a.

**5.8 Performance Monitoring**

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

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

5.10 Does the information submitted include any exempt information? No

**5.11 List of Appendices:**

Appendix 4a – Health and Wellbeing Strategy 2016-19  
Appendix 4b– Health and Wellbeing Consultation Report

**6.0 Legal considerations:**

6.1 None

**7.0 Human Resources considerations:**

7.1 None

**8.0 Equalities considerations:**

8.1 An equality assessment has been carried out as part of the development process

**9.0 Financial considerations:**

9.1 None

**10.0 Risk management considerations:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

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

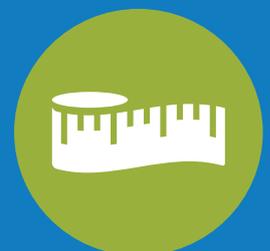
**13.0 Background papers:**

13.1 None

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



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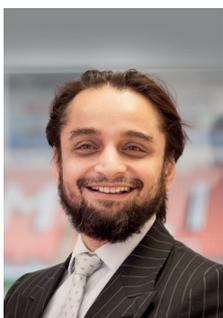
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# Foreword

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

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

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



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

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

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

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



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

# Executive Summary

## Our vision

Our vision for Blackpool is bold and ambitious:

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

## Our priorities

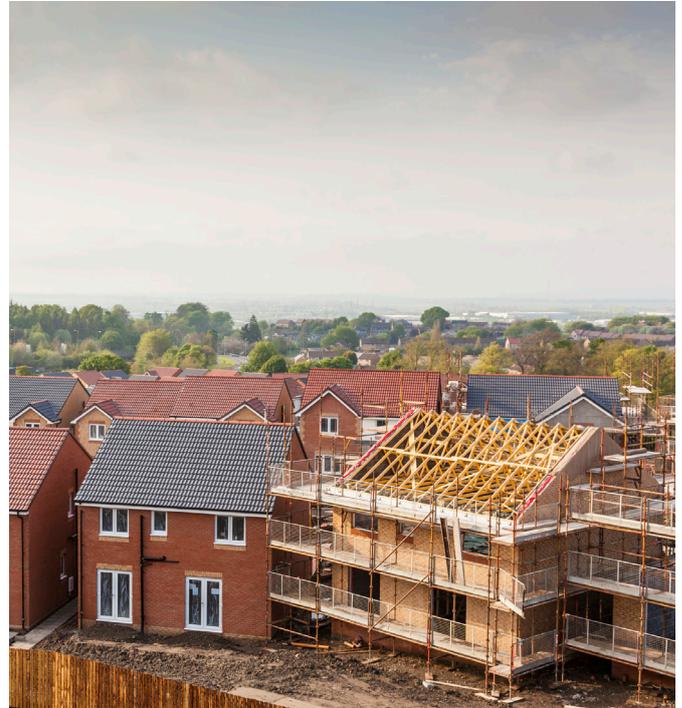
The board believes that the evidence related to health outcomes in Blackpool presents the following drivers which must be addressed in order to achieve our vision:

### 1. Housing

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

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

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



### 3. Building community resilience and reducing social isolation

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

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

### 4. Early Intervention

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

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

# Introduction

## Blackpool's Health and Wellbeing Board

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

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

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

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

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

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

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

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

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

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

And the two priorities which support this:

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

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

## Health and Wellbeing in Blackpool

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

Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. Analysis indicates that the health domain, particularly the level of acute morbidity, is one of the prime drivers behind our decline in the rankings <sup>1</sup>.

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

Life expectancy for men remains the lowest in the country at 74.7 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 79.9 years although this is also lower than the rest of the country by three years. Even within Blackpool there are large variations in life expectancy, demonstrating the inequalities that exist within the town; this ranges from 71.6 years in the most deprived ward, Bloomfield, to 80.4 years in Highfield - a difference of over 9 years <sup>2</sup>.

A major driver of poor health in our most deprived wards is poor housing. In the inner areas half of homes are privately rented, with around 89% of rents funded by Housing Benefit <sup>3</sup>. A large proportion of the housing supply in inner Blackpool is characterised by former guest houses that have been converted into houses of multiple occupation (HMO's). This creates a concentration of low-income vulnerable households and results in high levels of transience, and problems of crime, anti-social behaviour, and worklessness.

Blackpool also has lower healthy life expectancy caused by circulatory, digestive and respiratory disease; these are often attributable to lifestyle factors such as smoking and alcohol and substance misuse <sup>4</sup>.

Smoking is the single most important influence on death rates and is a major factor in ill health, including for Blackpool babies – smoking in pregnancy rates are the highest in the country at 26% compared to 10.6% nationally <sup>5</sup>.

Meanwhile, we also have some of the highest levels of alcohol related harm in the country; this not only directly contributes to health effects such as premature death and chronic liver disease but also carries other consequences such as disorder and violence. In 2014/15 1,245 Blackpool residents were admitted to hospital with an alcohol-specific condition. This is a rate of 906 per 100,000, almost three times the national average of 364 <sup>6</sup>.

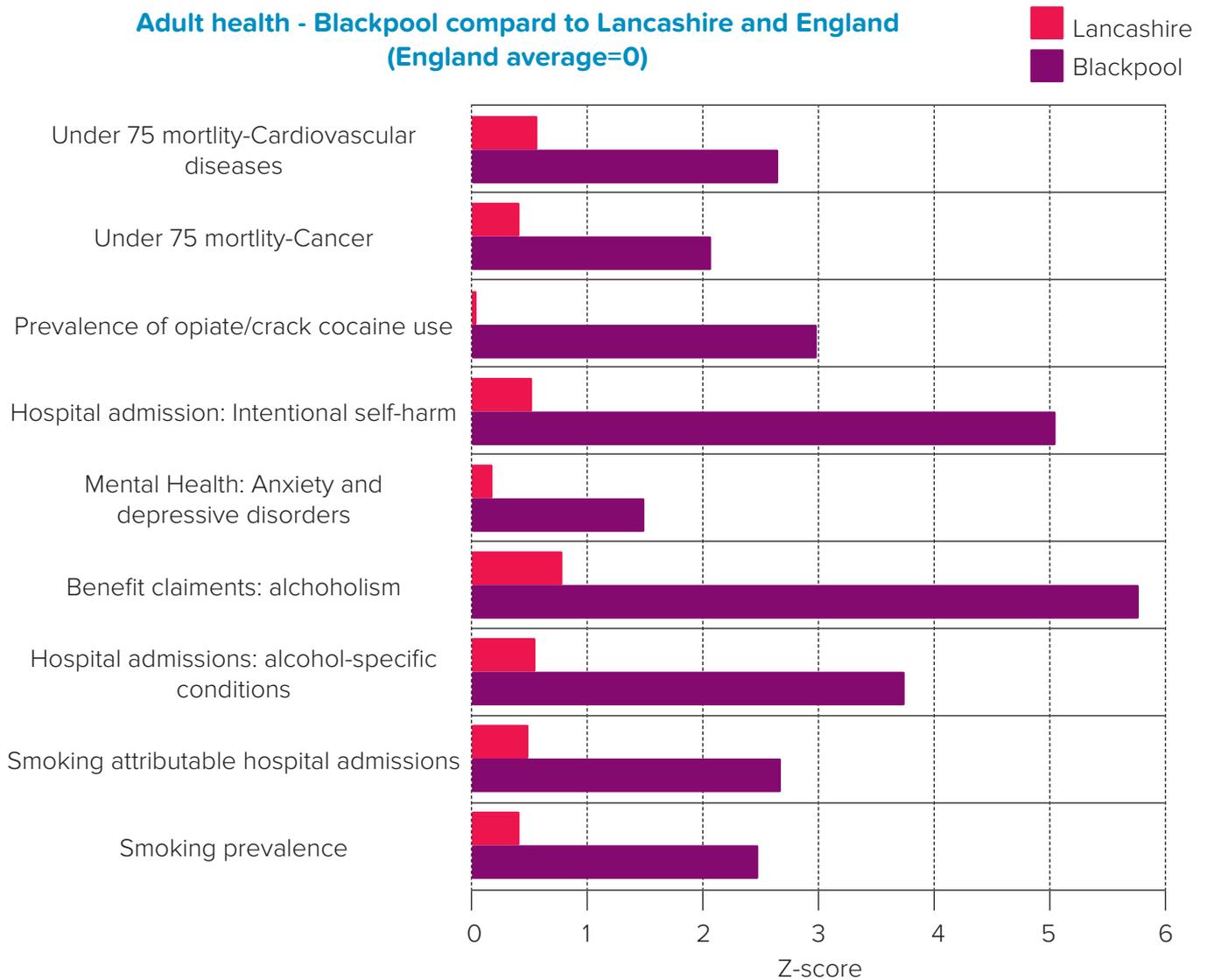
In terms of drug use there are an estimated 1,822 opiate and crack users in Blackpool, aged between 15 and 65 years, with an estimated 794 injecting users. The rates of substance misuse are significantly higher than the North West average and more than double the national rate. Two-thirds of users are in the 35 plus age range. Nationally and locally since 2013 the overall rate of people exiting treatment successfully has slowed, this is likely to be a result of those now in treatment having more entrenched drug use and long-standing complex problems <sup>7</sup>.

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

As well as poor physical health, Blackpool has the fifth highest rate for all mental health conditions in the country. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health are inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems <sup>8</sup>.



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



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

## Growing up in Blackpool

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

The lifestyles of parents, in particularly drinking and smoking are shown to have a substantial impact on the development of the foetus and subsequent health of the child. As mentioned earlier 26% of mothers in Blackpool continue to smoke when their babies are born (twice the national level and the highest proportion in England). Around forty four per cent of mothers choose not to try breastfeeding. Among those that do try, only half persist after six to eight weeks<sup>10</sup>.

Unsurprisingly, given these levels of disadvantage, child development outcomes are poor. One in twenty children aged six months to five years has poor speaking or listening skills and results across the Early Years Foundation Stage profile compare poorly against the national average<sup>11</sup>. Following early years, school years and adolescence are areas where other potential health issues are evident.

In terms of children's health the picture in Blackpool is a major concern. Data for 2014/15 shows that 26% of Reception children are overweight and 10% of these are obese, whilst in year 6 the figure increases to 37% overweight with 22% obese; again these figures are higher than the national average<sup>12</sup>. High levels of sugar consumption are widely recognised as a key driver of obesity levels, however it also contributes to poor levels of dental health in children; Blackpool is seeing high numbers of admissions to hospital for tooth extraction under general anaesthetic<sup>13</sup>.

Blackpool has higher than regional and national average teenage pregnancy rates; in 2014, approximately 37 girls aged less than 18 years conceived for every 1,000 females aged 15-17 years. This is a complex issue closely linked to deprivation and low aspirations<sup>14</sup>.

Large numbers of children and young people are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse. Whilst the exact number of children affected by parents misusing drugs is unknown. It is reasonably estimated from national data that there are potentially 1500-2500 children affected by parents using opiate and/or crack cocaine; this is expected to be much higher than the national average, and will no doubt have an adverse impact on the child's wellbeing<sup>15</sup>.

The ways in which young people in Blackpool deal with their circumstances can also be the very things we want them to avoid; 15% of older school pupils say they had drunk alcohol in the previous week<sup>16</sup>, and the rate of admissions to hospital amongst our 15-24 year olds for both alcohol and substance misuse is the highest in England and more than double the national average<sup>17</sup>.

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

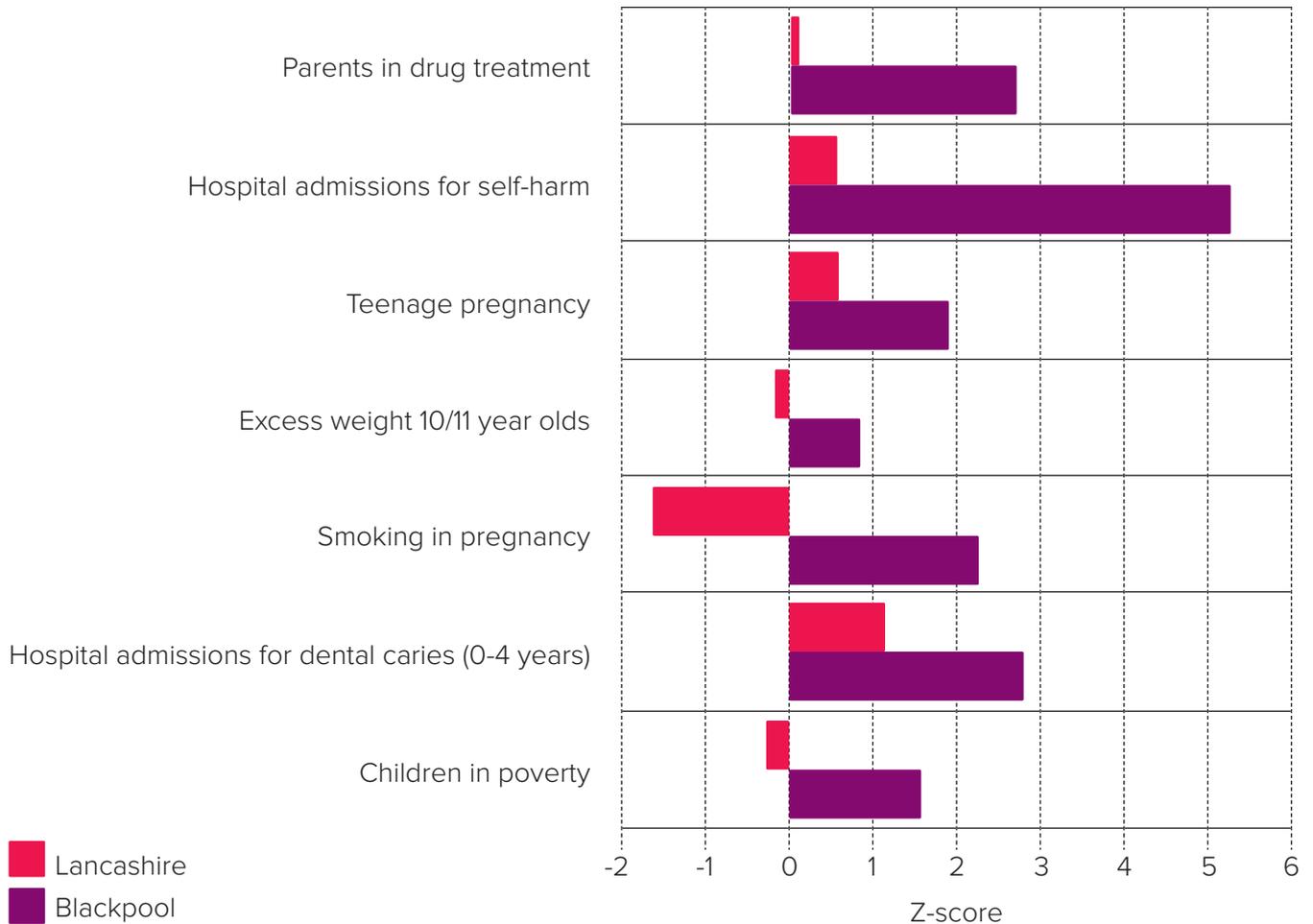
In addition, Blackpool also has a substantial local population at risk of developing mental health disorders across several of the vulnerable groups; looked after children, young offenders and pupils with special educational needs are especially prevalent. 75 per cent of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18<sup>18</sup>.

Self-harm can occur at any age but is most common in adolescence and young adulthood (10 – 24 years). Females are more likely to self-harm than males, and our rate of self-harm admissions for the same age group is more than triple the national figure, at 1388.4 per 100,000. 341 10-24 year olds living in the Blackpool area were admitted to hospital because they'd self-harmed or self-poisoned in 2014-15<sup>19</sup>.

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

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

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



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

## Socio-economic challenges

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

The average earnings for those in work in Blackpool is lower than any other local authority in England. Also a smaller proportion of the Blackpool labour market are economically active compared to England, and a high proportion of those inactive are long term sick<sup>20</sup>.

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

High levels of chronic illness in the North, and particularly in Blackpool, contribute to lower levels of employment, 12.9 per cent of Blackpool's working age population claim ESA or Incapacity Benefit; this is more than double the national average of 6.2 per cent<sup>21</sup>.

In Blackpool, 52% of ESA claimants have a mental health disorder (compared to 46% nationally), and although statistics are not available for JSA customers, JCP surveys suggest a very similar picture<sup>22</sup>.



## Inequality: The Due North Report

Blackpool does not exist in isolation, and it is crucial to address the wider context to determine an adequate solution. In 2015, the Due North Report of the Inquiry on Health Equity in the North was published<sup>23</sup>. The report was commissioned by Public Health England to examine health inequalities in the North of England. The report identifies that there is a clear 'North-South divide' in England when it comes to health.

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

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

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

### 1. Tackle poverty and inequality

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

The report highlights the inverse relationship between income and health, and how increases in poverty are associated with a greater risk of physical and mental health problems. In addition, the burden of local authority cuts and welfare reforms has fallen more heavily on the North than the South. Research by Sheffield Hallam University on the impact of all of the recent welfare reforms has shown that Blackpool has been the hardest hit of all the local authorities, with a loss of £914 for every working age adult<sup>24</sup>.

## 2. Promote healthy development in early childhood

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

## 3. Sharing power over resources

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

## 4. Role of the health sector in promoting health equity

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

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

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

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



## Taking an Asset Based Approach

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

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

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

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

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

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

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

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

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

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

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

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

# The opportunities and challenges ahead

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

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

## Lancashire Combined Authority

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

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

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

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

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

## Lancashire and South Cumbria Change Programme

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

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

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

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

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

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



# Vision and priorities

## Our vision

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

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

## Our priorities

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

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

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

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

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

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

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



# Priority One: Housing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Key projects

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

# Priority Two: Tackling substance misuse, including alcohol and tobacco

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

## Alcohol

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

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

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

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

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

## Drugs

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

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

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

## New Psychoactive Substances

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

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

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

## Fulfilling Lives

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

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

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

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

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

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

## Tobacco

Smoking continues to kill almost 80,000 people in England every year and is the number one cause of preventable death in the country, resulting in more deaths than the next six causes combined<sup>34</sup>.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have remained static over the last few years at around 27.2 per cent of the adult population smoking as compared to the England average at 20 per cent<sup>35</sup>.

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

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

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

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

This will be achieved by:

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

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

### Key health projects

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

# Priority Three: Building community resilience and reducing social isolation

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

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

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

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

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

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

## The role of the wider health system

We will connect and learn from the NHS Realising the Value Programme<sup>36</sup> which aims to empower patients and communities to take more control of their health. A key part of this work will include identifying evidence-based approaches to self-care, and we will develop a self-care strategy for Blackpool.

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

The NHS Five Year Forward View<sup>37</sup> makes a specific commitment to do more to support people with long term conditions to manage their own health and care and this gives us the opportunity to ensure health, social care and the wider voluntary sector work together to create evidence-based approaches to improving healthy life expectancy of people with long terms conditions. For example, providing group based education for people with specific conditions and self-management courses, as well as encouraging peer-to-peer support to emerge.

## Fylde Coast Vanguard – new models of care

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

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

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

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

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

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

## Mental health and wellbeing

Evidence suggests that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities<sup>38</sup>.

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

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

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

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

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

## Active Citizenship/Volunteering

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

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

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

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

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

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

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

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

### Key community resilience projects

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

# Priority Four: Early intervention

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

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

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

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

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

## A Better Start

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

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

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

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

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

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

## HeadStart

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

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

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

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

## Healthy Weight

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

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

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

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

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

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

### Key early intervention projects

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

# Monitoring progress

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

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

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

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

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

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

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

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

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Blackpool Council  
Health and Wellbeing Strategy  
Consultation Report

Blackpool Council

in:fusion  
inspiring positive change

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# 1 Executive Summary

## 1.1 Overview of Consultation

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

## 1.2 Vision

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

## 1.3 Priorities

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

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

## 2 Background and Methodology

### 2.1 Background

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

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

### 2.2 Methodology

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

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

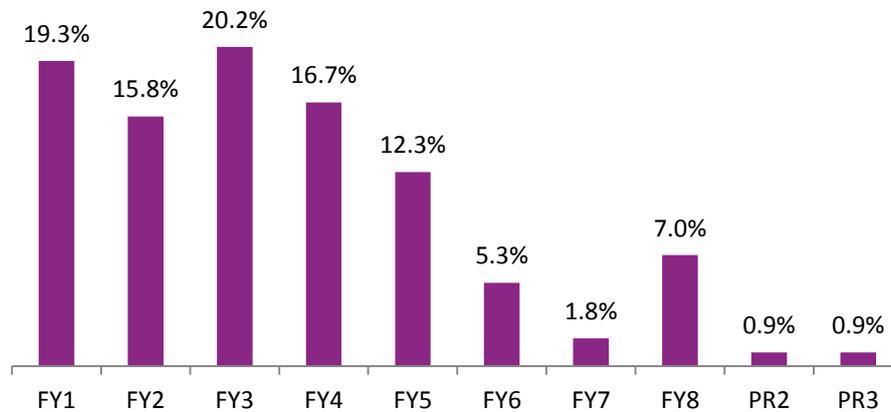
A total of **144 responses** were received to the Health and Wellbeing Strategy consultation.

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

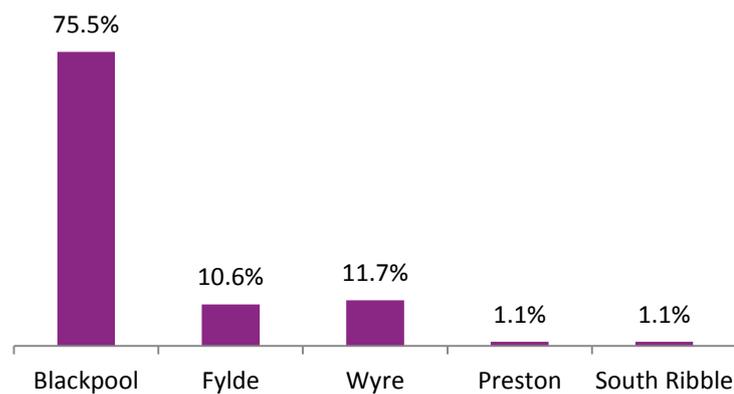
### 2.3 Who Responded?

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

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

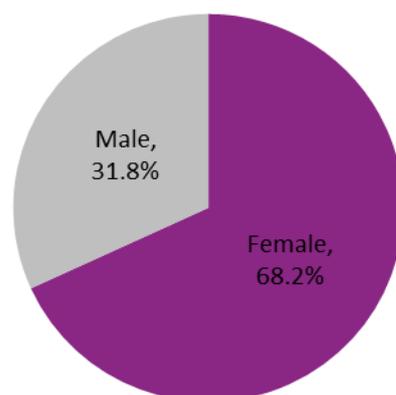


**Figure 2.3: Which area home postcode was based in. (base – 94)**



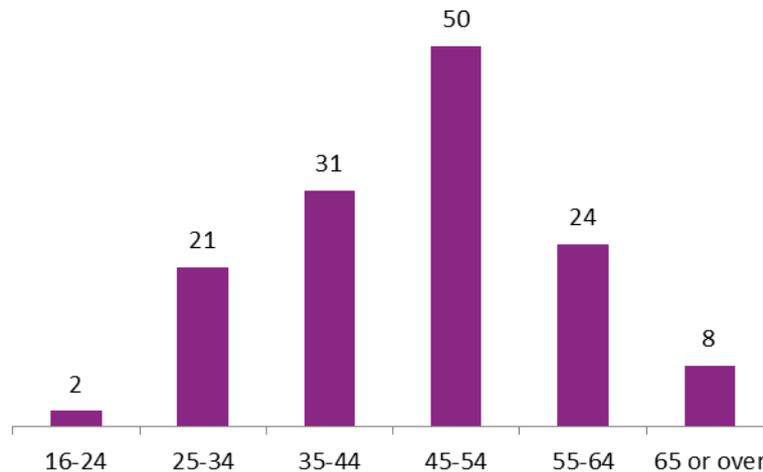
Over twice as many females than males responded to the consultation. 8 respondents did not indicate their gender. Comparatively, based on the 2011 Census the Blackpool population consists of 49% males and 51% females.

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



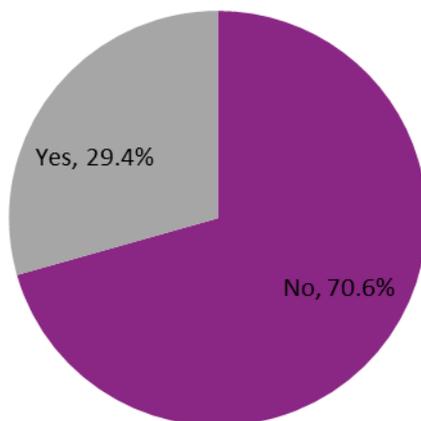
Respondents to the consultation sit within a range of age groups with some groups over represented and others underrepresented when compared with the population profile of the Borough. The age groups 16-24 and 65+ are underrepresented with the age groups 35-44 and 45-54 years over represented in this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

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



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

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



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

### 3 Main Findings

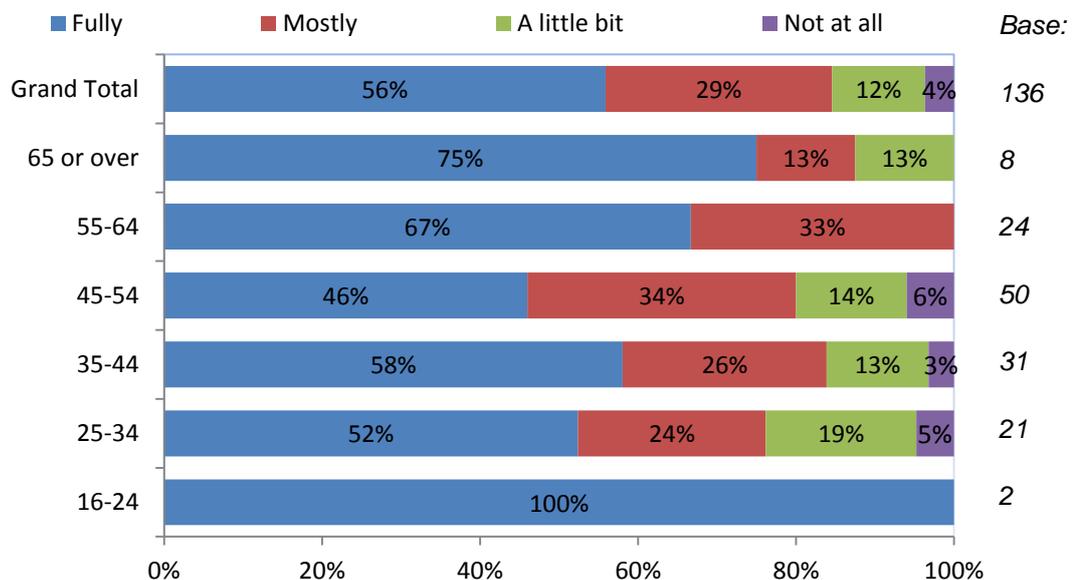
#### 3.1 Vision

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

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

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

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



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

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

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

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

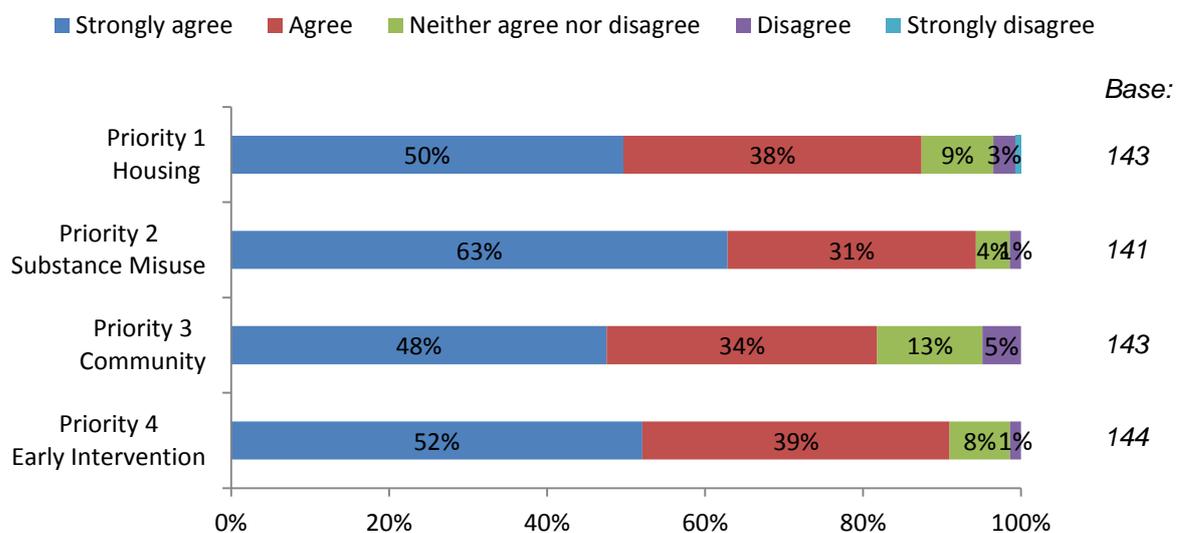
### 3.2 Priorities

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

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

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

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



### **Priority One: Stabilising the housing market.**

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

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

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

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

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

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

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

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

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

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

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

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

### ***Priority Three: Creating community resilience and reducing social isolation.***

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

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

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

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

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

#### ***Priority Four: Early Intervention.***

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

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

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

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

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

### 3.3 Final Comments

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

#### Summary of comments:

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

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

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

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

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

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

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

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

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

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

Adult mental health remains a key issue in Blackpool.

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

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

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member</b>	Councillor Amy Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
<b>Date of Meeting</b>	20 July 2016

## MAKING EVERY CONTACT COUNT

### 1.0 Purpose of the report:

1.1 To provide an overview of the work being carried out by Lancashire Care NHS Foundation Trust (LCFT) in training in advice on health-related behaviours that has been supported by the Public Health Department at Blackpool Council. The programme should be seen as an opportunity to take a whole system approach to reducing health inequalities in Blackpool by embedding education and training in support of behaviour change.

### 2.0 Recommendation(s):

2.1 That Health and Wellbeing Board partners be asked to make a commitment to train their own workforce in Level 1 brief advice relating to health-related behaviours.

2.2 To note that Level 2 training will then be developed to help specific staff take these messages out into the community and using them within their day-to-day contact with individuals and communities.

2.3 That as Blackpool Teaching Hospital NHS Foundation Trust has already undertaken brief advice training for many of their staff and volunteers, it is requested that this training be revised to incorporate the main elements of the Lancashire Care NHS Foundation Trust model so that there is a comprehensive and consistent approach across Blackpool.

2.4 To note that Lancashire Care Foundation Trust, in partnership with Blackpool Council Public Health, is currently in the process of applying for research funding in order that this system wide approach can be fully evaluated.

### 3.0 Reasons for recommendation(s):

3.1 Improving health and wellbeing is an important aspect of Health and Wellbeing Board's remit and the Making Every Contact Count programme supports this.

There is good evidence to support the focus on the four health-related behaviours that form the Level 1 programme: - the health-promotion of; not smoking, sensible drinking, a healthy diet and regular physical activity. Poor engagement in these behaviours is a key determinant of morbidity and mortality and results in substantial social, healthcare and economic costs. In the UK, individuals who engage in any of these four behaviours were 3.5 times more likely to die over a 20-year period than those who did.

- 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

**4.0 Council Priority:**

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

**5.0 Background Information**

- 5.1 Blackpool Council’s Public Health Department has been working with Lancashire Care NHS Foundation Trust in order to ensure Lancashire Care NHS Foundation Trust staff working in Blackpool are appropriately trained. The purpose of this training is to give all staff a basic understanding of health-related behaviours so they can deliver brief advice on healthy lifestyles through health chats.
- 5.2 An evaluation of the Level 1 Making Every Contact Count training for Lancashire Care NHS Foundation Trust staff was conducted by Lancaster University using a range of methods.
- 5.3 A review of literature was undertaken at the beginning of the process to provide the context and to identify learning from the experience of how Making Every Contact Count has been implemented in other parts of the country.
- 5.4 A staff survey was developed and completed by 576 staff from across the Trust and was supplemented by three focus groups and three individual key stakeholder interviews. This combination of quantitative and qualitative methods ensured that the evaluation captured both statistical information and insights into staff’s experience of undertaking the training and implementing Making Every Contact Count.
- 5.5 The evaluation suggests that good progress has been made with the implementation of Making Every Contact Count and the development of appropriate training.
- 5.6 Lancashire Care NHS Foundation Trust and Blackpool Council are keen to promote health and wellbeing, recognising the interaction between physical health and mental health. Lancashire Care NHS Foundation Trust is a provider of both physical health

and mental health services, and as a provider of healthcare services across such a large population, it is well placed to take a population approach to prevention.

5.7 In 2015, Lancashire Care NHS Foundation Trust introduced the Making Every Contact Count (MECC) Programme in recognition of the many opportunities staff could have for conversations with service users about the health-related behaviours that have such a significant impact on their health and wellbeing.

5.8 The Lancashire Care NHS Foundation Trust Making Every Contact Count programme has two levels. Level 1 is focused on equipping staff with the skills and knowledge to initiate health chats which provide brief advice and basic health information. This is suitable for all staff. Optional face to face training is available for staff who want to practice having a health chat.

5.9 Level 2 is a brief intervention with active engagement between staff and the recipient on a specific topic or activity. This will be suitable for staff depending on their role and current skills. All level 2 modules, except the ones for behaviour change and screening, have been developed by Lancashire Care NHS Foundation Trust staff.

The modules are:

- Adverse Childhood Experiences raises staff awareness of the components of Adverse Childhood Experiences.
- Behaviour change, introduces staff to TEnT PEGS, an innovative tool developed by Manchester University health psychologists using evidence-based theories and techniques.
- Domestic Abuse, to help staff understand what domestic abuse is and their role in using routine enquiry to facilitate conversations that will identify and respond to domestic abuse.
- Five Ways to Wellbeing which shows staff how to incorporate this approach into wellbeing conversations with service users. It also invites staff to consider this approach in relation to their own wellbeing.
- Screening, written by NHS England staff, explains why screening programmes are important through the whole life course. It provides details of the five national screening programmes most relevant to Lancashire Care NHS Foundation Trust service users.

5.10 Does the information submitted include any exempt information? No

5.11 **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 Lancashire Care Foundation Trust ran a pilot of the Level 1 programme. Feedback from staff and service users was used to develop the programme now being implemented.

**13.0 Background papers:**

13.1 None

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member</b>	Councillor Amy Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding
<b>Date of Meeting</b>	20 July 2016

## **COLLABORATION FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE NORTH WEST COAST**

### **1.0 Purpose of the report:**

- 1.1 To receive a presentation giving an overview of the work being carried out by the Collaboration for Leadership in Applied Health Research and Care North West Coast, of which Blackpool Council and Blackpool Teaching Hospital NHS Foundation Trust are both partners and update members on opportunities to be involved in specific research work.

### **2.0 Recommendation(s):**

- 2.1 Health and Wellbeing Board members are asked to consider appropriate involvement in the Claremont Local Implementation Group which is currently being formed to lead the public health research work in Blackpool and is a partnership between statutory and voluntary sector partners and local residents.
- 2.2 To agree to receive regular progress reports and learning from the new Collaboration for Leadership in Applied Health Research and Care North West Coast theme “new approaches to evaluating complex health and care systems”.

### **3.0 Reasons for recommendation(s):**

- 3.1 The Collaboration for Leadership in Applied Health Research and Care North West Coast has been established to create a partnership between universities, local authorities, NHS organisations and the public in order to research innovation and deliver projects that will improve public health, wellbeing and quality of care across the North West Coast.

The initiative is based on putting research into practice and so aims to embed evidence based policies, practices and services to reduce health inequalities in the

work of the new local public health system, focusing particularly on promoting and supporting resilience in communities.

This work includes reviews of evidence on effective approaches to improving the social, economic and environmental components of resilience.

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

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

3.3 Other alternative options to be considered:

None

#### **4.0 Council Priority:**

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

#### **5.0 Background Information**

5.1 For decades, healthcare professionals and politicians have battled to bridge the gap in health status between groups, populations, and individuals that results from unequal distribution of social, environmental and economic conditions and the effect these have on people becoming ill and being able to prevent or treat illness.

5.2 Despite these efforts, it is an unpalatable truth, and one that is hard to excuse in the 21st century, that a child born in parts of the North West of England could expect to enjoy a healthy life for 17 years less than another child born just streets away. This is the reality of the health inequality in the region, where the difference between standards in the richest and poorest wards is at its widest in the UK.

5.3 The Collaboration for Leadership in Applied Health Research and Care North West Coast key areas of interest and expertise within the academic centres are highlighted by the focus of the Themes, and all focus on Health Inequalities. However the Collaboration for Leadership in Applied Health Research and Care North West Coast North West Coast will work with the public, patients, carers and other stakeholders to develop and deliver projects that lie within the overall framework as outlined below:

#### 5.4 Improving Mental Health

Understanding and reducing the burden of mental ill health and wellbeing by delivering effective interventions involving the NHS, local authorities and the third sector. We are evaluating a range of community-based mental health interventions for North West Coast residents.

##### Improving Public Health

Playing a central part in supporting local authorities in their new statutory responsibilities to improve the health of their population and inequalities in access to, and outcomes of high-quality healthcare. We aim to embed evidence based policies, practices and services and support resilient communities.

##### Knowledge Exchange and Engagement

Maximising the engagement of and knowledge exchange with Partners, to drive the programme of research and implementation to effect real changes in health and care across the North West Coast. Integrating knowledge exchange through all areas of our work to support new projects initiated by our Partners.

##### Managing Complex Needs

Implementing a step change in the delivery of care for people with complex needs arising from long-term conditions. This will result in services that are more person-centred, cost effective and improve quality of life for patients and their ability to undertake gainful employment.

##### Delivering Personalised Health and Care

Working to improve self-care by patients, improve access to care in the community, and allow its integration in complex chronic conditions with a personalised approach. This will provide NHS practitioners and patients with innovations in personalised medicine, medical devices and diagnostic tools that genuinely add value but not cost.

##### Evidence Synthesis Collaboration

Examining the world's literature on a particular research area, testing the published research against a set of criteria, summarising and publishing it. Encouraging, facilitating and supporting specific request for evidence synthesis from Partners to inform policy and/or develop future research projects.

5.5 Does the information submitted include any exempt information? No

5.6 **List of Appendices:**  
Appendix 6a: Public Health Theme Presentation

6.0 **Legal considerations:**

6.1 None

7.0 **Human Resources considerations:**

7.1 None

8.0 **Equalities considerations:**

8.1 The Collaboration for Leadership in Applied Health Research and Care North West Coast has developed a Health Inequalities Assessment Toolkit (HIAT) to help ensure that all activities have potential to contribute to reducing health inequalities. The Collaboration for Leadership in Applied Health Research and Care North West Coast Steering Board requires all proposals seeking support to include a Health Inequalities Assessment Report,

The Health Inequalities Assessment Toolkit: - (i) Helps to clarify the health inequalities associated with the problem you wish to address and identify the socio-economic drivers of these inequalities and; (ii) Thinks about how the health inequality focus of proposed work could be strengthened.

The Health Inequalities Assessment Toolkit will ensure consideration of health inequalities associated with gender, ethnicity, age, disability, etc. however gives priority to submissions that demonstrate potential to reducing inequalities in health resulting from socio-economic inequalities.

When using the Health Inequalities Assessment Toolkit partners should give details of how the problem to be addressed has some bearing on socio-economic inequalities in health. It should also highlight plans to address some of these socio-economic drivers of inequalities. For example, if the problem to be addressed relates to uptake of services or outcomes of treatment for a particular group (for example, women, people with disabilities, or minority ethnic group) partners will need to consider: -

1. Whether the problem is unequally distributed within the socio-economic group you are focusing on, and if so how.
2. What particular socio-economic factors may be expected to contribute to these inequalities in health (e.g. low income, poor quality housing, etc.

**9.0 Financial considerations:**

9.1 Partners in the Collaboration for Leadership in Applied Health Research and Care North West Coast are expected to contribute a financial and / or in kind contribution to the research work undertaken.

**10.0 Risk management considerations:**

10.1 Partners in the Collaboration for Leadership in Applied Health Research and Care North West Coast are asked to sign a contract to ensure risk management considerations are sufficiently robust.

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 The work of the Collaboration for Leadership in Applied Health Research and Care North West Coast has been formally reporting to the Joint Strategic Needs Assessment (JSNA) Strategic Group and is accountable to the Director of Public Health.

**13.0 Background papers:**

13.1 Collaboration for Leadership in Applied Health Research and Care North West Coast website <http://clahrc-nwc.nihr.ac.uk/index.php>

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Liverpool Clinical Commissioning Group



East Lancashire  
Clinical Commissioning Group



West Cheshire  
Clinical Commissioning Group

Liverpool Heart and Chest Hospital  
NHS Foundation Trust

Lancashire Teaching Hospitals  
NHS Foundation Trust



Alder Hey Children's  
NHS Foundation Trust

The Royal Liverpool and  
Broadgreen University Hospitals  
NHS Trust

Aintree University Hospital  
NHS Foundation Trust

Where quality matters

Wirral University Teaching Hospital  
NHS Foundation Trust

Liverpool Women's  
NHS Foundation Trust  
Dedicated to you

University Hospitals  
of Morecambe Bay  
NHS Trust

Clatterbridge  
your cancer centre

Lancashire Care  
NHS Foundation Trust



Lancashire  
County Council



Blackpool Council  
BUILDING A BETTER COMMUNITY FOR ALL



BLACKBURN  
with  
DARWEN  
BOROUGH COUNCIL



Liverpool  
City Council

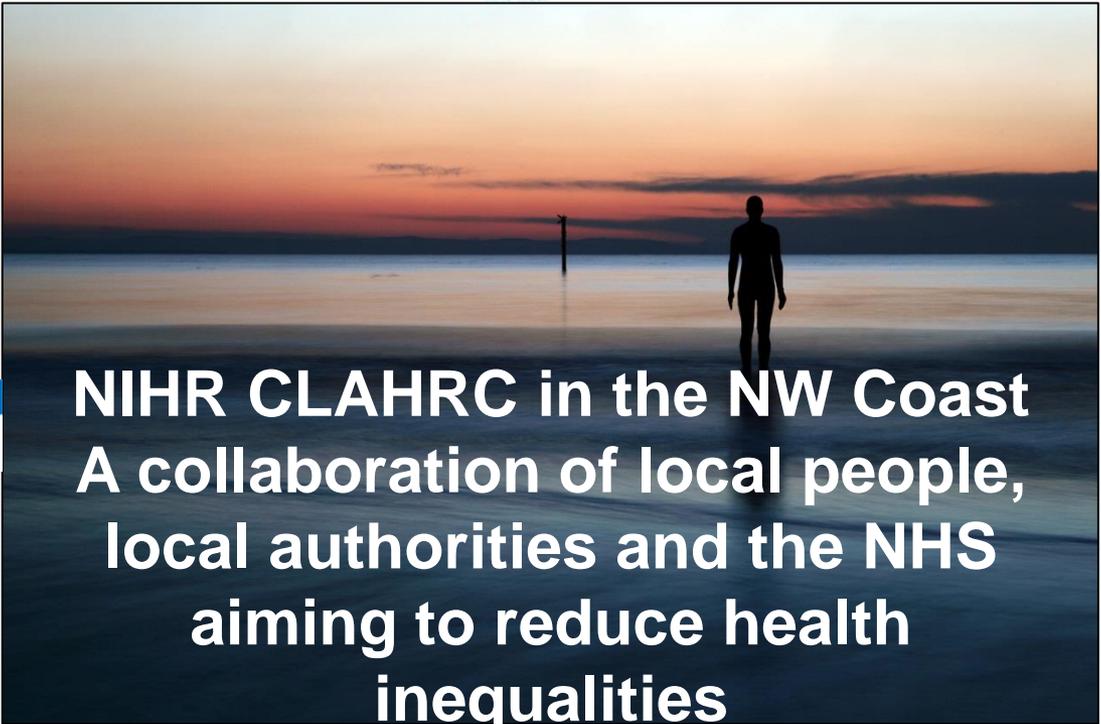
Sefton Council



Cheshire West  
and Chester



Knowsley Council



**NIHR CLAHRC in the NW Coast**  
A collaboration of local people,  
local authorities and the NHS  
aiming to reduce health  
inequalities

5 Boroughs Partnership  
NHS Foundation Trust

The Walton Centre  
NHS Foundation Trust

Excellence in Neuroscience

Mersey Care  
NHS Trust

LCH Liverpool Community Health  
NHS Trust

Warrington and  
Halton Hospitals  
NHS Foundation Trust

LHP  
LIVERPOOL  
HEALTH PARTNERS  
North West Coast

Academic  
Health  
Science  
Network

LANCASTER  
UNIVERSITY



UNIVERSITY OF  
LIVERPOOL

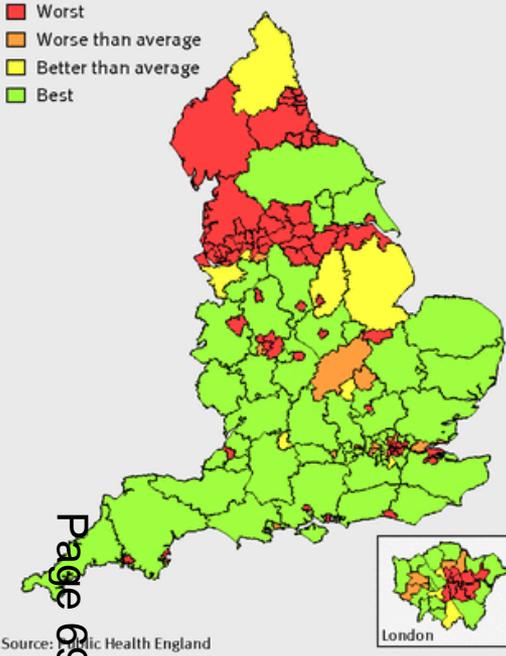
uclan  
University of Central Lancashire

# 34 partners contributing £13m+ in cash or kind plus £9m from NIHR

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## Premature mortality in England, 2011



## Aim: to contribute to reduced health inequalities

**Health Inequalities** are systematic differences in length of life and quality of life across social groups and areas

They are caused by inequalities in people's access to social and economic resources, to good living and working conditions, to timely good quality treatment and care and to people's opportunities to influence decisions affecting their lives



We call these “**social determinants of health inequalities**” and they are avoidable so they are unfair

# CLAHRC's 6 Programmes are all aimed at reducing health inequalities by:

1. Delivering personalised health and care
2. Improving the delivery of health care by utilising 'best' available evidence
3. Improving care and support for people with complex health conditions (e.g. diabetes)
4. Bringing together existing evidence on ways to reduce health inequalities
5. Reducing inequalities in mental health
6. **Improving the social determinants of health inequalities – the Neighbourhood Resilience programme**



# What is Neighbourhood Resilience?

**Resilience** is the personal and collective capacity of the people who live and work in an area to **respond to and influence** the social, economic and environmental changes that impact on their health and wellbeing



# The Neighbourhood Resilience programme

## Which neighbourhoods?:

10 Neighbourhoods for Learning (NfL) identified as areas with relatively poor health

## What will programme comprise?:

**Not a new intervention** – plan is to adapt existing resilience related activities in NfL on basis of evidence and then evaluate

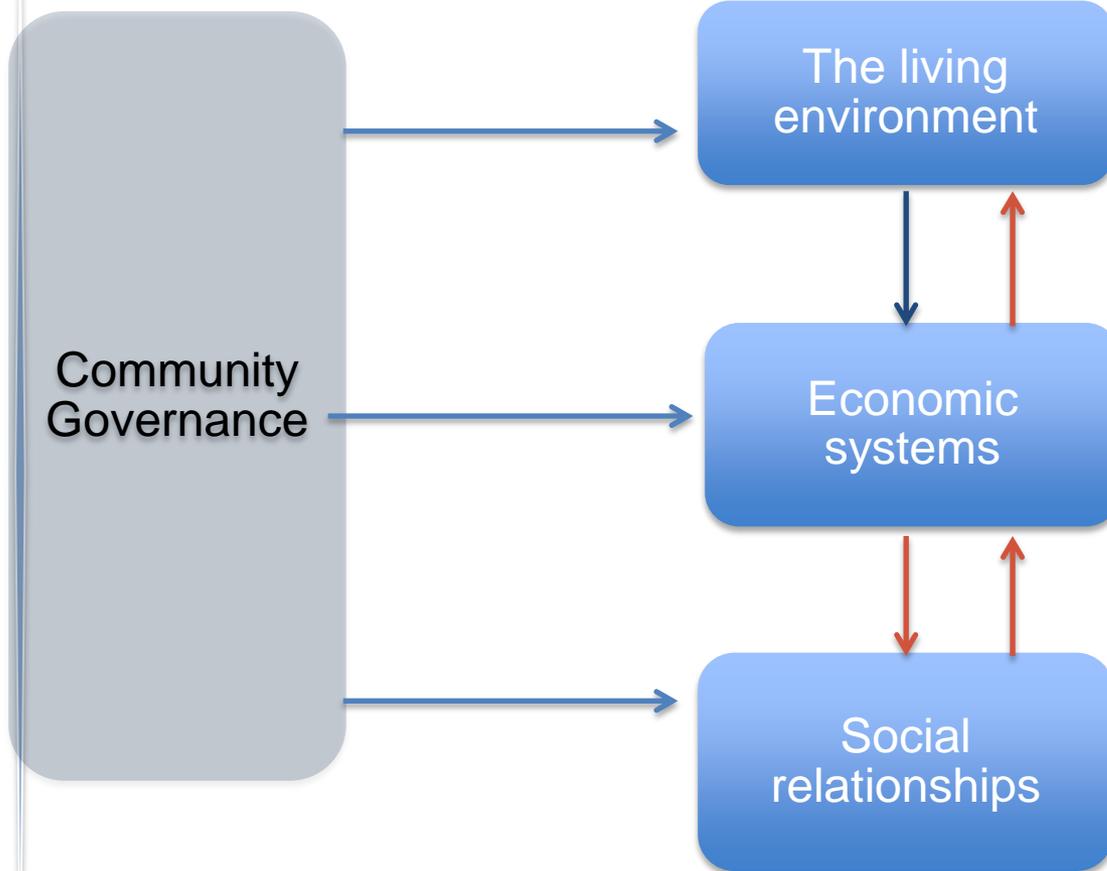
## Who will shape the programme?:

- The PH theme programme management group with representatives from partner Local Authorities
- Local Oversight Group (LOG) will design the initiative: residents of the NsfL, LA staff and elected members, NHS stakeholders and third sector organisations

## How will it be resourced?:

The actions will be refinements of existing public and/or third sector activities.

Evaluation funded by NW coast CLAHRC with in kind contribution from local authority and NHS partners



**Framework informing the development of  
our Neighbourhood Resilience initiatives**

# 1. To increase economic resilience; action could focus on:

- Improving access to affordable credit, encouraging saving/provision of basic bank accounts; promoting local banking solutions (e.g. credit unions and community banking etc.);
- Tackling door-step lending/payday loans/loan-sharking;
- Providing debt or money advice service to reduce debt;
- Promoting 'financial literacy' through education;
- Promoting schemes to reduce energy costs
- Social procurement policies focused on social value
- Use of local planning/licensing regulation re gambling

## 2. To increase the resilience of the living environment; action could focus on:

- Developing community gardens, local food projects and other productive collective usages of public spaces
- Improving the local food environment including provision of healthier foods in local shops/restaurants
- Redesigning the streetscape e.g. creating more welcoming, safer and attractive public spaces;
- Installation of community art works (which can help promote a sense of civic pride and local identity).
- Housing improvement including private landlord initiatives, decent homes initiatives, use of grants to repair and insulate

### 3. To increase the resilience of social relationships/cohesion; action could focus on:

- Creating public spaces or community meeting points to facilitate social interaction and community cohesion e.g Men in Sheds
- Supporting community choirs, befriending schemes, etc
- Volunteering schemes
- Initiatives to reduce social isolation

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### 4. To increase resilience through community governance; action could focus on:

- Requires increased community involvement in decision making structures and processes e.g.
  - Participatory budgeting
  - Community Governance Groups e.g. social housing
  - Community Development Trusts
  - Community asset ownership
  - Neighbourhood committees
  - Citizen juries

# Steps in programme development

- Completed review of Local Authority 'resilience' policies across UK
- Identified 10 neighbourhoods for learning: mapped resilience related activities
- Developing and implementing resilience initiatives in NsfL in groups:
  - Local oversight groups (LOGs) to co-produce these
  - LOG prioritise focus of work, decide on actions to be refined
  - Implement initiative in NsfL start 1<sup>st</sup> batch January 2016; 2<sup>nd</sup> in August 2016
- Engaging NsfL residents in development and evaluation of the resilience initiatives through *Community Research and Engagement Network (CoReN)*
- Plan and implement the evaluation – start in early summer 2016
- Share learning across the CLAHRC partners – continuous

# The Community Research and Engagement Network (COREN)

- Community organisations in each Neighbourhood for Learning funded to recruit and support around 10 local community activists to:
  - Engage more residents through local events and other activities
  - Contribute to the evaluation
- 100+ community activists in Community Research and Engagement Network meeting & sharing learning across the NW coast
- They will receive training in engagement methods and with other residents will also receive training in appropriate research methods
- They will be paid expenses and INVOLVE fees for engagement activities - living wage paid for any research work.

# What's in it for you?

## **Governance by local people, local authorities and the NHS:**

- Representatives from local authorities on Theme Management Group overseeing the programme
- Local Oversight Groups overseeing work in each NfL including representatives from local residents, the LA and local NHS organisations
- COREN recruiting and supporting NfL residents to get involved

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## **Benefits for Local people and local agencies :**

- Improvements in social determinants of health inequalities in the NsfL
- Access to information and evidence resources
- LA and NHS staff and local people receiving training and can access CLAHRC Knowledge mobilisation internships and studentships
- NfL community activists paid for work and gain employment related skills
- NfL residents and LA and NHS engaged in producing practice and policy relevant outputs from the research

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<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Scott Butterfield, Corporate Development and Research Manager
<b>Relevant Cabinet Member:</b>	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
<b>Date of Meeting:</b>	20 July 2016

## DRAFT FORWARD PLAN

### 1.0 Purpose of the report:

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

### 2.0 Recommendation(s):

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

### 3.0 Reasons for recommendation(s):

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

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

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

- 3.3 Other alternative options to be considered:

None

**4.0 Council Priority:**

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

**5.0 Background Information**

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

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

5.3 Does the information submitted include any exempt information? No

**5.4 List of Appendices:**

Appendix 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 2016 – 17**

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
<p>Wednesday 7 September 2016 3.00 – 5.00pm</p>	<p>Formal</p>	<p><b>SUB-GROUP UPDATES</b></p> <ol style="list-style-type: none"> <li>1. Strategic Commissioning Group update (10mins)</li> <li>2. Health Protection Forum update (10mins)</li> </ol> <p><b>BUSINESS ITEMS</b></p> <ol style="list-style-type: none"> <li>3. Sustainability and Transformation Plan (15mins)</li> <li>4. Fylde Coast Health and Wellbeing Partnership (15mins)</li> <li>5. SEN and Disability (0-25years) update (15mins)</li> <li>6. CYP Emotional Health and Wellbeing Transformation Plan update (15mins)</li> <li>7. Fylde Coast Cancer Strategy (15mins)</li> </ol>		<p>All finalised reports to be sent to Venessa Beckett by <b>12 noon on Wednesday 24 August 2016</b></p>

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 19 October 2016 3.00 – 5.00pm	Formal	<b>SUB-GROUP UPDATES</b>  1. Strategic Commissioning Group update (10mins)  <b>BUSINESS ITEMS</b>  2. Better Start		All finalised reports to be sent to Venessa Beckett by <b>12 noon on Wednesday 5 October 2016</b>
BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 30 November 2016 3.00 – 5.00pm	Formal	<b>SUB-GROUP UPDATES</b>  1. Strategic Commissioning Group update (10mins)  <b>BUSINESS ITEMS</b>		All finalised reports to be sent to Venessa Beckett by <b>12 noon on Wednesday 16 November 2016</b>

**Future meeting dates:**

18 January 2017

1 March 2017

19 April 2017

7 June 2017

19 July 2017

6 September 2017

18 October 2017

29 November 2017