

Public Document Pack



7 October 2016

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 19 October 2016 at 3.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 DECLARATIONS OF INTEREST

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

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

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

2 MINUTES OF THE LAST MEETING HELD ON 7 SEPTEMBER 2016 (Pages 1 - 8)

To agree the minutes of the last meeting held on 7 September 2016 as a true and correct record.

3 PUBLIC HEALTH ANNUAL REPORT (Pages 9 - 42)

To consider the Public Health Annual Report 2015 the purpose of which is to present the Director of Public Health's independent assessment of local health needs, determinants and concerns.

4 HEALTHY WEIGHT STRATEGY UPDATE (Pages 43 - 48)

To present an update to the Board on the progress with regard to the implementation of Blackpool's Healthier Weight Strategy, and to provide a brief on the recently released National Child Obesity Strategy.

5 HEALTHWATCH BLACKPOOL PRIORITIES SURVEY AND 2016/17 WORKPLAN REPORT

(Pages 49 - 62)

To present and demonstrate the evidence based plan of work which Healthwatch Blackpool intends to carry out over the course of the 2016/17 financial year.

6 BLACKPOOL BETTER START UPDATE

(Pages 63 - 70)

To receive a presentation giving an overview of the Better Start programme in Blackpool and progress to date.

7 FORWARD PLAN

(Pages 71 - 76)

To consider the draft Forward Plan for the Health and Wellbeing Board.

8 DATE OF FUTURE MEETINGS

To note the dates of future meetings as follows:

30 November 2016

18 January 2017

1 March 2017

19 April 2017

Venue information:

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

Other information:

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

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

Agenda Item 2

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER 2016

Present:

Councillor Cain, Cabinet Secretary (Resilient Communities), Blackpool Council

Councillor Clapham, Opposition Group Member, Blackpool Council

Councillor D Coleman, Cabinet Assistant (Resilient Communities), Blackpool Council

Eddy Jackson, Blackpool Healthwatch Representative

Phil Jones, Area Group Manager, Lancashire Fire and Rescue Service

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Wendy Swift, Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

Mary Whyham, Blackpool Healthwatch Chairman

In Attendance:

Lennox Beattie, Executive and Regulatory Manager, Blackpool Council

Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council

Lynn Donkin, Public Health Specialist, Blackpool Council

Callum Dixon, Commissioning Manager, Blackpool Clinical Commissioning Group

Chief Inspector Nikki Evans, Lancashire Constabulary

Paul Greenwood, Interim Chief Executive, Blackpool Council for Voluntary Services

Dr Simon Jenner, Principal Educational Psychologist/Service Manager Special Educational Needs and Disabilities, Blackpool Council

Sam Nicol, Healthier Lancashire Programme Director

Liz Petch, Public Health Specialist, Blackpool Council

Steve Winterson, Engagement and Partnerships Director, Lancashire Care NHS Foundation Trust

Apologies:

David Bonson, Chief Executive Officer, Blackpool Clinical Commissioning Group

Delyth Curtis, Director of People, Blackpool Council

Dr Amanda Doyle, Chief Clinical Officer, Blackpool Clinical Commissioning Group

Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Jane Higgs, Director of Operations and Delivery, NHS England

Sue Moore, Chief Operating Officer, Lancashire Care NHS Foundation Trust

Dr Leanne Rudnick, GP Member, Blackpool Clinical Commissioning Group

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

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced to Board members that since the last meeting Councillor Eddie Collett, Board Member and the Blackpool Council Cabinet Member for School Improvement and Children's Safeguarding, had passed away.

Board Members expressed their condolences to Councillor Collett's family and colleagues on this sad event and held a minute's silence.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER 2016

2 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

3 MINUTES OF THE LAST MEETING HELD ON 20 JULY 2016

The Health and Wellbeing Board considered the minutes of its last meeting held on 20 July 2016.

Resolved:

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

4 STRATEGIC COMMISSIONING GROUP UPDATE

The Board received an update on the work of the Strategic Commissioning Group from Dr Arif Rajpura, Director of Public Health.

Dr Rajpura reminded members that a verbal update had been given to the Board at its last meeting on the items considered by the Strategic Commissioning Group at its meeting on the 20 July 2016 and Dr Rajpura highlighted the shift by Lancashire Fire and Rescue to a new, co-designed, more holistic Prevention and Wellbeing Visit.

Dr Rajpura then outlined that the next meeting of the Strategic Commissioning Group would be the 20 October 2016 and that future agendas for the meetings would be split between the regular agenda and a thematic debate.

Representatives of Blackpool Healthwatch noted that the monitoring of the Better Care Fund had been highlighted as a key role for the Strategic Commissioning Group and requested that further information on the activities undertaken to meet this role be brought to a future meeting of the Health and Wellbeing Board to provide assurance to Board members. The Board noted that the monitoring had been undertaken and agreed to add the item to the forward plan.

Resolved:

1. To note that the Board has already received at its last meeting a verbal update from the meeting on 20 July 2016 and to note that the minutes of this meeting will be brought to the Health and Wellbeing Board meeting in November.
2. To note that the next meeting is on 20 October 2016 and that the structure of future meetings will include a focus on a particular theme or issue to be debated and resolved.
3. To receive an update on the monitoring of the Better Care Fund at a future meeting and add that item to the Board's forward plan.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER 2016

5 HEALTH PROTECTION FORUM REPORT

The Health and Wellbeing Board received its second biannual update on the work of the Health Protection Forum from Mrs Lynn Donkin, Public Health Specialist.

Mrs Donkin highlighted the key actions of the Health Protection Forum over the past six months. In terms of infectious diseases, Mrs Donkin particularly emphasised the elevated rates of Scarlet Fever over the past year or so, and while the elevated rates were likely to be as part of a normal cycle, publicity including guidelines on infection control had been increased to schools and nurseries. Mrs Donkin also drew the Board's attention to the development actions that had been undertaken to review the Severe Weather Plan both for high temperatures in Summer and low temperatures in Winter.

Resolved:

1. To receive the Health Protection Report for the period 1 February 2015 to 31 August 2016 given verbally at the meeting.
2. That having considered verbal presentation on the issues outlined at Paragraph 5.2 of the report at Item 4 to the agenda, to agree that no further action is necessary.

6 JOINT ARRANGEMENTS FOR HEALTH AND WELLBEING BOARDS IN LANCASHIRE UPDATE

Mr Lennox Beattie, Executive and Regulatory Manager, provided a brief update to the Board on the development of joint arrangements including new pan-Lancashire model for health and wellbeing board governance.

Mr Beattie explained that the Lancashire Leaders had previously agreed to begin work to investigate a move to a new model of health and wellbeing board governance, in the form of a single Health and Wellbeing Board for Lancashire with five local area health and wellbeing partnerships.

Mr Beattie reminded members that in order to develop the model further via engagement with existing Board members, a joint summit had been held on 26 July 2016 in Preston attended by a number of board members. The summit had been focussed on four key areas: Governance and democratic influence, Promoting integration, Joint strategic needs assessments and health and wellbeing strategies, and Membership. The summit had successfully identified a substantial number of areas of agreement between partners that would allow the Lancashire Leaders at their next meeting to consider firm proposals for further development based on the principles agreed at the summit. Mr Beattie advised that the proposals were currently under development by governance and legal professionals within the three Councils and would be reported to the next meeting of the Board.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER 2016

In response to questions, Mr Beattie clarified that any changes to be undertaken would require the approval of each Health and Wellbeing Board and with the intention of the changes being implemented from May 2017.

Resolved:

1. To note the development of the new pan-Lancashire model for health and wellbeing board governance.
2. To note that a report is to be considered by the Lancashire Leaders Group at its meeting on the 15 September 2016.
3. To agree to receive a further update at the next meeting.

7 LANCASHIRE AND SOUTH CUMBRIA CHANGE PROGRAMME AND SUSTAINABILITY AND TRANSFORMATION PROGRAMME UPDATE

Ms Sam Nicol, Healthier Lancashire Programme Director, provided the Board with an update on the recent activities of the Lancashire and South Cumbria Change Programme.

Ms Nicol highlighted the strong progress towards the development of the Sustainability and Transformation Plan but emphasised the challenges set by the deadline for its submission, given the recent change of deadline from the 30 to the 20 October for the plan's full submission. Ms Nicol reminded members that all three Health and Wellbeing Boards (Blackpool, Blackburn with Darwen and Lancashire) were required to approve the final plan before the 20 October deadline. The Board suggested that a way forward would be to hold a joint meeting of all three Boards immediately before the next scheduled Board meeting on the 19 October 2016.

The Healthwatch representatives noted the positive level of engagement by the Change Programme with the relevant Healthwatch organisations so far but emphasised that the patient voice in improving patient outcomes must continue to be a key factor in developing the programme in the future.

Resolved:

1. To note the progress that the Lancashire and South Cumbria Change Programme has made in establishing the requisite governance and programme structure arrangements.
2. To note the requirements of the Sustainability and Transformation Plans NHS and local government organisations and further deadlines of 16 September 2016 for financial plans, and supporting detailed narrative by 20 October 2016 to provide assurance that the health and care system can achieve financial sustainability at the end of this year and through to 2018.
3. To agree to receive the Sustainability and Transformation Plan at either the next meeting or as preferred by the Board a special joint meeting of Blackpool,

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER 2016

Blackburn with Darwen and Lancashire Health and Wellbeing Boards to take place immediately before the next meeting of the Blackpool Health and Wellbeing Board.

8 FYLDE COAST CANCER STRATEGY (2016-2021)

The Board considered the Fylde Coast Cancer Strategy for 2016-2021, which had been developed in conjunction with the key stakeholders of the Fylde Coast Cancer Steering Group.

Mr Calum Dixon, Commissioning Manager, Blackpool Clinical Commissioning Group, briefly highlighted the process for the development of the strategy. Mr Dixon emphasised the particular challenges for the Fylde Coast, notably the high levels of deprivation in Blackpool and associated rates of smoking and the challenges of an aging population in the other areas of the Fylde Coast. The key aim of the strategy would be to outline the changes required to further improve cancer services, patient outcomes and patient experiences for the Fylde Coast over the next 5 years. Fylde and Wyre Clinical Commissioning Group, Blackpool Clinical Commissioning Group and Blackpool Teaching Hospitals would be jointly responsible for the achievement of the actions identified within the Strategy.

The Board endorsed the key outcomes of the strategy namely:

- Raising awareness of and improving earlier diagnosis to reduce the number of late presentations
- Promoting lifestyle changes to reduce cases of preventable cancers
- Improving survival rates, improve support services for those living with and beyond cancer
- Reducing Variations in care between diagnoses
- Prompt treatment following diagnosis
- Implementing comprehensive holistic care and support for increasing numbers of patients in recovery
- Improving patient experience of cancer services
- Providing the best possible quality of life, including end of life

The Board expressed particular pleasure that the development of the strategy had been significantly informed by patients' views.

Resolved:

To support and endorse the implementation of the Fylde Coast Cancer Strategy as attached at Appendix 7a, to the agenda.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER 2016

9 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (0-25 YEARS) UPDATE

Further to the previous presentation in October 2014 and 2015, the Board received its annual update presentation on the implementation of the 2014 Children and Families Act across agencies.

Dr Simon Jenner, Principal Educational Psychologist/Service Manager Special Educational Needs and Disabilities, Blackpool Council, presented the annual report to the Board. Dr Jenner reminded members of the context of the changes arising from the Children and Families Act 2014 and the progress that had already taken place in the full implementation of the act. Dr Jenner outlined what he viewed as some of the key positives as regards the ethos of developing Educational and Health Care plans with parents and guardians. The potential for an Ofsted inspection and the relevant considerations were also highlighted to Board members.

Resolved:

1. To note the presentation on Special Educational Needs and Disability and note that the presentation outlined that current work continues to meet statutory obligations and to prepare for external inspections.
2. To agree to continue to have an annual monitoring report on the implementation of the SEND aspects of the Children and Families Act and the impact of this.

10 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.

The Board noted that it had already agreed under Minute Item 4 to receive an update on the monitoring of the Better Care Fund.

Resolved:

To approve the Health and Wellbeing Board Forward Plan as set out in Appendix 9a, to the agenda.

11 DATE OF FUTURE MEETINGS

Resolved:

To note the dates of future meetings as follows:

19 October 2016

30 November 2016

18 January 2017

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 7 SEPTEMBER
2016**

1 March 2017

19 April 2017

Chairman

(The meeting ended at 4.45pm)

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

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Agenda Item 3

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Amy Cross, Cabinet Member for Adult Safeguarding and Reducing Health Inequalities
Date of Meeting:	19 October 2016

PUBLIC HEALTH ANNUAL REPORT

1.0 Purpose of the report:

- 1.1 To consider the Public Health Annual Report 2015 the purpose of which is to present the Director of Public Health's independent assessment of local health needs, determinants and concerns.

2.0 Recommendation(s):

- 2.1 To receive the Public Health Annual Report 2015.

- 2.2 To endorse the recommendations made in the report namely:

1. That NHS England/Public Health England should lead work to improve the take up of the second dose of the MMR vaccine.
2. The Clinical Commissioning Group should take a lead role in the coordination and planning of activities to promote take up of seasonal flu locally.
3. That Partner organisations and the local business community be encouraged to follow the Council's lead in taking action to promote healthier weight and consider adopting their own Declarations on Healthier Weight.
4. That Organisations across the town should continue to take a multi-faceted approach to reducing rates of smoking in pregnancy.
5. Public health staff should continue to work with the NHS to maximise opportunities in the prevention agenda as a key part of New Models of Care.
6. That the Council's Public Health Team should undertake a health equity audit for the Health Checks programme to identify opportunities to improve the performance, quality and outcomes of the local programme.

3.0 Reasons for recommendation(s):

- 3.1 The report takes a look at a selection of work from the past year with examples of particularly notable projects from each of the three domains of public health practice; protecting the public's health, promoting health and wellbeing, and healthcare public health.

On the subject of health protection the report describes the introduction of a tattoo hygiene rating scheme to improve infection control practices in tattoo and piercing premises, the Love my Beach campaign which is successfully improving the quality of local bathing waters, and the modernising of local sexual health services. Within the health promotion section the report looks at developments in the areas of reducing smoking and promoting healthier weight. The final section discusses the opportunities for improving public health offered by the NHS-led Fylde Coast New Models of Care programme and the NHS Health Check Programme which is commissioned by the Council.

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

- 3.3b Is the recommendation in accordance with the Council's approved budget? Yes

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

- 5.2 The Public Health Annual Report has been circulated widely across senior leaders and partners across the town. The reports are available for public viewing through the Council's Libraries and are published electronically on the Blackpool Joint Strategic Needs Assessment (JSNA) website at www.blackpooljsna.org.uk.

- 5.3 Does the information submitted include any exempt information? No

5.4 List of Appendices:

Appendix 3a: Public Health Annual Report 2015

6.0 Legal considerations:

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

7.0 Human Resources considerations:

- 7.1 The report has noted that there is room for improvement in the take up of seasonal flu vaccine across the full range of staff employed in health and social care across the whole community, but particularly with the Council's Children and Adult Social Care teams.

8.0 Equalities considerations:

- 8.1 The report includes an update on the recommendations of last year's report which took a detailed look at the local implications of the Inquiry on Health Equity for the North.

- 8.2 Reducing inequalities in health is a key activity for the Council's Public Health team and features a fundamental consideration in many of the work areas and initiatives discussed in the report. The recommendations include the requirement to undertake a health equity audit of the local NHS Health Checks programme.

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.

Public Health Annual Report 2015

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Public Health Annual Report 2015

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Public Health Annual Report 2015

Foreword

Welcome to this, my eighth annual report on the health of the people of Blackpool.

Last year's report looked at the recommendations of the Due North Inquiry on Health Equity for the North and was well received across the town. I'm pleased that the Health and Wellbeing Board have chosen to adopt the recommendations arising from Due North as the basis for their Health and Wellbeing Strategy. A good deal of work is already underway and a comprehensive action plan is starting to take shape to ensure that real progress is made. I present a fuller update on progress on page 3.

This year's report takes a look at a selection of work from the past year, with examples of particularly notable projects from each of the three domains of public health practice; protecting the public's health, promoting health and wellbeing, and healthcare public health. It has, once again, been a very busy year for the team. In Section 1 (page 5), I give my annual update on health protection and highlight important initiatives to protect the public from communicable disease. These include a tattoo hygiene rating scheme, the first scheme of its kind in the country, the 'Love my Beach' initiative which is successfully improving the quality of local bathing waters, and a modernised sexual health service and these are described on pages 7 and 9.

In Section 2 I take a look at two key areas of health promotion work. Smoking remains one of the biggest risk factors for ill health. Specialist stop smoking services offer the best chance of a successful quit attempt, and this year the local service has been the subject of a procurement exercise (page 11).

Being overweight or obese is another major risk factor for ill health, and have been very much in the news in recent months. A major piece of work to refresh the Healthy Weight Strategy has been completed this year and has already seen a fun and interactive campaign to encourage teenagers to give up loving pop (GULP). As I write this the Council have become the first authority in the country to sign up to a Declaration on Healthy Weight which commits the Council to ensuring that their policies and actions are oriented to promoting healthy eating and healthy weight. This work is described on page 13.

Section 3 describes two key areas of work that offer a real opportunity for health services to shift their focus towards prevention. The Fylde Coast New Models of Care programme aims to move care from hospitals to community teams working with people with chronic and multiple health conditions so that potential problems are spotted and addressed at an earlier stage, and is outlined on page 16. The NHS Health Check programme is a national programme funded locally through the Public Health Grant to the local authority and offers men and women aged 40-74 a check every five years. Through the programme, potential conditions can be picked up and treated at an earlier stage, and it provides the opportunity to give lifestyle advice and support. The success of Blackpool's NHS Health Check programme is described on page 19.

In October 2015, commissioning responsibilities for 0-5 children's public health services passed to the local authority and this work is being undertaken by the public health team. These public health services for 0-5s comprise universal health visiting services and Family Nurse Partnership, a targeted service for first time mothers under age 20.

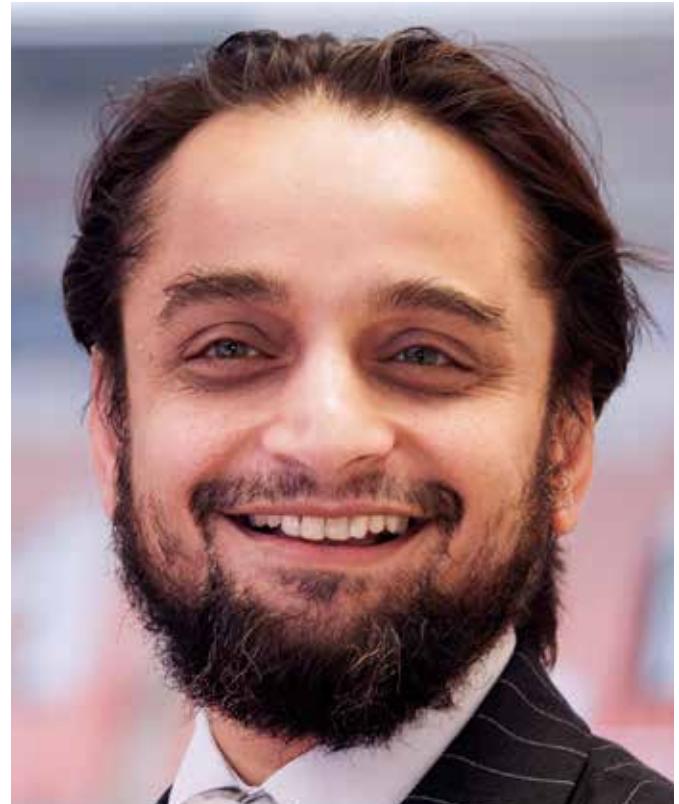
Public Health Annual Report 2015

Looking forward, the coming year will see the public health team leading a number of important pieces of work. These include a review of children's public health services and procurement exercise to appoint a provider to deliver services for children from 0-19 years, the roll out of a fluoridated milk scheme across primary schools in the town which forms part of a wider oral health improvement strategy and the development of two major strategies: one for tackling the issues associated with drug misuse, and one for reducing alcohol-related harms.

The foreseeable future will continue to bring budget challenges for public health services. The Public Health Grant was subject to a 6.2% in-year cut which was imposed by the government in November 2015. Coming as it did more than half way through the year, the budget was already committed to contracts, and was very difficult to manage. The position for 2016-17 and 2018-19 will see further cuts to the Public Health Grant. The Council and I have responded to government consultations on future budget allocation formula on the allocations for children's public health services for 0-5 year olds, and on the Public Health Grant. Both these proposals, if introduced would see the budget for public health in the town cut by up to a third. These are very severe cuts and will put a range of very important public health funded services at serious risk. I feel particularly strongly that these cuts would be extremely unfair for a town that has historically invested in additional services to meet the heavy burden of poor health experienced in the town. I would encourage all those concerned or potentially affected by the cuts to express your concerns wherever possible.



Dr Arif Rajpura
Director of Public Health



Public Health Annual Report 2015

Update on recommendations from last year's report

Last year's report featured an in depth look at the recommendations arising from the Due North Report of the Inquiry on Health Equity for the North. Professor Margaret Whitehead, University of Liverpool presented recommendations for local and national action across four themes:

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

In the report I focused on recommendations for local action and identified a number of policies and activities that were already underway or planned. However there was potential for much more to be done and therefore I made the single recommendation that the council develop an action plan to ensure full implementation of the recommendations for local action presented by Professor Whitehead.

I have presented this recommendation and the findings of my 2014 annual report to the Council, the Health and Wellbeing Board and the Public Health Scrutiny Panel and all have indicated their concern at the findings and their support for action. The Health and Wellbeing Board have decided that their forthcoming Health and Wellbeing Strategy will form the action plan for implementation. I'm pleased to see the Council already undertaking a number of important projects in line with the action plan; a selection of these is highlighted below.

Blackpool Housing Company

A new Council-owned housing regeneration company has been established this year; its purpose is to purchase properties that need improvement, convert and refurbish them to a high standard and let them at market rents to local tenants. The Blackpool Housing Company is anticipated to own one thousand units in the next three to five years. There has been considerable investment in new housing developments; Foxhall Village comprises 400 new homes within inner Blackpool; while the Selective Licensing scheme is ensuring minimum standards of management within the South Beach and Claremont areas, with plans to roll out to the inner areas.

Blackpool's 'A Better Start' programme

Better Start is a systems transformation programme aimed at giving young children under three the best start in life. The programme has already seen a Centre for Early Child Development set up in the town to use the latest research findings to develop and integrate evidence based programmes to tackle key risk factors. The programme has already seen the introduction of the NSPCC's Baby Steps programme via the health visiting service and Children's Centres, and in the coming year the team will be working with the Family Nurse Partnership programme to introduce and test adaptations to develop the service.

Public Health Annual Report 2015

Cosy Homes in Lancashire (CHiL)

The link between cold homes and poor health is well recognised. Cosy Homes in Lancashire (CHiL) enables residents to get free or subsidised energy-saving improvements to their homes such as boilers and insulation. The project, which is being led by Blackpool Council on behalf of the 14 local authorities and county council in Lancashire, launched late 2015. Funding totalling £3.2 million has been secured from the Department of Energy & Climate Change (DECC) Central Heating Fund and DECC Health Booster Fund. A further £3.3 million funding has been secured from the energy company SSE through the Energy Company Obligation (ECO). It provides a single point of contact for people wanting measures to improve their home's insulation or heating and aims to become a trusted brand for advice on improving energy efficiency and reducing energy bills.

Community Farm and Community Shop

The Community Farm and Community Shop initiatives are not for profit ventures that are supported by, and operated for the benefit of, the local community. An area of land was identified as suitable for growing in Grange Park and funding has been secured for a team of four staff from April 2016. Support from the local community has been positive. The Community Shop will be based in the City Learning Centre on Bathurst Avenue and is likely to open in late 2016 once refurbishment of the centre has been completed, although a number of 'pop up' events are planned in the meantime.

Blackpool Alcohol Inquiry

'Talking Drink: Taking Action – The Blackpool Alcohol Inquiry' was commissioned by Blackpool Council. This was a new approach in Blackpool that has proven successful for engaging residents in influencing decisions and there are now plans to use this approach to engage on other topics such as tobacco. The Blackpool Alcohol Inquiry enabled local residents who may not have been involved in decision making processes in the past to become part of a local group that explored the issue of alcohol in their area. At the end of the initial inquiry the participants were keen to continue meeting to take action. A 'campaign boot camp' was held to give the volunteers a set of knowledge and skills to better enable them to take action. The boot camp enabled the volunteers to identify their campaign aims, targets and tactics and then to rehearse these in a safe environment. From this, they proactively took actions including: following up commentators, conducting online research, establishing a group on Facebook, using Twitter, emailing the local MP, checking local sites for alcohol-related promotional materials and setting up an online petition.

Public Health Annual Report 2015

Section 1: Protecting health

Health protection is the first of the three domains of public health presented in this report. This area of activity seeks to prevent or reduce the harm caused by communicable disease and minimise the health impact from environmental hazards such as chemicals and radiation, and extreme weather events. In my role as Director of Public Health I have a duty to prepare for and lead the local authority response to incidents that present a threat to the public's health. Public Health England is responsible for providing specialist health protection functions including specialist response to incidents and outbreaks.

The Health Protection Forum oversees the local public health responsibilities for health protection in Blackpool. This group has been active in an informal capacity since 2013, and has recently been formally adopted as a subgroup of the Health and Wellbeing Board, and is now providing regular updates and reports to the Board.

In this section I present an update on communicable diseases in the town, and highlight important health protection work during the year which has included a modernisation of sexual health services, the introduction of a tattoo hygiene rating scheme, and projects that are improving Fylde Coast bathing water quality.

Communicable diseases

Blackpool Council works closely with colleagues from Public Health England's local health protection team to deal with reports of infectious diseases and respond to outbreaks and incidents. During August 2015 these arrangements were tested at scale when reports emerged of a potential contamination with Cryptosporidium of the water supply affecting Blackpool and beyond. Otherwise this has been a relatively uneventful year with regard to communicable disease with rates for all notifications at similar levels to previous years. Food poisoning continues to be the most commonly notified infection with 52 instances reported during 2014. Although notification rates have been relatively static, there are several infections which merit further consideration either because we see higher than average rates in Blackpool, and/or because they have significant implications for affected individuals and communities.

Scarlet fever

Since 2013 we have seen increases in the numbers of notified cases of scarlet fever from typically less than 10 a year to 41 cases in 2014. Blackpool is not alone in seeing this trend which is also reflected in increased numbers of cases and outbreaks across the country. Scarlet fever is a highly infectious bacterial illness that mainly affects children. The infection causes a distinctive pink-red rash and whilst it used to be a serious illness, nowadays most cases are mild and can be treated easily with antibiotics. The reasons for the rise in cases aren't fully understood though it may be this is part of the natural long-term cycle of disease occurrence that is often seen with infectious diseases.

Public Health Annual Report 2015

Cryptosporidium incident

In early August, a potential contamination of the water supply was identified. A 'boil water' notice was issued by the water supplier, United Utilities, to people living in parts of Lancashire and Blackpool, as a precaution while further investigation took place. Testing confirmed that there were traces of Cryptosporidium in the water supply. Cryptosporidium is a parasite that can infect humans and animals, and causes gastroenteritis-like illness, typically diarrhoea and vomiting lasting for up to two weeks. Children are most likely to become infected. Whilst most infected people experience this as an unpleasant illness that resolves in time, it can lead to severe illness in people whose immune system isn't working properly.



Due to the large numbers of people affected by the 'boil water' notice, the Lancashire Resilience Forum considered an emergency response was required under the Civil Contingencies Act. A Strategic Coordinating Group was set up, chaired by myself as Director of Public Health acting on behalf of the three local authorities of Blackpool, Blackburn with Darwen, and Lancashire, to coordinate the response across all relevant agencies and partners.

The Cryptosporidium parasite is killed by exposure to ultra violet (UV) light and the key action to resolve the incident required erecting UV rigs at certain points within the water supply network. The water supply was then subject to a further period of testing until satisfactory clear samples were obtained and the 'boil water' notice lifted. During the period that the 'boil water' notice was in effect, the Strategic Commissioning Group (SCG) worked closely with United Utilities to ensure that arrangements were made to supply water to large institutions for whom boiling water was problematic, such as hospitals. The incident occurred during the school holidays but preparations were made to ensure that schools had supplies of bottled water, and all schools in affected areas were able to open as normal.

Sexually transmitted infections

In general rates of diagnosis of sexually transmitted infections (STIs) in Blackpool are higher than average. This section provides an update on actions to reduce the spread and the harm associated with HIV (the virus that causes AIDS) and chlamydia, a bacterial infection that can lead to fertility problems.

Blackpool continues to have amongst the highest prevalence of HIV in the North West with a local rate of 3.84 per 1,000 people, compared to an England rate of 2.2 per 1,000 (2014 figures). In recent years, testing rates (referred to as coverage) have been rising in Blackpool and are above average with 71.9% taking up the offer of a test in 2014. There continues to be an encouraging trend over recent years for men who have sex with men (MSM) to be tested at an earlier stage of HIV infection. Testing coverage for MSM attending GUM clinics has risen from 82.0% in 2009 to 86.9% in 2014.

Early diagnosis can mean that people with HIV stand a better chance of successful treatment. In Blackpool the proportion of people diagnosed at a late stage is considerably lower than average. Of the 42 Blackpool residents diagnosed in the period 2012-14, just over a third (35%) were diagnosed at a late stage, compared to 42.2% for England as a whole. This tendency towards earlier detection in the town is encouraging as it reflects

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a successful approach giving individuals the best chance of receiving optimal treatment and quality of life, and helping to reduce transmission rates. However it's important that we don't become complacent. Recent surveys suggest that high risk sexual behaviour with a casual partner may be increasing and that in the North West around a third (36%) of men have never been tested for HIV¹. Hence, it is important to continue to develop innovative ways to promote sexual health protection and the availability of testing opportunities.

Chlamydia is a bacterial infection most commonly found among under 25s which can lead to fertility problems. Diagnosis rates in Blackpool are significantly higher than for England as a whole. Testing rates are higher than average with 28.1% of 15-24s in the town tested for chlamydia in 2014, compared to the England average of 24.3%. Blackpool is currently achieving well over the detection rate recommended by Public Health England of 2,300 per 100,000 15-24s, with a local detection rate of 3,760 per 100,000 population. Maintaining this high detection rate will be a key part of controlling chlamydia prevalence in coming years.



Over 3,000* people who tested positive for gonorrhoea last year were over 45 – it's not too late to get tested

Find out about free sexual health checks in Blackpool at
www.blackpool.gov.uk/SexualHealth

Blackpool Council

Modernising sexual health prevention, promotion and treatment services

Services for the prevention, promotion and treatment of sexually transmitted infections in Blackpool have been the subject of review and a procurement exercise during the year.

This has resulted in contraceptive and sexual health services being brought together into one service, along with a Young People's Service (under 25s), which includes the National Chlamydia Screening Programme. It also provided the opportunity to take a different approach to the way these services are funded and introduce the national integrated sexual health tariff payment system. We are one of the first authorities in the country to introduce this system which sees the amount the local authority pays for the service being directly derived from the numbers of people using the service. These changes have made a real difference for patients by simplifying and improving access, and reducing duplication, as well as improving the efficiency of the service and considerably reducing costs.

The Integrated Specialist Sexual Health Service (for all ages) is located at Whitegate Health Centre and operates on an open access basis, treating anyone who presents regardless of where they live or whether they are registered with a GP. The services available here range from emergency oral contraception (the 'morning after pill') and chlamydia testing, to complex contraceptive problems and specialised infections management. A number of GP practices across the town also offer some sexual health services.

Sexual health services for young people under 25 are available from Connect (Young People's Service), an open access clinical service which offers STI screening, contraception and management of uncomplicated infections. Not only are the majority of young people screened for STIs at Connect (Young People's Service) or Sexual Health Services at Whitegate Drive, they also receive the contraception of their choice; with nearly 50% taking up Long Acting Reversible Contraception (LARC).

¹ Sigma Research, CHAPS and Terence Higgins Trust (THT) (2011). The UK Gay Men's Sex Survey. Vital Statistics 2010. North West region of residence data report. The European MSM Internet Survey (EMIS). London, Sigma.

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The Young People's Service has established an Adolescent Sexual Health Group, formed in response to the mobilisation plan for Connect (Young People's Service) from 1st April 2016. The purpose of this group is to improve the health and wellbeing of Blackpool's young people through successful partnership working. In recent years, public health funds have been used to improve access to services, particularly for high-risk groups. This has allowed the following initiatives and services to be introduced:

- a new young people's sexual health/substance misuse harm reduction service, offering a range of frontline workers who work with young people in one location where young people have access to chlamydia testing and harm reduction messages
- chlamydia testing offered by a range of young people's services, not just sexual health services
- a condom distribution scheme, with a particular focus on MSM, providing free condoms and lubricant in public sex environments, pubs and clubs
- actively promoting sexual health services to sex workers
- sexual health services delivered through non-clinical settings such as saunas and within Horizon drug and alcohol treatment services
- a pilot scheme offering Personal Social and Health Education (PSHE) and Sex and Relationship Education (SRE) in schools
- a campaign to raise awareness of sexual health risk in the over 45s, a group often overlooked in sexual health promotion activities

Looking forward, the service will undergo further developments in the coming year. This will include the development of digital access to improve patient care, for example e-booking of appointments, and web-based online testing services for asymptomatic patients (people worried they may have caught an infection but who have no symptoms). The different service providers will work to strengthen their network and agree clear, integrated care pathways so that patients are able to quickly access the right service for their needs.

Taken all together, these services and initiatives present a comprehensive and effective approach to promoting sexual health, reducing harm from risky sexual behaviour, optimising the treatment of infections, and ultimately reducing the spread of STIs.

Vaccine preventable infections

In Blackpool we generally see good uptake of the childhood vaccination programme. The exception to this is the pre-school boosters which are given at around three and half years of age and which include the second dose of measles, mumps and rubella (MMR). Whilst we have seen very few cases of these diseases notified in the last couple of years, there are outbreaks occurring in other parts of the country. In late 2014, the Council's Health Scrutiny Committee received a presentation from Public Health England (PHE) colleagues, on the take up of childhood vaccines, who advised that they were undertaking a series of visits to GP practices to look at ways of improving the take up of vaccinations.

The seasonal 'flu vaccine is offered annually to the over 65s, pregnant women, patients considered to be 'at risk' due to certain health conditions, and frontline health and social care staff. In 2015/16 the vaccine will also be offered to Year 1 and 2 children in schools. We await data on the take up of the schools based programme, but locally there is some room for improvement in the take up of this vaccine particularly amongst at risk groups and social care staff.

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Tattoo rating scheme

In recent years we have seen a number of incidents relating to practices in tattoo and body piercing businesses in the town. Tattoos, piercings and other skin adornments are becoming increasingly popular. These activities do however present a potential risk of transmission of blood borne diseases. It was appropriate to look at measures to protect the public from poor practice, encourage businesses to achieve good hygiene standards, and enable people to make informed choices.

In July 2015, Blackpool Council introduced a scheme for rating the hygiene of businesses offering tattooing, body piercing and semi-permanent/permanent make-up. Working in a similar way to the national Food Hygiene Rating System, the Blackpool Tattoo Hygiene Rating Scheme uses an approach that is recognisable and allows customers to check the rating of premises. It was developed using the Chartered Institute of Environmental Health's (CIEH) 'Tattoo and Body Piercing Guidance Toolkit'. Premises which do not work to good cleanliness standards receive a low rating. Participation is voluntary but all premises operating in the town are listed on the Council's webpage www.blackpool.gov.uk/tattoo. So far 25 of the 53 businesses currently operating in the town have been inspected. Of these 22 achieved the highest rating of 5, and all achieved a rating of 3 or more.



Fylde Coast bathing water quality

The European Union (EU) Bathing Water Directive is provided to ensure that bathers are aware of the quality of bathing water and was implemented to protect human health and the environment. EU rules have been in place to safeguard public health and clean bathing waters since 1976. A revised bathing water directive of 2006 updated and simplified the rules, and introduced a requirement for sampling, and to inform the public about bathing water quality so that they can make informed choices about bathing. These regulations have since been revised to include more stringent requirements around sampling and advice.

Four new bathing water classifications were introduced at the end of the 2015 bathing season: poor (advice to public against bathing), sufficient, good and excellent. Blackpool Council was given advanced warning that three of its four bathing waters were predicted to be classified as 'poor'. In response, and with a view to concerns about the effect on public health and the adverse effect on tourism, Blackpool Council formed the Fylde Peninsula Water Management Partnership with Fylde, Wyre, Lancashire County Council, the Environment Agency, United Utilities and Keep Britain Tidy to ensure that the bathing waters along the Fylde peninsula are the best quality they can be and that Blackpool's bathing waters achieve the classifications to allow bathing.

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A regional partnership, Turning Tides, provides communication regionally about what is being done to improve our waters locally through the 'Love my beach' campaigns. This is proving a good way of engaging the public and others to reduce pollution. Membership of Turning Tides includes the National Farmers Union, United Utilities and the Environment Agency and over the last four years this partnership has made a significant contribution to improving bathing waters quality.

The efforts of these two groups have paid off. In November 2015, Blackpool Council received the following classifications for its bathing waters:

- Blackpool South: Excellent
- Blackpool Central: Sufficient
- Blackpool North: Good
- Bispham: Sufficient

The work of the Fylde Peninsula Water Management Partnership and Turning Tides continues to be important to ensure that local residents and visitors can be confident with the quality of bathing waters, and enjoy the natural resources of the Fylde coastline.

Further information on the 'Love my beach' campaign can be found at lovemybeach.org



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Section 2: Improving health

Improving health, the second domain of public health, is concerned with promoting healthy lifestyles, and creating environments that support healthy choices and activities.

In this section I take a look at two key lifestyle issues: smoking and obesity. Smoking is now widely recognised as a major risk factor for ill health. The first part below describes the role of Blackpool's Tobacco Control Strategy and recent procurement of a new specialist stop smoking service for the town. The second part takes a look at the work my team have been doing to refocus the Council's approach to obesity and develop this into a Healthy Weight Strategy. Being overweight or obese considerably increases the risk of ill health, and this issue has been very much in the news in recent months. The actions arising from the new strategy have started at a pace, with a successful campaign to encourage teens to 'give up loving pop' in November of this year. As I write this the Council has just become the first authority in the country to sign up to a Declaration on Healthy Weight which sees the Council pledge to orientate policies and actions to promoting healthy eating and healthy weight. This is a major achievement arising from the strategy and represents a bold commitment from the Council to address this serious concern.

Reducing smoking rates in Blackpool

Blackpool's Tobacco Control Strategy

Smoking continues to be one of the biggest contributors to poor health and life expectancy of residents in the town. The harms and risks associated with smoking are well reported and widely understood, yet people continue to smoke.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have reduced more slowly with 26.9% of the adult population smoking as compared to the England average at 18% (2014). People who work in routine and manual occupations are around twice as likely to smoke as those in managerial and professional occupations. From the Blackpool adult smoking population, 35.7% are from routine and manual groups. To reduce inequalities in the town it is vital that we reduce the level of smoking in this group.

Blackpool has the highest rates of smoking in pregnancy. Whilst rates for England overall have shown a small decline to 11.4% in 2014/2015, the trend in Blackpool is very different with fluctuations around the 30% mark. At 27.2% in 2014/15 rates in Blackpool remain the highest in England.

We know that whilst some individuals are able to give up on their own, many people find the habit of smoking incredibly difficult to break. Information campaigns about the harms of smoking have their place but are not enough on their own. Widely accepted research findings are clear that support from a specialist 'stop smoking' service offers individuals the best chance of successfully quitting. Actions to reduce smoking levels in communities work best when they are part of a system wide strategy. For example, having smokefree places helps ex-smokers to stay stopped, and helps to de-normalise smoking meaning that children are less likely to want to try it. We have adopted such an approach in Blackpool and this is set out in the Tobacco Control Strategy.

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Other approaches within the strategy include:

Smokefree homes initiative

Blackpool Council has been working with the Maden Centre to encourage smoking households to sign a pledge to make the home smokefree. This will protect children and non-smokers from the harms of second hand smoke.

Baby Be Smokefree

Blackpool is one of two areas in the country to be part of a research project with Tommy's, the national pregnancy charity, which will see us testing a new tool for healthcare professionals to support women to give up smoking in pregnancy.

Raising awareness in young people

Personal, Social and Health Education (PSHE) in schools provides the chance to raise awareness about the harms of smoking with young people. Support for schools to develop smokefree policies including training and smokefree signage has been developed and provided to those schools who requested it.

Reducing the availability of illicit tobacco

Tax increases on tobacco have been shown to be effective in reducing consumption, but the availability of cheap, illicit tobacco in the town undermines this to some extent, and introduces other risks to the population associated with criminal activity and unregulated products. The Council maintains vigilance on illicit tobacco through routine enforcement activities across the town.

Briefing for health and social care staff on e-cigarettes

E-cigarettes have been the subject of much media attention during the year. There are a variety of perspectives on e-cigarettes and their use as a quitting aid. Carefully considering the evidence and taking into account our local needs, we have prepared a briefing on e-cigarettes for health and social care staff in the town which advises a precautionary approach. This can be found on the Council's website at www.blackpool.gov.uk/stopsmoking.

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A new direction for the specialist 'stop smoking' service

The specialist stop smoking service is a key part of improving health and reducing inequalities associated with tobacco use in the town.

This year, the re-procurement of the local specialist stop smoking service has offered the chance to look at new ways to support people to quit. The new service will be informed by research and insight into the local community's needs for support to quit and relapse-prevention. The procurement exercise set out the need for the new service to be tailored to individual needs and outreach into communities to ensure it reaches as many as possible at each stage of the journey taken to quit and stay stopped, including:

- specific interventions tailored to pregnant women provided by a dedicated pregnancy stop smoking specialist advisor
- licensed smoking cessation treatments and medications available as first-line treatment and provided directly to the client by the service (rather than needing to seek a prescription from GP or visit a pharmacy to exchange a nicotine replacement therapy voucher)
- support for e-cigarette users to become nicotine-addiction free
- provide a lung function screen to motivate people to quit smoking

The new service, Smokefreelife Blackpool, came into being on 1st October and is delivered by Solutions 4 Health, an experienced provider with understanding of working well with communities, motivating people to quit and offering a highly approachable and flexible service to residents.

Refocusing the promotion of healthy weight

There has been much media coverage in recent months on the subject of obesity, especially childhood obesity, and we are anticipating the release of a National Strategy for Childhood Obesity which is expected in the New Year.

During 2015, members of the public health team have been working to update and refresh the healthy weight strategy. This is an area where a considerable volume of new research and guidance has emerged in the last few years. It is also a subject which we have gained additional local insights during the year from an adult Healthy Lifestyle and Wellbeing Survey, School Health Education Unit survey of school children, and trend analysis of Blackpool data from the National Child Measurement Programme. Therefore it was timely to refocus our approach to promoting healthy weight.

Undoubtedly obesity is a problem for the whole county. Almost a quarter (24%) of adults are obese and a total 74.5% are overweight or obese. In Blackpool, adult obesity levels are significantly higher than average at 31%, with three quarters being overweight or obese (PHOF). The picture is particularly worrying for children. Whilst there has been some suggestion nationally that rates are levelling off, locally we continue to see increases with 26% of children starting primary school and 38% of Year 6 (10-11 year olds) overweight or obese.

Across the country our food consumption habits have changed in recent years. We now eat many more meals outside the home and sales of convenience foods have risen. Locally we see a lower than average proportion of people eating '5 a day', and 23% prepare meal from scratch less than once a week with this figure including those who never prepare a meal from scratch.

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High levels of sugar in our diets, particularly sugary drinks, have been the subject of much attention in the media in recent months. The biggest consumers of sugary drinks are young people, who can take as much as a third of their daily calories from sugary drinks. As well as being the source of unnecessary additional calories, sugary drinks and sugary foods are associated with tooth decay. Blackpool children experience amongst the highest levels of tooth decay in the country. Yet this talk of rising levels of obesity is at a time when increasing numbers of people are accessing foodbanks. It is clear that this is a complex topic.

Whilst we undeniably have the right to make our own choices, it is becoming apparent that all too often our ability to make sensible choices is undermined by a range of factors including aggressive marketing of foods high in fat, sugar and salt; lack of time to prepare our own meals from scratch; lack of access to affordable, healthy food and lack of skills or equipment to cook at home.

There is growing consensus that preventing childhood obesity is key to achieving healthy lives in adulthood and ultimately to reversing the obesity prevalence. To achieve this we need to change our approach as a community to food, drinks and physical activity and prioritise 'healthy-preference learning environments' for children. It has been suggested that a relatively quick way to reduce inequalities is through enabling disadvantaged communities to make healthier food choices by ensuring access to healthy food, cooking skills and social support.

Whilst this report was in preparation, I was in the process of presenting a proposal that the Council sign a Declaration on Healthy Weight. The Declaration allows the Council to explicitly recognise the need to exercise their responsibility in developing and implementing policies which promote healthy weight. I am very pleased to say that this proposal was approved at the meeting of the full Council on 20th January 2016. I now look forward to working with departments across the Council to support them to implement the commitments in this declaration.



The implementation of the Declaration is at the heart of the Healthy Weight Strategy which also includes:

- explore financial incentives for 'healthier' retail in deprived areas
- promote healthier packed lunches in schools
- work with schools to promote 'Walk to School' initiatives
- promote healthier vending and reduce availability of sugary drinks on council local authority sites
- develop a new healthy catering award to encourage food business across the town to offer healthy choices and responsible promotions

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'Give up loving pop' campaign

Children are consuming too much sugar. Recent estimates suggest that sugar accounts for around three times the maximum recommended proportion of their energy intake². Sugary drinks are the largest single source of sugar for children³, particularly teenagers, who are getting almost a third of the daily calories from sugary drinks⁴. Sugary drinks are full of excess calories, offer no nutritional value and aren't necessary for a healthy diet. In Blackpool a recent survey of secondary school children in the town 25% of boys and 16% of girls reported having fizzy drinks (not low cal) on most days⁵.

Blackpool Council worked with Food Active to deliver the 'give up loving pop' (GULP) campaign to raise awareness of the harms of sugary drinks, and to encourage teenagers to switch to healthier alternatives.

The campaign was promoted via social media (Facebook, Twitter and Instagram), and through teaching sessions and roadshows delivered by school nurses and oral health promotion staff in schools and colleges. Students were encouraged to take the #GulpChallenge to give up loving pop for 21 days, sign up to the online pledge and share 'healthy selfies' with their friends with a chance to win theme park tickets.

Feedback received to date on the campaign has been positive. Students and staff engaged well with the campaign with one student even completing a video diary over the 21 days of the challenge. A post-campaign survey is currently underway with results expected in April 2016. Emerging findings from a follow up focus group in one school revealed that half of the students taking part had completed the challenge and felt they would be able to carry on not drinking pop, and all students said they now look at sugar content when buying drinks. The project generated a good deal of media interest and was covered in the print and broadcast media including BBC Breakfast and BBC News nationally.



2 Public Health England, Sugar Reduction – the evidence for action, October 2015, p11
3 Public Health England, Public Health Matters blog, Expert interview: New sugar recommendations, 17 July 2015 (accessed 20 November 2015)
4 Public Health England, Why 5%? – the science behind SACN, July 2015, p6
5 Blackpool Council, Summary report of the Health Related Behaviour Survey 2015, August 2015

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Section 3: Healthcare public health

Good population health outcomes, including reducing health inequalities, rely not only on health protection and health improvement, but on the quality and accessibility of healthcare services provided by the NHS. Healthcare public health advice, the third domain of public health, has a critical role in giving NHS commissioning a population focus.

The Health and Social Care Act 2012 secured provision of healthcare public health advice to clinical commissioning groups (CCGs), as part of the statutory public health responsibilities delegated to local authorities. In turn, each CCG has a duty to *"obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in –*

- (a) the prevention, diagnosis or treatment of illness, and*
 - (b) the protection or improvement of public health."*
- (DH, June 2012).

Through these changes to the health system and the shift of local leadership on public health to local authorities, my team and I have worked to ensure that local NHS commissioners continue to benefit from public health advice so that the NHS can make the maximum impact on population health. As part of this activity I am a voting member of Blackpool CCG's Governing Body and also attend the Clinical Leadership Team.

In this section of the report I describe two important areas of healthcare public health that we have been particularly focusing on during the past year. The first is the New Models of Care (NMC) Programme which is a large, national project looking at reforming out of hospital treatment and care. I describe how we have been working with local GP Commissioners to ensure that work to redesign the local system includes a focus on prevention and early detection of disease. It is also important that we consider this as an opportunity to engage and empower communities so that these

planned service developments become a collaborative process. There is a growing body of evidence which suggests such approaches lead to better outcomes and significant benefits for individuals, services and communities. The second piece of work I look at is Blackpool's NHS Health Check programme. It is the local authority's responsibility to commission this programme which offers a five yearly health check for all eligible 40-74 year olds. The check aims to find those at risk of developing one or more of seven important and preventable illnesses including heart disease, stroke, diabetes and kidney disease. During the past year members of the team have been taking a close look at the local programme to look for ways to make the most out of this opportunity for encouraging people to make lifestyle changes to reduce their risk of developing these serious diseases.

Fylde Coast New Models of Care

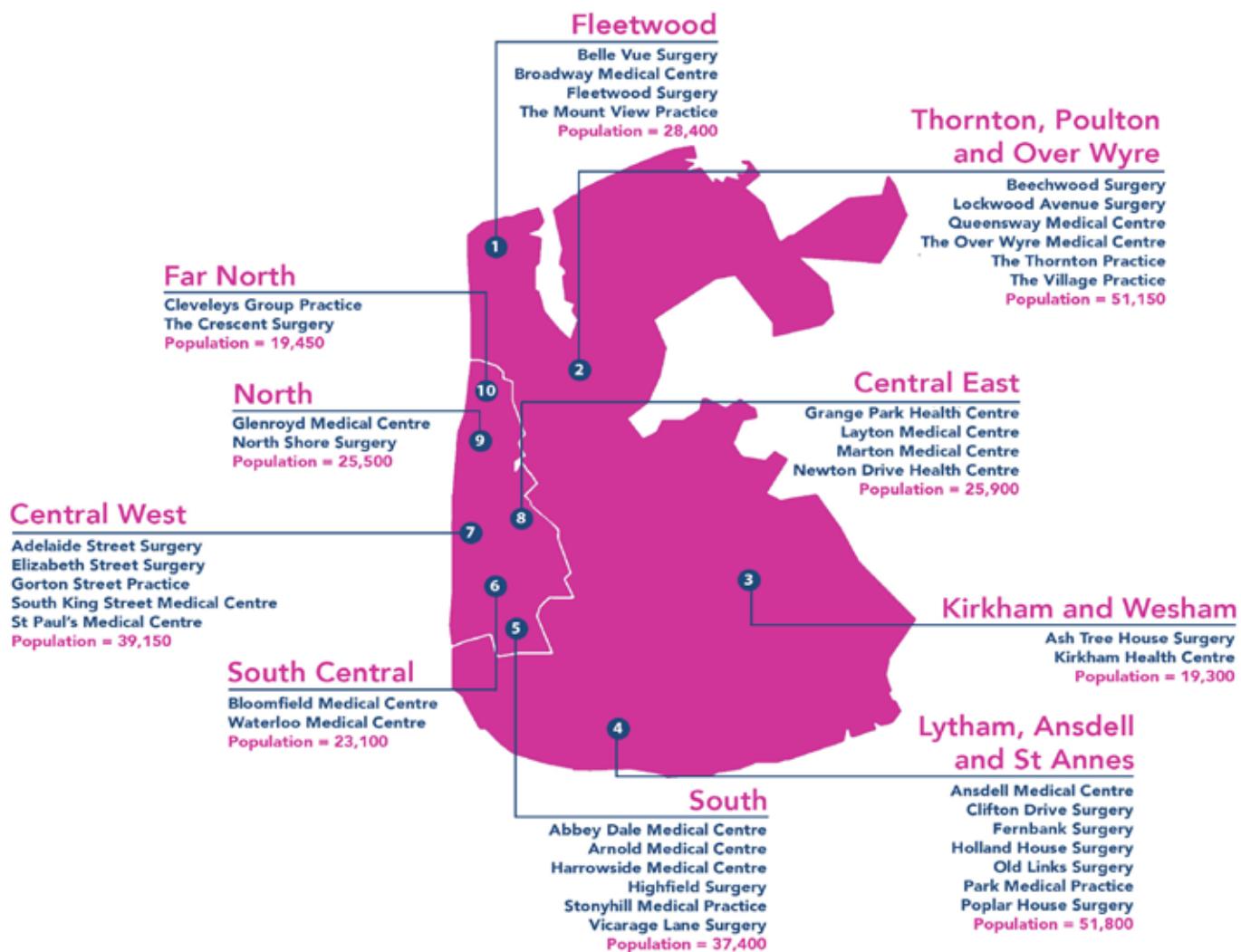
The New Models of Care (NMC) programme is a national project to reform out of hospital treatment and care. The programme is one of the first steps towards delivering the governments 'Five Year Forward View' for the NHS and has been born from concerns that relatively few patients account for a substantial proportion of the healthcare budget due to having complex health and social care needs.

As the population ages the number of patients with complex needs is set to increase. These reforms should see patients having greater access to care locally and a joining up of the current wide, and often confusing, range of services, as well as improving the efficiency, quality and value for money of local services within this model. Health and social care services will come together locally into neighbourhood teams which will improve communication and coordination of services for patients, and enable patients with complex needs to be managed proactively with a focus on prevention and early intervention to reduce unnecessary urgent and emergency care.

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In March 2015, 29 sites across the country were selected as 'vanguards' for the NMC programme and the Fylde Coast was amongst those selected. The Fylde Coast approach is that of a multi-specialty community provider of services and within these models: Extensivist and Enhanced Primary Care. Extensivist care is focused on patients over 60 with two or more long term conditions whilst Enhanced Primary Care focuses on patients of any age with one or more long term conditions.

Within Blackpool, we will see the development of six neighbourhood teams. These will be based on groups of GP practices that come together in natural geographic and demographic groups covering populations of 19,000 to 52,000 patients. The neighbourhoods will build on existing local health, social care, and voluntary services, and deliver integrated care. Taking a place based approach enables the various supporting links among statutory, public and third sector services to be maximised.



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The new multi-specialty model of enhanced and expanded out of hospital care will be provided by a range of service providers including the voluntary sector.

The objectives are to:

- deploy a proactive, systematic care planning approach that will identify and respond to population needs earlier than currently happens, therefore improving quality of life and supporting people with complex health needs to live independently for as long as possible;
- promote health and wellbeing through social prescribing and using the third and voluntary sector to support and enable early interventions to be put in place where appropriate;
- provide access to shared records for health, social care and third sector where relevant;
- shift the provision of care from an acute setting to support people in the community;
- have a workforce for whom behaviour changes will seek to promote self-care and proactive care planning.

Each neighborhood will have a plan and priorities reflecting the needs of the population they serve. Individuals and communities will be involved in designing services to ensure that approaches are relevant locally; that they do not duplicate and that they are fully integrated with existing services in the community so they are more likely to be successful.

We will continue to work with the NHS in order to maximise opportunities in the prevention agenda. This includes our commitment to ensure community engagement in order that this new model of delivery recognises and responds to wider community and determinants of health, and looks for opportunities to shift efforts towards prevention and tackling root causes of ill health.

This is an important opportunity to change services, improve systems in terms of quality, outcomes and patient experience, and create cultural change so that our communities play an equal part in the development of a new relationship between the NHS and social care services, our patients and the wider community. This is a key element of any system change and a sustainable way to improve health outcomes and life expectancy.

To do this we will need to:

- get serious about prevention and make every contact count
- empower patients to self-care
- engage all sections of our community
- create people's involvement in health as a social movement



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NHS Health Check programme

The NHS Health Check programme is aimed at adults aged 40-74 and offers a free check every five years for vascular and circulatory health to work out individuals' risk of developing some of the most disabling but preventable illnesses. The check can spot potential problems before they do real damage and provide personalised advice for reducing risk. In this way the programme offers people the opportunity to live longer, healthier lives. This programme is particularly important in Blackpool where residents experience some of the lowest life expectancy and poorest quality of life, due to the prevalence of long term conditions earlier in life. The preventable illnesses targeted by the programme include many of the same conditions that are driving early deaths, disability and health inequalities in the town.

Seven top causes of preventable mortality:

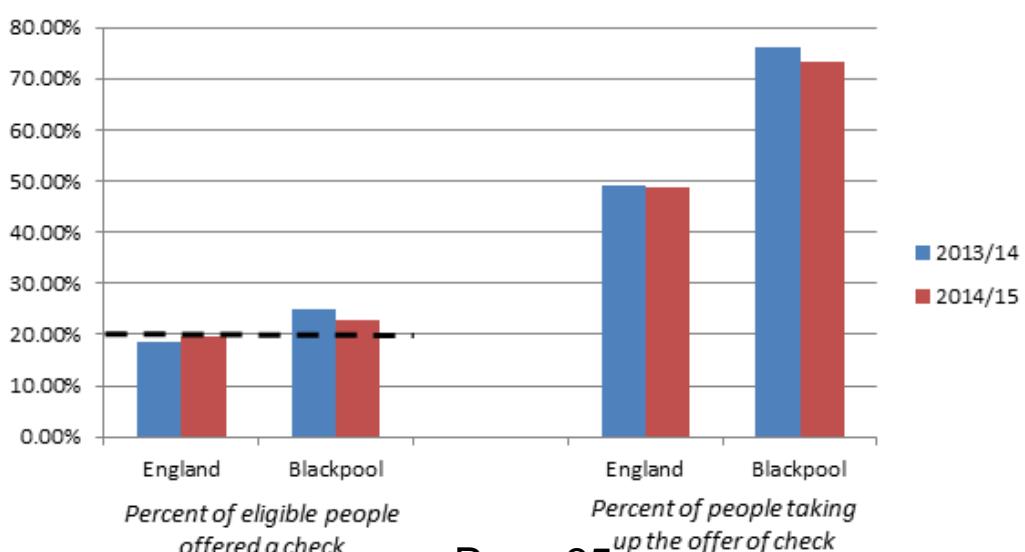
- high blood pressure
- smoking
- raised cholesterol
- obesity
- poor diet
- physical inactivity
- excess alcohol consumption

Local authorities are legally responsible for commissioning NHS Health Checks for their local population. As part of this duty the Council must look to continuously improve the proportion of people eligible for the check who take up the offer. This is an important duty as it will ensure that the programme is operating effectively and efficiently from both a clinical and a cost perspective. Furthermore, for areas such as Blackpool where the population have significant health needs, this programme should have a positive impact on the ability to narrow health inequalities.

Blackpool's NHS Health Check programme is delivered by GP Practices. Residents aged between 40-74 years without a pre-existing condition can expect to receive an invitation from their GP inviting them for this free NHS Health Check. Practices are expected to deliver a specified number of health checks every year and will usually target this activity to those most at risk of specific ill health conditions first.

Overall in Blackpool the programme performs well. The proportion of eligible people offered the check meets the national ambition and take up of the offer is considerably higher than the England average.

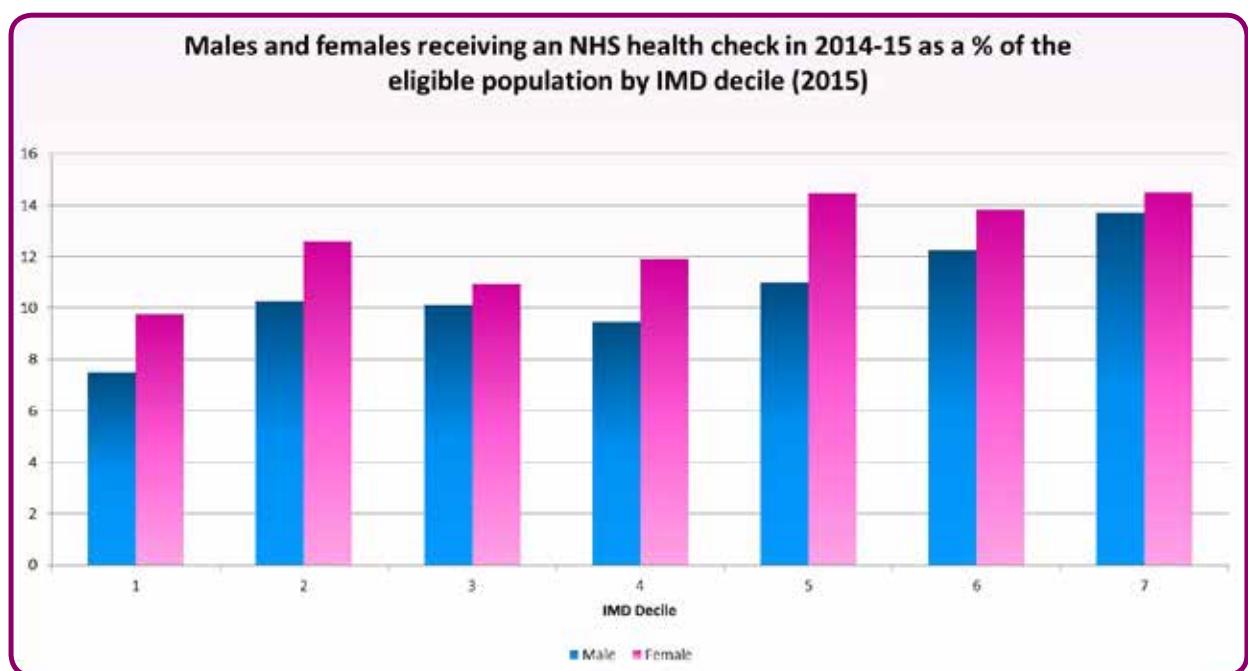
Figure 1: Blackpool NHS Health Check programme performance



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We know from looking at local take up data that there are differences within the town. Men and women from more disadvantaged parts of the town are less likely to take up the offer of a NHS Health Check. In order to better understand how to improve take up in these groups, we plan to undertake detailed health equity analyses in the New Year.

Figure 2: Blackpool Males and Females receiving a NHS Health Check in 2014-15



Although we see good take up of the NHS Health Check locally, we want to ensure that the programme does more than just offer a medical intervention. We are keen to see the programme really making the most of the opportunity to motivate and support individuals to make lifestyle changes to improve their health, and to actively manage those who may need further support or treatment.

To deliver the programme effectively, staff involved in delivery of the NHS Health Check should be adequately trained in Motivational Interviewing techniques and competent at communicating cardiovascular disease (CVD) risk. With this in mind, we have spent time this year reviewing the service specification for the local programme, and taking into account new national best practice guidance from the Department of Health⁶.

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The revised specification focuses in particular on offering individually tailored advice that will help motivate and support people to make the necessary lifestyle changes to help them manage their risk as follows:

- 1.** People at *low risk* of developing ill health are offered appropriate lifestyle advice; smoking, alcohol, physical activity and diet and nutrition;
- 2.** People identified as *medium risk* are actively supported to make lifestyle changes in the first instance, where this is clinically appropriate. This will involve patients and GPs agreeing a programme of lifestyle improvements and checking in regularly to assess progress. This should include the opportunity to re-risk score an individual if progress has been made within a 12 month period;

- 3.** People identified as being at *high risk* are included on relevant diseases registers within their GP practice in order that they can be actively monitored and treated for their condition.

The new specification was introduced in July 2015, and early indications are that this is working well. We are looking forward to more detailed evaluation in the coming months.



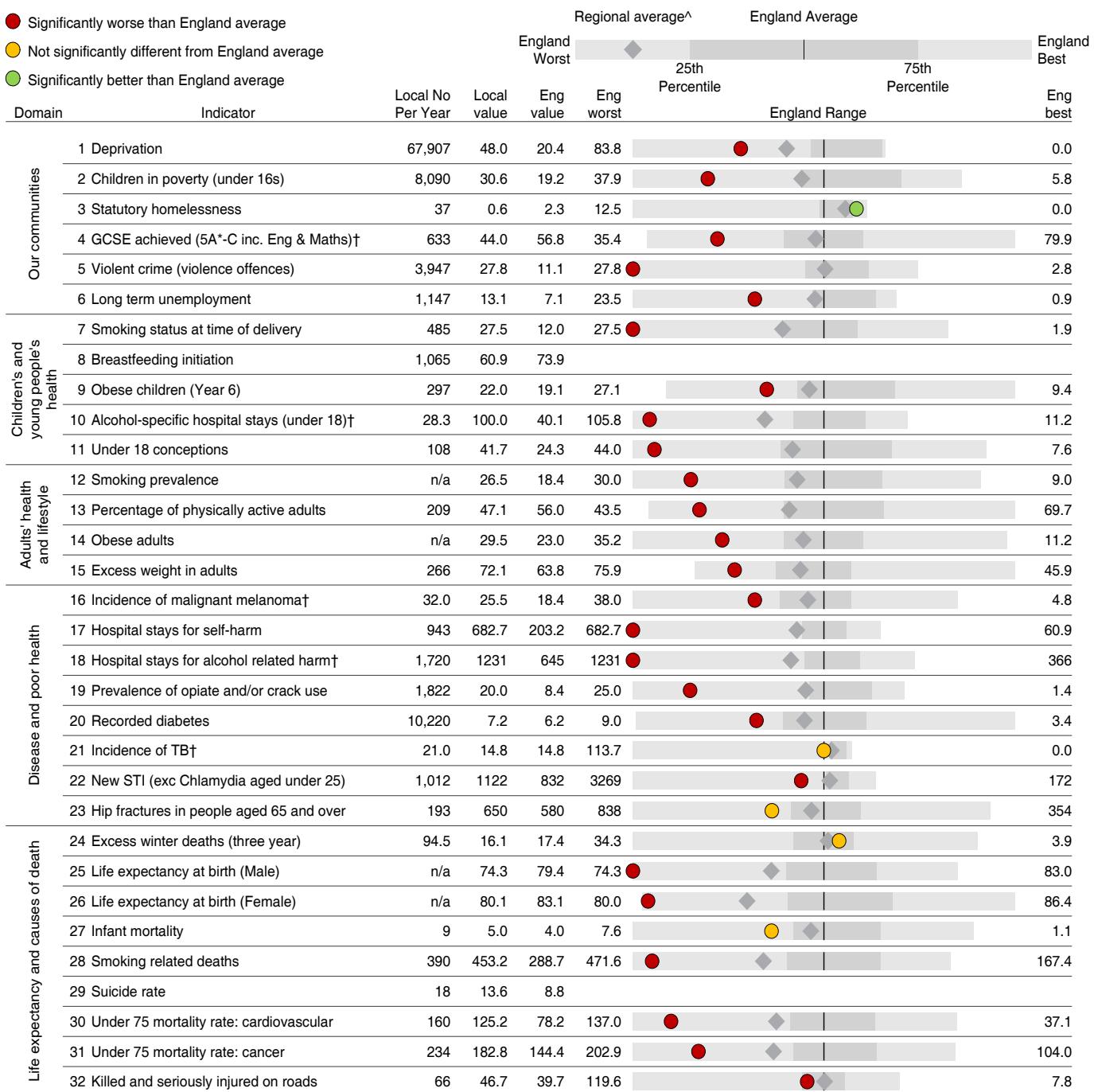
Public Health Annual Report 2015

Recommendations

1. NHSE/PHE should lead work to improve the take up of MMR 2.
2. CCG should take a lead role in the coordination and planning of activities to promote take up of seasonal 'flu vaccine.
3. I encourage partner organisations and the business community to follow the Council's lead in taking action to promote healthier weight and consider adopting their own versions of the Local Authority Declaration on Healthier Weight.
4. Organisations across the town should continue to take a multi-faceted approach to tackling Smoking in Pregnancy, acknowledging the complexities that individuals and communities have in Blackpool. This will include taking a proactive and sometimes innovative approach to test assumptions as to what works and building a new evidence base as to successful interventions.
5. Public Health staff should continue to work with the NHS in order to maximise opportunities in the prevention agenda as a key part of the New Models of Care. This includes our commitment to ensure community engagement in order that this new model of delivery recognises and responds to the wider community and determinants of health and looks for opportunities to shift efforts towards prevention and tackling root causes of ill health.
6. The Public Health team should undertake a Health Equity Audit for the NHS Health Checks programme in Blackpool in order to reflect on progress to date and assess opportunities to improve the performance, quality and outcomes of the programme.

Public Health Annual Report 2015

Appendix 1: Health Profile 2015: Blackpool



Public Health Annual Report 2015

Appendix 2: Health protection data tables

Table 1: Number of infectious disease cases notified to Public Health England (PHE) for Blackpool residents, 2011-2014

Infectious disease	2011	2012	2013	2014
Acute encephalitis	.	.	.	.
Acute infectious hepatitis	<5	.	.	.
Acute meningitis	<5	.	.	.
Brucellosis	.	.	.	.
Cholera	.	.	.	.
Diphtheria	.	.	.	.
Enteric fever (typhoid or paratyphoid fever)	.	.	.	.
Food poisoning	79	86	68	52
Haemolytic uraemic syndrome (HUS)	.	.	.	.
Infectious bloody diarrhoea	<5	.	<5	<5
Invasive group A streptococcal disease	<5	.	.	.
Legionnaires' Disease	<5	.	.	.
Leprosy	.	.	.	.
Malaria	.	.	.	.
Measles	5	7	5	5
Meningococcal septicaemia	.	<5	<5	.
Mumps	12	24	20	9
Rubella	.	.	.	.
Scarlet fever	9	5	17	41
Tetanus	.	.	.	.
Tuberculosis	31	24	12	19
Typhus fever	.	.	.	.
Viral haemorrhagic fever	.	.	.	.
Whooping cough	<5	<5	<5	.
Acute poliomyelitis	.	.	.	.
Grand Total	144	148	126	128

Source: PHE, Notifiable diseases: annual report

Table 2: Vaccination coverage for selected diseases, Blackpool 2011/12 - 2014/15

Vaccine	Coverage (%)			
	2011/12	2012/13	2013/14	2014/15
Dtap / IPV / Hib (1 year old)	95.9	95.6	95.8	94.0
Dtap / IPV / Hib (2 years old)	97.7	97.4	96.9	96.6
PCV (1 year old)	95.7	95.4	95.9	94.1
Men C (1 year old)	94.8	95.6	95.2	95.2
Hib / MenC booster (2 years old)	93.3	92.8	91.8	91.4
Hib / Men C booster (5 years old)	88.0	91.3	90.9	94.0
PCV booster (2 years old)	92.7	92.4	91.9	91.7
MMR for one dose (2 years old)	92.2	92.3	91.5	91.8
MMR for one dose (5 years old)	94.1	94.7	94.2	95.9
MMR for two doses (5 years old)	84.1	84.9	85.1	87.7
HPV (12-13 years old)	88.4	87.2	78.9	93.3
Flu (aged 65+)	74.6	73.4	74.0	73.0
Flu (at risk individuals)	53.0	52.2	52.8	50.6

Source: PHE, Public Health Outcomes Framework

Public Health Annual Report 2015

Acknowledgements

Editorial content:

- Lynn Donkin, Public Health Specialist
- Viv Ainslie, Public Health Facilitator

With thanks to the following people for their contributions:

- Venessa Beckett, Project Developer
- Stephen Boydell, Principal Public Health Intelligence Practitioner
- Scott Butterfield, Corporate Development Manager
- Zohra Dempsey, Public Health Practitioner
- Janet Duckworth, Public Health Practitioner
- Christine Graham, Public Health Intelligence Practitioner
- Denise Jackson, Public Health Business Manager
- Judith Mills, Public Health Specialist
- Clare Nolan-Barnes, Head of Coastal and Environmental Partnership Investment
- Liz Petch, Public Health Specialist
- Martin Samangaya, Public Health England
- Annabel Southern, Corporate Development Officer
- Rachel Swindells, Public Health Practitioner
- Donna Taylor, Senior Public Health Practitioner/Lead Nurse
- Neil Williams, Emergency Planning Officer



Prepared by:

Public Health Directorate, Blackpool Council, Number One,
Bickerstaffe Square, Talbot Road, Blackpool, FY1 3AH
@publichealthbpl
Published: June 2016.

Further reading

JSNA website: www.blackpooljsna.org.uk
Follow us on Twitter

Agenda Item 4

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member	Councillor Amy Cross, Cabinet Member for Adult Safeguarding and Reducing Health Inequalities
Date of Meeting	19 October 2016

HEALTHIER WEIGHT STRATEGY UPDATE

1.0 Purpose of the report:

- 1.1 To present an update to the Board on the progress with regard to the implementation of Blackpool's Healthier Weight Strategy, and to provide a brief on the recently released National Child Obesity Strategy.

2.0 Recommendation(s):

- 2.1 To receive updates on:
 1. progress with the implementation of the Healthier Weight Strategy
 2. The government's recently released *National Child Obesity Strategy: A Plan for Action* (August 2016).
- 2.2 That the Health and Wellbeing Board discuss the opportunities for further local action across members and partners, particularly with regard to the actions raised in the governments recently released *National Child Obesity Strategy: A Plan for Action* (August 2016).

3.0 Reasons for recommendation(s):

- 3.1.0 Overweight and obesity remain a very significant health concern for the local population, affecting 25.7% of 4-5 years olds, 38.0% of 10-11 year olds and 74.5% of adults in the town.

The underlying drivers of overweight and obesity rates are extremely complex and comprise a wide range of interacting factors including individual knowledge and skills, social and cultural norms, and environmental and economic factors.

Over the past year, significant progress has been made on implementing the Healthier Weight Strategy. In particular the adoption of a Local Authority Declaration on Healthier Weight has demonstrated Blackpool Council's commitment to supporting people toward healthier weight.

In recent weeks the government has released the National Child Obesity Strategy. This includes fourteen areas for action, some of which are relevant local action. A number of the locally applicable actions are already considered in Blackpool's Healthier Weight Strategy. The Health and Wellbeing Board will be invited to discuss opportunities for further local action.

- | | | |
|------|--|-----|
| 3.2a | Is the recommendation contrary to a plan or strategy adopted or approved by the Council? | No |
| 3.3b | Is the recommendation in accordance with the Council's approved budget? | Yes |
| 3.4 | 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 The Healthier Weight Strategy was last year refreshed and presented to the Health and Wellbeing Board in December 2015.

5.2 Progress with strategy implementation since December 2015:

- In January 2016, Blackpool Council adopted the Local Authority Declaration on Healthier Weight, becoming the first authority in the country to do so.
- A new weight management services for children and families has been developed and will commence a two year pilot from October 2016.
- The Living Streets 'Walk to School' project has been retained within the town for a further year.
- A bid has been submitted from Blackpool Council to become the lead authority for the Living Streets project nationally. The outcome of this bid is expected by December 2016.
- Healthy Vending Guidelines introduced across the local authority estate and

utilised by the Procurement team in a recent exercise to re-tender for the supply of the local authority leisure centre vending machines.

- Development of policies to support healthier catering within the local authority.
- Engagement of head teachers and school governors to raise awareness of the role of schools in promoting healthier weight, including their statutory responsibilities to ensure school food standards.
- Summer holiday breakfast scheme piloted in Grange Park and Talbot and Brunswick Children's Centres.

5.3 During the year good practice has been shared as follows:

- The Give up loving pop (GULP) campaign has featured as a case study in the Local Government Association publication 'Healthy weight, healthy futures: Local government action to tackle childhood obesity'
- Our Healthier Vending Guidelines featured as a case study in the Local Government Association document 'Healthier Food Procurement'
- Blackpool's Local Authority Declaration on Healthier Weight presented as a poster at Public Health England's national conference
- Chief Dental Officer, Sarah Hurley, visited Blackpool to hear about local oral health improvement work including the Give up loving pop campaign

5.4 Within recent weeks, the government has released the National Child Obesity Strategy. The strategy includes 14 areas for action which are listed below with areas where there are opportunities for local action highlighted in bold:

1. Soft drinks industry levy
2. Taking out 20% of sugar in products that make the largest contribution to children's sugar intake
3. Supporting innovation in healthier food production
4. Updating the nutrient profile model that is used for restrictions on food advertising
5. Making healthy options available in the public sector – every public sector setting from leisure centres to hospitals should have an environment designed so the easy choices are the healthy ones
6. Support with the cost of food for those who need it most
7. Helping all children to enjoy an hour of physical activity every day
8. Improving the coordination of sport and physical activity
9. Creating a new healthy rating scheme for primary schools
10. Making school food healthier
11. Clearer food labelling
12. Supporting early years settings
13. Harnessing new technology
14. Enabling health professionals to support families

- 5.5 Does the information submitted include any exempt information? No
- 5.6 **List of Appendices:**
- None.
- 6.0 Legal considerations:**
- 6.1 The delivery of the National Child Measurement Programme is a statutory duty of the local authority.
- 7.0 Human Resources considerations:**
- 7.1 None.
- 8.0 Equalities considerations:**
- 8.1 Reducing inequalities in health is a key activity for the Council's Public Health team. The Healthier Weight Strategy seeks to reduce inequalities in excess weight across the town.
- 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 National Child Obesity Strategy: A Plan for Action (August 2016)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood%20obesity%202016%20acc.pdf

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Agenda Item 5

Report to:	Health and Wellbeing Board
Relevant Officer:	Steven Garner, Healthwatch Blackpool Service Manager
Relevant Cabinet Member:	Councillor Graham Cain. Cabinet Secretary (Resilient Communities)
Date of Meeting:	19 October 2016

HEALTHWATCH BLACKPOOL PRIORITIES SURVEY AND 2016/17 WORKPLAN REPORT

1.0 Purpose of the report:

- 1.1 To present and demonstrate the evidence based plan of work which Healthwatch Blackpool intends to carry out over the course of the 2016/17 financial year.

2.0 Recommendation(s):

- 2.1 To consider the report at Appendix 5a and its findings.

- 2.2 To consider how the work of Healthwatch Blackpool can assist with the aims and duties of the Health and Wellbeing Board.

3.0 Reasons for recommendation(s):

- 3.1 Healthwatch Blackpool is a statutory independent body which aims to increase public/service user involvement in local health and social care service provision. Its work must reflect the needs and wishes of the local population.

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 Healthwatch Blackpool sets an annual plan of specific health and social care service reviews based on information from the public. This annual plan of work is set out in the Healthwatch Blackpool Priorities Survey and Workplan June 2016 report (Appendix 5a)
- 5.2 Throughout April and May 2016 Healthwatch Blackpool surveyed local residents asking which services/issues were of concern to them and needed looking into. The public were also asked what was working well, and if there was anything else they would like to tell Healthwatch.
- 5.3 The survey reached 121 people. The response fell below the expected number of respondents and Healthwatch Blackpool has committed to extending its reach as a priority in its strategic aims and business plan.
- 5.4 The survey was promoted online and sent to the Council, Clinical Commissioning Group and partner organisations. Healthwatch Blackpool consulted with young people, learning disabilities and LGBT groups. Public stands were also held in libraries and at Sainsbury's supermarket.
- 5.5 The report notes that in order, the top 5 services of concern were:
1. GP Surgeries
 2. Emergency Services
 3. Adult Mental Health
 4. Blackpool Hospital
 5. Care Homes
- 5.6 Where possible, the report also notes any sub-categories provided by the public. For example, “*Hospital - appointments*”. This provides a more detailed analysis of the issues within these services and will assist in providing more focused areas for a service review.
- 5.7 A raw data report (Appendix 5b) was produced alongside this report to show all the issues and services highlighted as a concern.
- 5.8 A timetable was created in order to allow for planning and execution of service reviews. This timetable took into consideration busier times for services (e.g.

increased demand on Accident and Emergency over Winter period) and Care Quality Commission reviews (e.g. Lancashire Care's inspection in September 2016).

- 5.9 The timetable for service reviews has been agreed by the Healthwatch Blackpool board as follows:
- | | |
|------------------------|--|
| July and August: | Care Home reviews |
| September and October: | Blackpool Hospital |
| November and December: | Adult Mental Health Services |
| January and February: | GP Surgeries |
| March and April: | Emergency Services (including Accident and Emergency, blue light services and 111) |
- 5.10 Each review will consist of a survey or questionnaire to present to users of the service, and will conclude with a written report with findings and recommendations (where relevant) to be presented to the service for comment before public publication.
- 5.11 Prior to each service review, Healthwatch Blackpool will meet with service managers to discuss their ongoing action plans and any identified areas which may benefit from service user input. This will allow Healthwatch Blackpool to engage with the service and increase the influence of the service user voice.
- 5.12 Where possible, Healthwatch Blackpool will run concurrent wider public consultations in order to increase feedback and to potentially reach an audience which may not engage with the service frequently.
- 5.13 Does the information submitted include any exempt information? No
- 5.14 **List of Appendices:**
- Appendix 5a Healthwatch Blackpool Priorities Survey and Workplan
June 2016 report
- Appendix 5b: Healthwatch Blackpool Priorities Survey Raw Data
June 2016 <http://www.healthwatchblackpool.co.uk/wp-content/uploads/2016/01/Healthwatch-Blackpool-Priorities-Survey-raw-data.pdf>
- 6.0 Legal considerations:**
- 6.1 None

7.0 Human Resources considerations:

7.1 Healthwatch Blackpool has a limited internal resource and relies heavily on partner organisations to extend its public reach.

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

Healthwatch Blackpool

2016/17 Priorities Survey and Workplan

June 2016

www.healthwatchblackpool.co.uk



About Healthwatch Blackpool

Healthwatch Blackpool is the independent champion of health and social care services. We listen to the views and experiences of the public, and feed these back to those who run and commission services in order to make positive change.

Why did we do this?

Healthwatch Blackpool look into specific services, and gathers the experiences of those using them. In order to decide which services to look into, we wanted to know what the public thought were the biggest issues and priorities for health and social care in Blackpool. This would give us a legitimate reason to visit these services.

We also wanted to seek out areas of good practice in health and social care services, to report back to service providers and commissioners.

How did we do this?

In April and May 2016 Healthwatch Blackpool consulted the public in a broad survey asking what they believe is and is not working well in Blackpool, and which services require looking into.

We held open forums in Blackpool libraries and in local supermarkets, and spoke with a range of community groups. We also publicised our survey across social media and on our website, encouraging all followers and partner services to share the questionnaire.

Ultimately we received 121 responses yielding a total of 294 responses indicating which individual services were a concern to them. Although we are disappointed with the relatively low number of individual responses, we are pleased that we reached out and consulted with a wide range of community groups and the seldom heard such as young people, the LGBT community, adults with learning disabilities, and young and adult carers. Throughout 2016-17 it is a priority of Healthwatch Blackpool to extend its public reach in order to best represent and champion the public voice.

What will we do with this information?

With this information Healthwatch Blackpool will seek to look into the services which received the highest level of concern.

We will also share this report with service providers and commissioners in order to work with them and review services with their co-operation and support.

This report will be made publicly available on our website to download.

Healthwatch Blackpool

333 Bispham Road, Bispham, Blackpool, FY2 0HH



0300 32 32 100 (opt #7)



hello@healthwatchblackpool.co.uk



www.healthwatchblackpool.co.uk



www.twitter.com/HealthwatchBpl

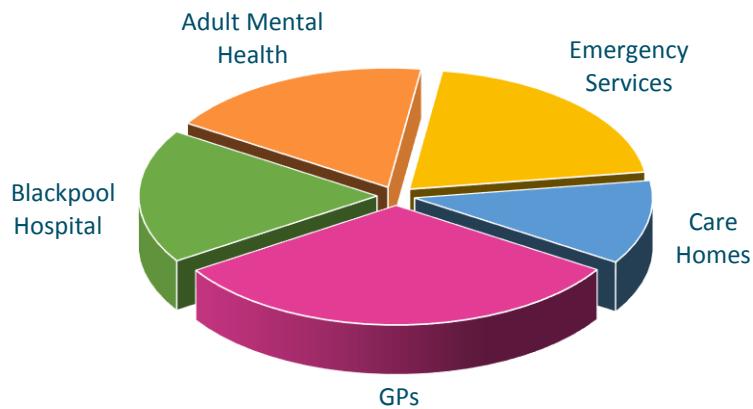


www.facebook.com/healthwatchblackpool



We asked: Are there any specific issues/services which are a concern to you which you think Healthwatch Blackpool should look into?

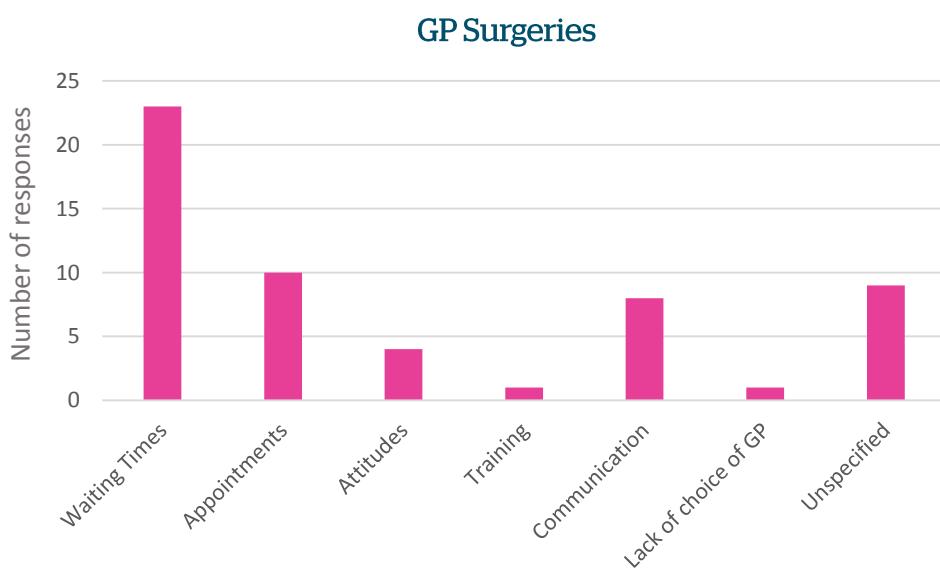
Five Most Reported Services of Concern



The top 5 services highlighted as concerns by members of the public were:

1. GP Surgeries
2. Emergency Services
3. Adult Mental Health
4. Blackpool Hospital
5. Care Homes

Services of Concern Broken Down by Issue



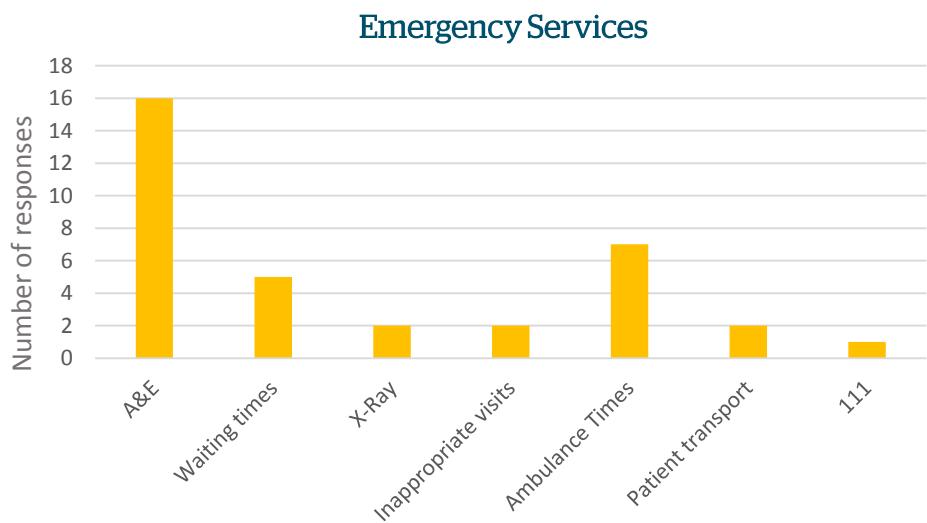
Waiting times for GP appointments came out as the highest concern in this category.

Appointments includes concerns around cancellation, length, lack of flexibility and options for home visits.

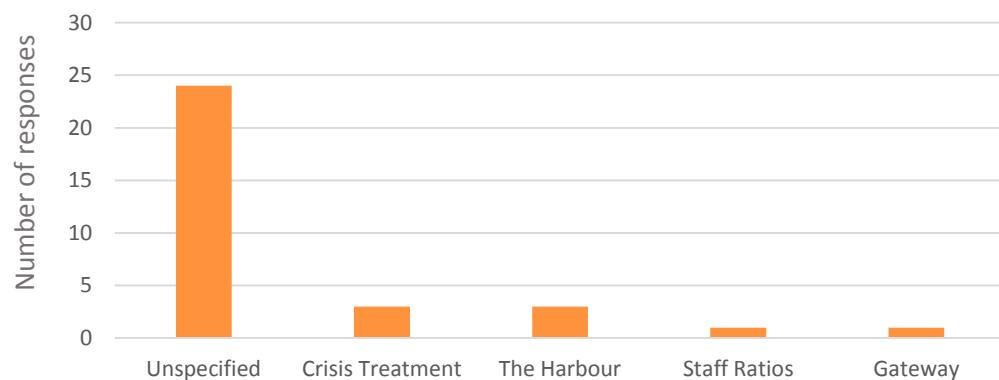
Communication includes responses and issues such as "*not listening*", Easy Read, and sharing information with other services.

Within Emergency Services **A&E** was the biggest issue, which was often mentioned without additional information, though more specific answers were given which included **Waiting Times**, and **Inappropriate Visits**. Combining these responses show A&E to be the biggest concern in this area.

Ambulance Times was a notable statistic, although more information was not provided.



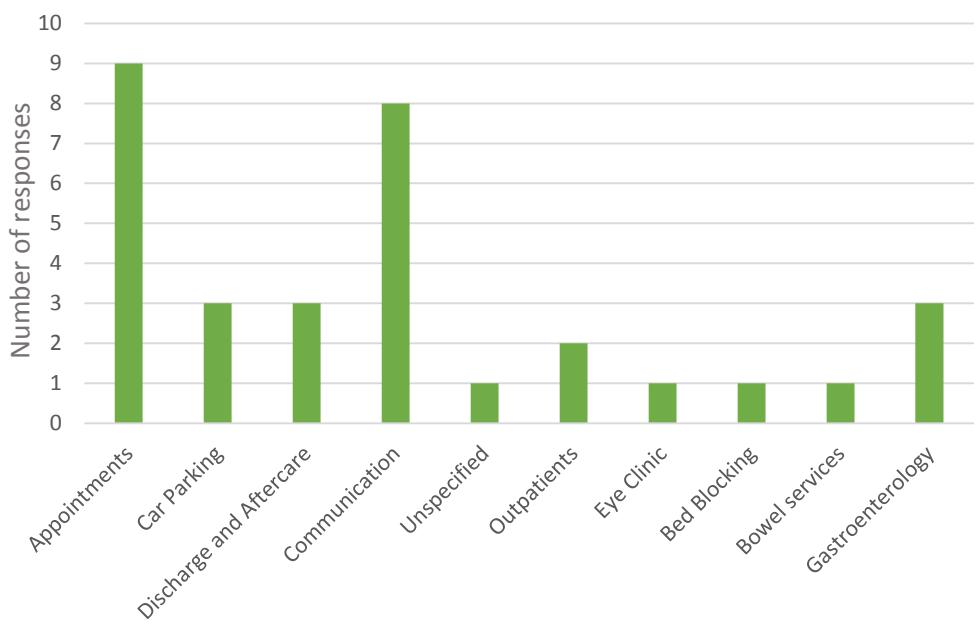
Adult Mental Health Services



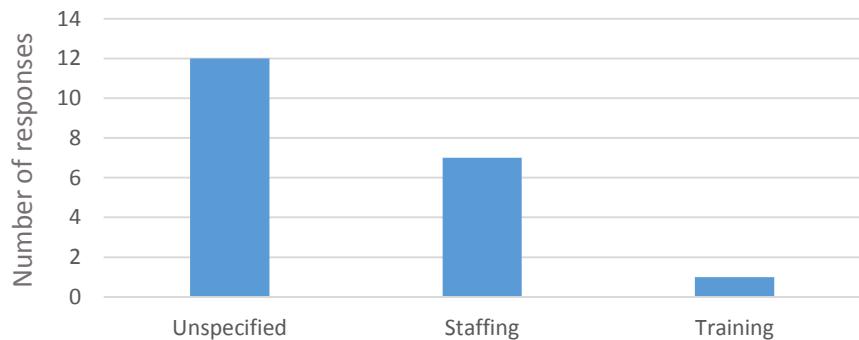
Issues within Adult Mental Health Services were largely *unspecified*.

Where specific answers were given ***The Harbour*** included lack of beds and staffing.

Blackpool Hospital



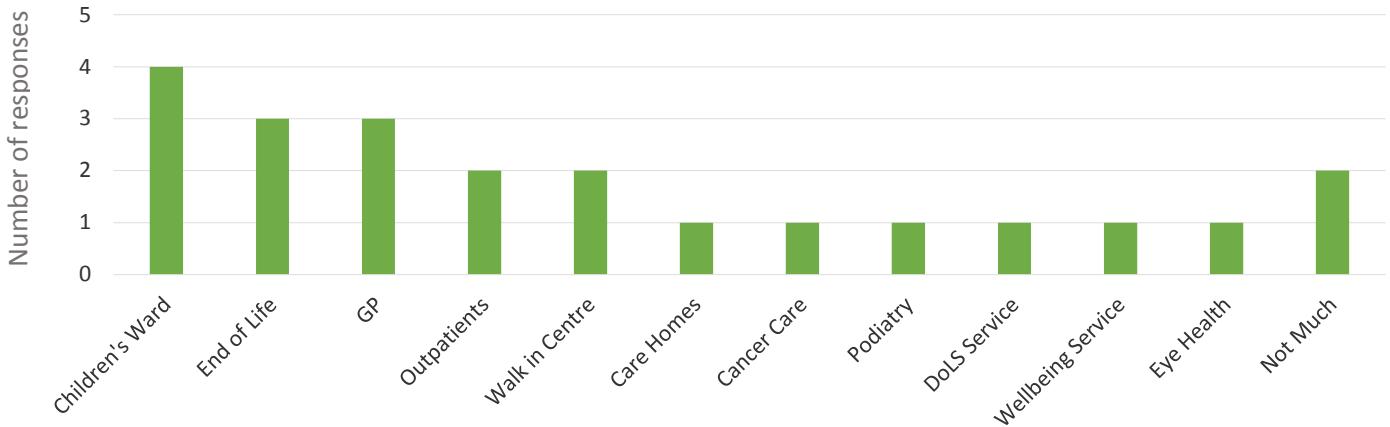
Care Homes



Issues within care homes were largely not reported, but were instead reported as a general concern.

Where issues were reported however, they were around ***staffing*** and ***training***.

We asked: What is working well in Blackpool?



"I visit my GP and nurse often, they are very helpful and I appreciate the pressure they are under and think they do well in these circumstances."

"Podiatry/foot and ankle clinic have provided an excellent service to me recently."

"Walk in centre and out of hours [services] means that we have good access to urgent care services, and I get the impression this is much better than in some other areas of the country."

We asked: Is there anything else you would like to tell us?

"I think our Hospital in Blackpool does an exceptional job considering the lowering of funding from Government. They don't seem to take into account the high volume of visiting that may happen in the holiday season. It's like doubling your work load."

"There should be a 5 button emoji where you can rate the service as you leave."

"I don't find supported housing that beneficial. I keep wanting to go back into the care home. It was more calm in the care home, and I wasn't made to go into the noisy street if I felt scared. Yet supported housing places a lot of pressure on unwell tenants. I didn't really choose to live like this. My mental health team told me I "had no choice". I don't understand that. It's not like I murdered anyone."

"I feel that emergency mental health care is totally inadequate. I am particularly concerned about suicide and people affected by it. When someone is in a state of mental anguish it is no good for them to be ringing so called emergency services to be told that there is no one available or the phone is constantly engaged. It is also inadequate for them to be told to go to A&E (which is already at breaking point) to wait hours to see someone. My daughter spent 8 hours in the hospital before being seen by a mental health practitioner, 4 hours of which she spent lying under a table in an office while she was in severe mental anguish."

"I have nothing but total admiration for the mental health service my daughter has received from both the man she saw at hospital and the people who have helped her since, but feel the lack of immediate emergency help needs to be addressed. I wonder how many people's lives would be saved if there was someone there for them when they need it most."

"The prevention agenda is being forgotten and those with the least powerful voice are being brushed under the carpet. Healthwatch Blackpool need to champion their voice to the statutory services and hold them to account."

Healthwatch Blackpool Workplan 2016/17

Following the results of the Priorities Survey we have devised an evidence based plan of work for the year to look into the issues that have been brought to us.

We will be reviewing each of these services by consulting with services users about their experiences. Alongside these reviews we will also be asking the wider public for their views on each specific service. We will be meeting with managers of each of the services to identify how we can undertake our reviews to get the best outcome for the public, and discuss any issues or areas which they have already identified which could benefit from public consultation.

The work plan for this year is as follows:

July – August:	Care Home reviews
September – October:	Blackpool Hospital
November – December:	Adult Mental Health Services
January – February:	GP Surgeries
March – April:	Emergency Services

**For more information please visit
www.healthwatchblackpool.co.uk**

Or call 0300 32 32 100



**Healthwatch Blackpool
Priorities Survey**

April/May 2016

Raw Data

We asked: Are there any specific issues/services which are a concern to you which you think Healthwatch Blackpool should look into?

Service	Issue	Amount	TOTAL
Emergency Services			36
	A&E	16	16
	Waiting times	5	5
	X-Ray	2	2
	Inappropriate visits	2	2
	Ambulance Times	7	7
	Patient transport	2	2
	111	1	1
CAMHS			8
	Waiting Times	1	1
	Unspecified	7	7
Care Homes			20
	Unspecified	12	12
	Staffing	7	7
	Training	1	1
Carers Services			4
	Unspecified	3	3
	Carers for disabled children	1	1
Speech and Language Therapy (SALT)			1
	Unspecified	1	1
Dementia			4
	Unspecified	4	4
Dentists			10
	Waiting Times	2	2
	Unspecified	7	7
	Attitude	1	1
Orthodontists			4
	Unspecified	4	4
Drug and Alcohol Services			6
	Unspecified	6	6
GPs			56
	Unspecified	9	9
	Waiting Times	23	23
	Appointments	10	10
	Attitudes	4	4
	Training	1	1
	Communication	8	8
	Lack of choice of GP	1	1

Hospitals		32
Appointments	9	
Car Parking	3	
Discharge and Aftercare	3	
Communication	8	
Unspecified	1	
Outpatients	2	
Eye Clinic	1	
Bed Blocking	1	
Bowel services	1	
Gastroenterology	3	
Adult Mental Health		32
Unspecified	24	
Gateway	1	
Staff ratios	1	
The Harbour - unspecified	2	
The Harbour - lack of beds	1	
Crisis Treatment	3	
Social Care		13
Unspecified	2	
Care Planning / Reviews	1	
Home Care	9	
Cuts	1	
Accessibility		6
Easy Read	3	
Lip Reading	1	
Large Print	1	
Sign language	1	
OTHER/Not health or social care related		5
Homelessness	1	
Bus services	2	
Housing	2	
OTHER/Health and social care related		25
Healthy walking schemes	1	
Patient Choice	2	
Prevention in poor health	2	
Smoking	1	
24 Hour NHS	2	
Gaps in Services - Male domestic abuse support	1	
Communication between Health and social care	5	
Young people not being listened to	10	
Care and Repair	1	

HEALTH CONDITIONS		20
Obesity	2	
Diet/Weight	3	
Diabetes	2	
Cancer	6	
HIV	1	
Cardio/heart issues	1	
Sexual Health	1	
Hearing	1	
Wellbeing/Wellness	3	
 Pharmacists		3
Unspecified	2	
Prescriptions	1	
 Occupational Therapy		2
Waiting Times	1	
Unspecified	1	
 Walk in Centre		2
Unspecified	2	
 Statutory Advocacy Services		1
Unspecified Services	1	
 111		1
Appointment booking with Primary Care	1	
 Supported Living		1
Unspecified	1	
 End of Life Care		1
Unspecified	1	
 Opticians		1
Unspecified	1	
 TOTAL	294	

Agenda Item 6

Report to:	Health and Wellbeing Board
Relevant Officer:	Merle Davies, Director, Blackpool Centre for Early Child Development
Relevant Cabinet Member	Councillor Graham Cain. Cabinet Secretary (Resilient Communities)
Date of Meeting:	19 October 2016

BLACKPOOL BETTER START UPDATE

1.0 Purpose of the report:

- 1.1 To receive a presentation giving an overview of the Better Start programme in Blackpool and progress to date.

2.0 Recommendation(s):

- 2.1 To note the presentation on the Better Start programme.

3.0 Reasons for recommendation(s):

- 3.1 To ensure that the Health and Wellbeing Board is kept up to date with the progress of the Better Start programme.

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 Blackpool Better Start launched in April 2015 and is now in its second year of delivery, the programme is a Lottery funded initiative, one of four other sites in England focused on improving outcomes for children and their families pre-birth to four. Blackpool Better Start is targeted in seven of the most deprived wards in Blackpool, Claremont, Talbot, Brunswick, Clifton, Grange, Victoria, and Bloomfield.
- 5.2 The Blackpool Better Start partnership is led by the NSPCC and includes the Council, Police, Hospital Trust, Clinical Commissioning Group and Community representatives. The Blackpool Centre for Early Child Development (CECD) is the strategic hub for driving the work of the partnership, ensuring innovation and development with partners and community of the interventions within the portfolio.
- 5.3 In the first year of delivery Blackpool Better Start interventions benefited nearly 2,000 children and families and over 600 members of the early years workforce.
- 5.4 The Blackpool Centre for Early Child Development has been heavily involved in the re-commissioning of the 0-19 Health Pathway and have been working with the Council's Public Health team to ensure that the early years element provided to families is high quality support in the mandated, universal and targeted offer. The team are working with South London and Maudsley NHS Foundation Trust on the Enhanced Healthy Child Pathway (ECHP), this work enables Early Years professionals to have the opportunity to share positive work and challenges and develop together the vision of the future pathway.
- 5.5 The partnership is working with Alain Gregoire (Chair of the Maternal Mental Health Alliance) on Perinatal Mental Health Pathway for Blackpool. The Maternal Mental Health Alliance has funding for three years to develop tools which can be used to evaluate pathways and services which will improve mental health outcomes for mothers, and infants during pregnancy and the first year after birth.
- 5.6 The targeted interventions which are being implemented are all evidence based or based on good evidence and the team work closely with the program developers to ensure they met the needs of Blackpool parents. Currently the team are working closely with the University of Michigan to be the first place in the UK to deliver 'Survivor Mum's' and working with University of Birmingham to evaluate its for further use in the UK.

- 5.7 Julia Seng and Dr. Elsa Montgomery, Head of Midwifery at Kings College, London are delivering a workshop in November 2016 which will provide an opportunity for partner agencies to come together and learn new skills and take away a toolkit for use in general practice.
- 5.8 Blackpool Centre for Early Child Development is also looking at piloting ACE's within Social Care team and are working Lancashire Care Foundation Trust on a toolkit for practitioners.
- 5.9 The Blackpool Centre for Early Child Development team has worked with experts to ensure the latest knowledge is brought to project development, this includes Griffith University, Jean Gross OBE, Honor Rhodes from the Tavistock Centre for Couples Relationships, University of Birmingham, University of Central Lancashire and the team will in November be meeting with the New York Academy of Science to start a 4 year leaners programme with key international academics to share the findings from the interventions.
- 5.10 In the community work Betterstart has created 6 new posts which directly deliver community action projects these include park rangers, engagement workers and physical activity coaches. Blackpool Centre for Early Child Development has tendered with local third sector organisations to support our delivery this includes supporting community voice our parent's advisory group and outdoor activity programme.
- 5.11 In total £1.5Million has been committed to development of green spaces within the Better Start wards within the areas of Early Years Play spaces. These spaces are designed in conjunction with local communities. George Bancroft Park is the first park to be redeveloped and opened in August 2016.
- 5.12 The community engagement team and evaluation team have been undertaking consultation, focus groups and research in a variety of subjects with parents and carers to ensure that projects are developed which meet the needs of local families.
- 5.13 Key pieces of work for the next six months include
1. Community action projects, Dads' engagement and library enhancement project and parent engagement and activity programmes
 2. Volunteering opportunities with Early Child Development
 3. Completion of the redevelopment of Revoe park's early years area
 4. Consultation of the green space development of Grange Park, Claremont and Mereside
 5. Research with communities into the Alcohol Exposed Pregnancies
 6. Consultation with communities on Oral Health messaging
 7. Development of a universal parenting programme offer
 8. Implementation of the recommendations from the speech and language review

- 5.14 Does the information submitted include any exempt information? No
- 5.15 **List of Appendices:**
- Appendix 6a :Blackpool Better Start Annual Report 2015/2016.
- 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 Blackpool Better Start is a Lottery funded programme, as part of the terms and conditions of the grant partners have committed to £30 Million in leverage funds over the 10 year period.
- 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 Blackpool Better Start Strategy.

Blackpool Better Start Annual Report 2015/16



As part of our commitment to Blackpool's families and community, the team at the Blackpool Centre for Early Child Development want to ensure that you know how we, on your behalf, are delivering the Better Start vision.

I hope you see in this Annual Report that a great deal has been achieved in our first year. We are already delivering a variety of services that you have identified as important, and many others are being planned.

The multi agency partnership, which includes parents, has listened to your ideas and is working together to address them. Thank you to everyone who has taken part in consultations, meetings, etc, so far. If anyone wants to be more involved, please contact membership.communityvoice@outlook.com and be part of our 'Community Voice'.

Merle Davies

Director for the Centre for Early Child Development



Our Journey So Far...





Number of children attending Better Start Events

1742

Number of parents accessing FNP in the Better Start Wards

77

Number of births in the Better Start Wards

690

Number of activity cards distributed

36500

2 PARKS REDEVELOPED

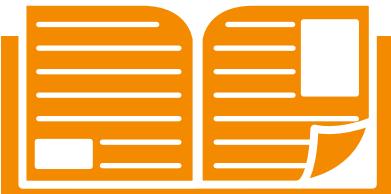
Number of professionals accessing training and development

659



308 PARENTS REFERRED TO

NUMBER OF BOOKS DISTRIBUTED



1233

Children accessing Blackpool Children's Centres



Number of families using baby buddy app

406

MEMBERS OF THE COMMUNITY CONSULTED WITH

2 8 8

Number of families living in the Better Start Wards with

children 0-4

3 2 7 4

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Agenda Item 7

Report to:	Health and Wellbeing Board
Relevant Officer:	Scott Butterfield, Corporate Development and Research Manager
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	19 October 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 “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 7a – 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
Wednesday 19 October 2016 2.00 – 3.00pm	Special Joint Board (not public meeting)	BUSINESS ITEMS 1. Lancashire and South Cumbria Change Programme/ Sustainability and Transformation Plan update		All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 5 October 2016
Wednesday 19 October 2016 3.00 – 5.00pm	Formal	2. Better Start 3. Public Health Annual Report 2015- 16 4. Health Watch Blackpool 2016-17 Priorities Survey 5. HWB Forward Plan	Healthy Weight Strategy update	All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 5 October 2016

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 30 November 2016 3.00 – 5.00pm	Formal	<p>SUB-GROUP UPDATES</p> <p>1. Strategic Commissioning Group update</p> <p>BUSINESS ITEMS</p> <p>2. Better Care Fund six month update</p> <p>3. Fylde Coast HWB Partnership</p> <p>4. STP update</p>	<p>Young People's Mental Health Services – including CYP Emotional Health and Wellbeing Transformation Plan update (40mins)</p>	All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 16 November 2016

BOARD MEETING	BOARD	BUSINESS ITEMS	THEMED DEBATE	DEADLINE FOR REPORTS
Wednesday 18 January 2017 3.00 – 5.00pm	Formal	<p>SUB-GROUP UPDATES</p> <p>1. Strategic Commissioning Group update</p> <p>BUSINESS ITEMS</p>		All finalised reports to be sent to Venessa Beckett by 12 noon on Wednesday 4 January 2017