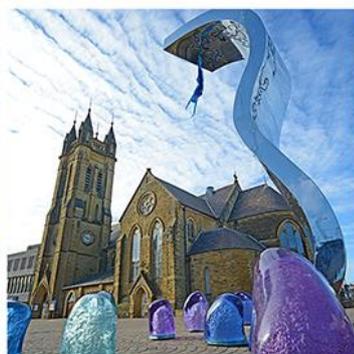
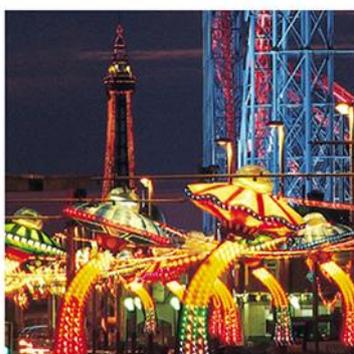


Appendix 6a Health and Wellbeing Strategy 2016 – 2019

Blackpool Council



Health and Wellbeing Strategy for Blackpool

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Health and Wellbeing Strategy for Blackpool

Foreword

Intro from Cllr Cain

DRAFT

Health and Wellbeing Strategy for Blackpool

Executive Summary

Our vision

Our vision for Blackpool is bold and ambitious:

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

Our priorities

Evidence related to health outcomes in Blackpool suggests that there are a number of drivers we need to address in order to achieve our vision:

1. Stabilising the Housing Market

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

2. Substance misuse (alcohol, drugs and tobacco)

Address lifestyle issues by supporting policy intervention and education programmes, and deliver the Horizon treatment service to support people with recovery.

3. Social Isolation/ Community Resilience

Address social isolation for all ages and build community resilience.

HOW WILL THIS HAPPEN?

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time, and addressing the health needs of the youngest, so we have therefore identified an additional priority.

4. Early Intervention

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

Picture

Health and Wellbeing Strategy for Blackpool

Introduction

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

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

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

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

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

And the two priorities which support this:

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

Health and Wellbeing in Blackpool

Our Joint Strategic Needs Assessment is constantly being developed to provide detailed evidence which shapes our strategic approach.

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

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

Life expectancy for men remains the lowest in the country at 74.3 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 80.1 years although this is also lower than the rest of the country by three years. Even within Blackpool there are large variations in life expectancy, demonstrating the inequalities that exist within the town; this ranges from 71.6 years in the

Health and Wellbeing Strategy for Blackpool

most deprived ward, Bloomfield, to 80.4 years in Highfield - a difference of over 9 years.

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

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

Smoking is the single most important influence on death rates and is a major factor in ill health, including for Blackpool babies – smoking in pregnancy rates are the highest in the country at 28% compared to 12% nationally.

Meanwhile, we also have some of the highest levels of alcohol related harm in the country; this not only directly contributes to health effects such as premature death and chronic liver disease but also carries other consequences such as disorder and violence. There are an estimated 40,000 Blackpool

residents who drink at hazardous or harmful levels, equating to 28% of the adult population.

In terms of drug use there are an estimated 1950 opiate and crack users in Blackpool, aged between 15 and 65 years, with an estimated 950 injecting users. The rates of substance misuse are significantly higher than the North West average and more than double the national rate. Two-thirds of users are in the 35 plus age range. Nationally and locally since 2013 the overall rate of people exiting treatment successfully has slowed, this is likely to be a result of those now in treatment having more entrenched drug use and long-standing complex problems.

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

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

Health and Wellbeing Strategy for Blackpool

The association between income poverty and poor mental and/or physical health is well established; the average earnings for those in work in Blackpool is lower than any other local authority in England. Also a smaller proportion of the Blackpool labour market are economically active compared to England, and a high proportion of those inactive are long term sick. In Blackpool, 52% of ESA claimants have a mental health disorder (compared to 46% nationally), and although statistics are not available for JSA customers, JCP surveys suggest a very similar picture.

The challenges for children and young people

For young people growing up in Blackpool, life can be difficult. 28.1% live in low income families, which is the 12th highest in England. All wards in Blackpool have some children living in poverty; however Bloomfield, Clarendon, Brunswick and Park wards each have child poverty rates of over 40%.

The lifestyles of parents, in particularly drinking and smoking are shown to have a substantial impact on the development of the foetus and subsequent health of the child. As mentioned earlier 28% of mothers in Blackpool continue to smoke when their babies are born (twice the national level and the highest proportion in England). Around forty four per cent of mothers choose not to try breastfeeding. Among those that do try, only half persist after six to eight weeks.

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

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

Blackpool has higher than regional and national average teenage pregnancy rates; in 2013, approximately 42 girls aged less than 18 years conceived for every 1,000 females aged 15-17 years. This is a complex issue closely linked to deprivation and low aspirations.

Large numbers of children and young people are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse; Women's risk of suffering domestic abuse, for

Health and Wellbeing Strategy for Blackpool

example, is estimated to be nearly four times the national average.

Whilst the exact number of children affected by parents misusing drugs is unknown. It is reasonably estimated from national data that there are potentially 1500-2500 children affected by parents using opiate and/or crack cocaine; this is expected to be much higher than the national average, and will no doubt have an adverse impact on the child's wellbeing.

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

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

several of the vulnerable groups; looked after children, young offenders and pupils with special educational needs are especially prevalent. Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18.

Self-harm can occur at any age but is most common in adolescence and young adulthood (10 – 16 years). Females are more likely to self-harm than males, and our rate of self-harm admissions for the same age group is almost triple the national figure, at 917.8 per 100,000. 175 10-16 year olds living in the Blackpool Clinical Commissioning Group area were admitted to hospital because they'd self-harmed or self-poisoned in 2014-15 – just some of the 13% of young people aged 15 or 16 who tell us that they have self-harmed.

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

Assets

Need to add a paragraph here about our assets

Health and Wellbeing Strategy for Blackpool

The challenges ahead

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

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

While Blackpool has been hit significantly harder by the scale of cuts to services, many other areas also face similar challenges, and this is a driver for reorganisation in many places. As part of central government's devolution agenda, Blackpool is currently in the process of forming a Combined Authority with Lancashire County Council, Blackburn with Darwen Council and the district authorities within Lancashire. Once established, the Combined Authority can negotiate a devolution deal with government

which can bring new powers and potentially new resources to the area.

There are five themes of the Combined Authorities' work: economic regeneration, digital and transport connectivity, skills, housing and integrated public services. The latter of these includes health, recognising that population-level health improvement can be achieved in part by re-shaping the healthcare and prevention delivery system.

Healthier Lancashire

Alongside this there is a major programme in place to transform the way that health and social care is delivered across Lancashire through the Healthier Lancashire programme.

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

In November 2015 a report commissioned by the Healthier Lancashire organisations outlined the potential resource gap and its drivers, as well as providing six areas of focus where collaboration in considering new service models would potentially help reduce the gap. A commitment to establish a shared programme was given and a Programme Board established to provide leadership and set up governance arrangements.

Health and Wellbeing Strategy for Blackpool

To ensure that the programme is delivered effectively, governance structures are being reconfigured to reflect the larger geographical footprints of the Local Health and Care Economies (LHCE), which for Blackpool includes neighbouring districts Fylde and Wyre. A pan-Lancashire Health and Wellbeing Board will be established to ensure that all partners are represented in the decision making process.

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

National NHS Planning Guidance published in December 2015 set out plans to deliver the Five Year Forward View through the development of NHS Sustainability and Transformation Plans to be submitted by July 2016. These are collaborations between health commissioners, providers and local authorities and are central to accessing transformation funding for local areas to deliver efficiencies in the system. The focus of the plans is on three areas:

- Closing the health and wellbeing gap
- Driving transformation to close the care and quality gap and;
- Closing the finance and efficiency gap

More info needed re what the STP will do

Fylde Coast Vanguard – new models of care

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

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

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

One of the key components is clear patient accountability; decisions are made by the patient with the support of the lead professional and their care team, which includes the new role 'health and wellbeing support worker'. The care team has holistic responsibility for the

Health and Wellbeing Strategy for Blackpool

patient's care, acting as a co-ordinating point across the local health and care system.

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

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

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Due North Inquiry

In 2015, the Due North Report of the Inquiry on Health Equity in the North was published. The report was commissioned by Public Health England to examine health inequalities in the North of England.

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

Due North makes a number of recommendations for local areas to take forward; many of these broadly align with the board's priorities and have informed the thinking behind this strategy. We have developed an action plan, which maps our activity and progress against the Due North recommendations in more depth; this can be found at appendix xx.

The recommendations are summarised below:

1. Tackle poverty and inequality

Tackling poverty and inequality is a theme running across all of our health and wellbeing priorities. Due North suggests that one of the consequences of the uneven economic

development in the UK has been higher unemployment, lower incomes, adverse working conditions, poorer housing, and higher debts in the North, all of which adversely impact health and increase health inequalities.

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

High levels of chronic illness in the North, and particularly in Blackpool, contribute to lower levels of employment, 12.8 per cent of Blackpool's working age population claim ESA or Incapacity Benefit; this is more than double the national average.

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

The Blackpool, Fylde and Wyre Economic Development Company's 'Framework for Inclusive Growth and Prosperity' describes its key objective 'to deliver **inclusive economic growth and prosperity**, and in doing this, close

Health and Wellbeing Strategy for Blackpool

our performance gap with national averages and **drive improvement in the quality of life and health of our people and businesses, now and into the future.'**

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

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

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

2. Promote healthy development in early childhood

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

The previous section describes some of the current challenges faced by children and young people living in Blackpool. Our systems transformation programme ‘A Better Start’ is aimed at giving every child the best start in life working with families in pregnancy and with children up to three in Blackpool’s most deprived wards. A Better Start means to break the intergenerational cycles of poor outcomes in our children and families. It uses the latest research and evidence to ensure families experience a healthy gestation and birth and children are ready for school. The three key outcome areas are improving Language and Communication, Social and Emotional Development and Diet and Nutrition.

Interventions focus on reducing the key risk factors affecting parenting, for example drugs and alcohol, mental ill-health, relationship

Health and Wellbeing Strategy for Blackpool

conflict and domestic abuse, and social isolation; and empowering parents and communities to make positive changes, promoting good parenting, healthy parent-child relationships, self-efficacy and social cohesion.

Since September 2015, parents in the seven Better Start wards have had an evidence based universal, antenatal offer which includes targeted support through Family Nurse Partnership to support new mothers under 20 years and Baby Steps for all parents over 20 years. To date 308 parents to be have been offered Baby Steps through the midwives at their first appointment. The Baby Steps team is made up of health visitors, family engagement workers, midwives and star buddies working in partnership through the Children's Centres.

3. Sharing power over resources

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

The report also identifies three ways in which the lack of influence and democratic engagement impacts on health and health inequalities:

1. The very act of getting together; getting involved and influencing decisions builds social capital leading to health benefits

2. Stress is reduced if people can influence and feel in control of their living environment
3. Those who have less influence are less able to affect the use of public resources to improve their health and wellbeing.

In Blackpool, as elsewhere, there are lower levels of political engagement in the more deprived areas. At the last election for example, in Bloomfield ward voter turnout was 26.5% compared to 48% of registered voters in Norbreck.

To increase levels of participation and engagement Blackpool has an ambition to create a culture of asset based community development (ABCD), which will permeate throughout Blackpool engaging both organisations and communities in creating a social movement of healthier, more connected and more resilient communities.

4. Role of the health sector in promoting health equity

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

Health and Wellbeing Strategy for Blackpool

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

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

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

Health and Wellbeing Strategy for Blackpool

Blackpool's Health and Wellbeing Board

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

The Board's membership builds on strong pre-existing partnerships between the NHS, Council and other public, voluntary sector and statutory partners (a full list of members is included at appendix B).

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

Our vision

Our vision for Blackpool is bold and ambitious:

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

Our priorities

Evidence suggests that from a health perspective, addressing the following drivers is key to achieving the vision:

1. Stabilising the Housing Market – Reduce the availability of Houses of Multiple

Occupation (HMO's) via the Blackpool Housing Company and other initiatives such as Selective Licensing to improve standards in the private rented sector. Create higher quality housing and mix of tenure by redeveloping Queen's Park and developing new housing at Foxhall Village.

2. Substance misuse (alcohol, drugs and tobacco) – Address lifestyle issues by supporting education programmes and policy intervention.

3. Social Isolation/ Community Resilience – Address social isolation for all ages and build community resilience.

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time, and addressing the health needs of the youngest, so we have therefore identified an additional priority.

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

Health and Wellbeing Strategy for Blackpool

1. Housing

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

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

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

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

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

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

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

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

Health and Wellbeing Strategy for Blackpool

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

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

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

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

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

Secondly, we must improve conditions within the housing stock to keep people safe and warm

and enable people to access the kinds of housing that people need, including effective commissioning of specialist supported housing. This is essential in reducing some of the chronic physical and mental health conditions associated with poor housing.

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

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

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

1. Those at the point of hospital discharge so that they can return to and remain at home, preventing unnecessary admission to hospital.

Health and Wellbeing Strategy for Blackpool

2. People with chaotic lifestyles or multiple and complex needs including substance and/or alcohol misuse, mental ill health or homelessness.
3. Young people, including those leaving care, who often require support making the transition to independent living.

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

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

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

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

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

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

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

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

Health and Wellbeing Strategy for Blackpool

2. Substance misuse, including alcohol and tobacco

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

Alcohol

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

Blackpool's historic drinking culture associated with hen and stag parties has had a lasting impact on perceptions of alcohol use as socially acceptable pastime; combined with other socio-economic problems this results in a significantly higher than average alcohol related mortality rates and the highest rate of alcohol related admissions to hospital in England.

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

1. Developing healthy attitudes to alcohol across the life course – this includes

preconception with women to reduce alcohol exposed pregnancies, and alcohol consumption and the effects on families with early years children; delivered through Better Start and described in more detail in later sections. For school age children, interventions include PHSE programmes in secondary schools and for adults, campaigns to raise awareness of the risks associated with excessive drinking.

2. Changing the environment and promoting responsible retailing – we will continue to use enforcement and planning regulations to ensure that harm from alcohol is minimised by not granting licenses to establishments where there is already an oversupply of alcohol, and by carrying out test-purchasing to ensure that regulations regarding the sale of alcohol are being followed. We will continue to lobby for a national Minimum Unit Price for alcohol, and for a public health licensing objective.

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

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Drugs

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

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

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

Key actions need to be included for alcohol and substance misuse – what about dual diagnosis and links to mental health

Fulfilling Lives

In 2014, Blackpool was chosen by the Big Lottery to receive funding to deliver the Fulfilling Lives: Complex Needs programme;

Blackpool received £10 million to deliver the project, which is about building recovery.

The aim is to improve the stability, confidence and capability of people with multiple and complex needs including: homelessness, reoffending, problematic substance misuse and mental ill health resulting in a positive impact on local communities across Blackpool. It also aims to change systems to better deal with these people in the future and to significantly reduce the current costs incurred by emergency services such as the police and ambulance service in responding to people living chaotic lifestyles.

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

Outcomes so far? (See evaluation when available)

New Psychoactive Substances

In recent years, the United Kingdom has seen the emergence of New Psychoactive Substances (NPS) that have similar effects to drugs that are internationally controlled. They have increasingly become more popular since 2008/9 and present a relative new challenge in drugs

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policy and being developed at such a speed never seen before in the drugs market. These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety and can even be fatal.

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

In January 2016 the Psychoactive Substance Act 2016 was passed and is due to be implemented later in the year.

Tobacco

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

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have remained static over the last few years at around 27.2% of the adult population smoking as compared to the England average at 20%. For Blackpool to become a more successful town, with opportunities for everyone to flourish, we need to remove the burden of ill health, which tobacco contributes significantly to.

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

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

This will be achieved by:

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

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protecting tobacco control policy from industry influence.

5. Working with communities to change the cultural norms around smoking.

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3. Creating community resilience and reducing social isolation

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

There are a number of projects being delivered by different organisations in different neighbourhoods that are focused on developing communities, reducing isolation and increasing resilience.

Volunteering is integral to this and as our own resources and capacity diminishes, we are becoming increasingly reliant on the voluntary sector for support in delivering key aspects of our work to build resilient communities.

Volunteer strategy

As part of Better Start, work has been ongoing to develop Community Champions who will ensure that all parents are given the support they require within pregnancy and the early years to become more active within their communities to make positive sustainable changes. Better Start will through innovative community action projects develop services and resources for parents by parents.

As part of the new models of care vanguard we will be introducing neighbourhood navigators...

Community Oriented Primary Care?

Police – (volunteers)

This needs the discussion on what our strategic approach to the third sector is...

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4. Early intervention

In previous sections we have described the priority areas that need to be addressed, and where intervention is most needed if we are to improve health and wellbeing for our communities. This priority is about how we will need to take a different approach to the way public sector organisations operate and deliver services in the future; this is an absolute necessity if we are to remain sustainable and able to continue helping those people in greatest need. We simply cannot afford to continue responding to individual problems in a disjointed and ad hoc manner, once issues have reached crisis point.

In Blackpool we have a unique opportunity to turn things around. There has been considerable investment in Blackpool in recent years as various partnerships have been successful in securing funding through the Big Lottery Fund. This additional investment will facilitate the systems transformation required to improve outcomes in the long term and change the way that services are delivered, not just enable a short term continuation.

The most significant of these is the funding for 'A Better Start', in partnership with the NSPCC; in July 2014 we secured £45 million over a ten year period to improve outcomes for all pre-birth to age three children and families across Blackpool.

Blackpool Better Start's aim is to deliver lasting change so that Blackpool will be a place in which families raise happy, healthy children who grow up to take pride in belonging to, and giving back to, the community. Better Start has two key development outcomes: **healthy gestation and birth and readiness for school**; these are recognised as key development milestones for children.

It will improve services for 0-3 year olds and their families. The Blackpool Better Start programme is underpinned by [four cornerstones](#):

- Grounded in a Public Health approach
- Using Evidence Based programmes
- Systems transformation and reframing of Early Child Development
- Centre for Early child Development

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

HeadStart is one of the newer systems change initiatives currently underway in Blackpool; the funding secured in earlier bidding rounds has informed the development of the recently submitted stage 3 bid, which has also benefited from work on Better Start, Multiple Complex Needs and Vanguard initiatives – all of which put individual needs at the heart of their processes.

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HeadStart aims to build resilience in young people aged ten to sixteen years to help them cope with life's challenges and prevent mental health problems from developing in later life. The programme will develop resilient environments in schools and communities by embracing the approach of proportionate universalism advocated in the Marmot Review.

We want to increase all young people's resilience to enable them to cope with life's challenges. The larger universal population will need a lesser level of support to achieve this and the smaller proportion of Universal + and Universal ++ will need a greater level of support, this proportionate level of support achieves ideal levels of resilience for the population of 10-16 year olds in Blackpool.

The clearest link to HeadStart is Better Start, as mentioned above. Together, these investments put us in the unique position of being able to develop a town wide prevention strategy for our children and young people - a "cradle to college" approach. This is supported by the integration of both Big Lottery Funded initiatives into our newly-developed Emotional Health and Wellbeing Transformation Plan, which will deliver a new approach to ensuring emotional health and wellbeing of children and young people of all ages in Blackpool.

Healthy Weight

At the beginning of this strategy we described some of the challenges that our children and young people are facing, with health and

particularly healthy weight being a major concern. This is an area where we must intervene at the earliest possible stage to reverse some of the worrying trends that are starting to take hold.

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

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

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

Section about Early Action

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Monitoring progress

Regular progress reports to board/debates...

What are key performance indicators from each org?

How does Board want to monitor performance of priorities?

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Appendix A

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Name	Title	Signature	Date

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