

CABINET MEMBER FOR PUBLIC HEALTH – COUNCILLOR COLLETT

Public Health

Life expectancy in Blackpool: latest trends and inequalities

The population of Blackpool experiences poorer health and lower life expectancy than much of the rest of the population. This is seen across a range of health indicators. In this note, we look at life expectancy, which is commonly used to indicate the overall health of a population.

Life expectancy for Blackpool residents is lower than the England average (78.9 for men and 82.7 for women) at 74 years for men and for women 80 years. A baby boy born today in Blackpool has the lowest life expectancy of any local authority in the country and a baby girl the third lowest.

In recent years, the trend shows an improvement in life expectancy in the town. Over the past ten years, life expectancy has increased by almost 2.8 years for men and two years for women. Although this is in the right direction, it is a slower increase than elsewhere nationally the improvement over the same ten years has been almost double at 4.7 years for men and 3.4 years for women. This means that the gap in life expectancy, or inequality, between Blackpool and the rest of the country is getting wider.

We see significant inequalities within the town too. Worryingly, men in the most disadvantaged parts of the town have seen very little change in life expectancy with a gain of just 0.9 years over the past ten years. Even men in the least disadvantaged groups only experienced 3.3 years improvement, which is still lower than the national average.

Last year's Public Health Annual Report (2012) took a closer look at the conditions and lifestyles that were behind the difference in life expectancy that we see between Blackpool and the England average.

The top three major causes of early death in Blackpool were found to be:

Men:

1. Violence, self-harm and, overdose and poisoning
2. Digestive diseases including cirrhosis
3. Circulatory diseases (heart disease and stroke)

Women:

1. Digestive diseases including cirrhosis
2. Cancers, chiefly lung cancer
3. Respiratory conditions

Lifestyles are a major determinant of health and are considered to account for 30-50% of what makes us healthy or unhealthy, alongside our genetics, our environment (the social, economic and physical surroundings in which we live) and access to health care. The causes of early deaths in the town identified in the analysis are associated with the following lifestyle factors:

- harmful drinking patterns and drug misuse;
- smoking;

- unhealthy diets and excess weight; and
- physically inactive lifestyles and sedentary lifestyles.

This year's Public Health Annual Report, shortly to be released, looks at what is currently happening in the town to support healthier lifestyles and recommends areas for future action.

The establishment of the Health and Wellbeing Board in April 2013 provides a new opportunity for coordinated action across key organisations in the town to improve health and reduce inequalities. The Board has already held debates on alcohol, healthy weight and smoking. Actions plans arising following the debates are monitored through the Strategic Commissioning Subgroup of the Board.

Health protection: sun beds enforcement project

Overexposure to UV light is the main cause of skin cancer. Sun beds, like the sun, emit UV light and are not a safe alternative to sun tanning. The risks are greater for young people and those frequently exposed to UV light before they are 25 are at increased risk of developing skin cancer later in life. Each year in Blackpool there are around 240 new cases of skin cancer each year and Blackpool has amongst the highest density of sun bed businesses of local authorities in the country.

This project carried out by Public Protection for Public Health, aimed to protect the public from the hazards associated with poor practice in sun bed operators through enforcement of the Sun bed Regulations Act 2010 and European Safety Framework. All 45 sun bed businesses in the town were subject to electrical testing. eleven premises were selected for test purchasing based on having previously failed such exercises or being located within 500m of a high school or college.

The results showed poor compliance with 73% (80/110) of sun beds exceeding the EU radiance limit of 0.3W/m². Seven out of eleven businesses failed test purchasing. Premises, with equipment that failed electrical testing, have been given advice on action required to comply and will be revisited to check compliance. Cases for prosecution are being prepared for those premises, which failed test purchasing. This work has highlighted the importance of a robust programme of enforcement of sun bed regulations in identifying and addressing poor standards.

The work has received good coverage in the local and regional media, which presented opportunities for giving out public health messages on UV light/sun safety.

Cancer thematic debate at April's Health and Wellbeing Board

A joint presentation by members of Public Health and Clinical Commissioning Group gave a presentation on cancer at the April meeting of the Health and Wellbeing Board.

The Blackpool population experience higher than average cancer incidence and mortality rates than average for most of the major cancer types. Survival rates at one and five year post diagnosis are poorer for a number of cancer types too. The relatively poorer survival rates suggest that people may be presenting and being diagnosed at a more advanced stage than average.

Amongst women in Blackpool, the most common cancers are breast, lung and bowel, whereas amongst men these are lung, bowel and prostate. Men experience higher rates of bowel and lung cancer compared to women. Lung cancer rates are particularly a concern in Blackpool where both incidence and mortality rates are significantly higher than the regional and national average. Cancer survival rates are improving and this coupled with an ageing population, means that increasing numbers of people are living with and beyond cancer.

The Fylde Coast Cancer Local Implementation Team (LIT) is now developing an action plan, which will incorporate awareness and early detection, effective treatments, and survivorship. The action plan will be monitored by the Strategic Commissioning Group.

NHS Health Checks

The Local Authority took over responsibility for the NHS Health Check Programme in April 2014. We currently have one model of provision, via GP Practices and have 100% clinical engagement.

Performance 2013/ 2014 - Offered: 25%; Received: 19%; Uptake: 76%

This puts us as one of the highest achieving Local Authority's in the Country although we do need to be cautious of the figures as we are aware of data quality issues. The NHS Health Checks Steering Group is currently looking into this with the help of local GP Practices and the CSU (Commissioning Support Unit).

A marketing and promotions campaign is planned for June/ July 2014 and a number of national resources have been produced locally in order to raise awareness of the availability of free NHS Health Checks.

An audit exercise is also planned over the coming months in order to get behind the numbers and find out who is receiving the checks, if people are receiving appropriate health promotion advice and the quality of outcomes in terms of what happens to those patients who are identified as at risk of developing long-term conditions.

Joint Strategic Needs Assessment (JSNA)

Although the JSNA is promoted as a process not a document, there are a number of core documents that have been published on the website that are currently being updated.

We have a governance structure in place, which reports to the Health and Wellbeing Board and is based on a collaborative approach with engagement from other Directorates of the Council and the Clinical Commissioning Group.

The JSNA Strategic Group held a Commissioner Engagement Event in December 2013 whereby a number of 'new' priority areas of work were identified social isolation, dementia, residential/ nursing/ continuing healthcare.

A communications plan has also been developed in order to promote awareness and use of the JSNA including:

- Voluntary sector event (June 2014)
- Social media (Twitter)
- JSNA video

The following areas for development have been agreed for the JSNA:

- Improve intelligence about community assets as well as needs.
- Strengthen links with HealthWatch.
- The need to systematically include intelligence about the community's own perceptions of their health and wellbeing, needs and assets in order to understand the capabilities available within communities.

Alcohol

Good progress is being made on all elements of the Alcohol Strategy with the licensing elements being revisited following the Early Morning Restriction Order (EMRO) hearing.

Alcohol specialist community treatment services have been merged with the drugs 'Horizon' services for two years. The Horizon service is currently out to tender and has passed the Pre Qualifying

Questionnaire (PQQ) stage, with new providers expected to commence during the early autumn. The structure of the service is unlikely to change greatly but the exact methodology, service providers and outcomes may vary. The young people's services available from the Council's Hub have not been put to tender, as a Prior Information Notice process established that there was insufficient alternative competent providers to tender the service.

During the spring, 'Our Life' has facilitated a 10-week programme for residents of Grange Park to carry out a Citizens Inquiry into the impact of alcohol. The 20 residents involved became highly focussed on the subject and have established a range of recommendations, which were presented to a wide audience (including the Mayor) on the 4th June. These recommendations include:

- Establishing a community centre with a range of services in Grange Park
- Greater community involvement in establishing licensing policy and granting of licenses
- Reducing the hours of supply of alcohol, including off sales.
- Banning alcohol advertising
- Constraining alcohol sales to specific areas of stores
- Increased alcohol education in schools and the community
- Improved marketing for alcohol services and eased accessibility
- Increased use of CCTV

Council officers, police, fire service, ambulance service and others present all agreed to look at the recommendations and commit to exploring those options within their gift, and to provide support to the residents to deliver their own projects or lobby others to act. Public Health has committed further training to the participants to enable them to advocate actively for change.

Schools Catering Services

From September 2014, school lunches will be provided free of charge to all pupils in Foundation, Year One and Year Two throughout all schools in England and Wales. This is a government initiative aimed at ensuring a good quality, nutritional luncheon is available to all pupils and it is anticipated that this scheme will be run on an ongoing basis for the foreseeable future.

It is expected that most parents and pupils will wish to take advantage of this offer, pilot schemes carried out last year in three local authorities produced a take up figure of 85%. To make sure that the pupils enjoy the meals and that parents have total trust in what the children are being served, Blackpool Catering Services are taking the opportunity of amending their menus to provide a wider range of fresh meat products.

All the meats used are being sourced from British animals and are Red Tractor certified or have Farm Assured certification, ensuring total traceability.

Pupils will continue to have a choice of hot meals available every day, complemented by a salad bar, featuring a wide range of produce, a breadbasket and a selection of tasty desserts and quenching drinks.

Parents are being provided with details of what is available and are being asked to inform their children's school if they do not wish to partake, thereby allowing for accurate planning and reduced wastage.

Allergies are being catered for and parents are being requested to inform catering services of details of their child's allergies, supported by a Doctors confirmation. The necessary arrangements can then be made to have suitable substitute items available.

Child Poverty

The Big Lottery Fund is due to decide in early June whether the Better Start Blackpool bid being led by the NSPCC in partnership with the Council has been successful. This would greatly accelerate the delivery of a range of interventions around the social and emotional development, communication and language and health and nutrition of 0-3 year olds in seven of Blackpool's most deprived wards. If unsuccessful, the Council will continue to work with the NSPCC to find alternative funding and means to deliver proven, evidence-based programmes to combat both the root causes and the immediate effects of child poverty.

We have submitted a response to the recent Government consultation on the national child poverty strategy, which we believe to be a compilation of existing actions rather than a fundamental attempt to tackle the root causes of poverty. The strategy does not create the right environment to allow local authorities to focus more on root causes whilst maintaining investment in measures, which help alleviate pressure on families. The consultation response did allow us the opportunity to showcase what works well at tackling and mitigating child poverty at a local level including the Connexions Service aimed at those not in employment, education or training, the Positive Steps into Work service, our Adult and Community Learning Service, the Youthability Hub, the free breakfasts initiative and the £10 junior savings account initiative starting in July amongst others.

In March and April, we involved 40 young people in a consultation exercise discussing some of the main issues affecting their life chances. They told us about the need for volunteer and work experience, the need for a range of apprenticeships, year-round job opportunities, more opportunities to develop as people and for help around mental health issues amongst other things. The consultation will feed into our new strategic approach to the Children and Young People's Plan.