Appendix 6a

Public Health / Annual Report / 2021

Blackpool Council

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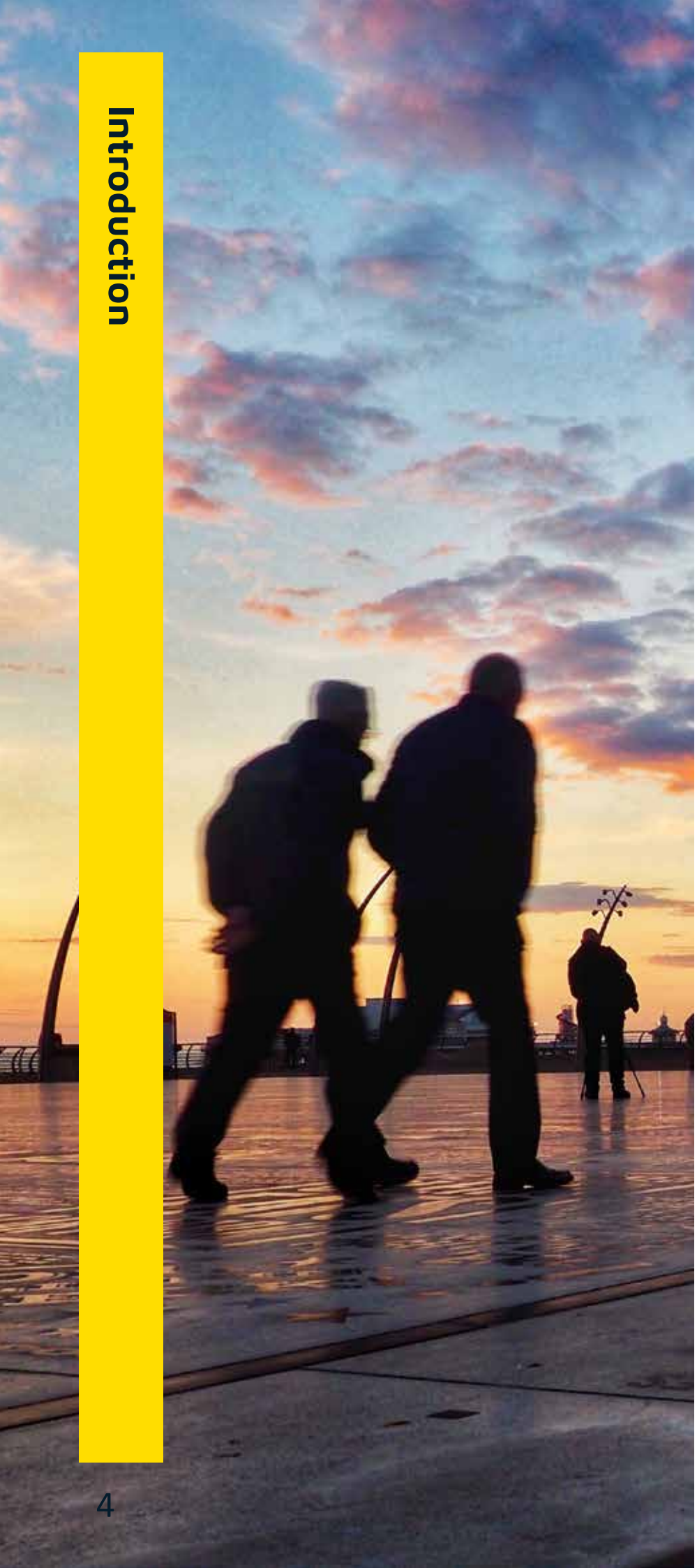
Introduction



Dr Arif Rajpura
Director of Public Health

Foreword

This year's Public Health Annual Report explores some of the important challenges faced by coastal communities and disadvantaged areas. As the largest seaside resort in the UK, Blackpool is particularly vulnerable to these challenges. There is currently a national focus on coastal communities, as demonstrated by the Chief Medical Officer examining the tendency for poorer health in coastal areas and the driving factors behind this in his Annual Report. The Blackpool Health and Wellbeing Board, through local partnership working, is acting on the recommendations of the Chief Medical Officer's Annual Report to drive change locally.

Many exciting developments are underway in the town to ensure Blackpool remains both vibrant and attractive to visitors and also expands the local economic base, bringing in new businesses and innovation. This is essential to make sure that Blackpool's economy can support its residents to find rewarding work and provide opportunities for Blackpool's young people to develop the skills they need for their careers.

Health outcomes in Blackpool are poor for many residents of the town, as can be seen in the factors explored in this report and more comprehensively in the Blackpool Joint Strategic Needs Assessment. A large focus of this report looks at the challenges faced by people experiencing the most severe forms of disadvantage. These are people who experience problems with substance misuse, poor mental health, domestic violence, homelessness and offending. These issues can lead to extremely poor health outcomes for the individuals involved and also have a disproportionate impact on overarching measures of health outcome, such as life expectancy.

Support services across Blackpool recognise the complex circumstances many people who need support find themselves in. This report describes many of the services designed to support people experiencing problems and how they try to take a holistic, multi-agency approach rather than focusing on one issue at a time. For many people living in Blackpool these support services have made a huge difference to their lives, allowing them to deal with the problems they faced, be optimistic about the future again and contribute to helping others.

Challenges in Coastal Communities

Challenges in Coastal Communities

Chief Medical Officer's Annual Report 2021

Chief Medical Officer Professor Chris Whitty's second annual report[1] presents an analysis of the health and wellbeing of England's coastal communities. The report explored the burden of disease in coastal communities and the wider determinants of health, including a section examining the impact of poor housing. The benefits of living in coastal communities were also considered. Ten directors of public health in coastal local authorities were given the opportunity to provide case studies which explored the challenges and strengths of their communities.

The report highlighted that "the health challenges of coastal towns, cities and other communities are serious, and their drivers are more similar than their nearest inland neighbour. This means a national strategy to address the repeated problems of health in coastal communities is needed in addition to local action. If we do not tackle the health problems of coastal communities vigorously and systematically there will be a long tail of preventable ill health which will get worse as current populations age."

A number of factors, specific to coastal communities, which influence health are identified. Coastal areas tend to attract older, retired citizens to settle, who inevitably have more and increasing health problems. An oversupply of guest housing has encouraged the conversion to Houses of Multiple Occupation (HMO) which leads to concentrations of deprivation and ill health. The sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder. Many coastal communities were created around a single industry, such as tourism in Blackpool, meaning work can often be scarce or seasonal. The report also identifies relatively high prevalence of mental health conditions and poor mental wellbeing, high prevalence of substance misuse and poor quality housing as being common features within coastal communities. These are key factors that define multiple disadvantage, as will be explored in this report.

1. www.gov.uk/government/publications/chief-medical-officers-annual-report-2021-health-in-coastal-communities

The Chief Medical Officer's Annual Report identifies three key recommendations:

1. Given the health and wellbeing challenges of coastal communities have more in common with one another than inland neighbours, there should be a **national strategy to improve the health and wellbeing of coastal communities**. This must be cross-government as many of the key drivers and levers such as housing, environment, education, employment, economic drivers and transport are wider than health.

2. The **current mismatch between health and social care worker deployment and disease prevalence in coastal areas** needs to be addressed. This requires action by Health Education England and NHS England/NHS Improvement.

3. The **paucity of granular data and actionable research into the health needs of coastal communities** is striking. Improving this will assist the formulation of policies to improve the health of coastal communities. Local authorities, the Office for National Statistics and NHS England/ NHS Improvement need to make access to more granular data available. Research funders, including National Institute for Health and Care Research and UK Research and Innovation, need to provide incentives for research aimed specifically at improving coastal community health.

Further more detailed recommendations can be viewed within the report summary, with a number being particularly pertinent to Blackpool:

1.1 Planning for the ageing population in coastal and other peripheral areas, with consideration to migratory patterns, and the potential for a deficit of social care and healthcare workers relative to older populations

1.4 Review of incentives in the private rental sector in coastal communities, specifically HMOs which draw a transient vulnerable population to coastal communities

1.6 Specific plans for major risk factors concentrated in coastal communities – especially high rates of smoking in pregnancy, alcohol and substance misuse

1.8 Making more of the potential health and wellbeing benefits of living in coastal communities

4.1 Continue work to ensure Directors of Public Health in every Integrated Care System (ICS) are an integral part of the ICS Executive leadership team/ board

4.2 The high rates of excess alcohol use in coastal communities, and specifically issues in resort towns, further strengthens the case that public health should be added as a licensing objective in the Licensing Act 2003

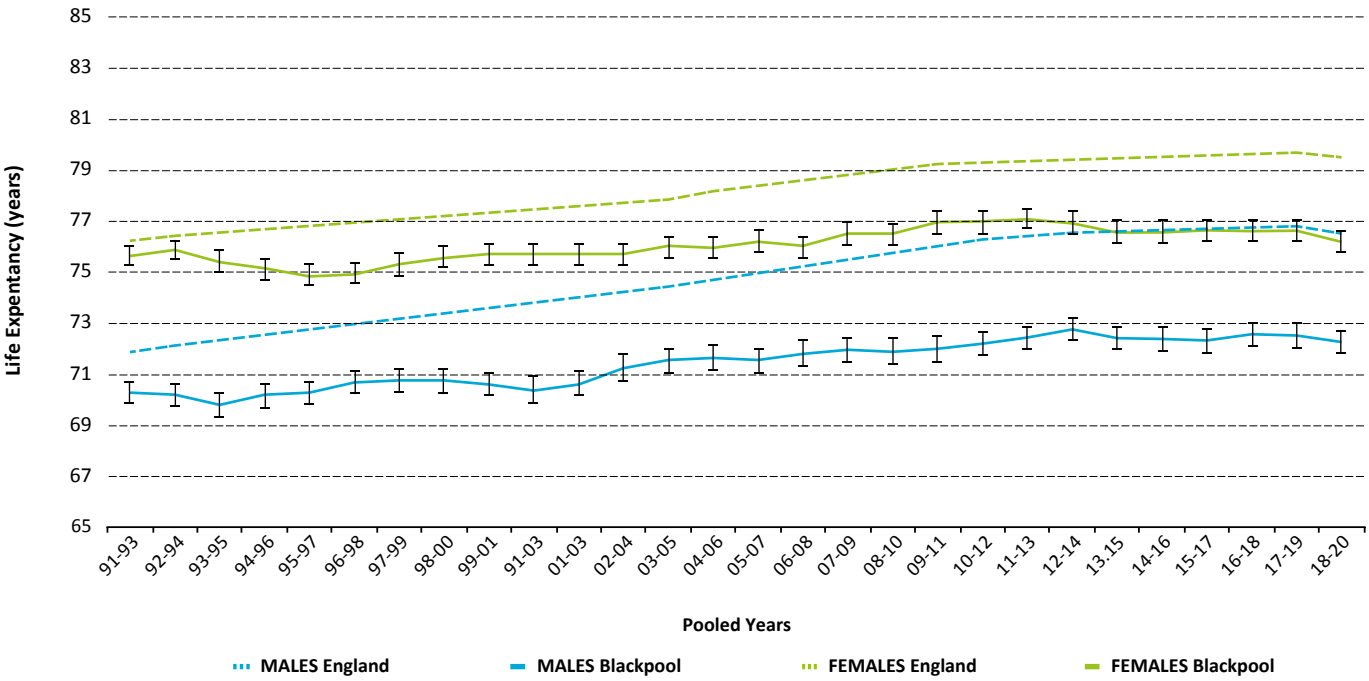
What do we see in Blackpool?

The impacts of the disadvantage described in the Chief Medical Officer's Annual Report are ultimately seen in the high rate of mortality, low life expectancy and numbers of people living in poor health.

Life Expectancy

Life expectancy is one of the key indicators of health in a population. Life expectancy at birth is defined as the average number of years that a new-born is expected to live if current mortality rates continue to apply. Life expectancy for men in Blackpool is 74.1 years and for women is 79.0 (2018-2020), both lower than national averages. Figure 1 demonstrates that, while life expectancy in Blackpool has risen in the long term for both males and females, the gap in life expectancy between Blackpool and England has grown over the last 25 years. There are also considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live 13.2 years longer than men in the most deprived areas. Similarly, for women this difference is 9.5 years.[2]

Figure 1 - Life Expectancy at Birth (1991-1993 to 2018-2020)



Source: Office for National Statistics

2. Life expectancy for local areas of the UK - Office for National Statistics (ons.gov.uk)

Whereas life expectancy is an estimate of how many years a person might be expected to live, healthy life expectancy is an estimate of how many years they might live in 'good' health. Healthy life expectancy is calculated using self-reported prevalence of 'Good' general health collected in the Annual Population Survey. Comparisons of healthy life expectancy between England and Blackpool show a greater difference than for life expectancy alone. From this it can be observed that residents of Blackpool live shorter lives than the national average, and furthermore spend a smaller proportion of their shorter lifespan healthy and disability-free. Healthy life expectancy for both men and women in Blackpool are the lowest of all local authorities in England, and healthy life expectancy for women in Blackpool reduced from 57.1 between 2016 and 2018 to 54.29 between 2018 and 2020.[3]

Drug Related Deaths

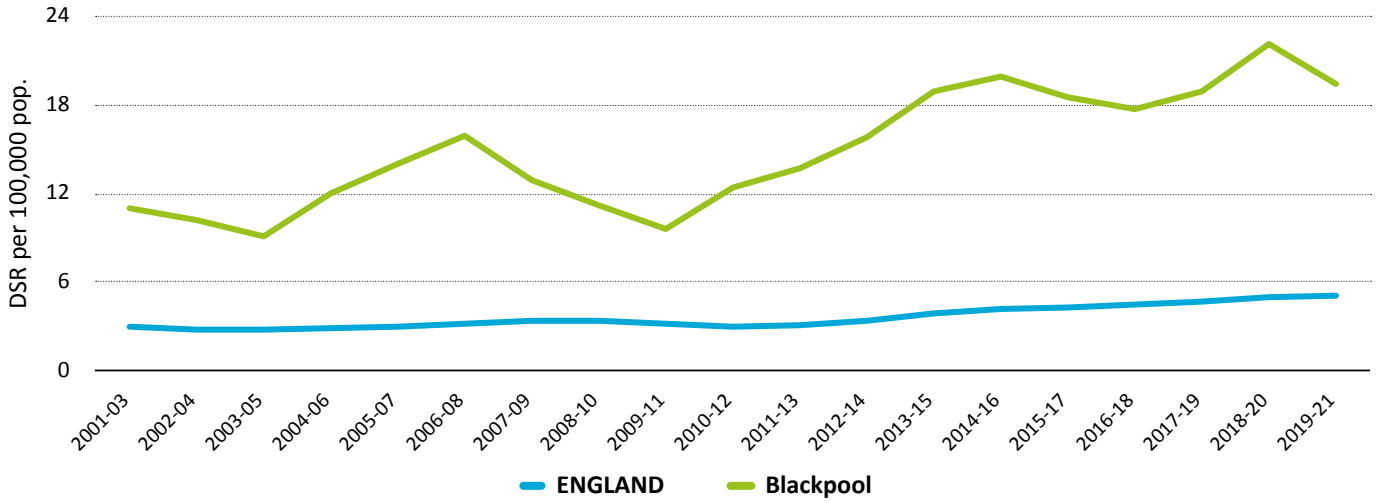
Drug misuse is a significant cause of premature mortality in the UK, and drug related deaths in England and Wales have been on an upward trend over the past decade. This is driven primarily by deaths involving opiates, though also from increases in deaths involving other substances such as cocaine.

Deaths from drug misuse are recorded where a drug, controlled under the Misuse of Drugs Act 1971, was mentioned on the death certificate and the cause of death is related to poisoning by drugs, assault by drugs or mental disorders related to volatile substances.

Blackpool has the highest rate of deaths from drug misuse in the country, with 76 deaths between 2019 and 2021 a rate of 19.4 per 100,000 population (directly standardised rate). The overall rate for England is 5.1 deaths per 100,000 (Figure 2). Whilst national and regional rates increased for the COVID-19 affected three year period 2019 to 2021, Blackpool's rate fell from 22.1 per 100,000 in the 2018 to 2020 period to 19.4 per 100,000 in 2019-2021. This was due to the number of deaths to drug misuse reducing from 28 or 29 each year between 2018 and 2020 to 18 in 2021.

3. Health state life expectancy, all ages, UK - Office for National Statistics (ons.gov.uk)

Figure 2 - Deaths from Drug Misuse, Blackpool, North West and England, 2001-03 to 2019-21 (rate per 100,000 population)



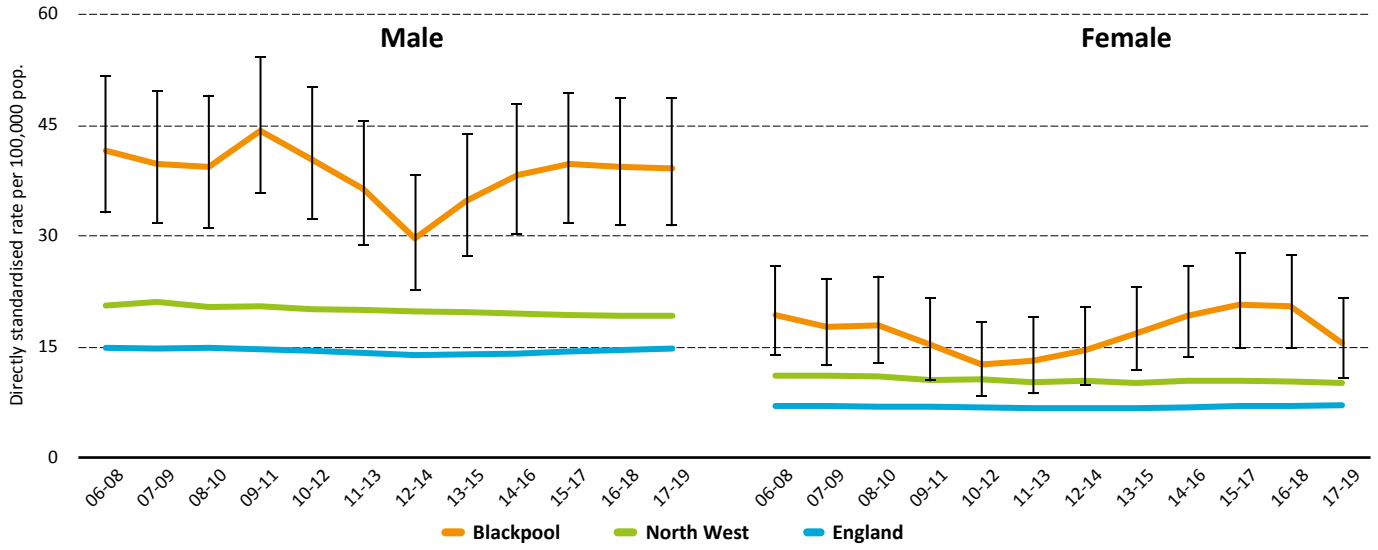
Source: Office for National Statistics (ONS) Deaths related to drug poisoning in England and Wales: 2021 registrations / OHID Public Health Profiles

Alcohol

Alcohol is the third leading risk factor for death and disability after smoking and obesity and has been identified as a causal factor in more than 60 medical conditions including cirrhosis of the liver, heart disease, depression, pancreatitis and stroke as well as a number of cancers. Alcohol misuse can be a long-term condition and dependent individuals may experience many health problems and are frequent users of health services. Excessive alcohol consumption is a major cause of preventable premature death.

Figure 3 shows alcohol specific mortality for males and females in Blackpool compared to the North West region and England as a whole. For males the rate in Blackpool had been showing a gradual decline until 2012-14 but did begin to increase again. However, the mortality rate has been static in recent years and is currently 39.2 per 100,000. This is approximately two and a half times higher than the national average of 14.9 per 100,000. For females, alcohol specific mortality had been increasing since 2010-12 although the rate fell in 2017-19 to 15.5 per 100,000. This compares to the England rate of 7.1 per 100,000. The rates are still significantly higher than national averages for both males and females.

Figure 3 - Trend in alcohol specific mortality for males and females, Blackpool, North West and England



Source: OHID Local Alcohol Profiles for England

Suicides

Between 15 and 20 Blackpool residents take their own lives each year. Males are much more likely to take their own life than females, as is also seen nationally, although the suicide rate in females has risen in the last five years in Blackpool. The suicide rate in Blackpool is significantly higher than the rate for England as a whole 17.4 per 100,000 vs. 10.4 per 100,000 (2018-20). Unfortunately many people who take their own life are relatively young, with potentially many years of fulfilling life lost.

Projects to Revitalise Blackpool

This report describes some of the challenges that Blackpool faces as a community and later goes on to examine some of the programmes in place to support people facings multiple disadvantage. It is also extremely important that there are plans in place to continually develop the town to improve the prospects of future generations. This chapter describes some of the work already underway and some of the future plans for the town.

Levelling up

On March 17th 2022 Government unveiled new measures to help improve the lives of people in Blackpool by turning the tide on deprivation in one of the UK's most iconic seaside towns. Blackpool, which has 8 of the 10 most deprived neighbourhoods in England, will now receive support to deliver a root and branch transformation of the town. The package has pledged to include a crackdown on rogue landlords by scaling up the local enforcement team to deliver more action on those not meeting current standards and a transformative King's Cross style regeneration programme to create beautiful new homes and turbo-charge tourism in the area.

The plans have been developed by government, local leaders, businesses and community groups who are working together to tackle the entrenched inequalities that have held the town back, as part of a new strategic partnership.

Longstanding neglect by some landlords has led to Blackpool experiencing some of the worst housing conditions in the country, with at least 1 in 3 properties classified as 'non-decent'. An expanded local enforcement team will take tough action against those not meeting existing standards and measure landlords against future national standards. This extensive inspection programme will tackle exploitation in the private rented sector with a supported housing market driving up housing quality and protecting the most vulnerable.

Alongside this enforcement drive, Homes England will join forces with Blackpool Council, using additional funding of £650,000 to explore regeneration opportunities to improve Blackpool's housing stock and quality of place.

Cllr Lynn Williams, Leader of Blackpool Council, said:

"Locally, we have developed a unique partnership with business and the voluntary sector. Our ask of government was to work with this partnership to help deliver a step change that will transform the lives of our residents and our communities."

Christine Hodgson CBE, Chair of Blackpool Pride of Place Partnership:

"I am so pleased to see the government's commitment to Levelling Up, and really grateful that Blackpool has been chosen as the exemplar."


restaurant

Local infrastructure projects

A number of exciting new projects are planned, with many already underway, to aid Blackpool's economic recovery, particularly focused on the redevelopment of the town centre.

Town Centre Phase 2

- Work is underway on the £35m Phase 2 Talbot Gateway which is due for completion early 2023
- 144 bed Holiday Inn (4* equivalent)
- Marco Pierre White's New York Italian restaurant
- Ground floor retail units
- Interconnecting underpass under the hotel and high street for direct tramway access

Town Centre Phase 3

With a total project value of £100m, works will start on-site in summer 2022 with a scheduled completion date of summer 2024.

- 215,000 sq ft of BREEAM[4] Excellent office space
- The Department of Work and Pensions' new civil service regional hub
- Sustainable and energy-efficient design throughout
- Home to over 3,000 local civil servants
- Winner of the North West Business Insider Letting Deal of the Year 2022

Houndshill Phase 2 Extension

Blackpool Council acquired Houndshill Shopping Centre with the aim to catalyse the regeneration of Blackpool's retail core and secure the future of the shopping centre. Work is progressing on the £21m extension.

- 9 screen, 850 seat, 40,500 sq ft IMAX-ready multi-media cinema complex
- New eating outlets
- 22,500 sq ft Wilko store
- The biggest immersive screen in North West
- £5m Getting Building Funding

Abingdon Street Market

Work began on site to rejuvenate this heritage building in August 2021, giving the market a new lease of life and securing its long term future at the heart of Blackpool's town centre.

- An extended food and beverage quarter with 250 seats for market dining
- Stalls for food and beverage, artisan stalls and flexible retail units
- Coffee stall and bar area
- £3.6m Getting Building Funding

4. BREEAM or Building Research Establishment Environmental Assessment Method is used to masterplan projects, infrastructure and buildings.

Winter Gardens Conference & Exhibition Centre

Opened officially by the Prime Minister in March this year, the new £30m venue sits within the Winter Gardens complex that hosted this year's Conservative Party Spring Conference and now holds up to 7,000 delegates.

- 26,000 sq ft centre, set over two floors
- Cutting-edge audio-visual technology
- £17.8m of Growth Deal funding
- £3m from the Coastal Communities Fund

Showtown Museum

Blackpool's first dedicated museum will celebrate the town's role in developing and supporting British popular entertainment. The investment will support 296,000 annual visits, 39 full-time equivalent jobs, £13.16m of regional economic benefit and conservation of over 800 objects.

- £14.2m scheme
- £4.4m National Lottery Heritage Fund
- £4m Northern Cultural Regeneration Fund
- £1.75m Coastal Communities Fund

Blackpool Airport Enterprise Zone

One of the largest enterprise zones in the UK, Blackpool Airport Enterprise Zone will transform Blackpool and the Fylde's economic base over its 25-year lifespan, positioning itself as a premier business location in the North West. Blackpool Council has committed £29m+ over the next four years to deliver essential infrastructure to help unlock sites, kick-start development and attract investment to meet occupier demand.

- Create 5,000 new jobs
- Attract £300m private sector investment
- Provide enabling infrastructure of c.£72m
- Convert or build 260,000 sq m commercial space
- Attract over 200 businesses


BESIDE THE
SEASIDE


IMAX
BACKLOT
CINEMA
BACKLOT
P


TOWER COFFEE COMPANY
ABINGDON STREET MARKET

Multiple Disadvantage

Multiple Disadvantage

What is multiple disadvantage?

Measures of poverty and socio-economic deprivation are well established tools, often used to inform research, service development and funding. There is now also an increased national and local policy focus on the most extreme forms of disadvantage, which are often experienced in conjunction with each other. Problems such as homelessness, domestic abuse, drug and alcohol misuse, poor mental health, and offending behaviours are often experienced to a large extent by the same people.[5] In Blackpool there is now a clear focus on providing holistic support for people experiencing any number of these problems. This can be seen in the approach and type of support available in the Blackpool based programmes described later in this report. Many of these programmes are designed specifically to address multiple disadvantage, and longstanding services, such as drug and alcohol treatment, are tailoring their support offer to better address clients' wider problems.

Defining and estimating the extent of severe and multiple disadvantage (SMD)

Support programmes in Blackpool have their own, flexible definitions of what constitutes disadvantage, who can be offered support and how best to address clients problems. However to estimate the number of people experiencing SMD in Blackpool, and to allow this to be compared with other areas, a straightforward definition is required. There are usually five areas of severe disadvantage considered in the academic literature:

- Homelessness
- Offending
- Substance misuse
- Domestic violence and abuse
- Mental health problems

5. (Bramley et al., 2015; Department for Work and Pensions (DWP), 2012; Fitzpatrick et al., 2011, 2013)3.

However, when estimates of SMD are calculated it is most common to only consider three categories, with domestic violence and abuse and mental health problems omitted. This is primarily because using all five categories generates a very high overall estimate of SMD.[6] Administrative data has been used to estimate the number of people currently experiencing problems relating to homelessness, offending and substance misuse and who are known to services. This is likely to underestimate the true number of people experiencing disadvantage, as not everybody is known to services, however it does allow for a consistent approach between local authorities and for comparisons to be made. Due to issues with national data collection the estimates are based on 2010/11 data.

In 2010/11 Blackpool was estimated to have:

- 21.4 per 1,000 working age residents experiencing issues related to homelessness (3.8 times the England average)
- 17.0 per 1,000 working age residents in the criminal justice system (3.0 times the England average)
- 14.0 per 1,000 working age residents are being supported in alcohol and/or drugs treatment (2.4 times the England average)

From these datasets an overall estimate of the number of residents who experienced a combination of two or three of these categories of disadvantage can be made.

- 17.3 per 1,000 working age residents experience a combination of two or three of these categories of disadvantage (SMD2/3) (3.1 times the England average)

Based on these calculations Blackpool is estimated to have the highest rate of SMD2/3 of any local authority in England, with approximately 1,500 working age residents experiencing SMD2/3. [7] [8]

6. TechReport_V6final_clean_7-August.pdf (lankellychase.org.uk)

7. Mapping the 'hard edges' of disadvantage in England: adults involved in homelessness, substance misuse and offending — Heriot-Watt Research Portal (hw.ac.uk)

8. Hard Edges: Mapping Severe and Multiple Disadvantage in England – Lankelly Chase

Programmes to Support People Experiencing Multiple Disadvantage

Programmes to Support People Experiencing Multiple Disadvantage

Building on Fulfilling Lives into Changing Futures

Fulfilling Lives

Blackpool Fulfilling Lives ran for 8 years, from 2014 to 2022, supporting 530 beneficiaries with multiple complex needs such as homelessness, offending, mental health issues and substance use. A 'navigator model' of support was coordinated by people with lived experience of similar complex needs. Blackpool had significant involvement in developing the national learning and evidence base from the programme. The National Lottery Community Fund partnership published an evaluation of Fulfilling Lives. Key positive outcomes for beneficiaries included improvements in mental health and wellbeing, substance use, housing and offending. Financial savings were seen with respect to unplanned hospital attendances and admissions.

The subsequent Changing Futures Lancashire bid was co-produced with people with lived experience of multiple disadvantage, building on the most successful elements of Fulfilling Lives. These included:

- The Lived Experience Team (now part of Empowerment). Members of this team have personal experience of issues such as homelessness, mental health, offending and substance use. They are skilled in building trust with, and advocating for people facing multiple disadvantage.
- Small caseloads allowing frontline workers to work intensively with beneficiaries
- Regular beneficiary reviews and robust data collection
- Multi-agency care planning at the start of and throughout beneficiaries' journeys

Changing Futures

Changing Futures consists of 15 nationally funded partnerships aiming at improving outcomes for people experiencing multiple disadvantage. Changing Futures Lancashire is a county-wide programme with 4 localities. It is running from September 2021 to December 2023. Blackpool is the lead authority for the Fylde Coast Locality, which includes Fylde and Wyre boroughs.

The programme has aims at three levels:

1. **Individual level aims**
    - to increase the likelihood that people experiencing multiple disadvantage will remain connected to support
    - for people experiencing multiple disadvantage to be more empowered, informed and resilient and able to manage their recovery in ways that work for them
2. **Service level aim**
    - for local services to become more person-centred, coordinated, flexible and trauma-informed and to support people make lasting positive change
3. **System-level aims**
    - for the Lancashire system to implement long-term sustainable changes to benefit people experiencing multiple disadvantage
    - to sustain the benefits of the programme beyond the lifetime of the funding

For people to enter the programme they must be over 18 years of age and be facing barriers to engaging with the services they need. They also must be currently experiencing multiple disadvantage. For Changing Futures this has been defined as a combination of at least 3 of the following:

- homelessness
- substance use (drugs and/or alcohol)
- mental health issues
- domestic abuse
- contact with the criminal justice system

The core Changing Futures offer for individual beneficiaries is a named peer mentor from the Lived Experience Team who will:

- build a trusted relationship with them
- connect them to their coordinated multiagency plan of support
- advocate on their behalf when the plan/system is not meeting their needs
- help them to recognise their own assets and build resilience so that, over time, they can become independent

Alongside expanding the Lived Experience Team, the programme is funding some local agencies to host posts with a specific remit for working in new ways with people with multiple disadvantage who often fall through the gaps of current provision. The Fylde Coast Locality has funded posts in Fylde Coast Women's Aid, mental health services (Blackpool Teaching Hospitals and Lancashire and South Cumbria NHS Foundation Trust), drug and alcohol services (Horizon and Change, Grow, Live), Blackpool Citizens Advice Bureau, Streetlife and in the housing teams of Blackpool, Fylde and Wyre.

From the start of the bid process, local agencies have been coming together to collaborate in Changing Futures. A monthly Fylde Coast Multiple Disadvantage Strategic Group has been established, chaired by the council's Public Health team, where over 30 different teams from different public and third sector agencies come together. This is an opportunity to share learning, network and address challenges together as a multiagency collaboration with a shared vision and to date has been well-attended with regular contributions from many members of the group.

In the period March 2022 to September 2022

Number of referrals	158	
Number of beneficiaries enrolled onto programme	96	
% of those experiencing 3/5, 4/5/ or 5/5 areas of MD	52%	of beneficiaries have 5/5 areas of Multiple Disadvantage.
	27%	of beneficiaries have 4/5 areas of Multiple Disadvantage.
	21%	of beneficiaries have 3/5 areas of Multiple Disadvantage.
		Mental Health needs are present with 87% of current open beneficiaries.
Gender	54%	Male
	46%	Female
Age range	6%	- 16-25
	25%	- 26-35
	39%	- 36-45
	24%	- 46-55
	6%	- 56-65

Beneficiaries say….

"Please thank everyone from Changing Futures for me, after 7 weeks back on the street, sleeping in derelict buildings, this placement is the best thing to happen to me. I will not mess it up. This will help me start again. I can't thank you all enough."

"Changing futures has been lifesaving. My LET worker is inspirational, very understanding and non-judgemental. I've gone from being homeless, to having somewhere to stay almost overnight. I have hope today."

"Nice to know somebody cares. When they haven't before."

People in the Fylde Coast Changing Futures multidisciplinary team say…

> "Changing Futures is an excellent complement to the existing services that are working collectively to reduce the health inequalities for some of the most vulnerable people in our community, many of whom have previously fallen through the 'net.' This vital piece of the jigsaw has already made a difference to actual people. I am sure the learning from this provision will be a catalyst for long-term system change. It is a pleasure working with you all."

> "Well, what can we say.....It's been awesome to work as part of a team that has the same passion to actually Change Futures. To see so many go off into detox and rehab shows we are making a difference. We will always endeavour to do whatever we can for our clients."

Next Steps for Changing Futures

The Fylde Coast Multiple Disadvantage Strategic Group...

> "As we move into the second year of Changing Futures Fylde Coast, we want to continue to nurture the strong partnerships that exist at both multidisciplinary team and multiagency levels, and to support our excellent Lived Experience Team to continue to expand and develop sustainably. We have an eye on the future and on working together to maintain the positive service changes that have started to happen. We need to examine the significant amount of data that has been collected to date to understand the reach and impact of the programme for both individuals and services. We have been involved in the co-production of six system change priorities for Lancashire, and are committed to supporting the county-wide work to see change in these areas become a reality. Above all, we want to continue to enable people facing multiple disadvantage to make lasting positive change."

The Domestic Abuse Complex Needs Pilot

Overview

The Domestic Abuse Complex Needs Pilot project was commissioned to address a gap in service provision within Blackpool, Fylde and Wyre for victims of domestic abuse with complex and multiple needs – specifically related to mental health needs and drug and/or alcohol misuse. Prior to the pilot, it was often difficult for refuges to admit individuals with complex needs, and, as many support services are based within the refuges, this meant that domestic abuse victims with the most complex needs often had the least access to support. The project aimed to better support those with complex needs, by providing a dedicated bed within Fylde Coast Women's Aid and by enabling individuals both within the refuge and within other accommodation settings to access the bespoke, multi-agency domestic abuse support provided by the project. The project aimed to break the cycle of domestic abuse often observed for individuals with complex needs, address their drug, alcohol and/or mental health needs, and also help them in other areas of their lives such as tenancy and employment.

A first pilot project of 12 months' duration began in August 2017 and was funded by the Department of Communities and Local Government (DCLG) through an allocation of funds focused on preventing violence against women and girls. The focus of the pilot project was to provide a wrap-around, person-centred service for victims of domestic abuse with complex needs, and a multidisciplinary team was created to deliver the pilot. The team was led and supported by staff at Fylde Coast Women's Aid (FCWA).

Evaluation

An evaluation of the first pilot project, undertaken in 2018, found that clients who were referred benefited from all services, and that benefits were sometimes life-changing. Specific recommendations were made within the evaluation, which informed the later development of a second pilot project. A second pilot project, again funded by DCLG, ran from April 2019 until September 2020. The objectives and inclusion/exclusion criteria remained the same, and the make-up of the core project team was broadly similar.

An evaluation of the second pilot project was undertaken, based upon interviews with staff, and based upon monitoring data and case studies relating to 59 cases accepted between April 2019 and June 2020. This showed that referrals were received from various organisations, with the greatest proportion (25.4%) received from refuges. All clients identified as female, and the majority were White British. In two thirds of cases, the client was aged below 35 years. In all cases, the client was recorded as having mental health needs, and in 45.8% of cases the client was recorded as also having drug and/or alcohol misuse issues. In just over half of cases, the client was living in a refuge or hostel.

Support offer to clients

A wide range of support was provided to clients by project staff. Support was provided for mental and/or emotional wellbeing by the whole project team, with specialist input from the Mental Health Workers provided when needed. The mental health support provided within the project was highly valued by staff. Key elements of its perceived success included the speed with which clients could access mental health support; the flexibility with regards to the length and frequency of mental health support; the flexibility in being able to continue to offer mental health support despite a client's non-attendance at appointments, and the flexibility in the choice of venue. However, the lack of a designated suitable space in which to provide mental health support was challenging in some cases.

Clients were supported to access alcohol and drug recovery services, and project staff worked closely with these services. Project staff supported clients in their interactions with the police and through legal proceedings, such as those related to obtaining non-molestation orders and to child custody/contact. If necessary, staff liaised with the prison service and probation team. Clients were supported at Core Group Meetings and Child Protection Conferences, and project staff liaised closely with Children's Social Care when needed.

Project staff provided help to clients with sourcing and arranging a new property, including attending housing appointments with clients if needed, and providing practical support such as help in sourcing items for the new property and with moving in. Clients benefited from support with budgeting, applying for benefits and banking. Project staff supported clients to consider and enquire about potential education, training, employment and volunteering activities, and when needed clients were accompanied to sessions.

Practical support was provided when needed, for example to help clients obtain basic essentials. Project staff also worked closely with and referred to a number of other agencies, such as the FCWA Outreach team, the Lancashire Women's Centre and the Autism Initiatives charity. Clients were supported and/or accompanied to attend appointments, such as FCWA drop-in sessions, doctor appointments and community support group sessions.

Positive outcomes were observed for many clients. These included reductions in alcohol and/or drug use; securing of a tenancy; engagement with employment, volunteering and/or education or training, and the obtaining of a non-molestation order. In some cases, positive outcomes were observed with respect to clients' children, including the removal of children from an at-risk register, the return of a child to a client's care, and decisions made to allow a child to remain in the care of a client.

Staff placed high value on the long-term, holistic, comprehensive and personalised approach of the project. It was felt that, whatever the client's need, project staff would try to either address it themselves or identify appropriate avenues of support outside the project. The project team's independence to a client's family and friends and to any external agencies involved with the client was deemed important. Project staff were able to provide coordinated and joined-up support, working closely with each other and with the Women's Aid staff to address clients' needs. Project staff liaised with external agencies on clients' behalf, helping them access services if needed. Multi-agency working was a key element of the project, and the project benefited from the project staff's well established, strong working relations with external organisations and with the Independent Domestic Violence Advisors.

Whilst the service model of the domestic abuse complex needs pilot has been discontinued, the learning gathered has informed the development of new services and pathways within Blackpool.

The new Blackpool Multi-Agency Risk Reduction Assessment and Co-ordination (MARRAC) team, which assesses risk in domestic abuse cases and coordinates appropriate action plans, works very closely with a substance misuse worker. This substance misuse worker is part of the substance misuse team, and has strong links with drug services. The close working between the MARRAC team and substance misuse worker reflects recognition of the importance of providing comprehensive support for victims of domestic abuse with complex needs.

Homeless support/Rough sleepers (Homeless Health/Homeless Mental Health Team)

A pilot project is currently underway to improve access to health care and support services for homeless people, or people at risk of homelessness. After an initial assessment, the Homeless Health Team aims to put in place interventions to achieve the following outcomes for people who require support:

- To ensure an effective and equitable use of resources
- To ensure that the health needs of the homeless population, who require clinical interventions, are safely met by offering an environment where they receive health care that is appropriate for their needs and provided by people with appropriate knowledge and skills
- To assess health needs and make onward referrals or signpost to the most relevant provision when appropriate to do so
- To work closely with the NHS and wider partners to ensure that there are no gaps in delivery

The team aims to pilot a new approach, over the course of two years, to support homeless people which:

a. Builds on the learning of the service which existed historically
b. Builds on the learning of the Covid-19 homeless response
c. Builds local knowledge around the health needs of the cohort, to be able to tailor this and other services to those needs
d. Grows and evolves in a rapid-testing/agile approach, informing ongoing and future development of the service

This will provide physical health input into a dedicated multi-disciplinary team for homeless people, including health care, social care, housing support, substance misuse support, to provide joined up, holistic health and care for homeless people on the Fylde Coast. The team will provide appropriate clinical decisions around the health and wellbeing of individuals who are rough sleepers or at risk of rough sleeping; this will frequently include direct intervention. The team aims to increase accessibility of health and care services for homeless people by co-locating with a multi-disciplinary team in a location familiar to and regularly attended by homeless people (the Bridge). Further, to support access into mainstream services where these are required, and support outreach to individuals who cannot attend the Bridge.

Additionally, the goal is to increase the health literacy and compliance with health prevention and treatment pathways for homeless people and ultimately reduce mortality in the cohort for conditions that are amenable to care and treatment.

Objectives

This service will be based on a number of key principles which support the provision of patient focused integrated care. These principles are:

- To provide the best service within the resources available
- To offer expert clinical decisions and interventions when indicated in line with the professional's scope of practice and in line with this service specification
- To engage and co-produce with the homeless population and wider stakeholders to ensure they are fully involved in service development
- To ensure clinical interventions and innovations are in line with best practice
- To deliver clinical care which is effective and can be measured
- To advise and consult to ensure care and support is delivered by the most appropriate person

Service Overview

As the pilot progresses the most common areas of health need will be kept under review. This will be supported by an initial health needs assessment, completed for each individual accessing the service. The team will work to develop approaches to support needs identified through the health needs assessment, and where this is not possible signpost people to appropriate services. In time it may be considered appropriate to bring additional support into the team.

Holistic care plans will be developed between the members of the multidisciplinary team and with the individual, in order to ensure a focus on the individual's goals and support them to comply with the plan and improve their health outcomes. As appropriate the team will initiate, administer and maintain treatments and interventions, and make referrals required to support the individual to meet the goals of their holistic care plan. As a minimum this is anticipated to be (dependent on patient need):

- Assessing wound care needs, applying and changing dressings and prescribing medication
- Identifying potential mental health needs and signposting and/or referring to appropriate mental health services for a full assessment
- Identifying potential substance misuse needs, signposting to support partners to undertake a full assessment of needs
- Completing screening processes for blood borne viruses and infections including assessment, blood testing, and administering treatment. This includes coordination with local delivery of the national Hepatitis C screening and treatment programme
- Assessing and diagnosing long term conditions and developing a joint management plan with the individual, and prescribing medication
- Signposting to other health services where the homeless health team are not able to support (e.g. where a long term condition requires specialist input)
- Support for delivering the local flu vaccination programme, linking in with other local providers to coordinate vaccination of people who are homeless. This may include direct delivery of coordination with other vaccinators, depending on vaccine availability

Decisions on the precise timing, combination and level of care provided will be made by members of the team, in a manner which minimizes risks to patients, whilst maximizing the potential for positive health outcomes, matched to patient needs.

Individuals using the service may use it on a medium to long term basis, moving between different parts of the team, accessing different support as required. For example an individual may attend the service for wound care and be signposted into the mental health provision, or vice versa. The service will run five days a week on a flexible timetable, totalling 37.5 hours of provision per week. Provision will be a mixture of bookable and drop-in appointments. Four days will be dedicated to patient facing contact, both on-site at the Bridge, and off-site as part of outreach opportunities (for example the "Health Bus"). Individuals will be offered the opportunity to access the service remotely (e.g. via telephone, where this is appropriate). The remaining day will be available to support team development, multidisciplinary team meeting discussions, and team administrative duties.

The service is not intended to be an urgent care service but rather support improving outcomes for ongoing complex needs. The purpose of the drop in element is to provide a flexible entry point to the service, not address urgent care needs. Urgent care needs will still be addressed using urgent care pathways, as appropriate to the individual's needs.

The team will coordinate and be part of regular, formal multidisciplinary team meetings, to share knowledge and gather information for holistic care planning.

During the dedicated patient facing contact on-site, patients will be offered flexible appointment options to meet their needs, with a minimum offer of a ten-minute appointment.

Project ADDER - Addiction, Diversion, Disruption, Enforcement and Recovery

Project ADDER is a joint Home Office and Department for Health and Social Care programme. The programme launched in early 2021 and initially, Blackpool was one of four pilot delivery areas. Funding for this programme has now been extended to March 2025.

Programme Aims:

- to reduce drug-related death
- to reduce drug-related offending
- to reduce the prevalence of drug use
- disruption of high-harm criminals and networks involved in middle market drugs supply

In Blackpool, a partnership approach was used by Blackpool Council Public Health to help develop the model, working closely with Lancashire Police who were awarded funding for enforcement activity. The programme focuses on complex adults, using heroin and/or crack cocaine, who are not engaged in treatment, as well as complex young people aged under 25.

A number of local organisations are involved in the delivery of the programme, including:

- Streetlife, Blackpool Council
- Renaissance
- Delphi Medical
- Blackpool Council Housing, Adolescent Service, Housing, Advice Team
- DWP
- Blackpool Teaching Hospitals NHS Trust Children's Mental Health Services
- Empowerment Lived Experience Team
- Probation Services
- Blackpool Football Club Community Trust

Intense support through a multi-disciplinary team is offered to people identified through a number of pathways (e.g. criminal justice), as well as rapid access to opiate substitute treatment prescribing and mental health support. Using a trauma-informed approach is an integral part of delivery, as well as provision of outreach support – going to where the person is, rather than demanding attendance in a prescriptive way that is likely to lead to non-engagement in people with more complex needs.

Since the start of the programme in 2021 to date (July 2022):

- 76 adults and 45 young people have been supported
- 256 'take home' Naloxone kits have been distributed to prevent deaths from opiate overdose
- 103 arrests
- 108 charges
- £300,000 of drugs seized
- £58,000 of cash seized
- 9 vehicles, 135 mobile phones and 21 weapons seized

Interim evaluation of the programme has shown how essential the role of lived experience within delivery has been for those participating. The evaluation also showed better engagement with services, reductions in illicit drug use and criminal activity and improved mental wellbeing for beneficiaries.

Case Study

Many people have made significant, life changing progress with the help of the ADDER programme.

This is one person's story….

'Katie' is a woman in her early 20s. She engaged with the service in November 2020 during the height of the COVID pandemic. In her past she had been bullied at school and becoming homeless at the age of 16 due to family breakdown.

She was alcohol dependant, drinking large amounts every day, suffered with anxiety and depression, and self-harmed. She was at risk of homelessness due to anti-social behaviour and been evicted from numerous hostels, with numerous arrests by the police.

As of September 2022 'Katie' has made tremendous progress:

- By completing alcohol detox and is no longer self-harming
- By completing probation several months ago and has no arrests or criminal engagement for nearly a year
- Has been in the same accommodation for 15 months and is settled and happy. No anti-social behaviour
- Started to attend college
- Her mental health is improved and frequently engages with meaningful activities and the Lived Experience Team

Quotes from 'Katie"
''If it wasn't for ADDER, I would be in jail'

''ADDER is successful getting us on our feet, we all stick together even when things are hard'' ''We do our best even though we are fighting our addiction, the trips we go on is a laugh, we get so close it makes us happy'' ''If it wasn't for the workers, I don't know where I would be''

Young ADDER quotes

"During my time at Young Adder I have had my ups and down but I have thoroughly enjoyed myself I've changed massively and improved on my physically health and my mental health without them I'd not be here today"

"Adder is successful getting us on our feet, we all stick together even when things can get hard"

"We all do our best even if we are fighting our addiction, the trips we go on is a laugh, we get so close that makes us happy"

"If it wasn't for the workers we don't know where we would be"

Horizon Drug and Alcohol Treatment Service

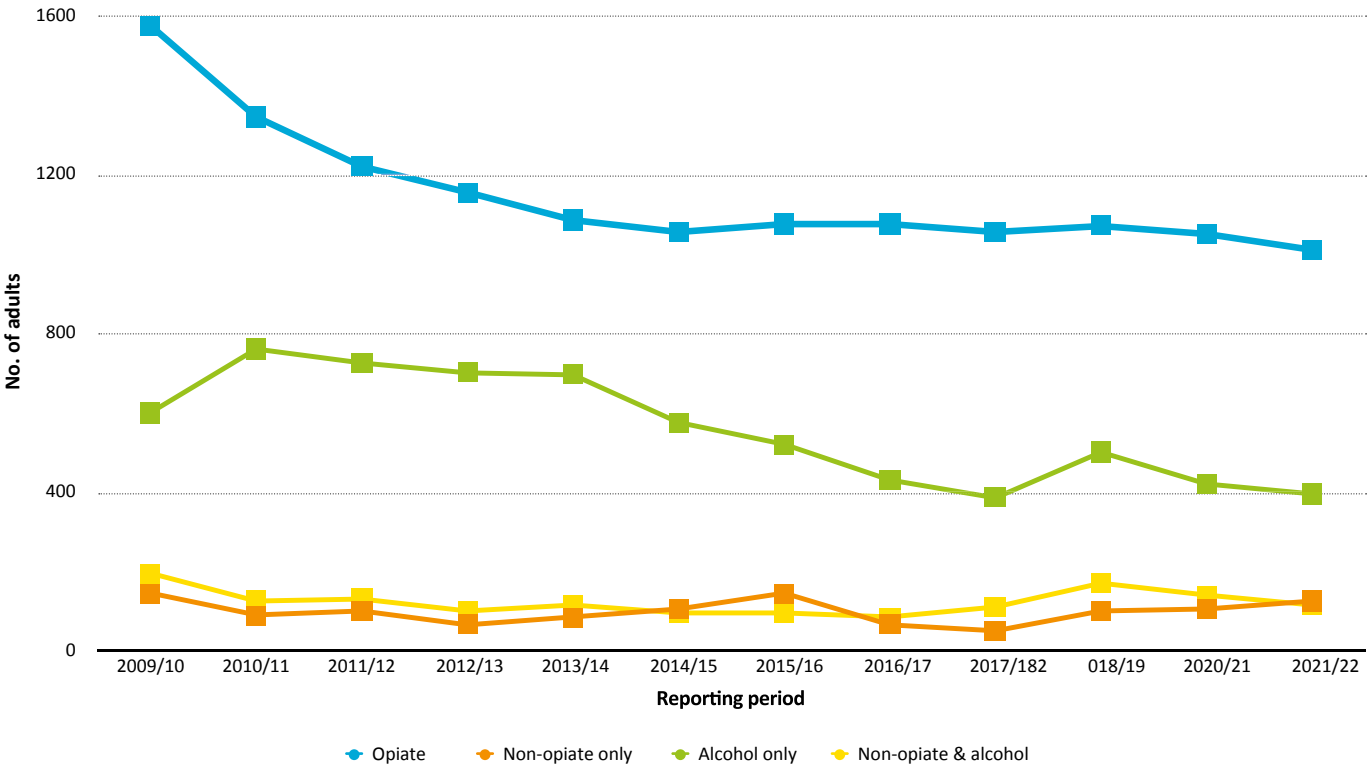
Drug and alcohol treatment in Blackpool is funded by the local authority through the Public Health grant. Horizon is the umbrella brand for this service and is provided by three organisations:

- Blackpool Council Adolescent Service – provides behavioural support for young people aged 10-24
- Renaissance – provides drug and alcohol harm reduction for people aged 18 and over e.g. outreach support and needle exchange
- Delphi Medical – provides clinical and behavioural support for people aged 25 and over, as well as clinical support for under 25s e.g. opiate substitute therapy

Public Health also commission online support with the 'Lower my Drinking' app which is available to anyone living or working in Blackpool – the app provides an online intervention for people drinking at harmful levels and will signpost to Horizon for in-person support if needed.

In-patient drug and alcohol detoxification and rehabilitation is commissioned from a number of providers.

Figure 4 – Trend in number of adults (18 and over) in substance misuse treatment



In 2020/21, 1,645 people received structured treatment for drug and alcohol issues in Blackpool (not including residents accessing the Lower My Drinking app for alcohol support, or those receiving brief interventions through the harm reduction service).

The Light Lounge Crisis Support

The Light Lounge is a service, co-funded by the NHS and Blackpool Council, provided by Richmond Fellowship for Fylde Coast residents aged over 16. It is aimed at those people struggling socially and emotionally with life challenges or for those in a mental health crisis. Face to face or telephone support is offered up to 10pm, 7 days a week. The service was developed to provide an alternative to the emergency department for people needing urgent crisis support.

People can refer themselves either by contacting the team by telephone in advance, or by visiting during drop-in hours. They may also be signposted by their GP or other partner organisation.

The support offered includes:

- Professional and specific individual advice in accessing appropriate help
- Guidance and information on how to manage mental health and develop coping mechanisms through one-to-one and group support
- Peer support from people who have been through similar experiences in talking through any issues or concerns
- Access to other organisations to offer support with social crisis such as housing and benefits advice

The service offers support for individuals experiencing a wide range of mental health issues, such as anxiety, low mood and suicidal ideation.

Suicidal ideation was the most frequent reason for referral into the service, followed by anxiety and then support with emotional regulation. Over the 21/22 period, the service had 80 referrals for immediate crisis de-escalation, not including drop-ins.

The table below shows the number of drop-ins to the service for crisis in recent months.

Month	No. of crisis drop ins	No. of drop ins successfully de-escalated*
May	71	65
June	96	97
July	101	97

* "Successfully de-escalated" includes people who were successfully diverted from the Emergency Department and the Home Treatment Team.

Quotes – feedback from service users:

"Thank you to you for helping me to a better, brighter future even at 30 it's never too late to ask for help and try something new."

"Light Lounge have been there throughout the whole pandemic; they have never left anyone behind."

"I have been given some of the best skills and coping strategies in all my years of dealing with different agencies."

"Light Lounge staff treat us as equals and don't make us feel small for being the way we are. They make us feel important and appreciated at a time we feel worthless and as though we don't matter."

"I feel that they have gone above and beyond to reach out to all their service users, especially in these exceedingly difficult and unknown times."

"My life feels like it's now in colour and not black and white."

"I don't think I could have got to the place I am mentally if it wasn't for The Light Lounge itself. I will forever be grateful"

"Life has gotten a little easier. I no longer feel like I'm bottom of the pile. No longer feel like I'm walking through mud and find it hard to get up in the morning."

"I feel better. My family feels better.
My workplace is better. Everything is better."

Recommendations for action

- Forge closer links with organisations in other coastal communities to share learning and implement best practice. The ADDER project pairs Blackpool with Hastings and links are being formed with the local authority Public Health team in Hull
- Implement the recommendations of the Chief Medical Officer's Annual Report 2021 that can be influenced locally
- Public health and targeted healthcare interventions should be incorporated into the development of the Levelling Up programme to ensure that the maximum possible benefit for the most disadvantaged communities in Blackpool is achieved
- Learning from the programmes to support people experiencing multiple disadvantage must be shared, to determine where further value can be achieved, and to establish a future direction for a collaborative response to supporting people facing multiple disadvantage. The Fylde Coast Multiple Disadvantage Strategic Group is an important forum for improving collaborative working practices
- Services to support people with complex needs are often funded as short term projects. Closer integrated working, via the Blackpool Health and Wellbeing Board, the Fylde Coast Multiple Disadvantage Strategic Group and the Integrated Care Board is required to ensure long term sustainable funding is available to tackle multiple complex needs
- Multi-agency partners should continue to collaborate in developing consistent workforce training and development in trauma-informed approaches. They should also work together to practically apply this trauma-informed approach at scale across local services.

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Stephen Boydell
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Arif Rajpura
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Service Lead - Multiple Disadvantage


Blackpool Council