

Blackpool Council

23 March 2021

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

HEALTH AND WELLBEING BOARD

Wednesday, 31 March 2021 at 10.00 am
Zoom Meeting

A G E N D A

1 WELCOME, INTRODUCTIONS AND APOLOGIES

The Chairman to lead introductions by Board members and receive apologies.

2 DECLARATIONS OF INTEREST

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

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

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

3 MINUTES OF THE LAST MEETING HELD ON 29 JANUARY 2020

(Pages 1 - 6)

To agree the minutes of the last meeting held on 29 January 2020 as a true and correct record.

4 BETTER CARE FUND UPDATE

(Pages 7 - 10)

To provide the Board with an update on the financial monitoring of the Blackpool Better Care Fund.

5 DRUG HARM REDUCTION STRATEGY 2020-22

(Pages 11 - 36)

To seek approval for the updated Blackpool Drug Harm Reduction Strategy and its associated Action Plan. The overall aim of the strategy's approach is to reduce the prevalence of and risks associated with socially harmful drug abuse in Blackpool and build resilience by creating a supportive environment for affected individuals, families and communities to rebuild their lives.

6 FORWARD PLAN

To discuss future items for consideration by the Board.

7 DATES OF FUTURE MEETINGS

To note the provisional dates of future meetings, subject to approval at Annual Council.

Wednesday 16 June 2021

Wednesday 6 October 2021

Wednesday 1 December 2021

Other information:

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

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MINUTES OF HEALTH AND WELLBEING BOARD MEETING – WEDNESDAY 29 JANUARY 2020

Present:

Councillor Cain (in the Chair) Deputy Leader (Children's)

Councillor L Williams, Cabinet Member for Adult Social Care and Health

Dr Arif Rajpura, Director of Public Health, Blackpool Council

David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Tracy Hopkins, Blackpool Citizens Advice Bureau, Third Sector Representative

Malcolm Dewhurst, Lancashire Fire and Rescue Service

In Attendance:

Lennox Beattie, Executive and Regulatory Manager, Blackpool Council

Stephen Boydell, Principal Epidemiologist- Public Health, Blackpool Council

Nicky Dennison, Senior Public Health Practitioner, Blackpool Council

Liz Petch, Consultant in Public Health, Blackpool Council

Apologies:

Diane Booth, Director of Children's Services, Blackpool Council

Karen Smith, Director of Adult Services, Blackpool Council

Jane Cass, Head of Public Health, NHS England (Lancashire and South Cumbria)

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

Dr Leanne Rudnick, GP Member, Blackpool Clinical Commissioning Group

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

MINUTES OF THE LAST MEETING HELD ON 19 JUNE 2019

The Health and Wellbeing Board considered the minutes of the last meeting held on 19 June 2019.

Resolved:

That the minutes of the meeting held on 19 June 2019 be approved and signed by the Chairman as a correct record.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING – WEDNESDAY 29 JANUARY 2020

3 BETTER CARE FUND UPDATE

The Board received an update on the Better Care Fund 2019/2020. The Board was reminded that Better Care Fund submission, which had been attached at Appendix 3c to the agenda, had been approved by Chairman on behalf of the Board for submission. The Council and the Blackpool Commissioning Group had subsequently produced the expenditure plan for 2019/2020 on the planning template showing the expected impact.

The Board noted the financial monitoring had already begun and the monitoring report to quarter 3 would be reported to a future meeting of the Board.

Resolved:

1. That the contents of this report are noted.
2. That the Health and Wellbeing Board agrees to continue to devolve ongoing governance to the Better Care Fund Monitoring Group.

4 CHILD DEATH OVERVIEW PANEL NEW ARRANGEMENTS

Dr Arif Rajpura, Director of Public Health, presented a report to the Health and Wellbeing Board on proposals for new arrangements for Child Death Overview Panels.

Dr Rajpura explained the previous arrangements where within Lancashire the Panel had operated on a Pan-Lancashire footing with the Child Death Overview Panel representing the three local authorities (Blackburn with Darwen, Blackpool and Lancashire County Council) and six Clinical Commissioning Groups. The Panel had previously referred information to the Local Safeguarding Children's Boards and the relevant Health and Wellbeing Board regarding escalation issues or directed specific agencies to respond to actions arising from a child's death, including the instigation of a Serious Case Review where appropriate.

It had been considered that would remain beneficial to continue operating the Child Death Overview Panel on a pan-Lancashire basis. Dr Rajpura explained that given the relatively small numbers it remained difficult to see patterns or conclusions so a larger footprint would remain beneficial. The Child Death Overview Panel would continue to be managed and hosted by Lancashire County Council, alongside the Children's Safeguarding Assurance Partnership function, which will help maintain the important links between the two groups.

Ms Liz Petch, Consultant in Public Health, highlighted to members that the annual report of the Child Death Overview Panel would be brought to the next meeting.

Resolved:

1. To agree to continue with a Pan-Lancashire Child Death Overview Panel approach with periodic reviews. This includes a commitment to the current funding and business support model

MINUTES OF HEALTH AND WELLBEING BOARD MEETING – WEDNESDAY 29 JANUARY 2020

2. That the governance for the Child Death Overview Panel be requested to develop a more effective relationship between the Children’s Safeguarding Assurance Partnership (CSAP) and Health and Wellbeing Boards (H&WBB) in line with local agreements.
3. To agree that the Child Death Overview Panel members for each area take responsibility for reporting into the most appropriate local forum for their area and link with peer networks to ensure necessary activity is undertaken, noting that in Blackpool that this be the Health and Wellbeing Board.
4. To note that Child Death Overview Panel members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments.

5 UPDATE OF PHARMACEUTICAL NEEDS ASSESSMENT

Ms Liz Petch, Consultant in Public Health, presented a report on the update of the Pharmaceutical Needs Assessment. Ms Petch reminded members that it was the duty of the Health and Wellbeing Board to produce a Pharmaceutical Needs Assessment every three years and the next assessment had to be published in March 2021. The Pharmaceutical Needs Assessment would need to describe current pharmaceutical provision, health needs that could be mitigated by pharmaceutical services, future population changes, and would subsequently be used to inform decision making regarding future market entry.

Ms Petch reminded the Board that in previous editions the Health and Wellbeing Board had agreed to produce a joint Pharmaceutical Needs Assessment with Blackburn with Darwen and Lancashire. It was considered that this approach remained beneficial as it would reduce duplication of effort and ensure consistency across boundaries particularly over areas covered by the same Clinical Commissioning Group.

Resolved:

1. To agree to the production of a Pharmaceutical Needs Assessment, as in previous years, that covers all three areas of Blackburn with Darwen, Blackpool and Lancashire.
2. To agree that it remains appropriate to consider the use of locality areas within the Pharmaceutical Needs Assessment and recommend that the Steering Group continues to use the 12 Lancashire districts and 2 unitary authorities as localities, giving a total of 14 localities.

6 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018

Dr Arif Rajpura presented the annual report produced to fulfil his duty as Blackpool’s Director of Public Health to write an annual report on the health of the local population. The report presented the Director of Public Health’s independent assessment of local health starting with a health profile of the area and of the area’s young people.

MINUTES OF HEALTH AND WELLBEING BOARD MEETING – WEDNESDAY 29 JANUARY 2020

Dr Rajpura explained that he had taken a different approach from previous years and that the title of the report Healthy Beginnings for a Healthy Future reflected this approach. He explained that recent research had further emphasised the importance of that children's health and wellbeing in early years played in determining their health and wellbeing as adults. He also reminded board members that a quarter of the town's population were young people which was slightly above the national average. The report had been split into three clear headings: Getting the Best Start, School Aged Children and Adolescence.

Dr Rajpura highlighted the need to be aware of the need for practice to be trauma informed and be aware of the impact of adverse childhood experiences (ACE's).

Dr Rajpura highlighted the recommendations and asked the Board to endorse them. He suggested that it would be beneficial for the Board to consider one or two of the recommendations at each of its meeting to drive actions forward.

The Board noted the recommendations as follows:

1. To continue to invest in early years interventions – for the health of our children and future health of Blackpool as a whole.
2. To work with our partners across the whole system to continue to make progress towards the aims of the Healthy Weight Declaration
3. To continue to advocate wider measures to protect children's ability to engage in education and improve their prospects for the future (poverty, housing, preventing ACEs).
4. To commit to innovative and creative approaches towards reducing teen pregnancy rates to national levels.
5. To work with Head Start to build personal and community resilience and give young people the tools to support their emotional and psychological wellbeing.
6. To be proactive within the health and care sectors to advocate for our young people and ensure that no child or young person falls through the net at points of transition.

Resolved:

1. To receive the Director of Public Health's report on the health of the people of Blackpool 2018.
2. To endorse the key impact areas and the Director of Public Health's recommendations as outlined on page 127 of the agenda.
3. To agree to develop a workplan for the Board to address the key impact areas and the Director of Public Health's recommendations.

7 FORWARD PLAN

Further to Item 6 on the agenda, the Board considered the development of a forward

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING – WEDNESDAY 29 JANUARY
2020**

plan. It was considered that it would be beneficial in the future if meetings were focussed directly on a small number of key areas. The Board considered that each meeting should be split initially concentrating on updates on activities with the rest of the meeting.

The Board also noted the potential for a joint meeting in the near future with Blackburn with Darwen and Lancashire County Council Health and Wellbeing Boards to consider issues related to the Integrated Care Strategy and members would be notified of such a date in due course.

Resolved:

1. To agree to the development of Forward Plan linked to the Director of Public Health's Annual Report and to ask members to advise of any forthcoming initiatives, projects, policy developments and any other agenda items from individual organisations that are of interest to and are the business of the Board.
2. To note the potential for a joint meeting of the Health and Wellbeing Board and those of Blackburn with Darwen and Lancashire in March to discuss the Integrated Care System Strategy Delivery Plan.

8 DATES OF FUTURE MEETINGS

The Board considered the dates of future meetings.

Resolved:

To note the dates of future meetings as follows:

18 March 2020

17 June 2020

7 October 2020

2 December 2020

(dates to be confirmed at Annual Council)

Chairman

(The meeting ended at 4.50 pm)

Any queries regarding these minutes, please contact:

Lennox Beattie Executive and Regulatory Manager

Tel: 01253 477157

E-mail: lennox.beattie@blackpool.gov.uk

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|--------------------------------|--|
| Report to: | Health and Wellbeing Board |
| Relevant Officer: | Jayne Bentley, Better Care Fund Project Lead, Blackpool Council |
| Relevant Cabinet Member | Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health |
| Date of Meeting | 31 March 2021 |

BETTER CARE FUND UPDATE

1.0 Purpose of the report:

1.1 To provide the Board with an update on the financial monitoring of the Blackpool Better Care Fund.

2.0 Recommendation(s):

2.1 To note the report and any verbal update.

3.0 Reasons for recommendation(s):

3.1 The report is for information to ensure that the Board is kept aware of the status of the Blackpool Better Care Fund and future actions.

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

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

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council priority is: "Communities: Creating stronger communities and increasing resilience".

6.0 Background information

- 6.1 The governance requirements contained within the 'Framework Partnership Agreement relating to the Commissioning of Health and Social Care Services and Other Arrangements' require Blackpool Council to provide regular monitoring of the Better Care Fund (BCF) to the Health and Wellbeing Board.
- 6.2 Whilst the individual organisations (Blackpool Council and Blackpool Clinical Commissioning Group) are still monitoring their respective schemes as part of their own financial reporting requirements we have been unable to submit a consolidated report for this financial year, this is due to the delayed publication of the Better Care Fund Policy Statement.
- 6.3 The government have now finally published this document (Better Care Fund: policy statement 2020 to 2021 - GOV.UK (www.gov.uk)) which details how local authorities and clinical commissioning groups should proceed with finalising plans and pooling agreements for funding under the Better Care Fund along with setting out certain national conditions.
- 6.4 The council and CCG have now started to interpret this guidance, therefore, officers propose to table a year-end report at the first Health and Wellbeing Board meeting of financial year 2021/22 and will bring to the attention of the Chairman if there are any financial issues in the interim.
- 6.5 Does the information submitted include any exempt information No

7.0 List of Appendices:

- 7.1 None.

8.0 Financial considerations:

- 8.1 As explained in the body of the report.

9.0 Legal considerations:

- 9.1 None.

10.0 Risk management considerations:

- 10.1 None.

11.0 Equalities considerations:

11.1 None.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/external consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None

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|--------------------------------|--|
| Report to: | Health and Wellbeing Board |
| Relevant Officer: | Arif Rajpura, Director of Public Health |
| Relevant Cabinet Member | Councillor Jo Farrell, Cabinet Member for Adult Social Care and Health |
| Date of Meeting | 31 March 2021 |

DRUG HARM REDUCTION STRATEGY 2020-22

1.0 Purpose of the report:

- 1.1 To seek approval for the updated Blackpool Drug Harm Reduction Strategy and its associated Action Plan. The overall aim of the strategy's approach is to reduce the prevalence of and risks associated with socially harmful drug abuse in Blackpool and build resilience by creating a supportive environment for affected individuals, families and communities to rebuild their lives.

2.0 Recommendation(s):

- 2.1 To approve the revised Blackpool Drug Harm Reduction Strategy as attached at Appendix 5a for the period until 31 December 2022.
- 2.2 To approve the associated Drug Harm Reduction Action Plan as attached at Appendix 5b for the period until 31 December 2022.

3.0 Reasons for recommendation(s):

- 3.1 To finalise the direction of transformation for services.
- 3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

- 4.1 None.

5.0 Council Priority:

5.1 The relevant Council priority is: “Communities: Creating stronger communities and increasing resilience”.

6.0 Background Information

6.1 Consultation on the Strategy started in 2017/18 but due to changes in personnel, the cancellation of the Health and Wellbeing Board in December 2019 and then subsequently due to COVID, the strategy was not formally signed off. The opportunity has been taken to update the Strategy and develop a Delivery Plan at the request of the relevant Cabinet Member- Councillor Jo Farrell.

6.2 The strategy is based on the needs assessment conducted in 2018, followed by partner consultation on priorities during 2019. The Adult Social Care and Health Scrutiny Committee considered the final version of the Drug Harm Reduction Strategy at an informal meeting in January 2021 after previously inputting into its development. The Committee had no further comments to make on the Strategy.

6.3 Does the information submitted include any exempt information? No

7.0 List of Appendices:

Appendix 5a: Blackpool Drug Harm Reduction Strategy 2020-22
Appendix 5b: Blackpool Drug Harm Reduction Strategy 2020-22
Delivery plan

8.0 Financial considerations:

8.1 None.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 The strategy aims to reduce risk of Drug Related Deaths.

11.0 Equalities considerations:

11.1 Aims to reduce health inequalities in line with the Council's ethical policy.

12.0 Sustainability, climate change and environmental considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 Community Safety Partnership and Harm Reduction Forum.

14.0 Background papers:

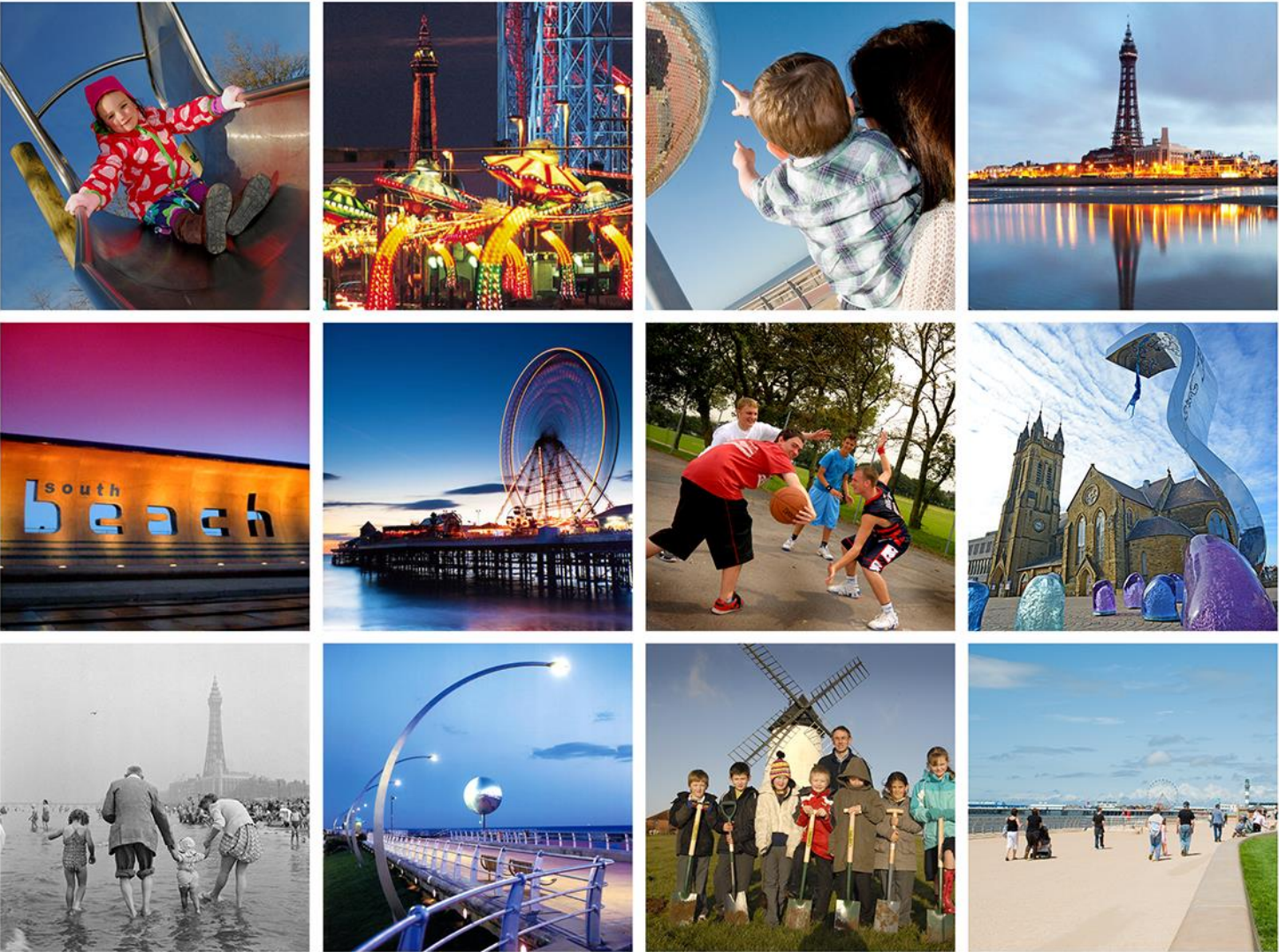
14.1 None.

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Appendix 5a: Blackpool Drug Harm Reduction Strategy

2020 - 2022

Blackpool Council



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Introduction

Blackpool has some of the most challenging health needs in the country, which places extreme demand on public services. Blackpool has the lowest life expectancies for both men and women of all upper tier local authorities. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas of the town can expect to live 13 years longer than men in the most deprived areas. Similarly, for women this difference is 7 years. Not only do people in Blackpool live shorter lives, but also spend a smaller proportion of their lifespan in good health. Substance misuse and related problems play a significant part in maintaining this differential.

This strategy has been developed in conjunction with the Health and Wellbeing Strategy. The overarching vision of the strategy is *“Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives”* and as part of this substance misuse has been highlighted as a key priority.

This strategy is focussed on the prevention and support for people for whom drugs play **a significant an impactful** role in their lives – damaging their health and contributing to a culture within the town which is contrary to the aim to build resilient communities and increasing levels of good health and wellbeing. When drug use is dominant in a person’s life, it rarely happens in isolation and is often intertwined with a range of mental health and social problems, including: mental health; domestic abuse; child abuse; loss; trauma; housing needs and offending. In Blackpool, we recognise that people with socially harmful drug use are victims who need support, as are their families and communities who experience the impact of their abuse and consequential behaviours.

The Government’s drug strategy 2017 emphasised the importance of prevention and recovery in the development and delivery of local services. Investing in prevention, self-help and mutual support in our communities is essential for reducing need and improving outcomes.

This strategy sets out what we know the main issues are in Blackpool, and the overarching actions that we plan to take to address them. The strategic actions outlined in this document will be supported by detailed plans and outcome measures which will be held by Public Health, will form part of a range of work plans across different partnerships and will be reported on by the Director of Public Health through governance channels including the Annual Report and Scrutiny Committee.

Our vision

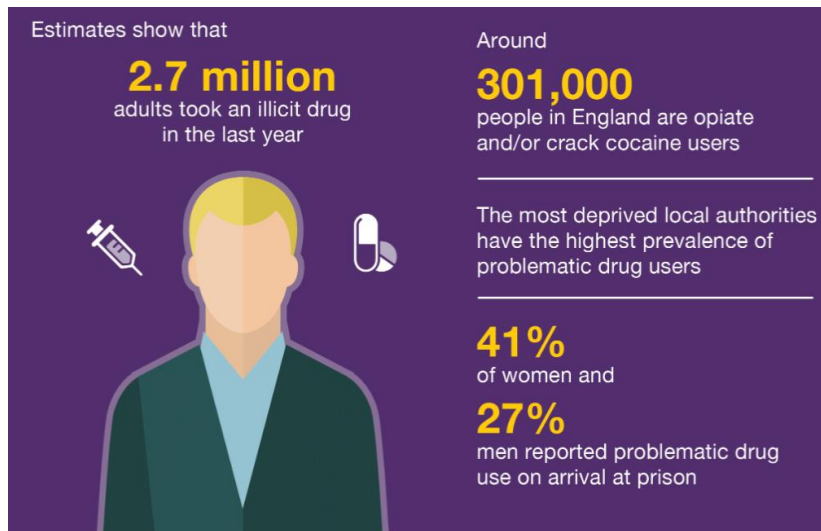
The overall aim of Blackpool's approach is to **reduce the prevalence** of and risks associated with socially harmful drug abuse in Blackpool and **build resilience** by creating a supportive environment for affected individuals, families and communities to rebuild their lives. The work we and our providers have done with people impacted by drug abuse tells us that we need more integrated and holistic care for people who abuse drugs and experience multiple complex needs. Our objective is to make sure people receive a more integrated response to prevention and treatment, not only for people who abuse drugs but also for carers and families, particularly in cases where drugs impair a family's ability to keep their children safe.

Too many people in Blackpool are hospitalised and/or die as a result of drug dependency and too many families are affected by drug abuse, with high rates of children living in families where parental capacity is impaired by drug dependency. Too many people, individuals and businesses, become the victims of crime because of drug related offences.

What are the issues? The National Context

The harms caused by drug misuse are far-reaching and affect lives at every level. It includes crime committed to fuel drug dependence; organised criminality, violence and exploitation which goes hand in hand with production and supply; and the irreparable damage and loss to the families and individuals whose lives it destroys.

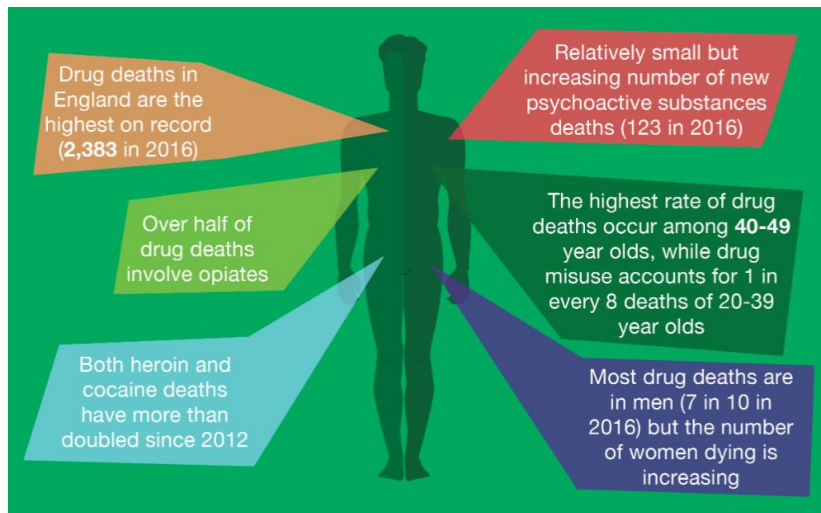
- Estimates show that the social and economic costs of alcohol related harm amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and, in the case of alcohol, lost productivity.
- Drug use is widespread but dependence is concentrated. Dependence is higher in deprived areas and in certain populations. Estimates show that 2.7 million adults took an illicit drug in the last year and there are around 301,000 crack or opiate users in England.



Source: PHE, [Alcohol and drug prevention, treatment and recovery: why invest?](#) February 2018

- During 2017/18 there were 7,258 hospital admissions for drug related mental and behavioural disorders and 17,031 admissions for poisoning by drug misuse. Admissions are highest in younger people (age <35 years) but older age groups have seen the largest percentage increase over the last 5-10 years.¹
- 9.0% of adults had taken a drug in the last year with the trend has being relatively flat over the last 10 years. 3.5% had taken a Class A drug in the last year. This has increased compared with the previous year and a decade ago.
- Cannabis was the most commonly used drug, with 7.2% of adults having used it in the last year. Men were more than twice as likely to report using powder cocaine than women and twice as likely to report using ecstasy. 0.4% of adults had used a new psychoactive substance (NPS) in the last year, around half of all NPS users were aged 16 to 24.
- 268,390 individuals were in contact with drug and alcohol services in 2017/18. People in treatment for opiate dependence made up the largest proportion of the total numbers in treatment (53%). The age profile of opiate users is older than those using non-opiates.
- The number of drug related deaths in England in 2018 was the highest on record (3,983) and two thirds were related to drug misuse.

¹ NHS Digital, [Statistics on Drug Misuse: England, 2018](#)



Source: PHE, [Alcohol and drug prevention, treatment and recovery: why invest?](#) February 2018

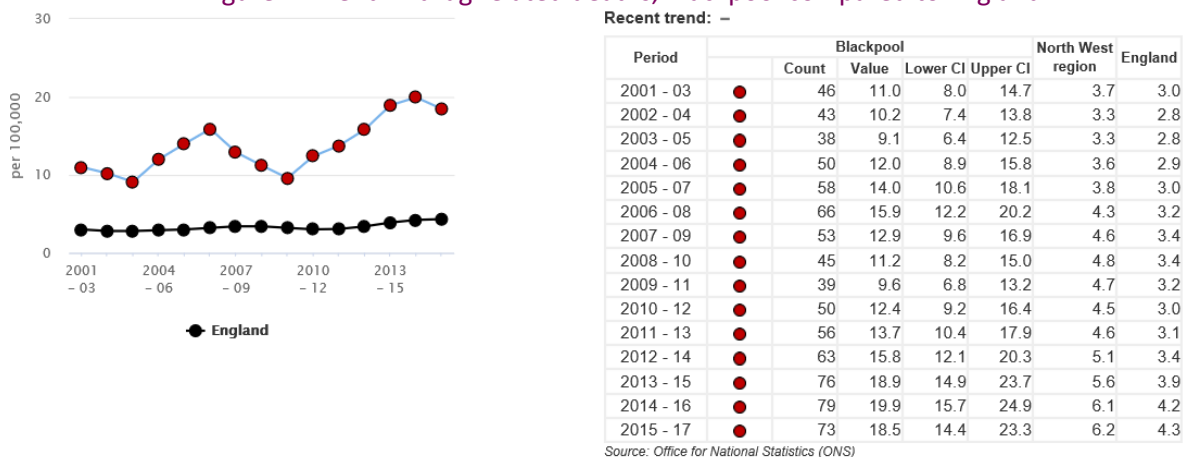
- Drug and alcohol dependency leads to significant harms and places a financial burden on communities. Around 20% of 'children in need' are affected by drug misuse. Parental drug and alcohol misuse features in a quarter of cases on the child protection register and drug misuse is involved in 38% of serious case reviews.
- In 2016, 24% of pupils reported they had ever taken drugs. The likelihood of having ever taken drugs increased with age. Cannabis is the drug that pupils are most likely to have taken in the last year (8%). The proportion taking volatile substances is around 3%-4% and class A drugs 2%-3%. Around 4% had taken nitrous oxide in the last year and 2% NPS.
- The number of young people attending specialist substance misuse services in 2017/18 was 15,952, down from 16,902 the previous year. In the majority of cases (77%), cannabis was the primary substance that brought the person into treatment.

What are the issues? – The Blackpool Context

Blackpool is a large seaside town with a population of 139,300. Mid 2018 population estimates illustrate that older people (65 years plus) account for a greater proportion of Blackpool's resident population than is observed at national level. Blackpool is the most deprived local authority in England and more than a quarter (28%) of children live in low income families. The health of the people in the town is generally worse than the England average and life expectancy is the lowest in the country for males (74.2 years) and second lowest for females (79.6 years). Many of the causes of death relating to this low life expectancy are strongly related to lifestyle factors; for example heart disease, stroke, lung cancer and respiratory disease are strongly related to smoking. Alcohol consumption causes cirrhosis, liver and other digestive disease. Accidental poisoning, primarily linked to substance misuse and suicide features prominently, especially in males.

- Deaths relating to drug poisoning and drug misuse² are the highest in the country in Blackpool.

Figure 1: Trend in drug related deaths, Blackpool compared to England



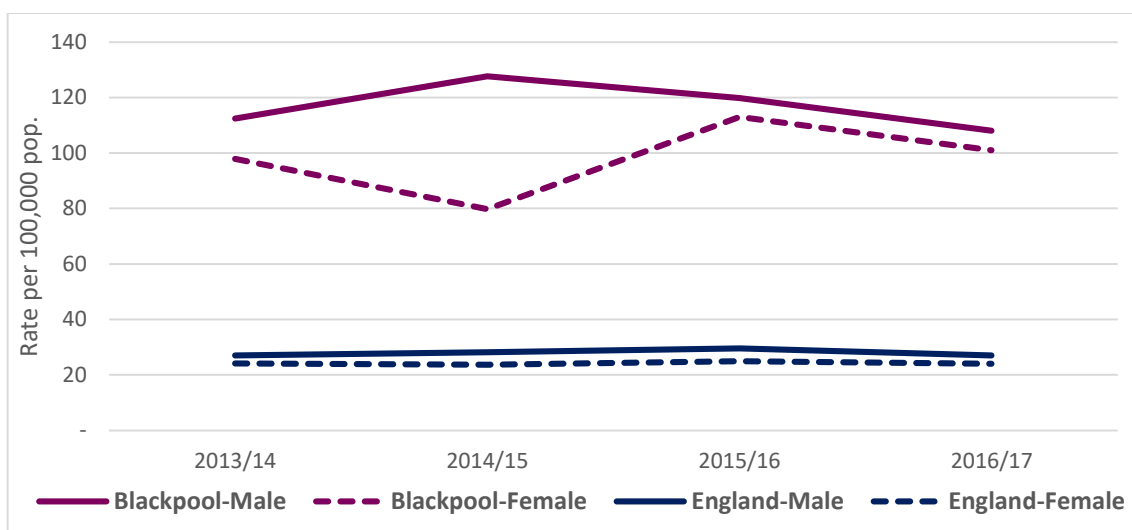
Source: PHE Profiles, Public Health Outcomes Framework

- There are an estimated 2,052 opiate and/or crack cocaine users in Blackpool³
- Blackpool's prevalence rate of users is 23.5 per 1,000 population, this is over 2.5 times higher than the national average of 8.9 per 1,000.
- The prevalence rate is highest in the 35-64 year age group at 28.9 per 1,000 and is 3 times higher than the national average, 9.5.
- The hospital admission rate for poisoning by illicit drugs is significantly higher than average for both males and females (figure 2).¹
- There were over 600 admissions of Blackpool residents with a diagnosis of drug related mental health and behavioural disorders in 2016/17, a rate of 472 per 100,000 population, 3 times higher than the national average of 149 per 100,000.
- Hospital admissions for substance misuse in young people (15-24 years) are 3.5 times higher than the national average. Across Blackpool the admission rate of 329.3 per 100,000 pop. compared to 87.9 nationally. There are over 50 admissions every year in this age group.

Figure 2: Trend in hospital admissions with a primary diagnosis of poisoning by illicit drugs, males and females in England and Blackpool

² Drug related deaths include all deaths where any drug has been recorded, drug misuse figures only include drugs controlled under the Misuse of Drugs Act.

³ PHE, [Opiate and crack cocaine use: prevalence estimates by local area](#), March 2019



Source: NHS Digital, Statistics on Drug Misuse, England, 2018

Young People

The majority of young people in Blackpool do not use drugs. Young people may experiment and try drugs, but most of them will not become dependent users. However, drug and alcohol misuse can have a major negative impact on our young people's education, health, their families and their long-term life chances. Figure 3 provides an overview of the drug using patterns and vulnerabilities of young people in Blackpool's treatment service.

Figure 3: Profile of young people in specialist substance misuse services

| Number of young people with each risk/ vulnerability item | Local | | National |
|---|-------|-----|----------|
| | n | % | % |
| Substance specific vulnerabilities | | | |
| Opiate and/or crack user | 0 | 0% | 2% |
| High risk alcohol users* | 1 | 8% | 3% |
| Using two or more substances** | 8 | 62% | 58% |
| Began using main problem substance** under 15 | 10 | 77% | 77% |
| Current or previous injector | 0 | 0% | 1% |
| Wider vulnerabilities | | | |
| Looked after child | 3 | 23% | 11% |
| Child in need | 1 | 8% | 9% |
| Affected by domestic abuse | 3 | 23% | 19% |
| Identified as having a mental health treatment need *** | 5 | 38% | 27% |
| Affected by sexual exploitation† | 0 | 0% | 5% |
| Involved in self-harm | 3 | 23% | 14% |
| Not in education, employment or training (NEET) | 3 | 23% | 16% |
| NFA/unsettled housing | 1 | 8% | 1% |
| Involved in offending/antisocial behaviour | 5 | 38% | 32% |
| Pregnant and/or parent | 1 | 8% | 2% |
| Subject to a child protection plan | 1 | 8% | 8% |
| Affected by others' substance misuse | 3 | 23% | 22% |
| Co-occurring substance misuse and mental health issues *** | | | |
| Identified as having a mental health treatment need | 5 | 38% | 27% |
| Receiving treatment for their mental health need(s) | 3 | 60% | 69% |

During the 2017 spring term the Public Health Directorate undertook a survey within schools to obtain information about young people's lifestyles. The participants of the survey were year 4 and 6 pupils from the primary school setting and year 8 and 10 students in secondary schools. A total of 2,306 pupils took part from 15 primary schools and 6 secondary schools.

The results of the survey highlighted the following:

- 49% of year 6 pupils reported that their parents had talked with them about drugs while 54% said their teachers had; 34% had talked with visitors in school lessons about drugs
- 13% said they were fairly sure or certain they knew someone who uses drugs (not as medications)
- 36% of year 10 pupils had been offered cannabis
- 10% of year 10 pupils had been offered new psychoactive substances (NPS)
- The most commonly taken drug was cannabis with 19% of Year 10 pupils saying they had taken cannabis
- 5% of pupils stated they had used a drug within the last month

Drugs and Families

There is increasing evidence that adverse childhood experiences (ACEs) impact on children in their adulthood. ACEs are described as traumatic events that affect children while they are growing up, such as suffering child maltreatment or living in a household affected by domestic violence, substance misuse and/or mental illness.

Parental drug use can have a detrimental effect on the health and wellbeing of children. It can increase the risk of children partaking in risk-taking behaviours, reduce educational attainment and result in earlier uptake of drugs and alcohol. Due to the high number of children living with people using drugs known to services such as Children's Social Care, it is paramount to prioritise these parents to ensure that their drug use does not become chaotic and therefore prevent them from being able to look after their children.

In 2017/18 across Blackpool there were 61 drug users in treatment who were living with children (own or other) and 109 children who were living with a drug user in treatment⁴.

⁴ PHE, Adults-drugs commissioning support pack 2019-20:key data

Drug Related Crime

Blackpool has the highest rate of drug related offences per 1,000 population in Lancashire. The second highest number of drug trafficking offences occurred in Blackpool. Also, Blackpool is in the top area within Lancashire for seizures of cannabis, cocaine and heroin.⁵

Although reliable data on the level of acquisitive crime committed by people misusing drugs is not available, it is known that a substantial proportion of such crime is committed by people misusing drugs.

County lines drug activity is an increasingly significant issue nationally and one which features heavily within the Home Offices Serious Violence Strategy of April 2018. Lancashire and specifically Blackpool are heavily affected by this issue.

Major criminal networks exist within Blackpool with organised crime gangs from across the country moving their criminal activities and establishing bases within this area. The supply of class A drugs from urban hubs to county towns continues to be a widespread issue within Lancashire. County lines gangs pose a significant threat to vulnerable adults and children upon whom they rely to facilitate and conduct their illegal activities. Exposure to this level of gang exploitation has the potential to create both emotional and physical harm. Such gangs travel from urban cities to smaller locations, such as the popular seaside towns of Blackpool and Morecambe, to sell class A drugs specifically Cocaine and Heroin.

Many of these organised crime groups also involve the exploitation and trafficking of children between areas such as Merseyside and Greater Manchester. This tactic of using vulnerable children is increasingly evident within Blackpool at the present time, with many of the gangs using children under 18 years old, who are often looked after children or reported as missing from home in local and other force areas. Such is the control that these gangs have over these young vulnerable children that they very rarely disclose what they have been subjected to by the groups for fear of repercussions, and when located by the police and removed to a place of safety they return almost within days to continue with their criminal activities.

These children are recruited by the gang to courier/deal drugs and carry money and are regularly placed into situations of considerable risk where they are exposed to incidents of threats and violence in return for financial gain.

⁵ Drugs Threat Assessment, 2015

Homelessness and Housing

Drug abuse can be both a cause and a symptom of homelessness. Significant proportions of people who are homeless or who sleep rough in Blackpool have drug or alcohol problems or both. Providing support to address housing need is vital and can have a positive impact on motivation to change. It is essential to ensure people have a safe and healthy place to live whilst they continue their recovery journey, and that this continues when moving on into suitable long term accommodation.

Most people who sleep rough in Blackpool are helped quickly and will only sleep rough for 1 night. However, approximately 20% are repeat or entrenched rough sleepers. Within this cohort typically 85/90% misuse substances, predominantly a mixture of heroin and spice. Within the wider homelessness cohort, it is estimated that approximately 36% of people experiencing homelessness will abuse substances, compared to 5% of the general population. In an area such as Blackpool, where accommodation is affordable and easily accessible, homelessness is rarely an isolated issue.

A safe stable home environment enables people to sustain their recovery, whereas insecure housing or homelessness threatens it. and the concentration of poor quality houses of multiple occupancy (HMO) type accommodation in the inner areas of Blackpool presents particular challenges for those in recovery, due to the higher than average drug prevalence in HMOs. Addiction and homelessness do not exist in isolation and people experiencing both are likely to have a range of needs cutting across health and social care, substance use and criminal justice.

Employment

Most individuals seeking drug or alcohol treatment are either long term sick or disabled, or unemployed and treatment/recovery services actively seek to provide opportunities and support to individuals to find meaningful activities and employment. Improving job outcomes for many individuals within this group is key to sustaining their recovery and requires a multi-agency response. Figure 4 shows the employment status of clients who started treatment in 2017/18.

Figure 4: Self-reported employment status at the start of treatment, 2017/18

| Employment status at the start of treatment | Local | Proportion of new presentations | National | Proportion of new presentations |
|---|-------|---------------------------------|----------|---------------------------------|
| | n | | n | |
| Regular employment | 30 | 6% | 16,499 | 22% |
| Unemployed/Economically inactive | 222 | 48% | 29,001 | 38% |
| Unpaid voluntary work | 0 | 0% | 222 | 0% |
| Long term sick or disabled | 182 | 39% | 22,675 | 30% |
| In education | 0 | 0% | 700 | 1% |
| Other | 1 | 0% | 2,241 | 3% |
| Missing / incomplete | 32 | 7% | 5,313 | 7% |

Source: PHE, Adults – drugs commissioning support pack 2019-20: key data

Since 2014 Public Health have commissioned Positive Steps to deliver a Healthy Futures programme. The programme is designed to support clients who have accessed drug and alcohol treatment and are ready to progress in their recovery into training, education and employment.

Delivering this strategy

Our strategy seeks to reduce the number of people who suffer harm, directly or indirectly, because of the prevalence of drug abuse in Blackpool.

Strategic Action 1

Reported drug related deaths are looked at to see if lessons can be learned. This process has highlighted that some of these deaths could have been avoided if other users possessed take home naloxone (THN). A study by Bird et al (Drugs Educ Prev Pol, 2015) indicated that THN provision schemes should aim to provide 20 times the number of THN kits as there are drug-related deaths to achieve adequate coverage in the population.

PHE have provided benchmarks of recommended naloxone provision in 2018-19 for local authorities

| | | |
|---|------------------|---|
| Select authority (drop-down list): | Blackpool | |
| PHE-recommended naloxone provision in LA area | | |
| 1. To people in drug treatment | 1075 | (this figure assumes all in treatment for opiates receive naloxone) |
| 2. To people not in drug treatment | | |
| a. Based on continuation of recent trends (baseline): | 411 | (modelled provision based on current opiate deaths) |
| b. In "worst case" scenario: | 636 | (modelled provision based on increased deaths, such as in a fentanyl-adulterated heroin incident) |

PHE, [Widening the availability of naloxone](#), February 2019

Public Health will **support substance misuse providers** to work with other providers such as homeless teams and probation services, to both increase knowledge of THN and to help target those not engaged in the treatment system.

We will do this so that fewer people die as a result of an accidental overdose.

Strategic Action 2

Public Health will **work with the Clinical Commissioning Groups and Blackpool Teaching Hospital** and will review the provision of health services for people who misuse substances, with underlying physical and mental health conditions such as hepatitis, infected wounds, respiratory conditions and dual diagnosis. We will then work collaboratively to implement change in the way services are delivered.

We will do this so that few people die early from preventable and treatable health conditions.

Strategic Action 3

Public Health will continue to **support schools and education providers** to ensure that every child in Blackpool has access to consistent information about drugs and the impact of drug abuse through PSHE in the school curriculum and will monitor the impact of specialist training services.

We will do this so that fewer young people try and/or go on to use drugs and have their life chances reduced.

Strategic Action 4

Public Health will **work with Children's Services** (Social Care and Early Help) and Health (Health Visitors, FNP, School Nurses and other Health Providers) to ensure that support for parents and families exposed to drug abuse is available and the impact of interventions is monitored to ensure they support the aim of families being able to stay together and safeguard their children.

We will do this so that fewer children are exposed to adverse childhood experiences and families are not exposed to the risk of separation.

Strategic Action 5

Blackpool Council will **work with the Police and colleagues** across the public sector to ensure that this criminal activity is well understood and that victims are identified and supported well by the whole system. We will put systems in place to support those involved in crime due to their drug dependency to access help and treatment.

We will do this to reduce the risk of crime within communities and exposure to the availability of drugs on the streets, and to ensure children and the most vulnerable members of our community do not become victims of criminal exploitation.

Strategic Action 6

Blackpool Council will **maintain a strong focus on supporting people** affected by drug abuse in employment, housing and homeless prevention strategies and plans, ensuring that there is good access to quality accommodation and help to become economically active for those in, and seeking to engage in, recovery.

We will do this so that more people who recognise that they need help are supported holistically to sustain their recovery journey.

Strategic Action 7

Our commissioning approaches across Public Health, Adult, Children's and Housing services in particular will **ensure that services funded in Blackpool are working** as a whole partnership of providers, to maximise the positive and sustained impact of interventions through the use of evidence based practice. Where evidence is not available we will work with partners to undertake research study applications, to build on the knowledge base both nationally and internationally.

Working in Partnership

The data and contextual information on Health, Education, Young People, Families and Housing demonstrates the need for a multi-faceted approach to working with people who are impacted by drug abuse. This strategy recognises and builds on the actions already being taken by Blackpool Council, its partner agencies and the drug treatment providers in order to reduce the negative impact of misusing drugs. A whole system approach needs to be taken and individuals need to be challenged on a range of issues including training, education, prevention, treatment, employment, housing and family relationships. Whilst harm reduction interventions should remain available at all times, at the same time those treatment services supporting recovery need to strengthen their workforce in order to have a recovery focused approach, which emphasises on the key elements such as housing, employment, mental health and family life.

Our approach to working with service providers in Blackpool will be relationship based – looking to encourage providers to work together and achieve change collectively by building and maintaining strong and productive relationships with us as a provider, and each other to ensure that everyone affected by drug abuse in Blackpool has access to support.

Summary

People across Blackpool have worked hard, in the local authority, health services, other public services and across third sector and peer support groups to reduce the impact of drugs on the lives of people in Blackpool. There are many successes to be built on and lessons to be learned from projects and interventions which have been implemented in Blackpool over a significant period of time. We will use our resources, and seek to support the use of wider resources in Blackpool, to continue to deliver effective treatment services and supportive interventions that prevent people from becoming drug dependant and help those who have developed dependency to make sustainable change that reduces the harm and impact on themselves and others.

The Delivery Plan can be found as Appendix 1.

Appendix 1

Drug Harm Reduction Strategy 2020-22 Delivery plan

| Strategic Action | Actions | To be Achieved by | Lead/s | Updates |
|--|---|-------------------|---------------------------------|---------|
| Reduce the number of drug-related deaths. Strategic Action 1. | Ensure people who use opioids, their peers, families, emergency services and any other services they may come into contact with, have access to Naloxone and can use it when needed. | 31/03/21 | Emily Davis | |
| | Develop and implement multi-agency safety plans for those identified as at-risk of a drug-related death through the Blackpool Drug-related Death and Non-fatal Overdose Panel | 31/03/21 | Emily Davis | |
| | Ensure key harm reduction messages are shared with people who use drugs and those coming into contact with them e.g. safer injecting practices, use of naloxone. | 31/03/22 | Emily Davis / Shelley Mullarkey | |
| | Implement an early warning system for new, potent or adulterated/contaminated drugs (Lancashire Drug Information System) in collaboration with Lancashire County Council and Blackburn Council. | 01/04/20 | Emily Davis | |
| | Work with the police to implement a drug testing initiative to test all drugs found at the scene of a drug related death or non-fatal overdose. | 01/04/20 | Emily Davis | |
| Improve access to physical and mental | Create a dual diagnosis expert/practice group to review service users with a co-existing mental | 31/03/21 | Zohra Dempsey | |

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|--|--|----------|------------------------------|----------------------|
| health services for people who use drugs. Strategic Action 2. | health need and substance misuse issues and develop joint care/recovery plans. | | | |
| | Review the pilot multi-disciplinary approach to rough sleepers with multiple complex needs, which includes mental health and substance misuse support and agree next steps. | 30/09/20 | Vikki Piper | |
| | Review attendance of the community-based 'crisis café' to ensure people who use drugs that are experiencing or at-risk of a mental health crisis have access to acceptable and timely support based. | 30/06/21 | Zohra Dempsey | |
| | Ensure primary and secondary physical health services meet the needs of people who use drugs e.g. wound management, respiratory conditions and Hepatitis C testing and treatment. Through the development of a community based service for individuals with complex needs. | 31/03/21 | Pete Smith | |
| | Ensure all smokers accessing drug treatment are offered evidence based smoking cessation support. | 31/03/21 | Rachel Swindells/Emily Davis | |
| | Ensure there is a mental health support offer through drug treatment services. | 31/3/21 | Zohra Dempsey | |
| Improve young people's awareness of drugs and drug-related harm. | All schools are offering consistent drug education messages through PSHE. | 01/9/21 | Nicole Ronson | Delayed due to COVID |
| | Ensure all education providers are aware of the substance misuse support services for young people. | 01/11/21 | Lisa Mills/ Young ADDER/BYPS | Delayed due to COVID |

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|---|--|----------|-------------------|----------------------|
| Strategic Action 3. | Ensure the children and young people's partnership workforce are able to offer consistent messages around drugs, harm reduction and the support services available to young people and to their families. | 01/03/22 | Lisa Mills | Delayed due to COVID |
| | Undertake a health needs assessment of children in care. Consider recommendations in relation to substance misuse. | 31/3/21 | Cat Hefferon | |
| All families affected by substance misuse receive the support they need. Strategic Action 4. | Develop and monitor outcomes for the family support offered through Horizon. | 31/01/21 | Zohra Dempsey | |
| | Ensure Horizon drug treatment service is represented in child protection conferences, core groups, care plan meetings and safeguarding reviews where substance misuse has been identified as an issue. | 31/01/21 | Karon Brown | |
| | Undertake a review of the circumstance of Children Born into Care to determine improvements in collaboration with substance misuse services to support families to stay safe and stay together where possible. | 31/03/21 | Robert Arrowsmith | |
| Reduce the risk of crime and exposure to the availability of drugs on the streets within our | Implement Operation ADDER disruption of street availability of drugs. | 31/03/21 | Sue Clarke | |
| | Implement Operation ADDER complex needs adults outreach service. | 31/03/21 | Shelley Mullarkey | |

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| communities, and ensure children and the most vulnerable do not become victims of criminal exploitation. Strategic Action 5. | Implement Operation Adder complex needs young people's service. | 31/03/21 | Jane Hugo | |
| | Agree outcomes for operation ADDER with Home office and Community Safety Partnership. | 31/12/20 | Emily Davis | |
| | Undertake local review and evaluation of operation ADDER. | 31/03/22 | Brigit Chesworth | |
| People with drug misuse issues are offered evidence-based treatment and holistic support to give them the best chance of achieving recovery. Strategic Actions 6 & 7 | Implement the learning from the Blackpool Fulfilling Lives programme, in particular the importance of the co-production of service with those with lived experience. | 31/12/20 | Emily Davis | |
| | Undertake a review of the service specification for the treatment service to ensure it is evidence-based and shaped with input from the Lived experience Team | 31/01/21 | Judith Mills | |
| | Work with partners in the Violence Reduction Unit and local Universities to bid for research monies to add to the evidence of effective intervention. | 31/03/22 | Judith Mills | |
| | Extend the Buvidal, IPS and Housing First pilots, following their successful implementation. These pilots were based on the local implementation of evidence from randomised controlled trials. | 31/12/20 | Judith Mills / Emily Davis | |

Appendix 5b

Drug Harm Reduction Strategy 2020-22 Delivery plan

| Strategic Action | Actions | To be Achieved by | Lead/s | Updates |
|--|---|-------------------|---------------------------------|---------|
| Reduce the number of drug-related deaths. Strategic Action 1. | Ensure people who use opioids, their peers, families, emergency services and any other services they may come into contact with, have access to Naloxone and can use it when needed. | 31/03/21 | Emily Davis | |
| | Develop and implement multi-agency safety plans for those identified as at-risk of a drug-related death through the Blackpool Drug-related Death and Non-fatal Overdose Panel | 31/03/21 | Emily Davis | |
| | Ensure key harm reduction messages are shared with people who use drugs and those coming into contact with them e.g. safer injecting practices, use of naloxone. | 31/03/22 | Emily Davis / Shelley Mullarkey | |
| | Implement an early warning system for new, potent or adulterated/contaminated drugs (Lancashire Drug Information System) in collaboration with Lancashire County Council and Blackburn Council. | 01/04/20 | Emily Davis | |
| | Work with the police to implement a drug testing initiative to test all drugs found at the scene of a drug related death or non-fatal overdose. | 01/04/20 | Emily Davis | |
| Improve access to physical and mental | Create a dual diagnosis expert/practice group to review service users with a co-existing mental | 31/03/21 | Zohra Dempsey | |

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|---|--|----------|------------------------------|----------------------|
| health services for people who use drugs. Strategic Action 2. | health need and substance misuse issues and develop joint care/recovery plans. | | | |
| | Review the pilot multi-disciplinary approach to rough sleepers with multiple complex needs, which includes mental health and substance misuse support and agree next steps. | 30/09/20 | Vikki Piper | |
| | Review attendance of the community-based 'crisis café' to ensure people who use drugs that are experiencing or at-risk of a mental health crisis have access to acceptable and timely support based. | 30/06/21 | Zohra Dempsey | |
| | Ensure primary and secondary physical health services meet the needs of people who use drugs e.g. wound management, respiratory conditions and Hepatitis C testing and treatment. Through the development of a community based service for individuals with complex needs. | 31/03/21 | Pete Smith | |
| | Ensure all smokers accessing drug treatment are offered evidence based smoking cessation support. | 31/03/21 | Rachel Swindells/Emily Davis | |
| | Ensure there is a mental health support offer through drug treatment services. | 31/3/21 | Zohra Dempsey | |
| Improve young people's awareness of drugs and drug-related harm. Strategic Action 3. | All schools are offering consistent drug education messages through PSHE. | 01/9/21 | Nicole Ronson | Delayed due to COVID |
| | Ensure all education providers are aware of the substance misuse support services for young people. | 01/11/21 | Lisa Mills/ Young ADDER/BYPS | Delayed due to COVID |
| | Ensure the children and young people's partnership workforce are able to offer consistent messages | 01/03/22 | Lisa Mills | Delayed due to COVID |

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|--|--|----------|-------------------|--|
| | around drugs, harm reduction and the support services available to young people and their families. | | | |
| | Undertake a health needs assessment of children in care. Consider recommendations in relation to substance misuse. | 31/3/21 | Cat Hefferon | |
| All families affected by substance misuse receive the support they need. | Develop and monitor outcomes for the family support offered through Horizon. | 31/01/21 | Zohra Dempsey | |
| | Ensure Horizon drug treatment service is represented in child protection conferences, core groups, care plan meetings and safeguarding reviews where substance misuse has been identified as an issue. | 31/01/21 | Karon Brown | |
| | Undertake a review of the circumstance of Children Born into Care to determine improvements in collaboration with substance misuse services to support families to stay safe and stay together where possible. | 31/03/21 | Robert Arrowsmith | |
| Reduce the risk of crime and exposure to the availability of drugs on the streets within our communities, and ensure children and the most vulnerable | Implement Operation ADDER disruption of street availability of drugs. | 31/03/21 | Sue Clarke | |
| | Implement Operation ADDER complex needs adults outreach service. | 31/03/21 | Shelley Mullarkey | |
| | Implement Operation Adder complex needs young people's service. | 31/03/21 | Jane Hugo | |

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|---|---|----------|----------------------------|--|
| do not become victims of criminal exploitation. Strategic Action 5. | Agree outcomes for operation ADDER with Home office and Community Safety Partnership. | 31/12/20 | Emily Davis | |
| | Undertake local review and evaluation of operation ADDER. | 31/03/22 | Brigit Chesworth | |
| People with drug misuse issues are offered evidence-based treatment and holistic support to give them the best chance of achieving recovery. Strategic Actions 6 & | Implement the learning from the Blackpool Fulfilling Lives programme, in particular the importance of the co-production of service with those with lived experience. | 31/12/20 | Emily Davis | |
| | Undertake a review of the service specification for the treatment service to ensure it is evidence-based and shaped with input from the Lived experience Team | 31/01/21 | Judith Mills | |
| | Work with partners in the Violence Reduction Unit and local Universities to bid for research monies to add to the evidence of effective intervention. | 31/03/22 | Judith Mills | |
| | Extend the Buvidal, IPS and Housing First pilots, following their successful implementation. These pilots were based on the local implementation of evidence from randomised controlled trials. | 31/12/20 | Judith Mills / Emily Davis | |