Appendix 6a

HEALTHY BEGINNINGS FOR A HEALTHY FUTURE

THE HEALTH OF THE PEOPLE OF BLACKPOOL 2018

Blackpool Council

CONTENTS

Foreword 4
Introduction 6
Getting the best start 10
School aged children 20
Adolescence 32
Recommendations 43
Appendix 1
Health Profile 2018: Blackpool 44
Appendix 2
Blackpool Child Health Profile 2018 45

WELCOME

Welcome to this year's Annual Report, which focuses on the health and wellbeing of our children and young people and how investment in these early years can help to build a bright and healthy future for Blackpool.

FOREWORD

FOREWORD

HEALTHY BEGINNINGS FOR A HEALTHY FUTURE

The way in which healthcare and social care are delivered in Lancashire and South Cumbria (including Blackpool and Blackburn with Darwen) is changing. Local authorities and NHS organisations are working more closely together towards delivering more integrated health and social care services. The Integrated Care System (ICS, known as "Healthier Lancashire and South Cumbria") undertaking this work have nominated me to be a Children's Champion and it is my responsibility to make sure the welfare and health of our children is pushed to the foreground in every aspect of the ICS's work.

From this point of view, I wanted to take a closer look at the health of children here in Blackpool and take this opportunity to highlight the great work being undertaken in the town and celebrate successes in improving our children's health.

Early in 2018 the children and young people's commissioning group for the ICS completed a needs assessment for the whole of Lancashire and South Cumbria, outlining key aspects of the health and wellbeing of our younger citizens and making recommendations for how to support this going forward. This annual report on the health of Blackpool's population draws from that needs assessment and other sources, to show how Blackpool compares to the regional and national picture and the ways in which we are already working to protect, promote and champion our children's health and the town's future.

There have been significant developments over the past few years in understanding the importance that children's health and wellbeing in early years plays in determining their health and wellbeing as adults. The environment and experiences a child grows up with can change the likelihood of developing poor health in adulthood and adversity in childhood has been linked to increased likelihood of diseases including cancer, cardiovascular disease, lung or liver disease, as well as increasing the likelihood of undertaking health harming behaviours such as smoking, drug or alcohol misuse and violence. With some of the highest levels of these diseases and behaviours in the country in Blackpool, it is imperative that we maximise all opportunities to reduce risks for our population.

Since last year's report, the Public Health Team has continued to work tirelessly to improve the health of all our citizens and have been working hard to make sure that the residents of Blackpool are at the heart of everything we do.

Our Citizens' Inquiry programme gives residents a chance to share their opinions and experiences and put forward recommendations of how to improve wellbeing in their community and the project was awarded Project of the Year at the Patient Participation Group Awards organised by the NHS Blackpool and NHS Fylde and Wyre Clinical Commissioning Groups (CCGs).

We worked with Blackpool and Fylde and Wyre CCGs to create and promote Self Care Week in November - a campaign to encourage local people to 'choose self-care for life' by making health-savvy decisions. During the week, more than 70 self-care themed events were organised by local charities, organisations and community groups, ranging from mindfulness taster sessions, literature afternoons to HIV testing in Blackpool town centre. The initiative won a national award for exemplary partnership working.

Another success that demonstrates our commitment to putting our residents at the centre of our work has been the renovation and rejuvenation of @The Grange (previously the Blackpool City Learning Centre). The team received a Highly Commended Award for delivering better outcomes from the MJ Local Government Awards. The volunteering and community shop HIS Provision (also based at @the Grange) won the Tenant's Project Fund (TPF) Award from the Blackpool Coastal Housing Community Awards. This was particularly special as it is voted for by the community themselves (the tenants).

> **2018 has been a year of challenges, but also a year of hard work, progress and successes. I hope this report demonstrates how we are achieving improvements in children and young people's health and wellbeing with a view to securing a healthy future for Blackpool.**

Dr. Arif Rajpura
Director of Public Health
Blackpool Council

> INTRODUCTION

INTRODUCTION

Children aged 0-19 years make up about a quarter of our town's population. Protecting and promoting the health and wellbeing of the children living in our communities is a key responsibility of the Public Health team at Blackpool Council, but should also be a priority for anyone living or working around Blackpool.

Childhood is a time of rapid development and growth and is full of opportunities for creating a good foundation for health across the whole lifetime. Body systems that are critical to health, including the brain, nervous, endocrine and immune systems are under construction even before birth and from the earliest moments of life, a child's experiences and environments exert powerful influences on his or her development and long-term health.

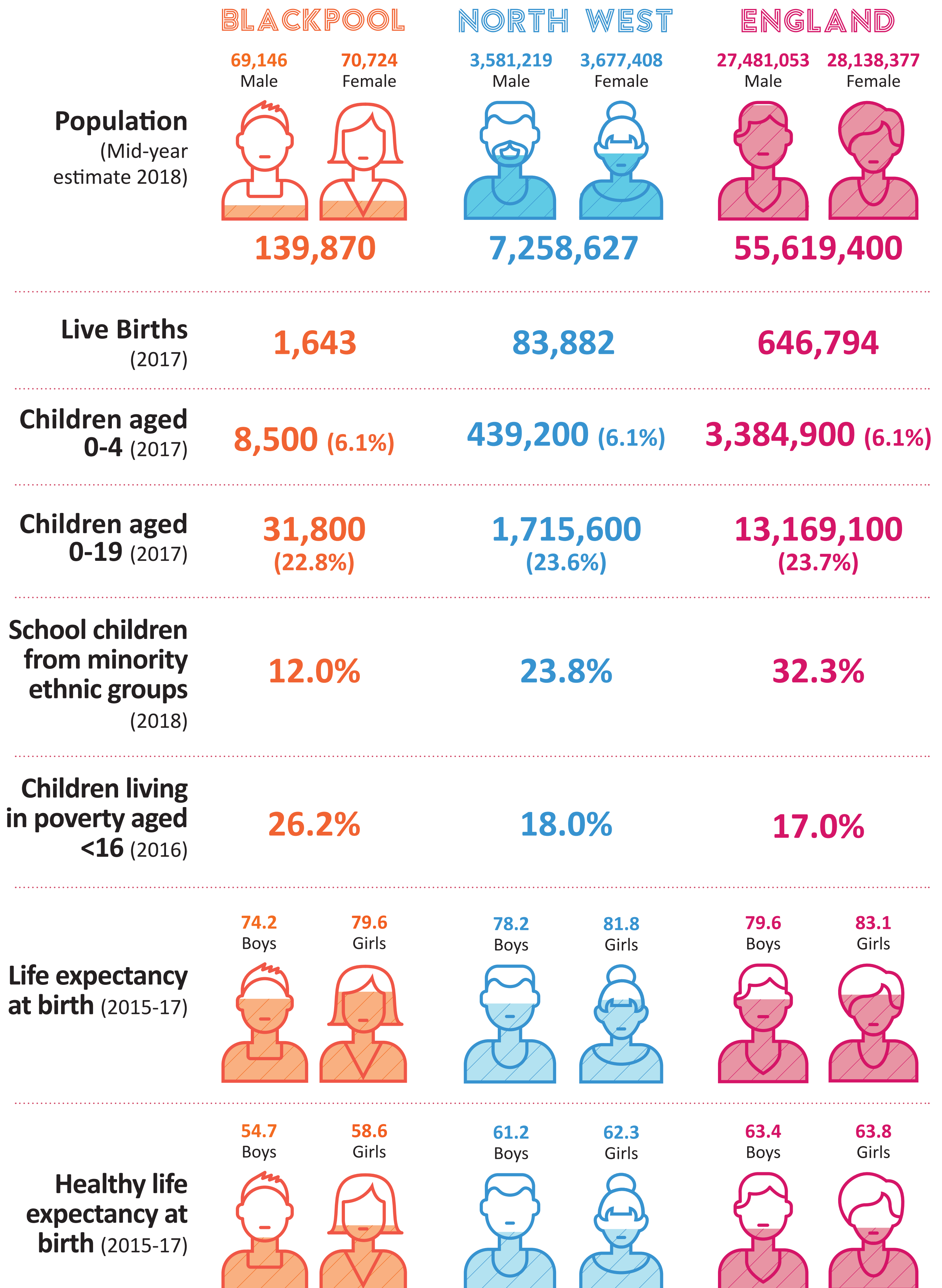
The social, cultural, and economic environment a child grows up in and the experiences they have all interact with their biology and genetics to shape future health and wellbeing. The environment, experiences and social interactions during childhood can alter the physical risks of disease later in life and can influence the beliefs and values people have about themselves and others and ways of behaving such as smoking, eating and exercise.

Childhood provides brilliant opportunities for maximising the health and wellbeing of the future of our town. As well as securing the health of the children themselves, investing in evidence-based and well implemented preventive services and in health and development interventions in the early years of life has been shown to deliver economic and social benefits for the wider population.

This report highlights the health of our children, the challenges they face but also the work and achievements being made in giving our children the best opportunities for good health now and in their future.

Photo Credit

BLACKPOOL'S POPULATION



GETTING THE BEST START

PREGNANCY INTO THE EARLY YEARS

GETTING THE BEST START

Research increasingly shows that events in the first thousand days of a child's life (from during pregnancy until around aged two) have significant impact on lifetime health and wellbeing. During pregnancy, its mother meets all of a baby's needs, so all factors affecting a mother's health such as stress, diet, drug use, alcohol use and smoking, can have a significant impact on the development of the baby both before and after birth. Securing good maternal health and wellbeing is fundamental to making sure Blackpool's children get a good start in life.

The importance of the earliest phase of life as an opportunity to intervene for the benefit of life-long health and wellbeing has been recognised by The Better Start Partnership. In collaboration with Public Health, NHS and community services, it is implementing a ten-year program aimed at improving the outcomes for a whole generation.

The first projects started in 2015, enabling every pregnant woman in Blackpool to have access to an evidence based programme of antenatal care. The Family Nurse Partnership (FNP) supports pregnant women aged 19 and under, and Baby Steps is designed for all those aged 20 and over.

The Better Start Partnership has also undertaken a full review and redesign of the health visiting offer in the town and Blackpool parents now receive a minimum of eight visits (nationally the minimum is five). It is expected that by increasing the number of contacts a family has with a Health Visitor, families who need help and support during the first five years of life will be easier to identify. The structure of the visits has also changed to be more trauma informed. Parents are encouraged to be actively involved in conversations with health visitors and be open about their concerns so the appropriate advice and support can be accessed.

FACTS AND FIGURES

In Blackpool, we have approximately 1,600 live births a year with a live birth rate of 70.6 per 1,000 women (known as the 'general fertility rate'). Only 3.9% of births in Blackpool were to black or minority ethnic (BME) mothers (2016/2017), which is in keeping with our relatively low proportion of the whole Blackpool population from BME groups (approximately 3%).

Being born prematurely or with a low birthweight (LBW) due to growth restriction during pregnancy (classified as below 2500g or below 2000g for very low birth weight, VLBW) can increase the risk of health problems in the first weeks of life and increase hospital stays for new-borns. LBW is associated with cognitive impairment and the development of chronic disease that can last into later life. In 2017, 5.3% of babies born at full-term had LBW (significantly higher than the England rate of 2.8%), and when incorporating premature births, 7.9% were LBW. Only 0.85% of all live births were classified as VLBW, which was not significantly higher than the national average.

Blackpool experiences higher than average stillbirth, neonatal and infant mortality rates; however the actual number of deaths each year is small, which means the rates are subject to large annual variation and need to be interpreted with caution. In the last three year period recorded (2015-2017) there were 6.4 per 1,000 infant deaths (under one year) per 1,000 live births (compared to 3.9 per 1,000 in England). In 2016, there were 9.4 stillbirths and deaths under 28 days per 1,000 births in Blackpool (compared to 7.1 per 1,000 in England).

THE FAMILY NURSE PARTNERSHIP work with young first time mothers, fathers and wider family to enable them to make choices which will support their child to achieve their optimum development, be school ready and have the best possible outcomes for the future. The same family nurse works with each family over two years to develop trusting, therapeutic relationships that promote engagement.

They support parents to consider their child's safety and think how their relationships can ensure a child is protected from harm. In 2018, the team worked with 150 families using a strength-based approach, underpinned by consideration of early trauma to ensure these often vulnerable families feel listened to and heard. Family nurses support parents to access other services, such as mental health or domestic violence services, in a targeted and individualised way to ensure families get the right support at the right time in the right place for them.

WHAT IS BEING "TRAUMA INFORMED"?

Trauma is “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”*.This can include events in adulthood but also covers some adverse childhood experiences that are known as ACEs (e.g. abuse, neglect or household factors such as domestic violence, parental incarceration or drug/alcohol misuse).

Experiencing trauma is relatively common, but the experience and its impact are often hidden. Over the last 20 years, it has become clearer that the experience of trauma can affect the likelihood of experiencing poor health and social outcomes, as well worse mental health.

The experience of trauma can affect individuals in a number of ways, including the direct impact of the trauma, its impact on a person’s coping responses and the impact on a person’s relationships with others and influence this has on help seeking and engaging with services.

Trauma Informed Practice is a way of working that recognises

- that anyone using a service may have experienced trauma or ACEs
- that people with a history of trauma may be less likely to engage with services
- the importance of relationships in preventing and recovering from the effects of trauma and ACEs.

Many organisations in Blackpool and Lancashire are working towards becoming more trauma-informed and understanding that trauma may impact the way clients cope with stresses or interact with staff and others. We are moving towards asking “What’s happened to you?” rather than “What’s wrong with you?”. We have a vision that all public services will eventually incorporate this understanding of trauma into all policies and areas of practice by:

- Creating physically and emotionally safe spaces
- Working transparently and establishing trust
- Giving people choice and control over their care
- Helping people to heal and develop healthy coping strategies
- Working in collaboration with service-users, respecting their experience and co-producing policies and materials wherever possible
- Creating a culture of compassion within the organisation.

*SAMHSA, 2014, p. 7

PERINATAL MENTAL HEALTH

Pregnancy related mental illnesses affects up to 30 in every 100 women following childbirth or during pregnancy[1]. It is becoming more recognised that around 10% men suffer impaired mental health around the time of becoming a father[2]. Pre-existing mental health conditions in parents can also affect children's health and wellbeing, and approximately 68% of women and 57% of men with mental health problems are parents.

Women who lack social support have been found to be at increased risk of antenatal and postnatal depression. Having a poor relationship with a partner is also a risk factor for postnatal depression. In Blackpool, 9.2% of births were registered by just one parent, which is higher than the average of 5.1%. Using the number of births which were registered by just one parent may give a rough indication of the number of women that are likely to lack the support of the father during pregnancy and as a new mother[3].

Poor parental mental health can disrupt the bond formed between a baby and its parents, and may affect the care they receive. Good mental health starts in infancy and research shows that when the bond between a baby and its parents is interrupted or not formed, there is a much higher risk of that baby developing mental health problems later in life, than a child with a strong connection to the person who cares for them.

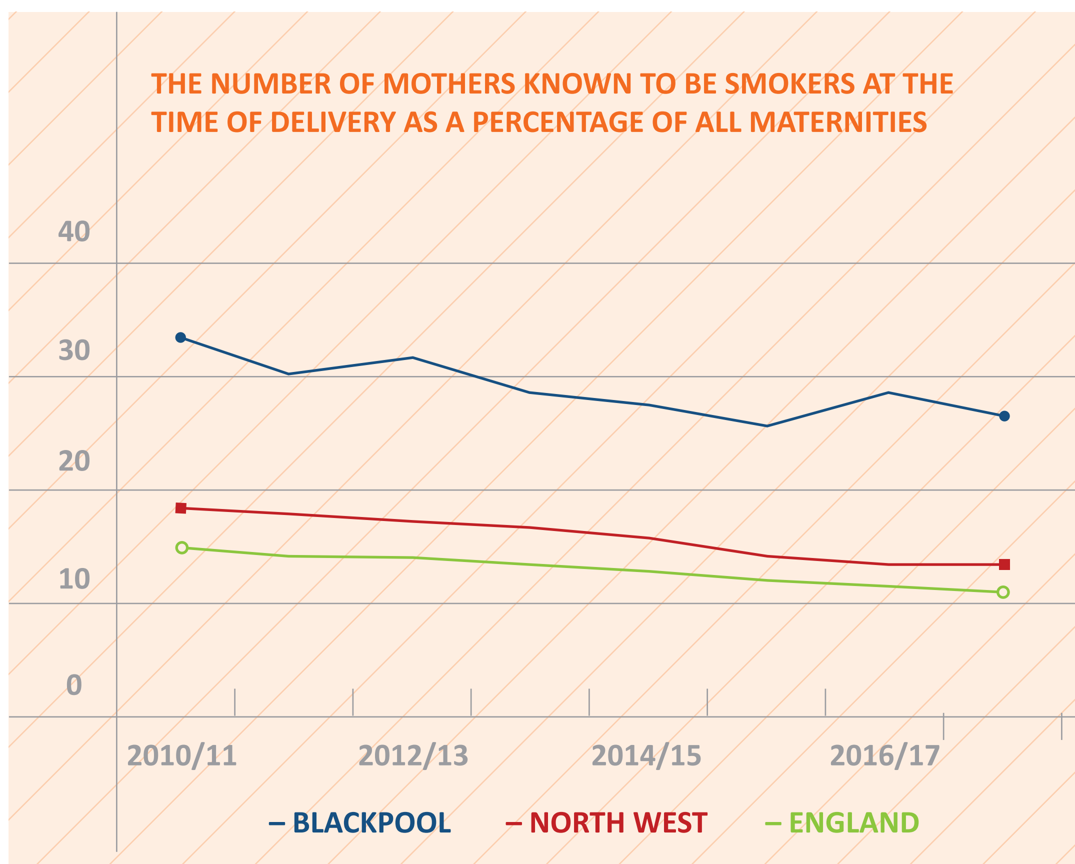
Blackpool Better Start run the Survivor Mums' Companion programme, designed to support pregnant women who have a history of childhood trauma. The programme aims to help survivors who are at risk of, or are experiencing, PSTD symptoms during pregnancy and helps them feel they are not the only one.

It is a telephone based service that provides pregnant women with information, emotional support and the opportunity to learn new skills. The service explores pregnancy and birth, PTSD symptoms, supports women to calm intense emotions and tackles any worries she may have about parenting and bonding with her baby.

1. https://maternalmentalhealthalliance.org/about/the-issue/
2. https://www.nct.org.uk/life-parent/emotions/postnatal-depression-dads-10-things-you-should-know
3. Mental health in pregnancy, the postnatal period and babies and toddlers: Report for Blackpool local authority. National Child and Maternal Health Intelligence Network, 2017.

SMOKING

Smoking in pregnancy is a risk factor for low birthweight and is associated with stillbirth, sudden infant death syndrome (also known as cot death), and asthma. Despite some improvement over the past eight years, the percentage of Blackpool mothers smoking at the time of delivery is more than double the national average and is significantly higher than the North West average.



As part of a National programme, in 2016/2017 Blackpool CCG received extra funding from NHS England to address high rates of maternal smoking. The Council's Public Health team has worked closely with the CCG to develop an evidence-based model to help women to stop smoking in pregnancy was developed; midwifery health trainers offer in-house stop smoking services including tailored behavioural support and direct access to nicotine replacement therapy for a minimum of 12 weeks. This model of stop smoking service includes an incentive scheme with the aim to support all pregnant women to set a quit date, achieve a carbon monoxide (CO) validated four week quit and sustain the quit with support throughout pregnancy and 12 weeks post-partum (post-natal or following pregnancy). Incentive payments are offered at stages throughout the pregnancy and evidence has shown this to be an effective adjunct to traditional smoking cessation methods. In 2018, there was a 44% increase in the number of women who quit when compared to 2017.

ALCOHOL AND DRUGS

Alcohol Exposure during pregnancy is considered one of the main preventable cause of birth defects and a diverse range of developmental disorders known collectively as Foetal Alcohol Spectrum Disorders. Harm caused by alcohol in pregnancy is significantly higher in Blackpool than the national average and is amongst the highest in the country. Members of the Public Health team and The Better Start Partnership have been conducting research to investigate local perspectives on the issue to better inform interventions to reduce alcohol consumption in pregnancy. As a result of this research, a 12-month media campaign was launched in November 2018, featuring a local Mum, Dad, Nan and best friend dressed as superheroes with the aim to reduce the number of alcohol exposed pregnancies in Blackpool.

The **PREGNANCY PARTNERSHIP CLINIC** was developed in conjunction with obstetricians, anaesthetists, midwives and addiction specialists to provide a multi-agency and person-centred approach to manage pregnancy in women with addiction issues. Women attend the clinic four weekly and are also offered weekly or fortnightly appointments with their key worker and a specialist midwife at Horizon. Referrals to additional support for domestic violence and mental health support are made as needed. The clinic facilitates delivery of high intensity behaviour change interventions, which are critically important at this stage in a woman's addiction to support safe delivery of a healthy baby and to provide the woman with the best possible opportunities to lead a healthier lifestyle for her and her family.

NUTRITION

Infant feeding involves both the dependent child and mother or caregiver and this relationship evolves during the early years of life until the child is able to eat independently. The nature of this relationship is a key determinant of the child's nutritional intake; the way in which food is offered or administered and the age at which foods are presented may affect acceptance of foods. This may either help or hinder broadening of the diet and may have long-term implications for eating behaviour and developing preferences for healthy foods.

The World Health Organization (WHO) recommends initiation of breastfeeding within the first hour after birth, exclusive breastfeeding for the first six months, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond[4]. Babies who are not breastfed are more likely to suffer infectious diseases such as gastroenteritis, respiratory disease and otitis media (middle-ear infections) leading to increased hospitalisation, morbidity and mortality[5]. Children who have not been breastfed have increased rates of childhood diabetes and obesity, and increased dental disease[5].

Breastfeeding prevalence in Blackpool is low, and there has been little change at population level breastfeeding uptake in Blackpool historically. Women who are overweight and obese are less likely to initiate and continue to breastfeed. Breastfeeding initiation rates in 2016/2017 were 57%, down from 63% in 2013/2014, and maintaining breastfeeding to six to eight weeks similarly remains low at around 25%.

In both cases, the rates for Blackpool are considerably lower than the England average. It is likely that high rates of bottle feeding and risk associated to formula feeding and premature introduction of solid foods, with other practices is likely to contribute to increased admissions for gastroenteritis (which are significantly higher in Blackpool than the England average).

The Better Start Partnership is training volunteers to work with new parents to help them to feel confident in their choices about how they feed their baby, from birth through to weaning and beyond.

The Public Health team has also been developing a Junior Healthier Choices Award, to celebrate food establishments in Blackpool that welcome breastfeeding and bottle-feeding on their premises, offer smaller portions and healthier choices for infants.

4. https://www.who.int/en/news-room/fact-sheets/detail/infant-and-young-child-feeding
5. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Victoria, C et al. The Lancet, Volume 387, Issue 10017, 475 – 490. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/abstract

VACCINE-PREVENTABLE DISEASES AND IMMUNISATIONS

Many diseases that would once have caused widespread illness and deaths amongst children are now extremely rare due to the UK routine childhood immunisation programme. Most vaccines are given in the early weeks-months of life to equip the children's immune systems to deal with infections they may come across as they meet new people and encounter new environments.

The European Region of the World Health Organization (WHO) currently recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control (specifically, diphtheria, tetanus, pertussis, polio, Hib, measles, mumps and rubella). Coverage at a regional level should be at least 90%. The UK schedule includes additional vaccinations that are approved by the Joint Committee on Vaccination & Immunisation[6].

SUMMARY OF ROUTINE VACCINATIONS UP TO THE AGE OF 5 YEARS OLD

Disease (Vaccine)	Age	Notes
Diphtheria, tetanus, pertussis, polio and Haemophilus influenza type b (DTaP/IPV/Hib)*	1st dose: 8 weeks 2nd dose: 12 weeks 3rd dose: 16 weeks	Primary course
Pneumococcal disease (PCV)	1st dose: 8 weeks 2nd dose: 16 weeks	Primary course
Rotavirus	1st dose: 8 weeks 2nd dose: 12 weeks	Primary course
Meningococcal group B (MenB) (from September 2015)	1st dose: 8 weeks 2nd dose: 16 weeks	Primary course
Haemophilus influenza type b and meningococcal group C (Hib / MenC)	One year	MenC Primary Hib Booster
Measles/mumps/rubella (MMR)	One year	First dose
Pneumococcal disease (PCV)	One year	Booster
Meningococcal group B (MenB) (from September 2015)**	One year	Booster
Children's flu vaccine	Aged 2 to 8 years	Annual vaccination
Diphtheria, tetanus, pertussis, and polio (DTaP/IPV or DTaP/IPV)	3yrs/4 months to 5 years	Booster: 3 years after completion of primary course
Measles/mumps/rubella (MMR)	3yrs/4 months to 5 years	Second dose

6. https://files.digital.nhs.uk/55/D9C4C2/child-vacc-stat-eng-2017-18-report.pdf

In general, Blackpool's rates of vaccination are similar to the national picture, however nationally there are concerns that rates are not high enough to prevent outbreaks and there is large variation in coverage when you look at smaller geographies.

Only 88% of Blackpool's children were fully vaccinated against measles, mumps and rubella (two doses MMR by age five); a similar rate to the national average, but below the rate required for "herd immunity". The exact number of cases of measles mumps or rubella diagnosed in the town are not published, but there were 32 cases of measles and 86 cases of mumps confirmed in children aged 0-19 the North West region in 2017.

SCHOOL READINESS

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of children from birth to five years old. All schools and Ofsted-registered early years' providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes. The areas covered by the EYFS include communication and language, physical development, personal, social and emotional development, literacy, mathematics, understanding the world, expressive arts and design. Children from poorer backgrounds are at greater risk of poorer development and the evidence shows that differences by social background emerge early in life. In 2017/2018, 67.9% of five year olds had achieved a good level of development at the end of reception, compared to 71.5% nationally. Only 54.7% of children eligible for free school meals (a crude indicator of socioeconomic deprivation) achieved a good level of development at the end of reception.

The development of a child's literacy skills are directly impacted upon by their early language skills. This relationship starts very early on in a child's life. A child's language skills at age two strongly influence their school readiness at the age of five and this can continue to impact upon their attainment and achievement throughout their school life[7]. The Better Start Partnership has introduced several interventions to promote parents' understanding of important role they play in supporting their child's communication and literacy skills. Activities include working with Dads to promote reading with their children, Book Start bundles of books and Literacy weeks with a variety of activities for families with children under five to take part in.

7. Roulstone S, et al 2011 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181549/DFE-RR134.pdf)

> SCHOOL AGED CHILDREN

In the time between starting and leaving school, a lot can happen in a child's life. In order that our children can grow and learn and thrive, their health, wellbeing and the environment they live in needs to be at its best.

SCHOOL AGED CHILDREN

From a physical health point of view, Blackpool's children are more likely than the national rate to be admitted to hospital with asthma, diabetes or accidental or non-accidental injury and have a higher over-all rate of emergency admissions to hospital.

While good healthcare in both primary and secondary care settings is crucial, it contributes only around 10% of overall health. A further 10-20% of health is thought to be shaped by genetic factors, but even genes can be influenced by environmental factors. Most of what makes people healthy are the physical and social environments that they live in and giving children safe and healthy surroundings to grow up in can have significant impacts on their health, wellbeing and ability to learn and develop.

> The relationships between these "wider determinants of health" and health outcomes are complex, and it is the Public Health department's job to advocate and work towards improving the underlying foundations of health as well as targeting interventions more directly on improving health outcomes.

POVERTY

Around 26% of Blackpool's children (dependent children aged under 20) were living in poverty in 2016. This figure is likely to be higher when housing costs are taken into account. Bloomfield ward has the highest proportion of children (aged 0-15) living in poverty in the country, based on the Indices of Multiple Deprivation 2015 and Claremont and Brunswick wards also fall in the 20 wards with the highest levels of child poverty. About a quarter of Blackpool children are eligible and claiming free school meals and this has remained steady across the past four years[8].

Children from poorer backgrounds lag at all stages of education[9]:

- By the age of three, poorer children are estimated to be, on average, nine months behind children from more wealthy backgrounds.
- By the end of primary school, pupils receiving free school meals are estimated to be almost three terms behind their more affluent peers and this lag increases further by age 14 and 16.
- Children receiving free school meals achieve 1.7 grades lower at GCSE.

Poverty is also associated with a higher risk of both illness and premature death[10].

- Children born in the poorest areas of the UK weigh, on average, 200 grams less at birth than those born in the richest areas.
- Children from low-income families are more likely to die at birth or in infancy compared to children born into richer families.
- Children living in poverty are also more likely to suffer chronic illness during childhood or to have a disability.

8. https://fingertips.phe.org.uk/profile/child-health-profiles/
9. http://www.cpag.org.uk/content/impact-poverty
10. http://www.cpag.org.uk/content/impact-poverty

HOUSING AND FUEL POVERTY

Closely linked to poverty, the quality of housing can affect health and wellbeing of children as well as educational achievement. Children living in poverty are almost twice as likely to live in bad housing.

Fuel poverty also affects children detrimentally as they grow up as low income families do sometimes have to make a choice between food and heating. Long-term exposure to a cold home can affect weight gain in babies and young children, increase hospital admission rates for children and increase the severity and frequency of asthmatic symptoms.

Children in cold homes are more than twice as likely to suffer from breathing problems and those in damp and mouldy homes are up to three times more likely to suffer from coughing, wheezing and respiratory illness, compared with those with warm, dry homes.

Struggling with high energy bills can have an adverse impact on the mental health of family members. Fuel poverty may even affect children's education – for example, if health problems keep them off school, or if a cold home means there is no warm, separate room to do their homework[11].

Last year's Annual Report focussed on the impacts of poor housing and transience within the town on health and highlighted the Council's Housing strategy that aims to deliver new housing supply, improve the private rental sector and to stabilise lives to prevent and resolve homelessness. This year the Public Health Team has taken on responsibility for the Warm Homes Fund and is delivering on two schemes for improving the energy efficiency and heating in houses in Blackpool.

WARM HOMES FUND SCHEMES

The Warm Homes Health Fund aims to help vulnerable households across Blackpool through two schemes to reduce fuel poverty.

Scheme 1 – The Energy Efficiency and Health Related Solution

- Conducting 'Energy Audits'

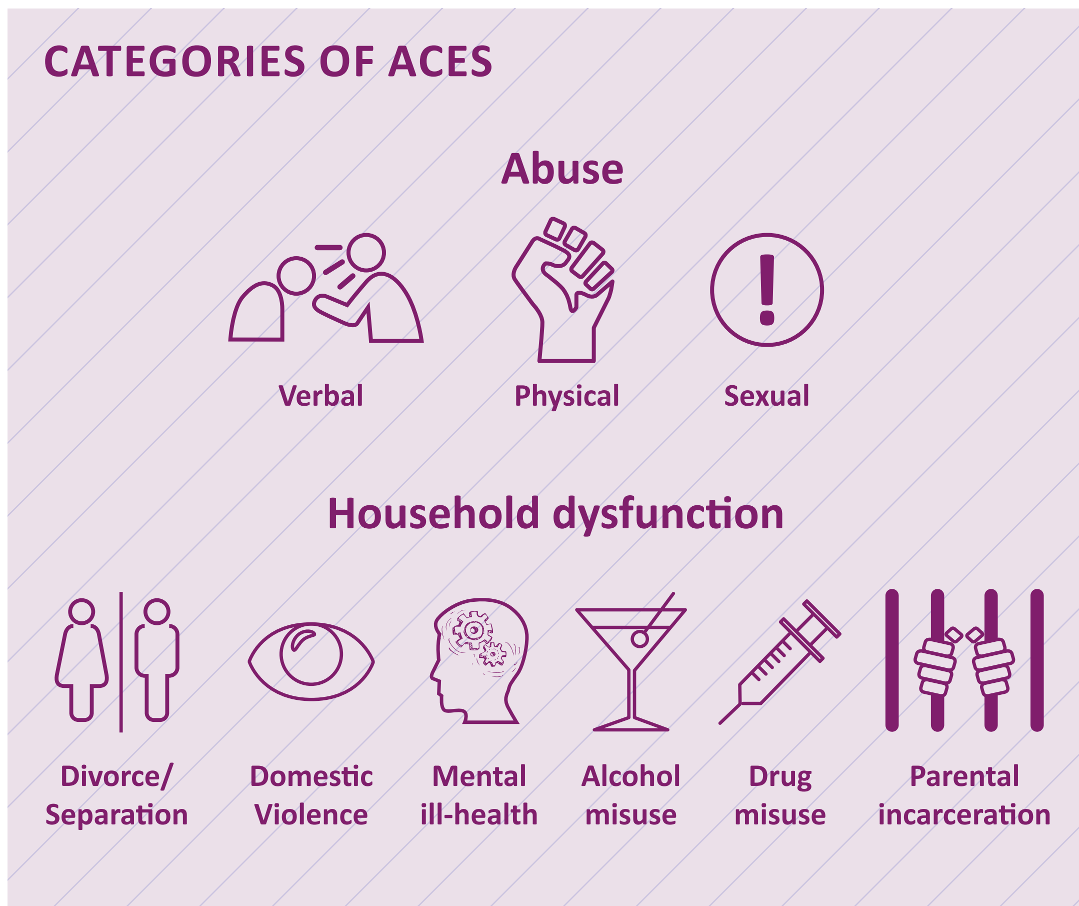
11. Pedro Guertler and Sarah Royston, Fact-File: Families and Fuel Poverty, Association for the Conservation of Energy

CHILDHOOD ADVERSITY AND EXPERIENCE OF THE CARE SYSTEM

Blackpool has the highest proportion of looked after children in the country with 185 children in care per 10,000 population aged under 18 years. Children and young people in care are among the most socially excluded children in England. Entry into the care system is associated with significant inequalities in health and social outcomes compared with all children and this contributes to poor health and social exclusion of care leavers later in life[12].

In general, the reasons why children enter the care system is through safeguarding mechanisms designed to protect them from adversities such as abuse, neglect and exposure to domestic violence or drug or alcohol misuse. To compound these early life experiences, children who come into foster households are typically from families/ communities, which already struggle with factors that correlate with social exclusion (unemployment, poor skills, low income, poor housing, high crime and bad health).

Children in care often have multiple risk factors that contribute to limiting educational attainment. A higher proportion of children in care have special educational needs and poorer emotional and behavioural health, again affecting educational attainment and in turn health outcomes in later life.



12. https://www.thetcj.org/foster-care/children-and-foster-care-inclusion-exclusion-and-life-chances

Adverse Childhood Experiences (ACEs – see image) such as those experienced by children in care as well as many others have been shown to have strong correlations with poor adult health outcomes. Studies conducted that looked at the ACEs experienced by adults in England[13] found that compared to those with no ACES, adults who had experienced four or more ACEs were:

- **2.3 times more likely to develop cancer**
- **3.1 times more likely to have cardiovascular disease**
- **2.5 times more likely to have liver or digestive disease**
- **2.1 times more likely to a regular binge drinker**
- **3.3 times more likely to be a current smoker**
- **10.9 times more likely to be a heroin or crack user**
- **7.5 times more likely to have been a victim of violence in the previous 12 months**
- **7.7 times more likely to have perpetrated violence in the previous 12 months**
- **11.3 times more likely to have been in prison or cells.**

ACEs have also been shown to have impacts on educational attainment, with poor childhood health and school absenteeism increased with number of ACEs reported. These findings indicate that ACEs are associated with significant burden on health and social care, the education and criminal justice systems and wider society.

Modelling based on the England ACEs study indicates that preventing ACEs in future generations could reduce levels of smoking by 22.7%, binge drinking by 11.9%, poor diet by 13.6%, violence perpetration by 52.0%, heroin/crack cocaine use by 58.7%, and unintended teenage pregnancy by 37.6%14.

Blackpool Council Public Health team is working in collaboration with partners from across Lancashire and South Cumbria, including local authorities, health services, education, policing and the Better Start Partnership to create "Trauma Informed Lancashire". The aim is to establish an evidence base of interventions and ways of working designed to prevent ACEs, reduce their impact should they occur in childhood and enable adults with ACEs or other trauma to engage with services and activities that enable healing. The ultimate vision of this working group is to propagate a cultural shift towards the whole of Lancashire and South Cumbria becoming trauma informed and ACE-aware, with a view to reducing the poor health outcomes associated with ACEs and trauma.

13. Bellis MA et al. Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. Journal of Public Health 2015 Jan-1;37(3):445-454.

ACEs have also been shown to have impacts on educational attainment, with poor childhood health and school absenteeism increased with number of ACEs reported. These findings indicate that ACEs are associated with significant burden on health and social care, the education and criminal justice systems and wider society.

Modelling based on the England ACEs study indicates that preventing ACEs in future generations could reduce levels of smoking by 22.7%, binge drinking by 11.9%, poor diet by 13.6%, violence perpetration by 52.0%, heroin/crack cocaine use by 58.7%, and unintended teenage pregnancy by 37.6%[14].

Blackpool Council Public Health team is working in collaboration with partners from across Lancashire and South Cumbria, including local authorities, health services, education, policing and the Better Start Partnership to create "Trauma Informed Lancashire". The aim is to establish an evidence base of interventions and ways of working designed to prevent ACEs, reduce their impact should they occur in childhood and enable adults with ACEs or other trauma to engage with services and activities that enable healing. The ultimate vision of this working group is to propagate a cultural shift towards the whole of Lancashire and South Cumbria becoming trauma informed and ACE-aware, with a view to reducing the poor adult health outcomes associated with ACEs and trauma.

EDUCATION

Educational attainment is linked with health behaviours and outcomes. Individuals that are more educated are less likely to suffer from long-term diseases and to report themselves in poor health, or suffer from mental disorders such as depression or anxiety. Pupils in deprived areas (such as Blackpool) are more likely to miss school and therefore have lower levels of educational attainment. Disadvantaged pupils are defined as those who are registered as eligible for free school meals, children looked after by the local authority and children who left care. In 2017, 45% of pupils at the end of KS2 were classed as disadvantaged in Blackpool.

Blackpool has 3,367 pupils with special educational needs (SEN) within its schools, this is 17.9% of all pupils and compares to 14.4% nationally. There are 957 children with a learning difficulty known to schools, the rate of 50.4 per 1,000 children is higher than the national average of 33.9 per 1,000. In 2018, there were 206 children with autism known to Blackpool schools.

Educational attainment is measures predominantly at Key Stage 2 (age 11 in year 6 of Primary School) and at Key Stage 4 (age 15, GCSEs or equivalent). Data for 2017 shows that overall, 62% of children in Blackpool attained the expected standard in all of reading, writing and maths, an increase from 48% in 2016. This is now the same as the national average. Only 53% of children classified as disadvantaged attained the expected standard, which is slightly better than the national level of 48%.

14. Bellis et al. BMC Public Health (2018) 18:792

At Key stage 4, the "Attainment 8" and "Progress 8" scores are used to assess how well pupils are performing[15]. The average Attainment 8 score for Blackpool pupils was 38.5 in 2017/2018, compared to 44.5 nationally. Disadvantaged students in Blackpool attained an average score of only 32.2, compared to non-disadvantaged pupils who attained and average score of 43.5[16].

The average Progress 8 score shows Blackpool pupils achieve over half a grade lower than similar pupils nationally and are making below average progress.

Work is being undertaken to improve the educational attainment of Blackpool's children and Blackpool has been designated an "Opportunity Area", with a strategy spanning 2017-2020 with the aims of

- Raising attainment and progress in Blackpool's schools
- Supporting vulnerable children and families to improve attendance and outcomes and to reduce exclusions from school
- Improve advice and support for young people when moving between schools/colleges and into work.

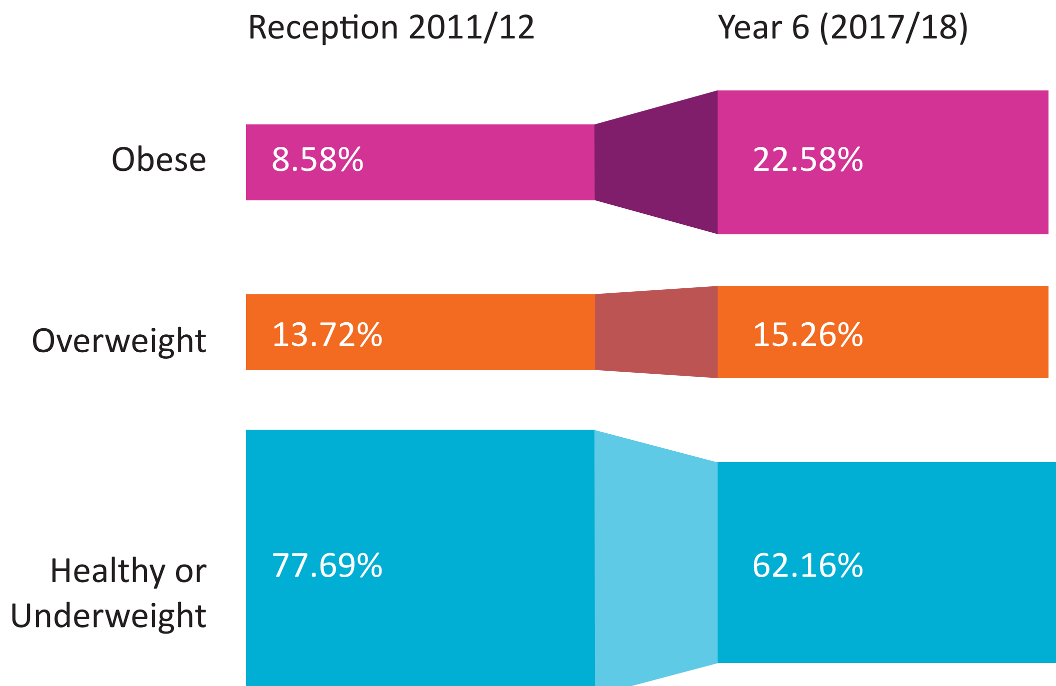
15. https://www.gov.uk/government/publications/progress-8-school-performance-measure
16. Data obtained from DfE https://www.gov.uk/government/statistics/secondary-school-performance-tables-in-england-2018-revised

HEALTHY WEIGHT AND PHYSICAL ACTIVITY

Obesity is defined as excess body fat accumulation that may impair health. The foundations of obesity start in childhood. The prevalence of obesity has trebled since the 1980s and well over half of all adults are either overweight or obese.

Over a quarter (27.1%) of children in Blackpool aged four/five years are overweight or obese when they start school. The proportion of children who are overweight or obese rises considerably during primary school years and 37.8% of today's year six children living in Blackpool are overweight or obese by the time they finish primary school at age 10-11 years compared to only 22.31% when they were in reception in 2011/2012. Within this expansion in numbers, obesity increases 2.5 times and overweight remains at a similar proportion. The prevalence of excess weight at year six is significantly higher than the England average (34.3%) and there is evidence that rates in disadvantaged areas continue to increase at a faster rate than less disadvantaged areas.

CHANGES IN PROPORTION OF BLACKPOOL CHILDREN IN OBESE, OVERWEIGHT OR HEALTHY WEIGHT CATEGORIES IN BETWEEN RECEPTION (2011/2012) AND YEAR 6 (2017/2018)



In January 2016, Blackpool Council became the first local authority in the country to sign a Local Authority Declaration on Healthy Weight and made a commitment to support employees and residents of Blackpool to tackle the issue of obesity. Work to achieve these commitments has been on going and during 2018,, the Public Health team has been working with a range of partners to develop a variety of interventions and actions to achieve them.

The children and families weight management programme, which is operated by Blackpool Council leisure services, continues to provide a programme which support families improve their knowledge and skills around healthy eating and physical activity, to enable them to use these skills to make and sustain healthy lifestyle choices.

The Council has made good progress during 2018 on tackling obesity in the town, but there is still more work to be done. As we look forward to 2019, the Public Health team will be undertaking a review of the healthy weight work and delivering a series of workshops on a whole systems approach to obesity to engage other council departments and work with key stakeholders across Blackpool. This work will help shape the future direction of the Healthy Weight strategy which will have a focus on our Early Years.

> The Give Up loving Pop (GULP) campaign continues to grow from strength to strength within the Primary Schools, with the campaign being run for both Year 4 and 5 pupils encouraging children to choose sugar-free alternatives to fizzy drinks.
>
> To build on this in November 2018 with the support of Better Start we launched an Early Years Gulp campaign 'Be Kind to Teeth'.

In addition to the work taking place specifically targeting obesity, there is complementary activity taking place to encourage children to become more physically active. Emerging evidence suggests an association between being physically active and academic attainment and attention. Being physically active also helps to promote physical and emotional health and wellbeing and children and young people who are physically active are more likely to continue the habit into adult life[17].

> There are a number of Fit2Go programmes in the town including Family Fit2Go and Better Start Fit2Go. All these are about supporting children and families make healthier choices and live a healthier lifestyle. The Public Health nutritionist has been working with our primary schools to develop healthy packed lunch guidance to support parents with making healthy packed lunches and our the Blackpool Football Community Trust are promoting these resources as part of the Fit2Go programme in the primary schools.

17. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/469703/What_works_in_schools_and_colleges_to_increas_physical_activity.pdf

WOW – the year-round walk to school challenge is Living Streets' flagship walk to school scheme, is a pupil-led initiative where children self-report how they get to school every day using the interactive WOW Travel Tracker. If they travel sustainably (walk, cycle or scoot) once a week for a month, they are rewarded with a badge. On average, WOW schools see a 30% reduction in car journeys taken to the school gate and a 23% increase in walking rates.

Children are excited to walk to school every day because they want to earn a badge and they arrive to school refreshed, more focused and ready to learn having walked in the fresh air. In Blackpool 25 out of the 33 schools take part in the scheme supported by a local coordinator.

ORAL HEALTH

Good oral health is integral to a child's general health and wellbeing. Oral health affects how children grow, enjoy life, look, speak, chew, taste food and socialise, as well as their feelings of social wellbeing. Poor oral health and associated pain and disease can lead to difficulties in eating, sleeping, concentrating and socialising, thereby affecting health-related quality of life with individual, family and societal consequences (school absence, time off work and financial impacts to the individual and society). Tooth decay is the most common chronic disease in childhood even though it is largely preventable.

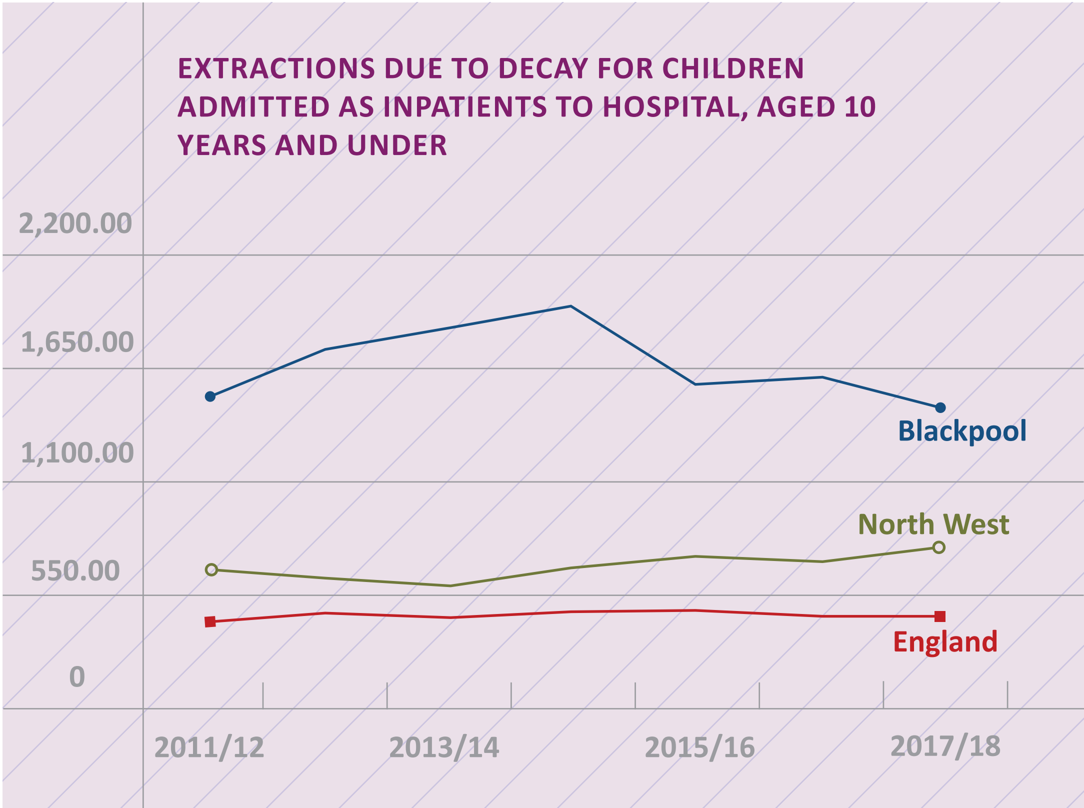
Often dental treatment for young children (such as extractions of decayed teeth) may only be done under general anaesthetic, which is both distressing for the families concerned and carries a financial burden. Tooth decay accounts for high numbers of child general anaesthetics and for children aged between five and nine years across England, it is the most common reason for hospital admission.

Tooth decay is the most common chronic disease in childhood even though it is largely preventable and is the top cause for hospital admission across England for children aged five to nine years.

Between 2014/2015 and 2016/2017 Blackpool's child dental health has improved significantly with the average number of decayed, missing or filled-teeth (DMFT) per five-year-old child reducing from 1.83 to 0.96, and the proportion of five year olds with no decay increasing from 57.5% to 75.1%. Tooth extractions due to decay for children admitted as inpatients to hospital, aged ten years and under had been increasing in the town, but since 2014 have had an overall downward trajectory, indicating that we have made some progress in improving our children's dental health.

WHAT ARE WE DOING FOR BETTER DENTAL HEALTH IN BLACKPOOL?

- Dental Epidemiology
  The Public Health department is responsible for commissioning annual surveys to monitor children and young people's dental health
- Brushing for Life scheme
  Toothbrush and toothpaste distribution scheme to all new mums via Health Visitors
- Fluoridated Milk programme available to children in years one to six in primary schools



ADOLESCENCE

Adolescence is another period when experiences encountered can have a lasting impact on life-long health. Changes in brain structure, hormones and the physical body can interact with changing relationships, societal expectations and educational pressures to create a period of vulnerability to both mental and physical health challenges.

TOBACCO, ALCOHOL AND SUBSTANCE MISUSE

The harms to health from tobacco are well known; smoking is the leading cause of preventable illness and premature death in England. It is an addiction that is most commonly acquired in adolescence – in England in 2014, 77% of smokers aged 16 to 24 began smoking before the age of 18[18].

Short-term health consequences, such as shortness of breath, are experienced by teenagers who smoke almost three times as often as teens who do not. Smoking reduces young people's physical fitness in terms of both performance and endurance.

Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood. Early signs of heart disease and stroke can be found in adolescents who smoke and there is an increased risk of lung cancer in those who start smoking early. For most smoking-related cancers, the risk rises as the individual continues to smoke.

There is also a threefold increase in alcohol use in smokers compared to non-smoking teens. They area also eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviours, such as fighting and engaging in unprotected sex[19].

The latest statistics on smoking in adolescence from 2014/2015 indicate that 13.4% of 15 year olds in Blackpool were current smokers at the time compared to 8.2% nationally (11% regular smokers in Blackpool versus 5.5% in England) and 33.9% of Blackpool respondents had tried e-cigarettes or vaping (18.4% in England). A more recent survey is due to be published on 25 July 2019 and will be available at http://digital.nhs.uk/pubs/sdd18.

As the evidence for what works to reduce smoking uptake and tobacco use in young people is limited[20], in 2018 Blackpool launched a pilot programme to engage with schools and other settings to engage young people and co-design a service tailored to them, with the appointment of a Children and Young People’s Stop Smoking Advisor. The pilot will enable us to understand the most effective way to support young people to stop smoking and assess the demand for such a service, to enable us to shape future provision.

18. https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england
19. https://www.who.int/tobacco/research/youth/health_effects/en/
20. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003289.pub6/abstract

MENTAL HEALTH

Mental health can affect on all areas of young people's lives – how they feel about themselves and others, their relationships and their psychological and emotional development. Poor mental health underlies many risk behaviours, including smoking, alcohol and drug misuse and higher-risk sexual behaviour[21]. Being mentally healthy helps people to realise their potential, gives them strength to cope with change, overcome challenges and adversity and make a positive contribution to their community[22].

Blackpool has some of the highest levels of need with respect to mental health – it is estimated that 10.3% of children aged 5-16 are likely to have mental health disorders. One in every 100 children and young people aged 10-24 were admitted to hospital due to self-harm in 2017-2018, and around 3.3% of secondary school pupils are reported as having social, emotional and mental health needs.

Since 2017 the eight CCGs covering Blackpool, Blackburn with Darwen and Lancashire have been implementing a joint plan for the transformation of services for supporting resilience, emotional wellbeing and mental health of children and young people.

NHS Child and Adolescent Mental Health Service (CAMHS) provider organisations were tasked to work collaboratively with voluntary community and faith sector providers and with CCGs to co-produce a core model for CAMHS services across Lancashire and South Cumbria through a process of engagement and co-production with children, young people, families and wider stakeholders. The group of provider and CCG representatives leading this work are referred to as The Care Partnership.

In Phase 1 of the redesign, which took place in early 2018, children and young people told The Care Partnership that:

- there isn't enough support for young people from services
- people in communities as well as professionals need more knowledge about mental health and its impact
- waiting times are too long
- criteria get in the way of accessing support
- there needs to be more options for treatment
- there continues to be a negative stigma about mental health.

In line with the project timeline the Care Partnership Team submitted an outline proposal for a new care model in August 2018. This was evaluated by an independent panel and the panel's recommendations to proceed to Phase 2 of the project was approved by the Transformation Board in September 2018.

Preparations for Phase 2 (to take place in early 2019) involved development of a Phase 2 project timeline and a Co-production and Engagement Plan. The Phase 2 timeline was approved by the Transformation Board in October 2018.

21. Royal College of Psychiatrists Position Statement PS4 (2010)
22. World Health Organisation (2005) Promoting Mental Health; Concepts, emerging evidence and practice.

Blackpool CAMHS Based at Blackpool Victoria Hospital has set up a patient participation group called Entwined Minds (named by the service users), which runs once a month and is open to all ages. They discuss patient experiences and ask for young people's views on our website/waiting room/ leaflets with the plan for them to redesign tools and spaces within CAMHS. They have redesigned information leaflets and are in the process of redesigning the waiting room to make it a more welcoming place for children of all ages.

Since 2014, HeadStart have been working in collaboration with children and young people and various partner organisations in Blackpool to develop a programme of activities and action to create a cultural shift in support of building resilience in young people and Blackpool as a community. By taking a proportionate universalism approach, they aim to maximise the potential to achieve outcomes through supporting the whole cohort towards resilience. Activities undertaken include workforce development, with training of professionals in various fields being trained in the HeadStart concept of resilience, provision of the online counselling service KOOTH, "Saddle Up" - a project combining equine care and art therapy, youth work ,family support and peer mentoring, amongst others.

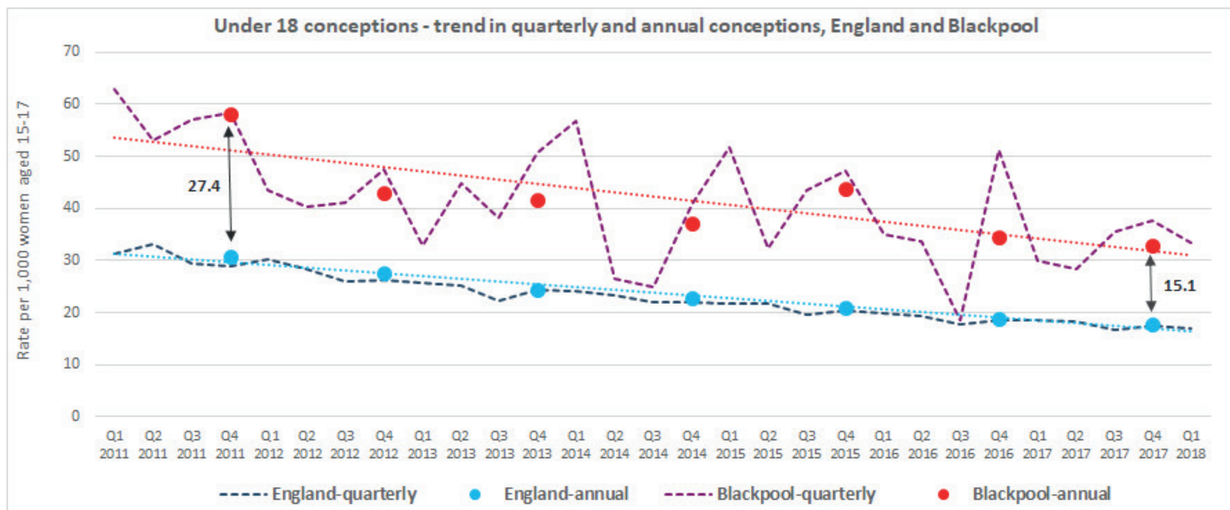
SEXUAL HEALTH

Young people aged 15-24 are the age group most affected by sexual infections and there are rising numbers of people under 24 years of age living with HIV[23]. Nationally around two thirds of new STI diagnoses are in women under 25 years old. Over half of new diagnoses in men are also in the under-25s[24]. Adolescence and young adulthood is a time when individuals often begin to explore their sexuality, and is an important time to educate about sexual health.

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill health, including symptomatic acute infections and complications such as pelvic inflammatory disease, ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent)[25]. Other infections with prominent emphasis for young people are the human papilloma virus (HPV), chlamydia, and, recently in the UK headlines, an increasing prevalence of multi-drug resistant gonorrhoea.

In 2017, Blackpool had the second highest rate of chlamydia diagnoses in 15-24 year olds, and this is reflective of the success of the 15-24 chlamydia screening programme, which achieved the third highest proportion of 15-24 year olds tested. Blackpool also has the highest rates of detection of STIs in under-25 year olds in the North West (excluding chlamydia).

HPV is a sexually transmitted virus that is associated with cervical (and other) cancers. In 2008 a universal programme of HPV vaccination in girls aged 12-13 years in schools was rolled out. Blackpool has achieved a similar rate of HPV vaccination coverage to the national rate (two doses for females 13-14 years old), but has not yet reached the ideal target of greater than 90%.



23. http://nursinginpractice.com/article/hiv-and-aids-update
24. https://www.nursinginpractice.com/article/sexual-health-young-people
25. https://www.gov.uk/government/collections/sexually-transmitted-infections-stis-surveillance-data-screening-and-management

Teenage pregnancy is a cause and consequence of education and health inequality for young parents and their children. Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes; in particular, babies born to mothers under 20 years had a 30% higher rate of stillbirth than average and a 60% higher rate of infant mortality than average (England and Wales data).

Despite Blackpool's under-18 conception rate being approximately double that of England, over the past few years we have managed to narrow the gap. In order to continue this trend, new actions are needed and we need to be innovative.

Reduction in first and subsequent pregnancies has contributed to improving under-18 conception rates. We have worked to increase the uptake long-acting reversible contraception (LARC) by collaboration between and co-location of Sexual health and Termination of Pregnancy (ToP) services, enabling all women presenting for a ToP to have timely HIV/STI testing and seamless access to LARC.

In Blackpool, the Council has always prioritised teenage pregnancy, but with a smaller than average reduction of 32% and the highest under-18 conception rate in England, efforts have been redoubled.

To ensure consistent best practice in all schools, a new PSHE scheme has been developed, concentrating on sexual health and relationships, drugs and alcohol and emotional health and consent. Teachers and other school staff are trained in awareness of risky behaviours, a local support forum for PSHE leads has been set up. All schools have participated, with overwhelmingly positive feedback from pupils and positive comments from Ofsted in individual school inspection reports.

To strengthen targeted prevention, a domiciliary care pathway has been developed to enable joint visits with staff working with vulnerable young people, mental health, drug/alcohol and learning disabilities. Domiciliary visits are working effectively as a multiagency approach, engaging with individuals who have previously not engaged with services and with a fast track to the LARC method of contraception.

TRANSITION INTO ADULTHOOD

The transition from childhood to adulthood is a challenging time for teenagers. Taking on adult responsibilities such as housing, budgeting and employment can be challenging for any teenager, but those with additional difficulties and vulnerabilities can need extra support.

One in five of 16 and 17 year olds experience five or more factors in their lives that may contribute to vulnerability. This equates to approximately 24,000 16 and 17 year olds in England[26]. Applying this statistic to Blackpool, over 600 out of approximately 3,000 16 and 17 year olds would fall into this category and likely more due to the levels of deprivation and numbers of children in care in the town.

Issues that lead to older teenagers being referred to children's services include domestic violence, mental ill health, drug or alcohol abuse and a risk of child sexual exploitation (CSE) and often these issues present in combination. For the 16- and 17- year olds experiencing a high number of risks and vulnerabilities, these issues are likely to remain, or intensify, as young people become young adults. Young people who are registered as 'children in need' are more likely to have poor educational attainments at the age of 17, more likely to be NEET (not in education, employment or training), claim benefits and experience homelessness than young people not in contact with social services.

In Blackpool in 2018, 18% of all 17-16 year olds were NEET (compared to the England rate of 6%), rising to 28.1% (England rate 9.6%) when looking at 17-16 year olds with Special Educational Needs (SEND). This puts Blackpool in the position of having the fourth highest rate of NEET in the country (third highest for SEND adolescents).

BYSTANDER

Tackling sexual/domestic violence is a key priority in the Blackpool Sexual Health Strategy and Action Plan (2017-2020) and the Domestic Violence Strategy and Action Plan (2017/2020). Through the Drug Strategy action plan there is an objective to support vulnerable people through early action, prevention and education across partner agencies, including domestic violence.

The bystander programme aims to equip individuals with the skills to help when participants witness behaviour that put others at risk. Bystander intervention aims to change the 'social norms' that this is 'normal' or 'acceptable' behaviour.

The strength of the bystander model lies in its emphasis on the role of peers in the prevention of violence. By treating young people as part of the solution to sexual assault, rather than part of the problem, bystander programmes limit the risk of defensiveness or backlash among participants.

26. https://www.childrenssociety.org.uk/sites/default/files/seriously-awkward-full-report.pdf

During 2018, a task and finish group was set up and an action plan developed. Links have been made with UCLAN, who have already piloted the programme with positive feedback, to align evaluation methodology for any future collaboration or comparisons.

The proposed programme is designed to be delivered by experienced facilitators. In support of implementation, a 'Train the Trainer' workshop was held on 14th December 2018, in preparation for a start date in February 2019.

TRANSITIONS

Transition describes the move from children's services to adult services. This can involve leaving school, transferring from children and family services to adult social care services and/ or transferring from paediatric services to adult health or mental health services.

These periods of transition are recognised as a time when young people may "fall though the gaps" and may not receive the care or services they need to stay healthy or fully engage in society.

Since 2010, the Government has put in place guidelines for enabling smooth and safe transitions and the Department of Education state that *"successful transition depends on early and effective planning, putting the young person at the centre of the process to help them prepare for transfer to adult services. The process of transition should start while the child is still in contact with children's services and may, subject to the needs of the young person, continue for a number of years after the transfer to adult services. This will ensure that young people and parents know about the opportunities and choices available and the range of support they may need to access.*[27]"

27. Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care - guidance on eligibility criteria for adult social care, 25th February 2010.

CARE LEAVERS

Blackpool has the highest number of “Looked after Children” (LAC) in the country. Children in care must leave local authority care by their 18birthday. Local authorities must support care leavers until they are 21 years old (or 25 if they are in education or training)[28].

In the year ending March 2018, 44% of Blackpool’s care leavers aged 17–18 and 46% of care leavers aged 19–21 were in education, employment or training. Around a fifth of the 19–21 age group that were NEET, were so due to pregnancy or parentingand about two fifths due to illness or disability[29].

A major issue facing care leavers is the availability of secure housing and a lack of skills to be able to maintain tenancies. Historically 100% of care leavers who were accommodated in Blackpool Coastal Housing (BCH) properties without floating support failed to maintain their tenancies. There were incidences of young people leaving semi-independent on their 18th birthday and presenting as homeless at Housing Options and the quality of available accommodation options in the private rented sector was problematic resulting in numerous failed tenancies.

The Positive Transitions Housing Model was developed in September 2017 following agreement by Corporate Leadership Team (CLT) for implementation in November 2017. The scheme provides accommodation in the social housing sector for young people who are 17 years of age and above and have low- medium support needs. The model is a step down from either semi-independent group living, flat with floating support or supported accommodation and foster care.

This model was introduced to improve outcomes for young people by supporting them in to safe, secure, quality assured accommodation that has the potential to be a long term home.

By the end of 2018, 18 young people had been through the Positive Transitions Housing Model and despite challenges encountered around antisocial behaviour, non-engagement and rent arrears (in some cases due to the introduction of universal credit), the scheme has been broadly successful and is certainly a move in the right direction for supporting some of Blackpool’s most vulnerable young people.

28. National Audit Office. 2016. Care leavers’ transition to adulthood
29. https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018

MENTAL HEALTH

Discharge from Child and Adolescent Mental Health Services (CAMHS) and a potential move to Adult Mental Health Services (AMHS) takes place at varying ages, but most commonly when young people are aged between 16 and 18. The point of transition is a time of potential upheaval for young people. They may find it difficult to navigate new service settings or to manage their mental health and wellbeing following discharge from CAMHS, especially as the availability and offer of support can change dramatically.

During May and June 2018, local Healthwatch teams from the Lancashire and South Cumbria local Healthwatch Collaborative supported the facilitation of several co-production workshops at a variety of locations with young people in a collaborative approach to improve how CAMHS services are delivered. The Transition workshop highlighted several areas of practice that need to be "fixed" and ways in which the transition period could be managed to be more person-centred. These findings were fed into the wider CAMHS transformation plan and work in this area is ongoing.

RECOMMENDATIONS

This report has highlighted the many opportunities during childhood at which we, as health and social care professionals, may take action to protect and promote health and protect our children from illness in later life.

RECOMMENDATIONS

As mentioned in the forward, the Integrated Care System (ICS) is committed to keeping children's health and wellbeing at the core of all its activities and has suggested the following key impact areas to work on in the coming year:

- Smoking in pregnancy
- Perinatal mental health
- Infant feeding
- Dental health
- School readiness and 'life' readiness
- Taking an ACE/trauma informed approach

This report has shown that Blackpool is already making great strides to improve some of these areas (in particular smoking in pregnancy, dental health, the Health Visiting transformation and taking an ACE/trauma informed approach), and we are committed to taking action to improve the health of Blackpool's children at every stage of their lives. 2019 brings further opportunities to benefit the health of children as we embark on renewing our healthy weight and 0–19 strategies.

In light of all we have achieved so far and all that there is still to do, I make the following recommendations for ensuring the best health outcomes for Blackpool:

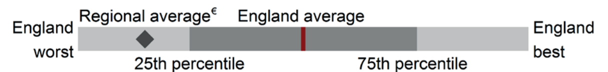
1. Continue to invest in early years interventions – for the health of our children and future health of Blackpool as a whole
2. Work with our partners across the whole system to continue to make progress towards the aims of the Healthy Weight Declaration
3. Continue to advocate wider measures to protect children's ability to engage in education and improve their prospects for the future (poverty, housing, preventing ACEs)
4. Commit to innovative and creative approaches towards reducing teen pregnancy rates to national levels
5. Work with Head Start to build personal and community resilience and give young people the tools to support their emotional and psychological wellbeing
6. 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.

Photo Credit

Health summary for Blackpool

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain	Indicator names	Period	Local count	Local value	Eng value	Eng worst	Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 – 16	n/a	74.2	79.5	74.2	83.7
	2 Life expectancy at birth (Female)	2014 – 16	n/a	79.5	83.1	79.4	86.8
	3 Under 75 mortality rate: all causes	2014 – 16	2,093	545.7	333.8	545.7	215.2
	4 Under 75 mortality rate: cardiovascular	2014 – 16	456	118.8	73.5	141.3	42.3
	5 Under 75 mortality rate: cancer	2014 – 16	721	186.8	136.8	195.3	99.1
	6 Suicide rate	2014 – 16	57	16.0	9.9	18.3	4.6
Injuries and ill health	7 Killed and seriously injured on roads	2014 – 16	195	46.6	39.7	110.4	13.5
	8 Hospital stays for self–harm	2016/17	774	578.9	185.3	578.9	50.6
	9 Hip fractures in older people (aged 65+)	2016/17	165	575.8	575.0	854.2	364.7
	10 Cancer diagnosed at early stage	2016	301	44.7	52.6	39.3	61.9
	11 Diabetes diagnoses (aged 17+)	2017	n/a	80.0	77.1	54.3	96.3
	12 Dementia diagnoses (aged 65+)	2017	1,726	78.5	67.9	45.1	90.8
Behavioural risk factors	13 Alcohol–specific hospital stays (under 18s)	2014/15 – 16/17	64	74.3	34.2	100.0	6.5
	14 Alcohol–related harm hospital stays	2016/17	1,589	1,151.1	636.4	1,151.1	388.2
	15 Smoking prevalence in adults (aged 18+)	2017	24,850	22.3	14.9	24.8	4.6
	16 Physically active adults (aged 19+)	2016/17	n/a	60.4	66.0	53.3	78.8
	17 Excess weight in adults (aged 18+)	2016/17	n/a	63.5	61.3	74.9	40.5
Child health	18 Under 18 conceptions	2016	82	34.6	18.8	36.7	3.3
	19 Smoking status at time of delivery	2016/17	507	28.1	10.7	28.1	2.3
	20 Breastfeeding initiation	2016/17	1,068	59.2	74.5	37.9	96.7
	21 Infant mortality rate	2014 – 16	28	5.4	3.9	7.9	0.0
	22 Obese children (aged 10–11)	2016/17	291	21.1	20.0	29.2	8.8
Inequa–lities	23 Deprivation score (IMD 2015)	2015	n/a	42.0	21.8	42.0	5.0
	24 Smoking prevalence: routine and manual occupations	2017	n/a	33.4	25.7	48.7	5.1
Wider determinants of health	25 Children in low income families (under 16s)	2015	7,205	27.6	16.8	30.5	5.7
	26 GCSEs achieved	2015/16	666	45.5	57.8	44.8	78.7
	27 Employment rate (aged 16–64)	2016/17	58,300	70.8	74.4	59.8	88.5
	28 Statutory homelessness	2016/17	612	9.6	0.8		
	29 Violent crime (violence offences)	2016/17	5,895	42.2	20.0	42.2	5.7
Health protection	30 Excess winter deaths	Aug 2013 – Jul 2016	306	17.5	17.9	30.3	6.3
	31 New sexually transmitted infections	2017	1,010	1,154.3	793.8	3,215.3	266.6
	32 New cases of tuberculosis	2014 – 16	43	10.3	10.9	69.0	0.0

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Indicator value types
1, 2 Life expectancy - Years 3, 4, 5 Directly age-standardised rate per 100,000 population aged under 75 6 Directly age-standardised rate per 100,000 population aged 10 and over 7 Crude rate per 100,000 population 8 Directly age-standardised rate per 100,000 population 9 Directly age-standardised rate per 100,000 population aged 65 and over 10 Proportion - % of cancers diagnosed at stage 1 or 2 11 Proportion - % recorded diagnosis of diabetes as a proportion of the estimated number with diabetes 12 Proportion - % recorded diagnosis of dementia as a proportion of the estimated number with dementia 13 Crude rate per 100,000 population aged under 18 14 Directly age-standardised rate per 100,000 population 15, 16, 17 Proportion - % 18 Crude rate per 1,000 females aged 15 to 17 19, 20 Proportion - % 21 Crude rate per 1,000 live births 22 Proportion - % 23 Index of Multiple Deprivation (IMD) 2015 score 24, 25 Proportion - % 26 Proportion - % 5 A*-C including English & Maths 27 Proportion - % 28 Crude rate per 1,000 households 29 Crude rate per 1,000 population 30 Ratio of excess winter deaths to average of non-winter deaths (%) 31 Crude rate per 100,000 population aged 15 to 64 (excluding Chlamydia) 32 Crude rate per 100,000 population

€"Regional" refers to the former government regions.

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/version/3

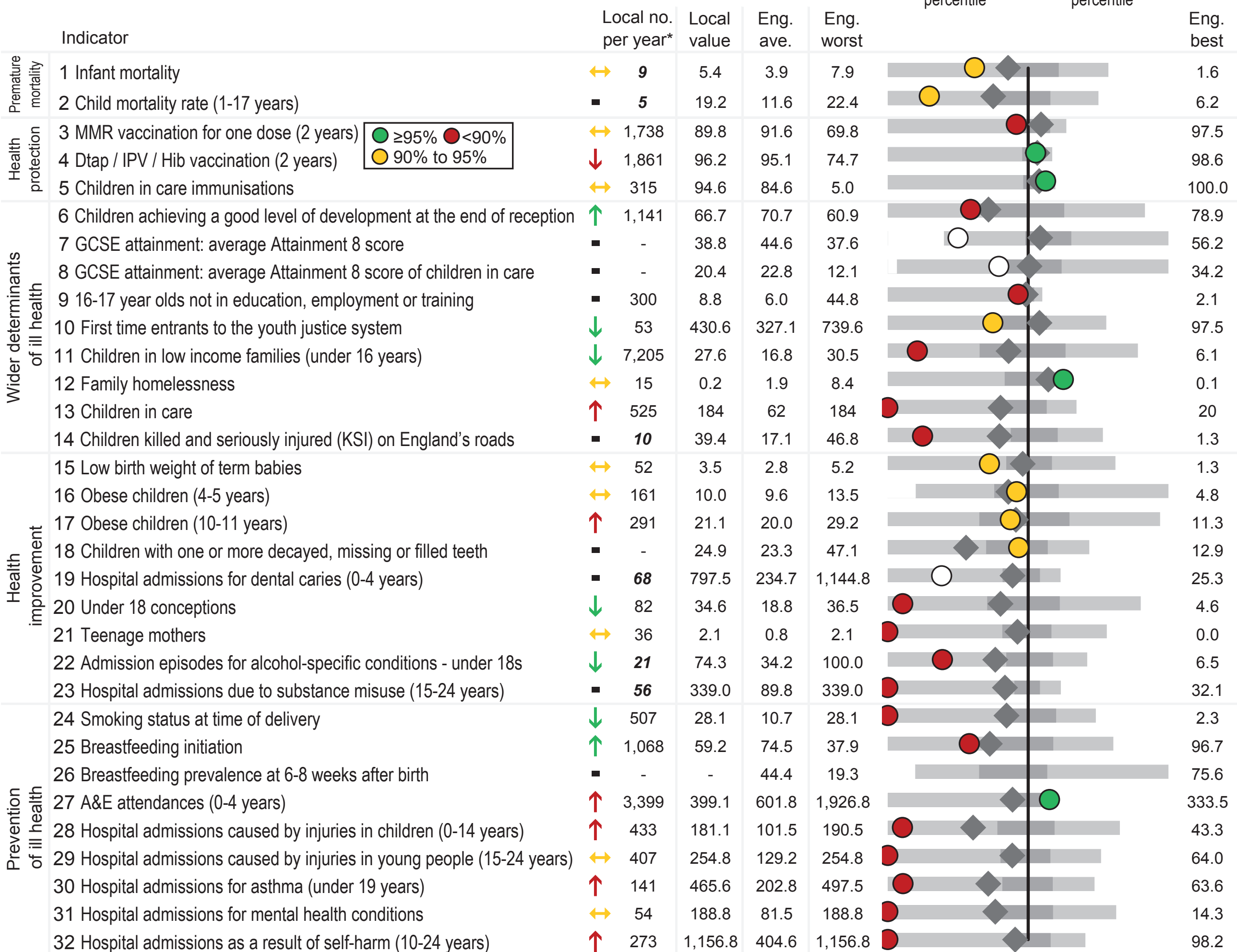
© Crown Copyright 2018

Blackpool Child Health Profile June 2018

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- ↔ No significant change
- ↑↓ Increasing / decreasing and getting better
- ↑↓ Increasing / decreasing and getting worse
- ▪ Trend cannot be calculated

- Not significantly different from the England average
- Significantly better than England average
- Significantly worse than England average
- Significance cannot be tested



	Indicator	Trend	Local no. per year*	Local value	Eng. ave.	Eng. worst	Eng. best
Premature mortality	1 Infant mortality	↔	*9*	5.4	3.9	7.9	1.6
	2 Child mortality rate (1-17 years)	▪	*5*	19.2	11.6	22.4	6.2
Health protection	3 MMR vaccination for one dose (2 years)	↔	1,738	89.8	91.6	69.8	97.5
	4 Dtap / IPV / Hib vaccination (2 years)	↓	1,861	96.2	95.1	74.7	98.6
	5 Children in care immunisations	↔	315	94.6	84.6	5.0	100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of reception	↑	1,141	66.7	70.7	60.9	78.9
	7 GCSE attainment: average Attainment 8 score	▪	-	38.8	44.6	37.6	56.2
	8 GCSE attainment: average Attainment 8 score of children in care	▪	-	20.4	22.8	12.1	34.2
	9 16-17 year olds not in education, employment or training	▪	300	8.8	6.0	44.8	2.1
	10 First time entrants to the youth justice system	↓	53	430.6	327.1	739.6	97.5
	11 Children in low income families (under 16 years)	↓	7,205	27.6	16.8	30.5	6.1
	12 Family homelessness	↔	15	0.2	1.9	8.4	0.1
	13 Children in care	↑	525	184	62	184	20
	14 Children killed and seriously injured (KSI) on England's roads	▪	*10*	39.4	17.1	46.8	1.3
Health improvement	15 Low birth weight of term babies	↔	52	3.5	2.8	5.2	1.3
	16 Obese children (4-5 years)	↔	161	10.0	9.6	13.5	4.8
	17 Obese children (10-11 years)	↑	291	21.1	20.0	29.2	11.3
	18 Children with one or more decayed, missing or filled teeth	▪	-	24.9	23.3	47.1	12.9
	19 Hospital admissions for dental caries (0-4 years)	▪	*68*	797.5	234.7	1,144.8	25.3
	20 Under 18 conceptions	↓	82	34.6	18.8	36.5	4.6
	21 Teenage mothers	↔	36	2.1	0.8	2.1	0.0
	22 Admission episodes for alcohol-specific conditions - under 18s	↓	*21*	74.3	34.2	100.0	6.5
	23 Hospital admissions due to substance misuse (15-24 years)	▪	*56*	339.0	89.8	339.0	32.1
Prevention of ill health	24 Smoking status at time of delivery	↓	507	28.1	10.7	28.1	2.3
	25 Breastfeeding initiation	↑	1,068	59.2	74.5	37.9	96.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	▪	-	-	44.4	19.3	75.6
	27 A&E attendances (0-4 years)	↑	3,399	399.1	601.8	1,926.8	333.5
	28 Hospital admissions caused by injuries in children (0-14 years)	↑	433	181.1	101.5	190.5	43.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	↔	407	254.8	129.2	254.8	64.0
	30 Hospital admissions for asthma (under 19 years)	↑	141	465.6	202.8	497.5	63.6
	31 Hospital admissions for mental health conditions	↔	54	188.8	81.5	188.8	14.3
	32 Hospital admissions as a result of self-harm (10-24 years)	↑	273	1,156.8	404.6	1,156.8	98.2

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

Notes and definitions

1 Mortality rate per 1,000 live births (aged under 1 year), 2014-2016
2 Directly standardised rate per 100,000 children aged 1-17 years, 2014-2016
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2016/17
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2016/17
5 % children in care with up-to-date immunisations, 2017
6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2016/17
7 GCSE attainment: average attainment 8 score, 2016/17
8 GCSE attainment attainment: average attaiment 8 score of children looked after, 2016
9 % not in education, employment or training (NEET) or whose activity is not known as a proportion of total 16-17 year olds known to local authority, 2016
10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2016
11 % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2015
12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2016/17
13 Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2017
14 Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2014-2016
15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2016
16 % school children in Reception year classified as obese, 2016/17
17 % school children in Year 6 classified as obese, 2016/17
18 % children aged 5 years with one or more decayed, missing or filled teeth, 2016/17
19 Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2014/15-2016/17
20 Under 18 conception rate per 1,000 females aged 15-17 years, 2016
21 % of delivery episodes where the mother is aged less than 18 years, 2016/17
22 Hospital admissions for alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2014/15-2016/17
23 Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2014/15-2016/17
24 % of mothers smoking at time of delivery, 2016/17
25 % of mothers initiating breastfeeding, 2016/17
26 % of mothers breastfeeding at 6-8 weeks, 2016/17
27 Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2016/17
28 Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2016/17
29 Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2016/17
30 Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2016/17
31 Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2016/17
32 Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2016/17

HEALTHY BEGINNINGS FOR A HEALTHY FUTURE

THE HEALTH OF THE PEOPLE OF BLACKPOOL 2019

Blackpool Council