

Appendix 7a



Joint Health and Wellbeing Strategy for Blackpool 2016–2019



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Foreword

With the Health and Wellbeing Board now firmly established as a mature partnership, this strategy aims to sharpen our focus on tackling the main drivers of Blackpool’s health issues. We have refined our priorities down from twenty in the previous document to four, and used them to articulate a new approach. We cannot just aim to provide great services addressing needs. We need to be a more intelligent commissioner of services, meeting individual needs whilst developing preventative approaches, and enabling communities to support themselves by building on their inherent strengths.

Key to all of this is using the principle of *early intervention* across all of our organisations, maximising the difference we can make by putting in place initiatives which may not have a direct, short term pay off, but in the long run will create the right social and environmental context for health to flourish. This needs a big culture change by all members of the board, but by continuing to come together and share our thinking we can amplify our efforts to achieve our strategic vision.

So, there are considerable challenges ahead, but I remain endlessly inspired by the efforts of everyone serving on the board and beyond. I hope that this strategy can deliver a further boost to all working towards a healthier future for everyone in Blackpool.



Dr Arif Rajpura
Director of Public Health
Health and Wellbeing Board member

As the Chair of Blackpool’s Health and Wellbeing Board I am proud to present our second Health and Wellbeing Strategy. Our Board has evolved into a strong partnership of leaders who share a dedication to improving health outcomes for Blackpool’s residents. This dedication will continue to grow as we embrace the changes that are on the horizon and move towards closer working with our colleagues across Lancashire through the transformation programme and Combined Authority.

The strategy describes the fundamental areas where we must focus our efforts if we are to build the kinds of communities where people want to live and where they live long, happy and perhaps most importantly, healthy lives.

The task ahead is not an easy one, and we are still faced with significant financial challenges, but I am confident that together, through our shared vision and by taking a different approach to delivering our services across the whole system, it is achievable.



Councillor Graham Cain
Cabinet Secretary (Resilient Communities)
Chair, Blackpool Health and Wellbeing Board

Executive Summary

Our vision

Our vision for Blackpool is bold and ambitious:

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

Our priorities

The board believes that the evidence related to health outcomes in Blackpool presents the following drivers which must be addressed in order to achieve our vision:

1. Housing

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

2. Tackling substance misuse (alcohol, drugs and tobacco)

We will address lifestyle and addiction issues by developing policy interventions, treatment programmes and education in order to prevent substance misuse, and support individuals and communities with substance misuse issues.



3. Building community resilience and reducing social isolation

We will build resilience within individuals and communities to improve their mental health and wellbeing and enable them to cope in difficult situations and circumstances.

We will support communities to work together to determine their needs, developing a co-production approach to service design that will promote community empowerment, community led decision making and increase social action to reduce social isolation experienced by sections of our communities.

4. Early Intervention

We will encourage more upstream intervention to prevent a problem from becoming a crisis; this approach will be implemented throughout the life course and will reduce the need for expensive interventions further down the line, with a particular focus on pre birth to three year olds.

Throughout these priorities runs the need for a strong local approach to addressing national inequalities which lie underneath health issues – poverty, inequality, poor living and working conditions, and access to protective factors which maintain health. This need has - and will - influence how we design actions and initiatives.

Introduction

Blackpool's Health and Wellbeing Board

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

The Board's membership builds on strong pre-existing partnerships between the NHS, Council and other public, voluntary sector and statutory partners.

Health and Wellbeing Boards are the key mechanism for co-ordinating the health system at a local level. They bring together major partners to jointly plan how best to meet the health and social care needs of the local population, with joining up and integration of services a key element of the agenda.

The Board's main focus is on improving outcomes and reducing inequalities through every stage in people's lives.

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

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

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

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

This strategy articulates the Board's vision and priority areas that contribute to the overarching vision for Blackpool and the two priorities which support this:

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

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

These priorities are interdependent and achieving positive outcomes in one area is reliant on success in the other. While the board's main focus is on the health and wellbeing of residents, the role that the economy plays is one of central importance that runs throughout this strategy.



Health and Wellbeing in Blackpool

Our Joint Strategic Needs Assessment is constantly being developed to provide detailed evidence which shapes our strategic approach and has informed the development of this strategy.

Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. Analysis indicates that the health domain, particularly the level of acute morbidity, is one of the prime drivers behind our decline in the rankings ¹.

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

Life expectancy for men remains the lowest in the country at 74.7 years, and while it is increasing, it is doing so at a slower rate than the rest of the country. For women the picture is only slightly better at 79.9 years although this is also lower than the rest of the country by three years. Even within Blackpool there are large variations in life expectancy, demonstrating the inequalities that exist within the town; this ranges from 71.6 years in the most deprived ward, Bloomfield, to 80.4 years in Highfield - a difference of over 9 years ².

A major driver of poor health in our most deprived wards is poor housing. In the inner areas half of homes are privately rented, with around 89% of rents funded by Housing Benefit ³. A large proportion of the housing supply in inner Blackpool is characterised by former guest houses that have been converted into houses of multiple occupation (HMO's). This creates a concentration of low-income vulnerable households and results in high levels of transience, and problems of crime, anti-social behaviour, and worklessness.

Blackpool also has lower healthy life expectancy caused by circulatory, digestive and respiratory disease; these are often attributable to lifestyle factors such as smoking and alcohol and substance misuse ⁴.

Smoking is the single most important influence on death rates and is a major factor in ill health, including for Blackpool babies – smoking in pregnancy rates are the highest in the country at 26% compared to 10.6% nationally ⁵.

Meanwhile, we also have some of the highest levels of alcohol related harm in the country; this not only directly contributes to health effects such as premature death and chronic liver disease but also carries other consequences such as disorder and violence. In 2014/15 1,245 Blackpool residents were admitted to hospital with an alcohol-specific condition. This is a rate of 906 per 100,000, almost three times the national average of 364 ⁶.

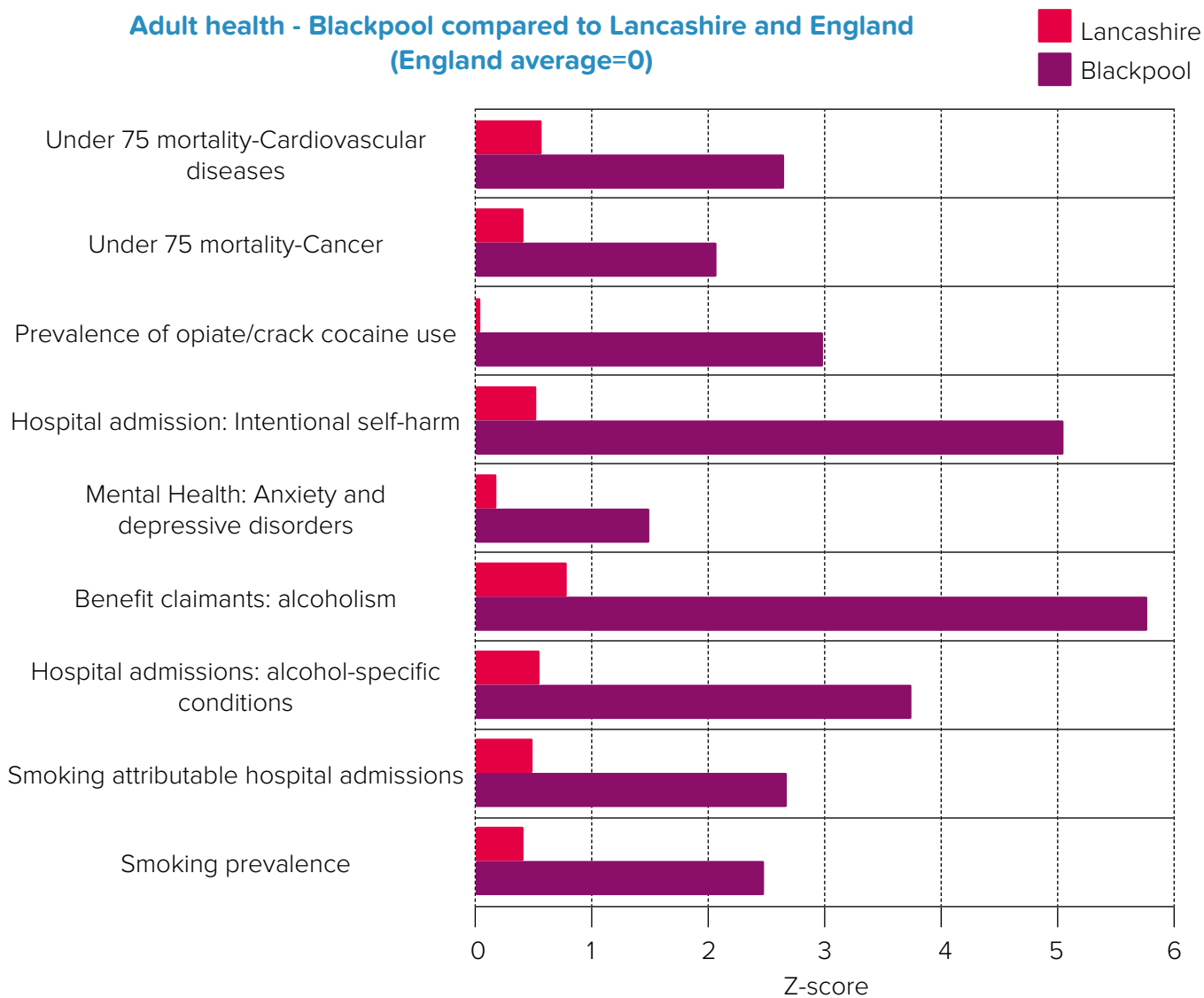
In terms of drug use there are an estimated 1,822 opiate and crack users in Blackpool, aged between 15 and 65 years, with an estimated 794 injecting users. The rates of substance misuse are significantly higher than the North West average and more than double the national rate. Two-thirds of users are in the 35 plus age range. Nationally and locally since 2013 the overall rate of people exiting treatment successfully has slowed, this is likely to be a result of those now in treatment having more entrenched drug use and long-standing complex problems ⁷.

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

As well as poor physical health, Blackpool has the fifth highest rate for all mental health conditions in the country. Mental health problems are among the most common forms of ill health and can affect people at any point in their lives. Mental health and physical health are inextricably linked. Poor physical health may increase the likelihood of developing poor mental health, and poor mental health may increase risks of developing, or not recovering, from physical health problems ⁸.



Figure 1 shows a summary of some of the key health data for Blackpool adults compared to Lancashire and England. It highlights that Blackpool has Z-score's, a measure of difference from the average, far higher than the rest of Lancashire and suggests a much higher level of local need in our population.



A z-score greater the 0 represents a value greater than the England average.

Growing up in Blackpool

For young people growing up in Blackpool, life can be difficult. 29.5% live in low income families, which is the 11th highest in England. All wards in Blackpool have some children living in poverty; however Bloomfield, Claremont, Brunswick and Park wards each have child poverty rates of over 40%⁹.

The lifestyles of parents, in particularly drinking and smoking are shown to have a substantial impact on the development of the foetus and subsequent health of the child. As mentioned earlier 26% of mothers in Blackpool continue to smoke when their babies are born (twice the national level and the highest proportion in England). Around forty four per cent of mothers choose not to try breastfeeding. Among those that do try, only half persist after six to eight weeks¹⁰.

Unsurprisingly, given these levels of disadvantage, child development outcomes are poor. One in twenty children aged six months to five years has poor speaking or listening skills and results across the Early Years Foundation Stage profile compare poorly against the national average¹¹. Following early years, school years and adolescence are areas where other potential health issues are evident.

In terms of children's health the picture in Blackpool is a major concern. Data for 2014/15 shows that 26% of Reception children are overweight and 10% of these are obese, whilst in year 6 the figure increases to 37% overweight with 22% obese; again these figures are higher than the national average¹². High levels of sugar consumption are widely recognised as a key driver of obesity levels, however it also contributes to poor levels of dental health in children; Blackpool is seeing high numbers of admissions to hospital for tooth extraction under general anaesthetic¹³.

Blackpool has higher than regional and national average teenage pregnancy rates; in 2014, approximately 37 girls aged less than 18 years conceived for every 1,000 females aged 15-17 years. This is a complex issue closely linked to deprivation and low aspirations¹⁴.

Large numbers of children and young people are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse. Whilst the exact number of children affected by parents misusing drugs is unknown. It is reasonably estimated from national data that there are potentially 1500-2500 children affected by parents using opiate and/or crack cocaine; this is expected to be much higher than the national average, and will no doubt have an adverse impact on the child's wellbeing¹⁵.

The ways in which young people in Blackpool deal with their circumstances can also be the very things we want them to avoid; 15% of older school pupils say they had drunk alcohol in the previous week¹⁶, and the rate of admissions to hospital amongst our 15-24 year olds for both alcohol and substance misuse is the highest in England and more than double the national average¹⁷.

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

In addition, Blackpool has a substantial local population at risk of developing mental health disorders across several of the vulnerable groups; looked after children, young offenders and pupils with special educational needs are especially prevalent. Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18¹⁸.

Self-harm can occur at any age but is most common in adolescence and young adulthood (10 – 24 years). Females are more likely to self-harm than males, and our rate of self-harm admissions for the same age group is more than triple the national figure, at 1388.4 per 100,000. 341 10-24 year olds living in the Blackpool area were admitted to hospital because they'd self-harmed or self-poisoned in 2014-15¹⁹.

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

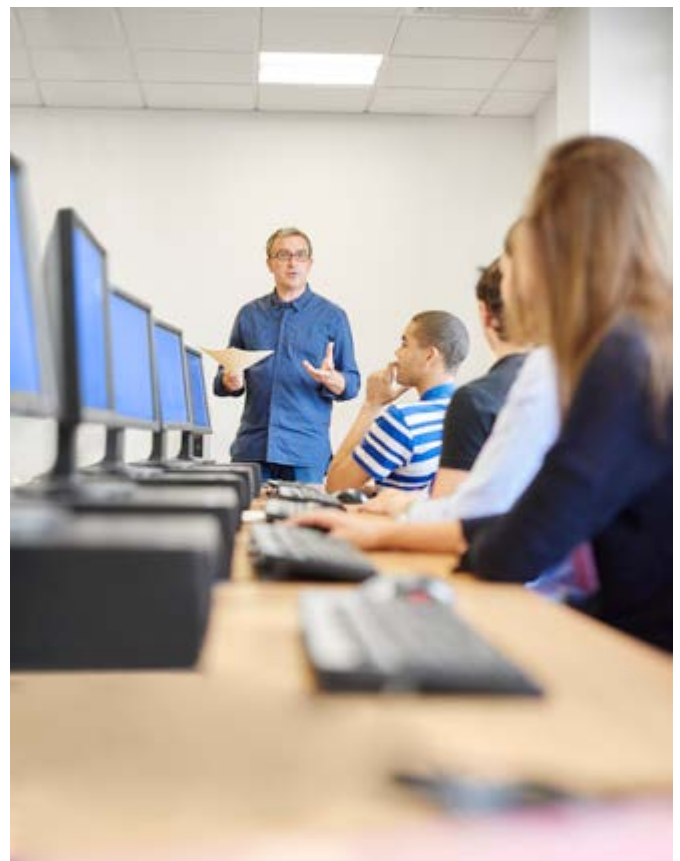
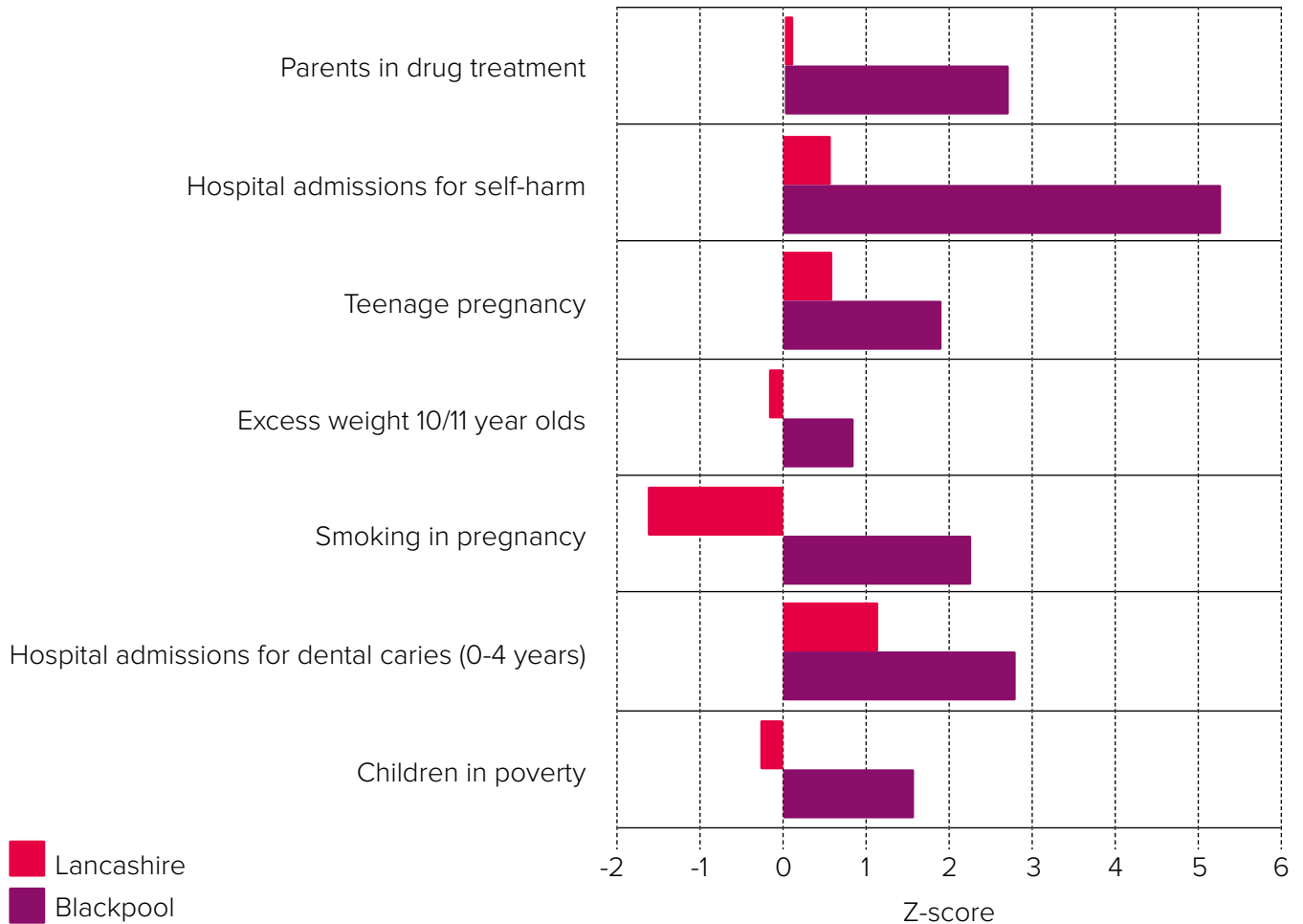


Figure 2 below compares some of the key social outcomes data for Blackpool children to Lancashire and England. It highlights that Blackpool has Z-scores (a measure of difference from the average) which are far higher than the rest of Lancashire and England, suggesting a higher level of local need.

Child health - Blackpool compared to Lancashire and England (England average=0)



A z-score greater the 0 represents a value greater than the England average.

Socio-economic challenges

The challenges faced by Blackpool's economy are closely related to the health of its population and the association between income poverty and poor mental and/or physical health is well established and well-documented.

The average earnings for those in work in Blackpool is lower than any other local authority in England. Also a smaller proportion of the Blackpool labour market are economically active compared to England, and a high proportion of those inactive are long term sick²⁰.

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

High levels of chronic illness in the North, and particularly in Blackpool, contribute to lower levels of employment, 12.9 per cent of Blackpool's working age population claim ESA or Incapacity Benefit; this is more than double the national average of 6.2 per cent²¹.

In Blackpool, 52% of ESA claimants have a mental health disorder (compared to 46% nationally), and although statistics are not available for JSA customers, JCP surveys suggest a very similar picture²².



Inequality: The Due North Report

Blackpool does not exist in isolation, and it is crucial to address the wider context to determine an adequate solution. In 2015, the Due North Report of the Inquiry on Health Equity in the North was published²³. The report was commissioned by Public Health England to examine health inequalities in the North of England. The report identifies that there is a clear 'North-South divide' in England when it comes to health.

The Inquiry's overarching assessment of the main causes of health inequalities within and between North and South, are:

- Differences in poverty, power and resources needed for health;
- Differences in exposure to health damaging environments, such as poorer living and working conditions and unemployment;
- Differences in the chronic disease and disability left by the historical legacy of heavy industry and its decline;
- Differences in opportunities to enjoy positive health factors and protective conditions that help maintain health, such as good quality early years education; economic and food security, control over decisions that affect your life; social support and feeling part of the society in which you live.

As the most deprived borough in England, addressing these issues must be a central concern if health in Blackpool is to improve. This strategy has been directly informed by the recommendations made by Due North, shaping the work we are undertaking to deliver the priorities. The recommendations are summarised below, with the first three being particularly relevant:

1. Tackle poverty and inequality

Tackling poverty and inequality is a theme running across all of our health and wellbeing priorities. Due North suggests that one of the consequences of the uneven economic development in the UK has been higher unemployment, lower incomes, adverse working conditions, poorer housing, and higher debts in the North, all of which adversely impact health and increase health inequalities.

The report highlights the inverse relationship between income and health, and how increases in poverty are associated with a greater risk of physical and mental health problems. In addition, the burden of local authority cuts and welfare reforms has fallen more heavily on the North than the South. Research by Sheffield Hallam University on the impact of all of the recent welfare reforms has shown that Blackpool has been the hardest hit of all the local authorities, with a loss of £914 for every working age adult²⁴.

2. Promote healthy development in early childhood

There is a large amount of evidence that children who experience disadvantage during their early years are more likely to have poorer health and development outcomes in later life. The Marmot review of health inequalities states that “Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken”²⁵.

3. Sharing power over resources

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

4. Role of the health sector in promoting health equity

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

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

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

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



Taking an Asset Based Approach

Electoral turnout is an indicator of engagement. In the 2016 EU referendum, turnout in Blackpool was the 21st lowest of any area in England ²⁶, whilst turnout at the last local election was as low as 26.5% in Bloomfield and only rose to 48% in Norbreck ²⁷, reflecting a lack of engagement which is also seen in how connected people feel to where they live - a 2014 survey found that only around 50% of residents in central wards of Blackpool felt they belonged to their local neighbourhood compared to up to 80% for those in more affluent areas ²⁸.

There are three ways in which the lack of influence and democratic engagement impacts on health and health inequalities:

1. The very act of getting together, getting involved and influencing decisions builds social capital leading to health benefits;
2. Stress is reduced if people can influence and feel in control of their living environment;
3. Those who have less influence are less able to affect the use of public resources to improve their health and wellbeing.

Conversely, addressing issues of engagement can have positive effects on health.

But we have perhaps concentrated on the problems, needs and deficits within our communities for far too long and must recognise and work with the strengths and opportunities that our local communities bring.

We have a strong identity yet great diversity in Blackpool which creates a passion for our town, particularly amongst our workforce and the residents that have been born and raised here. We need to harness this strength as an opportunity to spread to others so that we grow a social movement of people and communities that care about themselves and care about the environment and community that they live in.

Blackpool has many positive assets that we need to recognise and build on, harness and use, for the benefit of our residents, visitors and stakeholders. This includes:

- The practical skills, capacity and knowledge of local residents
- The passions and interests of local people that provides an energy to change
- The networks and connections within our community
- The effectiveness of local voluntary, community and faith sector organisations
- The resources of not only the public sector, but also that of the voluntary and private sector that are available to support the community, and
- The physical resources that we have that enhance the sense of place and so can be used to improve our health and wellbeing, like the beach and our history

Blackpool Council has an ambition to create a culture of asset based community development (ABCD) across the authority, which will permeate throughout Blackpool engaging both organisations and communities in creating a social movement of healthier, more connected and more resilient communities.

We want to build communities that are strong and confident; that have recognised networks and are empowered, engaged and involved in decision making.

We want to increase participation in community life, so that people can call on their friends and neighbours and are not dependent on services to always 'step in' particularly as reductions in such services are inevitable.

According to the Nobel Prize winning economist Amartya Sen "a fundamental cause of inequalities in health is the relative lack of control and powerlessness of less privileged groups". So any strategy to reduce health inequalities needs to empower individuals and communities and "create the conditions for people to take control over their lives", a maxim we have adopted for the approach outlined in this document.



The opportunities and challenges ahead

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

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

Lancashire Combined Authority

While Blackpool has been hit significantly harder by the scale of cuts to services, many other areas also face similar challenges, and this is a driver for reorganisation in many places. As part of central government's devolution agenda, Blackpool is currently in the process of forming a Combined Authority with Lancashire County Council, Blackburn with Darwen Council and the district authorities within Lancashire. Once established, the Combined Authority can negotiate a devolution deal with government which can bring new powers and potentially new resources to the area. This will bring exciting opportunities for Blackpool to influence and shape public policy in ways that will benefit our residents.

Being part of the Combined Authority will provide us with a single voice for Lancashire in the debate about the future of the North and will give the local authority a clear focus for driving economic growth; this will be the strongest way to impact on business rates and secure the future of public services, once new funding arrangements for local government are implemented.

It will also give the local authority an unprecedented opportunity to influence and shape the work of the Local Enterprise Partnership and the funding streams that are distributed from central government via this mechanism; this will be vital if we are to have any influence on the economy, skills, health etc. There are five themes of the Combined Authorities' work:

1. Prosperous Lancashire – a Lancashire that is recognised as a destination of choice, to invest in, do business in, live or visit;
2. Connected Lancashire – digital and transport connectivity to promote inclusive growth;
3. Skilled Lancashire – a skilled workforce to meet the demands of employers and future business growth;
4. Better Homes for Lancashire – better living standards for residents with good quality homes and a wide housing offer;
5. Public services working together for Lancashire – integrated public services at the heart of local communities giving everyone the opportunity for a healthier life. This recognises that population-level health improvement can be achieved in part by re-shaping the healthcare and prevention delivery system.

As a Health and Wellbeing Board we will work together to maximise the opportunities to improve health and wellbeing that the Combined Authority and devolution will bring in the medium and longer term, through closer working with the LEP.



Lancashire and South Cumbria Change Programme

Alongside the Combined Authority there is a major programme of transformation in place to radically change the way that health and social care is delivered across Lancashire.

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

The programme is gathering pace and so to ensure effective delivery, governance structures have been reconfigured to reflect the larger geographical footprints of the Local Health and Care Economies (LHCE), which for Blackpool includes neighbouring districts Fylde and Wyre. A pan-Lancashire Health and Wellbeing Board will ensure that all partners are represented in the decision making process.

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

In January 2016 Healthier Lancashire, which also incorporates South Cumbria was tasked with co-ordinating and facilitating the development of the Lancashire and South Cumbria Sustainability and Transformation Plan. The plan is a collaboration between health commissioners, providers and local authorities and is central to accessing transformation funding for local areas to deliver efficiencies in the system. The main objectives of the plan are:

- Ensuring that the health outcomes of the population are measurably improved by 2020
- Ensuring that the health and care system can do this within their financial resources
- And that these are enabled through focus on agreed, evidenced care quality standards that drive and guide the redesign of the health and care system.



Vision and priorities

Our vision

Taking all of this into account, our vision for Blackpool needs to be bold and ambitious:

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

Our priorities

Having considered the evidence, the board believes that the following drivers of health must be addressed to achieve our vision:

- 1. Housing** – Reduce the availability of Houses of Multiple Occupation (HMO’s) via the Blackpool Housing Company and other initiatives such as Selective Licensing to improve standards in the private rented sector. Create higher quality housing and mix of tenure by redeveloping Queen’s Park and developing new housing at Foxhall Village.
- 2. Tackling Substance misuse (alcohol, drugs and tobacco)** – We will address lifestyle and addiction issues by developing policy interventions, treatment programmes and education in order to prevent substance misuse, and support individuals and communities with substance misuse issues.

- 3. Building community resilience and reducing social isolation** – We will build resilience within individuals and communities to improve their mental health and wellbeing, enabling them to cope in difficult situations and circumstances.

We will support communities to work together to determine their needs, developing a co-production approach to service design that will promote community empowerment, community led decision making and increase social action to reduce social isolation experienced by sections of our communities.

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time, and addressing the health needs of the youngest, so we have therefore identified an additional priority; this cuts across the other priorities, influencing and shaping the way we will plan our services in the future.

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

The next section describes each of the priorities in more detail and sets out the key areas of activity.



Priority One: Housing

The link between poor health and poor housing has long been established; research shows that inadequate housing causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer. Poor housing also negatively impacts on an individual's physical and mental wellbeing and on children's ability to perform well at school, and is estimated to cost the NHS at least £600 million per year ²⁹.

Blackpool experiences among the lowest rates of life expectancy in the country and this is largely concentrated in the inner areas where private rented housing is most prevalent – 50% of all households in the inner area live in a privately rented home, equivalent to 6,887 households ³⁰.

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

Over 80% of homes in the private rented sector are rented to people receiving Housing Benefit, compared with around 30% nationally ³¹.

Analysis of new Housing Benefit claimants has shown that 85% of new claimants come from outside the borough – around 4,500 households each year – and that 70% of these move into rented accommodation in the inner wards ³².

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

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

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

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

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

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

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

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

Secondly, we must improve conditions within the housing stock to keep people safe and warm and enable people to access the kinds of housing that people need, including effective commissioning of specialist supported housing. This is essential in reducing some of the chronic physical and mental health conditions associated with poor housing.

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

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

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

1. Those at the point of hospital discharge so that they can return to and remain at home, preventing unnecessary admission to hospital.
2. People with chaotic lifestyles or multiple and complex needs including substance and/or alcohol misuse, mental ill health or homelessness.
3. Young people, including those leaving care, who often require support making the transition to independent living.

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

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

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

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

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

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

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

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

As the Due North report previously suggests, poor housing is one of the many consequences of uneven economic development alongside higher unemployment and low incomes; and the impact of unemployment on health is well established.³³

To address this, the Blackpool, Fylde and Wyre Economic Development Company's 'Framework for Inclusive Growth and Prosperity' describes its key objective 'to deliver inclusive economic growth and prosperity, and in doing this, close our performance gap with national averages and drive improvement in the quality of life and health of our people and businesses, now and into the future.'³⁴

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

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

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

Key projects

- Reduce the number of HMO's
- Redevelop Queen's Park estate, creating 191 new homes
- Build over 400 new homes in Bloomfield
- Continue to implement Selective Licensing
- Continue to implement Cosy Homes in Lancashire
- Continue to support people with complex needs and chaotic lifestyles with their housing needs
- Deliver the Health Works hub to support people with health problems into work

Priority Two: Tackling substance misuse, including alcohol and tobacco

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

Alcohol

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

Perceptions of alcohol use as a socially acceptable pastime combined with other socio-economic problems results in a significantly higher than average alcohol related mortality rates and the highest rate of alcohol related admissions to hospital in England.

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

- 1. Developing healthy attitudes to alcohol across the life course** – this includes preconception; interventions to reduce alcohol exposed pregnancies; and interventions to reduce the effects of alcohol consumption on families with young children; delivered through Better Start and described in more detail in later sections. For school age children, interventions include PHSE programmes in secondary schools, and for adults, campaigns to raise awareness of the risks associated with excessive drinking.
- 2. Changing the environment and promoting responsible retailing** – we will continue to use enforcement and planning regulations to ensure that harm from alcohol is minimised by not granting licenses to establishments where there is already an oversupply of alcohol, and by carrying out test-purchasing to ensure that regulations regarding the sale of alcohol are being followed. We will continue to lobby for a national Minimum Unit Price for alcohol, and for a public health licensing objective.

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

Drugs

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

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

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

New Psychoactive Substances

In recent years, the United Kingdom has seen the emergence of New Psychoactive Substances (NPS) that have similar effects to drugs that are internationally controlled. They have become increasingly more popular since 2008/9 and present a relative new challenge in drugs policy and being developed at such a speed never seen before in the drugs market. These drugs have been designed to evade drug laws, are widely available and have the potential to pose serious risks to public health and safety and can even be fatal.

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

In January 2016 the Psychoactive Substance Act 2016 was passed and came into force in May 2016.

Fulfilling Lives

In 2014, Blackpool was chosen by the Big Lottery to receive £10 million to deliver the Fulfilling Lives: Complex Needs programme.

The aim is to improve the stability, confidence and capability of people with multiple and complex needs including: homelessness, reoffending, problematic substance misuse and mental ill health resulting in a positive impact on local communities across Blackpool.

It aims to change systems to better deal with these people in the future and to significantly reduce the current costs incurred by emergency services such as the police and ambulance service in responding to people living chaotic lifestyles.

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

Since September 2014, 172 people have been accepted onto the programme. Initial findings from the year one evaluation report identify a number of areas where improvements in services could be made from the perspective of service users, including the culture of services, pathways into rehabilitation and access to mental health and drug and alcohol services, while the consistency of support and co-ordination between Fulfilling Lives workers and other agencies was praised.

From a commissioning perspective Fulfilling Lives has been welcomed and learning from the programme will be used to inform and improve future commissioning decisions. The report estimates cost savings in the region of £840,000 based on a reduction in service use of 111 clients who were supported in the first year.

Tobacco

Smoking continues to kill almost 80,000 people in England every year and is the number one cause of preventable death in the country, resulting in more deaths than the next six causes combined ³⁵.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have remained static over the last few years at around 27.2 per cent of the adult population smoking as compared to the England average at 20 per cent ³⁶.

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

For Blackpool to become a more successful town, with opportunities for everyone to flourish, we need to remove the burden of ill health, which tobacco contributes significantly to.

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

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

This will be achieved by:

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

The role of e-cigarettes within the tobacco sphere is widely debated. As we don't yet know the long term health effects of e-cigarettes, Public Health in Blackpool have taken a precautionary approach and cannot advocate the use of e-cigarettes until more robust evidence emerges of their safety and efficacy.

Key health projects

- Review and recommission drug and alcohol treatment services by 2017
- Continue to implement and integrate Fulfilling Lives to support people with complex needs
- Continue to lobby central government for a minimum unit price for alcohol
- Introduce smoke-free outdoor public places
- Continue to develop Specialist Services to help people to stop smoking
- Utilise insights with pregnant women to develop effective interventions to reduce smoking during pregnancy

Priority Three: Building community resilience and reducing social isolation

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

We must explore the role and resilience of individuals and communities in order that they feel able to cope in changing circumstances and the difficult situations that they may sometimes find themselves in.

Communities need to work with service providers to determine how this will work in reality and what frameworks, systems and interventions will be needed, when and who is best to provide them.

This co-production approach to service design will promote community empowerment, community led decision making and increase social action, so reducing social isolation that is currently experienced throughout all sections of our community in Blackpool.

There will be times when individuals and communities are affected by an emergency situation or find themselves in crisis but are not in immediate danger. We need to ensure that individuals and communities are able to look after themselves and each other; only calling external assistance when needed.

In order to achieve this we will need to build a sense of community, empowering patients and communities to act for themselves and give them the power, skills and resources to know what to do when; how to access advice and support and promote self-management and self-care of certain health conditions.

The role of the wider health system

We will connect and learn from the NHS Realising the Value Programme³⁷ which aims to empower patients and communities to take more control of their health. A key part of this work will include identifying evidence-based approaches to self-care, and we will develop a self-care strategy for Blackpool.

The NHS has a key role in reducing health inequalities and this work will empower people to take a more active role in their health and care. There is recognition that the health service needs to change in order that it has a more engaged relationship with patients, carers and the wider community.

The NHS Five Year Forward View³⁸ makes a specific commitment to do more to support people with long term conditions to manage their own health and care and this gives us the opportunity to ensure health, social care and the wider voluntary sector work together to create evidence-based approaches to improving healthy life expectancy of people with long terms conditions. For example, providing group based education for people with specific conditions and self-management courses, as well as encouraging peer-to-peer support to emerge.

Fylde Coast Vanguard – new models of care

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

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

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

One of the key components is clear patient accountability; decisions are made by the patient with the support of the lead professional and their care team, which includes the new role 'health and wellbeing support worker'. The care team has holistic responsibility for the patient's care, acting as a co-ordinating point across the local health and social care system.



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

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

Mental health and wellbeing

Evidence suggests that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities³⁹.

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work, and to achieving our potential. It is the foundation for wellbeing and the effective functioning of individuals and communities. Through promoting good mental health and early intervention we can help to prevent mental illness from developing and mitigate its effects.

One aspect of our approach to building community resilience is through the *Children and Young People Mental Health, Emotional Wellbeing and Resilience Plan for Lancashire*.

It has been developed with the aim of ensuring that we build a healthier, more productive and fairer society for children, young people and their families; which builds resilience, promotes mental health and wellbeing and ensures they have access to the care and support to improve their mental health when and where they need it thus reducing health inequalities.

The plan recognises that the foundations for lifelong wellbeing are being laid down before birth and aims to prevent mental ill health, intervene early when it occurs and improve the quality of mental health care and recovery for children, young people and their families. The focus on a whole child and whole family approach and developing systems which ensure children and families are at the centre of prevention, care and recovery will improve our children and young people population mental health and wellbeing.

Our early intervention approach to building resilience across the health and social care system will ensure that at every stage of the life course interventions are in place to help to build resilient communities, reduce social isolation and ultimately prevent the onset of poor mental health.

Active Citizenship/Volunteering

Volunteering is integral to reducing social isolation and creating strong communities.

As our own resources and capacity diminishes, we will encourage people to become more 'active citizens' in order to promote a positive social movement and change the perception of Blackpool to one where people help and support each other.

The public sector has also perhaps become more reliant on the voluntary, community and faith sector for support in delivering community building work and we will continue to develop our relationships with the sector in order to best use the experience and skills that they have to promote active citizenship.

There are many good examples of this within Blackpool and these opportunities are expanding. For example, as part of A Better Start, work has been ongoing to develop Community Champions who will ensure that all parents are given the support they require within pregnancy and the early years to become more active within their communities to make positive sustainable changes.

Volunteer roles also play an essential and important part in mainstream service delivery such as within the Police and NHS.

We are committed to supporting, enabling and celebrating volunteering in all its diversity. We will need to ensure appropriate support and resources for all aspects of volunteering.

Volunteering must be a choice freely made by each individual, and is defined as someone spending time, unpaid, doing something that aims to benefit the environment or someone who they're not closely related to.

The role of volunteers will need to become an essential aspect of building a sense of community in Blackpool.

Key community resilience projects

- Develop a Self-Care Strategy for Blackpool
- Piloting Community Orientated Primary Care in a Vanguard Neighbourhood
- Deliver the CYP Emotional Health, Wellbeing and Resilience Transformation Plan
- Strengthen our approach to volunteering for public sector services

Priority Four: Early intervention

In previous sections we have described the priority areas that need to be addressed, and where intervention is most needed if we are to improve health and wellbeing for our communities.

This priority is about how we will take a different approach to the way public sector organisations operate and deliver services in the future.

Transformational change is an absolute necessity if we are to remain sustainable and able to continue helping those people in greatest need; we simply cannot afford to continue responding to individual problems in a disjointed and ad hoc manner, once issues have reached crisis point.

Early Intervention is a broad term, which covers things such as:

- Initiatives which address the life chances of young people
- Creating the right social conditions for individuals and communities to help each other and solve problems themselves – which encompasses much of the objectives in our Community Resilience and Social Isolation priority
- The process of moving the balance of our efforts away from service delivery and towards the prevention or de-escalation of situations
- Services and projects designed to anticipate future trends and minimise future needs

A massive culture change such as this takes time. Much of the early effort involves changing the approach of our organisations to commission in a way which addresses this need. A partnership approach is crucial, so we can identify ways of working which support this. One example is the introduction of Prevention and Wellbeing Visits by the Fire Service, a collaboration which involves early identification of individuals who would benefit from support around falls prevention, social isolation, dementia, diabetes, creating “healthy homes”, and home security.

A Better Start

One of the most significant shifts of resource towards early intervention is ‘A Better Start’, in partnership with the NSPCC; in July 2014 we secured £45 million and agreed to pool funding from across partners over a ten year period to improve outcomes for all pre-birth to age three children and families across Blackpool by transforming services.

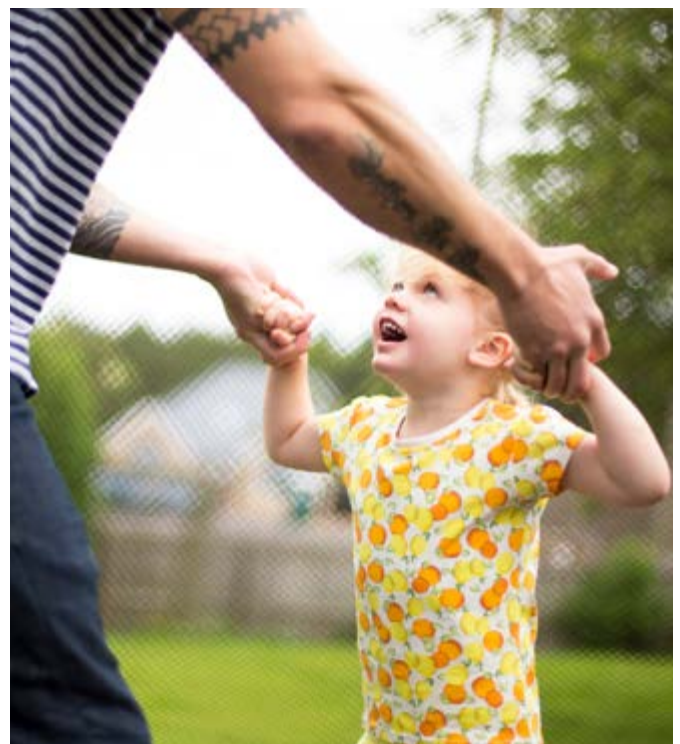
A Better Start means to break the intergenerational cycles of poor outcomes in our children and families.

Working with national and international experts and in partnership with major universities, it uses the latest research and evidence to ensure families experience a healthy gestation and birth and children are ready for school. The three key outcome areas are improving language and communication, social and emotional development and diet and nutrition.

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

Building community resilience is one of the key themes running through ABS. Over the next 5 years £1.6 million will be spent improving our parks and open spaces in consultations with the community to improve emotional wellbeing and build community resilience. Significant investment is being made to train and recruit volunteers and work with parent to identify and co design programmes.

Interventions also focus on reducing the key risk factors affecting parenting, for example drugs and alcohol, mental ill-health, relationship conflict and domestic abuse, and social isolation; and empowering parents and communities to make positive changes, promoting good parenting, healthy parent-child relationships, self-efficacy and social cohesion.



HeadStart

HeadStart is one of the newer systems change initiatives currently underway and aims to build resilience in young people aged ten to sixteen years to help them cope with life's challenges and prevent mental health problems from developing in later life.

The programme will develop resilient environments in schools and communities by embracing the approach of proportionate universalism advocated in the Marmot Review.

We want to increase all young people's resilience to enable them to cope with life's challenges. The larger universal population will need a lesser level of support to achieve this and the smaller proportion of Universal + and Universal ++ will need a greater level of support, this proportionate level of support achieves ideal levels of resilience for the population of 10-16 year olds in Blackpool, with opportunities for individuals to step up and step down the level of support depending on their needs at any moment in time.

Together, HeadStart and a Better Start will create lasting system change, so that from 2022 a large proportion of Blackpool's young people will have benefited from both initiatives.

Healthy Weight

At the beginning of this strategy we described some of the challenges that our children and young people are facing, with health and particularly healthy weight being a major concern. This is another important area where we must intervene at the earliest stage to reverse some of the worrying trends that are starting to take hold.

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

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

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

In addition to the Healthy Weight Strategy, the Council has been working collaboratively with Food Active and has signed the Local Authority Declaration on Healthy Weight.

The declaration is a statement that the Council encapsulates a vision to reduce obesity/improve the health and wellbeing of the population by being a responsible Local Authority; some of the key themes include protecting residents from commercial pressures of the food and drink industry; reviewing provision in our public buildings; consider supplementary guidance for hot food takeaways specifically in areas around schools parks; protect our children from inappropriate marketing by the food and drinks industry; and consider how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity.

Key early intervention projects

- Deliver a Better Start for 0-3 year olds and their families
- Implement HeadStart for 10-16 year olds
- Prevention and Wellbeing visits
- Implement the Healthy Weight Strategy and Local Authority Declaration on Healthy Weight
- Other early intervention opportunities and approaches will be identified throughout the lifespan of this strategy as part of our approach to commissioning



Monitoring progress

The performance indicators below will be reported annually and a report on the progress of the actions within each priority will be presented by the Director of Public Health on a six monthly basis.

| Indicators | Source |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Overarching | |
| <ul style="list-style-type: none"> • Healthy life expectancy at birth (male and female) | Public Health Outcomes Framework |
| <ul style="list-style-type: none"> • Life expectancy at birth | Public Health Outcomes Framework |
| <ul style="list-style-type: none"> • Slope of inequality in life expectancy | Public Health Outcomes Framework |
| Priority One – Stabilising the housing market | |
| <ul style="list-style-type: none"> • Proportion of private rented property in target wards | Census |
| <ul style="list-style-type: none"> • Average house price (relative to North West) | Land Registry |
| <ul style="list-style-type: none"> • Number of HMO's | Local |
| <ul style="list-style-type: none"> • Number of properties achieving Decent Homes Standard | Local |
| <ul style="list-style-type: none"> • New build sales | ONS |
| <ul style="list-style-type: none"> • Number of properties acquired by Blackpool Housing Company | Local |
| <ul style="list-style-type: none"> • Selective licensing | Local |
| <ul style="list-style-type: none"> • Proportion of private rented sector properties rented to people in receipt of Housing Benefit | DWP |
| Priority Two – Tackling substance misuse (including alcohol and smoking) | |
| <ul style="list-style-type: none"> • Referrals to drug treatment | Local |
| <ul style="list-style-type: none"> • Successful completion of drug treatment – opiate users | Public Health Outcomes Framework |
| <ul style="list-style-type: none"> • Referrals to alcohol treatment | Local |
| <ul style="list-style-type: none"> • Successful completion of treatment for alcohol | Local Alcohol Profiles for England |
| <ul style="list-style-type: none"> • Alcohol specific hospital admissions | Local Alcohol Profiles for England |
| <ul style="list-style-type: none"> • Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years) | Local Alcohol Profiles for England |
| <ul style="list-style-type: none"> • % of Drug and Alcohol clients who gain employment through Healthy Lifestyles | Local measure |
| <ul style="list-style-type: none"> • Smoking prevalence at age 15 | Public Health Outcomes Framework |
| <ul style="list-style-type: none"> • Smoking prevalence in adults aged 18 or over (NB, this is an estimate) | Public Health Outcomes Framework |
| <ul style="list-style-type: none"> • Proportion of 15 year olds that use an e-cigarette once a week or more | What about youth survey |

| Priority Three – Building community resilience and reduce social isolation | |
|----------------------------------------------------------------------------------------------|--------------------------------------|
| • Voter turnout in local and national elections | Electoral Commission |
| • % take up of NHS Health Checks per year amongst the eligible population (aged 40-74) | Public Health Outcomes Framework |
| • Percentage of adult social care users who have as much social contact as they would like | Public Health Outcomes Framework |
| • Proportion of older people offered reablement services following a discharge from hospital | Adult Social Care Outcomes Framework |

| Priority Four – Developing an early intervention approach | |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| • Breastfeeding initiation | Public Health Outcomes Framework |
| • Smoking status at the time of delivery | Public Health Outcomes Framework |
| • School Readiness: The percentage of children achieving a good level of development at the end of reception (Persons) | Public Health Outcomes Framework |
| • % of children aged 4-5 classed as overweight or obese | Public Health Outcomes Framework |
| • % of children aged 10-11 classed as overweight or obese | Public Health Outcomes Framework |
| • Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years) | Local Child Health Profiles, Public Health England |
| • Hospital admissions for mental health conditions | Local Child Health Profiles, Public Health England |

- 1 DCLG, Index of Multiple Deprivation, 2015
- 2 ONS, Life expectancy at birth 2012-14
- 3 ONS, Census 2011
- 4 ONS, Healthy life expectancy at birth
- 5 HSCIC, Smoking in Pregnancy, 2015/16
- 6 PHE, Local Alcohol Profiles, May 2016
- 7 PHE Health Profiles
- 8 <http://www.blackpooljsna.org.uk/Living-and-Working-Well/Health-Conditions.aspx>
- 9 HMRC, Children in Low Income Families, 2015
- 10 <http://www.blackpooljsna.org.uk/Starting-Well/Newborn/Breastfeeding.aspx>
- 11 DfE, Early Years Foundation Stage Statistics, 2015
- 12 HSCIC, National Child Measurement Programme, 2014-15
- 13 PHE, Dental Public Health Intelligence Programme 2014/15
- 14 Public Health Outcomes Framework, 2014
- 15 <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-wellbeing.aspx>
- 16 <http://fingertips.phe.org.uk/profile/what-about-youth/data>
- 17 <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>
- 18 Future in Mind, promoting, protecting and improving our children and young people's mental health and wellbeing, NHS England
- 19 <http://www.blackpooljsna.org.uk/Developing-Well/Children-and-young-peoples-wellbeing.aspx>
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- 21 DWP, WPLS, 2015
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- 23 Due North Report of the Inquiry on Health Equity in the North, 2015
- 24 Beatty and Fothergill, 'Hitting the poorest places hardest; the local and regional impact of welfare reform' Sheffield Hallam University, 2013
- 25 Fair Society Healthy Lives, The Marmot Review, 2010
- 26 Blackpool Residents Survey, 2014
- 27 Public Health Annual Report 2015
- 28 Blackpool Residents Survey, 2014
- 29 Fylde Coast Strategic Housing Market Assessment 2014
- 30 Ibid
- 31 Ibid
- 32 Ibid
- 33 Due North Report of the Inquiry on Health Equity in the North, 2015
- 34 Framework for Inclusive Growth and Prosperity, 2016
- 35 <http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf>
- 36 Public Health Outcomes Framework, 2014
- 37 Realising the Value: A New Relationship with Patients and Communities, NHS England, 2014
- 38 NHS Five Year Forward View, NHS England, 2014
- 39 Fiona Mitchell-Resilience: concept, factors and models for practice – Scottish Child Care and Protection Network

