

# Public Health Annual Report

**NHS**  
*Blackpool*

2008-2009 A Joint Strategic Needs Assessment



**Health...** at the heart of life in Blackpool





# Foreword

We are delighted to present this year's annual report on the health of the people of Blackpool. As ever, the report seeks to provide a picture of the health of the local population, highlighting the key health improvement challenges and promoting action for better health. These are significant challenges; tackling them will require concerted effort from all.

Health is everyone's business. Therefore, this year the report includes a broad picture not just of health problems, but also the underlying social and economic conditions across the town that contribute to health. This 'broad picture' is taken from a much more detailed source, the Joint Strategic Needs Assessment (JSNA) for Blackpool. JSNA is a joint venture by NHS Blackpool and Blackpool Council that aims to promote a common understanding of health and the causes of poor health within Blackpool. This common understanding is the first step in enabling suitable services to be commissioned that will improve the health and well-being of the people of Blackpool. Already it has led to the identification of the 10 priority areas of NHS Blackpool's Five Year Commissioning Strategic Plan. For those who wish to read more, a comprehensive summary of the data held in the JSNA is available via NHS Blackpool's website at [www.blackpool.nhs.uk](http://www.blackpool.nhs.uk).

Appendix 2 provides an update on progress towards life expectancy and mortality targets. Although there has

been a slight improvement since last year's report, progress in Blackpool continues to fall behind the national average and rates in Blackpool need to improve faster if we are to narrow the gap.

During 2009, the National Support Team for Health Inequalities visited Blackpool, reviewed progress and plans relating to addressing health inequalities and produced recommendations to improve life expectancy, reduce mortality and reduce inequalities.

The impact of the economic downturn is likely to be felt most by the more disadvantaged and vulnerable people in society, and public services too are facing economic pressures. It is more important than ever to continue with action to promote good health and improve underlying social and economic conditions if we are to improve health in Blackpool. The current Area Action Plans for the regeneration of the central neighbourhoods will be critical in achieving improved health in Blackpool.

Nationally, a number of important national challenges for public health are emerging. In recent months we have seen the spread of a new strain of H1N1 influenza ('Swine flu'). Much is still to be learnt about the behaviour of the virus and the projections of the numbers of cases that might occur remain uncertain. Nevertheless, there is a great deal of work ongoing to ensure that anti-viral

medicines are available for people who need them, and plans are underway for an H1N1 vaccination programme to commence in the autumn. This H1N1 vaccination programme will be in addition to the routine seasonal vaccination campaign.

This year's report includes contributions from a wide range of people. We must acknowledge the work of the Joint Strategic Needs Assessment working group, in particular public health analysts from NHS Blackpool and information colleagues from Children and Young People's Services, and Adult Social Care and Housing and Culture and Communities Directorate of Blackpool Council. Thank you to Dr Steve Gee, (Consultant in Health Protection) from the Health Protection Agency for the section on Communicable Diseases and Paul Walker, Executive Director of Culture and Communities, Blackpool Council. We are keen to receive feedback from readers of the report and any comments can be sent to Dr Rajpura at NHS Blackpool, Blackpool Stadium, Seaside Way, Blackpool FY1 6JX or [arif.rajpura@blackpool.nhs.uk](mailto:arif.rajpura@blackpool.nhs.uk).

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# Overview of health and well-being in Blackpool:

## The Joint Strategic Needs Assessment

What is Joint Strategic Needs Assessment (JSNA) and why is it important? In essence, JSNA is about a shared understanding of 'the big picture' in terms of current and future health and well-being needs and inequalities of a local population. This understanding will enable organisations in Blackpool to commission services and interventions that will achieve better health and well-being outcomes and reduce inequalities. The responsibility for undertaking JSNA lies jointly with the Director

of Public Health, alongside the Directors of Children and Young People's Services, and of Adult Social Care and Housing from Blackpool Council.

This section summarises the key points, interventions, and considerations for commissioners, emerging from the JSNA. The key points are grouped into five themes: Population, Health and well-being, Lifestyles, Social and community environment, and Living and working in Blackpool.

## 1. Population

### Population size, births and deaths

The current population of Blackpool is estimated to be approximately 142,500 (mid-2007 population estimates, ONS), and is projected to reach 148,006 by 2014 and 152,280 by 2019.

Typically there are around 1,700 births and 1,800 deaths each year. However, the annual number of deaths is expected to fall below the annual number of births within the next few years.

The biggest contributor to Blackpool's increasing population is migration from within England, with approximately 700 net gain in population expected per year.

Blackpool has a smaller proportion of people aged 20-39, and a greater proportion of people aged 65 and over compared with England and Wales. Over the next 5-10 years there will be an increase in the number of people in two broad aged groups, 45-64 year olds and over 65s. The number of people aged under 20 and 20-44 will remain steady.

Blackpool has a relatively small minority ethnic population compared with England and Wales (3% compared to 11%).

### Deprivation

Blackpool experiences considerable levels of disadvantage, and in 2007 ranked as the 12th most deprived of 354 local authorities in England. 41 out of 94 small areas within Blackpool are amongst the 20% most deprived areas of the country and there are no areas amongst the 20% most affluent. Blackpool's relative position in the national deprivation rankings has worsened over the last five years.

### Social groups

Blackpool had a greater proportion of people in Mosaic Group D than England and Wales, accounting for over 46% of Blackpool households in comparison to 16% in the UK overall. Typical features of this group are single adults, low income families with young children, families on modest incomes, and older people preferring to live in familiar surroundings.

### Considerations for commissioners

- Future service and capacity requirements for an increasingly older population, for example dementia, social care, stroke, social isolation
- Use of social marketing techniques for effective targeting of health messages
- Effective partnership working is key to improving the quality of life in Blackpool

## 2. Health and well-being

### Life expectancy

Life expectancy for men in Blackpool is 73.2 years and is the lowest in England. Women can expect to live longer than men and life expectancy for women is 78.8 years. There are considerable differences in life expectancy within Blackpool. Men in the least deprived areas can expect to live nearly 10 years longer than men in the most deprived areas. Similarly, for women this difference is eight and a half years.

Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health and without disability.

### What do people die from?

The key causes of shorter life expectancy in Blackpool are alcohol related diseases, circulatory diseases, cancers (especially lung cancer), accidents and self harm, and respiratory diseases. Deaths in younger people contribute to a larger proportion of the gap, as more years of life are lost. Infant mortality rates, particularly amongst babies aged between one month to one year, are currently higher than the national average.

Overall death rates (for all ages and all causes together) have been falling in recent years. Death rates have also been falling for the two most common causes of death, circulatory diseases and cancer which jointly make up almost 60% of all deaths. Although this is good news, death rates in Blackpool are higher than average and rates have not been falling as quickly as elsewhere. We need to reduce death rates more quickly than average in Blackpool.

### Long term conditions and mental health

Prevalence of chronic disease in Blackpool is high. According to the 2001 Census 24.6% (33,857 people) of the population of Blackpool reported limiting long term condition.

The estimated prevalence of diabetes in Blackpool (for people 17 years and older) is significantly greater than England and the North West (4.5%-6621 people).

Prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Blackpool is greater than England and the North West (2.5%).

Prevalence of stroke and Transient Ischaemic Attack (TIA) in Blackpool (2.0%) is significantly greater than England and the North West. In addition, mortality from stroke is significantly higher in Blackpool than in England and the North West (Directly Standardised Rate (DSR): 23.15 per 100,000 population – 116 deaths 2005-2007).

Currently in Blackpool 11,400 people are in receipt of Disability Living Allowance (DLA). This represents 9.9% of the local population and is nearly twice the figure of 5.5% for Great Britain. The allowance is payable to people under 65 who are disabled and who have care needs, mobility needs or both. People with learning difficulties or mental health problems typically make up about 30% of this total. This would suggest that around 3,000 people under 65 may be receiving DLA because of learning disabilities or mental health problems.

The burden of mental health problems is likely to increase with population growth. This is especially important amongst the growing population of older people. Amongst the over 65s the two most common mental health problems are depression and dementia.

Blackpool has the highest suicide rate in England. There are above average levels of depression requiring treatment in the over 65s (an estimated 34%). Around 3,000 people in Blackpool are receiving DLA because of mental health problems.

### Considerations for commissioners

- Reducing premature mortality from cardiovascular disease. This will need to include improved case finding, improvement management and treatment, and rehabilitation services
- Improve early detection of cancers, especially in the most vulnerable groups and people living in disadvantaged areas. Examples of action include better uptake of national cancer screening programmes and vaccination for Human Papilloma Virus (HPV) to protect against cervical cancer
- Improve access to mental health services including psychological therapies, and dementia services for older people





# 3. Lifestyles

## Smoking

Smoking is the single most important factor explaining the difference in death rates between the most and least affluent areas, and is a major factor in ill health. Around 400 people die prematurely every year in Blackpool, and a further 8,000 will suffer from a smoking related disease. The proportion of people smoking varies widely between social groups. The highest rates are seen amongst the most disadvantaged groups where typically three out of four families smoke and spend one seventh of their income on tobacco. The rate of smoking in pregnancy is the worst in the country.

## Alcohol and substance misuse

Blackpool has some of the highest levels of alcohol related harm in the country, not only direct health effects such as premature death and chronic liver disease but other consequences such as disorder and violence. There are an estimated 40,000 Blackpool residents who drink at hazardous or harmful levels, equating to 28% of the adult population. Alcohol is a factor in more than three quarters of domestic violence incidents and is a major contributing factor in violent crime.

Locally, in 2006, 3,300 people aged 18-44 had an alcohol related admission to A and E.

The average annual incidence of hospital admissions in Blackpool primarily caused by alcohol during 2000-2005 was 965. By 2006 this had increased to 1,481. 70% of patients were aged 35-64, and cases of advanced liver disease are increasing in even younger age groups (BFWFHT data 2005).

Blackpool has over 1,900 on licensed premises, including hotels and small guest houses, to support the visitor economy. Blackpool also has approximately 180 off licences, mostly concentrated in the poorest wards. Bloomfield Ward, where alcohol related deaths are the highest, is served by 30 off licences, one for every 250 residents (all ages).

The town also sees high levels of substance misuse, and has the highest levels of problematic heroin and crack cocaine use in the North West. An estimated 2,325 residents of Blackpool are considered problematic drug users.

## Sexual health and teenage pregnancy

Blackpool continues to have amongst the highest prevalence of HIV in the North West, though the number of new infections is falling. Of new cases recorded in 2007 in Blackpool, 55% were men who had sex with men, and 81% of total infections in Blackpool were through men who had sex with men. This is significantly higher than the North West average of 52% and national average of 45%.

Diagnoses of uncomplicated Chlamydia infection in Blackpool have shown a large increase since 2005 following the introduction of a screening test and awareness campaign.

Blackpool has amongst the highest teenage pregnancy rate in the UK (under 18 conception rate of 60.9 per 1000). Though rates of teenage pregnancy in Blackpool have fallen after a peak in 2004, the rate in 2007 was broadly similar to the rate

in 1998. Although significant improvements have been made in the last three years, teenage pregnancy remains an important problem for Blackpool.

Rates for termination of pregnancy amongst under 18s in Blackpool are lower than average and have not changed since 2006. More teenage conceptions in Blackpool result in live births compared with the national average.

## Diet, nutrition and physical activity

Levels of adult obesity in Blackpool (26.4%) are similar to those in the North West and England.

There is compelling evidence to clearly demonstrate that an inactive lifestyle has a substantial negative effect on both individual health and public health. Physical activity levels amongst the adult population in Blackpool are significantly worse than the England average, 7.4% compared with a national average of 10.8%. Estimates have shown that 37% of all Coronary Heart Disease (CHD) deaths can be attributed to physical inactivity. As quoted by the Chief Medical Officer in his report on the evidence on the impact of physical activity and its relationship to health 'At least Five a Week', there are few public health initiatives that have greater potential for improving health and well-being than increasing physical activity levels. Small increases in activity levels can have significant impact on the reduction of premature mortality, help to control many long term conditions and promote health improvement and quality of life.

As referred to in last year's Annual Report the prevention and management of CHD remains an important strand of work for the Trust and partner organisations. Although the number of people under the age of 65 who die from heart disease or stroke has fallen, it is still significantly higher than the national average. Increasing levels of physical activity remains one of the 'best buys' in public health and in a recent statement the Health Secretary, Andy Burnham, states that 'the promotion of active lifestyles is the simple answer to many big challenges facing our country today' and that 'the promotion of active lifestyles should be a core part of our business'. This underpins the need to continue providing quality programmes that promote the health benefits of a physically active lifestyle and also provides opportunities to support and encourage our local population to become more physically active.

Projections of the numbers of Blackpool's older population (65+) with a BMI above 30 indicate that sizeable increases are to be expected, from 6,645 in 2008 to 88,044 in 2025. It is important to note that obesity, and health problems related to obesity, are often more damaging to older people, particularly as they may have other health problems.

Children in Blackpool are more physically active than average and levels of childhood obesity are no different to the national average. In Blackpool, within Reception Year, 12.5% and 10.1% of children were recorded as being overweight and obese respectively and in Year 6, 14.7% and 18.3% of children were similarly recorded (Source: NCMP, 2007/2008).

Last year Shadow Health Minister, Andrew Lansley, established a Public Health Commission (PHC) to look at issues in public



health such as diet, physical activity and alcohol use. The Commission's report "We're all in this together" was published on the 18 July 2009. The report seeks to reposition physical activity as healthcare provision, thus reducing in the process the VAT rate to 5%. Another of the Commission's 48 specific recommendations was to promote work-based health programmes by obtaining match funding. The highlighting of the benefits to health of regular exercise is to be welcomed, given the financial (and human) costs of preventable conditions such as obesity.

Local government has a key role to play in promoting sport and physical activity, and providing sports facilities and informal recreation in parks and open spaces. This has been recognised by many Primary Care Trusts who have jointly funded healthy living programmes. Given the pressures on sport and leisure budgets it is important that this funding is maintained and, where possible, increased.

Rates for the uptake of breastfeeding are low compared to the regional and national average.

Although the town cannot be described as lacking in green infrastructure, the town centre and inner neighbourhoods suffer from an acute lack of any open or green space to soften the built environment. In addition, there exists no obvious networking of green spaces or development of a green grid.

## Considerations for commissioners

- Increase the number of smokers who quit
- Wider tobacco control to reduce the number of people taking up smoking, and support people (who want) to quit
- Multi-agency approaches to alcohol harm reduction programmes for alcohol and substance misusers and action to address hidden harm
- Address the broader issues around awareness raising, access to alcohol and robust enforcement policies
- Improve access to alcohol treatment services and increase the number of problem drug users in effective treatment programmes
- Improve take up of contraceptive and sexual health services, including Chlamydia screening, long acting reversible contraceptives, and better education and awareness
- Teenage pregnancy is a complex issue linked to deprivation and low aspirations. Work to improve emotional literacy, increased access to long acting reversible contraception (LARC), quality personal, social and health education (PSHE) in schools together with increased aspirations of young people in Blackpool is required to continue to reduce teenage conceptions in Blackpool
- Increase the number of people achieving the minimum recommended levels of physical activity and to encourage those who already meet the requirements to do more
- To ensure that there is a range of high quality programmes that support and encourage participation in both supervised and independent physical activity opportunities
- The built and physical environment, including green spaces, can help to promote physical activity as well as supporting healthy foods choices through understanding and addressing the culture surrounding eating, drinking and being active
- The delivery of supervised activity sessions that assist with the medical management of people suffering from long term conditions and for those individuals with specific health conditions for which physical activity recommendations are not appropriate
- Evidence based interventions to reduce obesity include family based obesity interventions, and encourage schools to adopt the Healthy Schools Standard
- Improve rates of breastfeeding, and ensure that services have facilities and suitable physical environments so that women feel supported and happy to breastfeed throughout the town



# 4. Social and community environment

## Stable homes

The Children and Young People's Plan (2009-2012) describes the key statistics about family life in Blackpool.

Although 27.5% (2007) of Blackpool's children live in households where parents are claiming working age benefits (equivalent to 7,405 children) many families in Blackpool fall below the 60% median income poverty line, despite one or more parents being in work.

The percentage of children in Blackpool living in households claiming workless benefits in 2007 was almost 8% higher than the national figure, and was the highest figure in the North West region. Since 2008 the Blackpool figure has decreased by 1%, roughly half of the national decrease.

Patterns of demography and transience in Blackpool mean that many families do not have extended family members within the locality.

Blackpool has a significant proportion of lone parents claiming benefits (3.4%), parents with mental health issues, parents with substance misuse issues and children acting as young carers.

Many Blackpool parents have little or no personal experience of further or higher education (37.8% of 16-74 year olds resident in Blackpool have no formal qualification).

There are 322 Looked After Children (LAC) living in Blackpool (as at 31 March 2009). The proportion of LAC in Blackpool compared to all children and young people is high compared to many other authorities in England.

The stability of looked after children adopted following an agency decision that the child should be placed for adoption tends to be higher than average, but can appear to change greatly due to the small number of children involved. The short-term stability of placements (three or more in a year) for looked after children in Blackpool is better than the national average. Long-term stability (children in the same placement for at least two years) tends to be influenced by complex issues as children progress through adolescence and has been improving in Blackpool. Blackpool has a good record in recruiting adoptive families and the successful placement of children.

The percentages of care leavers in suitable accommodation are constantly high (typically 90-100%) although the actual number of individuals is small, so changes are magnified.

## Making a positive contribution

In 2008/09 the TellUs3 Survey found that 62.7% of Blackpool's children and young people get involved in positive activities, compared to 69.5% nationally.

The number of first time voters has increased significantly over three years from 754 in 2006/07, 2,678 in 2007/08, to 3,398 in 2008/09.

## Crime and disorder

There was a 12.7% reduction in total police recorded crimes in Blackpool between 2006/07 and 2007/08, acquisitive crime reducing by almost one third, and criminal damage reducing by 15%.

More than one quarter (26.3%) of Blackpool's recorded offences in 2007/2008 were Violence Against Person. Violence Against Person now includes harassment, which includes low-level public order offences. Nearly one quarter (24.2%) of Blackpool's recorded offences in 2007/08 were Criminal Damage, more than one fifth (22.6%) were Other Theft Offences and 7.8% were Offences Against Vehicles, 9.6% were Burglary Offences.

Offence Rates for Violence Against Person was higher in Blackpool (34.8%) in 2007/2008 than the national rate (17.9%), the rate in the North West (17.3%), the rate in the Lancashire area (21.5%) and the rate in Manchester (28.8%).

The largest percentage increase between 2006/07 and 2007/08 was drug offences (43.8%); however, drug offences make up only 3.6% of recorded crimes in 2007/08. Drug offences may fluctuate with levels of police activity.

Resident perceptions of crime remain high despite overall reductions in crime levels.

Reductions in the numbers of first time entrants to the Youth Justice System aged 10-17 have remained steady and improved slightly during a time of transferring funding and responsibilities for service delivery from 355 in 2006/07, 384 in 2007/08, to 318 in 2008/09. This work is now being coordinated through key multi-agency groups with a more preventative strategy making best use of Youth Crime Action and Challenge and Support initiatives, the aim being to establish an integrated understanding of approach to prevention.

## Considerations for commissioners

- Complete evaluations of innovative programmes to promote health and well-being of children and families, for example Family Nurse Partnership, and Family Intervention Programme
- Sustainable Community Strategy goals:
  - Provide high quality housing in sustainable, mixed communities
  - Create a safer, cleaner and greener Blackpool and thriving and active communities

# 5. Living and working in Blackpool

## The Economy

Blackpool has suffered adversely from the decline of the visitor economy and a low level of private sector investment. Visitor numbers have reduced by some two million since 2002 (STEAM 2006) combined with stagnation in the overall tourism related revenue between 2002/06. Gross Value Added (GVA) is 67% (£11,990) of the UK level (23rd poorest position in UK). VAT registered business stock fell from 3,330 in 1994 to 3,130 in 2007. This represents a decline of minus 6% compared to a North West rise of 14.7% and a national one of 20.7%. Over this period, Blackpool was the lowest ranked of any local authority for business stock growth, other than the Orkney Islands.

The town is under-represented in manufacturing 'business units' and over-represented in distribution, hotels and restaurants. The declining quality of the visitor offer within a tired and outdated infrastructure and urban environment affects confidence in the town and community pride.

## Employment and income

Blackpool's economy is dominated by tourism and public sector service employment, with jobs generally being low skilled and extremely low paid. Employment rates are below regional and national averages due to economic weakness and low levels of economic activity. The town has the lowest average wages in the UK (earning £71 per week less than the North West average and £88 than the national average) in a labour market characterised by seasonality and a low proportion of higher paid occupations. Gross weekly wages are 19% lower than the regional average and a massive 23.5% lower than the national average.

23% of adults of working age are claiming some form of work related benefit (DWP 2007), with concentrations of worklessness in some communities the worst in the country. 13.2% of working age adults are claiming Incapacity Benefit; the 14th highest incapacity claimant rate in the UK and the only seaside resort in the top 40. The town's figure is almost double the national average (Fothergill 2007), with 80% of these being long-term claimants with over 40% claiming as a result of 'mental and behavioural causes'.

For Blackpool to reduce its Incapacity Benefit claimants to the North West average there would be a need to move 5,206 people back into the workforce.

## Educational attainment

There are 29 Primary schools, eight Secondary schools and three Special schools, with a total of over 20,000 pupils and nearly 1,100 qualified teachers. The average class in Primary schools has 28 pupils, in Secondary schools there are 22 pupils. 95% of Blackpool pupils are of white origin, with less than 4% coming from ethnic minorities. Blackpool schools provide education to approximately 130 children who are in local authority care (looked after children).

Many children begin school well below national averages in terms of their personal and learning skills development,

according to school Ofsted reports. Blackpool has proportionally higher numbers of children with speech and language and communication difficulties than would be expected nationally.

Despite low attainment on entry, the gap between the highest and lowest achieving pupils at the end of the Foundation Stage (Reception) continues to decrease. Children make good progress in Blackpool's primary schools where by the end of Key Stage 2 they achieve more or less at national averages.

Pupil mobility is high in Blackpool compared with national averages. About 15% of pupils leaving or joining Blackpool primary schools at non-routine times and about 10% in secondary schools. For some primary schools, as many as 30% of pupils leave or join the school at non-routine times. High pupil mobility has a negative impact upon attainment at all key stages, but is especially significant in Key Stage 4 as many pupils arriving into Blackpool in years 10 and 11 have significant gaps in their learning.

Approximately 25% of primary pupils and 23% of secondary pupils are eligible for free school meals.

One third of Blackpool school children attain five or more GCSEs of grade A\* to C. This is below the national average, although it has been improving in recent years. Differences in attainment are seen between areas of Blackpool with the highest rates in least deprived areas and lowest rates in the most deprived areas. Children in local authority care (looked after children) are less likely to leave school with five or more A\* to C grade GCSEs.

## Housing

Blackpool is the fourth most densely populated local authority district of England & Wales outside Greater London, at 4,075 people per square km (Source: 2001 Census, ONS). In recent years Blackpool has experienced a declining trade in hotels and guest houses alongside an imbalance in the housing market.

The Indoors Living Sub Domain of Index of Multiple Deprivation (2007) measures social and private housing in poor condition, and houses without central heating. Around half of Blackpool (46 out of 94 Lower Super Output Areas) are amongst the 10% most deprived nationally for this indicator, and around a fifth (19) amongst the worst 3%.

There has been a decrease in the average household size in Blackpool over the 30 years between 1971 to 2001 from 2.53 to 2.15 people, and an increase in single person households from 23.9% to 36.4% over the same period.

Blackpool Council's Private Sector House Condition Survey provides further details of the local housing stock. It is estimated that 37.8% (23,000 dwellings) of private sector dwellings can be classed as non-decent in comparison to 27.1% in England. Most non-decent dwellings in Blackpool are mostly associated with the private rented sector, converted flats, occupiers on the lowest incomes, those receiving benefits, and those with heads of household aged 16-24 and those over 60.

4.9% of private sector buildings in Blackpool are houses of multiple occupancy (HMO), roughly two and a half times the national average (2%). 46.7% of private sector dwellings occupied by vulnerable residents are estimated to be non-decent. Nearly half of Blackpool's houses of multiple



occupation are in the four central wards. These wards have a high proportion of housing benefit recipients living in former holiday accommodation, substandard housing conditions, and overcrowding.

## Further education and training

The percentage of 16-18 year olds who are not in Education, Employment or Training (NEET) in Blackpool is higher than average, although it has shown a steady decline over the last four years from 12.5 in 2005/06, 11.2 in 2006/07, 9.6 in 2007/08, to 9.5 in 2008/09.

The percentage of Blackpool 16-18 year olds participating in learning continues to increase from 71.5 in 2005/06, 72.9 in 2006/07, 76.8 in 2007/08, to 81.0 in 2008/09 as does the percentage of 16-19 year old mothers in education, employment or training 32.9 in 2005/06, 35.9 in 2006/07, 37.2 in 2007/08 to 39.0 in 2008/09.

Figures show that in 2006/07 the percentage of 19 year olds achieving a level 2 qualification (A\* - C GCSE or equivalent pass) was 60%. This ranks Blackpool as 142nd out of 150 local authorities in England. The figure also indicates a decrease of one percentage point from 2005/06, although it has risen by six percentage points from 2003/04.

In terms of Level 3 qualifications (A - E A Level pass), 35% of Blackpool 19 year olds achieved this in 2006/07, ranking Blackpool 135th (out of 150) in England. This indicator has shown an increase of four percentage points since 2003/04, although it is now only at the same level as it was in 2004/05.

## Considerations for commissioners

- To create a high quality, accessible, year-round economy placing Blackpool at the heart of the Fylde Coast economy
- To focus on tackling poverty
- To encourage local enterprise
- To work with local agencies and employers to help residents in the transition back to work and into jobs with real prospects
- Major employers including NHS Blackpool and Blackpool Council will need to contribute to skills and employment initiatives within Blackpool
- To redress the balance in relation to houses of multiple occupancy and stabilise the community within Blackpool for example via Area Action Plans which are currently out to consultation or under development for North Beach, South Beach and Foxhall
  - Reduce the oversupply of poor quality rented housing stock
  - Redefine neighbourhoods in the inner areas in order to create places where people aspire to live
  - Support and encourage housing growth and provide a range of quality and aspirational housing choices
  - Meet the housing and support needs and promote the independence of our most vulnerable residents including promoting energy efficiency, tackling fuel poverty, lifetime homes/adapted properties, specialist housing for vulnerable people and enhanced housing options for people at risk of homelessness
- To ensure that sustainability impact assessments are undertaken on Area Action Plans and other similar initiatives to ensure that they promote health and well-being
- Commissioners of health and social care services will also need to consider the impact of Area Action and other redevelopment plans on their existing and planned services



# Communicable disease and health protection

## Communicable disease notifications

The PCT and the Health Protection Agency (HPA) continue to work closely together to protect the population of Blackpool from infectious diseases and other non communicable health threats. This includes support from the HPA for PCT programmes on infection control, vaccination, and planning for incidents and outbreaks, particularly around influenza. From April to July 2009, the HPA led the containment phase of the current pandemic, buying time to improve the science and to allow the PCT to refine planning.

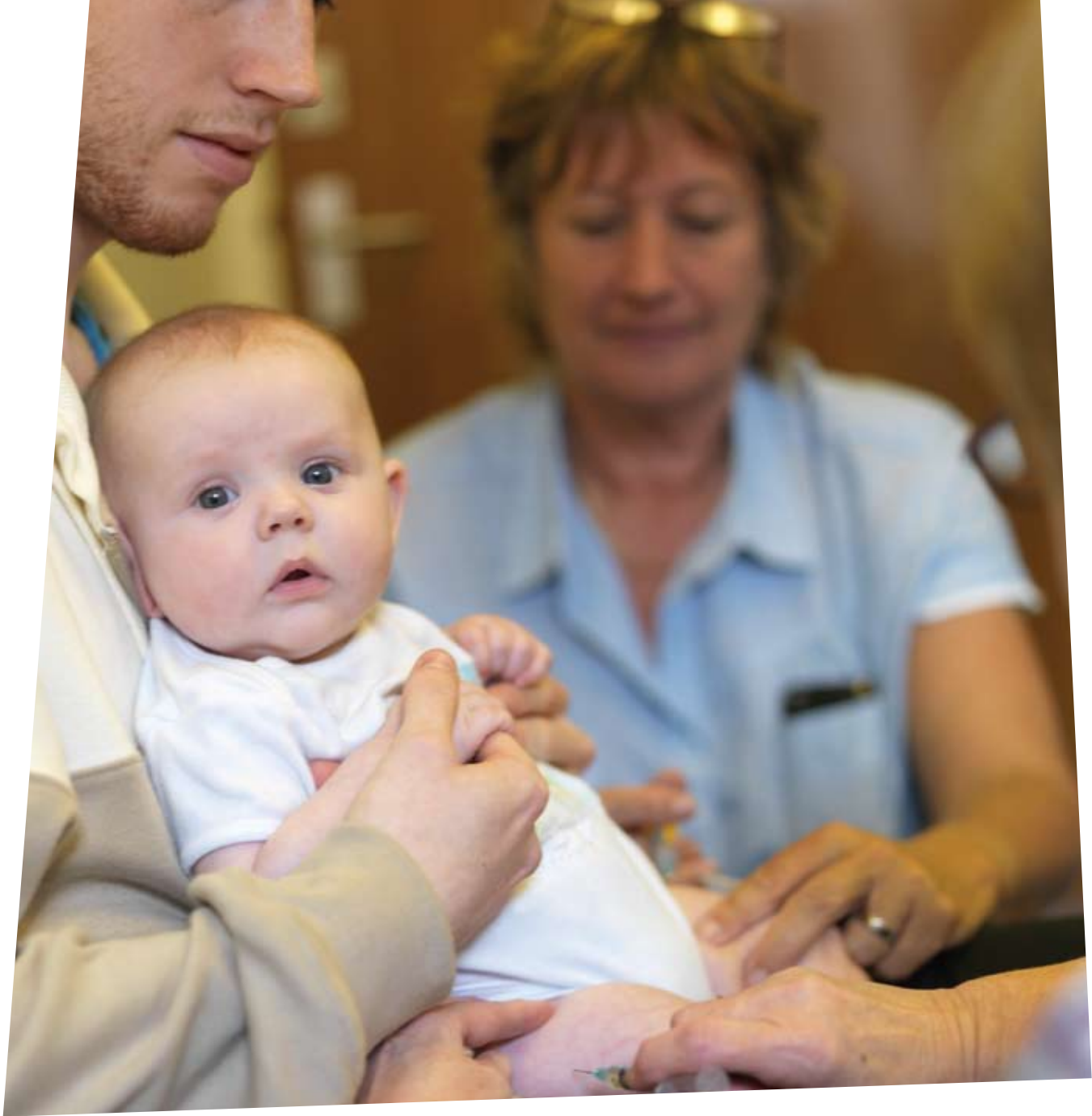
Acting as 'proper officer' for the Local Authority, the HPA receives and manages surveillance data on infectious diseases, including not only statutory notifications but also other information from laboratories, veterinary sources, and other surveillance programmes. Working with the Local Authority, the HPA leads on dealing with reported infectious diseases and in detecting and managing outbreaks.

Gastro intestinal infections, loosely classified as 'Food Poisoning' remain the commonest infection notified. Around two thirds of these are campylobacter, although the commonest cause of diarrhoea, Norovirus, which is responsible for nearly all outbreaks in institutions, is not reported as it is not notifiable. The increase in vaccine preventable diseases, as shown by large outbreaks of Mumps in 2005 and Measles in 2007 is of concern and underlies the importance of the MMR programme.

Significant numbers of Hepatitis cases continue to be reported, and for Hepatitis B and C this reflects mainly a testing programme carried out with drug users. Meningitis and septicaemia continue to be reported at low but significant levels and tuberculosis reports fluctuate year by year showing a continued need for the specialist service.

The table below shows the number of cases notified to the HPA for the main infectious diseases affecting Blackpool residents (2005 - to date).

Disease Name	Organism Name	2005	2006	2007	2008	2009 to date
Dysentery		<5	8	5	<5	<5
Epiglottitis						<5
Food Poisoning	Campylobacter	140	150	169	158	122
Food Poisoning	Cryptosporidium	26	30	20	15	11
Food Poisoning	Escherichia coli	5	<5	<5	<5	<5
Food Poisoning	Listeria Monocytogenes		<5		<5	
Food Poisoning	Listeria sp			<5		
Food Poisoning	Salmonella	35	22	24	26	16
Food Poisoning	Salmonella paratyphi	0	0	0	<5	<5
Giardia lamblia		5	9	<5	5	<5
Legionella		<5	<5	<5	<5	<5
Listeria (NFB)			<5			
Malaria					<5	
Measles		11	<5	8	122	15
Meningitis		8	<5	<5	8	<5
Meningo septicaemia		7		<5	<5	<5
Mumps		150	27	19	47	56
Ophthalmia neonatorum		<5				
Rubella		10	<5	9	7	<5
Scarlet Fever		<5	<5		6	<5
Streptococcal disease	iGAS					11
TB		8	11	21	29	18
Viral Hepatitis	Hepatitis A	17	5	<5	<5	<5
Viral Hepatitis	Hepatitis B	30	23	38	22	18
Viral Hepatitis	Hepatitis C	115	154	112	106	92
Whooping Cough				<5	<5	<5



## **Vaccinations and immunisations**

Uptake of vaccinations in young children has improved for most immunisations between 2007/08 and 2008/09. At age two years, immunisation of DTaP/IPV/Hib improved from 96.6% to 98.1%, MMR from 84.0% to 84.9%, PCV booster 79.4% to 84.0%, Men 94.4% to 96.3%, Hib/Men C booster 48.9% to 90.7%.

2008/09 has seen the introduction of a new vaccination programme for Human Papilloma Virus (HPV) which can protect against cervical cancer. Uptake of the first dose of the three dose course in Blackpool schoolgirls was 91.8%. This programme will now continue to offer vaccination annually to all Year 8 schoolgirls. During the first two years (2008/09 and 2009/10), the programme is being extended so that all girls born after 1st September 1990 will have the opportunity to receive the vaccine.

Uptake of the seasonal influenza vaccine has been similar to previous years at 71.5% amongst over 65s and 52.5% amongst under 65s in at risk groups.

## **Infection control**

Joint work between NHS Blackpool and Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust has resulted in successful progress to reduce cases of Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* infection and we have achieved Department of Health targets for reductions in these infections.

## **Emergency planning**

During the past year the public health department developed plans for two key scenarios; pandemic influenza and heat wave. In addition, the department's Business Continuity Plan has been revised so that disruption to the day to day working of the department is kept to a minimum in the event of these plans being activated.

# Recommendations

## General

- Implement the recommendations of National Support Team for Health Inequalities
- Maintain a focus on the broader determinants of health, including the economy and employment
- Integrate JSNA into commissioning processes across the public sector agencies in Blackpool
- JSNA needs to be a dynamic and ongoing process to ensure that commissioning across public sector agencies is led by the health and well-being needs and is focused in improving outcomes for the people of Blackpool

## Smoking

- Tobacco control needs to remain a priority with adequate resources to meet local need
- Address NHS workforce smoking levels, making staff ambassadors for tobacco control
- Incorporate smoking cessation into basic medical care, ensuring appropriate treatment services for the needs and preferences of the population

## Alcohol

- Expand Identification and Brief advice in the community and hospital
- Expand treatment capacity including developing a recreational users service for people who binge drink and use Cannabis, Cocaine and Ecstasy
- Expand aftercare and day care services and support Peer Support services
- Establish a criminal justice alcohol service for those arrested as a result of their alcohol misuse
- Further develop intelligence led social marketing campaigns to reduce alcohol consumption





## Sexual health

- Currently there are two specialist GP practices in Blackpool. Ensure that each locality has a practice delivering comprehensive sexual health services
- Establish an Expert Patients' Programme for people living with HIV, enabling them to take control of their own health based on consultation with people living with HIV
- Establish sexual health advice services in colleges
- Provide contraception services in integrated youth facilities in Blackpool South, as part of the South Point development on the Palatine campus
- Expand peer education and programmes for young people aimed at raising aspirations including a Tots and Teens programme
- Increase training capacity for sexual health professionals to deliver effective interventions

## Healthy weights, healthy lives

- Continue work so that all residents of Blackpool have access to good quality and affordable physical activity options
- Residents of Blackpool who are overweight, to lose weight by ensuring they have access to services that meet their needs
- Continue to support work with the Schools Sport Partnership to ensure that all 5-16 year olds have access to two hours high quality PE and three hours of sport beyond the curriculum and that 16-19 year olds have three hours of sport outside of the curriculum
- To extend the provision of high quality programmes that offer the opportunity to promote the benefits of being physically active within our local communities and that encourage long term participation
- To work with partner organisations to promote healthy eating options across Blackpool

## Mental health

- Continue with additional projects and initiatives recently introduced including:
  - Mental health staff based within rehab services and the Intermediate Mental Health team have been trained to NVQ level 3 in the City and Guilds Health Trainer qualification to enable them to promote the physical health of clients living with severe mental illness
  - Certain groups at risk of mental health problems, such as Black and Minority Ethnic (BME) and Lesbian, Gay, Bi-sexual and Trans-sexual (LGBT) communities have been targeted for specific community development, to increase their access to services, including activities that can promote their mental health, such as physical activity
  - Social prescribing schemes have been further developed and promoted, including Arts for Health activities and Books for Health

## Vaccination and immunisation

- Deliver an extended vaccination programme for Human Papilloma Virus to ensure that all girls born after 1st September 1990 will have the opportunity to receive the vaccine
- Plan and deliver a vaccination programme for H1N1 influenza in line with Department of Health guidance

## Infection control

- Continue to maintain vigilance across NHS settings and sustain action on infection preventions for example through 'Cleanyourhands' campaign and assuring hygiene standards

## Screening

- Plan for the extension of the bowel cancer screening programme to include 60-75 year olds
- Work with providers to plan for the introduction of digital screening, introduction of a static site for mammography and extension of the programme to include 47-73 year olds
- Continue with the Improvement Foundations 'Improving Cervical Screening Programme' working to improve uptake of cervical screening amongst 25-34 year olds, and share learning from the programme across all GP practices and community services

## Postscript – The Marmot Review

It is noted that the Strategic Review of Health Inequalities in England post 2010 (The Marmot Review) will report later this year and propose a series of evidence-based recommendations for reducing health inequalities in England from 2010. The Report will contribute to the development of a post-2010 national health inequalities strategy.

The Review focuses on the social determinants of health and, in this connection, is drawing evidence from the WHO Commission on Social Determinants of Health which reported in 2008 and was also chaired by Professor Marmot. The key strategic themes under consideration are:

- Reducing material inequalities
- Enhancing potential and empowerment
- Enhancing social and community capital
- Sustainability of neighbourhoods, transport and food systems
- Quality and flexibility of work and security of employment
- Protecting vulnerable groups
- Public sector performance and responsibility
- Strengthening universal preventative activity on health

These strategic themes have been chosen because of the evidence which shows that they have a clear relationship with health inequalities.

The report and subsequent strategy will have an inevitable impact on future approaches to tackling health inequalities in Blackpool.

# Appendix 1. Progress over the past year

Index of current and past content, review of progress on previous year's recommendations

## Smoking

### We said we would ...

- Ensure that smokers will have more access to Stop Smoking Services via their dentist, pharmacy, general practice and non-NHS venues
- Ensure that smokers will have more access to Nicotine Replacement Therapy (NRT)
- Use social marketing campaigns to encourage people to give up smoking
- Provide training for voluntary sector organisations to help people stop smoking

### Progress to date

The specialist stop smoking service offers appointments with specialist advisers in 11 different locations, of which eight are in the community in non-NHS venues.

There are now also 70 trained smoking cessation intermediate agents delivering help in general practice. There are 20 agents delivering in dental practices and 17 pharmacies registered with trained agents.

The specialist advisers and the non-general practice intermediate agents can provide a voucher for nicotine replacement therapy that can be redeemed through participating pharmacies, thereby removing a trip to the GP practice to collect a prescription.

NHS Blackpool provides smoking cessation training, both brief advice and more detailed intermediate support, on a regular basis to health care professionals and others who can have an impact on smoking behaviour.

A scheme has been set up whereby smokers who are susceptible to lung disease are identified early, even before they are aware of symptoms. A respiratory physiologist works with employers to provide in-house lung health spirometry checks. Smokers at risk are then signposted to stop smoking services and their GP for further investigation.

## Alcohol

### We said we would ...

- Extend the Peer Education Scheme. Young people deliver sexual health, relationship, and alcohol harm reduction education to their own age group in and around formal educational settings
- Expand the provision of diversionary activities for the young people of Blackpool and help to divert them away from alcohol related harm
- Create and promote safer drinking messages to help reduce the likelihood of alcohol misuse in young people, their parents, their families and visitors to Blackpool, using social marketing techniques
- Assist those suffering from alcohol problems and in need of help by holding information and advice sessions in a range of community settings
- Display alcohol harm reduction messages throughout Blackpool Fylde & Wyre Hospitals NHS Foundation Trust to help patients, staff, and visitors make healthier lifestyle changes in relation to alcohol related harm
- Establish an alcohol nurse liaison service in the hospital
- Work towards a saturation policy to limit the number of off licenses

### Progress to date

Joined up team is now in place and delivering a combined approach addressing alcohol and sexual health through Peer Education.

The altn8 campaign has been continued and included branded polycarbonate glasses, posters, and radio campaigns. A new modr8 concept has been designed to address Home drinking.

Community Brief Interventions are available in a range of community settings across the town. Information sessions are delivered by an inter-agency team at community venues, workplaces and events.

Information has been distributed across the hospital, information sessions have been provided to staff and patients and permanent information points are being developed to include alcohol harm reduction information.

The alcohol liaison service has been established with two nurses and has seen 650 patients in the first 12 months.

A saturation policy has been developed and adopted to limit the number of on sales licences in the town centre and off sales licences in the most deprived wards which are saturated with licensed premises.

## Healthy weight, healthy lives

### We said we would ...

- Encourage more of Blackpool's population to eat at least 5 A DAY (portions of fruit and vegetables) and to consume less salt, fat and sugar
- Work to ensure all school-aged children have access to healthy food on school premises and in pre and post school provision
- Work to ensure that all residents of Blackpool have access to good quality, affordable food and nutritional advice
- Ensure all school aged children will have access to two hours physical education and school sport per week to meet the National Healthy Schools Standard
- Help people who are overweight to lose weight by ensuring they have access to the best and most appropriate services

### Progress to date

Staff Training on Healthy Eating is ongoing to support others to eat a more balanced diet.

Healthy Settings including sporting venues are being discussed with the relevant stakeholders.

A localised Change4Life campaign to communicate lifestyle messages is being developed and the Change4Life messages and logo are being used across a wide range of partners.

26 of the 41 schools across Blackpool have been awarded Healthy Schools Status which includes provision of healthier snacks and drinks.

The School Sports Coordinator Team are partially funded by NHS Blackpool and provide access to high quality physical activity within school curriculum and outside usual school hours. Additional access to sports taster sessions outside of school hours is being funded using the major sporting clubs in Blackpool; Panthers, Lights and Seaside to deliver these.

A Weight Management Care Pathway for Adults is under development including new services locally and across Lancashire.

Activity on Referral Programmes and Community Health Walks Schemes have provided physical activity opportunities for adults in combination with Weight Management Services in Primary Care and community settings.

A Children and Young People's Weight Management Care Pathway is under development and a consultation with key stakeholders has helped inform the plan for designing services for overweight and obese children, young people and their families.

We have delivered a number of family weight management intervention pilots, with over 10 families taking part. These have helped to inform the designing of these services and the skill set and training required.

Over the past year, 50 community and work place health information and MOT events have taken place. More than 2,500 people from across Blackpool have been provided with healthy eating and physical activity advice, along with BMI and waist circumference being measured and recorded.



## Accidents

### We said we would ...

- Establish a Balance Programme. This will provide training to staff in care homes to prevent hospital admissions from dehydration and falls
- Continue to expand 'Vision Zero' to reduce accidents and injury on the roads

### Progress to date

A Care Home education programme has been established in Care Homes. Staff in participating homes have been given comprehensive training on recognising risk factors for falls and how to prevent them, as well as training on preventing dehydration.

'Vision Zero' marketing campaigns have targeted road users in Blackpool to save lives and make Blackpool's roads safer.



# Appendix 1. Progress over the past year

Index of current and past content, review of progress on previous year's recommendations

## Breast feeding

### We said we would ...

- Aim to achieve full Baby Friendly Accreditation by 2011. This is likely to increase the number of women breastfeeding happily in Blackpool
- Pilot Star Buddies, a mentoring scheme, where a mum intending to breastfeed is paired with a buddy, from pregnancy through to the baby being six weeks old
- Pilot working with local primary schools to include some basic breastfeeding information in the science curriculum



### Progress to date

We achieved Baby Friendly Stage One accreditation in May 2008 and are now working to achieve Stage Two in May 2010. The work is led by the Infant Feeding Project Board (IFPB) and oversees the progress against Baby Friendly. Systematic and mandatory training is taking place and staff are being audited to assess their knowledge.

Breastfeeding rates at initiation and 6-8 weeks are improving ahead of trajectories.

Children's Centres are fully engaged with a 'Baby Friendly' champion at each site, who is responsible for their Children's Centre compliance with Baby Friendly standards. Audit of this is taking place.

The Infant Feeding Information Team has been recognised as an example of good practice regionally and nationally.

Star Buddies pilot is complete and has supporting funding from DH to implement a peer support system across the hospital and community settings. This is being independently evaluated by University of Central Lancashire.

Work in local primary schools will be progressed through the Healthy Schools Enhanced Model.

## Sexual health and teenage pregnancy

### We said we would ...

- Extend screening for sexually transmitted infections - including availability at social venues
- Further expand access to long acting, reversible contraception
- Ensure there is a specialist GP practice in each locality delivering comprehensive sexual health services
- Establish an Expert Patients Programme for people living with HIV, enabling them to take control of their own health
- Establish sexual health advice services in colleges
- Provide contraception services in integrated youth facilities in Blackpool South
- Expand peer education and programmes for young people aimed at raising aspirations

### Progress to date

Through remodelling sexual health services, NHS Blackpool has continued to achieve the patients being offered and seen target for appointments for sexually transmitted infections within 48 hours of contacting services.

Specialist Sexual Health Services, Young People's services and 12 GP practices now offer contraceptive implants as an effective contraceptive choice for women in Blackpool.

The programme for screening young people aged 15-24 years for Chlamydia has been further developed with nearly 20% of the target population being screened in 2008/9.

These activities together with targeted prevention work with at risk groups has led to a fall in the number of teenage conceptions, new diagnoses of HIV and repeat terminations of pregnancy since 2003/4 when the sexual health strategy for Blackpool was developed.



# Appendix 1. Progress over the past year

Index of current and past content, review of progress on previous year's recommendations

## Mental health

### We said we would ...

- Actively promote social prescribing activities as an effective way to improve mental health, such as Arts for health and books on prescription
- Improve access to services for vulnerable groups such as lesbian, gay, bi-sexual and transgender (LGBT) and black and minority ethnic (BME) communities to improve mental health and well-being
- Launch of the It's a Goal initiative to engage young men with services and promote positive mental health
- Continue to support local employers to promote the physical and mental well-being of their workforce

### Progress to date

Mental health awareness training has been offered to staff in the public and voluntary sector as well as community organisations. All training sessions are fully booked and more dates are to be arranged.

Significant progress made in the number of employers supported to develop policies and practice in promoting the health and well-being of employees, including training on managing mental health and well-being in the workplace.

Working in partnership with Blackpool Football Club to promote the It's a Goal initiative to improve access and promote positive mental health for young men in Blackpool.

## Infection control

### We said we would ...

- Endorse the National Patient Safety Authority 'Cleanyourhands' campaign and promote high standards of hand hygiene to all staff within NHS Blackpool and with independent contractors
- Continue to work in partnership with Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust to reduce the risk of healthcare associated infections to patients across the whole of Blackpool
- Participate in events and activities that provide the opportunity for Infection Control nurses to engage with the wider community and other non - NHS agencies to improve standards of hand hygiene

### Progress to date

DH 'Cleanyourhands' campaign extended to independent contractors, GPs and independent dentists, to promote good standards of Infection Prevention and control and hand hygiene.

Reduction in rates of HCAI (Healthcare Associated Infection) across Blackpool as confirmed by the Department of Health Surveillance programme.

Pilot programme to install hand sanitisers in schools, to encourage hand hygiene in school settings.

Working in partnership with social care and the police to improve arrangements for staff hand hygiene.

## Emergency planning

### We said we would ...

- Have a Pandemic Influenza Plan in place by December 2008
- Continue to develop and test our Major Incident Plan

### Progress to date

NHS Blackpool has in place a Pandemic Influenza Plan which was approved by the Trust Board in December 2008.

The Trust is running a series of Pandemic Influenza awareness sessions for staff.

The Trust's Major Incident Plan is currently being reviewed.

As part of emergency preparedness the Trust undertakes training, exercising and testing of major incident plans. These are done within the organisation, with other NHS organisations and with multi-agency partners.

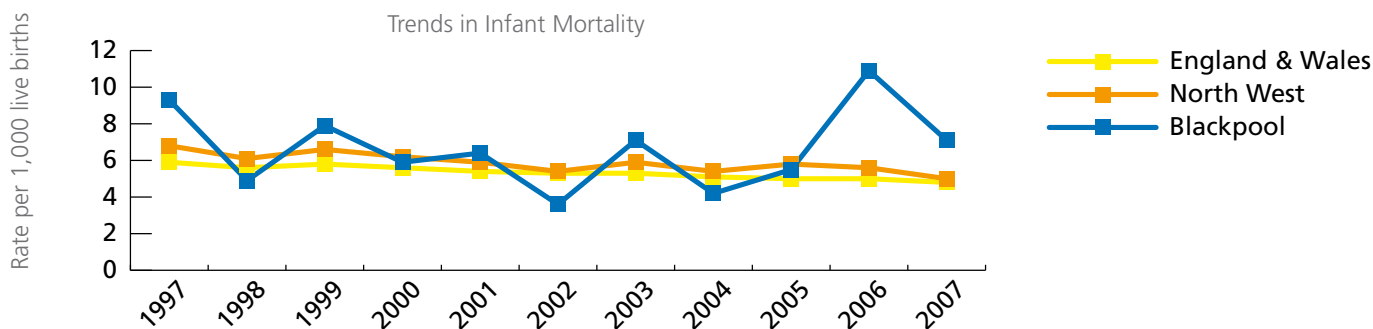


# Appendix 2. Public health targets

This section presents charts of local progress towards the national health inequalities and mortality targets

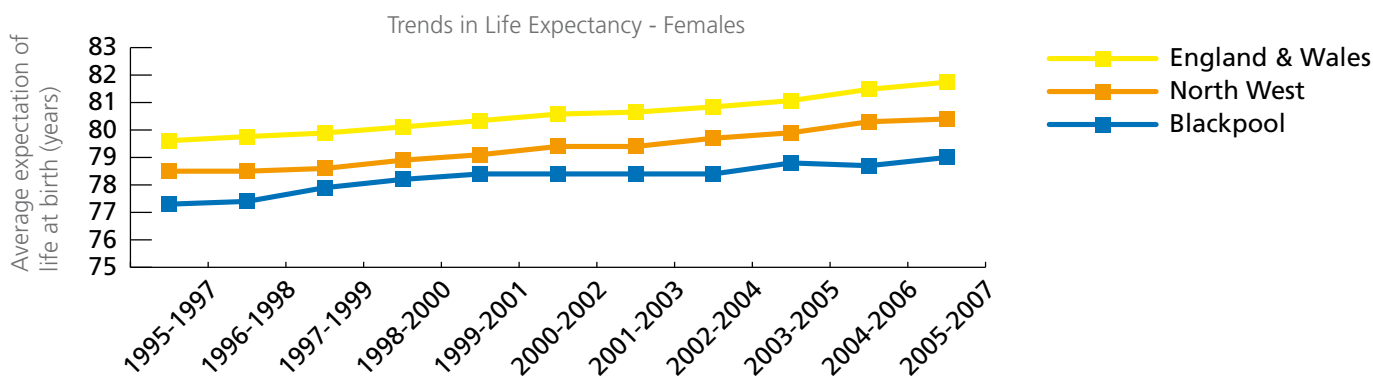
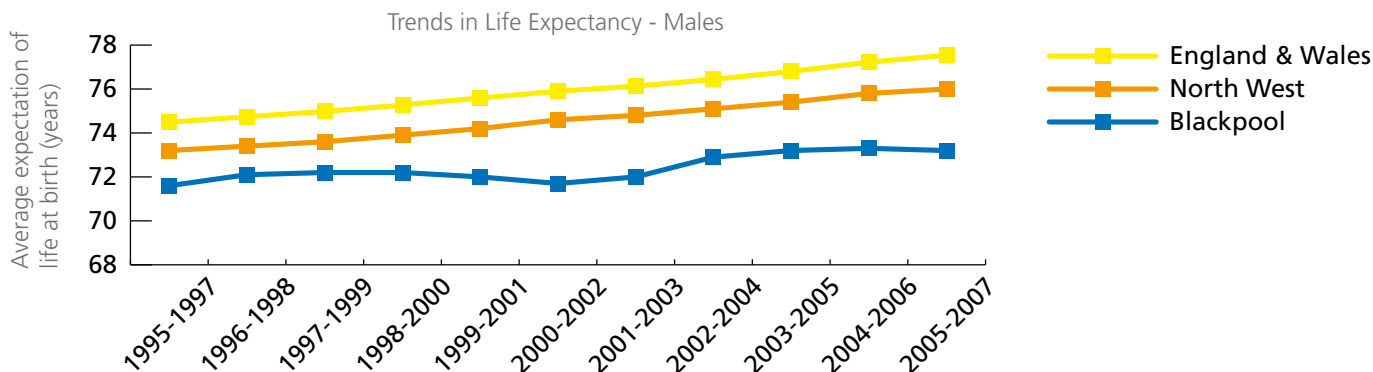
## Infant mortality

The national target is 'Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole. The baseline, for comparison, is 1997-99'.



## Life expectancy

The national health inequalities target is 'To reduce the gap in life expectancy at birth between the fifth of local authorities with the worst health and deprivation indicators (known as 'the Spearhead Group') and the population as a whole (England), by at least 10% by 2010'. (Blackpool is a 'Spearhead' area).



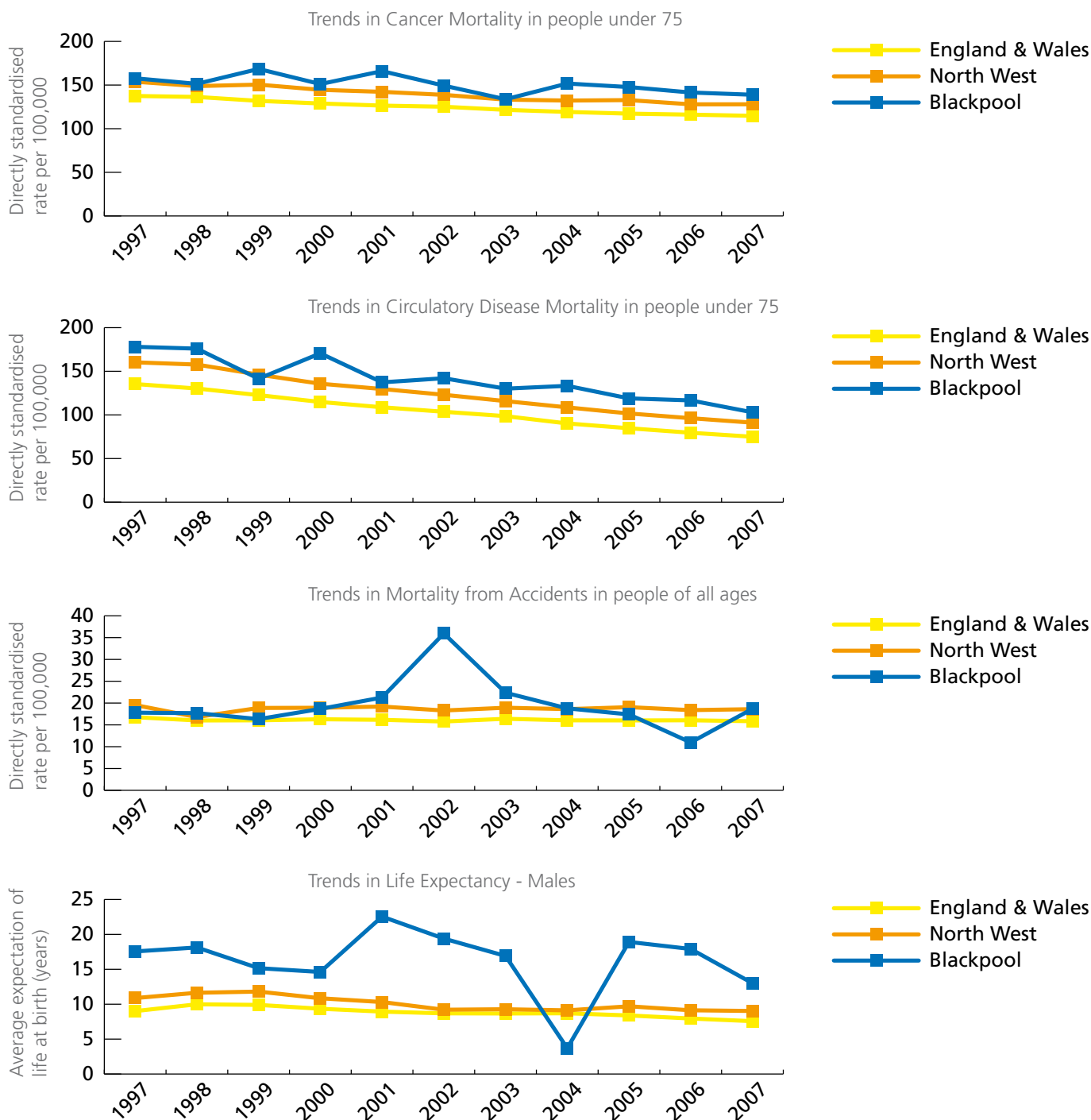
## Premature mortality

The national health inequalities targets are to “Substantially reduce mortality rates by 2010:

- from cancer [...] in people under 75 with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole
- from heart disease and stroke and related diseases [...] in people under 75 with a reduction in the inequalities gap of 40% between the fifth of areas with the worst health and deprivation indicators and the population as a whole”.

The national mortality targets are to reduce the death rate from:

- cancer in people under age 75 years by at least 20% by 2010
- all circulatory diseases in people under age 75 years by at least 40% by 2010
- suicide and undetermined injury by at least 20% by 2010
- accidents by at least 20% by 2010



## Finding out more

Health Profiles from Association of Public Health Observatories [www.healthprofiles.info](http://www.healthprofiles.info)

North West Public Health Observatory (NWPHO) [www.nwpho.org.uk](http://www.nwpho.org.uk)

National Statistics [www.statistics.gov.uk](http://www.statistics.gov.uk)

Joint Strategic Needs Assessment (JSNA) core data summary [www.blackpool.nhs.uk](http://www.blackpool.nhs.uk)





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