

Public Health Annual Report

2009-2010



Health... at the heart of life in Blackpool



Contents

	Page
Chapter 1 Delivering a shared understanding of Joint Strategic Needs Assessment in Blackpool	2
Chapter 2 Profiling inequalities within Blackpool	3
Chapter 3 The Marmot Review – fair society, healthy lives	9
Chapter 4 Progress over the past year	12
Chapter 5 Recommendations	18
Appendix Selected health and well-being data for Blackpool	20

Foreword

By Dr Arif Rajpura, Director of Public Health

I am pleased to present my Public Health Annual Report for Blackpool 2009/10. This years' report is being published alongside NHS Blackpool's Annual Report 2009/10 and Community Health Services Annual Report 2009/10, and the reader may wish to look to these reports for details of NHS Blackpool's performance and financial management.

Last year's Public Health Annual Report presented a high level summary of the Joint Strategic Needs Assessment (JSNA) core dataset. This summary has been well received and was rated highly by the World Class Commissioning panel. The overall picture has not changed significantly and therefore Chapter 1 serves to complement last year's report by presenting an update of activity relating to JSNA.

During this past year, the development of a profile of inequalities within Blackpool has provided new intelligence for the JSNA. This detailed piece of work has been undertaken using a range of data on health and the broader determinants of health to identify key inequalities within the town. A summary of these findings is presented in Chapter 2.

Staying with the theme of inequalities, Chapter 3 considers the recent national review of health inequalities undertaken by Professor Michael Marmot. Tackling health inequalities and the underlying causes of poor health is a key challenge for Blackpool, where people experience poorer health compared to the national average, but also significant differences in health experience within the town. Life expectancy for men in the most disadvantaged parts of Blackpool is 9.8 years shorter than for those in the least disadvantaged areas (see graph below). Similarly life expectancy for women in the most disadvantaged areas is 8.5 years shorter than in the least disadvantaged parts of the town.

Chapter 3 looks at the findings of the review and highlights the roles local organisations need to play in delivering the recommendations.

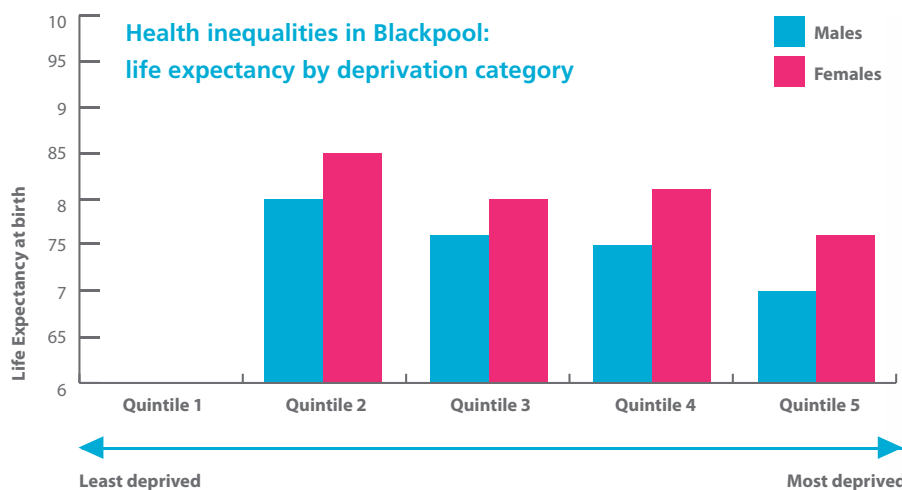
Chapter 4 describes some of the key activities of the public health team over the past year. This includes continued work to address the actions arising from the National Support Team for Health Inequalities' visit, the development of a range of services to support healthy lifestyles, and a robust response to the H1N1 Swine flu pandemic.

Many of Blackpool's public health issues are particularly challenging, for example closing the life expectancy gap and reducing mortality rates for heart disease and cancer. We are improving in these areas but not as rapidly as the national picture. In other areas we have made significant progress such as smoking cessation, Chlamydia screening and immunisation/vaccination; including the successful HPV campaign and high staff uptake of flu vaccination.

Looking forward to the year ahead, Chapter 5 identifies the need to apply the recommendations of the Marmot review in implementing our local inequalities strategy. Our Health Inequalities Framework has been developed in partnership and informed by the National Support Team for Health Inequalities' visit. The impact of the national financial situation on the health needs of the population is likely to increase the needs

at a time of contraction of public services. Prevention activities and increased engagement in health can result in saving in future health care costs as the Wanless Review (2002) identified. The importance of these approaches was highlighted in the report of the National Support Team as well as those clinical interventions offering more rapid potential. In the short term we are actively engaged in the Quality Innovation Productivity and Prevention (QIPP) initiatives around smoking, alcohol, and falls prevention to deliver services in different, more efficient ways to release resources.

Improving health outcomes requires joint work with our partners and not just the actions of the NHS. At the time of writing we have just received the White Paper (Equity and excellence: Liberating the NHS), which promises closer working between local authorities and public health, and we await the Autumn Comprehensive Spending Review. These will have major implications for health and public health. The year ahead promises major changes to the way public services are delivered. We need to maximise the contribution that the NHS can make to the local communities through developing a mutually dependent relationship between communities and health organisations. Part of this will be through involvement in the North West Social Value Foundation and through further developments of our local engagement with the communities of Blackpool.



Pooled data for 2003-07. Quintile 1 includes the least deprived 20% small areas (Lower Super Output Areas) of England, Quintile 5 are the most deprived. Blackpool has no areas within Quintile 1, i.e. those in the nationally most advantaged fifth of the population.

Dr Arif Rajpura
Director of Public Health





1. Delivering a shared understanding of Joint Strategic Needs Assessment in Blackpool

Joint Strategic Needs Assessment (JSNA) is about a shared understanding of local health and well-being needs. This section describes the approach taken in Blackpool.

The approach to Joint Strategic Needs Assessment in Blackpool

The Director of Public Health, Dr Arif Rajpura, leads the JSNA process in Blackpool and chairs a Strategic Group whose membership includes Blackpool Council's Director of Children, Adults and Families, David Lund, and representation from partner organisations. A working group consisting of senior managers and analysts from NHS Blackpool and Blackpool Council takes forward the work plan. During the year the group has carried out consultation with commissioners through attending the meetings of key commissioning groups and holding a consultation event.

How can JSNA support partners across Blackpool to tackle the social inequalities in health identified within the Marmot review? (See Chapter 3)

- Can be used to engage people and communities in determining commissioning priorities
- Identification of inequalities in health and health care, e.g. ward profiles, disease based needs assessments
- Develop a shared understanding across all sectors of the health determinants and well-being priorities of the people of Blackpool
- Support an evidence based approach by facilitating access to the evidence of effective interventions for commissioners

What's new since last year? What have we learned since last year?

- Profile of inequalities between wards within Blackpool. A summary of this work is presented in Chapter 2
- Health and well-being profiles of GP practice populations within Blackpool
- Areas with similar demographic and health statistics to Blackpool (our 'statistical neighbours') have been identified for use in benchmarking
- Improved understanding of the factors contributing to changing life expectancy in Blackpool

- Feedback from consultation with commissioners. An event was held for commissioning managers in December 2009. This event introduced the local JSNA process and sought views on requirements for joint needs assessment information. The most commonly identified priority was for information about local patterns of transience and migration

What to expect from the JSNA over the coming months

- Review membership of Blackpool's JSNA Strategic Group
- Ongoing dialogue with commissioners
- Consultation with members of the public e.g. consultation on health and well-being at Area Forums
- Research into transience and migration
- Child poverty assessment
- Modelling the impact of housing strategy and proposed housing developments on population change
- Diabetes needs assessment
- Dementia needs assessment
- Analyses and modelling of interventions aimed at reducing all age, all cause mortality

Access to the JSNA

- NHS Blackpool website
- Explore joint capacity within partner organisations to deliver JSNA and develop a data observatory

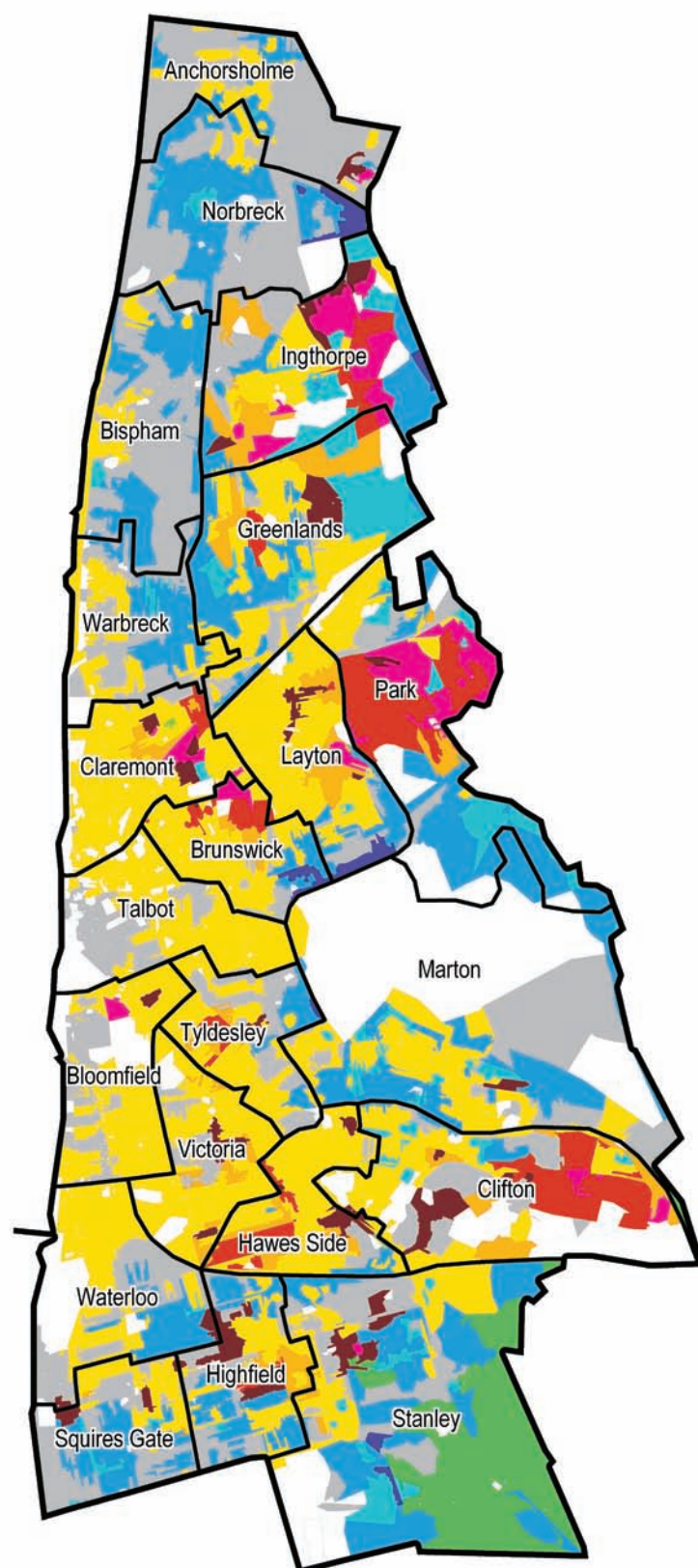
2. Profiling inequalities within Blackpool

This chapter summarises a set of profiles which have been created for electoral wards within Blackpool. These profiles present a range of demographic and health indicators, and give an indication of how each ward compares to the average for the town as a whole. In this way we can gain an understanding of relative inequalities within Blackpool.

In this analysis, Mosaic Groups have been used to create social profiles of each ward. The groups describe UK citizens in terms of their socio-economic and socio-cultural behaviour, which is based on analyses of a range of data including consumer credit activity, council tax information and loyalty card information.

Within Blackpool the single largest group is Mosaic Group D, Ties of Community, which accounts for almost half of households. The second largest group is Group J, Grey Perspectives, accounting for 18% of households. This is considerably different to the national average where the proportions of households in these groups are 16% and 8% respectively. In contrast, Group A (ranked 1st out of the 11 Mosaic Groups for both wealth and good health) accounts for almost 10% of households nationally, compared to 1% in Blackpool.

- A Symbols of Success** - Career professional living in sought-after locations
- B Happy Families** - Younger families living newer homes
- C Suburban Comfort** - Older families living in suburbia
- D Ties of Community** - Close-knit, inner city and manufacturing town communities
- E Urban Intelligence** - Educated, young, single people living in areas of transient populations
- F Welfare Borderline** - People living in social housing with uncertain employment in deprived areas
- G Municipal Dependency** - Low income families living in estate-based social housing
- H Blue Collar Enterprise** - Upwardly mobile families living in homes bought from social landlords
- I Twilight Subsistence** - Older people living in social housing with high care needs
- J Grey Perspectives** - Independent older people with relatively active lifestyles
- K Rural Isolation** - People living in rural areas far from urbanisation



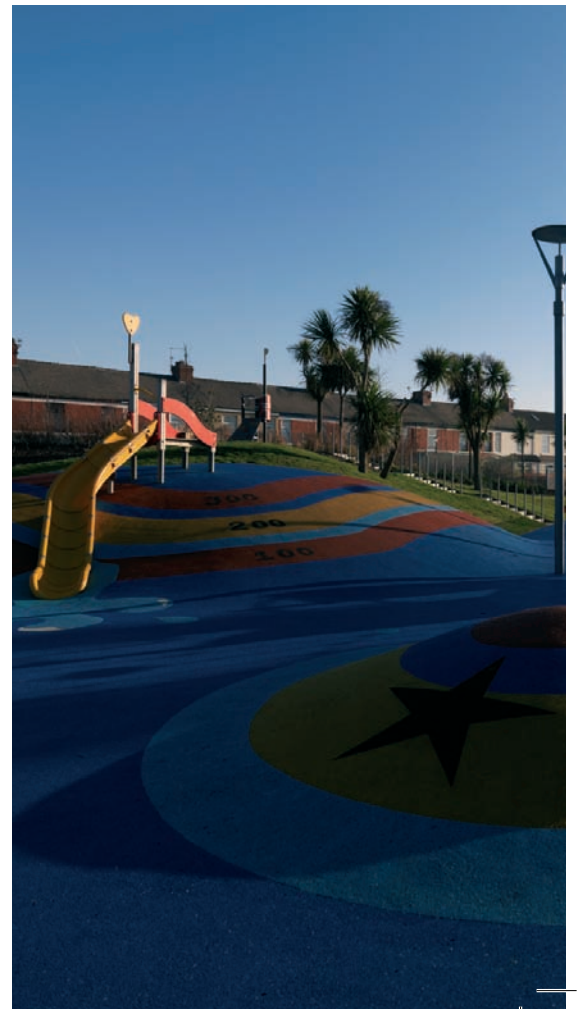
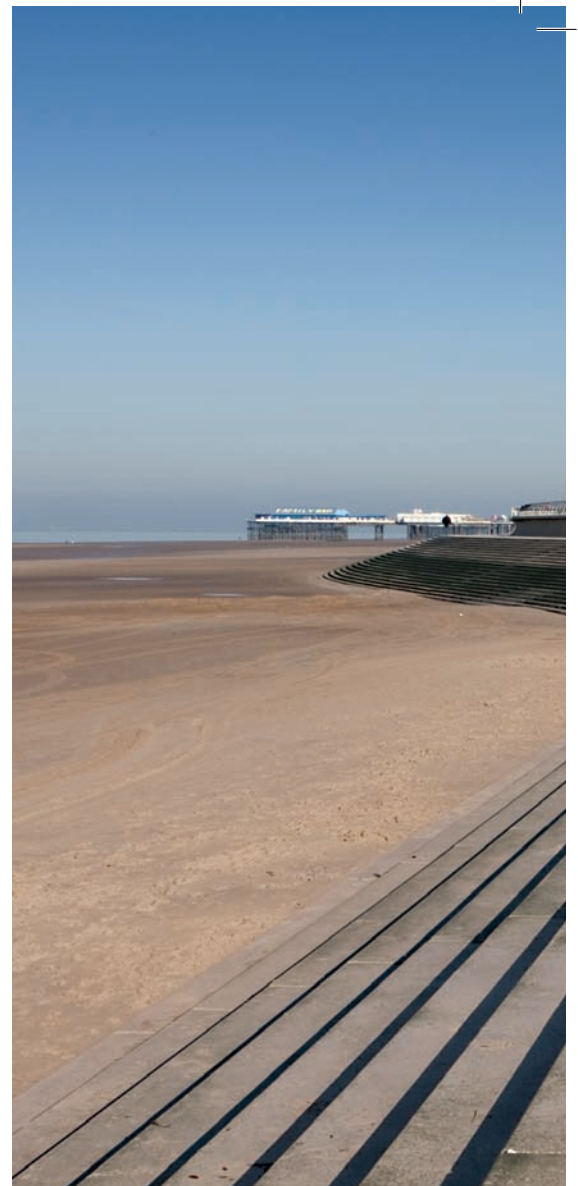
Profiles of individual wards are available to download from www.blackpool.nhs.uk.

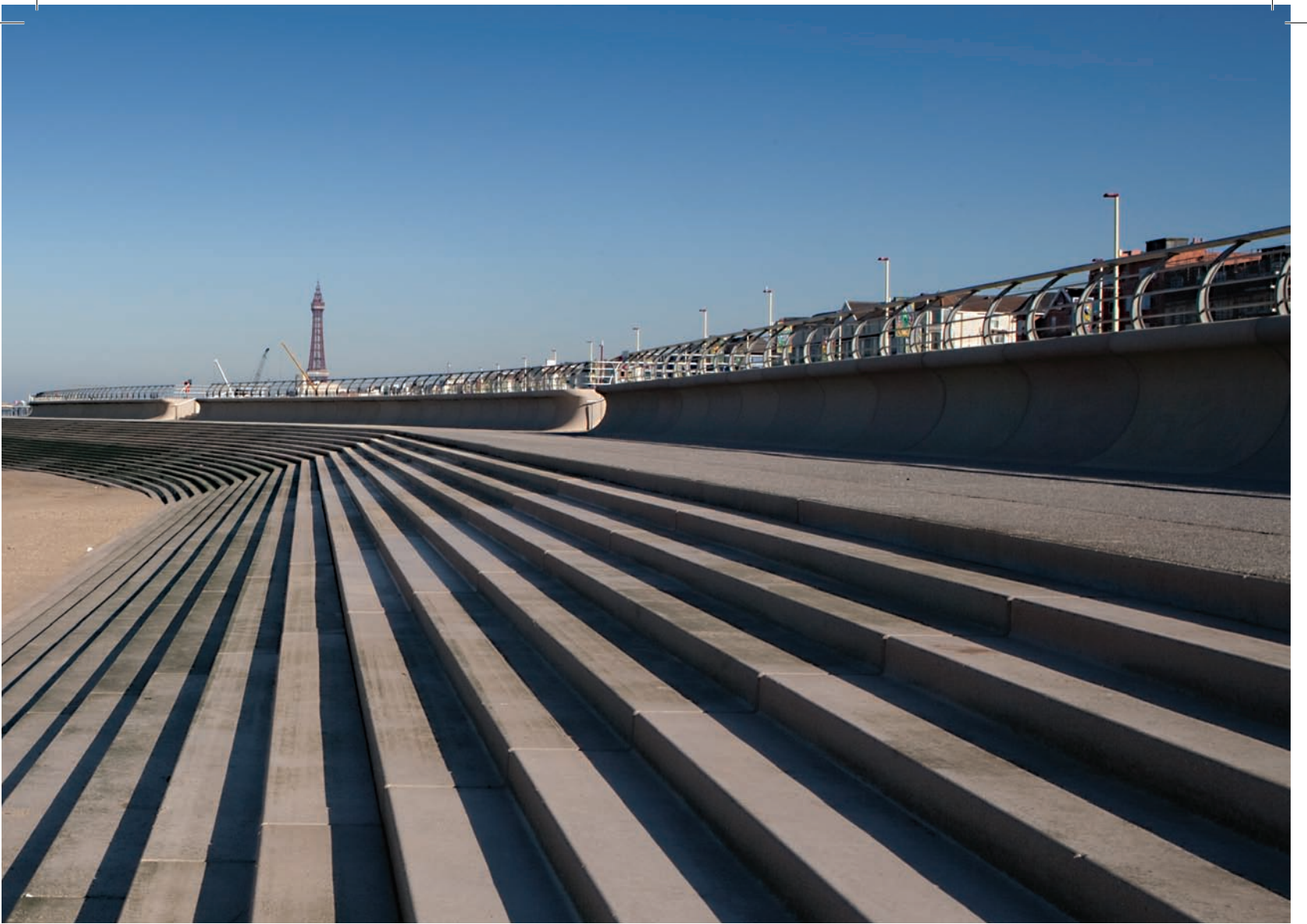
2. Profiling inequalities within Blackpool – continued...

Key Points

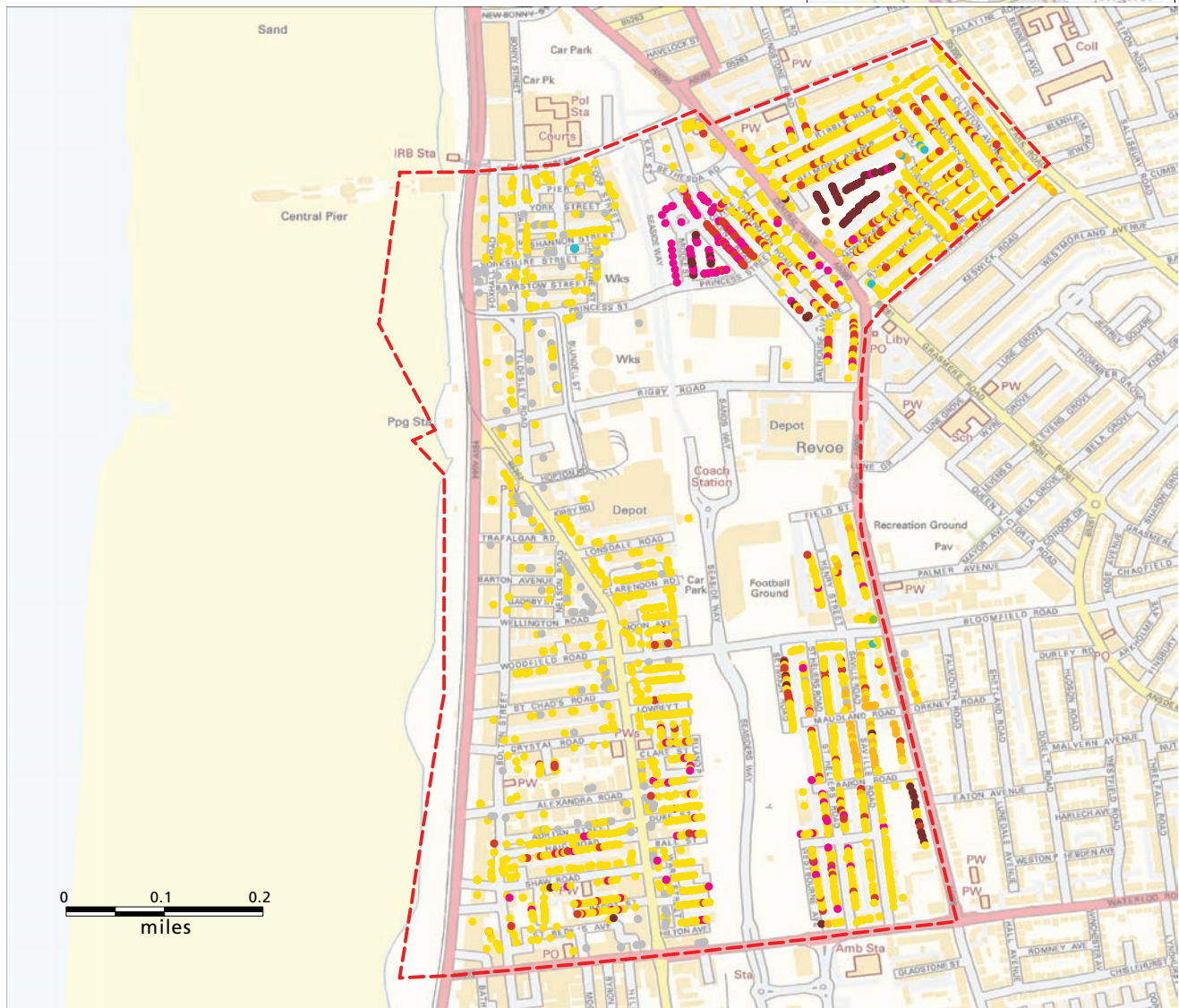
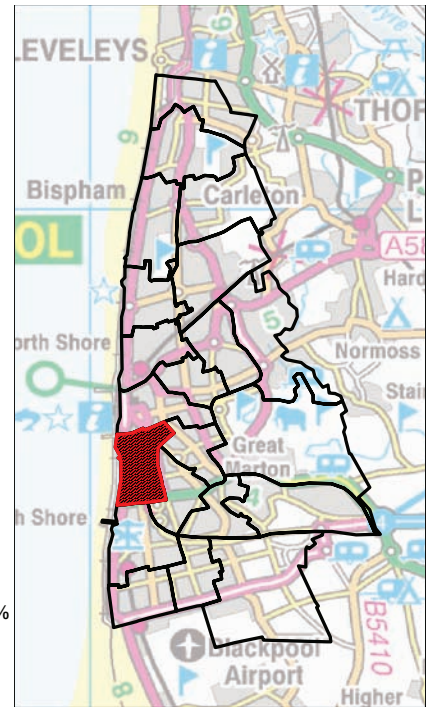
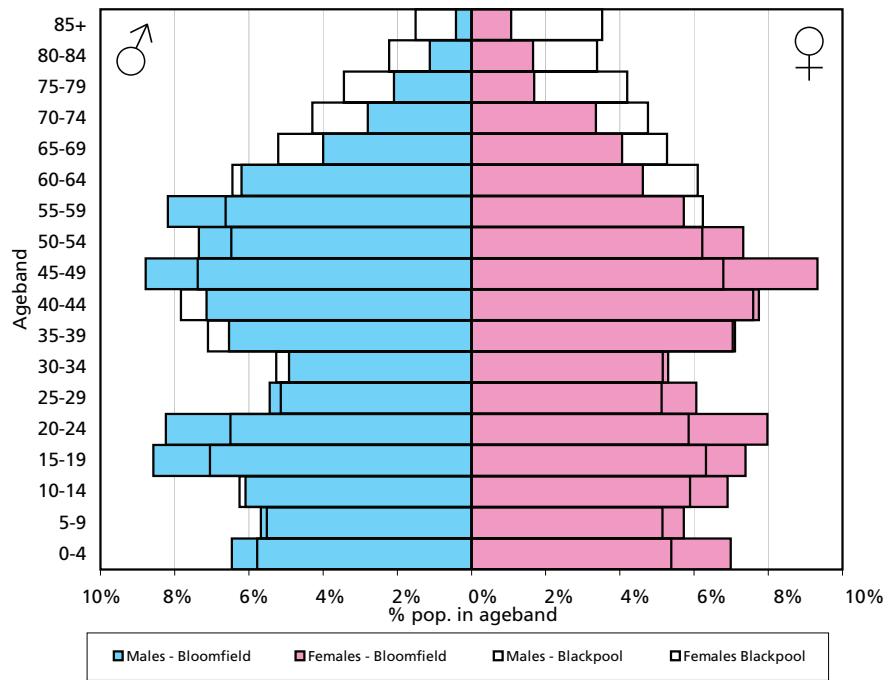
There is a considerable amount of variation in population demographic and health indicators between wards within Blackpool.

- Some wards have a considerably higher proportion of older people (Anchorsholme, Bispham, Highfield, Norbreck, Squires Gate and Stanley) whereas others have a younger population (Bloomfield, Brunswick, Claremont and Park), or a concentration of people of working age (Marton and Talbot)
- Wards with relatively high proportions of older people tend to be relatively affluent compared to the rest of the town, whereas wards with relatively young populations are likely to experience more disadvantage than average
- Overall, around 50% of households in Blackpool are classed as Mosaic Type D (Ties of Community). Just over 20% are Type J (Grey Perspectives), around 10% Type C (Suburban Comfort). The remainder are divided roughly evenly between Types B (Happy Families), F (Welfare Borderline), G (Municipal Dependency), H (Blue Collar Enterprise), and I (Twilight Subsistence) with between 3-5% in each. Wards which stand out as being particularly different to the average profile for Blackpool include Anchorsholme which has more than 60% in Type J
- Other wards with older populations also have higher proportions of this type including Bispham, Norbreck and Squires Gate which have higher than average proportions both of Types J (Grey Perspectives) and C (Suburban Comfort)
- Highfield ward also has higher levels of Type C but in other respects is similar to the average
- Stanley however is rather different. This ward, which also has an older than average population, has higher proportions of Type B, I and K households
- Wards with younger populations tend to have higher than proportion of Mosaic Type D households and this is seen within Bloomfield, Brunswick and Claremont. The profile for Park ward, however, shows markedly higher proportion of Types F and G within the Grange Park housing estate. Clifton ward also has a larger than average proportion of Type G
- The relatively affluent wards with older populations have higher than average healthy life expectancy, and a lower proportion of people reporting “not in good health” (Anchorsholme, Bispham, Highfield, Norbreck, Squires Gate and Stanley). These wards tend to have average or lower than average hospital admissions rates for their age profile. However, Anchorsholme has high rates for cancer and heart disease, Bispham – high rates of heart disease, Norbreck – high rates of liver disease, and Squires Gate - high rates of cancer
- Amongst the relatively disadvantaged wards with younger populations, Bloomfield and Brunswick see higher than average hospital admission rates for key conditions except for cancer where both wards see a lower than average admission rate. Claremont sees average admission rates for key conditions, but higher rates of emergency admissions

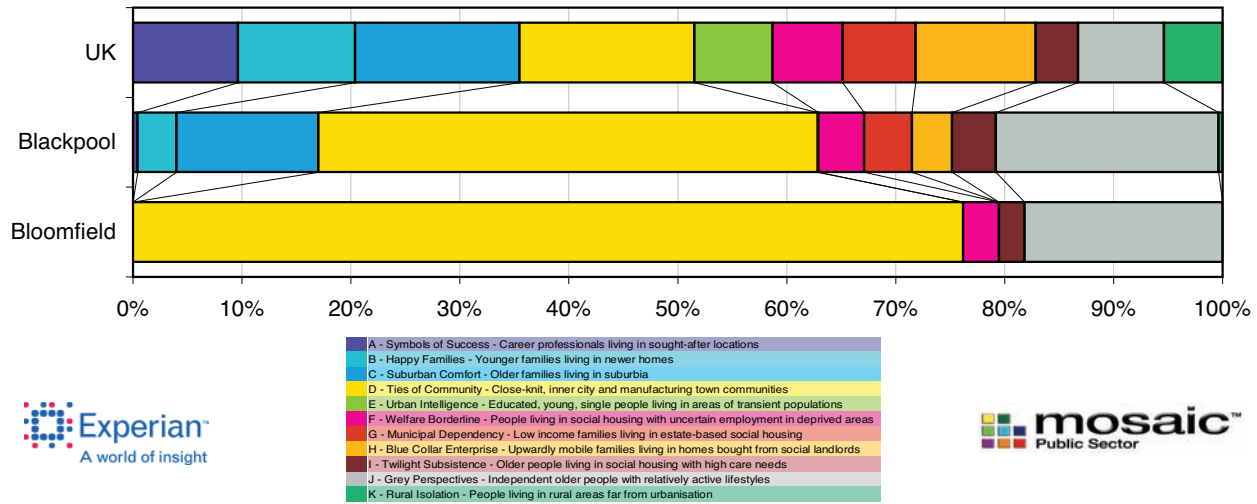




Example Of A Ward Profile: Bloomfield



Percentage of households in Mosaic Types



Comparative Indicators - Relative position of Bloomfield within Blackpool					
	Indicator	Chart	+/-	Value	Unit
Population	Ward Population		+	7374	Population
	IMD 2007		-	73.2	IMD Score
	Population Density		+	62.5	Pop/Hectare
Education & Benefits	% 5+ GCSE C+		+	50.5	%
	% JSA Claimants		-	10.7	%
	% IB/SDA Claimants		-	19.5	%
	% DLA Claimants		-	11.9	%
Good Health	Healthy LE		+	58.8	Years
	Disability Free LE		+	51.4	Years
	"Not Good" Health SIR		-	200.0	SIR
Admissions	Cancer Admissions		-	88.8	SAR
	CVD Admissions		-	154.9	SAR
	Liver Disease Admissions		-	215.6	SAR
	COPD Admissions		-	218.9	SAR
	Emergency Admissions		-	144.1	SAR
Emergency	Ambulance Pickups		-	4332.9	Pickups/SqM
	A&E Admissions		-	127.1	SAR
Mosaic Risk	Long Term Illness		-	89.6	Risk Ratio
	BMI over 30		-	86.0	Risk Ratio
	Type 2 Diabetes		-	27.9	Risk Ratio
	Current Cigarette Smoker		-	122.3	Risk Ratio
	8+ Drinks in Last 7 Days		-	102.4	Risk Ratio
Mortality	CVD Mortality		-	161.2	SMR
	CVD Mortality (Adjusted)		-	103.9	SMR
	Cancer Mortality		-	113.7	SMR
	Cancer Mortality (Adjusted)		-	84.6	SMR
	All Causes Mortality		-	152.9	SMR
	All Causes Mortality (Adjusted)		-	95.3	SMR
Key	<p>← Worse Better →</p> <ul style="list-style-type: none"> Quartile 1 Interquartile Range Quartile 4 Blackpool Value Significantly Worse Significantly Better Not Significantly Different Significance not calculated 				



3. The Marmot Review – Fair society, healthy lives

Strategic review of Health Inequalities in England post 2010

Background

In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review of health inequalities in England. The aim of the review was to propose an evidence-based strategy for tackling health inequalities over the next 10-15 years. The report, launched on 11 February 2010, emphasises the need for effective partnership working on the broader determinants of health in order to reduce health inequalities.

Key Messages

The nine key messages of the review are as follows:

- (1) Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.
- (2) There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
- (3) Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- (4) Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
- (5) Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
- (6) Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social

inequalities in health and tackling climate change must go together.

(7) Reducing health inequalities will require action on six policy objectives:

- **Give every child the best start in life** – the review proposes a rebalancing of public spending towards early years, more parenting support programmes, a well trained early years workforce and high quality early years care
- **Enable all children, young people and adults to maximise their capabilities and have control over their lives** – evidence suggests it is families rather than schools that have the most influence on educational attainment therefore building closer links between schools, the family and the local community are important to reducing educational inequalities
- **Create fair employment and good work for all** – jobs need to offer a decent living wage, opportunities for in-work development, good management practices, the flexibility to balance work and family life, and protection from adverse working conditions that can damage health
- **Ensure healthy standard of living for all** – having sufficient money to lead a healthy life is a highly significant cause of health inequalities and standards for a minimum income for healthy living (MIHL) need to be developed and implemented
- **Create and develop healthy and sustainable places and communities** – many policies which would help mitigate climate change would also reduce health inequalities – for instance more walking, cycling and green spaces
- **Strengthen the role and impact of ill-health prevention** – the review argues for more funding to prevent ill-health from behaviours related to the development of disease, such as smoking, obesity, physical inactivity and drug misuse

(8) Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.

(9) Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

Role of Local Organisations

The Marmot review highlights the significant role the NHS, local government, the third sector and the private sector have in relation to reducing health inequalities. However, health inequalities cannot be addressed by any single organisation alone. Any approach needs to be forged in strong partnership working across disciplines and sectors. Within Blackpool, there are various opportunities and partnerships that enable cross-cutting issues to be tackled collectively:

- **Blackpool Strategic Partnership** – a multi-agency local strategic partnership (LSP) bringing together the different parts of the public, private, community and voluntary sectors
- **Sustainable Communities Strategy (SCS)** – the overarching plan for promoting the economic, social and environmental well-being of Blackpool
- **Local Area Agreement (LAA)** – this establishes the priorities for Blackpool, as agreed between central government and the local partners in the LSP
- **Comprehensive Area Agreement (CAA)** – an independent system for measuring local performances
- **Joint Strategic Needs Assessment (JSNA)** – a duty on NHS Blackpool and Blackpool Council to systematically assess the future health, care and well-being needs of the local population



3. The Marmot Review – continued...



Role of the NHS

The NHS has a significant role to play in policy and programmes involving health promotion, disease prevention and health care. Even though most of the observed social inequalities in health status are not caused by what goes on in the NHS, this does not mean that there is no role for the NHS in reducing inequalities in health status. Indeed, the NHS has a potentially pivotal contribution to make to tackling social inequalities in health in a number of ways:

- Engage people and communities in the co-production of world class commissioning for patient-focused, integrated health services
- Address inequalities in access to health care
- Shift the balance of spend from acute care into primary and preventive care
- Act as a champion and facilitator to influence other sectors
- Promote a culture of evaluation and research in order to identify the most effective interventions
- Use local employment and economies through effective commissioning and act as a good 'corporate citizen' in everything from staffing to catering

Providers of NHS health care services

Providers of health care services, such as GPs, community nurses, hospitals and mental health services, all can directly influence the wider social determinants of health through improving local employment opportunities and proactively seeking to influence the local economy of disadvantaged areas. Examples of how health care providers can help reduce health inequalities include:

- Tackling poverty by boosting the income of patients, for example by providing services which offer advice on welfare benefits within health care settings
- Tackling unemployment through improving occupational health support offered to patients in order to reduce worklessness
- Boosting the local economy by harnessing the NHS's purchasing power and position as a major employer to support local businesses
- Improving working conditions by reducing stress and supporting staff with effective and timely occupational health services

- Empowering patients through initiatives such as expert patient programmes, community champions and community development work
- Taking a population perspective in general practice by ensuring all registered patients have equitable access to health care
- Focusing on prevention to address health inequalities
- Engaging communities in order to improve service provision





Role of Blackpool Council

Local councils have the power to secure the economic, environmental and social well-being of the local population. They are also directly responsible for a broad range of services which directly impact on the wider determinants of health. They are therefore in a key position to mobilise action to tackle health inequalities and improve well-being. Specific roles for local authorities identified by the Marmot Review include:

- Major employer in the local area
- Commissioner of services
- Community leadership and democratic renewal
- Exercise of powers in health and well-being as part of the local sustainable community strategy
- Community safety and place shaping
- Provider of services, including education, adult social care, leisure services, planning and so on

Role of the Third Sector

The third sector in Blackpool is diverse and includes charities, social enterprises, cooperatives, housing associations, mutuals and the faith communities. The third sector has a major role to play in developing local engagement and partnerships through:

- Drawing on links with local people, families and communities
- Identifying assets that would extend community networks
- Engaging and supporting individuals to improve their health and well-being
- Developing community infrastructure through self-help, unpaid work and voluntary endeavour

Role of the Private Sector

The private sector has an important role in creating employment, skills and wealth within Blackpool, and helping to prevent ill-health and promote health and well-being through:

- Providing vocational training and return to work schemes
- Supporting employment of those suffering from disabilities or ill-health
- Creating opportunities for in-work development
- Providing flexibility to enable people to balance work and family life
- Ensuring protection from adverse working conditions that can damage health

Implementation

Delivery of the recommendations will require a cross-department approach within government. The Implementation Board of the Review includes the Department of Work and Pensions (DWP) and the Department for Children, Schools and Families; there is also a Cabinet Group for Health and Well-being.

NHS North West is to circulate a new health inequalities plan which will form a component of the Single Regional Strategy.

Health Inequalities Framework for Blackpool

NHS Blackpool and Blackpool Council have already made progress towards establishing a local framework for addressing health inequalities. This framework recognises the impact of economic, social and environmental conditions on peoples' health and focuses on joint working to tackle these issues. It identifies three priorities for the next three years:

1. Improve health and well-being outcomes and reduce inequalities,
2. Target and improve the wider determinants of health, and
3. Increase capacity for leadership to target health inequalities in Blackpool.

These priorities complement the Sustainable Community Strategy goals and objectives, and are linked to detailed information and analysis about the health of Blackpool's population drawn from the wider JSNA process. The framework provides a set of key objectives under each priority and outlines how each priority will be achieved. The major interventions, across a range of partners are highlighted. The framework has recently been approved by Blackpool's Health and Well-being Board, and will shortly be discussed by Blackpool Strategic Partnership Board.



4. Progress over the past year

Health inequalities

In April 2009 NHS Blackpool was visited by the National Support Team for Health Inequalities. The team assessed the progress the PCT and partners had made towards reducing inequalities and, in particular towards the very challenging life expectancy targets. The feedback from the team identified many positives in the approach and made suggestions where we might better focus actions. These have been followed up in two main ways:

- NHS Blackpool has refreshed the All Age All Cause Mortality Plan originally agreed by the board in 2007 to identify the actions most likely to impact by 2011. Because of the requirement for rapid progress, these are predominantly clinical interventions
- The NST identified the importance of medium-longer term actions which would yield benefit. These form a key part of the new Health Inequalities framework developed in conjunction with partners. This includes tackling the wider determinants of health and the framework will be a significant route for implementing the Marmot Review recommendations

Joint Strategic Needs Assessment:

- Dissemination of JSNA Executive Summary within the public health annual report
- Consultation event was held for commissioners to inform and engage them in the JSNA process, and identify their priorities for JSNA
- JSNA has informed the priorities within NHS Blackpool's Commissioning Strategic Plan



Healthy weights, healthy lives:

- NHS Blackpool has customised the National Change4Life campaign and developed a localised campaign, 'Blackpool Do it 4...', and supporting branding
- The PE and School Sports Partnership Team support the provision of the three hour core offer "to deliver high quality physical education and sports within curriculum time" and link into delivery of the Children and Young Peoples' Weight Management Prevention Service. Additionally the fourth and fifth hours of the offer are supported through making the links into local sports clubs with some taster sessions outside of school hours being funded by NHS Blackpool using Panthers RFL, Lights Basketball and Blackpool Football Club to deliver these
- The Children and Young Peoples' Weight Management Care Pathway has been developed and the delivery service specification is under development
- The Weight Management Care Pathway for Adults is under development and will include a Specialist Weight Management service to bridge the gap between tier 2 community weight management and tier 4 bariatric surgery services. A pharmacy based Weight Management Service has been established as a pilot for adults with a BMI of 25-35 as an option within tier 1 of the pathway
- Since April 2010, 16 community and workplace MOT and health promotion events have taken place. With over 450 people from across Blackpool accessing healthy eating and physical activity advice, along with blood pressure, Body Mass Index (BMI) and waist circumference being measured and reported to GPs
- A revised physical activity on referral programme has been commissioned and will provide opportunities for adults to access, enjoy and benefit from a variety of physical activities to suit their needs in Primary Care and Community settings, with clear exit routes
- A pilot set of Healthy Eating Training for frontline staff has been delivered to support Blackpool residents to eat a more balanced diet

Infant feeding

- Significant progress continues to be made increasing the number of Blackpool babies that are breastfed at birth, with 60% being breastfed in 2009/10 compared to just 42% in 2006/7. Increasing the rate of breastfeeding initiation in the Routine and Manual Group to those of the non-Routine and Manual Group, from 67% to 83%, has the biggest impact, at 4%, of any intervention in reducing the gap in infant mortality
- NHS Blackpool and Blackpool Children Centres were jointly awarded Stage 2 accreditation with UNICEF (UK) Baby Friendly Initiative. This is an externally evaluated programme of implementing best practice standards of care in infant feeding. Only 5 other PCTs have achieved Stage 2 accreditation to date
- Blackpool Victoria Hospital has gained the Certificate of Commitment from UNICEF (UK) Baby Friendly Initiative and joint training is taking place between the Health Visiting Team, the Midwifery Service and the Star Buddy Peer Support Team



- Prevalence of breastfeeding at 6-8 weeks has slowly increased from 17% in Q1 2008/9 to a year average of 22% for 2009/10. Increasing breastfeeding prevalence will contribute to reductions in health service costs. An increase of 10 percentage points in prevalence at six months across England would result in total savings of £7.1 million every year
- A systematic peer support programme for breastfeeding mothers, Star Buddies, has been implemented across Blackpool in line with NICE guidance, to provide local, easily accessible support until around 8 weeks postnatal



Alcohol:

- Commissioned Identification and Brief Advice (IBA) training for people who work in Blackpool. Started IBA service in 10 pharmacies and Blackpool Victoria Hospital A&E
- Adapted Alcohol and Drug Service (ADS) to include longer hours and weekends to treat recreational users
- Increased capacity for aftercare for service users on Alcohol Treatment Requirements and for abstinent service users
- Employed 3 Alcohol workers providing treatment to people in the custody suite
- Carried out extensive insight work and developed new altn8 and modr8 campaigns and the altn8 challenge in Blackpool town centre's night-time economy

Sexual health:

- The PCT screened 25% of young people age 15 – 24 yrs for Chlamydia
- A third practice has undergone the necessary training to become a Tier 2 specialist sexual health service
- Shiver workers have been trained by Body Positive North West to deliver Expert Patients Programme to people living with HIV
- Clinical treatment room at Blackpool & Fylde College has been completed
- Southpoint plans are currently being developed for submission for national resources. The new young peoples' centre will include space for contraceptive services
- A Training Co-ordinator has been appointed and training capacity increased through 2 GP training practices
- Access to Long Acting Reversible Contraception has been significantly improved

Mental health:

- Mental health staff promoting the physical health of clients living with mental illness, and signposting to appropriate services for additional support where required
- Mental health awareness training and projects in place to promote access to support services and social networks. Traveller needs assessment undertaken
- Programmes offered via Single Point of Access whilst on waiting list to see a clinician. Update on bibliotherapy launched and expanded to include children

Smoking:

- The treatment services arm of tobacco control is performing well and meeting current targets. We have developed a very successful locally enhanced service (LES) and 93 smoking cessation intermediate agents have been trained to deliver intermediate interventions opportunistically in the course of routine care. The performance of the Specialist Service and the LES have enabled us to exceed the 4 week quit target by over 40%. However, when the target moves to smoking prevalence there is a real risk of failure. This indicator will require robust non-NHS partnerships to reduce availability to cheap and illicit tobacco
- We have made excellent progress on reducing the number of women smoking in pregnancy and our Smoking at the Time of Delivery (SATOD) rate is falling
- Good implementation of the smokefree policies adopted by all the NHS organisations in the area should have the effect of reducing the opportunities for staff to smoke during the working day. This should increase confidence in stopping smoking altogether. Where the policy is strongly promoted, there is evidence of increased demand for stop smoking professional support, e.g. Victoria Hospital site

Accident prevention and home safety:

- We have worked jointly with Blackpool Coastal Housing, Children's Centre, Health Visitors and private and social landlords on an accident prevention intervention for children aged under 5 to prevent accidents in the home
- We are also working in partnership with the Royal Society for the Prevention of Accidents to implement the national home safety equipment scheme
- The partnership work between Public Health and Care & Repair has continued to develop. Care & Repair were successful in obtaining Community and Local Government funded pilot to enhance the very successful "SEASHORE" Home Safety Scheme. As well as increasing the number of interventions provided this included delivering health and self care messages to the clients visited by the scheme and sign posting to health trainers, exercise, Vitaline, Patient Advice and Liaison Service (PALS), Healthy Futures, Healthy Walking scheme, blood pressure checks and many others
- In January this year, Care & Repair were presented with two awards at the Houses of Parliament. They were winners in the category "Excellence in engaging with Health and Social Care" and commended in the "Excellence in Delivering Handyperson Services". The judges commented on and praised the excellent links Care & Repair have with health services and in particular the value of the Home Safety Scheme
- Amalgamation of staff from the Home Owner Advice Team and Counter Attack into Care & Repair has helped to ensure consistent delivery of services across both older people and vulnerable families

4. Progress over the past year - continued...

Screening:

- Roll out of the bowel screening programme to the extended age group commenced on 1st April 2010
- Planning for roll out of the breast screening to the extended age group is underway and is being combined with the introduction of digital screening at a static site within Blackpool
- Learning from the Improvement Foundation's 'Improving Cervical Screening Programme' has been disseminated. A Health Development Practitioner has been appointed on a fixed term basis to promote the uptake of cancer screening programmes in Blackpool. NHS Blackpool has worked with researchers from Liverpool John Moores University to conduct insight work with women in Blackpool to understand their views on Cervical Screening

Emergency planning:

- NHS Blackpool has long-standing plans to deal with emergencies and unexpected events
- In 2009 we responded to a flu pandemic which was a global outbreak of a new strain of H1N1 influenza virus, often referred to as "swine flu". While only mild symptoms were experienced by the majority of people some had more severe symptoms. NHS Blackpool provided Tamiflu to those who needed it and undertook very successful vaccination programmes for staff and clinical priority groups
- All departments have reviewed their Business Continuity Management (BCM) plans based on the principle that they should be able to maintain critical services for defined periods

Vaccination and immunisation:

- In addition to successful improvements in the uptake of routine childhood immunisations and seasonal flu vaccine, this year NHS Blackpool has delivered additional campaigns for HPV and H1N1 "swine flu"
- The accelerated HPV immunisation programme was carried out by offering HPV vaccine to eligible girls in school and via general practices for those having left school
- NHS Blackpool offered H1N1 "swine flu" vaccine to all health and social care workers and those in clinical risk groups as recommended by the Department of Health. Our staff uptake rates were amongst the highest in the country

Infection control:

- There has been a national focus on reducing healthcare related infections, with Primary Care Organisations responsible for reducing the incidence of infections that potentially occur in the community setting. The Blackpool Community Infection Control Team advise on all aspects of infection control and decontamination, support policy development within NHS organisations and for independent contractors, assist in the management of outbreaks and provide training for frontline staff
- Progress to date has included NHS Blackpool achieving its Department of Health Vital Signs Objectives in Year 09/10 in reducing the Number of MRSA and Clostridium difficile in Blackpool residents, with a focus on hand hygiene, antibiotic stewardship and all aspects of training and education for NHS staff and independent contractors



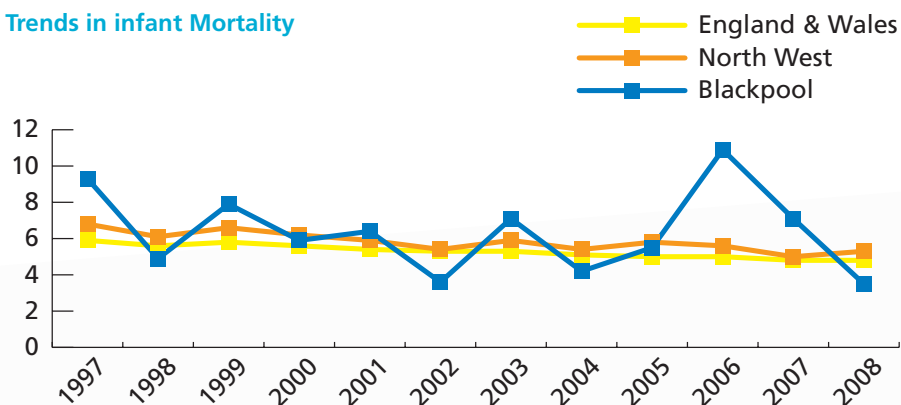
Public health mortality targets

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". The infant mortality rate for Blackpool is based on only a few deaths each year and as a result is more sensitive to small changes in the numbers occurring than the regional or national rates. Therefore it is sensible to be cautious when interpreting apparent spikes in single years. Overall, the trend in infant mortality is similar to the average for the North West region.

Trends in infant Mortality



Source: Compendium of Clinical and Health Indicators

Look after yourself - Cervical Screening Awareness

Look after yourself - The Cervical Screening Programme prevents cancer developing in most cases.

Few women look forward to having their smear test. But it is free, takes just a few minutes... and could save your life.

If you want more information about Cervical Screening, contact:

- Your own GP practice
- GP Led / Walk in Centre, Whitegate Health Centre Tel: 01253 953953
- Contraceptive and Sexual Health Services Tel: 01253 657171

Services are available seven days a week.

Look after yourself
Cervical Screening is important... go for your smear test

4. Progress over the past year - continued...

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.

Life expectancy in Blackpool has improved in recent years. Despite this improvement, life expectancy in Blackpool has been increasing at a slower rate than the country as a whole, and the gap between life expectancy in Blackpool and the national average continues to widen.

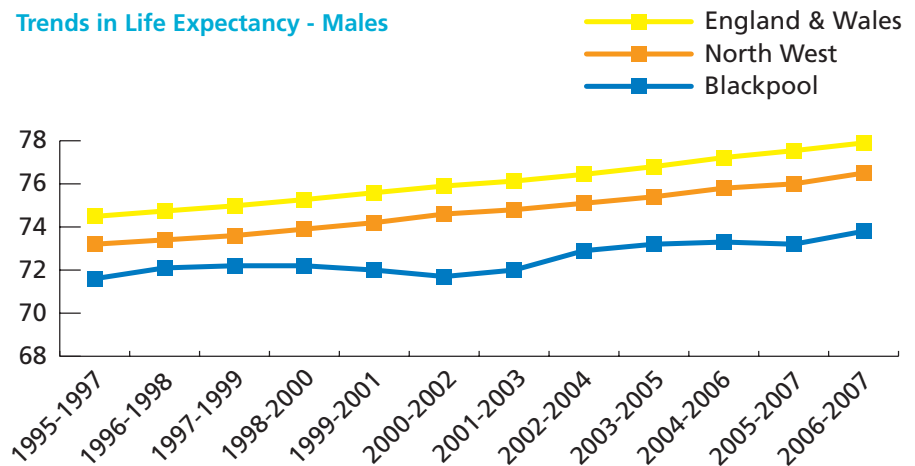
In 2009, NHS Blackpool was visited by the National Support Team for Health Inequalities. The team provides additional support for spearhead PCTs aimed at reducing their inequalities gap. Blackpool has the lowest life expectancy in the country for both men and women. The national team focussed on:

- Secondary prevention of cardio vascular disease
- Acute management of cardio vascular disease
- Seasonal excess deaths
- COPD (bronchitis, emphysema)
- Tobacco control
- Cancer

Alcohol was not included as it had been the topic for a recent National Support Team Alcohol visit.

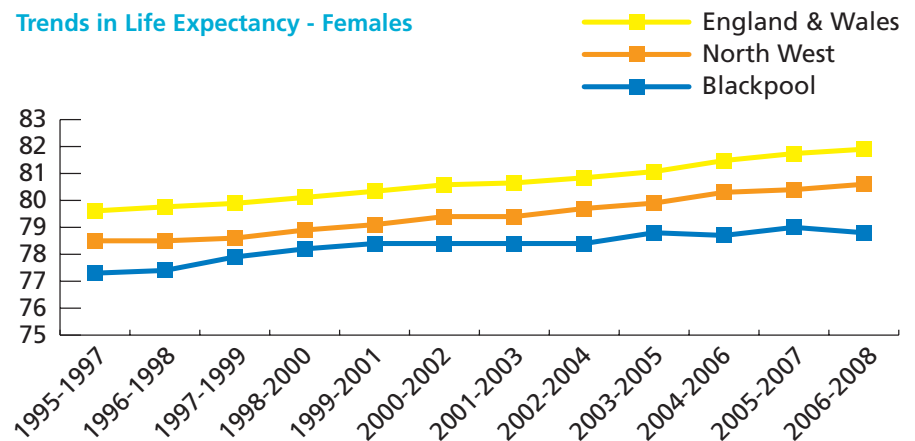
The National Support Team for Health Inequalities identified a large number of very positive aspects of the Blackpool work in this area, including work with partners such as the Council. The findings have been used to guide the update of the 2007 Mortality Plan and to help shape the Health Inequalities framework.

Trends in Life Expectancy - Males



Source: Compendium of Clinical and Health Indicators

Trends in Life Expectancy - Females



Source: Compendium of Clinical and Health Indicators



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:

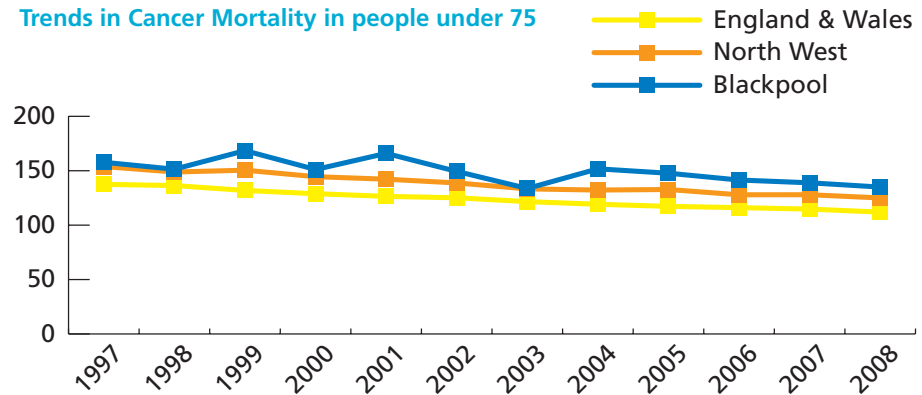
- To reduce the death rate from cancer in people under age 75 years by at least 20% by 2010
- To reduce the death rate from all circulatory diseases in people under age 75 years by at least 40% by 2010
- To reduce the death rate from suicide and undetermined injury by at least 20% by 2010
- To reduce the death rate from accidents by at least 20% by 2010

The trend in mortality from cancers and circulatory diseases amongst people under 75 shows an overall pattern of improvement. However mortality rates are higher than the regional and national average in both cases.

Mortality from accidents amongst Blackpool people of all ages is similar to the average for the North West region. Accident mortality rates are based on small numbers of actual deaths so rates are sensitive to small variations and apparent spikes should be interpreted with caution.

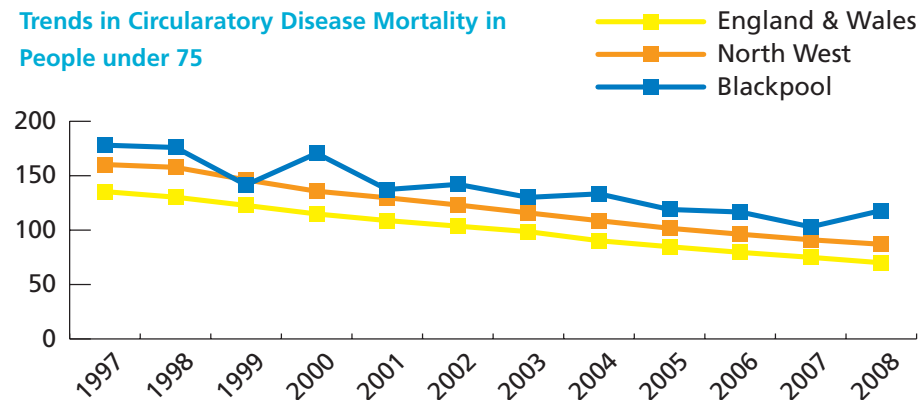
Mortality rates from suicide and undetermined injury are also based on only a few actual deaths and figures for single years must be viewed with care. However, the overall trend shows rates in Blackpool to be consistently higher than both the North West region and national average. Rates for the North West region appear to have reduced slightly over the past decade.

Trends in Cancer Mortality in people under 75



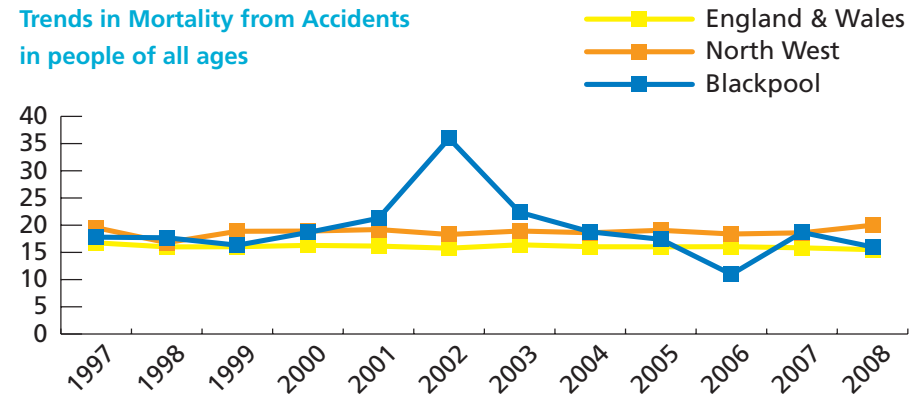
Source: Compendium of Clinical and Health Indicators

Trends in Circulatory Disease Mortality in People under 75



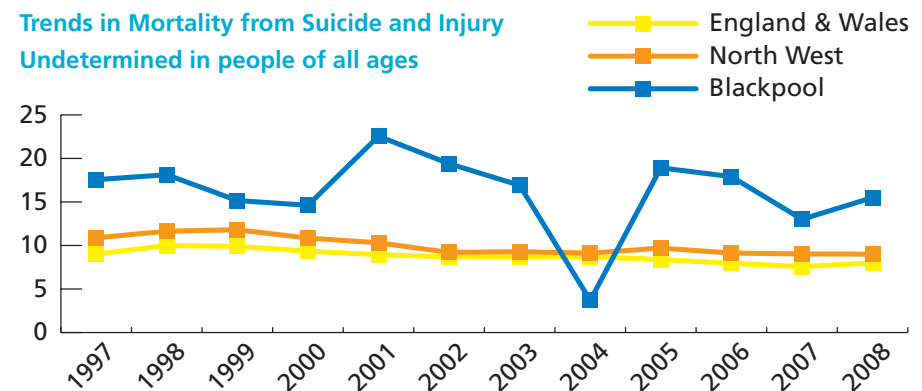
Source: Compendium of Clinical and Health Indicators

Trends in Mortality from Accidents in people of all ages



Source: Compendium of Clinical and Health Indicators

Trends in Mortality from Suicide and Injury Undetermined in people of all ages



Source: Compendium of Clinical and Health Indicators

5. Recommendations

Health inequalities:

- All partners across Blackpool will need to work together to address the recommendations arising from the Marmot Review, and to agree and implement an action plan to implement the interventions identified within Blackpool's Health Inequalities Framework. This work will need to include a focus on local health inequalities within Blackpool such as those identified in the ward profiles.

Health Inequalities Framework for Blackpool 2010-2013

Priority 1: Improved health and well-being outcomes, with reduced inequalities

Priority 2: Target and improve the wider determinants of health

Priority 3: Increased capacity and leadership in Blackpool to target health inequalities

Specific areas where action is already planned:

Alcohol:

- Campaign for the introduction for a minimum price of 50p per unit of alcohol
- Increase capacity of the Alcohol Liaison Nurse Service at Blackpool Victoria Hospital
- Review the effectiveness of treatment services and redesign services where necessary
- Provide an alternative location for treating drunk people at weekends
- Further increase availability of Identification and Brief Advice

Sexual health:

- Establish a further specialist sexual health tier 2 service in Blackpool south
- Review Expert Patient contract and consider VFM and potential for introducing condition specific courses to provide a sustainable programme for people living with HIV
- Outreach sexually transmitted infection and HIV sessions to commence in Summer 2010 term

- Establish contraceptive services at Southpoint when building work complete
- Increase roll out of these in the remaining four secondary schools and pupil referral units that currently do not receive it
- Ensure all nurses and GP's can attend accessible training for Long Acting Reversible Contraception (LARC), and basic screening and treatment for sexually transmitted infections

Mental health:

- Establish an NVQ level 2 training programme to increase the number of health trainer champions in the community
- Develop an equality and diversity training pack and provide specific skills training for community translators. Use results of Traveller Needs Assessment to look at specific needs of this group
- Expand social prescribing programme to increase opportunities for people with mental health problems to access everyday sources of support

Healthy weight, healthy lives:

- Continue work so that all residents of Blackpool have access to good quality and affordable physical activity options, through:
 - Promoting the benefits of being physically active within our local communities that encourage long term participation
 - Extending the provision of high quality programmes that offer these opportunities
 - Monitor and evaluate the Physical Activity on Referral Service
 - Residents of Blackpool who are overweight, to lose weight by ensuring they have access to services that meet their needs and are delivered in primary care and community settings
 - Develop and implement an adult and children's weight management care pathway
 - Continue to support work with the Physical Education and Schools Sport Partnership to ensure that all:
 - 5-16 year olds have access to two hours high quality physical education and three hours of sport beyond the curriculum

- 16-19 year olds have three hours of sport outside of the curriculum
- To work with partner organisations to promote healthy eating and physical activity options across Blackpool including the Altogether Now and Blackpool Do it 4... programmes

Vaccination and immunisation:

- The success of the HPV campaign will be built on to maximise uptake of HPV for girls in year 8
- NHS Blackpool will work closely with general practice and community staff to ensure that people in the clinical at risk groups, including pregnant women, are offered the seasonal influenza vaccine which this year will include H1N1
- The successful health care worker seasonal influenza vaccination programme will be continued in the coming year
- Increase the uptake of both universal and targeted vaccination programmes in line with national recommendations

Infection control:

- Build on existing work to reduce levels of healthcare acquired infection, including MRSA and Clostridium difficile
- Continue further work to support General Dental Practitioners to ensure decontamination in primary care meets relevant standards
- Ensure healthcare professionals raise hand hygiene awareness with relatives/carers
- Ensure training involves the isolation and management of patients with MRSA, Clostridium difficile and other enteric infections. Advise and risk assess patients with known healthcare acquired infection who are in residential care homes
- Target staff groups who provide direct patient care or train others in care related to the high impact interventions, e.g. urinary catheter care, aseptic technique and enteral feeding
- Target staff from nursing/residential homes and encourage cascade training within their own units

Cancer screening:

- Monitor roll out of the age expansion for bowel screening, and promote the uptake of bowel screening amongst low uptake groups
- Work with general practices, the Breast Screening Programme and patient representatives on initiatives to improve the uptake of breast screening
- Continue with work to improve the uptake of cervical screening including social marketing initiatives
- Transfer of cervical cytology laboratory services to Central Manchester Cytology Service

Antenatal and newborn screening:

- Introduce improved antenatal testing for Down's Syndrome

Smoking:

- Support Blackpool Council to appoint a dedicated tobacco control lead to co-ordinate all aspects of tobacco control across enforcement and other departments, e.g. Trading Standards, Environmental Health, corporate smokefree policies
- All NHS sites strongly support the no smoking message via large signs and managerial intervention in the event of breach. In particular, the new primary care centres should set an example of best practice
- Increase delivery of brief intervention training for the Acute Trust staff
- Review performance of agents against efficiency measure, e.g. cost per quitter. De-commission where appropriate and recruit more agents in successful settings/areas

Appendix: Selected health and well-being data for Blackpool

Births and Deaths (2008)

Births				Deaths			Life Expectancy ⁴	
Area	Live births	GFR ¹	TFR ²	Area	Deaths	AAACM ³	Males	Females
England and Wales	708,708	63.5	2.0	England and Wales	507,829	577.2	77.8	82.0
North West	88,167	63.2	2.0	North West	70,740	655.4	76.3	80.6
Blackpool	1,745	64.9	2.1	Blackpool UA	1,900	768.3	73.6	78.8

Source: ONS

1 The General Fertility Rate (GFR) is the number of live births per thousand women aged 15–44. This age range is considered to be a woman's child-bearing lifespan.

2 The Total Fertility Rate (TFR) is the average number of live children that a group of women would have if they experienced the age-specific fertility rates of the calendar year in question throughout their child-bearing lifespan.

3 The directly age standardised mortality rate per 100,000 population, from all causes at all ages. Direct age-standardisation is a method which enables comparison of mortality rates between different years and across different geographical areas, while taking account of differences in population age structure.

4 The number of years a newborn baby would live if, at each age it passes through, the chances of his/her survival were the same as they were for that age group in the year of his/her birth. The change in this indicator reflects changes in the overall health of an area's population, in people's living conditions (environmental, economic, social).

Population estimates by age and sex (Mid-2008)

Ageband	England and Wales		North West		Blackpool	
	Males	Females	Males	Females	Males	Females
<1	360,198	342,865	45,082	42,538	876	831
1-4	1,328,560	1,265,863	167,541	158,403	3,289	3,209
5-9	1,541,233	1,471,055	194,846	185,348	3,780	3,610
10-14	1,657,706	1,580,196	214,613	202,597	4,287	4,193
15-19	1,816,023	1,717,920	239,597	228,568	4,822	4,635
20-24	1,918,533	1,822,157	251,317	240,482	4,693	4,369
25-29	1,837,362	1,780,061	222,248	211,003	3,824	3,694
30-34	1,712,758	1,700,848	195,161	193,993	3,371	3,494
35-39	1,960,135	1,989,018	237,348	244,549	4,772	4,832
40-44	2,078,806	2,100,496	256,996	263,431	5,406	5,510
45-49	1,895,678	1,942,449	242,219	249,828	5,308	5,069
50-54	1,657,187	1,691,082	212,479	218,019	4,579	4,558
55-59	1,580,837	1,630,551	207,684	209,805	4,414	4,247
60-64	1,581,507	1,653,924	202,803	210,990	4,659	4,612
65-69	1,172,699	1,261,970	153,346	165,478	3,670	3,819
70-74	997,676	1,123,754	129,678	148,434	3,065	3,471
75-79	779,027	982,934	97,829	127,288	2,349	2,982
80-84	520,863	778,893	63,304	98,206	1,641	2,374
85+	383,478	823,352	43,229	99,435	1,061	2,541
All Ages	26,780,266	27,659,388	3,377,320	3,498,395	69,866	72,050

Source: ONS

Population Density (2008)

Area	Population (thousands)	Area (m ²)	Population Density
England and Wales	54,440	58,355.0	0.9
North West	6,876	5,469.0	1.3
Blackpool	142	13.5	10.5

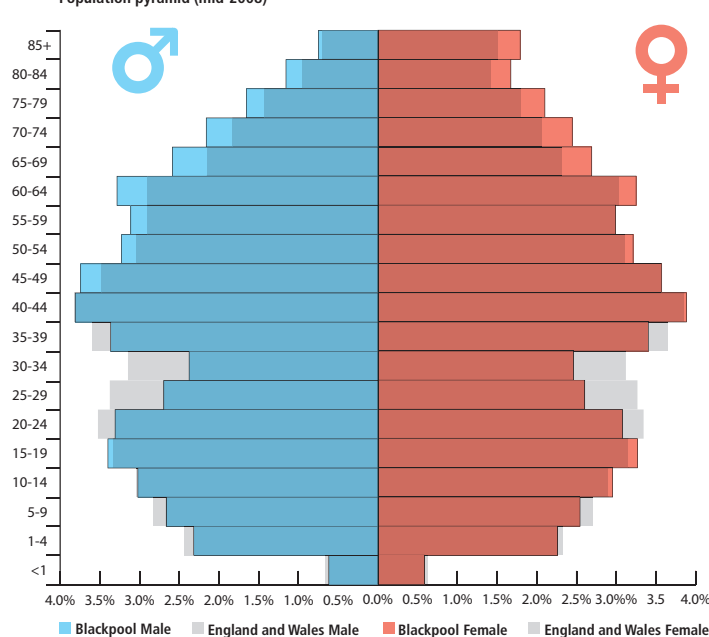
Source: ONS

Estimated resident population by ethnic group (mid-2007) - experimental (thousands)

Ethnicity	England		North West		Blackpool	
	Number	%	Number	%	Number	%
White British	42,736.7	83.7	6,137.8	89.4	133.7	93.8
White other	2,346.7	4.6	186.8	2.7	3.3	2.3
Mixed	869.9	1.7	85.4	1.2	1.3	0.9
Asian	2,915.3	5.7	304.2	4.4	2.6	1.8
Black	1,447.3	2.8	75.1	1.1	0.8	0.6
Chinese Oth.	776.2	1.5	74.9	1.1	0.9	0.6

Source: ONS

Population pyramid (mid-2008)



Earnings by workplace (2009)

	Blackpool (pounds)	North West (pounds)	Great Britain (pounds)
Gross weekly pay			
Full-time workers	£375.40	£460.00	£490.20
Male full-time workers	£386.80	£497.70	£533.80
Female full-time workers	£350.90	£407.50	£426.60
Hourly pay			
Full-time workers	£9.64	£11.76	£12.46
Male full-time workers	£9.76	£12.32	£13.14
Female full-time workers	£9.56	£10.91	£11.44

Source: ONS annual survey of hours and earnings - workplace analysis

Note: Median earnings in pounds for employees working in the area.

Working-age client group - benefit claimants (Nov 2009)

	Blackpool (numbers)	North West (%)	Great Britain (%)
Total claimants	21,910	25.9	19.2
Job seekers	4,640	5.5	4.5
ESA and incapacity benefits	10,970	13.0	9.3
Lone parents	2,370	2.8	2.1
Carers	1,490	1.8	1.4
Others on income related benefits	880	1.0	0.6
Disabled	1,340	1.6	1.2
Bereaved	210	0.3	0.2
Key out-of-work benefits [†]	18,870	22.3	16.4

Source: DWP benefit claimants - working age client group

[†] Key out-of-work benefits consists of the groups: job seekers, incapacity benefits, lone parents and others on income related benefits

Note: % is a proportion of resident working age population of area

Health summary for Blackpool

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

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	61548	43.0	19.9	89.2	[Red circle]	0.0
	2 Children in poverty	8177	30.9	22.4	66.5	[Red circle]	6.0
	3 Statutory homelessness	65	1.01	2.48	9.84	[Green circle]	0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	638	38.7	50.9	32.1	[Red circle]	76.1
	5 Violent crime	4571	32.1	16.4	36.6	[Red circle]	4.8
	6 Carbon emissions	772	5.4	6.8	14.4	[White circle]	4.1
Children's and young people's health	7 Smoking in pregnancy	535	33.5	14.6	33.5	[Red circle]	3.8
	8 Breast feeding initiation	903	56.3	72.5	39.7	[Red circle]	92.7
	9 Physically active children	8503	47.2	49.6	24.6	[Red circle]	79.1
	10 Obese children	149	9.7	9.6	14.7	[Yellow circle]	4.7
	11 Tooth decay in children aged 5 years	n/a	1.5	1.1	2.5	[Red circle]	0.2
	12 Teenage pregnancy (under 18)	176	62.9	40.9	74.8	[Red circle]	14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	35.2	22.2	35.2	[Red circle]	10.2
	14 Binge drinking adults	n/a	24.7	20.1	33.2	[Red circle]	4.6
	15 Healthy eating adults	n/a	24.8	28.7	18.3	[Red circle]	48.1
	16 Physically active adults	n/a	7.2	11.2	5.4	[Red circle]	16.6
	17 Obese adults	n/a	23.4	24.2	32.8	[Green circle]	13.2
Disease and poor health	18 Incidence of malignant melanoma	21	14.5	12.6	27.3	[Yellow circle]	3.7
	19 Incapacity benefits for mental illness	4865	57.6	27.6	58.5	[Red circle]	9.0
	20 Hospital stays for alcohol related harm	3484	2110	1580	2860	[Red circle]	784
	21 Drug misuse						
	22 People diagnosed with diabetes	6909	4.87	4.30	6.72	[Red circle]	2.69
	23 New cases of tuberculosis	13	9	15	110	[Green circle]	0
	24 Hip fracture in over-65s	173	514.3	479.2	643.5	[Yellow circle]	273.6
Life expectancy and causes of death	25 Excess winter deaths	80	13.2	15.6	26.3	[Yellow circle]	2.3
	26 Life expectancy - male	n/a	73.6	77.9	73.6	[Red circle]	84.3
	27 Life expectancy - female	n/a	78.8	82.0	78.8	[Red circle]	88.9
	28 Infant deaths	12	7.07	4.84	8.67	[Red circle]	1.08
	29 Deaths from smoking	364	312.1	206.8	360.3	[Red circle]	118.7
	30 Early deaths: heart disease & stroke	190	111.8	74.8	125.0	[Red circle]	40.1
	31 Early deaths: cancer	233	137.3	114.0	164.3	[Red circle]	70.5
	32 Road injuries and deaths	77	54.0	51.3	167.0	[Yellow circle]	14.6

Indicator Notes

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2008/09 4 % at Key Stage 4 2008/09 5 Recorded violence against the person crimes crude rate per 1,000 population 2008/09 6 Total end user CO2 emissions per capita (tonnes CO2 per resident) 2007 7 % of mothers smoking in pregnancy where status is known 2008/09 8 % of mothers initiating breast feeding where status is known 2008/09 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2008/09 10 % of school children in reception year 2008/09 11 Weighted mean number of teeth per 5 yr old child sampled that were actively decayed, missing or filled 2007/08 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2006-2008 (provisional) 13 % adults, modelled estimate using Health Survey for England 2006-2008 14 % adults, modelled estimate using Health Survey for England 2007-2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 16 % aged 16+ 2008/09 17 % adults, modelled estimate using Health Survey for England 2006-2008 18 Directly age standardised rate per 100,000 population under 75 2004-2006 19 Crude rate per 1,000 working age population 2008 20 Directly age and sex standardised rate per 100,000 population 2008/09 (rounded) 21 New Problematic Drug User estimates were not available in time for inclusion 22 % of people on GP registers with a recorded diagnosis of diabetes 2008/09 23 Crude rate per 100,000 population 2006-2008 24 Directly age-standardised rate per 100,000 population for emergency admission 2008/09 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.05- 31.07.08 26 At birth, 2006-2008 27 At birth, 2006-2008 28 Rate per 1,000 live births 2006-2008 29 Per 100,000 population age 35+, directly age standardised rate 2006-2008 30 Directly age standardised rate per 100,000 population under 75, 2006-2008 31 Directly age standardised rate per 100,000 population under 75, 2006-2008 32 Rate per 100,000 population 2006-2008

More indicator information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

Source: APHO and Department of Health. © Crown Copyright 2010.

Finding out more

Health Profiles from Association of Public Health Observatories www.healthprofiles.info

North West Public Health Observatory (NWPHO) www.nwpho.org.uk

National Statistics www.statistics.gov.uk

Joint Strategic Needs Assessment (JSNA) core data summary www.blackpool.nhs.uk



Health... at the heart of life in Blackpool

NHS Blackpool Believes in Access for All

To ensure services provided by NHS Blackpool are accessible information is available upon request in a variety of formats including large print, Braille, on audio cassette or computer disk. We can also provide help for British Sign Language users and provide information in languages other than English. Please ask for details from the addresses or numbers listed.

NHS
Blackpool

NHS Blackpool
Blackpool Stadium
Seasiders Way
Blackpool
Lancashire
FY1 6JX

Tel: 01253 651200

Fax: 01253 651210

Website: www.blackpool.nhs.uk

Published by **2am**[®] www.2amdesign.co.uk

