NHS Blackpool

Blackpool Council

Public Health Annual Report

2010/11

Health... at the heart of life in Blackpool

Contents

Foreword

I am pleased to present my Public Health Annual Report for Blackpool 2010/11. Once again this report is being published alongside NHS Blackpool's Annual Report 2010/11 and the Community Health Services' Annual Report 2010/11, and the reader may wish to look to these reports for details of NHS Blackpool's performance and financial management.

The purpose of the annual public health report is to provide an independent assessment of the health of the people of Blackpool, drawing attention to particular issues or concerns where action can be taken to improve the health and wellbeing of the local population. In last year's report I discussed the findings of Professor Michael Marmot's independent review of health inequalities which made a convincing case for early childhood interventions in order to give every child the best start in life and so this year I've decided to focus the report on the health of young children. This report begins by giving a picture of child health locally and a summary of the Child Poverty Needs Assessment, followed by a series of short articles which describe the interventions and initiatives in place which collectively aim to improve the health and wellbeing of this group and give young children in Blackpool the best start in life. In keeping with previous year's reports, an update on trends for the national public health targets is included and can be found in the Appendix.

This has been a year of considerable challenge and change, with the coalition government announcing public sector reforms and austerity measures. In their white paper 'Liberating the NHS' the government set out plans to reform the NHS. These plans place responsibility for health improvement and the reduction of health inequalities with local government, and see a move for public health staff to upper tier local authorities. I particularly welcome the recognition that tackling health inequalities requires combined efforts of public health, health services, local government, other public sector partners and the business, community and voluntary sectors.

The planned national reforms see a strengthened role for Joint Strategic Needs Assessment (JSNA) which will underpin local health improvement and commissioning strategies. Under the proposals the production of JSNA will be a joint responsibility of the Health and Wellbeing Board and the Clinical Commissioning Consortia. Within Blackpool work is underway at present to refresh the JSNA and this is expected to be complete by the autumn. An immediate task for the new Health and Wellbeing Board will be to agree a Health and Wellbeing Strategy for Blackpool.

The key recommendation from last year's report was the need for agencies across Blackpool to work together to address the recommendations made by Professor Marmot. I'm pleased that work to agree and implement a Health Inequalities Framework for Blackpool has progressed. It's important to ensure that this work continues and feeds into the development of the Health and Wellbeing Strategy for Blackpool.

Dr Arif Rajpura
Director of Public Health

The health of young children in Blackpool

Population

Currently in Blackpool there are an estimated 8,200 children aged under 5 years and under 5s make up 5.9% of the total population. Around 6% of school children are from a black or minority ethnic group, compared to around 3% for the population overall.

Births

Each year there are around 1,700 live births to women resident in the town.

Mortality

The infant mortality rate of 6.0 per 1,000 live births is similar to the England average, whereas the mortality rate for children aged 1-17 appears to be higher than average. However, deaths amongst children are rare and the actual numbers of deaths are small so these rates should be interpreted carefully. All deaths of Blackpool children are reviewed by Blackpool's Child Death Overview Panel (CDOP) who seek to identify potentially modifiable factors and themes. From cases reviewed in 2010/11, the panel identified trauma or other external factors, infections, and sudden unexplained death in infants (SUDI), as themes.

Health and wellbeing

Overall the health of children in Blackpool tends to be poorer than the England average.

- The link between poor health and disadvantage is well recognised, and there are more children living in poverty in Blackpool compared to the national average. Levels of child poverty differ across the town and the local Child Poverty Needs Assessment has identified four areas where this is particularly concentrated:
  1. Claremont, Brunswick and Talbot wards
  2. Tyldesley and Bloomfield wards
  3. Park ward
  4. Clifton ward
- The percentage of babies with a low birth weight is similar to the national average
- Breast feeding initiation in Blackpool is low compared with the England average
- The take up of MMR immunisation is good compared to the national average with 93.7% of young children receiving this by the age of 2
- Children in Reception year have average levels of obesity
- Emergency hospital admission rates for 0-18s is significantly higher than the national average
- The road traffic casualty rate for 0-15s is higher than the national average

Further information

Selected population and child health data are presented in Tables 1 and 2. For further data and information visit the Blackpool Joint Strategic Needs Assessment (JSNA) web pages at www.blackpool.nhs.uk or view Child Health Profiles at www.chimat.org.uk.

Table 1 Population data for children under 5

Indicator		Blackpool	North West
1.	Population aged 0-4	8,200	421,400
2.	% of population aged 0-4	5.9%	6.1%
3.	% school children from black/minority ethnic group	6.2%	15.6%
4.	Live births	1,727	87,549

1. Population estimates, Office for National Statistics (ONS) Mid year population estimates 2009.
3. Black/ethnic minority maintained school population, Department for Education (DfE), 2010.
4. Live births, ONS, 2009.

Table 2 Selected child health data

Indicator		Blackpool		England
		Number	Rate	Rate
5.	Infant mortality	10	6.0	4.7
6.	Child mortality (1-17 years)	7	23.2	16.9
7.	Low birth weight babies (under 2500g)	135	7.8	7.5
8.	Smoking in pregnancy	522	33.2	13.50
9.	Breastfeeding initiation	238	58.8	74.6
10.	Percent 2 year olds immunised for MMR	1,508	93.7	88.2
11.	Obese children (age 4-5 years)	140	9.0	9.8
12.	Decayed, missing or filled teeth (age 5 years)	-	1.5	1.1
13.	Emergency hospital admission rate (0-18 years)	2,770	8,739.3	7,255.9
14.	Looked after children	375	128.0	149.0
15.	Children in care immunisations	180	82.0	83.9
16.	Road traffic casualty rate (0-15 years)	14	55.0	27.1
17.	Rate of family homelessness	58	0.9	1.9
18.	% of children living in poverty (0-15 years)	8,040	30.4	21.6

5. Rate per 1000 live births (age under 1 year), 2007-09, ONS.

6. Directly standardised rate per 100,000 (age 1-17 years), 2001-09, ONS.

7. % of live and still births that weighed < 2500grams, 2009, National Statistics via Compendium of Clinical and Health Indicators/ Clinical and Health Outcomes Knowledge Based (NCHOD).

8. Percentage of pregnant women smoking at time of delivery, outturn 2010/11, Department of Health.

9. % of mothers initiating breastfeeding where status known, 2010/11 (Q2). Vital Signs Monitoring Return. Department of Health (DH).

10. % children immunised against measles, mumps and rubella (MMR) (age 2 years(, 2009/10. NHS Information Centre for Health and Social Care (NHS IC).

11. % school children in Reception year, 2009/10, NCMP. NHS IC.

12. Average (mean) number of teeth per child which were actively decayed, filled or had been extracted (age 5 years), 2007/08. Dental Observatory via APHO health profiles.

13. Crude rate of emergency admissions per 100,000 population (age 0-18 years), 2009/10. Hospital Episode Statistics (HES).

14. Looked after children per 10,000 children (age under 18 years), as at 31 March 2010.

15. % children in care whose immunisations were up to date, 2009. DfE.

16. Crude rate of children (age 0-15) who were killed or seriously injured in road traffic collisions per 100,000 population, 2006-08. STATS19 Department for Transport (DfT).

17. Statutory homeless households with dependent children or pregnant women per 1000 households, 2008. Department for Communities and Local Government.

18. % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2008. HMRC.

Key findings from the Child Poverty Needs Assessment

The local picture

The Council, NHS Blackpool and other local partners produced the first Blackpool Child Poverty Needs Assessment in 2010. The research undertaken looked at the underlying causes of poverty in Blackpool, covering economic, health, skills and environmental factors.

Method

Child poverty can be defined in numerous ways, but the main measure used in the 2010 Child Poverty Act is the proportion of dependent children who live in households earning less than 60% of the median national income. Based on this, Blackpool has one of the highest levels of child poverty in the North West, at 29.3% (0-16 year olds and 17-19 year olds who are dependent on their parents). Over half of all children in Bloomfield and Claremont wards live in poverty and all parts of the town are affected to some degree. The 'background level' of child poverty, shown by the level of poverty in the least affected Lower Super Output Area (LSOA), is the highest in the North West.

But although the measures used to look at the extent of poverty are economic, there are much wider implications in terms of life chances and health outcomes.

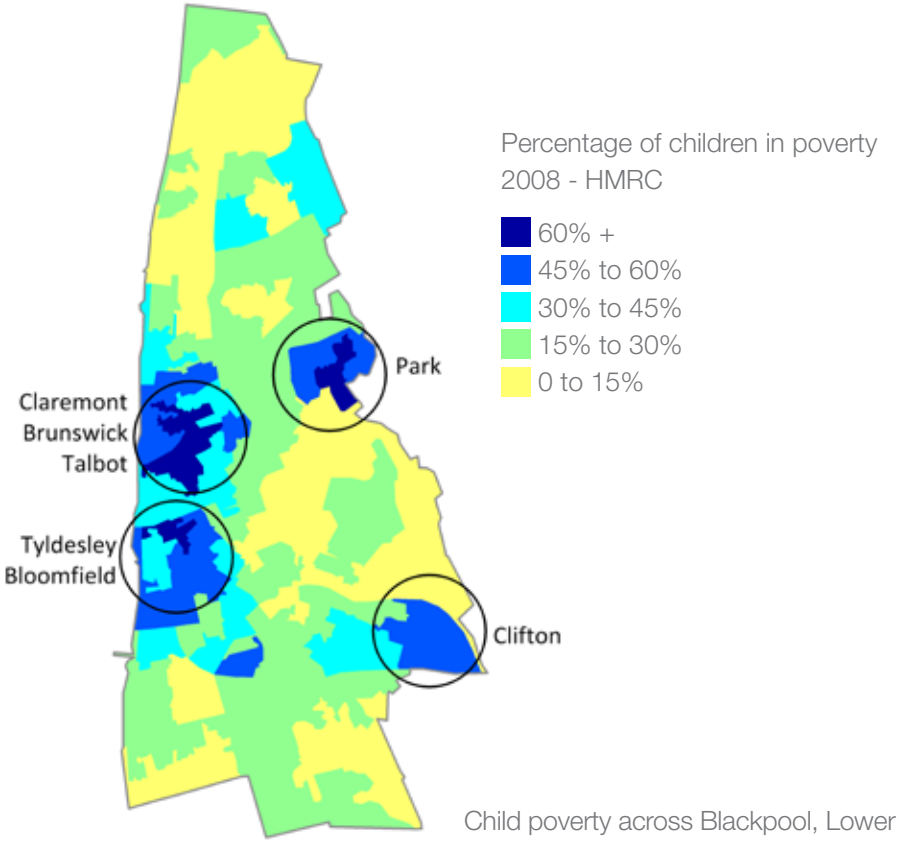
Results

The analysis found that two thirds of children in poverty in Blackpool live in lone parent families, and 78% live in families on Income Support or Job Seeker's Allowance. Work with frontline staff identified issues with parents who had a lack of self confidence and were relatively isolated from support networks, and a lack of opportunities for parents to improve their situations and climb out of poverty. An analysis of young people Not in Education, Employment or Training (NEET) revealed that the biggest proportion of these were teenage mothers, with further research highlighting the links between this and child poverty. Poverty also remains a major cause of health problems generally.

With a change in the level to which out of work families will be supported in future, and a move towards a benefits system which aims to incentivise work, the level of poverty in Blackpool is likely to increase in the short term. The Child Poverty Strategy, being developed in 2011, links to the Economic Strategy for the area, but will also support work in areas dealing with the causes, and mitigating the effects, of poverty.

Next steps

- Additional focus is needed on individual-level factors, encouraging work retention through holistic support for the individual. This may involve long-term engagement with families. It is not enough to focus on increasing income to prevent poverty recurring
- Measures to mitigate the effects of seasonal nature of employment and unemployment in Blackpool through the creation of year-round work must be considered. These would be put into place through other routes, such as the Fylde Coast Employment and Skills Strategy, with the Child Poverty Strategy playing a supporting role
- Work to tackle teenage pregnancy levels would represent a significant intervention in terms of child poverty and social mobility



Child poverty across Blackpool, Lower Super Output Areas (LSOAs), 2008

Supporting first time mothers through the Family Nurse Partnership

Introducing the Family Nurse Partnership

The Family Nurse Partnership (FNP) programme was developed in the United States in the 1980s. It is a targeted early intervention programme offered to vulnerable first time mothers less than 20 years of age. The programme is an intensively structured strategy delivered throughout pregnancy until the child is 2 years old. The programme model was developed in the United States and is delivered under licence.

First time mothers in Blackpool

Blackpool has a high rate of births to teenage mothers; 63.0 per 1,000 females aged 15-17 years compared to 41.0 per 1,000 in England (ONS/ Teenage Pregnancy Unit, 2006-08). Children of teenage parents have significantly poorer outcomes than the general population. The link between disadvantage and poor health, and the underlying causes of poverty locally have been explored in detail in the Child Poverty Needs Assessment. Blackpool's children have poorer outcomes than the English average with 30.4% living in poverty compared to of 21.6% (HMRC, 2008).

The local approach

NHS Blackpool FNP commenced in September 2008. The programme involves pre-defined home visits in the antenatal and postnatal period using interactive materials and approaches to enable parents to learn and develop new skills. FNPs are developed in line with a national training programme and use standardised resource packs. Each parent is allocated a Family Nurse who is constant throughout the programme, thus enabling a therapeutic relationship to develop. Regular supervision with the Family Nurse involving a clinical psychologist allows this to be controlled and remain safe. The FNP team builds on established local networks, and existing good will of other agencies within health, local authority, partnership organisations and education, helps to ensure that agencies work together effectively for the benefit of clients.

Outcomes

The FNP has been tested in England since 2007 and is based on more than 30 years of US research which has shown significant benefits for disadvantaged young families, together with substantial cost savings to the public. FNPs complement and support the work of health visitors, providing the 'intensive care' end of prevention for families who need more help to care well for their children and themselves.

Early evidence in England is promising, and suggests that parents involved in the scheme:

- are reducing smoking in pregnancy and are more likely to breastfeed
- have aspirations for the future and are taking up employment and education opportunities
- are more confident as parents and are learning how to care well for their babies

Data are collected at each visit and periodically throughout the programme and preliminary results are positive, comparing favourably with the work in the US. For example involvement of fathers at the visits is high. Blackpool's FNP clients' babies are less likely to have been a low birth weight and admitted to the neonatal unit, compared to national statistics. Admission to the neonatal unit is costly and can have a detrimental impact, such as poorer bonding, less successful infant feeding and can be a cause of stress for parents. Blackpool has a high rate of smoking in pregnancy and rates within the client group reflect this trend. Encouragingly we are already seeing a significant reduction in smoking at 36 weeks gestation (40.7%), compared with those who had smoked in the early stages of pregnancy (70%).

Next steps

NHS Blackpool has committed to continuing the FNP until 2015.

Supporting pregnant women to stop smoking

The local picture

Blackpool has consistently been ranked as having the highest rate of women smoking during pregnancy in England. Currently in Blackpool, 33.2% are recorded as being smokers at the time their baby is born (2010-11 outturn, Department of Health).

Success in reducing the rate of smoking at time of delivery (SATOD) is a critical contribution to reducing health inequalities and infant mortality[1].

Over the past four years there has been a steady decline in smoking in pregnancy and the new coalition government has announced a revised national target of 11% SATOD by 2015. Blackpool hopes to reach this target but recognises it is a monumental challenge. In order to identify ways to meet this challenge an in depth analysis of the topic has been undertaken. This work has raised questions about the way in which SATOD data is recorded, and has revealed evidence that staff attitudes towards reducing smoking in pregnancy is influenced by their own relationship with tobacco.

Actions to reduce smoking in pregnancy

Illicit tobacco: Increased activity supporting a reduction in the illegal trade. Raising awareness among the public of the harm, especially concerning high levels of contaminants in counterfeit tobacco which increases the harm to the unborn child.

Data quality: Improve the quality of SATOD data and integrate maternity unit IT systems. Monitor improvements through regular performance meetings with the Women and Children's Unit at Blackpool Teaching Hospitals NHS Foundation Trust.

Training and practice: Provide training on carbon monoxide (CO) screening and nicotine replacement therapy (NRT). Roll out enhanced training for working with young pregnant women to front line staff. Continue to provide a reward scheme to support pregnant women to quit smoking.

Pathways and IT systems: Implement 'positive consent, opt out' referral pathway for all pregnant women who smoke which incorporates robust and evidence based support.

Pharmacological support: Ensure all pregnant women are offered NRT by staff trained to an enhanced level and able to provide access to products.

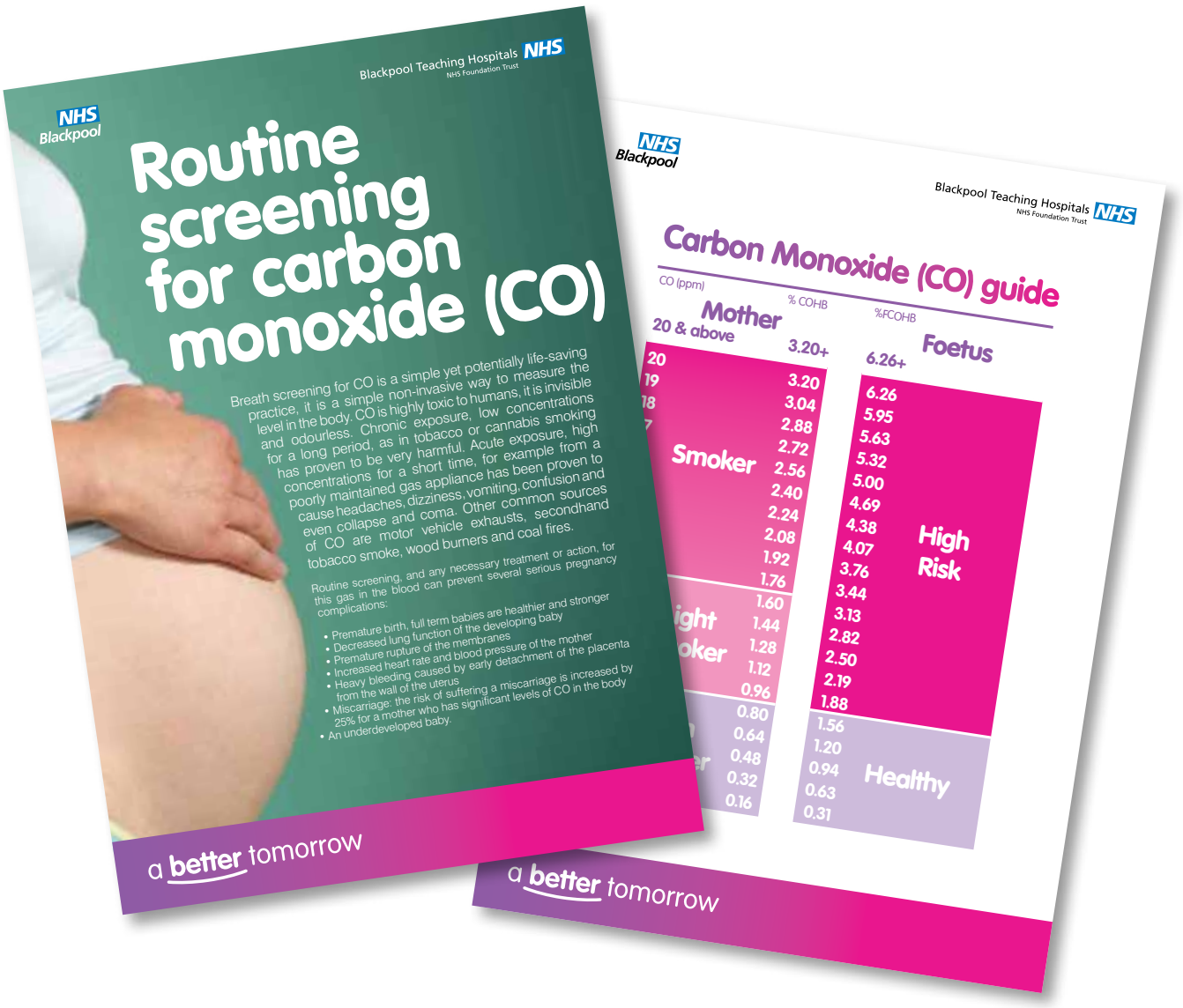
[1]DH (2008). Tackling Health Inequalities Targeting R&M / DH (2004) Choosing Health / DH (2004) Every Child Matters, Guidance on Health Inequalities in Infant Mortality / DH-DCSF (2007) Teenage Parents Who Cares / DH (2008). Beyond Smoking Kills

Outcomes

- All Blackpool antenatal booking midwifes are now trained to perform CO screening. The EuroKing electronic maternity database will include a referral pathway generated by the results of the CO screening
- Data continues to be subject to careful scrutiny and has already uncovered inconsistencies that will require cultural change within the Women and Children's Unit data collection practice
- NRT is being offered to all pregnant women who are unable to quit without pharmacological support and is also now available through the pharmacy service at Blackpool Teaching Hospitals NHS Foundation Trust
- Reference tools for midwives, e.g. gestation wheels combined with Body Mass Index (BMI) calculators which include details of the referral pathway and NRT choices
- NHS Blackpool commissioned a community activation social marketing pilot to inform mothers of teenage daughters about illicit tobacco and smoking in pregnancy

Next steps

- Continue to investigate and scrutinise the local SATOD rate and provide support to the Women and Children's Unit, formulating an agreement to challenge the culture which currently renders local SATOD data unreliable
- Investigate the strengths and weaknesses of SATOD as a measure of success and share outcomes with Department of Health, in order for performance managers to understand the dataset
- Smoking in pregnancy needs to be recognised as a priority work area for all services who have contact with pregnant women. Currently this matter is perceived as a subsidiary issue for the attention of 'some other' service
- To raise public awareness in the general population of Blackpool of the harm caused by smoking in pregnancy



Screening programmes for pregnant women and newborn babies

The local picture

All pregnant women and newborn babies in Blackpool are offered screening tests for certain serious diseases and conditions as part of national screening programmes.

The purpose of the tests is to identify babies who may be at increased risk so that they can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

Screening programmes are important as they have the potential to save lives or improve quality of life through early diagnosis of serious conditions. However they are not 100% accurate and cannot offer a guarantee of protection.

In any screening programme, there is a minimum of cases wrongly reported as having the condition (known as false positive results) and cases wrongly reported as not having the condition (known as false negative results).

Therefore screening programmes are carefully considered before they are introduced.

The approach

The UK National Screening Committee sets out which conditions and diseases are appropriate for including in population screening programmes. The current screening tests offered to all pregnant women and newborn babies are shown on the following page.

Antenatal Screening Programmes

Sickle cell and thalassaemia	These are serious, inherited blood disorders affecting haemoglobin, the part of the blood that carries oxygen around the body. All pregnant women are offered a blood test for thalassaemia, and women whose babies may be at high risk will be offered a blood test for sickle cell
Fetal anomalies	Screening test for Down's syndrome An ultrasound scan between 18-20 weeks 6 days to check for physical abnormalities in the unborn baby
Infectious Diseases	Hepatitis B, HIV, Rubella susceptibility and Syphilis

Newborn Screening Programmes

Newborn and Infant Physical Examination	Carried out within the first 72 hours of birth and again at 6 to 8 weeks of age and includes checks for possible problems with eyes, heart, hips and, in boys, testicles
Newborn Hearing Screening	In Blackpool this is offered usually before leaving the maternity unit
Newborn Blood Spot Screening	Phenylketonuria or PKU, an inherited condition which means babies cannot process a substance in food called phenylalanine and which, if untreated, leads to permanent mental disability Congenital hypothyroidism, where babies do not have enough of the hormone thyroxine and without this can develop serious, permanent, physical and mental disability Sickle cell disease, an inherited blood condition that affects the red blood cells Cystic fibrosis, an inherited condition which can affect digestion and the lungs MCADD (medium-chain acyl-CoA dehydrogenase deficiency), an inherited condition where babies have problems breaking down fats to make energy for the body. Can lead to serious illness, or even death

Further information about national screening programmes including the antenatal and newborn programmes can be found at www.screening.nhs.uk.

Outcomes

During the past year, a number of improvements to the programme have been made including the introduction of an improved test for Down's syndrome at Blackpool Teaching Hospitals NHS Foundation Trust, training and updates for staff on newborn blood spot testing, and improved administrative processes to ensure that blood spot samples are received quickly by the laboratory and that results for all babies are received and recorded promptly on the Child Health Information System.

Next steps

- New standards for the Newborn and Infant Physical Examination will be implemented in line with the national programme
- Work is ongoing to strengthen monitoring of all antenatal and newborn screening programmes

Vaccination and immunisations for young children

The local picture

In England, the national vaccination and immunisation policy is set by the Department of Health following advice from the Joint Committee on Vaccination and Immunisation (JCVI).

All young children in Blackpool are offered vaccination and immunisation in line with the national programmes.

The reasons for offering vaccination and immunisation programmes are to:

- save lives
- reduce the numbers affected by serious illness
- protect individuals and communities, particularly those at higher risk such as young children
- contain and prevent transmission of preventable diseases

The approach

In Blackpool the childhood programme of primary immunisations and pre-school boosters is delivered by local health services and through GP practices.

The current schedule for routine pre-school childhood immunisations is:

Routine pre-school childhood immunisations as at August 2011

Age	Diseases protected against
2 months	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib) Pneumococcal infection
3 months	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib) Meningitis C (meningococcal group C)
4 months	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib) Meningitis C (meningococcal group C) Pneumococcal infection
12 months	Haemophilus influenza type b (Hib) Meningitis C (meningococcal group C)
3 years 4 months to five years	Diphtheria, tetanus, pertussis (whooping cough) and polio Measles, mumps and rubella

For further information about immunisations visit NHS Choices website www.nhs.uk

Results/outcomes

The World Health Organisation (WHO) has set recommended uptake rates for each immunisation. These rates are based on the level of uptake required to protect a population through reducing the ability of transmission, a concept known as herd immunity.

Last year in Blackpool:

- over 95% of Blackpool's 1 year olds received immunisation from diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenza type b, and Meningitis C
- 96% of 2 year olds were protected against measles, mumps and rubella

The decision to take up the offer of immunisation may be influenced by a range of factors including individual's health beliefs, education and social circumstances. Whilst it is thought that social deprivation often prevents optimal vaccination uptake, recent studies are disproving this theory. Even though Blackpool experiences relatively high levels of disadvantage, childhood immunisation rates in the town are high compared to many other areas.

Next steps

- Immunisation awareness will continue to be promoted through partnership working with staff in education, children's centres and GP surgeries
- Further work will continue to develop existing partnerships with local authority, health visitors and all NHS clinical staff
- Immunisation schedules in Blackpool will continue to be delivered in line with the national recommendations

Promoting breastfeeding

The local picture

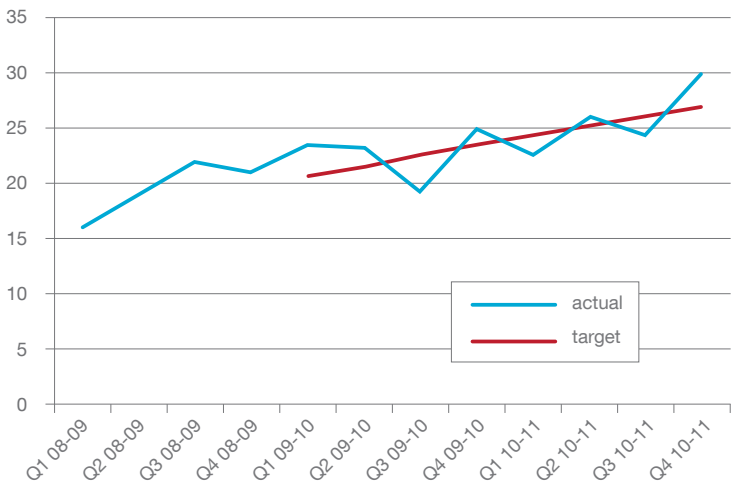
Increasing breastfeeding amongst women least likely to choose to breastfeed helps tackle health inequalities. Significant progress has been made in Blackpool and there has been an increase in the proportion of Blackpool babies breastfed for 6-8 weeks from 17% to 30% (Q1 2008/9 compared to Q4 2010/11). However, breastfeeding rates in Blackpool are well below the national average and action to improve rates needs to continue.

Approach

NHS Blackpool, children's centres and Blackpool Teaching Hospitals NHS Foundation Trust have continued work towards full accreditation with UNICEF (UK) Baby Friendly Initiative. This is an externally evaluated programme of implementing best practice standards of care in infant feeding.

The Star Buddies peer support programme has provided easily accessible support to mothers in hospital and at home for around 8 weeks. It has developed highly interactive workshops for pregnant women which ensure key messages are widely shared. It has also successfully piloted a gift scheme which helped more mothers to continue breastfeeding.

Breastfeeding at 6-8 weeks (as percentage of all babies) in Blackpool



Outcomes

Prevalence of breastfeeding at 6-8 weeks has increased from a year average of 22% in 2009/10 to 25.7% in 2010/11.

The majority of women accessing Star Buddies were from the more disadvantaged areas of the town.

Local businesses are encouraged to support breastfeeding on their premises and several now display 'Breastfeeding Welcome' stickers.

Next steps

- NHS Blackpool and children's centres hope to gain the full Baby Friendly award in 2011/12
- Blackpool Teaching Hospitals NHS Foundation Trust will apply for Stage One accreditation in 2011/12
- Star Buddies will continue to increase their contact with pregnant women, support them through their infant feeding choices by chatting to pregnant women at antenatal clinics and by running regular workshops

Supporting families with young children: health visitors and the Early Implementation Site

The local picture

Health visitors are trained nurses or midwives with specialist public health training in family and community health and are key to meeting the needs of families. Health visitors are at the core of the coalition government's promises to build up the networks of support to generate strong and stable families and communities. Their importance is reflected in the promise made by the Government to recruit extra health visitors during its lifetime.

About the approach

The start of life is a crucial time for children and parents, health visitors can help ensure all families have a positive start, working in partnership with GPs maternity, other health services, Sure Start and children's centres, and early years services.

Earlier this year, the Department of Health set out a strategy to expand and strengthen health visiting services. This strategy aims to ensure that all parents and children have access to support to get off to the best possible start, with an early intervention and additional support for those who need it.

NHS Blackpool has been nominated by the Department of Health to be part of a national spearhead programme and is working closely in partnership with Blackpool Council, local maternity services and the new Clinical Commissioning Groups to guide the implementation over the next year.

Next steps

Blackpool will be one of the first areas in which health visitors will be offered a new learning module "Building Community Capacity".

This will help existing health visitors to extend and renew their existing skills in acting as catalysts and connectors to steer families and communities towards health and wellbeing, using and building on established networks and relationships which are essential to effective community development.

The new plan aims to ensure that Blackpool's parents will be able to access a range of services including Sure Start and children's centres. Health visitors will work together with colleagues to develop these services and make sure families know about them.

Health visitors are expected to lead the Healthy Child Programme and will ensure a healthy start for all children and families providing support when needed. The programme aims to provide a rapid response from the health visitor team when specific expert help is needed for example with parenting concerns, post natal depression or sleep problems.

Ongoing support from the health visitor team will be provided, along with a range of services working together with families to deal with any complex issues. This includes services from Family Nurse Partnership, Sure Start and children's centres, and other community services where appropriate.

Reviewing child deaths

The local arrangements

The review of child deaths is mandatory and the procedures to be followed when a child dies are set out in Chapter 7 of "Working Together to Safeguard Children". There are two interrelated processes for reviewing child deaths (either of which can trigger a serious case review):

1. A rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child; and
2. An overview of all child deaths (under 18 years) in the local safeguarding children board (LSCB) area(s), undertaken by a panel.

Deaths of Blackpool children aged under 18 are reviewed by Blackpool Child Death Overview Panel (CDOP), a sub-group of the Blackpool Safeguarding Children Board. The rapid response to unexpected child deaths is carried out by a jointly funded team which covers the three areas of Blackpool, Lancashire and Blackburn with Darwen.

The overall principle of the child death review process is to learn lessons and reduce the incidence of potentially preventable child deaths.

Further information about the Child Death Overview Panel is available on the Blackpool Safeguarding Children Board website www.blackpoollscb.org.uk.

Outcomes

Thankfully deaths amongst children are rare, with typically 15-20 per year in Blackpool. Most deaths occur amongst young babies, and are often associated with extreme prematurity. Blackpool experiences similar infant mortality rates to the regional North West average.

During 2010-11, the Blackpool CDOP completed reviews on a total of 22 deaths; 15 girls and 7 boys. The panel also discusses cases reviewed by other Child Death Overview Panels in relation to children which are not normally resident in Blackpool but have died within the town. Less than 5 deaths were identified as having potentially modifiable factors associated with the circumstances of the death.

The deaths which were categorised as having potentially modifiable factors fell into the following groupings:

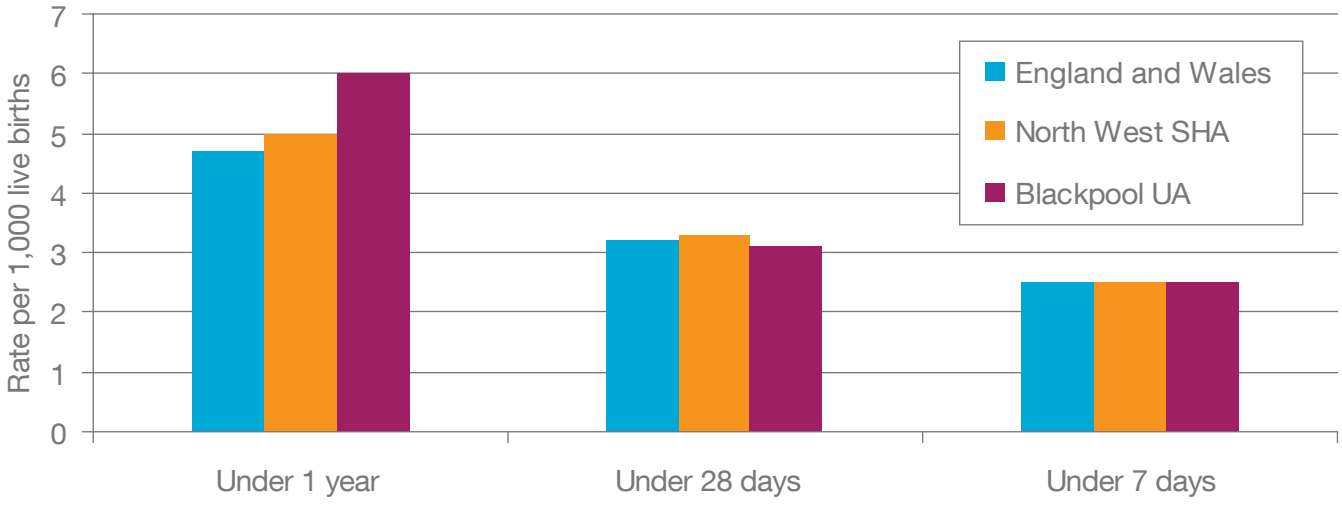
- trauma or other external factors
- infection
- sudden unexpected, unexplained death

Blackpool CDOP has continued to support the Lancashire wide "Give me Room to Breathe" campaign on safe sleeping and during the past year has worked with the Tourism Department at Blackpool Council to promote this campaign amongst accommodation providers in Blackpool.

Next steps

- Blackpool CDOP will look to establish closer working arrangements with the combined Lancashire and Blackburn with Darwen CDOP
- A new release of "Working Together to Safeguard Children" is expected shortly, and Blackpool Safeguarding Children Board will consider any implications for the CDOP

Mortality in infancy 2007-09



Preventing childhood accidents

The local picture

The use of the word 'accident' often implies that certain occurrences are inevitable and unavoidable, but a high proportion of these unintentional injuries are preventable.

Children and young people are vulnerable to a range of unintentional injuries in a range of settings. These can include road traffic injuries, falls, burns and scalds and poisoning. Unintentional injury is a leading cause of death among children and young people aged 1-14 (Audit Commission & Healthcare Commission 2007).

In the UK, unintentional injury results in more than two million visits to A&E departments by children every year. The majority of these incidents are transport related or related to injuries in the home.

Local data has shown that mortality owing to unintentional injuries in children under 5 was more than double than that for children and young people aged 5-14. Hospital admissions for under 5s were also increasing, though they were decreasing in the 5-14 age group.

About the approaches

NHS Blackpool has worked in partnership with Blackpool Coastal Housing to deliver Blackpool Child Accident Prevention Scheme (BCAPS). Through this scheme, home safety equipment was provided and fitted for families with children aged under 5, who were referred by their health visitor. BCAPS also carried out minor repairs where appropriate and referred unsafe properties to Blackpool Council Housing Enforcement. The scheme specifically targeted children living in private or social rented accommodation, as these were identified as being most at risk. Over the past 3 years, over 3,000 homes have been fitted with child safety equipment.

NHS Blackpool has contributed to improving cycle safety for children, young people and adults by supporting the creation of safer cycling routes and the provision of cycling proficiency training in partnership with Blackpool Council.

Outcomes

Since the BCAPS scheme began in 2008, there has been a steady decrease in the number of children aged under 5 who are admitted to hospital with an unintended or deliberate injury.

Blackpool Council has also been particularly successful in reducing road traffic collisions and is the fourth best performing local authority in England at reducing casualty numbers.

Next steps

- Although the BCAPS scheme has now ended work continues with partners to ensure that data is used to target accident prevention interventions appropriately and that activities are coordinated
- To work with health and other professionals coming into contact with parents/carers and children and young people to promote safety messages
- To use National Child Safety Week as an opportunity to promote safety messages throughout the town

Blackpool CAPS

Promoting healthy weight and healthy lives

The local picture

In Blackpool around a quarter of all Reception class children and one third of all Year six children are an unhealthy weight. The role of diet and activity in maintaining a healthy weight is well recognised and there are a range of initiatives ongoing across the town that will contribute to supporting children and families to achieve and maintain healthy weight.

The approaches

- Healthy Start - eligible families are entitled to free vitamins and vouchers for fresh and frozen fruit and vegetables, and cow's milk (babies under 1 should not have cow's milk as a main drink but can take it cooked in cereals and pudding from 6 months of age). Women qualify for vouchers if they are pregnant and under 18. Women who are pregnant or have children under 4 may also qualify if they are on benefits. Find out more at www.healthystart.nhs.uk
- Grow Blackpool programme run by Groundwork combines physical activity and food growing at two allotment sites and many pocket gardens across Blackpool
- Cooking for Health programme run by the Volunteer Centre offers the opportunity to learn how to cook healthy foods on a budget
- Change4Life fruit and vegetable-promoting shops in Layton and Kincraig
- Supporting weaning – health visitors promote the use of cups designed to teach children to drink from a rim, such as the Doidy cup. Using a non spouted cup helps to avoid long term problems that can be caused by prolonged use of feeding bottles and spouted cups
- 40 teaching staff from schools across Blackpool have undertaken a nutrition qualification to support pupils and their families to eat well

- Support for early years staff working in children's centres, nurseries and childminders to introduce healthy eating within their premises
- Family Healthy Weight programme – a pilot programme to support families in achieving healthy weight is currently nearing completion and will be evaluated

What's next

- Family weight management services and care pathways will be reviewed alongside the adult weight management services redesign
- Work to promote nutrition and weight management amongst staff and services in contact with families and young children will continue
- Continue to promote health campaigns such as Change4Life

Summary and Recommendations

Summary

Young children in Blackpool suffer poorer health than average for the country. Changing this is no easy task and the significant levels of disadvantage experienced within the town, and inequalities between different parts of the town, present a particular challenge. The Marmot review discussed in last year's report highlighted the importance of effective early childhood interventions in improving life changes and health outcomes. As was clear from the Marmot review, the scale and intensity of services should be proportionate to need. The evidence for early years intervention supports those approaches that combine intensive support, alongside high quality universal programmes. In this report we have seen that in Blackpool there are already a range of universal services and innovative interventions specifically targeted at young children and their families, which are supported by wider work to promote health and wellbeing amongst families, communities as well as staff and the wider workforce. Considerable progress is being made in improving the uptake of breast feeding and reducing smoking in pregnancy, the Family Nurse Partnership and Early Implementation Site project are examples of evidence based targeted approaches offering additional support.

The coming months and years will see a number of important organisational changes within the health service. The financial climate, and period of organisational change within the health service will present challenges and opportunities to the continuity and efficient coordination of effective services.

Recommendations

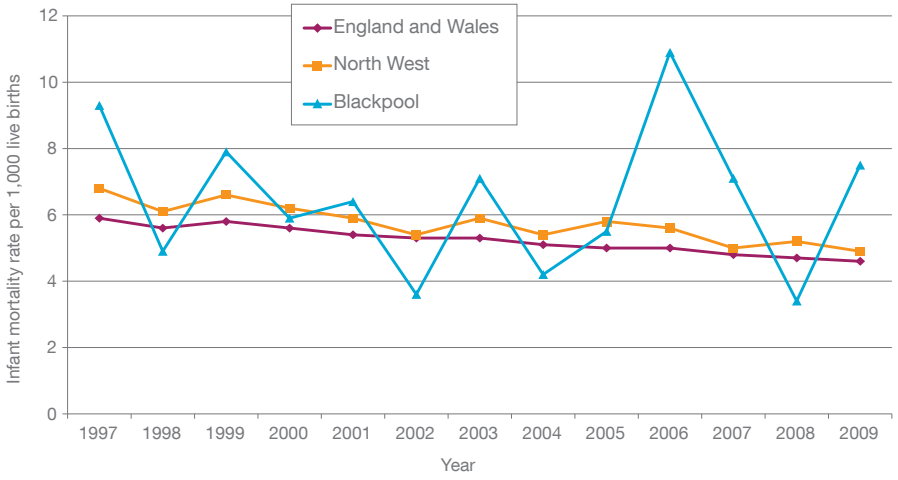
1. Across Blackpool, organisations need to continue to work in partnership to commission and deliver a combination of intensive targeted support and high quality universal programmes for early years.
2. All organisations involved in the delivery of early years interventions need to be mindful of the importance of sustaining their input into coordinated and effective interventions, particularly throughout times of organisational change.
3. The findings of the Child Poverty Needs Assessment and Joint Strategic Needs Assessment analyses relating to child health need to be considered within the Health and Wellbeing Strategy, and health and social care commissioning strategies.

Appendix - Public Health Targets

Infant mortality

The national Department of Health (DH) 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 so needs to be interpreted carefully as it is subject to natural year on year variation. Overall the trend in infant mortality is similar to the average for the North West region.

Trends in infant mortality

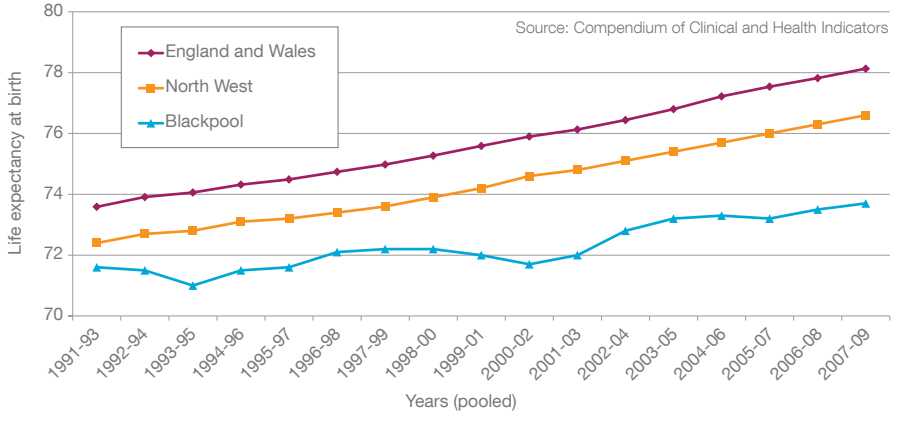


Life expectancy

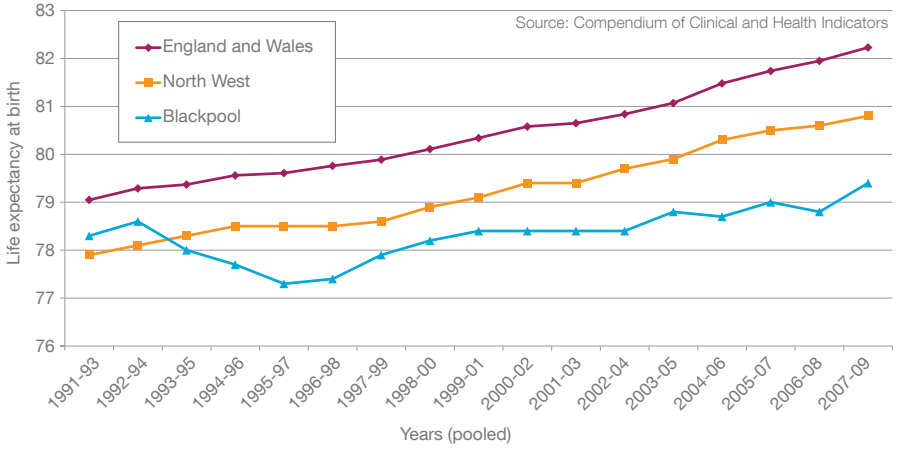
The national DH health inequalities target is "To reduce the gap in life expectancy at birth between the fifth of local authorities with the worst health and deprivation indicators (known as 'the Spearhead Group') and the population as a whole (England), by at least 10% by 2010". Blackpool is a 'Spearhead'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

Trends in life expectancy - males



Trends in life expectancy - females



Premature mortality

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

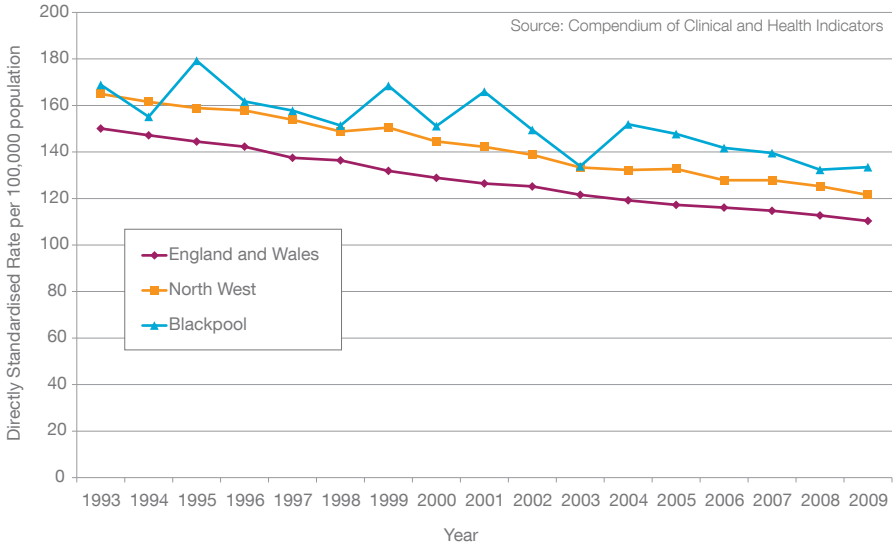
- From cancer in people under 75 with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole
- From heart disease and stroke and related diseases in people under 75 with a reduction in the inequalities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

The national DH mortality targets are:

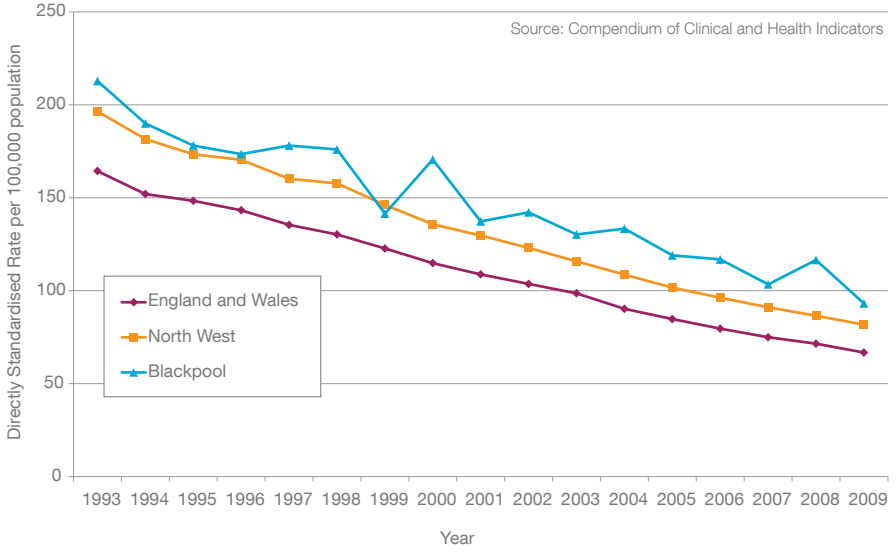
- To reduce the death rate from cancer in people under age 75 years by at least 20% by 2010
- To reduce the death rate from all circulatory diseases in people under age 75 years by at least 40% by 2010
- To reduce the death rate from suicide and undetermined injury by at least 20% by 2010
- To reduce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

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

Trends in cancer mortality - in people aged under 75

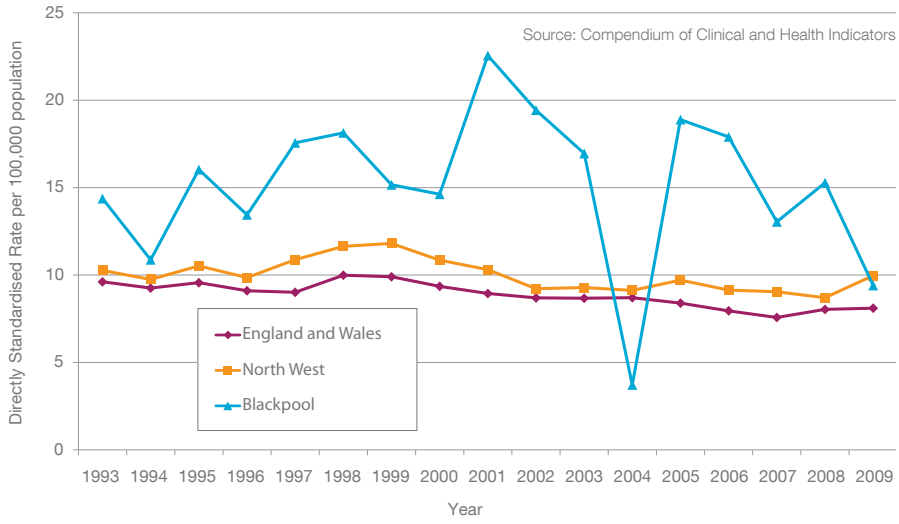


Trends in circulatory disease mortality - in people aged under 75



Trends in mortality from suicide and undetermined injury

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. The overall trend shows rates in Blackpool tend to be 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 mortality from accidents - all ages

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

Finding out more

Blackpool Council www.blackpool.gov.uk
Blackpool Joint Strategic Needs Assessment (JSNA) pages www.blackpool.nhs.uk
Blackpool Safeguarding Children Board www.blackpoollscb.org.uk
Child Health Profiles from the Child and Maternal Health Observatory www.chimat.org.uk
Health Profiles from Association of Public Health Observatories www.healthprofiles.info
Healthy Start www.healthystart.nhs.uk
National Statistics www.statistics.gov.uk
NHS Choices www.nhs.uk
Screening programmes in the UK www.screening.nhs.uk
Stop smoking www.smokefree.nhs.uk

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