

## Public Health Annual Report 2015

a better tomorrow





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## Foreword

Welcome to this, my eighth annual report on the health of the people of Blackpool.

Last year's report looked at the recommendations of the Due North Inquiry on Health Equity for the North and was well received across the town. I'm pleased that the Health and Wellbeing Board have chosen to adopt the recommendations arising from Due North as the basis for their Health and Wellbeing Strategy. A good deal of work is already underway and a comprehensive action plan is starting to take shape to ensure that real progress is made. I present a fuller update on progress on page 3.

This year's report takes a look at a selection of work from the past year, with examples of particularly notable projects from each of the three domains of public health practice; protecting the public's health, promoting health and wellbeing, and healthcare public health. It has, once again, been a very busy year for the team. In Section 1 (page 5), I give my annual update on health protection and highlight important initiatives to protect the public from communicable disease. These include a tattoo hygiene rating scheme, the first scheme of its kind in the country, the 'Love my Beach' initiative which is successfully improving the quality of local bathing waters, and a modernised sexual health service and these are described on pages 7 and 9.

In Section 2 I take a look at two key areas of health promotion work. Smoking remains one of the biggest risk factors for ill health. Specialist stop smoking services offer the best chance of a successful quit attempt, and this year the local service has been the subject of a procurement exercise (page 11).

Being overweight or obese is another major risk factor for ill health, and have been very much in the news in recent months. A major piece of work to refresh the Healthy Weight Strategy has been completed this year and has already seen a fun and interactive campaign to encourage teenagers to give up loving pop (GULP). As I write this the Council have become the first authority in the country to sign up to a Declaration on Healthy Weight which commits the Council to ensuring that their policies and actions are oriented to promoting healthy eating and healthy weight. This work is described on page 13.

Section 3 describes two key areas of work that offer a real opportunity for health services to shift their focus towards prevention. The Fylde Coast New Models of Care programme aims to move care from hospitals to community teams working with people with chronic and multiple health conditions so that potential problems are spotted and addressed at an earlier stage, and is outlined on page 16. The NHS Health Check programme is a national programme funded locally through the Public Health Grant to the local authority and offers men and women aged 40-74 a check every five years. Through the programme, potential conditions can be picked up and treated at an earlier stage, and it provides the opportunity to give lifestyle advice and support. The success of Blackpool's NHS Health Check programme is described on page 19.

In October 2015, commissioning responsibilities for 0-5 children's public health services passed to the local authority and this work is being undertaken by the public health team. These public health services for 0-5s comprise universal health visiting services and Family Nurse Partnership, a targeted service for first time mothers under age 20.

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Looking forward, the coming year will see the public health team leading a number of important pieces of work. These include a review of children’s public health services and procurement exercise to appoint a provider to deliver services for children from 0-19 years, the roll out of a fluoridated milk scheme across primary schools in the town which forms part of a wider oral health improvement strategy and the development of two major strategies: one for tackling the issues associated with drug misuse, and one for reducing alcohol-related harms.

The foreseeable future will continue to bring budget challenges for public health services. The Public Health Grant was subject to a 6.2% in-year cut which was imposed by the government in November 2015. Coming as it did more than half way through the year, the budget was already committed to contracts, and was very difficult to manage. The position for 2016-17 and 2018-19 will see further cuts to the Public Health Grant. The Council and I have responded to government consultations on future budget allocation formula on the allocations for children’s public health services for 0-5 year olds, and on the Public Health Grant. Both these proposals, if introduced would see the budget for public health in the town cut by up to a third. These are very severe cuts and will put a range of very important public health funded services at serious risk. I feel particularly strongly that these cuts would be extremely unfair for a town that has historically invested in additional services to meet the heavy burden of poor health experienced in the town. I would encourage all those concerned or potentially affected by the cuts to express your concerns wherever possible.



A handwritten signature in black ink, appearing to read 'Arif Rajpura', with a long, sweeping underline.

**Dr Arif Rajpura**  
Director of Public Health

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## Update on recommendations from last year's report

Last year's report featured an in depth look at the recommendations arising from the Due North Report of the Inquiry on Health Equity for the North. Professor Margaret Whitehead, University of Liverpool presented recommendations for local and national action across four themes:

1. Tackle poverty and economic inequality within the North and between the North and the rest of England
2. Promote healthy development in early childhood
3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
4. Strengthen the role of the health sector in promoting health equity

In the report I focused on recommendations for local action and identified a number of policies and activities that were already underway or planned. However there was potential for much more to be done and therefore I made the single recommendation that the council develop an action plan to ensure full implementation of the recommendations for local action presented by Professor Whitehead.

I have presented this recommendation and the findings of my 2014 annual report to the Council, the Health and Wellbeing Board and the Public Health Scrutiny Panel and all have indicated their concern at the findings and their support for action. The Health and Wellbeing Board have decided that their forthcoming Health and Wellbeing Strategy will form the action plan for implementation. I'm pleased to see the Council already undertaking a number of important projects in line with the action plan; a selection of these is highlighted below.

### Blackpool Housing Company

A new Council-owned housing regeneration company has been established this year; its purpose is to purchase properties that need improvement, convert and refurbish them to a high standard and let them at market rents to local tenants. The Blackpool Housing Company is anticipated to own one thousand units in the next three to five years. There has been considerable investment in new housing developments; Foxhall Village comprises 400 new homes within inner Blackpool; while the Selective Licensing scheme is ensuring minimum standards of management within the South Beach and Claremont areas, with plans to roll out to the inner areas.

### Blackpool's 'A Better Start' programme

Better Start is a systems transformation programme aimed at giving young children under three the best start in life. The programme has already seen a Centre for Early Child Development set up in the town to use the latest research findings to develop and integrate evidence based programmes to tackle key risk factors. The programme has already seen the introduction of the NSPCC's Baby Steps programme via the health visiting service and Children's Centres, and in the coming year the team will be working with the Family Nurse Partnership programme to introduce and test adaptations to develop the service.

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## **Cosy Homes in Lancashire (CHiL)**

The link between cold homes and poor health is well recognised. Cosy Homes in Lancashire (CHiL) enables residents to get free or subsidised energy-saving improvements to their homes such as boilers and insulation. The project, which is being led by Blackpool Council on behalf of the 14 local authorities and county council in Lancashire, launched late 2015. Funding totalling £3.2 million has been secured from the Department of Energy & Climate Change (DECC) Central Heating Fund and DECC Health Booster Fund. A further £3.3 million funding has been secured from the energy company SSE through the Energy Company Obligation (ECO). It provides a single point of contact for people wanting measures to improve their home's insulation or heating and aims to become a trusted brand for advice on improving energy efficiency and reducing energy bills.

## **Community Farm and Community Shop**

The Community Farm and Community Shop initiatives are not for profit ventures that are supported by, and operated for the benefit of, the local community. An area of land was identified as suitable for growing in Grange Park and funding has been secured for a team of four staff from April 2016. Support from the local community has been positive. The Community Shop will be based in the City Learning Centre on Bathurst Avenue and is likely to open in late 2016 once refurbishment of the centre has been completed, although a number of 'pop up' events are planned in the meantime.

## **Blackpool Alcohol Inquiry**

'Talking Drink: Taking Action – The Blackpool Alcohol Inquiry' was commissioned by Blackpool Council. This was a new approach in Blackpool that has proven successful for engaging residents in influencing decisions and there are now plans to use this approach to engage on other topics such as tobacco. The Blackpool Alcohol Inquiry enabled local residents who may not have been involved in decision making processes in the past to become part of a local group that explored the issue of alcohol in their area. At the end of the initial inquiry the participants were keen to continue meeting to take action. A 'campaign boot camp' was held to give the volunteers a set of knowledge and skills to better enable them to take action. The boot camp enabled the volunteers to identify their campaign aims, targets and tactics and then to rehearse these in a safe environment. From this, they proactively took actions including: following up commentators, conducting online research, establishing a group on Facebook, using Twitter, emailing the local MP, checking local sites for alcohol-related promotional materials and setting up an online petition.



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## Section 1: Protecting health

Health protection is the first of the three domains of public health presented in this report. This area of activity seeks to prevent or reduce the harm caused by communicable disease and minimise the health impact from environmental hazards such as chemicals and radiation, and extreme weather events. In my role as Director of Public Health I have a duty to prepare for and lead the local authority response to incidents that present a threat to the public's health. Public Health England is responsible for providing specialist health protection functions including specialist response to incidents and outbreaks.

The Health Protection Forum oversees the local public health responsibilities for health protection in Blackpool. This group has been active in an informal capacity since 2013, and has recently been formally adopted as a subgroup of the Health and Wellbeing Board, and is now providing regular updates and reports to the Board.

In this section I present an update on communicable diseases in the town, and highlight important health protection work during the year which has included a modernisation of sexual health services, the introduction of a tattoo hygiene rating scheme, and projects that are improving Fylde Coast bathing water quality.

### Communicable diseases

Blackpool Council works closely with colleagues from Public Health England's local health protection team to deal with reports of infectious diseases and respond to outbreaks and incidents. During August 2015 these arrangements were tested at scale when reports emerged of a potential contamination with *Cryptosporidium* of the water supply affecting Blackpool and beyond. Otherwise this has been a relatively uneventful year with regard to communicable disease with rates for all notifications at similar levels to previous years. Food poisoning continues to be the most commonly notified infection with 52 instances reported during 2014. Although notification rates have been relatively static, there are several infections which merit further consideration either because we see higher than average rates in Blackpool, and/or because they have significant implications for affected individuals and communities.

#### Scarlet fever

Since 2013 we have seen increases in the numbers of notified cases of scarlet fever from typically less than 10 a year to 41 cases in 2014. Blackpool is not alone in seeing this trend which is also reflected in increased numbers of cases and outbreaks across the country. Scarlet fever is a highly infectious bacterial illness that mainly affects children. The infection causes a distinctive pink-red rash and whilst it used to be a serious illness, nowadays most cases are mild and can be treated easily with antibiotics. The reasons for the rise in cases aren't fully understood though it may be this is part of the natural long-term cycle of disease occurrence that is often seen with infectious diseases.

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## Cryptosporidium incident

In early August, a potential contamination of the water supply was identified. A 'boil water' notice was issued by the water supplier, United Utilities, to people living in parts of Lancashire and Blackpool, as a precaution while further investigation took place. Testing confirmed that there were traces of Cryptosporidium in the water supply. Cryptosporidium is a parasite that can infect humans and animals, and causes gastroenteritis-like illness, typically diarrhoea and vomiting lasting for up to two weeks. Children are most likely to become infected. Whilst most infected people experience this as an unpleasant illness that resolves in time, it can lead to severe illness in people whose immune system isn't working properly.



Due to the large numbers of people affected by the 'boil water' notice, the Lancashire Resilience Forum considered an emergency response was required under the Civil Contingencies Act. A Strategic Coordinating Group was set up, chaired by myself as Director of Public Health acting on behalf of the three local authorities of Blackpool, Blackburn with Darwen, and Lancashire, to coordinate the response across all relevant agencies and partners.

The Cryptosporidium parasite is killed by exposure to ultra violet (UV) light and the key action to resolve the incident required erecting UV rigs at certain points within the water supply network. The water supply was then subject to a further period of testing until satisfactory clear samples were obtained and the 'boil water' notice lifted. During the period that the 'boil water' notice was in effect, the Strategic Commissioning Group (SCG) worked closely with United Utilities to ensure that arrangements were made to supply water to large institutions for whom boiling water was problematic, such as hospitals. The incident occurred during the school holidays but preparations were made to ensure that schools had supplies of bottled water, and all schools in affected areas were able to open as normal.

## Sexually transmitted infections

In general rates of diagnosis of sexually transmitted infections (STIs) in Blackpool are higher than average. This section provides an update on actions to reduce the spread and the harm associated with HIV (the virus that causes AIDS) and chlamydia, a bacterial infection that can lead to fertility problems.

Blackpool continues to have amongst the highest prevalence of HIV in the North West with a local rate of 3.84 per 1,000 people, compared to an England rate of 2.2 per 1,000 (2014 figures). In recent years, testing rates (referred to as coverage) have been rising in Blackpool and are above average with 71.9% taking up the offer of a test in 2014. There continues to be an encouraging trend over recent years for men who have sex with men (MSM) to be tested at an earlier stage of HIV infection. Testing coverage for MSM attending GUM clinics has risen from 82.0% in 2009 to 86.9% in 2014.

Early diagnosis can mean that people with HIV stand a better chance of successful treatment. In Blackpool the proportion of people diagnosed at a late stage is considerably lower than average. Of the 42 Blackpool residents diagnosed in the period 2012-14, just over a third (35%) were diagnosed at a late stage, compared to 42.2% for England as a whole. This tendency towards earlier detection in the town is encouraging as it reflects

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a successful approach giving individuals the best chance of receiving optimal treatment and quality of life, and helping to reduce transmission rates. However it's important that we don't become complacent. Recent surveys suggest that high risk sexual behaviour with a casual partner may be increasing and that in the North West around a third (36%) of men have never been tested for HIV<sup>1</sup>. Hence, it is important to continue to develop innovative ways to promote sexual health protection and the availability of testing opportunities.

Chlamydia is a bacterial infection most commonly found among under 25s which can lead to fertility problems. Diagnosis rates in Blackpool are significantly higher than for England as a whole. Testing rates are higher than average with 28.1% of 15-24s in the town tested for chlamydia in 2014, compared to the England average of 24.3%. Blackpool is currently achieving well over the detection rate recommended by Public Health England of 2,300 per 100,000 15-24s, with a local detection rate of 3,760 per 100,000 population. Maintaining this high detection rate will be a key part of controlling chlamydia prevalence in coming years.



## Modernising sexual health prevention, promotion and treatment services

Services for the prevention, promotion and treatment of sexually transmitted infections in Blackpool have been the subject of review and a procurement exercise during the year.

This has resulted in contraceptive and sexual health services being brought together into one service, along with a Young People's Service (under 25s), which includes the National Chlamydia Screening Programme. It also provided the opportunity to take a different approach to the way these services are funded and introduce the national integrated sexual health tariff payment system. We are one of the first authorities in the country to introduce this system which sees the amount the local authority pays for the service being directly derived from the numbers of people using the service. These changes have made a real difference for patients by simplifying and improving access, and reducing duplication, as well as improving the efficiency of the service and considerably reducing costs.

The Integrated Specialist Sexual Health Service (for all ages) is located at Whitegate Health Centre and operates on an open access basis, treating anyone who presents regardless of where they live or whether they are registered with a GP. The services available here range from emergency oral contraception (the 'morning after pill') and chlamydia testing, to complex contraceptive problems and specialised infections management. A number of GP practices across the town also offer some sexual health services.

Sexual health services for young people under 25 are available from Connect (Young People's Service), an open access clinical service which offers STI screening, contraception and management of uncomplicated infections. Not only are the majority of young people screened for STIs at Connect (Young People's Service) or Sexual Health Services at Whitegate Drive, they also receive the contraception of their choice; with nearly 50% taking up Long Acting Reversible Contraception (LARC).

<sup>1</sup> Sigma Research, CHAPS and Terence Higgins Trust (THT) (2011). The UK Gay Men's Sex Survey. Vital Statistics 2010. North West region of residence data report. The European MSM Internet Survey (EMIS). London, Sigma.

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The Young People's Service has established an Adolescent Sexual Health Group, formed in response to the mobilisation plan for Connect (Young People's Service) from 1st April 2016. The purpose of this group is to improve the health and wellbeing of Blackpool's young people through successful partnership working. In recent years, public health funds have been used to improve access to services, particularly for high-risk groups. This has allowed the following initiatives and services to be introduced:

- a new young people's sexual health/substance misuse harm reduction service, offering a range of frontline workers who work with young people in one location where young people have access to chlamydia testing and harm reduction messages
- chlamydia testing offered by a range of young people's services, not just sexual health services
- a condom distribution scheme, with a particular focus on MSM, providing free condoms and lubricant in public sex environments, pubs and clubs
- actively promoting sexual health services to sex workers
- sexual health services delivered through non-clinical settings such as saunas and within Horizon drug and alcohol treatment services
- a pilot scheme offering Personal Social and Health Education (PSHE) and Sex and Relationship Education (SRE) in schools
- a campaign to raise awareness of sexual health risk in the over 45s, a group often overlooked in sexual health promotion activities

Looking forward, the service will undergo further developments in the coming year. This will include the development of digital access to improve patient care, for example e-booking of appointments, and web-based online testing services for asymptomatic patients (people worried they may have caught an infection but who have no symptoms). The different service providers will work to strengthen their network and agree clear, integrated care pathways so that patients are able to quickly access the right service for their needs.

Taken all together, these services and initiatives present a comprehensive and effective approach to promoting sexual health, reducing harm from risky sexual behaviour, optimising the treatment of infections, and ultimately reducing the spread of STIs.

## Vaccine preventable infections

In Blackpool we generally see good uptake of the childhood vaccination programme. The exception to this is the pre-school boosters which are given at around three and half years of age and which include the second dose of measles, mumps and rubella (MMR). Whilst we have seen very few cases of these diseases notified in the last couple of years, there are outbreaks occurring in other parts of the country. In late 2014, the Council's Health Scrutiny Committee received a presentation from Public Health England (PHE) colleagues, on the take up of childhood vaccines, who advised that they were undertaking a series of visits to GP practices to look at ways of improving the take up of vaccinations.

The seasonal 'flu vaccine is offered annually to the over 65s, pregnant women, patients considered to be 'at risk' due to certain health conditions, and frontline health and social care staff. In 2015/16 the vaccine will also be offered to Year 1 and 2 children in schools. We await data on the take up of the schools based programme, but locally there is some room for improvement in the take up of this vaccine particularly amongst at risk groups and social care staff.

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## Tattoo rating scheme

In recent years we have seen a number of incidents relating to practices in tattoo and body piercing businesses in the town. Tattoos, piercings and other skin adornments are becoming increasingly popular. These activities do however present a potential risk of transmission of blood borne diseases. It was appropriate to look at measures to protect the public from poor practice, encourage businesses to achieve good hygiene standards, and enable people to make informed choices.

In July 2015, Blackpool Council introduced a scheme for rating the hygiene of businesses offering tattooing, body piercing and semi-permanent/permanent make-up. Working in a similar way to the national Food Hygiene Rating System, the Blackpool Tattoo Hygiene Rating Scheme uses an approach that is recognisable and allows customers to check the rating of premises. It was developed using the Chartered Institute of Environmental Health's (CIEH) 'Tattoo and Body Piercing Guidance Toolkit'. Premises which do not work to good cleanliness standards receive a low rating. Participation is voluntary but all premises operating in the town are listed on the Council's webpage [www.blackpool.gov.uk/tattoo](http://www.blackpool.gov.uk/tattoo). So far 25 of the 53 businesses currently operating in the town have been inspected. Of these 22 achieved the highest rating of 5, and all achieved a rating of 3 or more.



## Fylde Coast bathing water quality

The European Union (EU) Bathing Water Directive is provided to ensure that bathers are aware of the quality of bathing water and was implemented to protect human health and the environment. EU rules have been in place to safeguard public health and clean bathing waters since 1976. A revised bathing water directive of 2006 updated and simplified the rules, and introduced a requirement for sampling, and to inform the public about bathing water quality so that they can make informed choices about bathing. These regulations have since been revised to include more stringent requirements around sampling and advice.

Four new bathing water classifications were introduced at the end of the 2015 bathing season: poor (advice to public against bathing), sufficient, good and excellent. Blackpool Council was given advanced warning that three of its four bathing waters were predicted to be classified as 'poor'. In response, and with a view to concerns about the effect on public health and the adverse effect on tourism, Blackpool Council formed the Fylde Peninsula Water Management Partnership with Fylde, Wyre, Lancashire County Council, the Environment Agency, United Utilities and Keep Britain Tidy to ensure that the bathing waters along the Fylde peninsula are the best quality they can be and that Blackpool's bathing waters achieve the classifications to allow bathing.



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A regional partnership, Turning Tides, provides communication regionally about what is being done to improve our waters locally through the 'Love my beach' campaigns. This is proving a good way of engaging the public and others to reduce pollution. Membership of Turning Tides includes the National Farmers Union, United Utilities and the Environment Agency and over the last four years this partnership has made a significant contribution to improving bathing waters quality.

**The efforts of these two groups have paid off. In November 2015, Blackpool Council received the following classifications for its bathing waters:**

- Blackpool South: Excellent
- Blackpool Central: Sufficient
- Blackpool North: Good
- Bispham: Sufficient

The work of the Fylde Peninsula Water Management Partnership and Turning Tides continues to be important to ensure that local residents and visitors can be confident with the quality of bathing waters, and enjoy the natural resources of the Fylde coastline.

Further information on the 'Love my beach' campaign can be found at [lovemybeach.org](http://lovemybeach.org)



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## Section 2: Improving health

Improving health, the second domain of public health, is concerned with promoting healthy lifestyles, and creating environments that support healthy choices and activities.

In this section I take a look at two key lifestyle issues: smoking and obesity. Smoking is now widely recognised as a major risk factor for ill health. The first part below describes the role of Blackpool's Tobacco Control Strategy and recent procurement of a new specialist stop smoking service for the town. The second part takes a look at the work my team have been doing to refocus the Council's approach to obesity and develop this into a Healthy Weight Strategy. Being overweight or obese considerably increases the risk of ill health, and this issue has been very much in the news in recent months. The actions arising from the new strategy have started at a pace, with a successful campaign to encourage teens to 'give up loving pop' in November of this year. As I write this the Council has just become the first authority in the country to sign up to a Declaration on Healthy Weight which sees the Council pledge to orientate policies and actions to promoting healthy eating and healthy weight. This is a major achievement arising from the strategy and represents a bold commitment from the Council to address this serious concern.

### Reducing smoking rates in Blackpool

#### Blackpool's Tobacco Control Strategy

Smoking continues to be one of the biggest contributors to poor health and life expectancy of residents in the town. The harms and risks associated with smoking are well reported and widely understood, yet people continue to smoke.

Whilst figures in other areas of England have seen reductions in the numbers of adults who smoke, in Blackpool the figures have reduced more slowly with 26.9% of the adult population smoking as compared to the England average at 18% (2014). People who work in routine and manual occupations are around twice as likely to smoke as those in managerial and professional occupations. From the Blackpool adult smoking population, 35.7% are from routine and manual groups. To reduce inequalities in the town it is vital that we reduce the level of smoking in this group.

Blackpool has the highest rates of smoking in pregnancy. Whilst rates for England overall have shown a small decline to 11.4% in 2014/2015, the trend in Blackpool is very different with fluctuations around the 30% mark. At 27.2% in 2014/15 rates in Blackpool remain the highest in England.

We know that whilst some individuals are able to give up on their own, many people find the habit of smoking incredibly difficult to break. Information campaigns about the harms of smoking have their place but are not enough on their own. Widely accepted research findings are clear that support from a specialist 'stop smoking' service offers individuals the best chance of successfully quitting. Actions to reduce smoking levels in communities work best when they are part of a system wide strategy. For example, having smokefree places helps ex-smokers to stay stopped, and helps to de-normalise smoking meaning that children are less likely to want to try it. We have adopted such an approach in Blackpool and this is set out in the Tobacco Control Strategy.

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Other approaches within the strategy include:

## **Smokefree homes initiative**

Blackpool Council has been working with the Maden Centre to encourage smoking households to sign a pledge to make the home smokefree. This will protect children and non-smokers from the harms of second hand smoke.

## **Baby Be Smokefree**

Blackpool is one of two areas in the country to be part of a research project with Tommy's, the national pregnancy charity, which will see us testing a new tool for healthcare professionals to support women to give up smoking in pregnancy.

## **Raising awareness in young people**

Personal, Social and Health Education (PSHE) in schools provides the chance to raise awareness about the harms of smoking with young people. Support for schools to develop smokefree policies including training and smokefree signage has been developed and provided to those schools who requested it.

## **Reducing the availability of illicit tobacco**

Tax increases on tobacco have been shown to be effective in reducing consumption, but the availability of cheap, illicit tobacco in the town undermines this to some extent, and introduces other risks to the population associated with criminal activity and unregulated products. The Council maintains vigilance on illicit tobacco through routine enforcement activities across the town.

## **Briefing for health and social care staff on e-cigarettes**

E-cigarettes have been the subject of much media attention during the year. There are a variety of perspectives on e-cigarettes and their use as a quitting aid. Carefully considering the evidence and taking into account our local needs, we have prepared a briefing on e-cigarettes for health and social care staff in the town which advises a precautionary approach. This can be found on the Council's website at [www.blackpool.gov.uk/stopsmoking](http://www.blackpool.gov.uk/stopsmoking).



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## **A new direction for the specialist 'stop smoking' service**

The specialist stop smoking service is a key part of improving health and reducing inequalities associated with tobacco use in the town.

This year, the re-procurement of the local specialist stop smoking service has offered the chance to look at new ways to support people to quit. The new service will be informed by research and insight into the local community's needs for support to quit and relapse-prevention. The procurement exercise set out the need for the new service to be tailored to individual needs and outreach into communities to ensure it reaches as many as possible at each stage of the journey taken to quit and stay stopped, including:

- specific interventions tailored to pregnant women provided by a dedicated pregnancy stop smoking specialist advisor
- licensed smoking cessation treatments and medications available as first-line treatment and provided directly to the client by the service (rather than needing to seek a prescription from GP or visit a pharmacy to exchange a nicotine replacement therapy voucher)
- support for e-cigarette users to become nicotine-addiction free
- provide a lung function screen to motivate people to quit smoking

The new service, Smokefreelife Blackpool, came into being on 1st October and is delivered by Solutions 4 Health, an experienced provider with understanding of working well with communities, motivating people to quit and offering a highly approachable and flexible service to residents.

## **Refocusing the promotion of healthy weight**

There has been much media coverage in recent months on the subject of obesity, especially childhood obesity, and we are anticipating the release of a National Strategy for Childhood Obesity which is expected in the New Year.

During 2015, members of the public health team have been working to update and refresh the healthy weight strategy. This is an area where a considerable volume of new research and guidance has emerged in the last few years. It is also a subject which we have gained additional local insights during the year from an adult Healthy Lifestyle and Wellbeing Survey, School Health Education Unit survey of school children, and trend analysis of Blackpool data from the National Child Measurement Programme. Therefore it was timely to refocus our approach to promoting healthy weight.

Undoubtedly obesity is a problem for the whole county. Almost a quarter (24%) of adults are obese and a total 74.5% are overweight or obese. In Blackpool, adult obesity levels are significantly higher than average at 31%, with three quarters being overweight or obese (PHOF). The picture is particularly worrying for children. Whilst there has been some suggestion nationally that rates are levelling off, locally we continue to see increases with 26% of children starting primary school and 38% of Year 6 (10-11 year olds) overweight or obese.

Across the country our food consumption habits have changed in recent years. We now eat many more meals outside the home and sales of convenience foods have risen. Locally we see a lower than average proportion of people eating '5 a day', and 23% prepare meal from scratch less than once a week with this figure including those who never prepare a meal from scratch.

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High levels of sugar in our diets, particularly sugary drinks, have been the subject of much attention in the media in recent months. The biggest consumers of sugary drinks are young people, who can take as much as a third of their daily calories from sugary drinks. As well as being the source of unnecessary additional calories, sugary drinks and sugary foods are associated with tooth decay. Blackpool children experience amongst the highest levels of tooth decay in the country. Yet this talk of rising levels of obesity is at a time when increasing numbers of people are accessing foodbanks. It is clear that this is a complex topic.

Whilst we undeniably have the right to make our own choices, it is becoming apparent that all too often our ability to make sensible choices is undermined by a range of factors including aggressive marketing of foods high in fat, sugar and salt; lack of time to prepare our own meals from scratch; lack of access to affordable, healthy food and lack of skills or equipment to cook at home.

There is growing consensus that preventing childhood obesity is key to achieving healthy lives in adulthood and ultimately to reversing the obesity prevalence. To achieve this we need to change our approach as a community to food, drinks and physical activity and prioritise 'healthy-preference learning environments' for children. It has been suggested that a relatively quick way to reduce inequalities is through enabling disadvantaged communities to make healthier food choices by ensuring access to healthy food, cooking skills and social support.

Whilst this report was in preparation, I was in the process of presenting a proposal that the Council sign a Declaration on Healthy Weight. The Declaration allows the Council to explicitly recognise the need to exercise their responsibility in developing and implementing policies which promote healthy weight. I am very pleased to say that this proposal was approved at the meeting of the full Council on 20th January 2016. I now look forward to working with departments across the Council to support them to implement the commitments in this declaration.



The implementation of the Declaration is at the heart of the Healthy Weight Strategy which also includes:

- explore financial incentives for 'healthier' retail in deprived areas
- promote healthier packed lunches in schools
- work with schools to promote 'Walk to School' initiatives
- promote healthier vending and reduce availability of sugary drinks on council local authority sites
- develop a new healthy catering award to encourage food business across the town to offer healthy choices and responsible promotions

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## 'Give up loving pop' campaign

Children are consuming too much sugar. Recent estimates suggest that sugar accounts for around three times the maximum recommended proportion of their energy intake<sup>2</sup>. Sugary drinks are the largest single source of sugar for children<sup>3</sup>, particularly teenagers, who are getting almost a third of the daily calories from sugary drinks<sup>4</sup>. Sugary drinks are full of excess calories, offer no nutritional value and aren't necessary for a healthy diet. In Blackpool a recent survey of secondary school children in the town 25% of boys and 16% of girls reported having fizzy drinks (not low cal) on most days<sup>5</sup>.

Blackpool Council worked with Food Active to deliver the 'give up loving pop' (GULP) campaign to raise awareness of the harms of sugary drinks, and to encourage teenagers to switch to healthier alternatives.

The campaign was promoted via social media (Facebook, Twitter and Instagram), and through teaching sessions and roadshows delivered by school nurses and oral health promotion staff in schools and colleges. Students were encouraged to take the #GulpChallenge to give up loving pop for 21 days, sign up to the online pledge and share 'healthy selfies' with their friends with a chance to win theme park tickets.

Feedback received to date on the campaign has been positive. Students and staff engaged well with the campaign with one student even completing a video diary over the 21 days of the challenge. A post-campaign survey is currently underway with results expected in April 2016. Emerging findings from a follow up focus group in one school revealed that half of the students taking part had completed the challenge and felt they would be able to carry on not drinking pop, and all students said they now look at sugar content when buying drinks. The project generated a good deal of media interest and was covered in the print and broadcast media including BBC Breakfast and BBC News nationally.



2 Public Health England, Sugar Reduction – the evidence for action, October 2015, p11

3 Public Health England, Public Health Matters blog, Expert interview: New sugar recommendations, 17 July 2015 (accessed 20 November 2015)

4 Public Health England, Why 5%? – the science behind SACN, July 2015, p6

5 Blackpool Council. Summary report of the Health Related Behaviour Survey 2015. August 2015.

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## Section 3: Healthcare public health

Good population health outcomes, including reducing health inequalities, rely not only on health protection and health improvement, but on the quality and accessibility of healthcare services provided by the NHS. Healthcare public health advice, the third domain of public health, has a critical role in giving NHS commissioning a population focus.

The Health and Social Care Act 2012 secured provision of healthcare public health advice to clinical commissioning groups (CCGs), as part of the statutory public health responsibilities delegated to local authorities. In turn, each CCG has a duty to *“obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in –*

- (a) the prevention, diagnosis or treatment of illness, and*
  - (b) the protection or improvement of public health.”*
- (DH, June 2012).

Through these changes to the health system and the shift of local leadership on public health to local authorities, my team and I have worked to ensure that local NHS commissioners continue to benefit from public health advice so that the NHS can make the maximum impact on population health. As part of this activity I am a voting member of Blackpool CCG’s Governing Body and also attend the Clinical Leadership Team.

In this section of the report I describe two important areas of healthcare public health that we have been particularly focusing on during the past year. The first is the New Models of Care (NMC) Programme which is a large, national project looking at reforming out of hospital treatment and care. I describe how we have been working with local GP Commissioners to ensure that work to redesign the local system includes a focus on prevention and early detection of disease. It is also important that we consider this as an opportunity to engage and empower communities so that these

planned service developments become a collaborative process. There is a growing body of evidence which suggests such approaches lead to better outcomes and significant benefits for individuals, services and communities. The second piece of work I look at is Blackpool’s NHS Health Check programme. It is the local authority’s responsibility to commission this programme which offers a five yearly health check for all eligible 40-74 year olds. The check aims to find those at risk of developing one or more of seven important and preventable illnesses including heart disease, stroke, diabetes and kidney disease. During the past year members of the team have been taking a close look at the local programme to look for ways to make the most out of this opportunity for encouraging people to make lifestyle changes to reduce their risk of developing these serious diseases.

### Fylde Coast New Models of Care

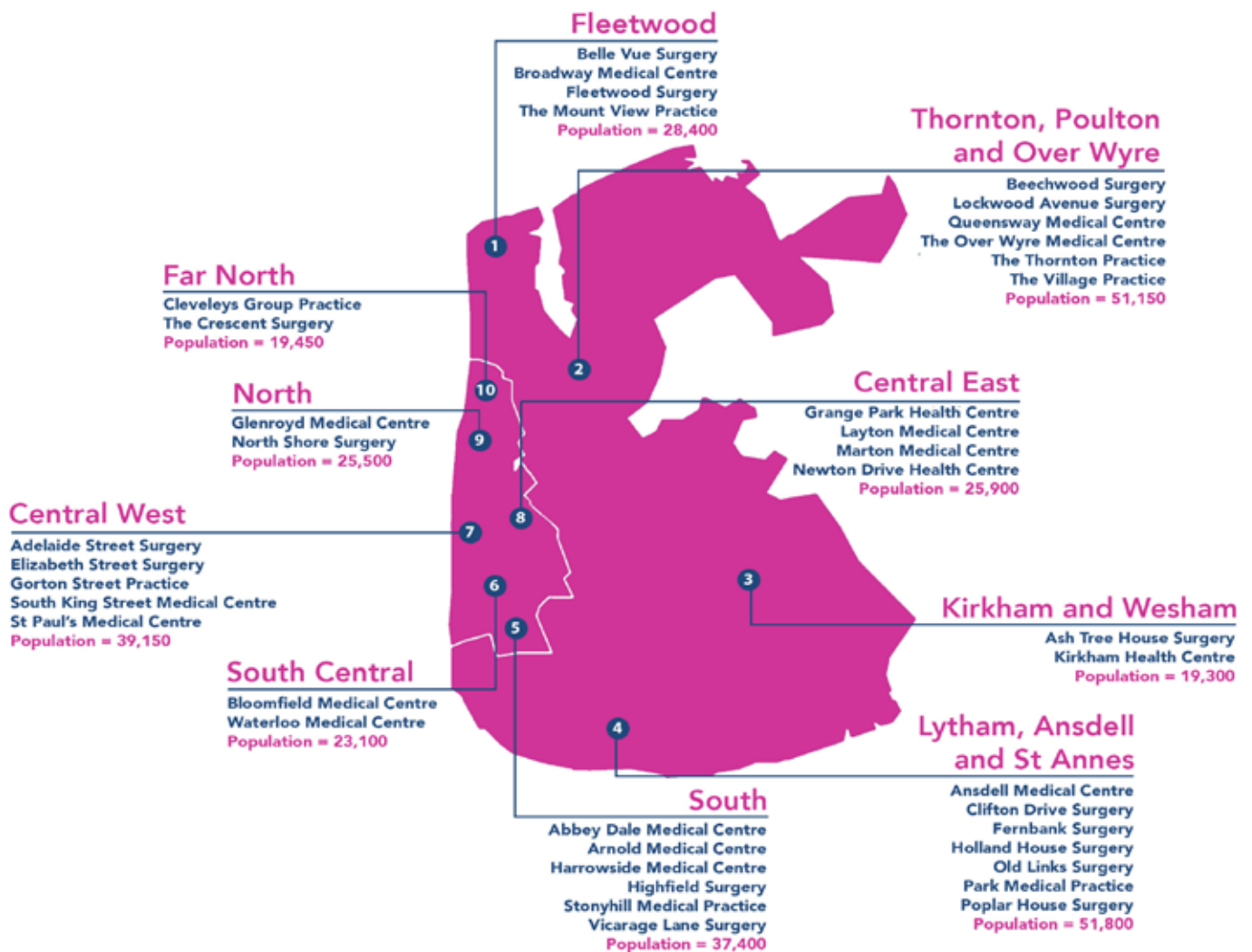
The New Models of Care (NMC) programme is a national project to reform out of hospital treatment and care. The programme is one of the first steps towards delivering the governments ‘Five Year Forward View’ for the NHS and has been born from concerns that relatively few patients account for a substantial proportion of the healthcare budget due to having complex health and social care needs.

As the population ages the number of patients with complex needs is set to increase. These reforms should see patients having greater access to care locally and a joining up of the current wide, and often confusing, range of services, as well as improving the efficiency, quality and value for money of local services within this model. Health and social care services will come together locally into neighbourhood teams which will improve communication and coordination of services for patients, and enable patients with complex needs to be managed proactively with a focus on prevention and early intervention to reduce unnecessary urgent and emergency care.

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In March 2015, 29 sites across the country were selected as 'vanguards' for the NMC programme and the Fylde Coast was amongst those selected. The Fylde Coast approach is that of a multi-specialty community provider of services and within these models: Extensivist and Enhanced Primary Care. Extensivist care is focused on patients over 60 with two or more long term conditions whilst Enhanced Primary Care focuses on patients of any age with one or more long term conditions.

Within Blackpool, we will see the development of six neighbourhood teams. These will be based on groups of GP practices that come together in natural geographic and demographic groups covering populations of 19,000 to 52,000 patients. The neighbourhoods will build on existing local health, social care, and voluntary services, and deliver integrated care. Taking a place based approach enables the various supporting links among statutory, public and third sector services to be maximised.



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The new multi-specialty model of enhanced and expanded out of hospital care will be provided by a range of service providers including the voluntary sector.

## The objectives are to:

- deploy a proactive, systematic care planning approach that will identify and respond to population needs earlier than currently happens, therefore improving quality of life and supporting people with complex health needs to live independently for as long as possible;
- promote health and wellbeing through social prescribing and using the third and voluntary sector to support and enable early interventions to be put in place where appropriate;
- provide access to shared records for health, social care and third sector where relevant;
- shift the provision of care from an acute setting to support people in the community;
- have a workforce for whom behaviour changes will seek to promote self-care and proactive care planning.

Each neighborhood will have a plan and priorities reflecting the needs of the population they serve. Individuals and communities will be involved in designing services to ensure that approaches are relevant locally; that they do not duplicate and that they are fully integrated with existing services in the community so they are more likely to be successful.

We will continue to work with the NHS in order to maximise opportunities in the prevention agenda. This includes our commitment to ensure community engagement in order that this new model of delivery recognises and responds to wider community and determinants of health, and looks for opportunities to shift efforts towards prevention and tackling root causes of ill health.

This is an important opportunity to change services, improve systems in terms of quality, outcomes and patient experience, and create cultural change so that our communities play an equal part in the development of a new relationship between the NHS and social care services, our patients and the wider community. This is a key element of any system change and a sustainable way to improve health outcomes and life expectancy.

## To do this we will need to:

- get serious about prevention and make every contact count
- empower patients to self-care
- engage all sections of our community
- create people's involvement in health as a social movement



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## NHS Health Check programme

The NHS Health Check programme is aimed at adults aged 40-74 and offers a free check every five years for vascular and circulatory health to work out individuals' risk of developing some of the most disabling but preventable illnesses. The check can spot potential problems before they do real damage and provide personalised advice for reducing risk. In this way the programme offers people the opportunity to live longer, healthier lives. This programme is particularly important in Blackpool where residents experience some of the lowest life expectancy and poorest quality of life, due to the prevalence of long term conditions earlier in life. The preventable illnesses targeted by the programme include many of the same conditions that are driving early deaths, disability and health inequalities in the town.

### Seven top causes of preventable mortality:

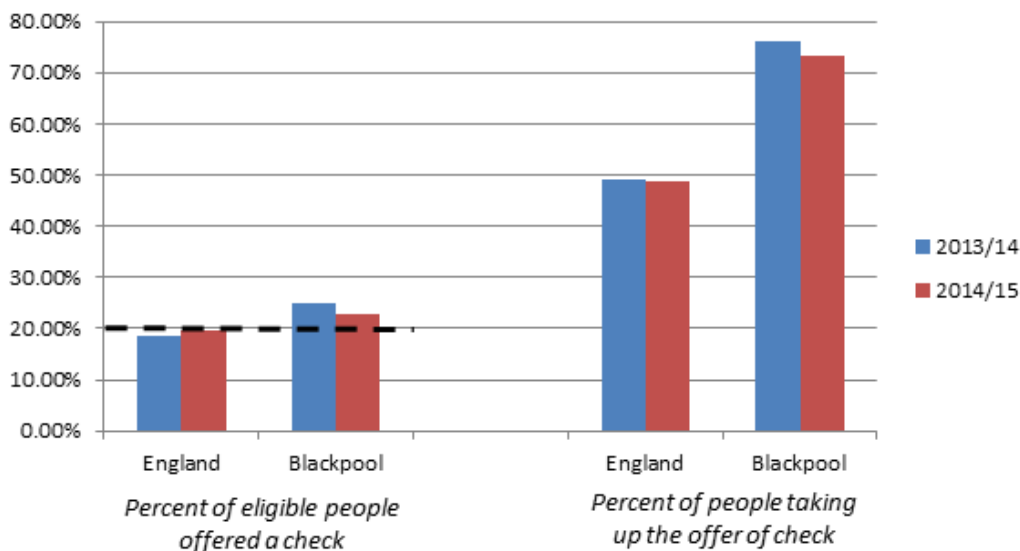
- high blood pressure
- smoking
- raised cholesterol
- obesity
- poor diet
- physical inactivity
- excess alcohol consumption

Local authorities are legally responsible for commissioning NHS Health Checks for their local population. As part of this duty the Council must look to continuously improve the proportion of people eligible for the check who take up the offer. This is an important duty as it will ensure that the programme is operating effectively and efficiently from both a clinical and a cost perspective. Furthermore, for areas such as Blackpool where the population have significant health needs, this programme should have a positive impact on the ability to narrow health inequalities.

Blackpool's NHS Health Check programme is delivered by GP Practices. Residents aged between 40-74 years without a pre-existing condition can expect to receive an invitation from their GP inviting them for this free NHS Health Check. Practices are expected to deliver a specified number of health checks every year and will usually target this activity to those most at risk of specific ill health conditions first.

Overall in Blackpool the programme performs well. The proportion of eligible people offered the check meets the national ambition and take up of the offer is considerably higher than the England average.

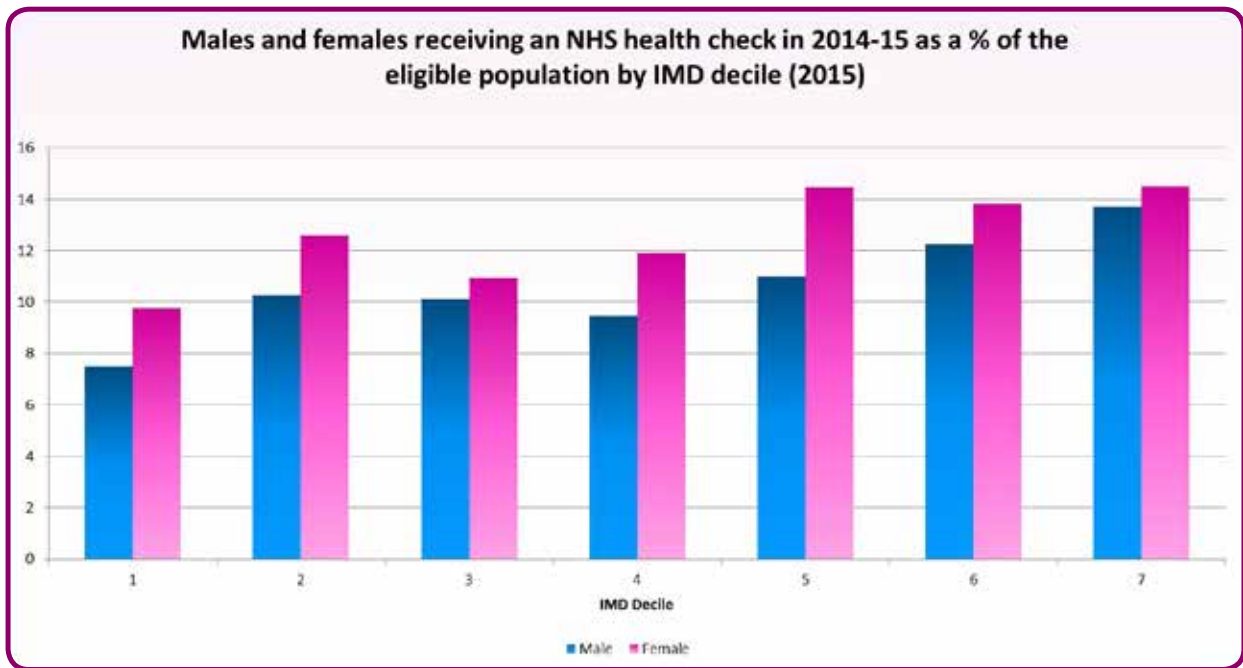
**Figure 1: Blackpool NHS Health Check programme performance**



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We know from looking at local take up data that there are differences within the town. Men and women from more disadvantaged parts of the town are less likely to take up the offer of a NHS Health Check. In order to better understand how to improve take up in these groups, we plan to undertake detailed health equity analyses in the New Year.

**Figure 2: Blackpool Males and Females receiving a NHS Health Check in 2014-15**



Although we see good take up of the NHS Health Check locally, we want to ensure that the programme does more than just offer a medical intervention. We are keen to see the programme really making the most of the opportunity to motivate and support individuals to make lifestyle changes to improve their health, and to actively manage those who may need further support or treatment.

To deliver the programme effectively, staff involved in delivery of the NHS Health Check should be adequately trained in Motivational Interviewing techniques and competent at communicating cardiovascular disease (CVD) risk. With this in mind, we have spent time this year reviewing the service specification for the local programme, and taking into account new national best practice guidance from the Department of Health<sup>6</sup>.

<sup>6</sup> Department of Health (2012) Healthcare Public Health Advice Service to Clinical Commissioning Groups: Guidance to support the provision of healthcare public health advice to CCGs



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The revised specification focuses in particular on offering individually tailored advice that will help motivate and support people to make the necessary lifestyle changes to help them manage their risk as follows:

1. People at *low risk* of developing ill health are offered appropriate lifestyle advice; smoking, alcohol, physical activity and diet and nutrition;
2. People identified as *medium risk* are actively supported to make lifestyle changes in the first instance, where this is clinically appropriate. This will involve patients and GPs agreeing a programme of lifestyle improvements and checking in regularly to assess progress. This should include the opportunity to re-risk score an individual if progress has been made within a 12 month period;

3. People identified as being at *high risk* are included on relevant diseases registers within their GP practice in order that they can be actively monitored and treated for their condition.

The new specification was introduced in July 2015, and early indications are that this is working well. We are looking forward to more detailed evaluation in the coming months.



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## Recommendations

- 1.** NHSE/PHE should lead work to improve the take up of MMR 2.
- 2.** CCG should take a lead role in the coordination and planning of activities to promote take up of seasonal 'flu vaccine.
- 3.** I encourage partner organisations and the business community to follow the Council's lead in taking action to promote healthier weight and consider adopting their own versions of the Local Authority Declaration on Healthier Weight.
- 4.** Organisations across the town should continue to take a multi-faceted approach to tackling Smoking in Pregnancy, acknowledging the complexities that individuals and communities have in Blackpool. This will include taking a proactive and sometimes innovative approach to test assumptions as to what works and building a new evidence base as to successful interventions.
- 5.** Public Health staff should continue to work with the NHS in order to maximise opportunities in the prevention agenda as a key part of the New Models of Care. This includes our commitment to ensure community engagement in order that this new model of delivery recognises and responds to the wider community and determinants of health and looks for opportunities to shift efforts towards prevention and tackling root causes of ill health.
- 6.** The Public Health team should undertake a Health Equity Audit for the NHS Health Checks programme in Blackpool in order to reflect on progress to date and assess opportunities to improve the performance, quality and outcomes of the programme.

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## Appendix 1: Health Profile 2015: Blackpool

● Significantly worse than England average  
● Not significantly different from England average  
● Significantly better than England average

Domain	Indicator	Local No Per Year	Local value	Eng value	England Average			Eng best
					Eng worst	25th Percentile	75th Percentile	
Our communities	1 Deprivation	67,907	48.0	20.4	83.8			0.0
	2 Children in poverty (under 16s)	8,090	30.6	19.2	37.9			5.8
	3 Statutory homelessness	37	0.6	2.3	12.5			0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)†	633	44.0	56.8	35.4			79.9
	5 Violent crime (violence offences)	3,947	27.8	11.1	27.8			2.8
	6 Long term unemployment	1,147	13.1	7.1	23.5			0.9
Children's and young people's health	7 Smoking status at time of delivery	485	27.5	12.0	27.5			1.9
	8 Breastfeeding initiation	1,065	60.9	73.9				
	9 Obese children (Year 6)	297	22.0	19.1	27.1			9.4
	10 Alcohol-specific hospital stays (under 18)†	28.3	100.0	40.1	105.8			11.2
	11 Under 18 conceptions	108	41.7	24.3	44.0			7.6
Adults' health and lifestyle	12 Smoking prevalence	n/a	26.5	18.4	30.0			9.0
	13 Percentage of physically active adults	209	47.1	56.0	43.5			69.7
	14 Obese adults	n/a	29.5	23.0	35.2			11.2
Disease and poor health	15 Excess weight in adults	266	72.1	63.8	75.9			45.9
	16 Incidence of malignant melanoma†	32.0	25.5	18.4	38.0			4.8
	17 Hospital stays for self-harm	943	682.7	203.2	682.7			60.9
	18 Hospital stays for alcohol related harm†	1,720	1231	645	1231			366
	19 Prevalence of opiate and/or crack use	1,822	20.0	8.4	25.0			1.4
	20 Recorded diabetes	10,220	7.2	6.2	9.0			3.4
	21 Incidence of TB†	21.0	14.8	14.8	113.7			0.0
Life expectancy and causes of death	22 New STI (exc Chlamydia aged under 25)	1,012	1122	832	3269			172
	23 Hip fractures in people aged 65 and over	193	650	580	838			354
	24 Excess winter deaths (three year)	94.5	16.1	17.4	34.3			3.9
	25 Life expectancy at birth (Male)	n/a	74.3	79.4	74.3			83.0
	26 Life expectancy at birth (Female)	n/a	80.1	83.1	80.0			86.4
	27 Infant mortality	9	5.0	4.0	7.6			1.1
	28 Smoking related deaths	390	453.2	288.7	471.6			167.4
	29 Suicide rate	18	13.6	8.8				
	30 Under 75 mortality rate: cardiovascular	160	125.2	78.2	137.0			37.1
	31 Under 75 mortality rate: cancer	234	182.8	144.4	202.9			104.0
	32 Killed and seriously injured on roads	66	46.7	39.7	119.6			7.8

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## Appendix 2: Health protection data tables

**Table 1: Number of infectious disease cases notified to Public Health England (PHE) for Blackpool residents, 2011-2014**

Infectious disease	2011	2012	2013	2014
Acute encephalitis	.	.	.	.
Acute infectious hepatitis	<5	.	.	.
Acute meningitis	<5	.	.	.
Brucellosis	.	.	.	.
Cholera	.	.	.	.
Diphtheria	.	.	.	.
Enteric fever (typhoid or paratyphoid fever)	.	.	.	.
Food poisoning	79	86	68	52
Haemolytic uraemic syndrome (HUS)	.	.	.	.
Infectious bloody diarrhoea	<5	.	<5	<5
Invasive group A streptococcal disease	<5	.	.	.
Legionnaires' Disease	<5	.	.	.
Leprosy	.	.	.	.
Malaria	.	.	.	.
Measles	5	7	5	5
Meningococcal septicaemia	.	<5	<5	.
Mumps	12	24	20	9
Rubella	.	.	.	.
Scarlet fever	9	5	17	41
Tetanus	.	.	.	.
Tuberculosis	31	24	12	19
Typhus fever	.	.	.	.
Viral haemorrhagic fever	.	.	.	.
Whooping cough	<5	<5	<5	.
Acute poliomyelitis	.	.	.	.
<b>Grand Total</b>	<b>144</b>	<b>148</b>	<b>126</b>	<b>128</b>

**Table 2: Vaccination coverage for selected diseases, Blackpool 2011/12 - 2014/15**

Vaccine	Coverage (%)			
	2011/12	2012/13	2013/14	2014/15
Dtap / IPV / Hib (1 year old)	95.9	95.6	95.8	94.0
Dtap / IPV / Hib (2 years old)	97.7	97.4	96.9	96.6
PCV ( 1 year old)	95.7	95.4	95.9	94.1
Men C (1 year old)	94.8	95.6	95.2	95.2
Hib / MenC booster (2 years old)	93.3	92.8	91.8	91.4
Hib / Men C booster (5 years old)	88.0	91.3	90.9	94.0
PCV booster (2 years old)	92.7	92.4	91.9	91.7
MMR for one dose (2 years old)	92.2	92.3	91.5	91.8
MMR for one dose (5 years old)	94.1	94.7	94.2	95.9
MMR for two doses (5 years old)	84.1	84.9	85.1	87.7
HPV (12-13 years old)	88.4	87.2	78.9	93.3
Flu (aged 65+)	74.6	73.4	74.0	73.0
Flu (at risk individuals)	53.0	52.2	52.8	50.6

Source: PHE, Public Health Outcomes Framework

Source: PHE, Notifiable diseases: annual report

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**Further reading**

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