

Public Health Annual Report 2016

a better tomorrow



Public Health Annual Report 2016

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Foreword

Welcome to this, my ninth annual report on the health of the people of Blackpool. This year my report focuses on the theme of 'community resilience'. This is a theme that I have touched on in recent years, for example the Due North Report I presented in 2014 highlighted the role of employment and income in providing stability. The concept of community resilience has been the subject of considerable interest across the local authority and beyond as the wider public sector continues to experience pressure on budgets and services, and it features in the Council Plan 2015-2020 which sets out two major priorities for the town. Priority One focuses on the economy, maximising growth and opportunity across Blackpool, and Priority Two focuses on creating stronger communities and building resilience.

In the introduction to this report I take a closer look at the concept of community resilience; considering what this means for our local population's health. The indicators of community resilience suggest that the population of Blackpool are likely to be less resilient than other areas of the country and therefore more vulnerable to the risks associated with reductions and pressures on services and support. I take the opportunity here to consider the risk factors that may test resilience locally. These include the concept of 'adverse childhood experiences', or ACEs, which are now becoming widely recognised as an important risk factor.

In the sections that follow I describe key projects that are contributing to strengthening community resilience locally, and highlight the contribution of public health practitioners in the delivery of this priority for the town. The annual update on health protection presented in Section 1 shows an overall steady state picture, although there continues to be a need to improve coverage of the second dose of MMR amongst pre-

school children, and to improve the take up of seasonal flu vaccination, particularly amongst young children and frontline social care staff. Section 2 gives detail on progress and direction to promote healthier lifestyles including healthier weight, smokefree, good public mental health, and keeping well through self-care. Section 3 considers the roles for healthcare services building resilience in individuals and communities.

I would also refer readers to the work of Blackpool's Fairness Commission, a partnership that I chair, which brings together like-minded people from across the public, private, voluntary and community, and faith sectors to deliver a range of projects and campaigns to reduce inequalities and help people build connections in their communities. These include the Acts of Kindness Campaign, Easter Buddies initiative, Community Farm and Shop project at Grange Park, Dementia Friendly Towns Status for Blackpool and Fairtrade Town Status. The Commission has recently published their own report and I would recommend this to readers.

Over the past year I am pleased to have seen work from within my Public Health team receive national recognition. I was pleased to welcome Sara Hurley, Chief Dental Officer, to Blackpool and share with her our programme of work to promote good oral health, including our successful Give Up Loving Pop (GULP) campaign and supervised tooth brushing scheme. I was also pleased that Emma Reid, Deputy Director for Obesity from the Department of Health was able to join us in Blackpool and give the keynote address to Blackpool's Healthy Weight Summit. Our work to promote healthier weight has received good recognition and has been published as case studies by the Local Government Association.

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January saw the council become the first local authority in the country to sign a Local Declaration on Healthier Weight; a move which generated considerable interest in the media, other authorities across the country and a poster presentation at Public Health England's national conference in September 2016. My congratulations go to the Camerados Living Room project, which was supported by the public health team and was based in Blackpool's Central Library, on their selection as finalists in the Local Government Chronicle Awards.

There are many opportunities for us all as individuals to help ourselves to be healthier and happier, and for organisations and communities to create environments to support healthier choices and promote wellbeing. I look forward to the opportunities that the coming year will bring to work with colleagues in the local authority and beyond to promote healthy lifestyles and wellbeing and improve the public's health.



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

Dr Arif Rajpura
Director of Public Health

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Introduction

It is widely accepted that building the resilience of individuals and communities is essential if we are to improve the health and wellbeing of our town. The Nobel Prize winning economist Amartya Sen points out that “a fundamental cause of inequalities in health is the relative lack of control and powerlessness of less privileged groups”, and notes that any strategy to reduce health inequalities needs to empower individuals and communities and “create the conditions for people to take control over their lives”. So, individuals and communities who feel confident and connected are expected to experience better health and wellbeing; even when faced with adversity, resilient individuals are better able to avoid negative outcomes usually associated with risk factors. But what exactly do we mean when we talk about ‘resilience’, specifically community resilience?

What is meant by ‘community resilience’?

There are many and varied definitions of the term ‘community resilience’. A recently published study by Patel et al¹ found no consensus in the academic or policy literature. The concept of community resilience has emerged from the context of disaster recovery and many of the definitions on offer are grounded in this context. One such definition is that used by the RAND Corporation, who define community resilience as “a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations”². In recent years the term community resilience has increasingly been used in the context of pressures on public finances that have led governmental and public organisations to focus on how best to help communities to help themselves.

There are, however, examples of definitions which have more of an ‘asset’ focus such as that by the Institute for Sustainable Communities who define resilience as “the ability of people, institutions, and systems to manage shocks and stressors and build stronger, more prosperous communities”³.

So, the basic question of what do we mean by ‘community resilience’ is unresolved and the phrase itself may not be considered precise enough to be useful in any detailed discussion of the issue. Patel et al¹ did however identify nine common core elements amongst the definitions that they found, and suggest that it may be more useful for academics, policy-makers and responders to be explicit as to the particular elements they are focusing on in their research or interventions. These are summarised in Figure 1.

1 Patel SS, Rogers MB, Amlôt R, Rubin GJ. What Do We Mean by ‘Community Resilience’? A Systematic Literature Review of How It Is Defined in the Literature. *PLOS Currents Disasters*. 2017 Feb 1 . Edition 1. doi: 10.1371/currents.dis.db775aff25efc5ac4f0660ad9c9f7db2.

2 <http://www.rand.org/topics/community-resilience.html> accessed on 11th April 2017

3 <http://www.iscvt.org/what-is-community-resilience-and-why-does-it-matter/> accessed on 11th April 2017

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Figure 1: Core elements of definitions of community resilience associated with disaster recovery
(adapted from Patel et al, 2017)

- 1. Local knowledge** – the effects of a disaster could be mitigated if a community understands its existing vulnerabilities, and is able to address these prior to a disaster. A feature here is the communities shared belief of their own ability to overcome potential hardships caused by a disaster.
- 2. Community networks and relationships** – refers to the positive effect on a community and its members that can occur during a crisis when its members are well connected and form a cohesive whole. Factors which may determine the strength of links or ties within communities include trust and shared values.
- 3. Communication** – ways to achieve effective communication included the creation and use of common meanings, the establishment of an appropriate communication infrastructure, effective risk communication techniques.
- 4. Health** – the pre-existing health of a community and delivery of health services after a disaster are important for community resilience and understanding, and addressing health vulnerabilities can build resilience before a disaster and mitigate long-term issues after a disaster. Mental health considerations include the immediate trauma and also more chronic secondary stressors.
- 5. Governance/leadership** – this shapes how communities handle crises and includes infrastructure and services, and public involvement and support.
- 6. Resources** – these could include tangible supplies (e.g. food) and technical resources (e.g. shelter) to intangible aspects such as natural, physical, financial and social resources. This includes the distribution of these resources in a fair manner ('distributive justice') and ability to allocate them appropriately.
- 7. Economic investment** – including planning in the pre-disaster setting and addressing the post-disaster economic situation.
- 8. Preparedness** – including across a number of levels including the individual, family and government.
- 9. Mental outlook** – defined as attitudes, feelings and views when facing the uncertainty that typically occurs after a disaster or when contemplating a future one. The mental outlook of a community is therefore important in shaping the willingness and ability of community members to continue on in the face of uncertainty, and many publications noted aspects of adaptability as an inherent aspect of resilience.

In the absence of a clear, shared understanding of the concept of community resilience it may be helpful for us locally to consider these elements when discussing and planning actions to strengthen communities and build resilience in the town.

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Risk factors

The elements of community resilience discussed here have emerged from definitions in which the 'hazard' that the community needs to be resilient against is a disaster of some sort.

However, our context locally comprises a more complex range of social, economic, environmental and cultural challenges.

These include:

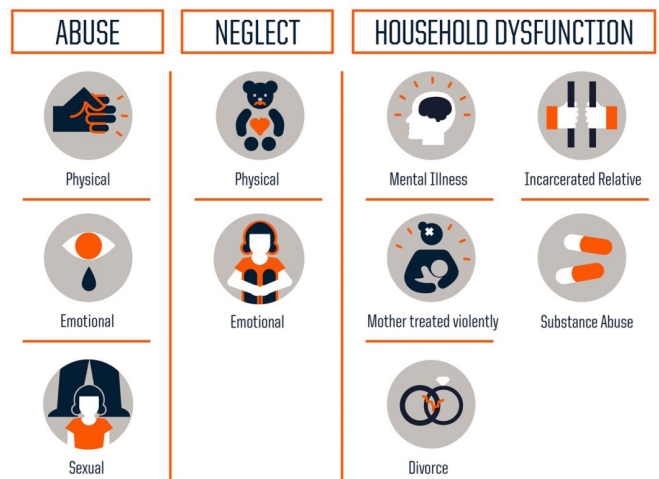
- reduced budgets and pressure on services
- national welfare reform
- worklessness
- low wage economy
- population density and poor quality housing
- high levels of transience
- high levels of unhealthy behaviours, smoking, poor diet and nutrition, alcohol use
- population profiles that feature overrepresentation of 'unconfident fatalists', a group that is unmotivated to improve their health

Many of these risk factors have been discussed in my previous report. However there is a relatively newly defined risk factor that I want to describe, and that is adverse childhood experiences, or ACEs.

Adverse childhood experiences (ACEs)

Childhood experiences, both positive and negative, can have a tremendous impact on lifelong health and opportunity. Children who experience stressful childhoods are more likely to adopt behaviours that negatively impact later health and wellbeing, are more likely to perform poorly at school and more likely to be involved in violence and crime. Early experiences are therefore an important public health issue. ACEs include both direct experiences of physical, sexual and emotional abuse, physical and emotional neglect and indirect experiences of having an incarcerated relative, parental separation or divorce, substance misuse, mental illness and domestic violence.

Figure 2: Types and categories of ACEs



Source: Centers for Disease Control and Prevention

The founding research for this new area of knowledge comes from a major study in the US. Similar studies have now been carried out internationally and findings are remarkably consistent. To summarise the results:

- ACEs are common
- UK studies suggest that around half the population have experienced at least one ACE and between 8-14% of people have experienced four or more ACEs
- the ACE score, the number of different categories of ACEs reported by participants, is used to assess cumulative childhood stress
- as the number of ACE categories increases, so does the likelihood of poorer outcomes

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Picture of community resilience in Blackpool

A number of measures are commonly used to measure outcomes associated with community resilience programmes and activity. These include health measures such as life expectancy; as well as factors that positively impact on health and wellbeing such as:

- self-reported health, for example how well people say they feel in their lives
- feelings of belonging in their neighbourhood
- feelings of being able to influence decisions

They also include indicators of the social determinants of health such as employment status, education, housing and green space.

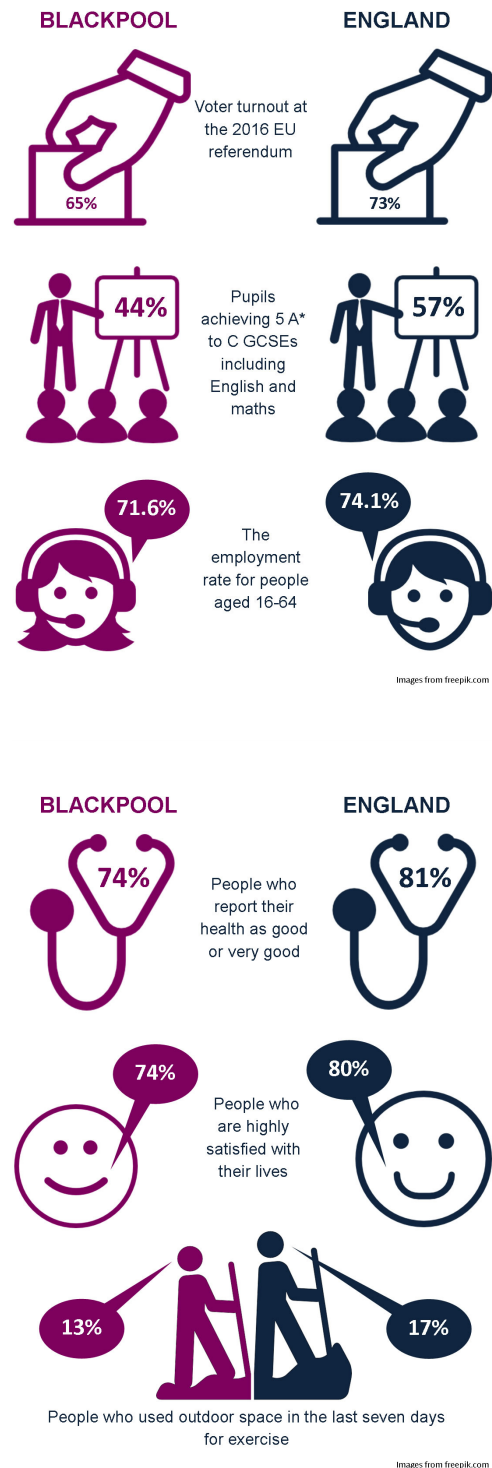
The six indicators shown in the following infographics have been chosen as they give some measure of how Blackpool as a community compares with England as a whole for these selected elements of community resilience.

They include:

- achieving good qualifications at school which gives individuals more opportunities in the work place and the ability to more fully participate in their local community
- people’s faith in local organisations’ ability to support their health needs which is a measure of how robust people perceive the local health system to be
- participating in sport or exercising outdoors which are healthy activities but also likely to be social activities
- Resilient communities which overall are made up of people who are satisfied with their own lives

These indicators start to build a picture of the situation in Blackpool. They show that our resident population is more vulnerable and therefore less likely to be resilient compared with other areas of the country.

Figure 3: Resilience in Blackpool



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Moving forward

There is much here to build on. We need to achieve a careful balance between providing services and interventions, and knowing when to step back and let communities take control.

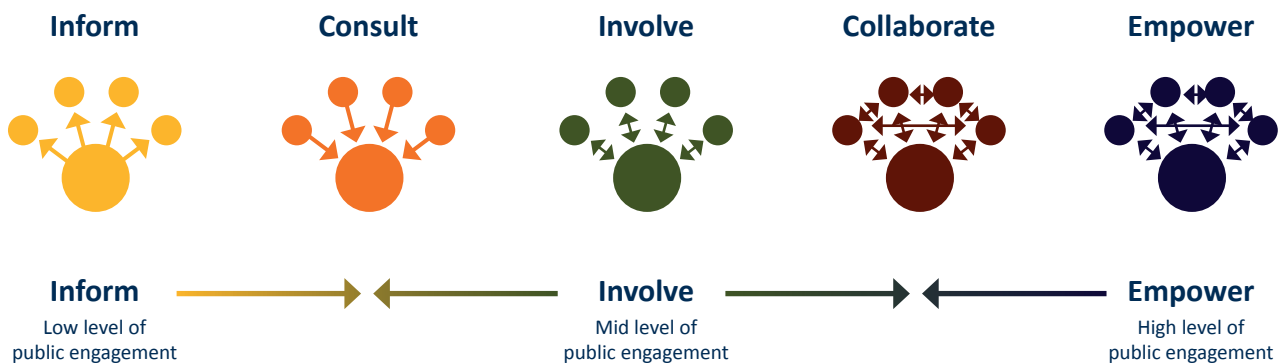
For example, Blackpool Council is working closely with the NHS and others to develop and expand an approach called Community Orientated Primary Care (COPC). This approach is intended to move local community health services from a narrow disease focus to addressing some of the root causes of poor health. At the heart of the approach is the involvement of local residents with local health professionals working together to understand the causes of health problems and to design interventions beyond NHS treatment services. A technique known as ‘citizen inquiry’ where local residents work with the statutory, voluntary and business sectors to develop actions, opportunities and solutions to improve the community’s health and wellbeing is being used in Central Blackpool and this is described in more detail later in this report.

Where there are strong community relationships and connections, and where a neighbourhood is alive with activity and with lots of networks of relationships providing informal support, people are much better able to cope with pressures and will have a better quality of life.

“Such an understanding challenges the view that disadvantaged families are passive recipients of health and social services, supported by paternalistic ways of working that encourage dependency and reliance. Rather, through involvement in community affairs, families will gain new insights into their own health improvement and that of the wider community. Opportunities will be created to unlock existing knowledge, build confidence, resilience, contacts, ideas, enthusiasm and energy.”

Scottish Community Development Centre, 2011.
“Community Resilience and Co-production”

Figure 4: Levels of engagement



Ref: <http://www.strategicdisaster.com.au/community-resilience/>

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Most people need close emotionally supportive relationships as well as contact with a wider group of people who may have different knowledge, talents and resources at their disposal. A resilient community is a well-networked one, but also one where there are positive social norms and challenges to destructive behaviour. The creation of these networks requires personal resilience; the confidence to meet new people, or the belief that you can make a difference. Interactions that spark the creation of new relationships often trigger greater involvement in community groups.

Of course, economic resilience is also vital as we have discussed; financial strain or having to work multiple jobs are real obstacles to getting involved in your community, and unemployment creates isolation, cutting people off from the day to day.

We aim to build on existing work and encourage greater, more meaningful community engagement taking a co-production approach to action planning; so strengthening our communities and building resilience. In 2017/18 we will:

- **Promote appropriate access to services** — ensure people know how to access care and are not limited by real or perceived barriers to services.
- **Promote health and wellbeing** — inform and educate to support healthier choices.
- **Expand communication and collaboration** — build networks that include the statutory voluntary and business sectors so that we identify shared aims.
- **Engage at-risk individuals and the programmes that serve them** — promote opportunities for individuals to take an active part in protecting their health and aiding their community's resilience strengthens the community as a whole.
- **Build social connectedness** — support people to be more empowered to help one another after a major disturbance in communities in which members are regularly involved in each other's lives.

- **Enablement** — enable individuals to be independent and to build up social networks, important for not only help and support but also in order to build a sense of belonging in the community
- **Volunteers** — support volunteering which is beneficial to health and wellbeing and can reduce social isolation, exclusion and loneliness.

Conclusion

In conclusion, we see that there isn't a single accepted definition of community resilience and to be certain we have a shared understanding of what this means for us locally, it is helpful to consider elements of the concept. We know that communities in Blackpool are more vulnerable and less resilient than average and therefore it is important to carefully consider how we can support them to build resilience appropriate for the particular risk factors they face. The following sections highlight a selection of the key projects and local work that will help our communities to build some of these different aspects of resilience.

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Section 1: Protecting health

Vaccination coverage

The 2015/16 figures show little change on the previous year for coverage of childhood vaccinations and in the main coverage meets, or is close to meeting, target levels. The exception is pre-school boosters and of particular concern is the continued low coverage of the second dose of measles, mumps and rubella (MMR) vaccine by age 5, which at 85.2% is considerably lower than the target of 95%.

Seasonal 'flu vaccination coverage for the 2015/16 season was slightly down on the previous year at 70.7% for over 65s, 44.2% for risk groups and 26.2% for 2-4 year olds. Early indications for the 2016/17 season are that there have been some improvements in this position.

Coverage of pneumococcal vaccine (over 65s and some at risk groups) and shingles vaccine (70 year olds) has remained steady at 71.8% and 53.4% respectively.

Communicable diseases

Outbreaks and incidents

Public Health England (PHE) is responsible for investigating communicable disease outbreaks and incidents in the town in conjunction with the council's public health and health protection teams. During 2016, colleagues from PHE were involved in the investigation and control of 29 outbreaks or incidents within Blackpool. The majority of outbreaks and incidents occurred within a care setting, with 18 in care homes or nursing homes. Other incidents include school outbreaks of scarlet fever, chicken pox and flu. PHE also provide response to individual cases of illness or specific hazards to health to ensure that appropriate follow-up is put in place to minimise the risk to the wider public and to ensure settings such as schools and care homes are provided with sufficient information to deal with health protection issues in future.

Norovirus is the most common cause of infectious viral gastroenteritis in care home settings, particularly in the winter months. It is important to identify outbreaks early and recommend infection control measures to reduce onward spread of infection and limit the number of outbreaks that we see.

Viral gastroenteritis is also the most likely cause of outbreaks in other settings across Blackpool. Four schools, and three hotels and cafes have been investigated following illness reportedly associated with the premises. In all cases, further investigations highlighted no reason to suspect that food, or poor hygiene practices were the cause of the outbreak. However, further advice to prevent ongoing risk to the public remain important.

Tuberculosis (TB)

Rates in Blackpool and across the North West have been generally declining since the peak in 2011, and in 2015 were lower than the national and North West average. The latest national data available for a full year is for 2015 and confirms a year-on-year decline in the incidence across England over the past four years, down to 10.5 per 100,000 per population (5,758 cases) in 2015. The number of cases reported amongst Blackpool residents has fallen from 31 in 2011 to 11 in 2015.

Healthcare acquired infections

At the time of writing, a national increase in reported cases of E.coli blood stream infection is being observed following the introduction of an enhanced surveillance scheme. Local rates are noted to be increasing in line with this national trend and a local group involving PHE, Blackpool Teaching Hospitals NHS Trust, Blackpool Clinical Commissioning Group (CCG) and Blackpool Council is being set up to determine and oversee local required actions.

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Emergency preparedness

Blackpool Council is currently exploring the implementation of a shared emergency planning service which will be hosted by Blackpool Teaching Hospitals NHS Foundation Trust. It is anticipated that this co-ordinated approach to emergency planning will reduce duplication, help ensure synchronisation with Category One responders on the Fylde Coast and increase resilience to respond to a major incident. Both organisations have agreed in principle to this approach and work is underway to finalise the business case.

Population screening programmes

Screening programmes are determined nationally upon advice from the UK National Screening Committee and local programmes are commissioned by NHS England. Antenatal and newborn programmes are offered universally via maternity services, health visiting and general practice and achieve good coverage. Coverage rates for the adult programmes are more variable and lower than average coverage rates are seen amongst Blackpool residents for the three cancer screening programmes. Of concern are the recent trends which appear to show coverage rates to be dropping in the town. Whilst this is a trend that is not unique to Blackpool, there may be missed opportunities for detecting these conditions at earlier stages when treatment may be more effective. Most notably, breast screening coverage has declined from 64.3% to 54.2% between 2014/15-2015/16. Colleagues at NHS England (NHSE), the commissioner of this service, are currently investigating and developing plans to address this. The bowel screening coverage rate for Blackpool was 53.3% compared with 54.8% for Lancashire in 2015/16, and cervical screening coverage was 70% compared with 72.5% for Lancashire in the same year.

A new programme of screening for abdominal aortic aneurysm (AAA) is achieving good coverage in Blackpool with 84.6% for men attending for their screen in 2015/16 which is above the national target of 80%.

Figure 5: NHS Screening Programmes

Adult programmes

- **NHS abdominal aortic aneurysm (AAA) programme** — *men aged 65*
- **NHS bowel cancer screening (BCSP) programme** — *men and women aged 60 to 74*
- **NHS breast screening (BSP) programme** — *women aged 50 to 70*
- **NHS cervical screening (CSP) programme** — *women aged 25-64*
- **NHS diabetic eye screening (DES) programme** — *people with type 1 or type 2 diabetes aged 12 or over*

Antenatal and newborn programmes

- **NHS fetal anomaly screening programme (FASP)** — *screen for fetal anomalies, Down's, Edwards' and Patau's syndromes offered to pregnant women*
- **NHS infectious diseases in pregnancy screening (IDPS) programme** — *screen for HIV, hepatitis B and syphilis offered to pregnant women*
- **NHS newborn and infant physical examination (NIPE) screening programme** — *examination of heart, hips, eyes and testes for newborn babies and 6-8 week olds*
- **NHS newborn blood spot (NBS) screening programme** — *screen for certain rare conditions offered to newborn babies*
- **NHS newborn hearing screening programme (NHSP)** — *offered to newborn babies*
- **NHS sickle cell and thalassaemia (SCT) screening programme** — *genetic screen offered to pregnant women and newborn babies (as part of NBS programme)*

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Section 2: Promoting health and wellbeing

Promoting healthier weight

Blackpool's Local Authority Declaration on Healthy Weight

January 2016 saw Blackpool Council become the first in the country to sign a Local Authority Declaration on Healthy Weight and make a commitment to support employees and the residents of Blackpool to tackle the issue of obesity by encouraging individuals to make healthy choices. Over the year good progress was made on implementing the declaration's commitments (see Appendix 3).

These include:

- re-run the Give up Loving Pop (GULP) campaign following successful campaign in secondary schools and further education establishments in November 2015. We also plan to extend this campaign to primary schools via the Fit2Go programme run by Blackpool Football Club Community Trust
- launching the Healthier Choices Award; a good number of takeaways and sandwich shops have already achieved the award
- working with the council's corporate procurement team reviewing how we influence and shape contracts in the future to reflect the priorities of the declaration
- commitment to develop a Street Trader Policy covering ice cream vans and street food vendors which will include a requirement to offer healthier choices

There has been considerable interest from local authorities across the country and the work is being noted nationally as a good practice case study. More recently, in February 2017, Blackpool Council held a Healthy Weight Summit to encourage organisations to follow the council's lead and develop their own declaration on Healthy Weight. Following the event, over 20 organisations, including Health and Wellbeing

Board members, pledged to develop their own declaration. Members of the Public Health Directorate will work with these organisations to support them in developing their own declaration and to ensure progress is made over the coming months.

Figure 6: GULP campaign results

GULP Campaign November 2015

Source: GULP Campaign plan and evaluation

- 1,859 website views
- 850 students reached through school and college visits
- Post campaign survey results showed 82% of respondents understood the risks of drinking lots of sugary drinks compared to 63% pre-campaign

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Supporting people and communities to stop smoking

Local Government Declaration on Tobacco

Blackpool Council signed up to the Local Government Declaration on Tobacco Control in 2015 which demonstrated our commitment to tackling tobacco related harm across the town. Since signing up to the agreement we have made progress towards fulfilling our commitments within the declaration. By working with our partners and local communities we have seen a reduction in smoking prevalence from 27.7% in 2012 to 22.5% in 2016.

Actions include:

- work with Trading Standards in various operations on illegal sales of tobacco and electronic cigarettes to children
- use of specialist sniffer dogs on illicit and illegal tobacco operations
- the delivery of workshops within our secondary schools and colleges to highlight the harmful tactics of the tobacco industry, giving young people the skills to go onto educate their peers on the subject
- improved access to specialist stop smoking within areas and settings where smoking rates are highest
- supporting primary and secondary schools across the town to achieve completely smokefree schools and grounds through new signage, support in developing smokefree policies and training for staff

A particularly exciting area of work has been insight work with our communities to understand thoughts about smoking in outdoor areas and the introduction of smokefree outdoor spaces. This work has informed work to promote the adoption of smokefree outdoor events and family attractions in Blackpool becoming smokefree.

Figure 7: Smoking quitters

Smoking quitters

Source: NHS Digital, Statistics on NHS Stop Smoking Services, 2015/16

- A total of 1,763 people across Blackpool set a quit date, including 90 pregnant women:
- 601 (34%) were self-reported quitters
- 224 (13%) successfully quit (validated by carbon monoxide screen)

Promoting good public mental health

Tragically, our local community experiences high level of mental ill health with rates of self-harm around three times the national average and higher than average suicide rates. Promoting mental health is therefore an essential part of any strategy to improve health and reduce health inequalities. Over the past year, members of the Public Health Directorate have led work to develop a Public Mental Health Action Plan 2016-2019 to promote good mental health and wellbeing in Blackpool and ultimately prevent mental health problems. The action plan includes interventions at both a universal level to improve mental wellbeing across the population plus targeted work to focus on those communities most at risk of poor mental health.

The action plan will deliver a programme of work focusing on four key areas:

1. Promoting good mental health and resilience across our population;
2. Preventing mental ill health suicide;
3. Reducing the stigma and discrimination associated with mental illness; and
4. Improving the quality and length of life of people living with mental illness.

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The HeadStart programme

HeadStart is a Big Lottery funded programme which aims to raise the resilience of young people aged 10-16 to prevent them developing mental ill health in the future. A successful pilot project resulted in Blackpool being awarded £10 million over five years to address this.

The programme focuses on four key areas of a young person's life:

- their time spent at school
- home life and family relationships
- their access to support in the community
- the use of digital technology

It will include universal actions plus targeted work with three specific population groups:

- young people who are making the transition from primary to secondary school
- young people who self-harm
- looked after children

The programme is supported by 'boingboing', a team with an international reputation in the development of resilience research and practice and young people in the town instrumental in the design and decision making within the programme.



Better Start programme

The Better Start initiative is a Big Lottery funded programme led by the NSPCC which will see £45 million spent over 10 years in the town improving outcomes for pre-birth to age 3 children by working with families and the local community to develop a more resilient community.

Services in the town are already changing as a result of this work. A new antenatal programme, Baby Steps, has been introduced and is offered universally to all expectant families across the whole town. This service highlights protective factors such as breastfeeding and parent-child interaction to foster a healthier pregnancy and birth; developing behaviours as part of an early intervention approach which continues into a child's first year of life.

The Better Start programmes are developed in response to information and views from the community and evidence of what works. This consultation work has highlighted the community's desire to improve the involvement of dads in their children's lives. Positive involvement and interaction with dads bring beneficial impacts on children across a range of social, cognitive and behavioural outcomes and consequently new programmes have been identified which are specifically aimed at dads. FRED (Fathers Reading Every Day) and Mellow Dads Parenting Programme will work with dads to increase their skills and confidence in engaging with their children. Blackpool Better Start will continue to reduce social isolation by engaging more dads in community action projects such as the recent successful library re-development in which dads built structures to enhance early years' zones.

There are many additional universal projects developed with the aim of creating more resilient communities. Blackpool Better Start has committed £1.6 million to park development, over 1,000 local residents have been consulted and new Early Years Park Rangers are employed across the spaces to promote learning through play. A range of programmes promoting outdoor activities, parent-child interaction and oral health will help our youngest children to make healthier choices in relation to diet, nutrition and exercise.

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A number of more targeted programmes will also contribute to increasing individual resilience as follows:

- **Survivor Mums** — psychoeducational programme focused on overcoming impacts of previous trauma
- **Parents under Pressure** — increasing parenting skills in those with drug and alcohol issues
- **Video Interaction Guidance** — developing positive parent-child interactions
- **SafeCare** — increasing parenting capacity and optimising children's home environment

In the next year Better Start will develop programmes looking at impacting on positive mental health in the perinatal period (behaviour therapy) and parenting skills across the community .

Camerados Café

A national charity, Camerados, was commissioned to pilot a 'Living Room'; a safe and approachable place for individuals who are lonely, socially isolated and having a tough time. The Living Room is a coffee shop located in Blackpool Central Library and is open to the general public and anyone needing to spend time in a safe and supportive place can drop in.

In a similar way to the Samaritans, people are available to help others experiencing life difficulties rather than offering an intervention, and services in the town can signpost or accompany people who need support in a non-clinical setting. Initially the project was run by volunteers as a four week 'pop-up' but funding has been secured to further develop and test the model, and to have the café operating at different times of the day and night. As well as providing support for people in distress, it is a community facility that people can access on a regular basis, with a range of group arts, craft and social activities.

*A **camerado** is 'someone between a stranger and a friend'*

Self-Care strategy

The Department of Health define self-care as:

"The actions that people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accident; care for minor ailments and long-term conditions; and maintain health and well-being after an acute illness or discharge from hospital"

Our local ambition is for people to have the support they need to access the information, advice, tools and resources needed to improve and maintain their health and wellbeing, manage their own conditions and prevent them escalating from something manageable into a crisis situation. There are a range of support services for self-care such as advice and education about managing long-term conditions and making links with community groups to prevent social isolation. Self-care should fit seamlessly alongside the provision of health and social care services. With the right support, information and education, people can be empowered to look after their own health, backed up by access to health and social care services when they need them.

The aim of the Self-Care Strategy is to encourage the commitment to empowering people to take greater responsibility for their own health, based on the following principles:

- the strategy builds on 'assets' that already exist in the community
- the community and the people within them are equal partners in changing behaviours, building resilience and providing mutual support
- the community is the heart of the 'neighbourhood team'
- staff and workforces have an equal journey in changing behaviours, building resilience and providing mutual support to each other

To achieve the final point, the connection of local organisations and communities will be important through effective partnership working. It may require both a system and culture change to ensure a consistent approach and must be incorporated across care pathways, from first contact and throughout.

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Section 3: Healthcare public health

Vanguard New Models of Care

As part of the NHS Five Year Forward View (published October 2014) New Models of Care programme, NHS organisations across the Fylde Coast have been working as one of 50 Vanguard projects across the country supporting improvement and integration of services.

Fylde Coast is an integrated primary and acute care systems Vanguard and has sought to:

- improve patient outcomes
- provide better experiences for patients and staff
- deliver sustainable change required across the local health system

They have begun to develop and test Extensive Care, Enhanced Primary Care and Episodic Care models, and continue to embed as core elements of work the prevention and early intervention agenda – which sees as a focus on ‘what makes me well’ rather than ‘what made you ill.’

NHS Health Checks

The NHS Health Check programme is commissioned locally by Blackpool Council’s Public Health Directorate. The programme is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia, and helps find ways to lower this risk. Checks are offered every five years to all 40-74 year olds who are registered with NHS GPs in the town.

Figure 9: NHS Health Checks

Source: <http://www.healthcheck.nhs.uk/>

- in 2016/17 a total of 5,325 appointments were offered to Blackpool residents aged 40-74
- 1,843 NHS Health Checks were carried out
- since 2013, 21,150 Blackpool residents aged 40-74 have received an NHS Health Check

Using a citizen inquiry approach to inform community orientated primary care

Elements of the inquiry process are based upon the model of the citizens’ jury. Deliberative processes such as citizens’ juries have been praised for their ability to allow citizens to question the ‘expertise’ of others, to appreciate the knowledge and opinions of others, and after intense deliberation, to strive towards producing agreed conclusions which are for the public good.

Central Blackpool Health and Wellbeing Citizen Inquiry brought together a group of local residents to discuss the main things that affect people’s health and wellbeing and what can be done to address them. A citizen inquiry is an example of a mini public inquiry, in which a diverse group of local people are given the opportunity to share opinions and experiences with each other and to hear from others before producing a set of recommendations.

Part of the aim of this citizen inquiry process was an attempt to encourage a move away from a largely ‘medical model’ which encourages services to respond to people’s health and focus on diagnosis, to one which recognises the social and wider determinants of health and wellbeing.

The Central Blackpool Health and Wellbeing Citizen Inquiry process has been undertaken as a pilot process to establish if there is benefit and impact in taking such an innovative approach to engaging with residents and improving people’s health and wellbeing and it is hoped that this work can be expanded to other areas of Blackpool in 2017/18.

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Transforming children's services for mental health and emotional wellbeing

The Government report 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' published in 2015 recommended that Clinical Commissioning Groups (CCGs) lead local work to strengthen mental health services to improve children and young people's emotional and wellbeing. Government funding has been made available for local areas to deliver the report's recommendations, and in order to release this funding CCGs are required to produce a Transformation Plan explaining how they will do this. The eight CCGs covering Blackpool, Blackburn with Darwen and Lancashire have submitted a joint plan; the 'Pan Lancashire Resilience, Emotional Wellbeing and Mental Health Transformation Plan'.

Children across the area will benefit from:

- access to a dedicated community eating disorder service by March 2017
- a new service model for 0-19s Child and Adolescent Mental Health Services (CAMHS)
- improved access to CAMHS including reduced waiting times, extended duty hours and extended opening hours
- improved contact between CAMHS and a range of professionals including schools and general practitioners (GPs)
- direct clinical psychology support for Looked After Children and social care staff working with these children
- a designated Section 136 facility for children and young people. Section 136 gives the police the power to remove a person from a public place to a place of safety, when they appear to be suffering from a mental disorder
- improved crisis assessment facilities
- follow up for those accessing CASHES (Child and Adolescent Self-Harm Enhanced Response) for self-harm from Spring 2017

A local partnership board has been set up in Blackpool to enable the community to influence the plan and to ensure local organisations work together to deliver the local action required for implementation.

Transforming public health services for 0-5s in Blackpool

This year has seen a unique opportunity for Blackpool Council and Better Start partners to enhance the focus and impact of the revised health visiting service offer, so that it makes a stronger contribution to improving the outcomes for children in Blackpool. All families in the town will be offered a service that aims to identify additional needs and address these at an earlier stage. The interventions provided for families will impact on positive outcomes for children. It is envisaged that family engagement with this comprehensive service will increase, leading to improved outcomes for families. At the universal level, the model consists of eight contacts to all families, six within the first year of life plus two additional health reviews, including a school readiness child health review. The enhanced health visiting model was developed from consultation with a wide range of stakeholders as part of the health visitor review over the summer led by Public Health in partnership with a Better Start. The model was jointly developed by stakeholders representing the Better Start Partnership.

Figure 8: Health visitor contacts

Source: BTH HV KPI report 2015/16 and PHE, Early Years Profile

- 1,272 pregnant women were visited by a health visitor by 28 weeks of pregnancy in the year 2015/16
- there were 1,310 home visits to new-born babies, 1,316 visits to 4-8 week olds, 1,449 visits to 3-6 month olds and 1,559 12 month checks
- 1,452 (88.3%) of Blackpool children aged 2-2½ years offered the Ages and Stages Questionnaire-3 (ASQ-3), this compares to 81.3% across England

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Recommendation

This report has highlighted that the wider system responsible for building resilience is multifaceted and dispersed, and because no single organisation has overall responsibility for resilient communities a key problem is a lack of a clear line of accountability. A key task going forward will be to bring together and coordinate the activities across the local system.

I therefore recommend this report in particular to the Health and Wellbeing Board, Public Services Board and the Vanguard New Models of Care System for their consideration.

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Update on recommendations from last year's (2015) Public Health Annual Report

In this section of the report I present an update on the recommendations made previously. The 2015 report contained six recommendations.

Recommendation 1:

NHSE/PHE should lead work to improve the take up of MMR 2.

NHS England report that there is a general trend towards low uptake of childhood immunisations, especially the pre-school booster, which includes measles, mumps and rubella (MMR) vaccine, across the UK and in Lancashire. PHE are undertaking a number of initiatives to improve the uptake of MMR and all childhood immunisation in Blackpool.

These include:

- a gap analysis using the Child Information Systems to identify 2-4 year old children with outstanding immunisations. Reminder letters to parents with children with outstanding immunisation to encourage them to contact their GP for appointments.
- PHE vaccine coordinators visiting individual GP practices to address uptake issues
- inviting GP practices to share best practice on improving uptake through joint learning events

Coverage of the second dose of MMR amongst pre-school children remains an area for improvement as does the take up of seasonal 'flu vaccination, particularly amongst young children aged 2-4 years and social care workers.

Recommendation 2:

CCG should take a lead role in the coordination and planning of activities to promote take up of seasonal 'flu vaccine.

Health and social care organisations across the town have been working together to improve uptake of influenza vaccine for all risk groups and amongst staff groups. NHS England coordinates Flu Locality Groups in North Lancashire, Blackpool and Fylde and Wyre to develop locality plans and actions to target areas of low uptake.

Recommendation 3:

Partner organisations and the business community are encouraged 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 Healthy Weight.

A successful event to engage members of the Health and Wellbeing Board and other organisations in the town was held in early February 2017 and more than 20 organisations pledged to develop their own declaration. A follow up workshop is planned for June 2017. Further detail on work to promote healthier weight is presented in Section 2.

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Recommendation 4:

We will 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.

Giving up smoking can be a very difficult thing to do. The council's public health team continues to work closely with Blackpool Teaching Hospitals NHS Foundation Trust and specialist stop smoking service providers to develop and improve our offer and support to pregnant women and their families. Young pregnant women tell us they see smoking as normal and want professionals to give them the hard-hitting messages about risks of harm to their (unborn) baby without being judgemental. They also stated that they needed this advice and support to be consistent across all services in order to support them in their quit attempt. We continue work to make services and support as relevant as possible to the needs of these women.

A comprehensive and supportive pathway for pregnant women wishing to give up smoking is in place. We continue to work with national partners in order to improve that offer, testing new models of delivery and using other services in contact with pregnant women such as Children's Centre and Family Nurse Partnership staff. We are expecting the results of the Baby Be Smoke Free research project, led by the national charity Tommy's, to be published in 2017.

Recommendation 5:

We will 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.

Blackpool Council have been contributing to work across the Fylde Coast in order to influence the delivery and development of the Vanguard New Models of Care. We have made good progress during 2016 in ensuring that the priority of empowering people and communities is embedded in the programme. This includes work to involve the community in a process model of Community Orientated Primary Care (COPC) ensuring that local services and policy makers make decisions together on improving health and wellbeing in the community.

Work has also begun on the development of a Fylde Coast Self-Care Strategy which will focus on community centred approaches to improving health and wellbeing (prevention and early intervention).

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Recommendation 6:

We will undertake a Health Equity Audit (HEA) 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.

The aim of the HEA was to see who had been for an NHS Health Check so far and from this assess whether this access to a check was evenly distributed across the different groups in Blackpool. We were particularly interested in equity by age, gender, ethnicity and deprivation. It was also an opportunity to consider what diagnoses and diseases had been picked up for those identified as high risk, and what may be happening, in terms of intervention and activity, for those identified within the medium risk category.

The full results of the audit are to be published in 2017; however early data has shown that there is considerable work to do to make the programme as inclusive as possible. For example, what we do know so far is that the vast majority of people who had an NHS Health Check between the years 2013-2016 had a low risk score and only one or two behaviour risk factors. This suggests that the programme may not be reaching those who could benefit most and further analysis is taking place to fully understand the reasons for this and plan a way forward. A multi-agency steering group will consider the results of the full HEA and put together an action plan to address the issues.

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Appendix 1: Health Profile for 2016: Blackpool 2016

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	42.0	21.8	42.0	○	5.0
	2 Children in low income families (under 16s)	2013	7,735	29.5	18.6	34.4	●	5.9
	3 Statutory homelessness†	2014/15	472	7.3	0.9	7.5	●	0.1
	4 GCSEs achieved†	2014/15	672	44.4	57.3	41.5	●	76.4
	5 Violent crime (violence offences)	2014/15	4,051	28.6	13.5	31.7	●	3.4
	6 Long term unemployment	2015	890	10.3	4.6	15.7	●	0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	521	27.2	11.4	27.2	●	2.1
	8 Breastfeeding initiation	2014/15	1,189	61.6	74.3	47.2	●	92.9
	9 Obese children (Year 6)	2014/15	335	22.0	19.1	27.8	●	9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	78	89.8	36.6	104.4	●	10.2
	11 Under 18 conceptions	2014	95	37.3	22.8	43.0	●	5.2
Adults' health and lifestyle	12 Smoking prevalence in adults†	2015	n/a	25.3	16.9	32.3	●	7.5
	13 Percentage of physically active adults	2015	n/a	47.9	57.0	44.8	●	69.8
	14 Excess weight in adults	2012 - 14	n/a	74.5	64.6	74.8	●	46.0
Disease and poor health	15 Cancer diagnosed at early stage #	2014	298	43.7	50.7	36.3	○	67.2
	16 Hospital stays for self-harm	2014/15	861	629.9	191.4	629.9	●	58.9
	17 Hospital stays for alcohol-related harm	2014/15	1,702	1223	641	1223	●	374
	18 Recorded diabetes	2014/15	10,477	7.4	6.4	9.2	●	3.3
	19 Incidence of TB	2012 - 14	51	12.0	13.5	100.0	●	0.0
	20 New sexually transmitted infections (STI)	2015	967	1095	815	3263	●	191
	21 Hip fractures in people aged 65 and over	2014/15	200	685	571	745	●	361
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2012 - 14	n/a	74.7	79.5	74.7	●	83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	79.9	83.2	79.8	●	86.7
	24 Infant mortality†	2012 - 14	28	5.3	4.0	7.2	●	0.6
	25 Killed and seriously injured on roads	2012 - 14	178	42.0	39.3	119.4	●	9.9
	26 Suicide rate†	2012 - 14	61	17.0	10.0			
	27 Deaths from drug misuse #	2012 - 14	63	15.9	3.4			
	28 Smoking related deaths	2012 - 14	1,094	422.8	274.8	458.1	●	152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	462	120.5	75.7	135.0	●	39.3
	30 Under 75 mortality rate: cancer	2012 - 14	702	182.5	141.5	195.6	●	102.9
	31 Excess winter deaths	Aug 2011 - Jul 2014	190	10.9	15.6	31.0	●	2.3

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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, 2011-2015

Infectious disease	2011	2012	2013	2014	2015
Acute encephalitis	.	.	.	.	.
Acute infectious hepatitis	<5	.	.	.	.
Acute Meningitis	<5	.	.	.	.
Brucellosis	.	.	.	.	.
Cholera	.	.	.	.	.
Diphtheria	.	.	.	.	.
Enteric fever (typhoid or paratyphoid fever)	.	.	.	.	.
Food poisoning	79	86	68	52	20
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	<5
Meningococcal septicaemia	.	<5	<5	.	.
Mumps	12	24	20	9	5
Rubella	.	.	.	.	.
Scarlet fever	9	5	17	41	79
Tetanus	.	.	.	.	.
Tuberculosis	31	24	12	19	11
Typhus fever	.	.	.	.	.
Viral haemorrhagic fever	.	.	.	.	.
Whooping cough	<5	<5	<5	.	<5
Acute poliomyelitis	.	.	.	.	.
Grand Total	144	148	126	128	119

Source: PHE, Notifiable diseases: annual report

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Table 2: Vaccination coverage for selected diseases, 2011/12 - 2015/16

Vaccine	2011	2012	2013	2014	2015
Dtap / IPV / Hib (1 year old)	95.9	95.6	95.8	94.0	94.1
Dtap / IPV / Hib (2 years old)	97.7	97.4	96.9	96.6	95.1
PCV (1 year old)	95.7	95.4	95.9	94.1	94.3
Men C (1 year old)	94.8	95.6	95.2	95.2	97.0
Hib / MenC booster (2 years old)	93.3	92.8	91.8	91.4	90.6
Hib / Men C booster (5 years old)	88.0	91.3	90.9	94.0	93.4
PCV booster (2 years old)	92.7	92.4	91.9	91.7	90.7
MMR for one dose (2 years old)	92.2	92.3	91.5	91.8	90.6
MMR for one dose (5 years old)	94.1	94.7	94.2	95.9	94.8
MMR for two doses (5 years old)	84.1	84.9	85.1	87.7	85.2
HPV (12-13 years old)*	-	-	-	93.3	89.8
Flu (aged 65+)	74.6	73.4	74.0	73.0	70.7
Flu (at risk individuals)	53.0	52.2	52.8	50.6	44.2

*HPV programme changed from a 3 dose to a 2 dose programme in 2014, therefore figures prior to 2014/15 are not comparable with recent uptake

Source: PHE, Public Health Outcomes Framework

Appendix 3: Blackpool Council's Declaration on Healthy Weight; a progress report one year on

General Commitment			Progress to Date
No.		Action	
1	To protect our residents from the commercial pressures and vested interest of the food and drink industry supplying products high in fat, salt and sugar.	<ul style="list-style-type: none"> Deliver a GULP Campaign (Give up Loving Pop) to children and young people. 	<p>GULP campaign to be delivered in secondary schools and further education establishments. Campaign to run 10th March – 31 March 2017.</p> <p>GULP is being incorporated within the Fit2Go programme which will target primary school aged children and will be delivered to every Year 4 child.</p> <p>Developing a science lesson plan that can be delivered to Year 5/6 children to continue the messages.</p> <p>Discussion with Fylde AFC who work in 10 schools in Blackpool to look at how they support the GULP campaign.</p> <p>Healthier Choices for takeaways and sandwich shops has now been implemented.</p>
2	Consider partnerships including monetary, in-kind or research based funding to fund discretionary services.		Work still to be commenced.
3	Review provisions in all our public buildings facilities and via providers to make healthy foods and drinks more convenient and affordable, and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions such as schools, hospitals, care homes and leisure facilities where possible).	<ul style="list-style-type: none"> Work with Procurement department to incorporate healthy eating within contracts of suppliers and commissioned services. 	<p>Regular meetings have been taking place with Procurement to identify where the declaration has an impact.</p> <p>Currently reviewing all the concessions and identifying when contracts due to finish so healthy options are included within future contracts.</p> <p>Influenced recent procurement of vending machine content for Leisure Services and ensure healthy vending guidance was implemented.</p> <p>Catering Services work to the School Food Plan, however not all schools commission the Council Catering Services.</p> <p>Four Schools have pledged to develop their own Healthy Weight Declaration.</p>

General Commitment			
No.	Action	Progress to Date	
4	<p>Increase public access to fresh drinking water on local authority controlled sites.</p> <ul style="list-style-type: none"> ● Identify the location of fresh drinking water on local authority premises. ● Identify funding opportunities to increase the access to fresh drinking water. ● Develop links with United Utilities to promote drinking water. 	Limited progress to date.	
5	<p>Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited.</p> <ul style="list-style-type: none"> ● Research into the links of fast food takeaways to the proximity of schools. ● Obtain evidence from London Boroughs who have implemented planning policies to study if they have been effective. ● Better understanding of food consumption in Blackpool. ● Development of supplementary planning documentation once research completed. 	<p>Dissertation completed and research completed.</p> <p>Working with enforcement to develop a Street Trading Policy which will incorporate healthy options as part of the agreement. In particular, the offer of either free water or being sold at low cost.</p> <p>Further work required with the planning team.</p>	
6	<p>Advocate plans with our partners including the NHS and all agencies represented on Health and Wellbeing Board, healthy cities, academic institutions and local communities to address the causes and impacts of obesity.</p>	<p>Lancashire Care NHS Foundation Trust, Blackpool Teaching Hospitals NHS Foundation Trust, CCG, and Lancashire Police have all agreed to create their own Healthy Weight declaration following the Summit on the 2 February 2017.</p> <p>Anticipate the Lancashire Fire and Rescue Service will also agree to do this.</p>	

General Commitment			
No.	Action	Progress to Date	
7	<p>Strive to protect our children from inappropriate marketing by the food and drink industry, e.g. bill boards in proximity to schools, giveaways in schools and at family events.</p> <ul style="list-style-type: none"> Deliver a GULP Campaign (Give up Loving Pop) to children and young people. 	<p>GULP campaign to be delivered in secondary schools and further education establishments. Campaign to run 10th March – 31 March 2017.</p> <p>GULP is being incorporated within the Fit2Go programme which will target primary school aged children and will be delivered to every Year 4 child.</p> <p>Looking to develop a science lesson plan that can be delivered to Year 5/6 children to continue the messages.</p> <p>Discussion with Fylde AFC who work in 10 schools in Blackpool to look at how they support the GULP campaign.</p>	
8	<p>Support action at a national level to help local authorities reduce obesity prevalence and health inequalities in our communities.</p>	<p>Involved in the National Consultation on Sugar Consultation. Good links with the Department of Health lead on Obesity.</p>	
9	<p>Ensure food and drinks provided at public events includes healthy provisions, supporting food retailers to deliver this offer.</p>	<p>Healthy Weight Summit was a good example of healthy options being offered at an event.</p> <p>Plan to negotiate with the Winter Gardens to include a healthy menu as one of the choices for conferences and events.</p> <p>Working with Visit Blackpool Colleagues.</p>	<ul style="list-style-type: none"> Lobby for taxation of sugar sweetened beverages. Develop policy or strategy with Visit Blackpool to offer healthy provision at public events such as the illuminations switch on. Consider using the Ethical Policy around sponsorship of events.

General Commitment			
No.		Action	Progress to Date
10	Support the health and wellbeing of local authority staff and increase knowledge and understanding of unhealthy weight to create a culture and ethos that normalises healthy weight.	<ul style="list-style-type: none"> Consider the development of nutritional i-pool module. Development of guidelines for event/business meetings which will be stored on the HUB and website – CLT approval required. Promotion of healthier fundraising events and celebrations. Challenge events for staff to improve physical activity. Develop a culture of positive healthy behaviour within the council. 	<p>Health Weight Strategy.</p> <p>Physical Activity Strategy.</p> <p>Public Health staff providing advice to Occupational Health on securing a healthy weight programme for employees.</p> <p>Work place challenges are in place for staff.</p> <p>Healthy Bake Sale Guidelines have been developed and shared.</p> <p>Council offices do not have vending machines. Vending machines remain in place in leisure centres and are compliant with Healthier Vending guidelines.</p>
11	Consider how strategies, plans and infrastructure for regeneration and town planning positively impact on physical activity.		Green Infrastructure Strategy.
12	Monitor the progress of the LA plan against the commitments and publish the results.	<ul style="list-style-type: none"> Provide updates to the council's directors and senior managers. 	<p>First review of the work undertaken against the LA Declaration in February 2017 – plan to publish within the Director of Public Health's Annual Report.</p>

General Commitment			Progress to Date
No.	Action		
13	Considering weighted/financial support for 'healthier' retail (e.g. greengrocers, co-operatives etc) in deprived areas.	<ul style="list-style-type: none"> Development of the Community Farm. Development of the Community Shop. 	Fairness Commission is supporting development of bid for funds to develop a community farm, and shop. Healthy Choices Award for takeaways and sandwich shops has now been implemented which offers incentives to the retailer.
14	Improving the quality of packed lunches by developing a local agreement with schools to implement guidance.	<ul style="list-style-type: none"> Review what other areas do in relation to healthy packed lunches for school children. Work in partnership with the school nurses to develop the guidance. Work with the heads/chairs of governors to improve pack lunches at schools. 	Healthy Packed Lunch guidance currently being prepared. Three primary schools engaged with planning practical sessions with parents. Public Health and Head Teachers Working Party has been established.
15	Working with schools to achieve 'walk to school'.	<ul style="list-style-type: none"> Continue with the Living Streets Walk to School Project. 	Funding has been secured for further 3 years through the Department for Transport Access Fund.
16	Taking a stepped approach to reduce sugary drinks available in vending machines on locally controlled sites.	<ul style="list-style-type: none"> Audit of Vending Machines across the Council premises. Ensure implementation of the Healthy vending machines across all local authority premises, NHS and public-sector premises by reducing the percentage of sugary drinks available . 	Audit has been completed and confirmed there were no machines in the council officers. Vending machines remain in place in leisure centres and are compliant with Healthy Vending guidelines. Healthy Vending guidance in place. Healthy Catering Guidance for business events in place. Health partners have signed up to developing their own Healthy Weight Declaration.
17	Working with commercial outlets within all public sector premises to develop a food and drink policy.		Blackpool Teaching Hospitals NHS Foundation Trust is developing its own policy.

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Further reading

Further detail on the health and wellbeing of the resident population of the town can be found in Blackpool's Joint Strategic Needs Assessment at www.blackpooljsna.org.uk.