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1 Foreword

The health of any given population is determined by how communities live, work and play.

According to the Department of Health, health services (whilst vitally important to health and wellbeing) contribute only about 20% of the health status of the population. The other 80% is determined by access to good housing, education, transport, employment, income and supportive social networks.

All aspects of our everyday lives therefore have an impact on our health and wellbeing. This means that working together to improve community health and wellbeing is everybody’s business and in everybody’s interest. It also means that the Health and Wellbeing Strategy needs to be a strategy that covers actions for improving health both within and outside of NHS services.

From April 2013 the Blackburn with Darwen Health and Wellbeing Board will be a statutory partnership board of Blackburn with Darwen Borough Council, acting as a forum where commissioners across the NHS, public health and social care, elected members, voluntary and community representatives and representatives of Healthwatch agree how to work together to achieve better health and wellbeing for local people. Until then it will be a ‘shadow’ board overseeing transitional arrangements for health and social care and providing local direction and leadership for health and wellbeing.

The Health and Wellbeing Board will be the principal statutory partnership through which this strategy will be managed and to which partners will be called to account for delivery.

Throughout Blackburn with Darwen each of our partner organisations already have strategies and plans to address specific health and wellbeing needs. We believe that the value of the Health and Wellbeing Board is in identifying those issues we can influence and effect most as a partnership. As such, this strategy identifies a series of priorities and actions that are shared across the Borough and across organisations, for which working together as a Health and Wellbeing Board can add the most value. It is not a ‘shopping list’ of health related targets that local agencies are already committed to through their existing corporate plans.

The strategy has been developed through an extensive process of consultation and engagement and I would like to thank all those who contributed to the public consultation on the draft strategy, between the end of September and early November 2012. We have heard what you have said and have taken it into account in producing this final version.

The shared priorities identified in this strategy will help us to go beyond organisational boundaries and work in creative and innovative ways to improve outcomes for and with local people. The priorities will guide action and shape our local commissioning decisions.

We believe that working together in this way we can improve the life chances of all Blackburn with Darwen’s citizens.

Cllr Kate Hollern: Leader of the Council
Chair of the Blackburn with Darwen Health and Wellbeing Board
2 Introduction

This first Joint Health and Wellbeing Strategy for Blackburn with Darwen sets out the overarching plan through which the public, private, community and voluntary sectors, as well as residents themselves, will work together to improve health and wellbeing for and with local people over the next 3 years.

The priority Programme Areas and Key Outcomes identified in the strategy, and particularly the Action Plan, will be reviewed and refreshed annually, and re-evaluated in the light of feedback we receive and ongoing consultation with members of the public and other stakeholders – as well as national learning from experience across the country being collated by the Department of Health and the Department of Communities and Local Government. This will ensure that the Health and Wellbeing Strategy remains effective and reflects what matters most to the people of Blackburn with Darwen.

The strategy sets the framework for the commissioning of health, social care and wellbeing services in the Borough. It does not replace existing commissioning plans, but comes at a time when both the Council and the new NHS Clinical Commissioning Group (CCG) are developing significant new plans for the medium term, and will ensure that these are aligned to the needs-based priorities set out in this strategy (see Appendices 2 and 3). The Health and Wellbeing Board will also use its new powers and duties to promote joint commissioning and the integration of health, adult and children's social care, and wellbeing services, to maximise the benefits for residents.

This strategy will therefore be a key driver towards meeting the overarching health outcome of both the CCG and the Council, of improving local life expectancy and reducing the gap with the country as a whole, and the ambitions of Vision 2030, to make Blackburn with Darwen a more prosperous, clean, connected, safe and healthy place.

In the following pages this document sets out -

- The local challenges we face (pages 5-10)
- Our approach and guiding principles for improving health and wellbeing in Blackburn with Darwen (pages 11-12)
- The priority Programme Areas, Key Outcomes (pages 17-32) and Action Plan (Appendix 1)
- How the strategy will be delivered (page 33)

How this Health and Wellbeing Strategy has been developed

We have developed this strategy using:

- National and local evidence of health needs and challenges, as measured, analysed and reported by the Blackburn with Darwen Integrated Strategic Needs Assessment, which includes local information about a wide range of health and wellbeing issues (see Appendix 4)
- Existing local strategies and plans that impact on health and wellbeing (page 35)
- Public and other stakeholder consultation to help us identify the most important priorities for local people and how we should go about tackling them. An overview of the consultation programme can be found on page 36.
- Benchmarking of our own plans against those we have reviewed in other Local Authority areas
- Equality Impact Assessment (EIA) of the draft strategy to ensure we are aware of the impact on protected groups

The priorities in this strategy have been identified and agreed in partnership by all Health and Wellbeing Board member organisations and wider stakeholders, and provide a focus on areas where evidence tells us that joint action can result in the greatest improvements to health and wellbeing.
3 Information about Blackburn with Darwen: Story of Place

By most objective measures, public sector services for health, local government, police and education in Blackburn with Darwen are ‘good to excellent’. Life expectancy over the past 10 years has increased dramatically, with male life expectancy increasing by 2.3 years and for women by 2 years. However, these improvements have not been happening as fast in Blackburn with Darwen as they have across England as a whole and, relative to others, despite continued health improvements, the Borough has been falling down the national health league table.

One reflection of this is that according to the latest figures, the Borough has the fourth worst life expectancy, the worst infant mortality rate and the worst child death rate in England.

The causes are complex but are largely the result of exposure to generations of multiple health-risk conditions, arising from social, economic and environmental inequalities. Figure 1 on the right sets out the complex, multi-layered factors which impact on the health of individuals. At the centre are those things over which individuals have little influence, including their age, gender and genetic inheritance. In the second layer are behavioural patterns such as smoking, diet and physical activity. In the third layer are social position, and relationships with family, friends and the wider community. The fourth layer includes the wider or underlying determinants of health, such as work environment, housing and living conditions, education and transport. In the outer layer are the economic, political, cultural and environmental conditions present in society as a whole. Tackling health inequalities requires action within all these layers of influence.

Figure 1: Determinants of Health

Dahlgren and Whitehead (1991)
These factors and their specific impacts for Blackburn with Darwen are explored in more detail below.

**Strategic Context**

This Health and Wellbeing Strategy will link strongly with key strategies for Blackburn with Darwen over the next twenty years, supporting delivery of Vision 2030 for Blackburn with Darwen through its contribution to the aspiration for a more prosperous, clean, connected, safe and healthy place.

Vision 2030 has four key ambitions for:

1. **Prosperous** towns where residents aspire to achieve their dreams for education, learning and employment, with thriving businesses creating innovative products for local and world markets.

2. **Safe** neighbourhoods and town centres where communities and cultures feel connected and feel proud of their identity in Blackburn with Darwen and local people are involved in decisions about their neighbourhood.

3. **Clean** and green neighbourhoods that make the best use of the world’s resources, with excellent, energy efficient housing.

4. **Healthy** places for communities, where residents of all ages live safe and healthy lives at home, work and outdoors, with really good parks, sporting and public facilities that are used by all the community.

**Our Challenges**

The Borough of Blackburn with Darwen faces key challenges over the next twenty years that will impact on the lives of all our residents and our communities. The national and global economies continue to experience significant turmoil, with the second recession in the UK compounding the impacts of the 2008-09 recession, and the prospect of subsequent government austerity policies with public sector cuts over the coming five years. The Borough’s environmental challenges include the legacy of industrial decline and ageing housing, much of which is unsuitable for modern family life, with a lack of diversity in the housing market and high levels of unfitness.

There are significant social challenges facing our communities with continuing high levels of relative deprivation and disadvantage being compounded by government changes to welfare and increasing unemployment. Our fundamental understanding of the impacts of social disadvantage and exclusion on health is based on strong evidence from the Marmot Review, which indicates that all of these factors will have a significant detrimental effect on the health of residents over their life course and that there is a need for concerted action to improve health outcomes.

**People**

Covering an area of 13,700 hectares, Blackburn with Darwen comprises the two towns of Blackburn and Darwen and the surrounding countryside. First results from the 2011 Census reveal that the Borough has 57,400 households and a population of 147,500, which is an increase on previous estimates. They also confirm that Blackburn with Darwen retains its young age profile, with 29% of residents aged 0-19 compared with 24% nationally.

The Borough’s population is diverse, with the proportion of non-white residents amongst the highest in the region, mostly from Indian or Pakistani backgrounds (each estimated at 9% before the Census). Changes in the population structure over the coming 20 years will create significant additional demand for health and social care services in the Borough. Existing projections already suggested that the population would reach 159,000 by 2035, with the proportion of people aged 65+ increasing from 13% to 17%, and the number of very elderly residents (85+) almost doubling. These may now be expected to be revised upwards following the Census results.

The most significant underlying population factor that will impact on current and future health and on health inequalities is:

- **The changing structure of the population and the projected increase in older people**
Local Economy

Over the last 20 years the Borough has experienced the continuing loss of traditional industries (large scale manufacturing in urban centres, farming, mining and quarrying in rural areas) and the current recession has had an additional significant impact, with increasing numbers of workless residents and increasing long-term youth unemployment.

Overall, there are proportionally fewer people in work in the Borough than in the North West or nationally, with high numbers of people claiming benefits, particularly in the most disadvantaged parts of the Borough. Only 22% of the working-age population of Blackburn with Darwen has a degree or other higher education qualification, significantly lower than the national average of 33%. Almost 18% have no qualifications at all, compared with 11% nationally.

These challenges have more recently been exacerbated by the national financial crisis and subsequent public policy decisions. The consequences are that our most vulnerable people will experience diminished life chances as a result of reductions in public expenditure since 2008. This will affect Blackburn with Darwen more than the average English local authority.

The most significant underlying economic factors that will impact on current and future health and health inequalities are:

- Continuing poverty and deprivation in our most disadvantaged communities
- Significant and increasing inequalities in geographic distribution of unemployment and worklessness

Community

The Borough experiences high levels of material deprivation, being the 17th most deprived Borough based on the 2010 Index of Multiple Deprivation, with eight small neighbourhoods amongst the most deprived 1% nationally. Through comparison between 2007 and 2010 Indices of Multiple Deprivation, some of our most deprived neighbourhoods appear to be becoming relatively more deprived.

The combination of embedded disadvantage and a fast-changing demography results in concerns around social cohesion. Over a range of health indicators, such as alcohol-related hospital admissions, smoking-related mortality, early deaths from cancers and circulatory disease and infant mortality, Blackburn with Darwen’s rates are significantly worse than both England and the North West.

The most significant underlying social factors that will impact on current and future health and on health inequalities are:

- Continuing poverty and deprivation in our most disadvantaged communities
- The increasing impacts of alcohol on the health of residents and communities

Place

The Borough is characterised by relatively compact urban areas set within countryside. This is most pronounced in Darwen, much of which sits within a relatively steep-sided valley with ridgelines to the east and west; but open countryside is also visible from many parts of Blackburn.

Significant parts of the housing stock are in poor condition, with an estimated 27,000 properties non-decent and 12,300 experiencing a category 1 hazard, posing a risk to the health and safety of householders. Both towns also have significant areas of “suburban” development, comprising a mix of larger older properties and more recent development.

Blackburn with Darwen is amongst the worst 20% of local authorities for fuel poverty, with over one in five households (21%) having to spend a disproportionate amount of their income heating their home, and almost one in three (30%+) in some neighbourhoods. Cold housing is a significant contributor to excess winter deaths.
The most significant underlying environmental factors that will impact on current and future health are:

- **The need to improve the quality and diversity of housing and to reduce levels of unfitness**
- **Fuel poverty**

**Health and Inequalities**

The economic, social and environmental challenges that are woven into the fabric of Blackburn with Darwen provide strong influences on the current and future health of our citizens, throughout their life course.

**Life Expectancy** - One of the key indicators of the health of individuals and communities is the trend in life expectancy at birth of our residents. Blackburn with Darwen women have a life expectancy of 79.6 years (England 82.6 years), and men in the Borough have a life expectancy of 74.8 years (England 78.6 years). These are the fourth lowest life expectancies of any local authority, significantly lower than the North West and England averages, and the gap with England has if anything been widening in recent years. In the most deprived parts of the Borough, male life expectancy is as low as 68 years.

Causes of death which make big contributions to the life expectancy gap with England are coronary heart disease and digestive diseases (including cirrhosis), plus infant mortality and lung cancer for men, and a range of other cancers for women.

**Children and Young People**

With such a young population, addressing the health needs of children and young people provides a crucial foundation for the future health of the people of Blackburn with Darwen. Blackburn with Darwen has the worst infant mortality and child mortality rates of all local authorities in England. Evidence shows that giving children the best start in life improves their life chances.

Child poverty is a fundamental determinant of inequalities in health, with almost three in ten children in Blackburn with Darwen living in poverty, many of them in working families, reflecting low incomes as a key issue. Although our children are active and less likely to be overweight than would be expected given our levels of deprivation, there remain one in three that are overweight or obese by the end of primary education. In their teenage years, our young people are more likely to be frequent consumers of alcohol, but we also have a higher than average proportion who report that they never consume alcohol. Furthermore, over a quarter of young people smoke, and problem drug use is relatively high compared with the North West average.

The combined impact of poor housing, low incomes, deprivation and child poverty means poor health outcomes for our children and high levels of inequalities in health. More children die in their first year of life than expected; oral health is poor; rates of self-harm in young people are higher than the national average; deaths and serious injuries from traffic accidents in children are higher than nationally; and the death rate for children aged 1-17 is the worst for any local authority in the country.

**Key Considerations:**

- The need to give our children the best start in life should drive development and delivery of care and support in the early years, with improved family support a key issue.
- The need to provide and encourage active and positive choices for children and young people should drive strategic initiatives to support active lifestyles.

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*Story of Place Picture Competition Winner. Maisie & Marylou ‘I like living in Darwen because they have parks, toys and wonderful grass, and also butterflies’.*
Adults

Over the next ten to fifteen years key factors will impact on health and health inequalities, including the increasing numbers of older and very old residents.

The impacts of the recession are being felt throughout the economy with fewer job opportunities, pressure on wages and incomes and increases in part-time working. In addition, environmental factors with the legacy of poor quality and unfit housing will continue to provide significant challenges to health improvement.

The Borough experiences significant challenges in relation to the impact of alcohol, with significant increases in the numbers of alcohol related hospital admissions, which have more than trebled in the last ten years. Smoking rates are high and there remain strong social inequalities. Participation rates in physical activity had been showing consistent increases, but have recently begun to falter.

A reflection of these underlying structural and lifestyle factors is the fact that life expectancy in Blackburn with Darwen is three to four years shorter than the England average, and the gap is, if anything, getting wider. Within the Borough, male life expectancy in the most deprived tenth of neighbourhoods is 12 years lower than in the least deprived.

As in England as a whole, approximately a third of deaths in Blackburn with Darwen are from circulatory disease and a quarter from cancer. However, Blackburn with Darwen has higher than average mortality rates generally, and death rates from these two major causes are no exception. Although they have both improved over the last 15 years, the gap with England has remained much the same. Chronic liver disease is an example of a condition for which the death rate has actually risen in recent years, more steeply in Blackburn with Darwen than in England.

There are 62,000 people in Blackburn with Darwen diagnosed with at least one long-term condition (heart disease, stroke, high blood pressure, diabetes, mental illness, dementia, asthma, or chronic obstructive pulmonary disease). This is about half of the adult population. 65% of these people are of working age. By the age of 60 about half of the people with a long-term condition will have more than one. Diabetes, mental ill health, and a forecast increase in dementia are all particular issues for Blackburn with Darwen.

Key Considerations:

- The need to provide work opportunities for current and future workforce at increasing income levels with high quality support to help all our residents into suitable employment
- The need to provide and encourage active and positive choices for residents through strategic initiatives to support active lifestyles
- The need to promote independence and social inclusion for the increasing numbers of older and very old residents, and to be able to meet the needs, with dignity and respect, of those who do require support.

Story of Place Picture Competition Winner. Aiden Hodgson, Year 2 ‘Fun, Safe and Health. There’s a park, house and fridge’.
Social isolation and loneliness

Through consultation with people of all ages it has become evident that there is a significant section of the local population that is socially isolated, and therefore at risk of loneliness. There is a clear link between loneliness and poor mental and physical health, with lonely and socially isolated adults being more likely to be admitted to residential care and individuals who are socially isolated being between two and five times more likely than those who have strong social ties, to die prematurely. The influence of poor social relationships on the risk of death is comparable to well-established risks such as smoking and alcohol consumption.

In Blackburn with Darwen many of the key risk factors for isolation and loneliness are common, including:

- low socio-economic status
- being aged 80+
- living alone
- having no access to a car / never using public transport
- living in rented accommodation
- living on low income or on benefits as main income
- having no access to a telephone
- hearing and sight loss

Older people are particularly vulnerable to loneliness after the loss of friends and family, reduced mobility or limited income. Recent studies show that:

- 12 per cent of older people feel trapped in their own home
- 17 per cent of older people are in contact with family, friends and neighbours less than once a week, and 11 per cent are in contact less than once a month
- Over half of all people aged 75 and over live alone
- Carers’ caring roles can mean they also experience social isolation and financial hardship.

In order to develop an effective plan of action, we need to know more about who is most affected locally, and what can be done to reduce the impact. This is a priority topic for the 2012/13 programme of Integrated Strategic Needs Assessment.

Strengths and Assets

In Blackburn with Darwen we will “look beyond needs to examine how local assets, including the community itself, can be used to meet identified needs”. We will achieve this by developing an ‘assets strategy’, which recognises and reinforces the fundamental importance of identifying and making use of existing strengths and assets in underpinning wellbeing and improved health and community resilience.

Blackburn with Darwen is currently developing approaches to working with local communities which want to contribute to the development of community asset based approaches. These pilot programmes will form the basis for developing future approaches and commissioning strategies. The focus of these pilots has been to understand community assets in terms of specific facilities, community activities and the assets that are used and valued by communities and residents.

Community Orientated Primary Care at Bentham Road – as part of the development of community assets based working with Primary Care, this study looked at community assets in Mill Hill. The work with the practice identified a wide range of assets in Mill Hill that benefit the health of residents, including buildings and facilities such as the community centre and others; healthy activities; and community and voluntary groups.

Little Harwood – this research study was completed in August 2012 and resulted in mapping of community networks from a sample of residents to community facilities such as the community centre, religious groups and activities including local mosques, the children’s centre and others. The study identified significant assets in Little Harwood that with suitable social entrepreneurship support would enable local people to contribute to local health needs, by dealing with problems such as social isolation and poor diet.

Sudell Healthy Streets – as part of the Think Family pilot, Sudell was chosen as an area to pilot techniques for community asset mapping. Some members of the Think Family neighbourhood team, and other interested partners, came together to talk about how to measure community assets in Sudell. The local group started by identifying local organisations working in Sudell that are already connecting with the community in a solution-focused, strength-based way. A Neighbourhood Challenge project called ‘Stand Out in Darwen’ is working across the whole of Darwen, and is asking people what they like about living in Darwen and what ideas they have to make it a better place. This project links community assets (people, skills, resources, buildings) to help others turn their ideas into reality.
For the reasons set out in the previous section, whilst continuing to improve the already mostly good NHS services, a different approach is needed if we are to make a real difference to the future health and wellbeing of the people of Blackburn with Darwen. This strategy aims to tackle the root causes of the inequality that is driving the (relatively) poorer life chances of the Borough’s citizens compared to England as a whole.

Throughout Blackburn with Darwen each of our partner organisations have strategies and plans to address specific health, care and wellbeing needs. We believe that the value of the Health and Wellbeing Board is in identifying those issues we can influence and affect most as a partnership. As such, this strategy identifies a series of priorities and actions that are shared across the Borough and across organisations, for which working together as a Health and Wellbeing Board can add the most value.

The strategy sets out plans to integrate resources around the key age-groups - children, adults at home, work and in leisure, and older people. This is called a ‘life course’ approach. Evidence shows it is the most effective way to address health inequalities. The approach will require changes to the systems through which everyone works together to achieve shared aspirations for the citizens of the Borough.
Our principles

In changing the way that services work together and with residents, to meet the local challenges, 6 principles have been agreed locally that will help us to achieve the priorities identified in this strategy. These principles are:

**There is no health without mental health and wellbeing:**
Without mental health and wellbeing, people find it very difficult to engage in positive activities, including accessing the help and support that is available. The promotion of mental health and wellbeing across the population of Blackburn with Darwen is essential if we are to achieve the diverse challenges that face our society.

**Focusing on prevention and early help:**
A shift to preventing problems occurring in the first place and detecting problems early when they do occur. This involves ensuring universal access to resources for health, whilst providing targeted support to enhance access for those most at risk.

**Working together:**
Action on the wider determinants of health requires joint approaches across public, private and voluntary sectors and with residents themselves in order to fully address the causes of poor health and wellbeing.

**Assets:**
All actions by the public, private and voluntary sectors should build on the strengths, support, skills and knowledge already in communities, be responsive to the priorities of local communities, accountable to them and involve them in planning and development. This will include building on and expanding current volunteering activity.

**Good governance for health and wellbeing:**
A joined up approach to improving health and wellbeing will require new forms of governance that maximise accountability and provide greater transparency to the public.

**Integration:**
Residents should receive the support they need when and where they need it. They should not experience the artificial barriers that result from organisational boundaries (e.g. Primary versus Secondary Health Care, Health versus Social Care) and conceptual distinctions that do not reflect their lived experience (e.g. mental versus physical health, social problems versus medical problems etc.). This will be achieved by taking a ‘whole of government’ and ‘whole of society’ approach, whereby all partners, including residents themselves, agree and define how they can best integrate their resources to improve health and wellbeing for and with local people.
EXAMPLE: Community Orientated Primary Care

There is substantial evidence of the benefit of developing Community Orientated Primary Care (COPC), which is advocated by the US Institute of Medicine as the model of choice for primary care in poor and underserved communities in the US.

Community Orientated Primary Care is best understood as a set of principles:

1. Using intelligence and evidence on the local population to take early preventative action, maximising health benefits
2. Integrating support in primary care to address the determinants of health and promote community and individual self-reliance.
3. Involving residents in a process of identifying the needs of their community, designing and overseeing service delivery, and evaluating service programs.
4. Developing and supporting assets already existing in communities, building connections between people enabling them to exchange skills and abilities, developing opportunities for them to contribute to their communities.

Developing Primary Care along these principles would include the implementation of the following components:

- **Population risk stratification** based on linked data from primary care, social care, NHS community services, secondary care, and mental health services in order to target support at those most at risk.

- **Integrated self-care and wellbeing services** linked to GP practices and integrated neighbourhood teams.

- **Integrated health and social care teams** linked to GP practices, case management by a key worker for patients with multiple health and social care needs.

- **Think Family approach** to identify high-risk families with complex and multiple needs, and provide them with a nominated advocate, helping the family to develop their capacity and skills and coordinate support from multiple agencies.

- **Neighbourhood information / skills exchange.** GP practices along with other community institutions within neighbourhoods (Children’s Centre, community centre, schools, voluntary organisations etc) map community assets and set up systems to help patients take part in community activities/receive volunteer support, that may benefit them and to contribute to the community themselves through volunteering activities.

- **Practice groups.** The integration of services linked to GP practices will be facilitated by practices working together in groups that serve larger populations of around 30,000.

- **Real engagement.** Groups of GP practices, along with other community partners, undertake engagement with residents, to identify the needs of their community, involve them in designing and overseeing service delivery, and evaluating service programs.

- **Radical transparency** providing the public with practice / neighbourhood level information on the value added to health outcomes of the services delivered by primary care.
EXAMPLE: Blackburn with Darwen Centre for Independent Living

There is an increasing need for public services to find ways to support people in ways that allow them to retain their ability to live in the community, maximise their independence and provide them with choice and control over the services that they receive. It is intended that the Centre for Independent Living (CIL) will be a key part of the solution to this challenge.

The vision for the CIL is that it will provide information, advice and advocacy as well as links to a range of community based services and support. It will cater for service users and residents of all ages and their families, who need assistance to remain independent within their local community. The CIL will play an integral role in the delivery of the Personalisation, Think Family, Your Call and other community focused initiatives.

Initially the CIL will be based in Blackburn Town Centre. Key elements of the service offer will include:

• Face to face and remote information and advice
• Advocacy and Peer Support from existing service users and carers
• Support in using Personal Budgets, including Direct Payments
• Support to source and employ personal assistants
• Access to assistance with Support Planning
• Accreditation via an agreed framework for personal assistants, local community providers and support brokerage
• Training and support for the implementation of the Disability Equality Duty

Service delivery will be expanded on a hub and spoke model with provision of information and advice services at a variety of community venues across the Borough.
EXAMPLE: Five ways to wellbeing

‘Mental Wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society’


There is now significant evidence that taking purposeful, systematic and scaled up action to promote positive wellbeing helps create resilience in individuals and communities which offers protection from the harmful health effects of deprivation and social inequality.

It is also important that we all improve our mental wellbeing and there are five ways in which we can do this, by building them into our daily life:

1. **Connect**: with people around you, family, friends, colleagues, neighbours at home, work, school or in our local community.

2. **Be Active**: go for a walk, cycle or a run, step outside, play a game, garden, dance.

3. **Give**: Do something nice for a friend, or a stranger; thank someone, smile, volunteer or join a community group.

4. **Keep learning**: Try something new and rediscover an old interest or sign up for a course. Learn how to cook or play an instrument.

5. **Take notice**: Be curious, catch sight of things such as the changing seasons and be aware of the world around you and what you are feeling.

This clearly links to a number of our principles, including our focus on prevention and early help, strengths and assets and we will promote and integrate the ‘5 ways to wellbeing’ into the design of community programmes.

We will again be participating in the next North West Wellbeing Survey which will measure the levels of wellbeing of the local population and will be conducted towards the end of 2012.
6 Health and Wellbeing Strategy - Plan on a Page

Our overarching goal is:

**Year on year, to increase the life expectancy of Blackburn with Darwen citizens, and to reduce differences in life expectancy between Blackburn with Darwen and the national average.**

To address the challenges identified, five priority programme areas for shared action across partners have been agreed by the Health and Wellbeing Board, based on public and stakeholder consultation and evidence of what works. The Board will focus on these five priority programme areas to improve the physical and mental health and wellbeing of Blackburn with Darwen's residents, using the approach and principles described in the previous two sections. In each of these programme areas we will work to improve the health of the worst-off fastest through greater improvements in more disadvantaged communities and vulnerable groups.

For each programme area we have also identified a number of Key Outcomes, such as infant mortality and admissions to residential care, improvements in which will demonstrate the difference being made locally, by delivery of this strategy and all the other plans and actions it influences.

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<th>Principles</th>
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<td>1. No health without mental health.</td>
<td>Programme Area 1: Best start for children and young people</td>
<td>• Reduced Infant and child mortality&lt;br&gt; • Reduced Child poverty&lt;br&gt; • Reduced Child injuries&lt;br&gt; • Reduced Child obesity&lt;br&gt; • Reduced 16-18 years olds not in education, employment or training.</td>
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<tr>
<td>• Increasing inequalities in unemployment and worklessness.</td>
<td>2. Focus on prevention</td>
<td>Programme Area 2: Health &amp; Work</td>
<td>• Increased employment for those with Long-Term Conditions&lt;br&gt; • Reduced work sickness absence&lt;br&gt; • Increased quality of life of people with Long-Term Conditions.</td>
</tr>
<tr>
<td>• Increasing harmful impact of alcohol.</td>
<td>3. Work together</td>
<td>Programme Area 3: Safe &amp; healthy homes &amp; neighbourhoods</td>
<td>• Reduced excess winter deaths&lt;br&gt; • Reduced fuel poverty&lt;br&gt; • Increased use of green space&lt;br&gt; • Increased wellbeing&lt;br&gt; • Reduced road traffic accidents.</td>
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<tr>
<td>• Poor quality and diversity of housing.</td>
<td>4. Build on strengths</td>
<td>Programme Area 4: Promoting health and supporting people who are unwell</td>
<td>• Reduced excess weight and increased physical activity&lt;br&gt; • Reduced smoking prevalence&lt;br&gt; • Increased successful completion of drug treatment&lt;br&gt; • Reduced alcohol-related admissions&lt;br&gt; • Reduced admissions by people with Long-Term Conditions&lt;br&gt; • Reduced years of life lost from causes amenable to healthcare.</td>
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<tr>
<td>• High levels of fuel poverty.</td>
<td></td>
<td>Programme Area 5: Older people’s independence and social inclusion</td>
<td>• Improved access to transport&lt;br&gt; • Increased engagement in Good Neighbour schemes.&lt;br&gt; • Improved Safeguarding of Vulnerable People&lt;br&gt; • Reduced admissions to residential and nursing care homes&lt;br&gt; • Reduced income deprivation affecting older people.</td>
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<tr>
<td>• Poor health outcomes in children.</td>
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<tr>
<td>• High premature mortality and disability from long-term conditions.</td>
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<tr>
<td>• Increasing numbers of older people needing support to remain socially included and independent.</td>
<td>5. Good governance</td>
<td></td>
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<tr>
<td>• Significant sections of the population socially isolated.</td>
<td>6. Integration</td>
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7 Our priority programme areas

Programme Area 1: Best start for children and young people

Children and young people need a protected, caring and stimulating environment to develop physically, intellectually and emotionally. As children grow and develop, we need to encourage and empower them to make positive choices but also lead active and healthy lifestyles. But it is not just children who need such encouragement - it is their parents too. As such, it is important that we support the development and delivery of care and support in the early years, in particular improved family support. By improving the life chances of children and young people, the lifelong effects on the health and wellbeing of our population will also improve. A holistic approach is required, focusing on support to families, using the ‘thinking families’ approach, in addition to children and young people themselves. By ensuring that they receive the ‘right support at the right time’, thereby enabling them to make positive decisions in their lives whilst building local community assets.

Blackburn with Darwen has developed strategies, action plans and initiatives for those children with complex or acute needs, who often require longer term interventions - for example, Think Family which tackles complex and often inter-generational issues. Work is on-going to develop an integrated holistic service for children and young people with complex needs (0-25 years) and their families. A locally delivered early help strategy and a child poverty strategy are also under development. It is important that we build upon all of these initiatives and programmes to ensure that the Best Start for Children and Young People programme of the Health and Wellbeing Strategy brings added value, incorporating all levels of need with a focus heavily towards universal provision. It is crucial that we recognise the diversity and differences in our local population and ensure that we pay more attention to inequality in order to improve outcomes.

The Challenges

A high proportion of the population of Blackburn with Darwen are children and young people, giving it one of the youngest age profiles in the North West. Unfortunately, many of these children and young people live in poor circumstances. There is a higher than average proportion of children living in care, and almost three in every ten children live in poverty, rising to as many as 1 in 2 in some areas, making Blackburn with Darwen significantly worse than the England average. Living in poverty increases the likelihood of poor health outcomes for many of our children and there is no ward across the Borough which is free from children living in poverty.

For children and young people under 18 years of age, we are persistently amongst the worst in the country for deaths in infancy (aged up to 1 year) and child deaths (aged 1 to 17 years). Linked to this, we have high rates of smoking in pregnancy, a low percentage of mothers who totally or partially breastfeed at 6-8 weeks, high levels of overcrowded households and a high proportion of children living in poverty. However, we have excellent childhood vaccination rates.

Our young people’s lifestyle choices, health risk behaviours and related factors show that:

- We have a large proportion of teenagers who consume alcohol underage; but we also have a higher than average proportion who report that they never consume alcohol.
- More than a quarter of our young people smoke and problem substance misuse is relatively high compared to the North West.
- Rates of self-harm amongst young people are higher than the national average, as are hospital admissions for unintentional and deliberate injuries and deaths and serious injuries from traffic accidents.
• 1 in 3 children are overweight yet there is also evidence of higher than expected rates of underweight.

**What we are already doing**

Blackburn with Darwen’s Children, Young People and Families’ Trust represents a strong and effective partnership working together to improve the outcomes for our children, young people and families, bringing together the local authority, the NHS, police, voluntary and third sector organisations. Through this approach, a continued commitment has been maintained over many years and, in the challenging times ahead, this maturing partnership will be vital to ensure that we all work together for our children and young people.

The Trust has its own ‘Children, Young People and Families’ Plan 2011-2013’, which was co-produced with partners, children and young people themselves and is now in its third edition, supplementing and renewing previous plans. Its four priority areas are: 1) keeping safe; 2) reducing health inequalities; 3) maximizing educational attainment and potential; and 4) mitigating the effects of poverty and improving family wellbeing, all underpinned by the two themes of Think Family, and Engagement and Participation. It is crucial that these priority areas and themes are integrated into the Health and Wellbeing Strategy, and that we do not simply duplicate all components. Other supporting documents include the emerging Early Help Strategy, Infant Mortality Action Plan and the Child Poverty Plan, as well as the emerging Suicide Prevention Action Plan and the Alcohol Prevention Action Plan.

**How the programme was developed and what are the local priorities**

The Children, Young People and Families’ Trust is chaired by the Executive Member for Children’s Services and has formed the broad stakeholder group to co-produce the plans for this programme for children and young people, in consultation with local people, including young people themselves, and ensure that it is aligned with other local plans and strategies.

The priority outcome is reducing infant mortality rates. The main theme that emerged was the emotional and psychological wellbeing of children and young people, including appropriate confidential support and opportunities to better understand this important aspect.

**What we will all do**

1. Improve the emotional and psychological wellbeing of children and young people.
   We will aim to improve our understanding of poor emotional and psychological wellbeing of children and young people, its impact and how it can be tackled.
   We will work with key stakeholders to use local intelligence to further improve support for children and young people in relation to mental health and wellbeing.

2. Ensure that Children and Young People remain safe and protected within and around their homes.
   We will ensure that health services for children, young people and their families are of a high standard, reducing inequalities in access and outcomes, and that the right care for children, young people and their families is provided in the right place and at the right time, reducing unplanned health and social care utilisation.
   We will support and encourage healthy behaviour in pregnancy and beyond, including reducing smoking and alcohol use during pregnancy and by young people, and promoting physical activity and healthy eating.
   We will scale up support to families through parenting programmes and ensure that they are delivered to high quality standards.

3. Improve the quantity and quality of physical activity for our children, young people and families, focusing on our community schools and extending re:fresh into the school and local environment
   We will work with schools, re:fresh, youth centres, the third sector, independent sporting organisations and other key partners to challenge how physical activity is offered for children, young people and families.
   We will ensure that we commission integrated weight management and physical activity programmes which focus on healthy eating in addition to physical exercise and self-confidence.

4. Tackle social isolation and support older people’s feelings of being safe
   We will develop new and innovative ways to improve social connections across generations and social mixing.
5. Tackle youth unemployment by improving the skills and readiness of young people for work.

We will ensure that young people have the right skills for life and to gain employment.

**How we’ll know we’re making a difference - Key Outcomes**

There are a number of outcomes and indicators that could be chosen to monitor each action within the Best Start for Children and Young People programme area. However, the overarching and high level outcomes have been prioritised below. All except child mortality are included in the Public Health Outcomes Framework.

- Reduced Infant and Child mortality
- Reduced Child poverty
- Reduced Child obesity
- Reduced Hospital admissions caused by unintentional and deliberate injuries in under-18s
- Reduced 16-18 years olds not in education, employment or training
Programme Area 2: Health and work

Commitment

In Blackburn with Darwen we will make sure everyone has the best chance of getting and keeping good employment, by improving wellbeing in the workplace and supporting those out of work into employment.

The Challenges

There are around 40,000 people of working age with a long-term condition in Blackburn with Darwen, of whom 11,000 are on out-of-work benefits. This is a major cause of poor health and health inequalities in Blackburn with Darwen and costs the public sector at least £100 million each year that could be spent on other preventive services.

What we are already doing

There are a number of programmes in the Borough that help people to get back into work. The long-term unemployed, including those who are not able to work because of their health, can receive support from the Work Programme. People with disabilities who want to return to work can receive tailored support from Work Choice. The Families Programme provides focused employment support for families with multiple problems, including people with disabilities and health conditions, who want to work. These three programmes are delivered locally by Bootstrap and provide a case-managed approach for people to return to work, supported by activities to help them look for and apply for jobs, instil confidence, motivation and problem solving skills, develop skills for employment, and provide psychological and physical health support.

Health Trainers work with workplace champions to help improve health in the workplace, and NHS Health Checks are offered to employees in their workplace. Sustainable Neighbourhood Teams support Work Clubs and a range of activities to improve people’s prospects and access to employment, by offering information, advice and guidance, increasing skills in CV writing and interview techniques, offering adult courses in literacy, numeracy, ESOL and IT as appropriate.

Primary care plays an important role in preventing worklessness. Invariably the GP practice is the first place people go to for help when their health is affecting their work. It is at this point that the most effective action can be taken to prevent people ending up with long-term incapacity for work. However, at present there is no targeted support for those who are newly absent from work or unemployed because of a disability or health condition.

The NHS and the Council invest around £600 million in Blackburn with Darwen. The Social Value Act, which became law in March 2012 introduces a statutory requirement for local authorities, alongside other public bodies, to consider economic, social and environmental wellbeing in public services procurement. The total investment in Blackburn with Darwen by public bodies can therefore be used to promote local employment and skills, particularly of disadvantaged groups and those with disabilities.

How the programme was developed and what are the local priorities

The priority actions and approach outlined here have been developed based on the experience of people working in Blackburn with Darwen and the evidence of what works.

There is good evidence that Active Labour Market programmes are effective at reducing unemployment, especially when economic conditions improve. In particular, job search measures, work experience, wage subsidies and work-focused training are all likely to be effective in the medium to long-term. Work-first approaches are effective in moving people into jobs but skills development also has an important role to play in achieving sustainability.

Even in times of high unemployment there is some evidence that active labour market programmes, which keep people socially included and develop their skills, can improve or prevent deterioration in the health of the unemployed. It is best to intervene early when people are experiencing problems with their health at work. There is good evidence that structured support to return to work, when people are on sickness absence, is effective at preventing long-term incapacity. Improving workplace wellbeing and reducing workplace stress is likely to have a major impact, improving overall health and reducing inequalities in health.

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5 NICE PH19 Management of Long-Term Sickness and Incapacity from Work. 2009.
What we will all do

1. Promote excellence in wellbeing at work across the Public Sector and local businesses in Blackburn with Darwen

2. Public Sector organisations and local businesses will maximise the social value of commissioning and procurement decisions to promote local employment and skills, particularly of disadvantaged groups and those with disabilities.

3. An integrated programme of employment support will be developed as part of a selfcare package for people with long-term conditions and cancer. This will bring together support available through the Work Programme and Work Choices along with additional support for people in work and on sickness absence. The employment circumstances of all people with long-term conditions of working age will be assessed and they will be offered support to stay in or return to work as part of this structured package of self-care.

4. Frontline staff coming into contact with those out of work will be able to offer or signpost people to support, for mental health or stress issues and health improvement.

How we’ll know we’re making a difference - Key Outcomes

- Increased employment for those with a long-term health condition including those with a learning difficulty / disability or mental ill-health
- Reduced work sickness absence rate
- Increased quality of life of people with long-term conditions, including people with mental ill-health
Programme Area 3: Safe and healthy homes and neighbourhoods

Commitment

We know that the area where people live and the quality of their housing can have a major impact on their health and well-being and that poor housing and environment cause ill health. Problems with dampness, cold and poor maintenance, for example, make it difficult to maintain good health and well-being and are associated with increased risk of injuries, higher use of health services and excess winter deaths, particularly for the most vulnerable members of society.

Beyond the condition of housing itself, the neighbourhood environment can further contribute to poor health and wellbeing. These factors include poor air quality linked to location of major roads, road safety, lack of green space, opportunities for social interaction, antisocial behaviour or unacceptable noise levels from neighbours, difficulty in accessing healthy food and lack of opportunities to be physically active.

Using an approach that builds on existing community strengths we will increase opportunities for everyone living in Blackburn with Darwen to live in a safe and healthy home and neighbourhood.

The Challenges

Blackburn with Darwen has some of the poorest housing stock in Britain, and whilst improvements have been seen in the condition of social housing, a third of all owner-occupied and half of all private rented properties remain in poor condition. An estimated 27,000 properties are categorised as non-decent and 12,300 experience a category 1 hazard.

The most common reason for housing being classified as non-decent or hazardous is low standards of heating efficiency and poor thermal insulation. The Borough is amongst the worst 20% of Local Authorities for fuel poverty with over one in five households (21%) experiencing fuel poverty rising to almost one in three (30%+) in some neighbourhoods. The number of people living in fuel poverty is likely to increase with the rising costs of fuel.

The local impacts of poor housing are clear. Blackburn with Darwen has high rates of winter hospital admissions compared to England. The estimated cost of excess emergency admissions in the winter of 2009/10 was almost £3 million above the England average. A significant proportion of winter hospital admission can be avoided by preventative measures to improve the quality of people’s homes.

Local A&E data highlights an increasing number of children aged 0-5 accessing the department for two level falls (suggesting down a stairwell), and higher than average levels of ingestion of substances such as kitchen cupboard liquids (poisoning).

The rate of deaths and serious injuries in traffic accidents for children under 16 in Blackburn with Darwen is significantly higher than the national average. For all road traffic casualties combined, Blackburn with Darwen is in the worst 20% of upper tier authorities.

What we are already doing

The Decent and Safe Homes service (DASH) provides support to residents, particularly the elderly, vulnerable families on low incomes, and people with long-term conditions. The objectives of this service are:

- To maintain and improve the standards of the housing stock occupied by residents but in particular vulnerable households
- To reduce the number of home accidents, in particular falls
- To maintain residents’ independence at home thus preventing the need for higher levels of care
- To reduce fuel poverty and fuel debt

In addition to the DASH services, people referred through Guidance for Living Over Winter (GLOW) receive support for medicines review, falls assessment, benefits review, housing advice and access to energy efficiency grants and fire safety checks.
In order to drive up quality in the private rented sector the Borough has two selective licensing areas and is preparing to introduce the Pennine Lancashire accreditation scheme for privately rented properties outside of these areas. Licensing enables the local authority to ensure the landlord is a ‘fit and proper’ person and that they are maintaining the property to certain basic housing health and safety standards and managing the tenancy properly.

Blackburn with Darwen has eight Air Quality Management Areas. These are areas where emissions are higher than acceptable health based targets. While there has been a slight improvement in air quality in one area, monitoring will continue, to see if this improvement is sustained. Action plans are in place to try to improve the overall picture.

The Borough’s amenities include six parks with the prestigious ‘Green Flag’ award, which recognises them as being safe, welcoming and well maintained, and involving the local community, thus bringing opportunities for sport, recreation and social interaction to the benefit of both physical and mental health. The Borough has a number of pilot initiatives to create healthy streets that promote healthy eating, active travel and safe play. Examples of these include community-led food cooperatives, walking trails, green space and skate-parks.

How the programme was developed

The priority actions and approach outlined below have been developed based on feedback from local people through a programme of community consultation and evidence of what works.

In May 2012 a workshop was held with key stakeholders representing housing and neighbourhoods. The following five priorities were agreed for this programme with a focus on areas where the Health and Wellbeing Board can add greatest value as a partnership. These priorities were subsequently agreed with the key delivery groups including Home Improvement Agency Steering Group and Older Persons Housing & Wellbeing Board.
What we will all do

1. Reduce levels of poor, unhealthy housing occupied by vulnerable groups and promote development of new housing suitable for older people.

2. Reduce levels of fuel poverty by improving energy efficiency of housing across the social gradient and affordability of fuel for those in poverty.

3. Improve the quality of the physical environment and encourage use of green open spaces and activities such as walking and cycling.

4. Tackle social isolation by improving social connections at neighbourhood level.

5. Make better use of the planning, transport, environment and enforcement systems to address the wider determinants of health and reduce health inequalities.

How we’ll know we’re making a difference - Key Outcomes

- Reduced excess winter deaths
- Reduced fuel poverty
- Greater access and utilisation of green space for exercise/health purposes
- Local wellbeing indicator
- Reduced road traffic accidents
Programme Area 4: Promoting health and supporting people when they are unwell.

Commitment

In Blackburn with Darwen we will use all the information available, to identify early when people are at risk of developing problems with their health and offer support to help them reduce these risks.

When people do become unwell and are either acutely ill or living with long-term conditions they will experience an integrated, effective care system, without artificial barriers that result from organisational boundaries. Where possible they will be supported to manage their conditions themselves, in partnership with health professionals. We will maximize the opportunities for all people to engage in health promoting activities, minimizing harm and promoting recovery from the use of alcohol, tobacco and drugs.

The Challenges

There are many factors that influence people's health, from being out of work, being in debt, living in poor housing, to smoking, being overweight and not doing enough physical activity.

A large proportion of the population have one or more long-term health conditions. There are about 62,000 people in Blackburn with Darwen with at least one long-term health condition, around half the adult population. The majority of those aged over 65 have more than one condition, and the majority of those over 75 have three or more conditions. This means that current programmes and pathways that are based on single diseases and single risk factors are not the most effective approach to improve outcomes. Evidence shows that a “person focused” rather than “disease” or “risk factor” focused approach will be more effective.

What we are already doing

The NHS offers a number of national screening programmes to assess whether people are at risk of developing a condition, in order to treat them sooner. This includes for example breast, cervical and bowel cancer screening. People often don’t take up the available opportunities for screening, leaving them at higher risk of long-term disability and potentially early death.

NHS Health Checks are available to all people in Blackburn with Darwen aged 35-74 years, from their GP practice or in selected community settings. These health checks identify people who have a high risk of developing cardiovascular disease, who are offered treatment and support to make changes to their lifestyle that can reduce this risk. Such changes can also have positive long-term effects on their risk of many other major long-term conditions, including diabetes, kidney disease, some types of cancer, chest disease and dementia.

Half the adult population in Blackburn with Darwen have a diagnosed long-term condition. These people are offered regular review, treatment and support by their GP practice. When they are unwell a range of services are there to support them, including the hospital and community services. Driven by local GPs, new services are being developed that deliver this care closer to where people live.

A key factor that contributes to inequalities in physical activity is the cost of engaging in active leisure activities. Removing these costs in Blackburn with Darwen has increased participation, particularly in the most disadvantaged groups.

The re:fresh programme in Blackburn with Darwen provides free access to leisure facilities, a team of Health Trainers, dedicated instructors, community development officers and a network of volunteers. Health trainers work with more disadvantaged individuals offering them practical support to make lifestyle changes.

Community development workers in the Sustainable Neighbourhoods Teams work with volunteers and community groups to develop appropriate physical activity programmes. They involve local people in seeking solutions to issues that affect their neighbourhoods, support and build the capacity of community groups, and offer a range of informal adult learning opportunities.
In partnership with Blackburn with Darwen Borough Council and Tunstall Healthcare, NHS Blackburn have developed a mainstream telecare service, enhancing the delivery of flexible, personalised care services. The number of people being supported by telecare has risen dramatically, and has reduced long-term residential care admissions by 18% across the borough in one year, saving over £2 million.

The Centre for Independent Living (see page 14) pilot project supports the delivery of information and advice to residents and engages with a range of partners, including the self-directed Peer Support Service, MIND, Care Network, Home Improvement Agency and Decent & Safe Homes (DASH) Service.

There is a lot going on within our communities that can help people improve their health. Working with their local community, a pilot project in one GP practice has identified 52 organisations and over 200 activities in their neighbourhood, that can benefit people's health, ranging from family support to sports clubs. The vision of Blackburn with Darwen Clinical Commissioning Group (CCG) is for GP practices to be the hub of their local community, enabling patients to easily access support for the wider issues that affect their health.

Substance Misuse services in Blackburn with Darwen have improved access to initial treatment. However, people often stay on treatment for long periods of time with limited improvement in their health and wellbeing. Often there is a revolving door, with people re-presenting to community services or criminal justice agencies. Alcohol treatment services are better, with outcomes higher than the national average. The best outcomes from treatment are experienced by female clients who generally self-refer into treatment. Young people's treatment services are engaging those young people with more complex needs and demonstrating high levels of success. However, there are concerns that positive treatment outcomes alone may be inadequate to produce longer term sustainable benefits for this marginalised group of young people.

How the local priorities were developed

The priority actions and approach outlined here have been developed based on the experience of users of services and the evidence of what works.

People using services consistently say that good relationships, on-going support, peer encouragement and improved social conditions (e.g. employment, training and housing) are particularly important for enabling them to change their behaviour, improve health and promote recovery. Support for individuals to change their behaviour needs to be complemented with universal action to reduce the environmental and economic forces that are barriers to engagement in health-promoting rather than harmful activities.

What we will all do

1. **Use intelligence and evidence on the local population to take early preventative action, maximising health benefits**

Health and social care services as well as other public agencies have a great deal of information about our population, the services they have used and the problems they have faced. The NHS offers a number of screening and testing services throughout each stage in life. These can be used to identify early, people who are at risk of developing problems with their health. We will join up these systems to ensure that we can target preventative action as early as possible to those people who can benefit most.

2. **Integrated Wellbeing Service**

We will develop an integrated wellbeing and self-care service that will provide structured support for people with long-term physical and mental health conditions and people at high risk of ill-health. This will include a single point of contact, with graded levels of intervention to help people make changes to improve their health, from intensive case management, with goal setting and motivational interviewing, to peer support and social media based support. Support will be integrated across a wide range of services (e.g. weight management, condition management and rehabilitation, employment support, psychological therapies, education and training opportunities, physical activity and smoking cessation).

3. **Developing Primary Care that is Community Orientated**

The primary care system will be transformed with many more services being shifted to the community, with a greater focus on prevention. Community Orientated Primary Care (see page 13) is a systematic approach to health care based on principles derived from epidemiology, primary care, preventive medicine and health promotion. It will integrate support between health and social care to support people when they are unwell, addressing the determinants of health and promoting community and individual self-reliance.
It will involve residents in a process of identifying the needs of their community, designing and overseeing service delivery, and evaluating service programs. It will develop and support assets already existing in communities, building connections between people and enabling them to exchange skills and abilities, developing opportunities for them to contribute to their communities. It will integrate primary and secondary care, including an In and Out of Hours urgent care system built around practices.

4. **A recovery model for drug and alcohol services**

We will ensure that all people using substance misuse and alcohol treatment services will be supported to develop a holistic life plan focused on recovery that addresses the core underlying causes of their substance misuse, incorporating life skills, education and employment readiness, peer mentoring, volunteer support and condition management expertise. This will include enhanced roles and involvement of volunteers linked to community groups and assets, and access to accredited training and meaningful employment.

5. **Implement evidence-based health improvement strategies and interventions to reduce health inequalities**

- **Build and develop community assets for health**

  We will establish and support a network for community groups and clubs that promote wellbeing. We will ensure that people providing services maximise the opportunities for users of services to contribute to their communities and benefit from activities taking place within them.

- **Make healthy choices easier**

  We will make healthy choices easier by improving access to healthy activities and minimising the availability of unhealthy options. This will include continuing to ensure free access to the council’s leisure facilities and making best use of the planning, transport, housing and environmental systems to promote active travel, enhance the quality of open spaces, improve access to healthy food, and reduce the harmful effects of alcohol.

- **Develop Healthy Settings**

  We will increase the potential of key local assets, such as schools, nurseries and the hospital, to promote health, by working with these settings to minimise health risk and maximise health benefits.

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**How we’ll know we’re making a difference - Key Outcomes**

- Reduced excess weight in adults and increased proportion who are physically active
- Reduced adult smoking prevalence
- Increased successful completion of drug treatment
- Reduced alcohol-related admissions to hospital
- Reduced time spent in hospital by people with long-term conditions
- Reduced Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
Programme Area 5: Promoting older people’s independence and social inclusion

Commitment

Older people are all individuals, each an expert through their own experience, with unique needs and assets. Like all of us they have a positive and unique contribution to make to life in Blackburn with Darwen. Using an approach which builds on strengths, we will ensure that older people in Blackburn with Darwen are actively supported to be independent and contribute to their communities, whilst ensuring that we are able to meet the needs, with dignity and respect, of those who do require support.

Most older people prefer to stay in their own homes, given that this is a big part of their identity, their history and who they feel themselves to be as a person. We will therefore work in a concerted and coordinated way with individuals and across all the agencies who are part of the Local Strategic Partnership, to ensure that as many people as possible can remain in their own homes in a way that meets their aspirations and their physical as well as their social needs.

The Challenges

In the Borough over the next 20 years, the proportion of people aged 65+ is set to increase from 1 in 8 of the population to more than 1 in 6, an estimated increase of over 7000 people. The number of very elderly (aged 85+) is predicted to increase by two-thirds, from 2,300 to 3,800.

As people get older, their likelihood of developing one or more limiting long-term condition rises markedly. The resultant increased needs for health and social care, and adverse outcomes of poor quality of life and loss of independence, are all exacerbated by social isolation.

Local people, particularly in older age, have lower than average financial assets, reducing their opportunity to buy services they feel would improve their quality of life and help to maintain their independence.

These challenges need to be met through approaches which build on strengths and assets, and promote

- prevention and early intervention
- integrated, cross-sectoral working
- more flexible, innovative, person-centred and cost-effective approaches

Blackburn with Darwen has historically been an area that has placed high numbers of people into residential care. This is due to a poor housing stock, the topography of the Borough, high levels of limiting long-term conditions and low incomes. In 2009/10 the proportion of over-65s supported in care homes in Blackburn with Darwen was the fifth highest in England, and the highest in the North West. Concerted action to promote telecare and reablement led to an 18% fall in the number of long-term admissions to Care Homes in 2011/12, but this will be difficult to sustain over the long-term given the ageing population and current underlying economic trends. Emergency readmissions to hospital within 90 days were also the highest in the North West, again reflecting the challenges faced by older people in remaining independent in their own homes following hospital discharge, given the local levels of ill health and poor housing stock.

How the programme was developed and what are the local priorities

The Blackburn with Darwen 50+ Partnership is a cross-cutting advocacy group of the Local Strategic Partnership which works with a range of key local organisations to ensure that people aged over 50 have a strong voice. The 50+ Partnership is chaired by the Strategic Director of Adult Services (DASS) and has been agreed as the broad stakeholder group to co-produce the plans for this transformational programme for older people and ensure that it is aligned with other local plans and strategies.

http://bwd50plus.org.uk/
In 2011 the 50+ Partnership led the development of *Positive about age, an Older People's Strategy for Blackburn with Darwen*, which has been endorsed by the LSP and key partners.

The Older People's Strategy outlines the priorities which older people in the Borough have told us about and the barriers they face; that the key to ‘ageing well’ is through the promotion of independence and inclusion in society, with the major barriers identified as transport, information and financial resources.

Dementia has also been a key work stream of the Health and Wellbeing Board since an Integrated Strategic Needs Assessment reported in 2011.

In June 2012 the 50+ Partnership held a Health and Wellbeing Strategy workshop and agreed the following 5 priority outcomes of the Older People’s Strategy for this programme to focus on, where the Health and Wellbeing Board can add greatest value as a partnership:

1. **Access to transport that enables older people to get to work, get to the shops, meet their friends and family members and attend GP surgeries and other medical facilities as needed, and take part in community and leisure activities**

2. **Access to good social networks - acknowledging that for most people and communities this is not something that requires service intervention but it is something they do for themselves naturally and organically – but recognising that older people who are socially isolated and lonely will need more structured opportunities**

3. **Older people will be safe, and be free from abuse, in their homes and outside**

4. **Older people will have the best possible degree of independence and choice**

5. **Claims for older people’s benefit entitlements will be maximised**

### What we will all do?

1. **Improving older people’s access to transport**

   We will work with partners to increase the flexibility and range of transport available to older people, through commissioned transport services, including Community Transport, which has been transformed since being re-established as a council in-house service in May 2011, and Patient Transport, which is being re-procured in 2012.

   We will also work with key stakeholders to use passenger data and feedback to drive improvement through challenge of both commissioned transport services and commercial bus companies.

2. **Tackling social isolation in older people**

   Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. We need to know more about social isolation in older people locally, who it most affects and what can be done to reduce its impact. The 50+ Partnership therefore recommended social isolation as its priority topic for the 2012/13 programme of Integrated Strategic Needs Assessment. This piece of work will be both quantitative, including the most up-to-date local information from the 2011 Census, as it becomes available in early 2013, and qualitative, providing a real opportunity to engage and gain insight into the lives of older people.

   We will develop and implement a more strategic approach to prevention and early help in older people, which will include commissioning initiatives to build social capital and strengthen opportunities for older people to engage with social networks within their neighbourhoods and communities, as well as developing and using their own strengths and talents. We will increase the range of channels through which older people can access information, advice and advocacy.

3. **Older people will be safe, and be free from abuse, in their homes and outside**

   We will encourage a corporate and partnership (including the Voluntary, Community and Faith Sector) approach to safeguarding older people within their own homes and outside, through multi-agency communications and learning and development activity. We will also promote partnership working across all the relevant agencies to address the issues that local research has identified to support older people’s feeling of being safe.

   We will develop a strategic approach to quality in older people’s services jointly between Adult Social Care and the new Clinical Commissioning Group. BwD has a well-established Care Home Quality Scheme, which in recent years, through the Care Trust Plus, has benefited from a joined-up approach between health and social care commissioning. We will strengthen and improve the Care Home Quality Scheme, to benefit from the involvement of ‘experts by experience’ / peer reviewers, particularly users and carers. As part of the joint, strategic approach mentioned above, we will explore extension of the use of peer reviewers to domiciliary and day care services and acute hospital care.
4. Promoting older people’s independence and choice

We will work to ensure that older people and their carers have timely access to the advice and information they need to maximise their independence and social inclusion, will make people aware of the choices they have, and will promote the acceptability of asking. We will work with partners across all sectors to make available up-to-date information in a wide range of formats, and to increase older people’s access to and use of digital technology, increasing their choice as consumers and widening opportunities for social interaction.

Older people who require support with care needs have the right to ask for that support in the way which best suits them. This includes access to a personal budget, which can include a direct payment enabling them to fund their own support at the times which best suit them, and to decide who provides their support. The right of everyone to receive care support via a personal budget has been further strengthened in the government’s ‘Care and Support’ White Paper.

The Council, CCG and Third Sector organisations will work with partners to deliver integrated, expanded Primary Health and Social Care Teams for the purpose of improving health and supporting Primary Care based services.

We will work with partners to implement the national Dementia Strategy and local Action Plan.

We plan to extend the benefits for independence and quality of life of assistive technologies to a much broader range of local people. Assistive technologies include new systems such as ‘telecare’, items of equipment which enable remote monitoring of people’s safety, allowing much greater independence and freedom of movement. Over 500 new items of telecare equipment were installed during 2011/12, enabling 18% more people to stay independent at home rather than needing to enter residential care. Plans are in place to further extend telecare support in 2012/13 and beyond, including joint work with the NHS on ‘telehealth’ support.

5. Maximising older people’s claims for benefit entitlements

In responding to the government’s welfare reform programme, the priority needs to be to manage well the introduction of the massive changes to the benefits system, to mitigate the impact on current and future benefit claimants and to be responsive to the needs of those facing major changes in their financial circumstances, such as retirement or job loss.

We will seek to fully understand the impact of Welfare Reform on older people in the Borough and ensure the 50+ Partnership is fully involved in local action to mitigate any adverse impact and lobby strongly on behalf of Older People.

We will engage constructively in the review of Debt, Welfare and Housing Advice Services and work with partners to secure a high quality, sustainable future service that offers a wide range of appropriate and accessible advice and information.

How we’ll know we’re making a difference - Key Outcomes

- Improved access to transport
- Increased numbers of older people engaged in Good Neighbour schemes
- Adult Social Services Outcome for Safeguarding Vulnerable People
- Reduced admissions to residential and nursing care homes
- Improvement in local Index of ‘Income Deprivation Affecting Older People’
The role of the NHS in improving health and wellbeing

Commitment

The NHS has a key role to play in improving health in Blackburn with Darwen. Whilst many factors, such as the conditions in which people live and work, influence health, when people are ill or in need they have to be sure that high quality and effective health services are available to all. We aim to deliver efficient and effective high quality integrated health and social care, in order to improve the health and wellbeing of the whole population of Blackburn with Darwen.

The Challenges

Health has improved in Blackburn with Darwen in recent years; however this has occurred at a slower rate than the rest of England, so inequalities in health continue to widen. The growing number of older people in the population and continuing health inequalities mean that demand for health services is increasing, but it is unlikely that funding for the NHS will increase in line with this rising demand.

The challenge for the NHS is to do more with less. The evidence indicates that this can only be achieved by: (1) using the best intelligence and evidence on the local population to take early preventative action, (2) integrating support across multiple dimensions (health and social care, primary and secondary care, health and non-health sectors), (3) shifting resources out of hospitals and into primary care and (4) developing a new relationship between primary care and the communities it serves, involving them in decision making, developing and supporting community assets and promoting community and individual self-reliance.

How the local priorities were developed

The Care Strategy has been developed by the CCG in tandem with other components of the Health and Wellbeing Strategy, following the principles agreed by the Health and Wellbeing Board, which focus on prevention, working together, integration, assets and good governance for health and wellbeing. It was initially developed through a workshop with the Blackburn with Darwen CCG Senate, which includes at least one representative from every Practice, then a further workshop with all GPs. The aims and vision that came out of this session were further developed with clinicians, managers and public health professionals, to ensure the strategy reflected the best available evidence. Further consultation took place with the Health and Wellbeing Board and with under-represented communities and groups, such as people with disabilities. The Healthy Living Centre has delivered further engagement activities with local communities.
What we will do

The Care Strategy of the CCG aims to:

- Improve the quality and co-ordination of Primary Care, with GPs taking on more complex care with secondary care support.
- Integrate expanded Primary Health and Social Care Teams based on Practices.
- Shift resources and work to develop primary, home-based and self-care.
- Integrate primary and secondary care including an integrated in and out of hours urgent care system built around Practices.
- Focus on prevention, integrating support in primary care to address the determinants of health, empowering and mobilising communities to become increasingly self-reliant and promoting their participation in the planning and delivery of primary care.
- Patients will experience an integrated care system where both they and all providers have access to each other’s records where appropriate. They will experience Practices that are clearly embedded into their communities where they will easily access other support instead of just seeing the GP. They will experience a system that helps keep them out of hospital and have the right care (including specialist where appropriate) in or close to their Practice.

Specific actions within the Health and Wellbeing Strategy and Action Plan aligned to the objectives of the CCG Care Strategy are given in Appendix 2.
How will this strategy be delivered?

The Health and Wellbeing Board will be the principal statutory partnership through which this strategy will be managed and monitored. The CCG and the strategic partnership groups identified in the Action Plan will be called to account for delivery of the 5 priority programmes.

How we will influence mainstream decision making and investment

This first Health and Wellbeing Strategy has been developed during a period of preparation for the Council to take on new statutory public health responsibilities, from April 2013. With leadership from the Director of Public Health, and coordinated by the Specialist Public Health Team through its annual Business Plan, the Council will develop new local approaches to improving public health delivery, including:

- Senior public health expertise will be aligned to each Council Directorate
- Health in All Policies – key Council and NHS policies and programmes will be reviewed to identify opportunities to add public health value
- Introducing health impact assessment to identify opportunities to enhance or mitigate wellbeing and health impacts, as appropriate
- Developing a ‘settings’ based health programme for schools, hospital, neighbourhoods etc
- Working with the CCG to develop their commissioning plans and to ensure alignment with the Health and Wellbeing Strategy
- Facilitating ‘Accelerated Delivery Planning’ for 5 CCG clinical priorities (see page 34)
EXAMPLE: What is Accelerated Delivery Planning?

Aim:
To develop partnership wide solutions to address and recover areas of poor performance across a range of health and wellbeing priorities.

Objectives:
- Complete a robust analysis of priority
- Agree with partners short, medium and longer term solutions to address under performance
- Produce for each priority an Accelerated Delivery Plan (ADP) owned by all partners

Approach:
1. Desk-top review against delivery including:
   - Performance - likely trajectory if no additional interventions
   - Data analysis
   - Causal analysis
   - Definition of lead owning agency and named manager for target
   - Identify current stakeholders and interventions
   - Extent of public sector investment in the issue (prevention, service delivery investments, outcome failure costs)
   - Define which costs are under the control of the stakeholder group
   - Review of evidence base for effective action
   - Identify, where possible, why current interventions are not having the desired impact, and any perceived blockages to delivery
   - Gap analysis

2. Stakeholder workshop to:
   - Consider the analysis, giving particular consideration to current intervention and any blockages
   - Review stakeholder group and identify gaps/activities that non-listed partners could undertake
   - Define a list in priority order of effective interventions
   - Identify resources required to deliver effective interventions and whether these resources are existing or additional
   - Map current expenditure/activity against the evidence base and seek agreement for disinvestment/reinvestment decisions
   - Secure commitment to activities from all required partners
   - Translate agreed actions and outcomes into a partnership Accelerated Delivery Plan (ADP) agreed by each agency

Feedback from each of the workshops and copies of the ADPs will:
- Be presented to the Health & Wellbeing Board and CCG Board
- Form part of the Health and Wellbeing Board / CCG Strategic Planning process and be reported through the performance group

All items for action in the Accelerated Delivery Plan will be included within planning, commissioning, reporting and risk management systems for responsible partners.
10 Local strategies related to health and wellbeing

Below is a list of strategies and plans in Blackburn with Darwen that impact on health and wellbeing. They have all contributed to the development of this strategy and associated action plan.

**Cross Cutting:**
- 2030 Vision for Blackburn with Darwen
- Blackburn with Darwen Council Corporate Plan
- CCG Care Strategy
- CCG Single Integrated Plan
- Blackburn with Darwen Health Inequalities Action Plan
- Community Cohesion Strategy
- Volunteering Strategy

**Best start for children & young people:**
- Children’s Trust Plan
- Early Help Framework
- Infant Mortality Action Plan
- Child Poverty Plan
- Local Safeguarding Children’s Board Strategic Framework

**Safe & healthy homes and neighbourhoods:**
- Core Strategy
- Older Persons Housing and Wellbeing Strategy
- Homelessness Strategy
- Pennine Lancashire Housing Strategy
- Community Safety Strategy

**Promoting health and supporting people when they are unwell:**
- Alcohol Strategy
- Tobacco Strategy
- Healthy Weight Strategy
- Suicide Prevention Strategy
- Pennine Lancashire Cancer Strategy

**Older people’s independence and inclusion:**
- Positive about age, an Older People’s Strategy for Blackburn with Darwen

**Work & Health:**
- Economic Development Strategy
Summary of public and stakeholder consultation

The process of development of the Health and Wellbeing Strategy has been fundamentally based round a comprehensive programme of consultation and engagement with local residents, the community and voluntary sector and partner organizations. The development of the strategy was initially based on our existing robust understanding of the issues that matter to residents and the key priorities they would like the Council and Local Strategic Partnership to address. This approach began with the 2008 Place Survey and was continued in 2009/10 through a comprehensive research consultation and engagement process to develop the priority ambitions for Vision 2030. Further consultation and engagement following the 2010 Spending Review contributed to priorities. The sum of this understanding of the aspirations and priorities of our residents provides a robust base for our overall strategic aims.

Consultation and engagement for the strategy has been integrated into the process in two stages.

The first stage involved:
- a workshop with the Health and Wellbeing Board to present the Strategic Needs Assessment Story and to enable discussion of the broad strategic direction
- focus group discussions with residents to consider their views and ideas about health and wellbeing
- a workshop with the Blackburn with Darwen Families Health and Wellbeing Forum to enable community and voluntary sector organisations to discuss the issues and contribute their views
- presentations and discussions at key partnership fora, including the Children & Young People’s Trust, the 50+ Partnership and a Housing & Neighbourhoods workshop
- a radio Lancashire discussion on the Sally Naden show about health and wellbeing, with contributions from residents involved in health and wellbeing projects across Blackburn with Darwen.

The second stage was based on the consultation draft Health and Wellbeing Strategy, agreed by the Health and Wellbeing Board on 24th September 2012, and involved:
- formal consultation with residents, community and voluntary organisations and partners through providing the opportunity to comment on the draft
- design of key questions for stakeholders and promotion of the Strategy, and the opportunity to provide a response by post, email, or through the Council Website
- five workshops with key stakeholders, one for each of the key priorities
### Appendix 1 Health and Wellbeing Strategy 2012/13 Action Plan

#### Programme Area 1: Best Start for Children and Young People

<table>
<thead>
<tr>
<th>Key Action</th>
<th>Key Activities</th>
<th>By When</th>
<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
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</thead>
</table>
| **Improve the emotional and psychological wellbeing of children and young people** | To better understand poor emotional and psychological wellbeing of children and young people, its impact and how it can be tackled  
To build upon available data and to ensure all data and intelligence are brought together via an Integrated Strategic Needs Assessment of emotional and psychological wellbeing of children and young people locally. This should incorporate what emotional and psychological wellbeing means for young people and map what strategies currently support emotional wellbeing within Blackburn with Darwen.  
Explore how commissioned services for parents with poor mental health, including the prescription of anti-depressants, are supporting children, young people and their families and ways to improve such support so that the Thinking Family approach is delivered. | March 2013     | Child poverty  
Child mortality  
Hospital admissions unintentional / deliberate injuries <18yrs | Children, Young People and Families Trust  
BwD BC  
BwD CCG |
| **To work with key stakeholders to use local intelligence to further improve support for children and young people in relation to mental health and wellbeing** | Raise awareness and sign-posting of local mental health and wellbeing support and services, incorporating social media opportunities to include self-esteem / anti-stigma, from primary school through the educational years.  
Build on current universal services, focusing on early interventions and mental health and wellbeing.  
Develop strategies for early intervention and an integrated package of support for children and parents that focuses on assets within families and connects them to the wider community, systematically identifies people at high risk of ill health and offers easy access into a system of integrated support, thereby implementing the Thinking Family concept.  
NHS Community Services, Adult and Children’s social care services, third sector, voluntary and faith partnerships, GP practices, and Acute NHS providers will ensure that all information systems share data easily enabling access to records for all that need them at the right time and place. | March 2013     | Child poverty  
Child mortality  
Hospital admissions unintentional / deliberate injuries <18yrs | Children, Young People and Families Trust  
BwD BC  
BwD CCG |
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<thead>
<tr>
<th>Key Action</th>
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<tbody>
<tr>
<td><strong>Improve the emotional and psychological wellbeing of children and young people (cont’d)</strong></td>
<td>To work with key stakeholders to use local intelligence to further improve support for children and young people in relation to mental health and wellbeing.</td>
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<td></td>
<td>Review current training courses and develop a comprehensive mental health and wellbeing training programme, for staff, volunteers, family members and the general public.</td>
<td>Sept 2013</td>
<td>Child poverty</td>
<td>Children, Young People and Families Trust</td>
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<td></td>
<td>Ensure that the emotional and wellbeing theme of the healthy early years is implemented in key settings, including children’s centres. Schools review PHSE policy and work towards the Schools Agency Partnership Protocol (SAPP) which includes standards for quality delivery.</td>
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<td>Child mortality</td>
<td>BwD BC</td>
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<td></td>
<td>Promote and integrate ‘5 ways to wellbeing’ into the design of community and commissioned programmes for children and young people.</td>
<td>Sept 2013</td>
<td>Hospital admissions unintentional / deliberate injuries &lt;18yrs</td>
<td>BwD CCG</td>
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<td><strong>Ensure that Children and Young People remain safe and protected within and around their homes</strong></td>
<td>Support and encourage healthy behaviour in pregnancy and beyond, including maternal smoking, smoking in young people, alcohol use, physical activity, healthy eating.</td>
<td>March 2013</td>
<td>Infant mortality</td>
<td>Children, Young People and Families Trust</td>
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<td></td>
<td>CYP Trust Board to review the Infant Mortality Action Plan and provide regular reports on achievements and key challenges and identify added value activity.</td>
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<td>Child mortality</td>
<td>BwD BC</td>
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<td>Ensure that health services for children, young people and their families are of a high standard, reducing inequalities in access and outcomes.</td>
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<td>BwD CCG</td>
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<td></td>
<td>Ensure that the right care for children, young people and their families is provided in the right place and at the right time, reducing unplanned health and social care utilisation</td>
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<td></td>
<td>Improve cultural awareness and attitude to breastfeeding across BwD, including educational sessions for businesses, parents, grandparents and other relatives and friends.</td>
<td>March 2014</td>
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<td></td>
<td>Support Blackburn with Darwen’s Smoking In Pregnancy programme of work, focusing on the areas identified for improvement</td>
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<td>Reduce congenital anomalies and improve uptake of ante natal and new-born screening</td>
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<td>Key Action</td>
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<tr>
<td>Ensure that Children and Young People remain safe and protected within and around their homes (cont’d)</td>
<td>Support and encourage healthy behaviour in pregnancy and beyond, including maternal smoking, smoking in young people, alcohol use, physical activity, healthy eating. To support the delivery of the new school nursing model including developing school-specific action plans to target relevant issues To consider how to work with partners to recognise, record and support children and young people who are carers, i.e. standard check-point card system developed, which will enable the right support to be offered to such individuals. This should include consideration of access to activities such as those offered through re-fresh. Transport may be an issue where parents are being cared for.</td>
<td>Sept 2013</td>
<td>Infant mortality Child mortality</td>
<td>Children, Young People and Families Trust BwD BC BwD CCG</td>
</tr>
<tr>
<td>Scale up support to families through parenting programmes and ensure that they are delivered to high quality standards</td>
<td>Ensure that there are sufficient numbers of appropriately trained skilled key workers to support families to make positive parenting, health and wellbeing choices.</td>
<td>TBC</td>
<td>Infant mortality Child mortality Child poverty Hospital admissions unintentional / deliberate injuries &lt;18yrs</td>
<td>Children, Young People and Families Trust BwD BC BwD CCG</td>
</tr>
<tr>
<td>Support and encourage approaches to keep children and young people safe within and around their homes</td>
<td>Explore the opportunities to implement the Royal Society for the Prevention of Accidents (RoSPA) Safer Homes programme Introduce 20mph speed restrictions in residential areas across the Borough Ensure that children and young people are clearly recognised in the local Alcohol Strategy and incorporated into alcohol services. Ensure there is a focus on how the drinking behaviours of parents affects their children and families and that there is a champion identified who has clear responsibility and accountability to the H&amp;WB Board Provide a robust under-age sales of alcohol and tobacco enforcement strategy</td>
<td>March 2013</td>
<td>Child mortality Hospital admissions - unintentional / deliberate injuries &lt;18yrs</td>
<td>Children, Young People and Families Trust LSP Safe Group BwD BC BwD CCG</td>
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<tr>
<td>Key Action</td>
<td>Key Activities</td>
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<tr>
<td>Improve the quantity and quality of physical activity for our children and young people and families, focusing on our community schools and extending re:fresh into the school and local environment</td>
<td>To work with schools, re:fresh, youth centres, the third sector, independent sporting organisations and other key partners to challenge how physical activity is offered for children and young people and their families</td>
<td>March 2014</td>
<td>Child obesity</td>
<td>Children, Young People and Families Trust BwD BC</td>
</tr>
<tr>
<td>Commission integrated weight management and physical activity programmes</td>
<td>To work in a multi-disciplinary manner and establish a way of sharing good practice between schools, and between other key organisations, of what sporting and other facilities are available to children, young people and their families across the borough, e.g. offer a sport of choice for young people to increase physical activity; include ‘non-traditional school activities’; education in relation to the benefits of sport; availability of activities in the community or co-ordinated outreach to support young people to access activities further afield, such as a ‘gym bus’; introductory sessions to available services such as YouthZone delivered by schools.</td>
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<td>Expand the adult weight management service to include family based activities, focusing on healthy eating and physical activity.</td>
<td>Incorporate a family-based approach into wellbeing services, starting with the weight management service, and maintain parenting courses to ensure a balanced and healthy approach to eating and physical activity is promoted.</td>
<td>April 2013</td>
<td>Child obesity</td>
<td>Children, Young People and Families Trust BwD BC BwD CCG</td>
</tr>
<tr>
<td>Tackle social isolation and support older people’s feeling of being safe</td>
<td>To develop new and innovative ways to improve social connections across generations and social mixing</td>
<td>March 2013</td>
<td>Child poverty</td>
<td>Children, Young People and Families Trust 50+ Partnership</td>
</tr>
<tr>
<td>Work with the 50+ Partnership to understand the different perceptions of generations, promote intergenerational support and cohesion and consider how to break down barriers. Consider opportunities for skills share or volunteer exchange, and publicise positive activities – for example, older people in Youth Zone and younger people in older people’s centres.</td>
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<td>Key Action</td>
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<tr>
<td>Tackle youth unemployment by improving the skills and readiness of young people for work</td>
<td>Ensure young people have the right skills for life and to gain employment Conduct analysis to understand the gap between the skills needed and skills held by young people to access employment. Provide an overview of what support and training is available to help young people into work, paying attention to the additional barriers faced by some young people, such as those with a criminal record or who have been out of school for some time. Empower children and young people to develop life skills and support them to make safe and informed decisions. Investigate support available to young people for additional routes into employment such as entrepreneurship and volunteering. Consider approaches to enable young people out of work to 'earn', such as volunteer reward schemes and fundraising for group activities with a skills focus such as camping, orienteering or first aid training.</td>
<td>March 2014</td>
<td>16-18 years olds not in education, employment or training</td>
<td>Children, Young People and Families Trust</td>
</tr>
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</table>
### Programme Area 2: Work and Health

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<tr>
<th>Key Action</th>
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<th>By When</th>
<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
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</thead>
<tbody>
<tr>
<td><strong>Promote excellence in wellbeing at work</strong></td>
<td>Public Sector organisations and local businesses make a commitment to promote excellence in wellbeing at work</td>
<td></td>
<td>Work sickness absence</td>
<td>LSP Prosperous Group BwD BC BwD CCG</td>
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<td></td>
<td>Develop local assets to support workplace health</td>
<td>March 2014</td>
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<td></td>
<td>Expand mental health support for local employers.</td>
<td>March 2014</td>
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<td></td>
<td>Develop an employer workplace health support offer from the council, NHS and other partners.</td>
<td>March 2014</td>
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<td></td>
<td>Support employers to work towards achieving the standards outlined in the ‘Wellbeing at Work Charter’ with the public sector as leading exemplars</td>
<td>March 2014</td>
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<td></td>
<td>A full time travel plan coordinator will be employed to offer bespoke advice to key businesses</td>
<td>June 2013</td>
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<tr>
<td><strong>Public and private sector maximise local social value of major investments to promote local employment</strong></td>
<td>Public Sector organisations and local businesses will maximise the social value of commissioning decisions to promote local employment, particularly of disadvantaged groups and those with disabilities.</td>
<td>December 2013</td>
<td>Employment for those with a LTC Quality of life of people with a LTC</td>
<td>LSP Prosperous Group BwD BC BwD CCG</td>
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<td></td>
<td>Introduce integrated impact assessment (Economic, Health, Environment, Equality) on all major commissioning decisions, procurements and contracts to determine how proposals might improve the economic, social and environmental wellbeing and health of BwD.</td>
<td>December 2013</td>
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<td>Key Action</td>
<td>Key Activities</td>
<td>By When</td>
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<td><strong>Integrated employment support for people with long-term conditions and cancer</strong></td>
<td>Develop an integrated programme of employment support as part of a self-care package for people with long-term conditions, cancer and their carers. This will bring together support available through the Work Programme and Work Choices along with additional support for people in work and on sickness absence. All people with long-term conditions and their carers of working age will be offered support to stay in or return to work as part of this structured package of self-care.</td>
<td>March 2014</td>
<td>Work sickness absence</td>
<td>LSP Prosperous Group</td>
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<td></td>
<td>Establish employment as part of all working age assessment frameworks in Health and Social Care</td>
<td>March 2014</td>
<td>Employment for those with a LTC</td>
<td>BwD BC</td>
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<td></td>
<td>Develop risk sharing model for providing occupational health support for Small and Medium-sized Employers by maximizing the social value of occupational health services commissioned and provided by the public sector.</td>
<td>March 2014</td>
<td>Quality of life of people with a LTC</td>
<td>BwD CCG</td>
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<td>Develop employment support pathway across health and social care as part of an integrated wellbeing service involving the Work Programme and Work choice. A full time Job Centre Travel Advisor to be employed to assist the Job Centre, training providers and businesses to remove transport barriers to accessing employment and training opportunities.</td>
<td>June 2013</td>
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<tr>
<td><strong>Frontline staff coming into contact with those out of work will be able to offer or signpost people to support, for mental health, stress and health improvement.</strong></td>
<td>Improve health outcomes for people out of work.</td>
<td>March 2014</td>
<td>Wellbeing Indicator</td>
<td>LSP Prosperous Group</td>
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<tr>
<td></td>
<td>Provide mental health awareness training for frontline staff and community members e.g. Mental Health First Aid. Develop health promotion role in Job Centres and with Work Programme providers.</td>
<td>March 2014</td>
<td>Quality of life of people with a LTC</td>
<td>BwD BC</td>
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<tr>
<td></td>
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<td>December 2013</td>
<td>Employment for those with a LTC</td>
<td>BwD CCG</td>
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## Transformational Programme Area 3: Safe and healthy homes and neighbourhoods

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<tr>
<th>Key Action</th>
<th>Key Activities</th>
<th>By When</th>
<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce levels of poor and unfit housing occupied by vulnerable groups and promote development of new housing solutions for older people</td>
<td>Scale up the Decent and Safe Homes (DASH) service to ensure that vulnerable residents have access to housing support to improve the standard of their housing and prevent accidents in the home</td>
<td>Effectively market the Home Improvement Agency (HIA) to target groups</td>
<td>March 2014</td>
<td>LSP Environment Group, BwD BC, BwD CCG</td>
</tr>
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<td></td>
<td>Integrate housing needs assessment into health and social care services assessment with established referral pathways into the HIA</td>
<td>Integrate Disabled Facilities Grants and fitting of minor adaptations/aids with all other DASH services to ensure holistic solution.</td>
<td>Admissions to residential and nursing care, Excess winter deaths, Fuel poverty</td>
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<td></td>
<td>Explore the opportunity for an asset-based model to assist with handyperson tasks and energy efficiency advice (e.g. through use of a timebank / volunteering etc.)</td>
<td>Continue the GLOW pilot with funding for referral systems and marketing to ensure integration of GLOW referral into health and social care activity</td>
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<td></td>
<td>Establish emergency fund for vulnerable clients who cannot access funding or lack capital</td>
<td>Evaluate the DASH programme in order to inform future delivery model and funding options including recommendations for innovative services in line with best practice and legislative changes</td>
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<td></td>
<td>Use GP practices’ risk stratification to target housing support at vulnerable people most at risk of poor health outcomes.</td>
<td>Explore the potential to mainstream funding and lever in additional resources</td>
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<td>Key Action</td>
<td>Key Activities</td>
<td>By When</td>
<td>Outcome Indicator</td>
<td>Lead Responsibility</td>
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<tr>
<td><strong>Reduce levels of poor and unfit housing occupied by vulnerable groups and promote development of new housing solutions for older people (cont’d)</strong></td>
<td>Drive up quality in the private rented sector by introducing schemes for the licensing and accreditation of private landlords</td>
<td>Launch Pennine Lancashire Landlord Accreditation Scheme with capacity for inspection Support and encourage training and development of landlord organisations Introduce selective licensing in Griffin area in 2012/13 and consider introduction of selective licensing in further areas in 2013/14 with adequate capacity to perform house inspection and enforcement</td>
<td>March 2013</td>
<td>Excess winter deaths Fuel poverty</td>
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<td></td>
<td>Improve standards and control of Houses in Multiple Occupation (HMOs) occupied by vulnerable people</td>
<td>Coordinate multi agency action to enforce housing standards and housing benefit compliance and develop planning policies to restrict increase in number of HMOs, address issues of anti-social behaviour and crime and restrict referrals of vulnerable people into the Borough</td>
<td>March 2013</td>
<td>Excess winter deaths Fuel poverty Wellbeing indicator</td>
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<td></td>
<td>Promote specialised and affordable housing developments for older people including development of 50+ living schemes</td>
<td>Review existing housing support provided in 50+ housing and assess impact of welfare reform changes and changes to Extra Care / Supporting People contracts Develop programmes to deliver Retirement Villages for Over 50s</td>
<td>March 2014</td>
<td>Admissions to residential and nursing care Excess winter deaths Fuel poverty Wellbeing indicator</td>
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<tr>
<td>Key Action</td>
<td>Key Activities</td>
<td>By When</td>
<td>Outcome Indicator</td>
<td>Lead Responsibility</td>
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| Reduce levels of fuel poverty by improving the energy efficiency of housing across the social gradient and affordability of fuel for those in poverty | Ensure programmes are available to make homes more energy efficient, accessing external funding where feasible to address need e.g. replacement of non-fuel efficient boilers & more effective home insulation  
Work with local providers and other local authorities to maximize future take up of funding through the Green Deal and Energy Company Obligation (ECO)  
Maximise funding particularly for the hard to treat homes to address fuel poverty  
Ensure tie in with Winter Warmth Plan and Affordable Warmth Strategy and alignment with Home Energy Conservation Act proposals  
Improve profile of energy rating including tackling future minimum standards in private rented sector | March 2013 | Excess winter deaths  
Fuel poverty  
Wellbeing indicator             | LSP Environment Group  
BwD BC                          |
| Improve the quality of the physical environment and encourage use of green spaces and activities such as walking and cycling | Implement BwD CONNECT Project  
Travel plan coordinator employed to advise key businesses  
New investment to encourage cycling including adult cycle training, update mapping of the borough’s cycling network and a number of capital schemes  
Living Streets will work with local communities and businesses to develop local walking routes  
Personalised journey plans offered to 2,500 people each year | March 2013 - 2015 | Access and use of green space for exercise / health  
Excess weight in adults  
Physical activity in adults  
Childhood obesity  
Wellbeing indicator             | BwD BC                          |
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<th>Key Action</th>
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<th>Lead Responsibility</th>
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<tbody>
<tr>
<td><strong>Tackle social isolation by improving social connections at neighbourhood level</strong></td>
<td>measure the levels of wellbeing of the local population</td>
<td>March 2013</td>
<td>Wellbeing Indicator</td>
<td>Health and Wellbeing Board BwD BC BwD CCG</td>
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<td></td>
<td>Participate in the North West Wellbeing Survey 2012 Local analysis of 500 sample dataset</td>
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<td>promote and integrate the ‘5 ways to wellbeing’ into the design of community programmes</td>
<td>March 2013</td>
<td>Wellbeing Indicator</td>
<td>Health and Wellbeing Board BwD BC BwD CCG</td>
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<td></td>
<td>raise awareness of the campaign to promote the 5 ways to wellbeing message</td>
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<td>deliver Mental Wellbeing Impact Assessments (MWIA) on projects and programmes</td>
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<td>services and projects to include the assessment of wellbeing pre and post intervention (eg. SWEMWBS)</td>
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<td><strong>Use planning, transport, environment and enforcement systems to improve health</strong></td>
<td>make better use of the planning, transport, environment and enforcement systems to address the wider determinants of health and reduce health inequalities</td>
<td>March 2014</td>
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<td></td>
<td>Introduce 20mph speed restrictions in residential areas across the Borough Involve communities in making decisions about local infrastructure development, such as availability of fast-food outlets Maintain a program of education and enforcement with alcohol and tobacco retailers to avoid the sale of these products to under 18 year olds and tackle the emerging issue of shisha smoking. Use health impact assessment of key proposals to identify opportunities to add public health value.</td>
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<td>March 2014</td>
<td>Child pedestrian deaths and serious injuries Excess weight in adults Childhood obesity Adult smoking prevalence Alcohol-related hospital admissions Access and use of green space for exercise / health</td>
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<td>LSP Environment Group BwD BC BwD CCG</td>
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## Transformational Programme Area 4: Promoting health and supporting people when they are unwell

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<th>Key Action</th>
<th>Key Activities</th>
<th>By When</th>
<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
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<tbody>
<tr>
<td>Use intelligence and evidence on the local population to take early preventative action, maximising health benefits</td>
<td>Expand and develop systems to identify high risk groups and take action to improve outcomes.</td>
<td>March 2014</td>
<td>Time spent in hospital by people with a LTC</td>
<td>Health and Wellbeing Board</td>
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<tr>
<td></td>
<td>Increase uptake of national screening programmes, particularly amongst the most disadvantaged groups.</td>
<td>March 2014</td>
<td>Quality of life of people with a LTC</td>
<td>BwD BC</td>
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<tr>
<td></td>
<td>Use primary care information systems to identify people at risk of long-term conditions and cancer,</td>
<td>March 2014</td>
<td>Potential Years of Life Lost (PYLL) from causes considered amenable to Healthcare</td>
<td>BwD CCG</td>
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<td>particularly people with learning disabilities, proactively invite these people for health checks and take action to reduce health risks.</td>
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<td>Use all available information to identify people with long-term conditions and cancer that are undiagnosed or receiving sub-optimal treatment and level up the performance of GP practices to that of the best performing.</td>
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<td></td>
<td>Achieve full coverage of NHS health checks, with take-up by disadvantaged groups at least as good as general population.</td>
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<td></td>
<td>Develop risk stratification tools to identify people at high risk of unplanned health and social care utilisation and proactively take action to reduce this risk.</td>
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<td></td>
<td>March 2013</td>
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<td>Key Activities</td>
<td>By When</td>
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<tr>
<td>Ensure access</td>
<td>Develop an integrated information system across a wide range of wellbeing services to enable the coordination of self-care packages and the tracking of people through services to demonstrate access and outcomes. Establish single point of access to integrated wellbeing services from social care, primary care, Job Centre Plus and other services, aligned with the plans for the Centre for Independent Living. Ensure rapid access to psychological therapy support that is integrated with support to address the wider causes of psychological distress (e.g. Employment, Debt, Housing, Drug and Alcohol services).</td>
<td>June 2013</td>
<td>Potential Years of Life Lost from causes considered amenable to Healthcare. Excess weight in adults. Physical activity in adults. Adult smoking prevalence. Successful completion of drug treatment. Alcohol-related admissions to hospital.</td>
<td>Health and Wellbeing Board. BwD BC. BwD CCG.</td>
</tr>
<tr>
<td>Signposting</td>
<td>Develop Self Care Coordination / Navigator role linked to GP practices using third sector provision alongside current Health Trainer resource. Ensure all frontline staff in the NHS, Council Job Centre Plus and public and voluntary agencies are competent to offer brief but appropriate advice, including signposting to services, as part of their everyday contact with patients and users of services.</td>
<td>June 2013</td>
<td></td>
<td>Health and Wellbeing Board. BwD BC. BwD CCG.</td>
</tr>
<tr>
<td>Support self-care</td>
<td>GP practices work with the Council and community sector to develop a structured package of self-care for people with long-term conditions and cancer. Develop peer and social media based support for behaviour change.</td>
<td>June 2014</td>
<td></td>
<td>Health and Wellbeing Board. BwD BC. BwD CCG.</td>
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<td>Key Action</td>
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</table>
| **Apply the COPC Principles:**                                           | Work with GP practices to maximise the opportunities for their patients to access available support to deal with the range of social issues that affect their health. Provide support, education and development to ensure maximum uptake of Community Orientated Primary Care by GP practices. Integrate and streamline urgent care services to provide a single point of access for the population of Pennine Lancashire. This 'one stop shop', known as the 'Integrated Urgent Care Model', will enable more rapid assessment and early sign-posting into the most appropriate pathway of care. Improve the quality and co-ordination of Primary Care, with GPs taking on more complex care with secondary care support including developing community based services that keep people out of hospital and provide the right care close to where they live including:  
- Community pathway for Deep Vein Thrombosis.
- Expanded Tele-Health Care.
- Community Diabetes service.                                                                 | March 2014 | Excess weight in adults  
Physical activity in adults  
Adult smoking prevalence  
Successful completion of drug treatment  
Alcohol-related admissions to hospital  
Time spent in hospital by people with a LTC  
Quality of life of people with a LTC  
Wellbeing Indicator  
Older people engaged in Good Neighbour schemes | BwD CCG  
BwD BC |
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<tr>
<th>Key Action</th>
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<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and implement a Recovery model for Drug and Alcohol Services</td>
<td>Develop a RAP (Recovery Access Pilot) involving a range of recovery support volunteers as advocates, mentors and navigators which will improve links to mainstream services at earlier opportunities.</td>
<td>March 2014</td>
<td>Successful completion of drug treatment</td>
<td>Health and Wellbeing Board</td>
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<tr>
<td></td>
<td>Improve recovery and life planning processes, considering holistic behaviour change by encouraging the use of the recovery star at the earliest opportunity to enhance individual ownership and responsibility.</td>
<td>March 2014</td>
<td>Alcohol-related admissions to hospital</td>
<td>DAAT</td>
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<td></td>
<td>Build on developments in relation to peer and social media based support, self-help and mutual aid whilst also recognising the need for long-term condition management.</td>
<td>March 2014</td>
<td></td>
<td>BwD BC</td>
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<tr>
<td></td>
<td>Establish and develop social enterprise opportunities to grow the assets based community development model for recovery, improving community connectedness and social integration whilst reducing stigma.</td>
<td>March 2014</td>
<td></td>
<td>BwD CCG</td>
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<tr>
<td></td>
<td>Develop an education and employment strategy to improve the knowledge and skills of the workforce and recovery volunteers, and improve the employability of those in recovery.</td>
<td>March 2014</td>
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<tr>
<td>Key Action</td>
<td>Key Activities</td>
<td>By When</td>
<td>Outcome Indicator</td>
<td>Lead Responsibility</td>
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<tr>
<td>Build and develop community assets for health</td>
<td>Establish a neighbourhood-based model for providing integrated public services that build on community assets. Develop an asset-based community development role that mobilises community assets and promotes opportunities for service users to contribute to their communities and benefit from activities taking place within them. Train front-line staff and community members in asset-based approaches. Establish opportunities for service users and public sector staff to engage in volunteering. Use ‘Your Call’ to promote health and well-being, using strength-based, solution-focused community engagement.</td>
<td>March 2014</td>
<td>Excess weight in adults Physical activity in adults Adult smoking prevalence Successful completion of drug treatment Alcohol-related admissions to hospital Time spent in hospital by people with a LTC Quality of life of people with a LTC Wellbeing Indicator Older people engaged in Good Neighbour schemes Hospital admissions unintentional / deliberate injuries &lt;18yrs Access and use of green space for exercise / health</td>
<td>LSP Connected Group BwD BC BwD CCG</td>
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<td>Key Action</td>
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<td>By When</td>
<td>Outcome Indicator</td>
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</tbody>
</table>
| Implement evidence-based health improvement strategies and interventions to reduce health inequalities (cont’d) | Make healthy choices easier  
  - Continue to provide free access to leisure facilities  
  - Implement and enforce borough-wide fast-food restriction policy to reduce number and concentration of fast-food outlets  
  - Advocate for and enforce alcohol minimum pricing and licensing of tobacco retailers  
  - Encourage appropriate large businesses to support communities through the Public Health Responsibility Deal  
  - Ensure that food businesses in the Borough are following compositional labeling rules.  
  - Use health impact assessment to influence planning, transport, housing, environment and enforcement systems to support healthy choices. | Ongoing  
  March 2013  
  March 2014  
  March 2014  
  March 2014  
  March 2014 | Excess weight in adults  
  Physical activity in adults  
  Child obesity  
  Adult smoking prevalence  
  Alcohol-related admissions to hospital  
  Quality of life of people with a LTC  
  Wellbeing Indicator  
  Older people engaged in Good Neighbour schemes | Health and Wellbeing Board  
  BwD BC  
  BwD CCG |
| Develop Healthy Settings                          | Implement Healthy Early Years Settings Award (nurseries, toddler groups and Children’s Centres).  
  Develop and implement Recipe4health catering business award scheme  
  Develop a workplace health offer and support ELHT, BwD BC and other local employers in working towards achieving the ‘Wellbeing at Work’ Charter | March 2014  
  Ongoing  
  March 2014 | Hospital admissions unintentional / deliberate injuries <18yrs  
  Access and use of green space for exercise / health | Health and Wellbeing Board  
  BwD BC  
  BwD CCG |
### Transformational Programme Area 5: Promoting older peoples’ independence and social inclusion

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<th>Key Action</th>
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<th>By When</th>
<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
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</table>
| **Improving older people’s access to transport**                           | Increase the flexibility and range of transport available to older people.  
Increase the potential to develop a local ‘demand-responsive transport’ service for people not on a bus route  
Run a pilot ‘demand-responsive transport’ service in part of the Borough and report on next steps / options  
Complete and implement Regional patient transport re-procurement | Autumn 2012  
March 2013  
April 2013 | Access to transport | BwD Council  
BwD CCG |
| Work with key stakeholders to use passenger data and feedback to challenge both commissioned transport services and commercial bus companies. | Gather data on public transport as part of the 50+ Partnership IMPACT project and feedback to the commercial bus companies  
Establish a robust and responsive way of using available data on the community transport service, including user feedback, to drive systematic service improvement, including monitoring the impact of recent changes and evaluating new service trials | March 2013 | Access to transport | 50+ Partnership  
BwD Council  
Bus companies |

| **Tackling social isolation in older people**                              | To better understand social isolation in older people; who, where, when, why, its impact and how it can be tackled.  
Undertake an Integrated Strategic Needs Assessment of social isolation in older people locally. | March 2013 | Older people engaged in Good Neighbour schemes | 50+ Partnership  
BwD Council  
BwD CCG |
| Develop strong and sustainable networks within local communities and help individuals and groups to develop and use their natural skills and talents, strengths and assets. | Review existing Health and Social Care commissioned services and consider options for remodelling e.g.  
• incentivise opportunities for older people to engage in community networks.  
• support the continued, organic development, of smaller groups, whether new or already established e.g. Contact the Elderly, Our Caring Neighbourhood  
Promote learning and development opportunities for older people.  
Celebrate the contribution of older people e.g. through volunteering | March 2014 | Older people engaged in Good Neighbour schemes  
Admissions to residential and nursing care homes | BwD Council  
BwD CCG  
50+ Partnership |
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<tr>
<th>Key Action</th>
<th>Key Activities</th>
<th>By When</th>
<th>Outcome Indicator</th>
<th>Lead Responsibility</th>
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<tbody>
<tr>
<td>Older people will be safe, and be free from abuse, in their homes and outside</td>
<td>To promote partnership working across all the relevant agencies to address the issues that support older people’s feeling of being safe.</td>
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<td>Joint activity with Children and Young People Trust to promote intergenerational cohesion</td>
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<td>Joint action to make streets feel safer through reduced speed limits, safe pavements and appropriate security measures</td>
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<td>Promote community togetherness campaigns</td>
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<td>Address the negative impact that media headlines can have on people’s perception of levels of crime.</td>
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<td>Maintain and, where appropriate, extend the number of No Cold Calling Zones in the Borough.</td>
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<td>March 2013</td>
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<td>Safeguarding Vulnerable People</td>
<td>50+ Partnership BwD BC</td>
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<td>To encourage a corporate and partnership (inc. VCF Sector) approach to safeguarding older people within their own homes and outside.</td>
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<td>The communications and engagement strategy for safeguarding adults be revisited so that the most effective methods of communication are employed.</td>
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<td>Strengthen multi-agency (inc. VCF Sector) communication and awareness of safeguarding by commissioning an LSAB website</td>
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<td>Enhance the current LSAB e-learning portal and induction for all council staff, partners and councillors.</td>
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<td>Strengthen councillor and senior officer involvement - community leaders with responsibility for vulnerable adults in the Borough.</td>
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<td>Build on “Your Call” in the community with a “Look out for your neighbour” theme.</td>
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<td>March 2013</td>
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<td>Safeguarding Vulnerable People</td>
<td>Local Safeguarding Adults Board 50+ Partnership</td>
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<tr>
<td>Older people will be safe, and be free from abuse, in their homes and outside (cont’d)</td>
<td>Strengthen and improve the Care Home Quality Scheme, including using the views of service users as ‘experts by experience’ and explore similar schemes for other health and social care services. Establish / commission VCF Sector to develop a team of volunteer peer reviewers to provide key evidence for • Care Home service quality reviews • Domiciliary and Day care services reviews • Acute hospital care Ensure that health services for older people are of a high standard, reducing inequalities in access and outcomes.</td>
<td>March 2013</td>
<td>Safeguarding Vulnerable People</td>
<td>BwD Council BwD CCG HealthWatch</td>
</tr>
<tr>
<td>Promoting older people’s independence and choice</td>
<td>Deliver integrated health and Adult Social Care Teams for the purpose of improving health and supporting Primary Care based services.</td>
<td>Deliver a model of integrated health and social care teams initially targeted at people of high risk of emergency admission based on a “virtual ward” Model. NHS Community Services, Adult Social Care services, GP practices and acute NHS providers will ensure that all information systems share data easily, enabling access to records for all that need them at the right time and place. This should include ensuring that social care systems will include the NHS number as the unique identifier. Commission community service providers to integrate their teams with General Practice teams and social care.</td>
<td>March 2013</td>
<td>Admissions to residential and nursing care homes Time spent in hospital by people with a LTC</td>
</tr>
<tr>
<td></td>
<td>Develop integrated pathways for people with long-term conditions across primary and secondary care.</td>
<td>Deliver integrated models of care for people with Long-Term Conditions including providing specialist consultant support within primary care e.g consultants and hospital based Diabetes Specialist Nurses to undertaking sessions in community bases.</td>
<td>March 2014</td>
<td>Admissions to residential and nursing care homes Time spent in hospital by people a LTC</td>
</tr>
<tr>
<td>Key Action</td>
<td>Key Activities</td>
<td>By When</td>
<td>Outcome Indicator</td>
<td>Lead Responsibility</td>
</tr>
<tr>
<td>------------</td>
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<td>---------------------</td>
</tr>
<tr>
<td><strong>Promoting older people’s independence and choice</strong></td>
<td>Ensure that older people know where to go for the advice and information they need, to maximise their independence and social inclusion</td>
<td>April 2013</td>
<td>Admissions to residential and nursing care homes</td>
<td>50+ Partnership BwD BC</td>
</tr>
<tr>
<td></td>
<td>Promote advice and information to older people on • transport availability • safeguarding • services that promote independence and choice – Care Network, DASH, Housing Choices, Assistive Technologies • Benefit entitlements / availability of benefit checks Develop ‘Your Support, Your Choice’ website to enable carers and vulnerable adults to make better choices Ensure that any broader review of Advice &amp; Information Services should consider commissioning a ‘holistic’ approach to the needs of clients / customers</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extend the benefits for independence and quality of life of assistive and digital technologies, aids and adaptations to a broader range of people</td>
<td>March 2014</td>
<td>Admissions to residential and nursing care homes</td>
<td>50+ Partnership BwD BC</td>
</tr>
<tr>
<td></td>
<td>Extend the offer of telecare to specific older persons group for no or minimal charge. Offer telecare pilot scheme to Care Homes Develop the use of Telehealth to support older people with long-term health conditions to be in control of the management and maintenance of their health. Work with local accredited Retailers to provide a Telecare service for people to self-fund. Promote access to IT learning opportunities and support through neighbourhood services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Action</td>
<td>Key Activities</td>
<td>By When</td>
<td>Outcome Indicator</td>
<td>Lead Responsibility</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>---------</td>
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<td>---------------------</td>
</tr>
<tr>
<td>Maximising older people’s claims for benefit entitlements</td>
<td>Ensure that the impact of Welfare Reforms are fully evaluated and understood, and that appropriate mitigating action is taken by public sector and VCF organisations. Ensure that a Debt, Welfare and Housing Advice Service that offers a wide range of appropriate and accessible advice and information is accessible to older people, including facilitating access through primary and social care and community organisations used by older people. Ensure the 50+ Partnership is fully involved in local action to mitigate the impact of Welfare Reform and lobbies strongly on behalf of Older People. To fully understand the impact of Welfare Reform on older people in the Borough the 50+ Partnership will hold a series of seminars and workshops on Welfare Reform and its local impact</td>
<td>April 2013</td>
<td>Income deprivation affecting older people</td>
<td>50+ Partnership BwD BC</td>
</tr>
</tbody>
</table>
## Appendix 2: Links between the CCG Care Strategy and the Health and Wellbeing Strategy

<table>
<thead>
<tr>
<th>Care Strategy Objective</th>
<th>Key actions in HWB Strategy</th>
<th>HWB Strategy Programme area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving the quality and co-ordination of Primary Care, with GPs taking on more complex care with secondary care support.</td>
<td>Commission community service providers to integrate their teams with General Practice teams and social care.</td>
<td>BS</td>
</tr>
<tr>
<td>Integrating expanded Primary Health and Social Care Teams based on Practices.</td>
<td>Build on current universal services to develop an integrated package of support for children and parents that focuses on assets within families and connects them to the wider community, systematically identifies people at high risk of ill health and offers easy access into a system of integrated support.</td>
<td>BS</td>
</tr>
<tr>
<td></td>
<td>Develop integrated, expanded Health and Adult Social Care Teams linked to groups of GP practices.</td>
<td>BS</td>
</tr>
<tr>
<td></td>
<td>Ensure rapid access to psychological therapies support, that is integrated with support to address the wider causes of psychological distress (e.g. Employment, Debt, Housing, Drug and Alcohol services)</td>
<td>BS</td>
</tr>
<tr>
<td>Shifting resources and work to develop Primary, home based and self care</td>
<td>Extend the benefits for independence and quality of life of assistive and digital technologies, aids and adaptations, to a broader range of people.</td>
<td>BS</td>
</tr>
<tr>
<td>Integrating primary and secondary care including an integrated in and out of hours urgent care system built around Practices</td>
<td>Develop integrated pathways for people with long-term conditions across primary and secondary care.</td>
<td>BS</td>
</tr>
<tr>
<td>A strong emphasis on prevention, integrating support to address the determinants of health, empowering and mobilising communities to become increasingly self-reliant and promoting their participation in the planning and delivery of primary care.</td>
<td>Develop population based risk stratification using all the available information on out population to predict and prevent.</td>
<td>BS</td>
</tr>
<tr>
<td>Care Strategy Objective</td>
<td>Key actions in HWB Strategy</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>A strong emphasis on prevention, integrating support to address the determinants of health, empowering and mobilising communities to become increasingly self-reliant and promoting their participation in the planning and delivery of primary care.</td>
<td>Develop an Integrated Wellbeing and self care Service including Self Care Coordination/ Navigator role linked to GP practices and incorporate a family based approach into wellbeing services, starting with weight management service. Ensure all frontline staff are competent to offer brief but appropriate advice, including signposting to services, as part of their everyday contact with patients and users of services. Ensure that a Debt, Welfare and Housing Advice Service offers a wide range of appropriate advice and information, that is accessible to older people, including facilitating access through primary and social care and community organisations used by older people. An integrated programme of employment support will be developed as part of a self-care package for people with long-terms conditions. This will bring together support available through the Work Programme and Work Choices along with additional support for people in work and on sickness absence. All people with long-term conditions of working age will be offered support to stay in or return to work as part of this structured package of self-care. Work with GP practices to maximise the opportunities for their patients to access available support to deal with the range of social issues that affect their health. Use all available information to identify people with long-term conditions that are undiagnosed or receiving sub-optimal treatment and “level up” the performance of GP practices in managing these conditions to that of the best performing.</td>
<td></td>
</tr>
<tr>
<td><strong>HWB Strategy Programme area</strong></td>
<td>BS</td>
<td>HW</td>
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</tbody>
</table>
| | | ✓ | ✓ | | }

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Blackburn with Darwen Joint Health & Wellbeing Strategy 2012-2015

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60
<table>
<thead>
<tr>
<th>Care Strategy Objective</th>
<th>Key actions in HWB Strategy</th>
<th>BS</th>
<th>HW</th>
<th>HH</th>
<th>PH</th>
<th>OP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A strong emphasis on prevention, integrating support to address the determinants of health, empowering and mobilising communities to become increasingly self-reliant and promoting their participation in the planning and delivery of primary care.</td>
<td>Use primary care information systems to identify people at risk of long-term conditions and cancer, particularly people with learning disabilities, proactively invite these people for health checks and take action to reduce health risks. Provide support, education and development to ensure maximum uptake of Community Orientated Primary care by GP practices.</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Patients will experience an integrated care system where both they and all providers have access to each others’ records where appropriate, they will experience Practices that are clearly embedded into their communities where they will easily access other support instead of seeing the GP, they will experience a system that keeps them out of hospital and helps them have the right care (including specialist where appropriate) in or close to their Practice.</td>
<td>NHS Community Services, Adult and Children’s social care services, GP practices, and Acute NHS providers will ensure that all information systems share data easily enabling access to records for all that need them at the right time and place. Develop an integrated information system across a wide range of wellbeing services to enable the coordination of self-care packages and the tracking of people through services to demonstrate access and outcomes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3 Links between the Council Corporate Plan and the Health and Wellbeing Strategy

<table>
<thead>
<tr>
<th>Corporate Plan</th>
<th>Key Council Priorities</th>
<th>HWB Strategy &amp; Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic objectives</strong></td>
<td></td>
<td>BS</td>
</tr>
<tr>
<td></td>
<td>Creating more jobs and supporting business to grow</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Improving housing quality and building more houses</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Improving health and well-being</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Improving outcomes for our young people – education and skills</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Supporting and helping the most vulnerable people</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Supporting households in difficult financial times</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Managing the impact of national reforms on residents and the Council</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Working with you – developing local solutions via local problem solving</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Delivering high quality services</td>
<td>✓</td>
</tr>
<tr>
<td><strong>The Leader’s portfolio</strong></td>
<td></td>
<td>BS</td>
</tr>
<tr>
<td></td>
<td>Community cohesion and Equalities</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Delivering Your Call and Engagement with residents</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Driving and developing key partnerships</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Supporting a vibrant, effective and active Voluntary sector</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increasing public satisfaction and improving the reputation of Blackburn with Darwen for its residents</td>
<td>✓</td>
</tr>
</tbody>
</table>

Blackburn with Darwen Joint Health & Wellbeing Strategy 2012-2015
<table>
<thead>
<tr>
<th>Corporate Plan</th>
<th>Key Council Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Development and implementation of the Health and Wellbeing Board and Strategy, and the Integrated Strategic Needs Assessment</td>
</tr>
<tr>
<td></td>
<td>Improved integration of public health commissioned programme</td>
</tr>
<tr>
<td></td>
<td>Health improvement and reduced inequalities</td>
</tr>
<tr>
<td></td>
<td>Engagement and building community capacity</td>
</tr>
<tr>
<td></td>
<td>Independence through preventative support</td>
</tr>
<tr>
<td></td>
<td>Integrated support for people with significant needs and their carers</td>
</tr>
<tr>
<td></td>
<td>Choice, control and enablement</td>
</tr>
<tr>
<td></td>
<td>Safeguarding vulnerable people</td>
</tr>
<tr>
<td>Adult Social Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>Delivering the budget strategy and reviewing the assumptions made within the Medium Term Financial Strategy and delivering our transformation programme</td>
</tr>
<tr>
<td></td>
<td>Supporting our residents through the changes of welfare reform and responding to the localisation of council tax support arrangements</td>
</tr>
<tr>
<td></td>
<td>Delivering our ICT strategy, channel shift and flexible ways of working to improve services</td>
</tr>
<tr>
<td></td>
<td>Continuing with our review of accommodation and linking to the wider reviews of property and assets</td>
</tr>
<tr>
<td></td>
<td>Promoting organisational development and maintaining effective partnerships with employees throughout our transformation</td>
</tr>
<tr>
<td>Corporate Plan</td>
<td>Key Council Priorities</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Regeneration</strong></td>
<td>Creating more jobs and especially jobs for local people</td>
</tr>
<tr>
<td></td>
<td>Working proactively with local businesses / delivering the Open for Business Campaign</td>
</tr>
<tr>
<td></td>
<td>Improving skills to allow local people to access local jobs</td>
</tr>
<tr>
<td></td>
<td>Promoting successful town centres, including sustainability of markets</td>
</tr>
<tr>
<td></td>
<td>Delivering long-term investment in major capital and infrastructure projects, including highways and transportation</td>
</tr>
<tr>
<td><strong>Neighbourhoods, Housing and Customer Services</strong></td>
<td>Providing a strong sustainable Neighbourhoods service to help the Council engage with its communities, build capacity, develop skills and collaborate to best co-ordinate resources</td>
</tr>
<tr>
<td></td>
<td>Manage the Housing and Customer Service impact of Welfare Reform on the communities of the Borough</td>
</tr>
<tr>
<td></td>
<td>Ensure an effective and efficient public protection service to minimise risks to our communities and the potential harm</td>
</tr>
<tr>
<td></td>
<td>Ensure new commissioning arrangements on health and community safety are effective in meeting the needs of the Borough</td>
</tr>
<tr>
<td></td>
<td>Delivering a quality housing offer, to improve the choice and availability of new homes and address the issues related to private sector housing</td>
</tr>
</tbody>
</table>
## Corporate Plan

<table>
<thead>
<tr>
<th>Key Council Priorities</th>
<th>HWB Strategy &amp; Principles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Environment</strong></td>
<td>BS</td>
</tr>
<tr>
<td>Working with residents to improve the appearance and cleanliness of their streets and open spaces, particularly through the Your Call campaign</td>
<td>✓</td>
</tr>
<tr>
<td>Increasing recycling and diverting waste from landfill whilst delivering a quality waste service</td>
<td>✓</td>
</tr>
<tr>
<td>Managing and responding to flooding and other environmental risks</td>
<td></td>
</tr>
<tr>
<td>Helping our residents to improve their health and well-being by providing high quality green and open spaces</td>
<td>✓</td>
</tr>
<tr>
<td>Improving community well-being by delivering effective licensing and enforcement activities, particularly in relation to alcohol and tobacco abuse and noise nuisance</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Children’s Services</strong></td>
<td>BS</td>
</tr>
<tr>
<td>Strengthening the voice and influence of the child (especially the most vulnerable) and increasing the impact of their voice in the design and delivery of services</td>
<td>✓</td>
</tr>
<tr>
<td>Review with partners all of the commissioning functions in Children’s Services including our priorities and in particular the health interface</td>
<td>✓</td>
</tr>
<tr>
<td>Continue to build on successful partnerships to design and implement a locally delivered, more targeted and affordable early help strategy</td>
<td>✓</td>
</tr>
<tr>
<td>To change the way we deliver our social care services in-line with national and legal Ofsted requirements</td>
<td>✓</td>
</tr>
<tr>
<td>To develop a new integrated holistic service for children and young people with complex needs 0 – 25 and their families</td>
<td>✓</td>
</tr>
<tr>
<td>Corporate Plan</td>
<td>Key Council Priorities</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Schools and education</strong></td>
<td>To develop an effective business model with new and improved services for trading with the wider education sector</td>
</tr>
<tr>
<td></td>
<td>To implement the new schools funding reforms, including the assessment of the impact of the new funding formula</td>
</tr>
<tr>
<td></td>
<td>To work with schools and other stakeholders to review and develop a fit for purpose special educational needs strategy</td>
</tr>
<tr>
<td></td>
<td>To review and redefine the role of the Local Authority in ensuring education excellence for all, through strong partnerships and a shared vision</td>
</tr>
<tr>
<td></td>
<td>To review, develop and agree with learning providers a revised education improvement strategy for learners 0-19</td>
</tr>
<tr>
<td>Corporate Plan</td>
<td>Key Council Priorities</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Leisure, Culture and Young People</td>
<td>Community Voice - Securing the active participation of local residents in shaping local services; working with volunteers to effectively deliver the Borough’s leisure and cultural offer</td>
</tr>
<tr>
<td></td>
<td>Strategic Review of Leisure and Culture Assets - Linking to the wider corporate asset review with particular reference to Blackburn and Darwen Town Centre Regeneration strategies.</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Wellbeing - developing an integrated health and wellbeing service in partnership with other Council departments, the third sector and local health organisations which encourages people to make healthy lifestyle choices.</td>
</tr>
<tr>
<td></td>
<td>Young People - Developing a Borough wide, integrated offer for children and young people in partnership with other Council departments, the Youth Zone and other 3rd sector youth organisations</td>
</tr>
<tr>
<td></td>
<td>Culture and Creativity - Developing a vision for Blackburn with Darwen as the creative and cultural capital of Pennine Lancashire. Promoting culture’s contribution to social regeneration and community cohesion within the Borough</td>
</tr>
</tbody>
</table>
Appendix 4 Integrated Strategic Needs Assessment Summary

Introduction

What is the Integrated Strategic Needs Assessment?
Recent draft guidance from the Department of Health describes the central importance in the modernised health and care system of an enhanced Joint Strategic Needs Assessment (JSNA), which should consider all the current and future health and social care needs of the area. The local authority and CCG are then charged with developing a Joint Health and Wellbeing Strategy to address the needs identified in the JSNA.

Blackburn with Darwen’s new JSNA, known as the Integrated Strategic Needs Assessment, is still under construction, but this document presents many of its key messages.

Summary review
Throughout its treatment of each topic, this summary review attempts to deal objectively with the following questions, as indicated by the coloured text in the margins:

Table 1 - Questions addressed by the Summary Review

<table>
<thead>
<tr>
<th>Type</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local needs</td>
<td>What are the most pressing needs locally?</td>
</tr>
<tr>
<td>Inequalities</td>
<td>What are the most notable inequalities in health and wellbeing?</td>
</tr>
<tr>
<td>Gaps</td>
<td>Where are the greatest gaps in services?</td>
</tr>
<tr>
<td>Future need</td>
<td>What patterns of future need are anticipated?</td>
</tr>
<tr>
<td>What works</td>
<td>What is the evidence for how the system needs to change to improve outcomes?</td>
</tr>
</tbody>
</table>
First results from the 2011 Census put the population of Blackburn with Darwen at 147,500, which is 7,500 more than previous estimates had suggested. They confirm that the borough has a higher proportion of children and fewer older people than is typical for England as a whole (Figure 1).

Estimates by ethnic group are also available, but these pre-date the Census. They suggest that approximately 77% of the borough’s residents are White and 20% Asian. The proportion of Asian and ‘Other’ residents becomes successively smaller as we move up the age-scale (Figure 2).

The ONS has also issued population projections based on their pre-Census estimates. 2012 is shown as an outline in Figure 3, with the predictions for 2022 and 2032 as solid bars. It can be seen that some age-groups are expected to shrink, but there will be more people in their thirties, and every age-group above 60 is expected to grow. In the light of the Census results, we can now expect these projections to be revised upwards.

Figure 1 – 2011 Census population profile for Blackburn with Darwen, showing England profile for comparison (ONS)

Figure 2 (below) - Mid-2009 population estimate by ethnic group and age, Blackburn with Darwen (ONS)

Figure 3 – 2010-based ONS population projections for 2022 and 2032 compared with 2012, Blackburn with Darwen (ONS)
Deprivation

The most recent Index of Multiple Deprivation, IMD 2010, contains 38 indicators covering income; employment; health and disability; education, skills and training; barriers to housing and services; crime; and living environment deprivation. All of these measures are combined into one deprivation score for each of the 32,482 ‘Lower Super Output Areas’ (LSOAs) in England.

In Figure 4, Blackburn with Darwen’s 91 LSOAs are shaded according to IMD 2010, and overlaid with ward boundaries for reference. The shading reflects which national quintile the LSOA belongs to, so the darkest shade equates to the most deprived fifth of neighbourhoods in England. Over half of Blackburn with Darwen’s LSOAs fall into this category.

There are various ways of summarising IMD 2010 at the borough level, but the most usual approach is to take a straight average of the IMD scores. On this basis, Blackburn with Darwen is the 17th most deprived local authority out of 326 in England.

Life Expectancy

Life expectancy in Blackburn with Darwen has risen over the years, but the England average has risen faster (Figure 5). There is also striking inequality in life expectancy within the borough. If we rank its LSOAs by IMD score and divide them into ten equal groups (‘deciles’), the difference in male life expectancy between the most and least deprived decile is over twelve years:

Life expectancy in Blackburn with Darwen has risen over the years, but the England average has risen faster (Figure 5). There is also striking inequality in life expectancy within the borough. If we rank its LSOAs by IMD score and divide them into ten equal groups (‘deciles’), the difference in male life expectancy between the most and least deprived decile is over twelve years:

**Figure 4 - Index of Multiple Deprivation 2010**
(national quintiles)

*Figure 6 - Male life expectancy by decile of deprivation, Blackburn with Darwen, 2006-10*
(showing 95% confidence intervals)
The local economy

Worklessness

As seen in Figure 7, an estimated 60.6% of Blackburn with Darwen residents aged 16-64 are employed. This is the 10th lowest rate out of 150 upper tier local authorities. Together with those who are officially unemployed (i.e. actively seeking work and available to start), it means that only 66.9% are ‘economic active’, which is the 4th lowest rate in England. The other 33.1% are economically inactive, either through choice or circumstance.

A major factor in Blackburn with Darwen is the stubbornly high rate of economic inactivity because of long-term illness. In November 2011, 11.2% of 16-64 year-old residents in Blackburn with Darwen were receiving some sort of incapacity benefit, which is the fourth highest rate out of 152 authorities. This would appear to be a structural problem, showing little relationship to the recession (Figure 8). Lower socio-economic groups are likely to be disproportionately affected.

As well as incapacity benefits, key out-of-work benefits include Job Seekers Allowance for those actively seeking work, and Income Support for lone parents who stay at home. When all such benefits are combined, there were 16,320 claimants in Blackburn with Darwen in November 2011. At 18.5% of the 16-64 age-group, this compares with an average rate of 15.0% for the North West and 12.2% for England. The top three ward rates in the borough were 34.9% in Shadsworth with Whitebirk, 33.0% in Wensley Fold, and 30.2% in Sudell (see Figure 9).

Figure 7 - Economic activity and inactivity rates and employment rate (age 16-64, year ending March 2012)  

Figure 8 - Claimant rate for Employment Support Allowance and other incapacity benefits (November each year, age 16-64)

Figure 9 - Claimant rate for key out-of-work benefits* (Nov 2011, age 16-64, wards)

*Source and definition: NOMIS
Skills
In 2010, there were estimated to be 15,900 people aged 16-64 in Blackburn with Darwen with no qualifications, which represents 18.1% of the working-age population. This is the ninth highest rate of any upper tier authority in England, and significantly higher than the North West (12.1%) or England (11.1%) averages. Only 22% had a degree or other higher education qualification, compared with a national average of 33%. The Cities Outlook 2012 report compares 64 ‘Primary Urban Areas’ across the UK, of which ‘Blackburn’ (i.e. Blackburn with Darwen) is one. It provides a graphic illustration of the relationship between lack of qualifications and the employment rate (Figure 10).

Employment by sector
Latest available figures for 2010 show manufacturing accounting for 17% of jobs in Blackburn with Darwen, compared with only 9% in Great Britain as a whole. Among the Cities Outlook 2012 areas, only Burnley & Pendle, Telford & Wrekin, Derby and Kirklees depend more heavily on manufacturing.

Productivity
Gross Value Added (GVA) per hour worked is the recommended measure of economic output at the sub-national level. On this basis, Blackburn with Darwen has the eighth lowest productivity out of 93 ‘NUTS 3’ areas in England, at 79.7% of the UK average.

Earnings
Median gross weekly earnings for Blackburn with Darwen residents in 2011 were £328.20, compared to an England average of £410.50. This is the sixth lowest of any upper tier authority, after Blackpool, Middlesbrough, Hull, Torbay and Leicester.
Housing
Condition of housing stock
Blackburn with Darwen’s housing stock is dominated by older terraced housing, much of it in poor condition, with 27,000 houses in the borough estimated to be ‘non-decent’. Approximately 12,300 homes contain a ‘Category 1 hazard’, which by definition means it poses a risk to health and safety. The greatest concentrations of such houses are found in Bank Top, Mill Hill and central Darwen.8

Cold housing and fuel poverty
A common reason for housing being classified as non-decent or hazardous is low energy standards and excess cold. As well as being a major contributor to excess winter deaths, cold housing adds to the burden of circulatory and respiratory disease, colds and flu, exacerbates chronic conditions such as rheumatism and arthritis, and has a negative effect upon mental health across all age-groups.9

Fuel poverty (the need to spend more than 10% of income on maintaining a satisfactory level of heating) rose from 5.9% of households in England in 2004 to 18.4% by 2009, before receding slightly to 16.4% in 2010.10 Blackburn with Darwen is in the worst quintile of local authorities nationally, with 20.9% fuel poor overall, reaching over 30% in a couple of neighbourhoods (see Figure 13).11

Physical environment
Blackburn with Darwen has five Air Quality Management Areas which were declared in 2005, and has recently acquired three more, all of them at busy junctions where slow moving vehicles emit high levels of nitrogen dioxide (NO2), which can cause lung irritation.12, 13 These problems are being addressed through traffic management measures. ‘Greenhouse gases’ such as carbon dioxide (CO2) also need to be controlled, but for a different reason - to reduce the impact of climate change. Figures for 2009 show that Blackburn with Darwen’s CO2 emissions are still relatively high but are improving, particularly those over which the local authority is deemed to have some influence.14

The borough enjoys a generous endowment of green space, bringing opportunities for sport, recreation and social interaction to the benefit of both physical and mental health. These amenities include six parks with the prestigious ‘Green Flag’ award, which recognises them as being safe, welcoming and well maintained, and involving the local community.15

Figure 13 - Fuel poverty in Blackburn with Darwen (modelled estimates)
Source: Dept of Energy and Climate Change
Safer communities

Crime
Crime and fear of crime affects not only the health of individual victims, but the wellbeing of whole communities. In the process of public engagement which led to Blackburn with Darwen’s Vision 2030, crime and disorder emerged as the top priority under the “Safe and Healthy” theme.\(^{16}\)

Figure 14 compares five key crime rates in Blackburn with Darwen in 2011/12 against the England & Wales average, and also shows whether they have gone up or down since 2010/11.\(^{17}\) The rise in robbery may appear alarming, but it is based on small numbers, and the local rate is still well below average. All BwD’s rates will be slightly lower when they are eventually adjusted to reflect the 2011 Census results.

Violence
The relationship with health is particularly direct in the case of violent crime. The rate of emergency admissions for assault in Blackburn with Darwen was below the North West average in 2007/08, but had caught up by 2009/10, with most admissions coming from deprived areas of the borough.\(^{18}\) Violence-related ambulance call-outs per 1000 population over the period 2007/08-2010/11 were consistently above the NW average.\(^{18,19}\)

In the year to July 2011, 25% of violent crimes recorded by police in Blackburn with Darwen were flagged to indicate that alcohol was a contributory factor.\(^{20}\)

Road safety
In Blackburn with Darwen in 2011 there were 556 recorded road traffic casualties, of which 6 were fatalities, 62 were serious injuries and 488 were slightly injured.\(^{21}\) The corresponding rates per million population have not yet been published, but in 2010, Blackburn with Darwen was in the worst quintile of upper tier authorities (Figure 15).\(^{22}\)
### Children and young people

#### Child poverty

The Child Poverty Act of 2010 pledges that by 2020, no more than 10% of children should be living in families whose income is less than 60% of median household income (before housing costs). In 2010/11, 18% of children in the UK were in poverty according to this definition.\(^\text{23}\)

It is not possible to monitor local child poverty on exactly the same basis, but an official approximation is the ‘revised local child poverty measure’, formerly known as NI 116. This counts the number of children living in families which are either receiving Income Support (IS) or means-tested Job Seekers Allowance (JSA), or else are in receipt of tax credits with an income less than 60% of the median.\(^\text{24}\) The two sub-categories give a rough out-of-work/in-work split.\(^\text{25}\)

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**Table: Proportion of children in poverty (2009)**

<table>
<thead>
<tr>
<th>Poverty Range</th>
<th>Blackburn with Darwen</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.6% to 50.8%</td>
<td>23.0%</td>
</tr>
<tr>
<td>31.7% to 41.6%</td>
<td>18.9%</td>
</tr>
<tr>
<td>21.4% to 31.7%</td>
<td>13.7%</td>
</tr>
<tr>
<td>9.6% to 21.4%</td>
<td>13.1%</td>
</tr>
<tr>
<td>1.9% to 9.6%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Figure 16 - Revised local child poverty measure, Blackburn with Darwen

On the local measure, 11,450 children in Blackburn with Darwen, or 28.8% of the total, were ‘in poverty’ in 2009. There was wide variation around the borough, as shown in Figure 16 and Figure 17.

Blackburn with Darwen is unusual in that almost half (46.5%) of its children in poverty are in couple families - the third highest proportion in England. This is particularly evident in wards with a high Asian population (Figure 17). The pale colours in Figure 17 indicate that the borough has a substantial problem of child poverty even among working families (i.e. those not receiving IS or JSA).

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**Figure 17 - Revised local child poverty measure, BwD wards, showing whether lone parent or couple family and approximate out-of-work/in-work split.**

*Source: HMRC*
Children and young people

Inequalities

Early Years Foundation Stage

Of all the messages emerging from the influential Marmot Review, the top priority is the importance of giving every child the best start in life. As a way of reducing health inequalities across the life course, focusing on early development is far more effective than trying to make up lost ground at a later stage.

Despite the challenges faced in Blackburn with Darwen, foundation stage achievement is clearly on the right track (Figure 18). In fact, the scores for deprived and non-deprived areas within Blackburn with Darwen are each better than the national equivalent, but the overall result for the borough reflects its higher than average preponderance of deprived areas.

Primary education – Key Stage 2

At the end of primary education, 72% of Blackburn with Darwen pupils achieved the expected level (i.e. Level 4 or above) in both English and Maths, which is just below the England average of 74%. Those entitled to free school meals generally do less well locally, regionally and nationally (Figure 19). However there is also an achievement gap in the borough between White and Asian pupils, which is not apparent in England as a whole.

GCSE attainment

On the key measure of GCSE attainment, Blackburn with Darwen has climbed 18 percentage points in five years, and is now only 1.4% behind the England average (Figure 20).

Qualifications at Age 19

In a borough where many adult workers lack qualifications, it is encouraging to note the strong improvement in the proportion of 19-year-olds qualified to Level 3 (i.e. two A-levels or equivalent) (Figure 21).
NEETs
Young people who are Not in Education, Employment or Training (NEET) have been described by the Deputy Prime Minister as ‘a ticking time bomb for the economy and our society as a whole’. Announcing a new system of payment-by-results support for 16-17 year-old NEETs, he emphasised the complex problems which may lead to disengagement at this age, and the damage it can inflict upon long-term employability and earning potential.  
In 2011, Blackburn with Darwen was estimated to have 480 NEETs aged 16-18, or 7.9% of the age-group. This compares with an England average of 6.1% (when measured on the same basis), and puts the borough in the highest quintile of upper-tier authorities.

Families with multiple problems - the ‘Think Family’ approach
Across the country as a whole, the government estimates that there are approximately 120,000 ‘troubled families’, or families with multiple problems. Each of them is reckoned to cost local and central government an estimated £75,000 per year, only a ninth of which goes on targeted interventions which could help to solve those problems. The Prime Minister has recently made £450m available to local authorities to assist these families, by giving them one dedicated worker rather than a "string of well-meaning, disconnected officials". Blackburn with Darwen’s slice of this funding is based on the assumption that it has 465 families in this category, although this is based on a formula rather than data about actual families.

The philosophy of meeting the holistic needs of the whole family, known as the ‘Think Family’ approach, is enshrined in Blackburn with Darwen’s Children, Families and Young People’s Plan, and is currently being piloted and evaluated in three of the borough’s most deprived wards. It builds upon extensive local experience of ‘family intervention projects’, which by March 2011 had been taken up by 185 families in Blackburn with Darwen - more than in many other much larger authorities.

Looked after children
As at 31 March 2011, 365 children in Blackburn with Darwen were being looked after by the local authority, which equates to a relatively high rate of 96 out of every 10,000 children under the age of 18 (Figure 22).

The Children, Young People and Families’ Trust is committed to ensuring improved stability and outcomes for all these children, although the small numbers in each year-group mean that performance is bound to fluctuate in an authority of Blackburn with Darwen’s size.

Young carers
There are no official figures collected on young carers other than every ten years in the Census, and this is widely believed to be an under-estimate. However, the particular problems faced by young carers are well recognised in Blackburn with Darwen, and a Young Carers Project, jointly funded by the Council, has been set up to offer support such as outings, activities, counselling and practical assistance.
Alcohol, Drugs & Tobacco

Alcohol

A major survey in 2011 by Trading Standards North West enables us to see how drinking patterns among 15-16 year-olds in Blackburn with Darwen compare with the North West (Figure 23), both generally and for binge drinking (i.e. 5+ drinks in a single session). Young people in Blackburn with Darwen are significantly more likely than average not to drink at all, which may reflect differing attitudes across the borough’s ethnic and cultural groups.

23.3% of 15-16 year-olds in Blackburn with Darwen admitted to having been violent or in a fight while drunk – significantly above the NW average of 17.9%. Blackburn and Burnley’s A&E and Urgent Care facilities do not record whether attendances are alcohol-related, but on the basis of evidence from elsewhere it is estimated that in 2009, they probably dealt with around 226 unintentional and 133 intentional injuries to 12-17 year-olds who had been drinking.

Hospital admissions in under-18s for alcohol-specific conditions (i.e. those which are invariably due to alcohol) are unexceptional for the North West, but significantly above the England average, putting Blackburn with Darwen in the highest quintile of local authority districts overall (Figure 24).

Substance misuse

Between April 2008 and March 2011, 65 young people aged 15-24 from Blackburn with Darwen were admitted to hospital for substance misuse. This is above average for the North West, significantly worse than the England average, and puts Blackburn with Darwen in the highest national quintile of local authorities. In 2008/09, it was estimated that there were 184 ‘problem’ (opiates and/or crack cocaine) drug users aged 15-24 in the borough, the fourth highest rate in the North West.

Smoking

The 2011 Trading Standards survey reported a smoking rate of 25.8% among 15-16 year-olds in Blackburn with Darwen, which is significantly above the North West average of 18.6%.
The teenage pregnancy rate in Blackburn with Darwen peaked at 58.2 per 1000 in 1998, well above the NW and national averages, but has improved faster than average since then (Figure 25). In terms of percentage reduction from 1998-2000 to 2008-10, Blackburn with Darwen is in the most improved quintile of local authorities (Figure 26).

**Emotional wellbeing**

Emotional wellbeing in children is a difficult thing to define and measure. A now-abandoned national indicator (NI 50) attempted to measure emotional health on the basis of survey questions about relationships with friends and family, but the results it produced seem to be at odds with known patterns of social disadvantage across the country. Blackburn with Darwen came close to average on this measure, but the Children and Young People’s Trust is sceptical as to whether it gave a true reflection of emotional health in the borough.44,45

One possible consequence of emotional ill-health, particularly in children and young people, is self-harm. The scale of the problem is reflected in the rate of emergency hospital admissions for self-harm, although this only represents a fraction of total incidents. In 2010/11, there were 97 such admissions among young people aged 0-17 in Blackburn with Darwen. Expressed as a rate per 100,000, this is higher than the England and North West averages, and puts Blackburn with Darwen in the top quintile of local authorities (Figure 27).46,47
Obesity

Latest results from the National Child Measurement Programme are shown in Figure 28. The percentage of children of healthy weight in Blackburn with Darwen is similar to the North West and England averages, although the small proportion who are underweight (2.1% in Reception and 3.2% in Year 6) is significantly higher than average.\footnote{48}

For both age-groups, Blackburn with Darwen is in the second lowest (i.e. second best) quintile nationally for the proportion of children who are overweight or obese. This is despite the fact that these characteristics are strongly related to deprivation. For example, 31.7% of Year 6 children in Blackburn with Darwen are overweight or obese, which is fully five percentage points lower than would be expected given the borough’s deprivation score.\footnote{49}

Work is ongoing to address the problem of obesity through nutrition, physical activity, parenting and behaviour change, with some encouraging results. Figures for 2009/10 show that 65.1% of pupils in Blackburn with Darwen participate in at least three hours of high-quality PE and school sports per week, which is significantly above the England average of 55.1% and places the borough in the top quintile nationally.\footnote{50}

Oral health

When the dental health of five-year old children was last surveyed in 2007-08, the average number of decayed, missing or filled teeth per child (dmft) in Blackburn with Darwen was 2.41. This was the third highest result in England (Figure 29). The proportion having some decay (51.1%) was also among the highest in the country.\footnote{51}

Twelve year-old children were surveyed in 2008-09, when just over 39% in Blackburn with Darwen were found to have decay. This was fairly typical for the North West, but still above the national average of 33.4%.\footnote{52} Newly-released regional results from this survey confirm that the severity of caries was inversely related to the reported frequency of brushing.\footnote{53}

Initiatives are in place across Blackburn with Darwen to encourage good dental hygiene, and these are now being supplemented by the increased use of fluoride varnish.
Road accidents

Over the three year period 2008-10, 45 children under 16 were killed or seriously injured (KSI) on Blackburn with Darwen’s roads. This equates to an annual rate of 41.5 per 100,000 children, which is significantly higher than the England average of 23.6, and compares with a North West average of 31.7.\(^{54}\)

When casualty rates are worked out according to where the child lives, rather than where they had their accident, and counting all child casualties (not just KSI), Blackburn with Darwen children were found to have the seventh highest rate in 2004-08 both regionally and nationally – as all seven highest rates were in the North West.\(^{55}\)

A modelling exercise by the North West Public Health Observatory has concluded that if all residential roads had had 20mph limits, 140 fewer children would have been killed or seriously injured on the region’s roads each year between 2004 and 2008. In Blackburn with Darwen, this would have saved approximately four child deaths or serious injuries each year.\(^{56}\)

Child and infant mortality

In the three year period 2008-10, there were a total of 56 infant deaths in Blackburn with Darwen (i.e. deaths under one year), or 8.0 per 1,000 live births. This was the highest rate of any PCT or upper-tier local authority, and significantly higher than the England average of 4.6 per 1000. The rate for individual years inevitably fluctuates because of the small numbers involved, but in 2010 it too was significantly higher than the national average.

In 2011, ChiMat introduced a new indicator – the mortality rate for children aged 1-17 (i.e. explicitly excluding infants).\(^{57}\) Because of the small numbers in individual local authorities, this rate was calculated over nine years (2001-09). Blackburn with Darwen had the highest rate of any upper tier local authority, and was still in that position when the indicator was updated for the 2012 Child Health Profiles, using 2002-10 data:

**Figure 30 - extract from 2012 Child Health Profile for Blackburn with Darwen**

It is difficult to investigate the reasons behind this outcome, as up until now 1-17 has never been a standard age-group for publication of mortality data. The borough’s death rate among 5-14 year-olds is unexceptional, but for 1-4 year-olds it is 2.5 times the England & Wales average, with particularly high rates for endocrine, nervous and congenital disorders (albeit based on very small numbers). For 16-17 year-olds there is no generally available comparative data. ChiMat has offered to lend some of its data resources and expertise to a joint analytical project, so that the factors influencing child mortality in Blackburn with Darwen can be more fully explored.

At a practical level, concerted efforts are in place across the borough to address the issues of infant and child mortality. However, one of the drawbacks of a rate measured over nine years is that it will be very slow to reflect any improvement.
Adults

**Obesity**
Without conducting a large, expensive survey it is impossible to be sure of the level of obesity among adults in Blackburn with Darwen. The best available indicator suggests that 24.6% of adults are likely to be obese, which is close to the national average of 24.2%. However, this is not based on obesity data collected in the borough, but relies on the assumption that obesity in Blackburn with Darwen can be predicted from other characteristics, such as educational attainment, unemployment and mortality rates. It is therefore only a very rough guide.

Even if Blackburn with Darwen is similar to the country as a whole, this is no reason for complacency, as obesity levels nationally are worryingly high and rising, leading to increased risk of diabetes, cardiovascular disease and other health problems. The borough’s Healthy Weight Partnership Strategy aims to support individuals and families to make healthy eating and physical activity lifestyle choices. The flagship ‘re: fresh’ programme provides free access to many sport and leisure facilities and encourages community participation in physical activity across Blackburn with Darwen.

**Alcohol**
As with obesity, evidence on alcohol consumption is expensive to collect, and we have to depend upon ‘synthetic’ estimates which predict drinking patterns from other more readily-available statistics. These suggest that Blackburn with Darwen has the highest proportion of non-drinkers in the North West (22%), but that 20% of adults are regularly drinking beyond the recommended levels. Blackburn with Darwen compares particularly badly on indicators which reflect the health consequences of drinking. In 2010/11, the rate of hospital admissions attributable to alcohol (Figure 31) was the fourth highest of any PCT in England (after Manchester, Middlesbrough and Salford). For males in the borough, mortality rates associated with alcohol are among the worst tenth in the country. In 2011, Blackburn with Darwen and Burnley had the joint fourth highest rate of incapacity benefit claims where ‘alcoholism’ was the main disabling condition.

On a positive note, there is good research evidence of interventions which work and are cost-effective, ranging from preventative measures such as minimum alcohol pricing for alcohol, through brief interventions for hazardous drinkers, to psycho-social treatment for dependent drinkers. New initiatives in Blackburn with Darwen include the use of social marketing, and the recruitment of an alcohol liaison nurse in A&E.
Local needs, Inequalities

Smoking
Data about smoking prevalence in every local authority is now readily available from the new Integrated Household Survey. The latest estimated smoking rate for Blackburn with Darwen is 27.9%, which is significantly above the NW and England averages (dark bars in Figure 32). Estimates for the 'Routine & Manual' group alone have been added for comparison (light bars), to illustrate the strong social inequalities in smoking rates, but these figures are only available for the previous year.

Smoking data in Blackburn with Darwen is rag-rated 'Red' (significantly worse than England) on almost every indicator in the Local Tobacco Control Profiles for England. These include measures such as smoking in pregnancy, smoking-attributable death rates and admission rates, and registration rates for smoking-related cancers.

Blackburn with Darwen is responding to these challenges by implementing a tobacco control action plan, based on the recommendations of the National Support Team. The Stop Smoking service was working at reduced strength for a number of months up to May 2011, but a new service model is now in operation which it is hoped will bring improved outcomes, particularly in high-risk groups.

Drug misuse
Blackburn with Darwen had an estimated 1317 users of opiates and/or crack cocaine in 2009/10, which when expressed as a rate is 64% higher than the England average. 990 people in the borough were effectively engaged in treatment during 2010/11. As at November 2011, approximately 180 people in Blackburn with Darwen were receiving incapacity benefits with drug abuse as the main disabling condition.

The Department for Education estimates that parental drug use is a factor in one third of England’s 120,000 most ‘troubled families’. Out of all those engaged in treatment in Blackburn with Darwen during 2010/11, it is striking that 52% lived with children, compared with only 34% nationally.

The National Treatment Agency has published a presentation which highlights how investment in drug treatment and recovery services not only benefits individuals, but strengthens families and makes communities safer. It estimates that every £1 spent on drug treatment saves £2.50 in costs to society.
Cancer

Although cancer mortality in Blackburn with Darwen has improved over the years, it has not closed the gap with England as a whole. The rate of premature death from all cancers combined, and from lung cancer in particular, is significantly higher than average. There is also substantial inequality within the borough, closely related to levels of deprivation. As Figure 33 shows, there is an obvious gradient in the cancer death rate as we move from the ‘bottom’ (most deprived) quintile of Blackburn with Darwen to the ‘top’ (least deprived) fifth of the borough.66 Preventing cancer, or catching and treating it at an early stage, is key to bringing down mortality rates. Screening is an important aspect of this, but cervical cancer screening has been struggling to meet its 80% target for several years, particularly in Blackburn with Darwen (Figure 34):

Figure 33 - Cancer mortality by deprivation within Blackburn with Darwen: directly age standardised rate per 100,000 (all persons, all ages, 2005-09)

Source: Cancer Commissioning Toolkit

Figure 34 - Cervical cancer - percentage of women aged 25-64 screened within past five years

Surveys have shown that awareness of cancer warning signs and symptoms among South Asian residents of Blackburn with Darwen is lower than in the general population. Past initiatives such as the ‘Woman to Woman’ project have sought to increase the rates of breast and cervical screening among Asian women. Plans are now being drawn up across Pennine Lancashire to identify new ways to increase uptake in specific target groups.

Nationally and locally, many more people are now developing cancer each year than are dying of it. The number of ‘cancer survivors’ is expected to increase at over 3% per annum between now and 2030, so cancer is taking on the characteristics of a long-term condition, and services need to adapt accordingly.
Cardiovascular disease
Cardiovascular disease (or CVD) is an umbrella term for conditions of the circulatory system, such as coronary heart disease, stroke, heart failure, and rhythmic heart disorders, which together account for approximately a third of all deaths. Mortality rates from CVD have been falling steadily (Figure 35), but this has done little to close the gap between Blackburn with Darwen and England. In 2008-10, Blackburn with Darwen had the highest rate out of 151 PCTs when all ages are included, or the eighth highest for deaths under the age of 75.

CVD mortality is strongly related to deprivation, and Figure 36 shows how it varies from the most to the least deprived parts of Blackburn with Darwen. If the rate across the whole borough could be reduced to that of its least deprived quintile (the 'levelling up target'), it is estimated that about 40 premature deaths would be saved each year.

Much of the risk of CVD is accounted for by lifestyle factors such as smoking, physical inactivity and obesity, and the majority of premature deaths from CVD are considered to be preventable. CVD mortality rates in South Asian populations are 50% higher than average\(^{67}\), which can be partly attributed to deprivation and behavioural factors.\(^{68}\)

Blackburn with Darwen’s NHS Health Checks programme for those aged 35-74 aims to detect patients with previously undiagnosed CVD, or at high risk of developing it, and offer appropriate treatment and/or prevention. By March 2011 it had screened over 19,000 people. However, numbers in 2010-11 were down on the year before, and measures have now been put in place to promote the service, make it more accessible and hopefully boost uptake, particularly among high-risk groups.

Looking ahead, we can expect the population to age, and more people to survive major CVD events such as heart attacks and strokes. This will result in an increase in the number of people living with CVD, particularly with conditions associated with old age, such as arrhythmia and heart failure. Services in Blackburn with Darwen are gearing up to meet these new challenges, with a new emphasis on patient-centred community cardiac care and rehabilitation.
Diabetes

Risk factors and prevalence
Type 2 diabetes is 30 times more common in people aged 70-84 than in those aged 16-24\(^6\), and it is estimated that three-quarters of new cases are related to excessive weight.\(^7\) It is therefore unsurprising that there has been talk in the media of an ‘epidemic’ of diabetes, as the population grows older and more obese. Diabetes is also more common in deprived areas\(^6\), and people of South Asian heritage are three times more likely than average to develop the condition.\(^7\)

There are various ways of estimating diabetes prevalence from medical records, or modelling its likely true level (including ‘hidden’ cases), but however it is done Blackburn with Darwen invariably features in the top 10% of PCTs. Although recorded prevalence does not tell the whole story, it is instructive to see how it varies from practice to practice locally when they are shaded according to Blackburn with Darwen’s own GP classification (Figure 37). The top rates all occur in Group 1 or 2 practices, which are typified by a high percentage of South Asian patients and high deprivation scores.

Consequences and interventions
As well as having potential complications ranging from amputation to blindness, diabetes doubles the risk of heart attacks and strokes, and is believed to be responsible for 10% of deaths from cardiovascular disease.\(^7\) However, it is rarely specified as the primary cause of death. By matching up death certificates to GP records, a new study has shown that across England in 2009, people with Type 2 diabetes had a 45% higher death rate (from any cause) than the general population. In Blackburn with Darwen, the death rate for people with Type 2 diabetes was significantly higher again than for people with the same condition nationally.\(^7\)

The NHS Health Check provides a major opportunity to tackle risk factors such as obesity, or to detect undiagnosed cases of diabetes so that treatment can begin without further delay. In Blackburn with Darwen, that care is now being increasingly delivered in the community, allowing diabetes patients to be seen nearer to home and empowering them to understand and manage their own condition.
Mental health

In 2010/11, NHS spending on mental health disorders in Blackburn with Darwen was £36.07m, compared with, for example, £19.46m on circulatory disease and £15.39 for cancer. When adjusted to reflect Blackburn with Darwen’s greater than average health needs, this level of expenditure on mental health is very close to the national benchmark.  

Mental ill-health

There is no single ‘right’ way to summarise the level of mental ill-health in an area, but one broad indication is given by the ‘mood and anxiety disorders’ measure which forms part of the 2010 Index of Multiple Deprivation (IMD 2010). This is a mini-index in itself, combining data on suicides and relevant prescribing, sickness benefits and hospital admissions. On this basis, 57% of Blackburn with Darwen’s 91 ‘Lower Super Output Areas’ (darkest shading in Figure 38) are estimated to be in the highest quintile (or 20%) in England for mood and anxiety disorders, compared with 32% across the North West as a whole. It is, however, only an indirect measure, and some of the variation could be due to factors such as local prescribing practice.

Mental wellbeing

Equally important is the level of mental wellbeing, which was the subject of a large regional survey in 2009. 18,500 respondents, including 500 in Blackburn with Darwen, were asked a range of questions about entirely positive aspects of mental health, such as optimism, autonomy and relaxation. When their answers were scored on the ‘Warwick-Edinburgh Mental Wellbeing Score’, Blackburn with Darwen had the fifth most positive score in the North West, and the best of all the five Lancashire PCTs. Only 13.7% of respondents were assessed as having ‘low’ mental wellbeing (Figure 39):

- Blackburn with Darwen: 13.7% low, 61.1% moderate, 25.2% high

The survey’s authors hope that it will help to inform a shift of emphasis and investment towards prevention and health improvement in mental health. Work at the London School of Economics has demonstrated that mental health promotion and prevention is often low-cost and provides impressive value for money. An important step in this direction in Blackburn with Darwen is the adoption of Mental Wellbeing Impact Assessment, whereby policies and plans are examined to ensure that their positive impacts upon mental wellbeing are strengthened, and any negative impacts are minimised.
Dementia

Dementia can take several different forms, all of them caused by physical changes in the brain, and leading to a progressive decline in memory and reasoning.

Prevalence

By far the most significant risk factor for dementia is advancing age. Estimates have been published of the prevalence rate for each five-year age-group\(^7\), and these can be applied to population projections for Blackburn with Darwen to predict the number of residents with dementia in the years ahead (Figure 40). The expected 53% rise between 2010 and 2030 is less steep than for the North West or England as a whole. There will also be a small number of people under 65 with early-onset dementia, estimated to be no more than 100.

Improving services

Key government objectives regarding dementia include the reduced use of anti-psychotic medication; improved quality of care in hospitals and care homes; and a push to secure early diagnosis and intervention for all, which it is argued will pay for itself by reducing the need for crisis interventions at a later stage.\(^79^{,}80\)

At Blackburn with Darwen, a Dementia Strategy Workshop was held in July 2011 with the aim of identifying and prioritising gaps, and producing recommendations for action. Work is now progressing on several fronts, including:

- liaising with GPs to phase out any inappropriate use of anti-psychotic drugs
- reviewing pre-diagnosis and post-diagnosis pathways, to address perceived bottlenecks, duplication and training needs
- raising awareness and providing appropriate advice on the benefits of early diagnosis, and at all stages thereafter
- identifying funding for research into the needs of people with dementia from the BME community and lower socio-economic groups

Figure 40 - Estimated number of Blackburn with Darwen residents aged 65+ with dementia (2010 v. 2030)

Source: POPPI
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