

Blackpool Council



PUBLIC HEALTH SCRUTINY REVIEW FINAL REPORT

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1.0 Foreword

- 1.1 The Resilient Communities Scrutiny Committee initiated the review following concern that there were a large number of issues raised by the Public Health Annual Report presented at the 17 September 2015 Committee meeting, which required more detailed consideration.
- 1.2 The Panel held an initial meeting to establish a Chairman for the review and to agree the scope for the review and identify the key areas for consideration. Following the initial meeting, two further meetings were held by the Panel in order to consider the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report. Consideration was also given to the revised Joint Strategic Needs Assessment and the Draft Health and Wellbeing Board Strategy.
- 1.3 The Panel considered that there was a significant amount of work being planned and undertaken to adequately try to address the findings in the Due North Inquiry. However, it was acknowledged that improvements in reducing health inequalities will take time and should be an area for Scrutiny to keep under review.
- 1.4 I would like to thank everyone who contributed to the review and gave their time willingly. I freely acknowledge the help and assistance given to me by the other Councillors on the Panel and the officers from across Blackpool Council.

Councillor Benson
Chairman, Public Health Scrutiny Review Panel

2.0 Summary of Recommendations

	Timescale
<p>Recommendation One Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.</p>	Ongoing commencing immediately.
<p>Recommendation Two Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.</p>	Request to be sent immediately to Healthwatch July 2016
<p>Recommendation Three A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.</p>	A date to be identified for the training session as soon as possible
<p>Recommendation Four</p> <ul style="list-style-type: none"> a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation. b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment. 	To be immediately included within the Health and Wellbeing Strategy
<p>Recommendation Five The Council's approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.</p>	November 2016
<p>Recommendation Six Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.</p>	Ongoing

3.0 Background Information

- 3.1 At the Resilient Communities Scrutiny Committee on 17 September 2015, Members considered that there were a large number of issues raised in the Public Health Annual Report, which required more detailed consideration. Therefore, the Committee agreed to establish a Review Panel to consider the annual report in more detail. The Panel would also consider the wider determinants of health and the targets and priorities moving forward.
- 3.2 The Scrutiny Review Panel comprised of Councillors Benson (Chairman), Humphreys, Galley, Singleton, O'Hara and Critchley.
- 3.3 A pre-meeting was held to scope the review and the following key areas for consideration were identified:
- Detailed scrutiny of the Public Health Annual Report.
 - The wider determinants of health across Blackpool.
 - The remit, priorities and targets of Public Health and the Health and Wellbeing Board and how targets are being acted upon and progress tracked.
 - The reasons why progress in improving health and wellbeing previously has been slow.
 - How progress could be made in addressing the recurrent health issues.
 - The context of local government budget cuts and its impact on public health.
- 3.4 It had initially been intended that the Panel would only require one meeting in order to gather evidence and draw conclusions. However, during that meeting, the Panel was advised that an action plan covering the four overarching recommendations from the Due North report, upon which the Public Health Annual Report was based, was currently being drafted and would be incorporated into the Health and Wellbeing Board Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a partial basis for the contents of the revised Joint Strategic Needs Assessment.
- 3.5 The Resilient Communities Scrutiny Committee therefore agreed to the widening of the Panel's remit to enable proper consideration of the draft Health and Wellbeing Board Strategy and the revised Joint Strategic Needs Assessment.
- 3.6 The review relates to the Council priority 'Communities: Creating stronger communities and increasing resilience.'

4.0 Methodology

4.1 The Panel held two meetings to consider all evidence and speak to witnesses. These meetings followed an initial scoping meeting. Details of the meetings are as follows:

Date	Attendees	Purpose
28 October 2015	<p>Councillors Benson (Chairman), Humphreys, Galley, O’Hara and Critchley.</p> <p>Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)</p>	To elect a Chairman and agree the scope for the review.
8 January 2016	<p>Councillors Benson (Chairman), Humphreys, Galley, O’Hara and Critchley.</p> <p>Councillor Cain, Cabinet Secretary (Resilient Communities)</p> <p>Councillor Cross, Cabinet Member for Reducing Health Inequalities and Adult Safeguarding</p> <p>Councillor Collet, Cabinet Member for School Improvement and Children’s Safeguarding</p> <p>Dr Arif Rajpura, Director of Public Health</p> <p>Mrs Lynn Donkin, Public Health Specialist</p> <p>Ms Liz Petch, Public Health Specialist</p> <p>Dr Tamasin Knight, Specialty Registrar in Public Health</p> <p>Chris Kelly, Senior Democratic Services Adviser (Scrutiny)</p>	To scrutinise the Public Health Annual Report in appropriate detail and consider how progress could be made in addressing many of the recurrent public health issues identified in the report.
22 April 2016	<p>Councillors Benson (Chairman), Humphreys and O’Hara.</p> <p>Dr Arif Rajpura, Director of Public Health</p> <p>Mrs Lynn Donkin, Public Health Specialist</p> <p>Ms Liz Petch, Public Health Specialist</p> <p>Mr Scott Butterfield, Corporate Development Manager</p> <p>Mrs Christine Graham, Senior Public Health Intelligence Analyst</p> <p>Mr Chris Kelly, Senior Democratic Governance Adviser (Scrutiny)</p>	To consider the revised Joint Strategic Needs Assessment and the Draft Health and Wellbeing Board Strategy.

5.0 Detailed Findings and Recommendation

5.1 Public Health Annual Report 2014

- 5.1.1 The Panel was advised that the theme of the 2014 Annual Health Report was Blackpool's response to the Due North report, which was an Inquiry on Health Equity for the North of England.
- 5.1.2 Members were provided with details of the difference in life expectancy between the north and south of the country, noting it was significantly lower in the north. The Panel was also advised that a baby boy born in Blackpool would be expected to live eight fewer years than one born in Kensington or Chelsea and his life expectancy would be 5.1 years less than national average. It was also explained to the Panel that there were differences in life expectancy within different areas of Blackpool, with there being a nine year difference between some areas.
- 5.1.3 It was reported to Members that the Due North Inquiry had demonstrated that cuts to local authority spending per head of population had been far greater in areas of increased deprivation and that local government expenditure had decreased by a far greater percentage in the north, as compared to other areas of the country.
- 5.1.4 The Panel was provided with data relating to child poverty and it was demonstrated that there was a trend linking child poverty and inequalities in infant mortality. Members were advised that on average, deprived areas in the North had experienced smaller increases in life expectancy than areas with similar levels of deprivation in the rest of England. It was considered that this could reflect different levels of investment or that determinants of poor health in the North were more intractable and therefore required different approaches.
- 5.1.5 The Panel was advised that the Due North report contained four overarching recommendations, which were:
- Tackle poverty and economic inequality.
 - Promote healthy development in early childhood.
 - Share power over resources and increase influence of the public.
 - Strengthen the role of health sector in promoting health equity.

Members considered each of the overarching recommendations in turn, with a focus on the work that was being undertaken or being planned to address issues in each area.

5.2 Tackle Poverty and Economic Inequality

- 5.2.1 With regards to tackling poverty and economic inequalities, it was considered that there were a number of areas for focus. Those areas were discussed by the Panel and included:
- Health equity – which included a range of measures from supporting a network of credit unions and other community finance initiatives to reduce the cost of credit for poor communities.

- Focus public service reform, which would involve establishing integrated support across the public sector to improve the employment prospects of those out of work.
- Adopt a common progressive procurement approach that would promote high quality local employment, improve working conditions and promote the Living Wage, as calculated by the Joseph Rowntree Foundation.
- Ensure that reducing economic and health inequalities were central objectives.
- Implement and regulate the living wage.
- Increase the availability of high quality affordable housing through stronger regulation of the private rented sector and where quality was poor, through investment in new housing.

5.2.2 The Panel was advised that work was already being undertaken in many areas to address the recommendations from Due North. It was noted that the work included implementing and regulating a living wage through the 'Suppliers Charter', increasing the availability of high quality affordable housing and stronger regulation through the Selective Licensing programme and training programmes for landlords, and through programmes like Chance2Shine that provided structured work experience placements for unemployed people.

5.2.3 The Panel considered the areas in which more could be done to address the recommendation and it was noted that the Public Health team would be working towards:

- Focusing public service reform on prevention of poverty and promote prosperity by reorienting services.
- Ensuring that reducing economic and health inequalities were central objectives of the local economic development strategy, so that growth and economic development should be sustainable and equitable and be focused on more than just economic output.
- Addressing the impact of changes in national economic and welfare policies on health inequalities.

5.3 Promote Healthy Development in Early Childhood

5.3.1 The Panel was provided with details of the health issues relating to early childhood in Blackpool, with it being reported that almost a third of children in Blackpool lived in poverty and the town had the highest levels of looked after children in England. The Panel was also advised that too many babies experienced unhealthy gestation and birth. Members noted the smoking rates amongst women during pregnancy and it was reported that 28% of women in Blackpool smoked during pregnancy, compared to 12% nationally, although it was also noted that the Blackpool figure had reduced in recent years from 42%.

5.3.2 It was explained to the Panel that the pattern of ill-health continued, with tooth decay being much more prevalent in Blackpool (17% of three year olds, compared to 12% nationally) and obesity rates were also high, with 26% of four/five years olds and 35% of 10-11 year olds being overweight or obese.

5.3.3 The Panel was also advised that children living in poverty and experiencing disadvantage in the UK were more likely to die in their first year, be born small, be bottle fed, breathe second hand smoke, become overweight, perform poorly at school, die in an accident, and become a young parent. As adults, they were also more likely to die earlier, be out of work, live in poor housing, receive inadequate wages and report poor health. It was considered that none of those outcomes should be considered inevitable and that providing better support early in children's lives was one of the most effective approaches to reduce inequalities in life chances.

5.3.4 Members were advised of the recommendations contained within the Due North report for local authorities in regards to promoting healthy development in early childhood, which were:

- Monitor and incrementally increase the proportion of overall expenditure allocated to early years.
- Ensure good quality universal early years education and childcare with greater emphasis on those with greater need.
- Maintain and protect universal integrated neighbourhood support for early child development, with a central role for health visitors and children's centres and clearly articulate the proportionate universalism approach.
- Collect better data on children in early years so that we can track changes and monitor effectiveness of programmes.
- Develop and sign up to a Charter to protect the rights of children to the best possible health.

5.3.5 The Panel was advised that many of the recommendations were already being acted upon, particularly through the work planned as part of Better Start.

5.4 Share Power over Resources and Increase Influence of the Public

5.4.1 Members were advised that the UK had one of the most centralised political systems, with 74% of public spending controlled by central government. The Panel discussed devolution of power and resources to local administrations and it was considered that devolution would need to be accompanied by greater public participation in local decision making. The Panel was advised that when community members acted together to achieve common goals, there were indirect benefits resulting from improved social support and supportive networks. It was noted that Due North report provided evidence that health was better in poor areas where people had more control over resources and decisions.

5.4.2 It was noted that some of the key recommendations in this area for local authorities from the Due North Report included:

- To establish deep collaboration between combined authorities in the North.
- To develop community-led systems for health equity auditing and accountability.
- To expand the involvement of citizens in shaping local budgets.
- To assess opportunities for setting up publicly owned mutual organisations for providing services where appropriate.

- To help communities develop the capacity to participate in local decision making and in developing solutions.
- Revitalise Health and Wellbeing Boards to become stronger advocates for health both locally and nationally, and to:
 - Establish a Health Equity North Board with high level political representation.
 - Collectively produce an annual report detailing how regional and national policy needs to change to reduce inequality.

5.4.3 The Panel was provided with details of the work that was already being undertaken in this area, which included helping communities develop the capacity to participate in local decision-making and in developing solutions. Examples of this type of activity included the Alcohol Inquiry held in 2014 and a number of Blackpool Fairness Commission projects, for instance the Dementia Network. Upon questioning from Members, the Panel was provided with details of the work of the Dementia Network and advised that it aimed to promote awareness and increase the number of people and organisations that were ‘dementia friendly’, which could help a dementia sufferer if required.

5.4.4 It was noted that work had been undertaken in relation to being ‘dementia friendly’ with a number of businesses, including Blackpool Transport Services and that training on dementia was planned with taxi drivers operating within the town. The Panel questioned how messages promoting dementia and other similar public health messages were communicated with families and younger people. Members were advised of the involvement of Public Health in schemes such as Fit2Go and Altogether Now, but it was considered that Public Health could do more to connect with children and their parents through sports clubs and activities being operated from parks within the town.

Recommendation One

Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.

5.4.5 The Panel was also informed of the measures that were considered important to undertake in future to deliver against the recommendation. The measures included:

- Holding more inquiries and ensuring recommendations are enacted.
- Creating a culture of asset based community development.
- Establishing greater collaboration between combined authorities in the North of England to develop approaches to economic development and health inequalities.
- Involving citizens in shaping how local budgets are used.
- Developing community-led systems for health equity auditing and accountability.
- Assessing opportunities for setting up publicly owned mutual organisations for providing services where appropriate.

- 5.4.6 The Panel discussed the role of Healthwatch and was advised that The Due North report referred to Healthwatch being initially established to have ‘a role in promoting public health, health improvements and in tackling health inequalities’, but to date it had primarily focused on promoting consumer rights for users of health and social care. It was considered that to some extent, that had represented a missed opportunity. The Panel agreed that it should recommend that Healthwatch consider adopting a greater focus in its work in promoting public health and tackling health inequality.

Recommendation Two

Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.

5.5 Strengthen the Role of Health Sector in Promoting Health Equity

- 5.5.1 Members were advised that between 1999 and 2010, the government pursued a systematic strategy to reduce inequalities. It was noted that whilst the strategy fell short of fully achieving its objectives, the gap in mortality amenable to healthcare, infant mortality and male life expectancy between the most and least deprived areas, all reduced during this time. It was noted that the Due North report had made reference to the fact that a policy of allocating increasing levels of resources to poorer areas was associated with declining inequalities in mortality amenable to health care. However, a combination of funding constraints and the expansion of market reforms were jeopardising the capacity of the NHS to take effective action on health inequalities.
- 5.5.2 It was considered by the Director of Public Health that Clinical Commissioning Groups were yet to fulfil their role in improving public health and that their engagement with local authorities had been focused on the integration of health and social care services, rather than advocating for action on the social determinants of health.
- 5.5.3 The Panel was advised that the Due North report considered that the NHS could have an influence in reducing health inequalities through three main activities:
- Providing equitable high quality health care. Although improvements had been made in mortality amenable to healthcare, a large gap still remained between North and South.
 - Directly influencing the social determinants of health through procurement and as an employer.
 - Becoming a Champion and facilitator that influenced other sectors.
- 5.5.4 The Panel considered the work already being undertaken in regards to the recommendations, which included that Public Health was now working more effectively with the Department for Public Health and Public Health England to address social determinants of health. It was also reported to the Panel that work was being undertaken between the Local Authority and the Department for Work and Pensions to develop “Health First” type employment support programmes for people with chronic health conditions.

- 5.5.5 The Panel was advised that the Health and Wellbeing Board was being supported to integrate budgets and jointly direct health and wellbeing spending plans for the NHS and Local Authority, of which the Better Care Fund was an example. The Panel also noted the work ongoing in relation to the 'Vanguard' Programme, which aimed to reduce pressure on GPs and nurses and help to encourage people to use services in a more effective way.
- 5.5.6 Members were informed that an action plan covering the four overarching recommendations from the Due North report was currently being devised and would be incorporated into the Health and Wellbeing Strategy. It was also considered that findings within the Public Health Annual Report 2014 had formed a basis for the contents of the revised Joint Strategic Needs Assessment.

6.0 The Joint Strategic Needs Assessment

- 6.1 It was explained to the Panel that the Joint Strategic Needs Assessment (JSNA) described a process that identified current and future health and wellbeing needs and the causes of poor health and that it could be considered to provide the 'story' of the area in terms of health and wellbeing. It contained comprehensive information relating to the health of the population. It was noted that local authorities and Clinical Commissioning Groups had an equal and joint duty to prepare a JSNA and a Health and Wellbeing Strategy and that as part of the JSNA production, third sector organisations had also been consulted.
- 6.2 Members noted that the JSNA was not a static document and that strategic planning identified how resources would be allocated and improvements would be made to achieve the vision of "TOGETHER we will make Blackpool a place where ALL people can live long, happy and healthy lives". It was reported that the JSNA process informed all strategic plans related to health in the area, such as the Health and Wellbeing Strategy, the Clinical Commissioning Group's Commissioning Plan and the Blackpool Council Plan.
- 6.3 The Panel was provided with details of how the JSNA informed the prioritisation process by comparing the health and wellbeing characteristics of Blackpool against other areas and examined how the characteristics changed over time. Members were advised that the JSNA was also used to determine where inequalities existed between different communities within the town and to identify communities with specific health needs. The Panel was informed that, as part of the JSNA process, the views of the public and service users would be gathered to determine the expressed needs of the community and the strengths and assets found within the community.
- 6.4 Members were provided with a demonstration of the new JSNA website and were advised that it had gone live in March 2016 and would be continually updated. It was demonstrated to Members that the website was split into various sections relevant to age groupings, which were Starting Well, Developing Well, Living and Working Well and Ageing Well. Members were also advised that there was a Blackpool Profile and a People and Places sections, which would consider wider determinants of health and would link to other areas of work undertaken by different departments of the Council.
- 6.5 It was reported that the creation of the new website had involved a much more inclusive process, which involved all local stakeholders, to identify health and wellbeing needs in

Blackpool and to provide simple to use outputs that could be widely used by partners. It was noted that the new website was easier to use and navigate around and that it had moved away from pdf reports, towards web based content and contained embedded links.

6.6 Members noted the various pages of the website, witnessing that the content of each sub-section followed a template where possible that included:

- An Introduction.
- Facts, figures and trends.
- National and local strategies (current best practices) – evidence of effectiveness.
- What were the inequalities/unmet needs/service gaps?
- Views of the local community.
- Recommendations for consideration by key partners.

6.7 The future plans for the website were discussed with the Panel. It was noted that there would be an offer of regular briefing sessions with partners to explain the JSNA process and demonstrate the JSNA website, which would involve smaller hands on sessions with Public Health officers visiting key users to provide the demonstration, where appropriate.

Recommendation Three

A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.

7.0 Draft Health and Wellbeing Strategy

7.1 The Panel considered the draft Health and Wellbeing Strategy and was advised that there was a statutory requirement to have a Health and Wellbeing Strategy in place, which must be based on evidence from the Joint Strategic Needs Assessment. It was explained that the Health and Wellbeing Board would be responsible for the delivery of the Health and Wellbeing Strategy.

7.2 The Panel was presented with information relating to the background context that had informed the revised Strategy and was advised that the draft Strategy was based on the four overarching recommendations from the Due North Inquiry. Members noted that the draft Strategy also linked to the Council Plan priority to create stronger communities and increase resilience.

7.3 It was reported to the Panel that there were four priorities proposed within the Draft Health and Wellbeing Strategy 2016-2019, which were:

- Stabilising the Housing Market.
- Substance misuse – alcohol, drugs and tobacco.
- Social isolation and Community Resilience.
- Early intervention.

7.4 Stabilising the Housing Market

- 7.4.1 The tourism trade in Blackpool has resulted in Blackpool having a significantly different housing stock compared to other local authority areas. It was noted that there were issues relating to the decency and standard of accommodation and it was reported that the draft Strategy contained the aim to reduce the number of houses of Multiple Occupation and linked to the Selective Licensing programme to improve standards in the private rented sector.
- 7.4.2 Members were informed that further aims included within the Strategy related to stabilising the housing market, redeveloping Queen's Park and finishing new housing projects at Foxhall village. Members queried where the residents of Queen's Park had moved and were advised that Blackpool Coastal Housing had employed a decanting policy for residents in order to ensure housing for those that required it.
- 7.4.3 Members noted the work being undertaken to remodel the housing stock, which was considered to be particularly focused on housing for families. Members noted the high numbers of single people in the town and challenged what provision there would be for that group of people. The Panel considered that there was a requirement to properly consider single people as part of the Health and Wellbeing Strategy, with specific regards to housing and social isolation. Members noted the work being undertaken through the Selective Licensing programme and considered that it was important that the Housing Strategy aimed to continue work to ensure that accommodation for single people was of a decent and appropriate standard. Members also discussed changes that were made to communities, as a result of the implementation of actions identified in the Housing Strategy. For example, it was noted that following the demolition of housing in Queen's Park, residents had moved to various other locations within Blackpool, resulting in the break-up of an existing community. Members therefore considered that there was a requirement to ensure the Health and Wellbeing Strategy contained adequate provisions to prevent single people becoming isolated following changes to their communities.
- 7.4.4 The Panel also questioned the considerations that were given to the proximity of playgrounds and takeaways to new housing developments and discussed s106 requirements for planning applications. The Panel considered that the built environment could be planned and shaped to encourage healthy behaviours, which should be incorporated into the Health and Wellbeing Strategy.

Recommendation Four

a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation.

b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment.

7.5 Substance misuse – alcohol, drugs and tobacco

7.5.1 Members were advised that substance misuse in Blackpool was the biggest cause of reduced life expectancy and considered the key elements of the draft Health and Wellbeing Strategy that related to substance misuse. The areas of focus in the draft Strategy were to:

- Supporting drug, alcohol and tobacco education programmes.
- Develop suitable policy interventions to reduce harm in key groups.
- Deliver the Horizon treatment service to support people with recovery.

7.5.2 Upon questioning from Members, the Panel was advised that Public Health was currently developing an Alcohol Strategy, which, amongst other things, aimed:

- To develop and deliver a targeted alcohol awareness campaign to influence behaviour change amongst working age adults.
- To develop and deliver a campaign aimed at women planning pregnancy, women who are pregnant and women at risk of unplanned pregnancy using co-participatory action.
- To ensure the ‘promotions and advertising code of practice’ continued to be implemented through planning, licensing, marketing, media and working with the wider industry.
- To change the nature of alcohol displays in off-licence premises so alcohol was not in direct view of children.

7.6 Social isolation and community resilience

7.6.1 The Panel noted that the main areas of focus in relation to social isolation and community resilience in the draft Health and Wellbeing Strategy concerned:

- Increasing volunteering and social action.
- Neighbourhood Navigators.
- Community Orientated Primary Care.

7.6.2 It was reported to the Panel that work was being undertaken to consider the Council’s approach to social action and volunteering, alongside Councillor Kirkland, Cabinet Member for Third Sector Engagement and Development, with a view to exploring ways of encouraging more people in Blackpool to become ‘active citizens’ and providing the required levels of support to help develop community action.

Recommendation Five

The Council’s approach to social action and volunteering be presented to the Resilient Communities Scrutiny Committee for consideration once it has been established.

7.6.3 It was also explained to Members that work would be undertaken to develop Community Orientated Primary Care, which would entail discussions with all stakeholders in a locality in order to gain additional intelligence to what was provided in the JSNA. There would then be a jointly planned response to wider social issues.

7.7 Early Intervention

7.7.1 Members were informed of the work that was ongoing or planned in relation to Early Intervention that was included within the Draft Health and Wellbeing Strategy, noting the key areas, which were:

- Deliver Better Start from birth to three year olds
- Deliver Head Start for 10-16 year olds
- Implement Blackpool's Healthy Weight Strategy

7.7.2 It was explained that the intention of the priority was to prevent problems before they escalated. It was explained to the Panel that research demonstrated that from birth to three intervention worked in regards to preventing issues escalating and that the 10-16 programme was focused on developing mental resilience before young people reached adulthood. Upon further questioning from Members, the Panel was advised that both Better Start and Head Start were externally funded programmes, which was the reason for defined age ranges and that Children's Services did provide services for all from birth to 19 years.

8.0 **Conclusion**

8.1 The Panel considered that there was a significant amount of work being planned and undertaken to adequately try to address the findings in the Due North Inquiry. It noted the aim to have the draft Health and Wellbeing Strategy approved by the Health and Wellbeing Board in July 2016 and considered that future performance against the Health and Wellbeing Strategy should be scrutinised by the Health Scrutiny Committee.

Recommendation Six

Future performance against the Health and Wellbeing Strategy be considered by the Health Scrutiny Committee.

9.0 Financial and Legal Considerations

9.1 Financial

- 9.1.1 There are no financial implications arising from the recommendations contained within the report.

9.2 Legal

- 9.2.1 Local Government and Public Involvement in Health Act 2007 (as amended). The Act introduced a requirement on responsible local authorities to undertake a joint strategic needs assessment of the health and social care needs for the area of the responsible local authority to determine need in terms of the discharge of health and social care functions in relation to the area of the local authority. A further assessment of relevant needs may be prepared at any time. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies has been issued.

Public Health Scrutiny Action Plan

Recommendation	Cabinet Member's Comments	Rec Accepted by Executive?	Target Date for Action	Lead Officer	Committee Update	Notes
<p>Recommendation One Public Health be recommended to explore avenues to connect more with children and their parents through sports clubs and activities being operated from parks within the town, in order to communicate public health messages.</p>						
<p>Recommendation Two Healthwatch be recommended to consider adopting a greater focus in its work in promoting public health and tackling health inequality.</p>						
<p>Recommendation Three A training session be provided by Public Health open to all Members explaining the Joint Strategic Needs Assessment process, demonstrating the website and explaining how it could be used by Councillors to assist in their roles.</p>						

Appendix 5 (a)

<p>Recommendation Four a) Appropriate consideration of single people in the Health and Wellbeing Strategy in regards to ensuring housing of a decent standard and ensuring adequate provisions to prevent social isolation. b) The Health and Wellbeing Strategy to incorporate considerations of how healthy behaviours could be encouraged through the planning of the built environment.</p>						
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