

# Blackpool Council

5 March 2024

To: All Members of the Health and Wellbeing Board

The above members are requested to attend the:

## **HEALTH AND WELLBEING BOARD**

Wednesday, 13 March 2024 at 3.00 pm  
in Committee Room A, Town Hall, Blackpool

## **A G E N D A**

### **1 DECLARATIONS OF INTEREST**

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

### **2 MINUTES OF THE LAST MEETING HELD ON 13 DECEMBER 2023** (Pages 1 - 6)

To agree the minutes of the last meeting held on 13 December 2023 as a true and correct record.

### **3 BLACKPOOL JOINT LOCAL HEALTH AND WELLBEING STRATEGY (JLHWS)** (Pages 7 - 78)

To present for recommendation to the Council the final draft of the Blackpool Joint Local Health and Wellbeing Strategy (JLHWS) 2024 – 2028.

**4 BLACKPOOL ALCOHOL PREVENTION AND HARM REDUCTION STRATEGY 2024-2027** (Pages 79 - 132)

To present for comment and approval of the Draft Blackpool Alcohol Prevention and Harm Reduction Strategy 2024-2027.

**5 BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT** (Pages 133 - 138)

To update the Health and Wellbeing Board on recent progress and developments regarding Blackpool's Place-based partnership.

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157, e-mail [lennox.beattie@blackpool.gov.uk](mailto:lennox.beattie@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 13 DECEMBER 2023

Councillor Farrell (in the Chair)

Councillors

N Brookes

Warne

Vicky Gent, Director Children's Services, Blackpool Council  
Dr Arif Rajpura, Director of Public Health, Blackpool Council  
Karen Smith, Director of Adult Services, Blackpool Council and Director of Health  
Integration, Lancashire and South Cumbria Integrated Care Board

Roy Fisher, Non-Executive Director, Lancashire and South Cumbria Integrated Care Board

Beth Martin, Blackpool Healthwatch Representative

James Black, Lancashire Constabulary

### **In Attendance:**

Lennox Beattie, Executive and Regulatory Manager, Blackpool Council  
Stephen Boydell, Principal Epidemiologist, Blackpool Council  
Liz Petch, Consultant in Public Health, Blackpool Council

Lindsey O'Dea, Lancashire and South Cumbria Integrated Care Board

### **1 DECLARATIONS OF INTEREST**

There were no declarations of interest on this occasion.

### **2 MINUTES OF THE LAST MEETING HELD ON 18 OCTOBER 2023**

The Health and Wellbeing Board considered the minutes of the last meeting held on 18 October 2023.

### **Resolved:**

That the minutes of the meeting of the Health and Wellbeing Board held on 18 October 2023 be approved and signed by the Chair as a correct record.

### **3 PROGRESS UPDATE ON JOINT LOCAL HEALTH AND WELLBEING STRATEGY (JLHWS)**

The Board received a final draft of the new Joint Local Health and Wellbeing Strategy 2024-2028 and an update on the process for final approval. Ms Liz Petch, Consultant in Public Health, reminded members of the four main priority areas which had been agreed by the Board and reconfirmed at the meeting on the 18 October 2023 along with their respective sub-priorities that had been drafted namely:

- **Priority 1: Starting Well** – this included addressing challenges such as smoking in

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 13 DECEMBER 2023

pregnancy and childhood obesity.

- **Priority 2: Education, Employment and Training** –this included a specific focus on the year round economy, tackling seasonality, and valuing core community contributions.
- **Priority 3: Living Well** – this included initiatives related to smoking, drugs and alcohol consumption, and promoting physical and mental wellbeing.
- **Priority 4: Housing** – this included proactive outreach to identify early signs of housing failures, enhancing the health sectors understanding of housing issues, and lobbying the government to extend the Decent Homes Standard to the private rented sector

In response to questions from the Board, Ms Petch reminded members that these priorities were set as those area represented where the Council as the body behind the Joint Health and Wellbeing Strategy could have the greatest impact. It had always been intended that the strategy would supplement other strategies so to bring about improvements in health and life expectancy. In a number of areas there had therefore been a conscious choice to avoid duplication or conflict with other strategies and plans.

The Board expressed positive views on the draft document and agreed to move forward to the consultation stage with the intention to bring back the document and consultation responses to the Health and Wellbeing Board at its meeting on 13 March 2024. The consultation would run from the 15 December 2023 – 12 February 2024.

### **Resolved:**

To agree that the process for development of the new Strategy proceeds to the public consultation stage, with partners and stakeholders encouraged to review and comment on the final draft during the consultation period.

### **4 BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT - BETTER CARE FUND**

Karen Smith, Director of Adult Social Services / Director of Health and Care Integration, Lancashire and South Cumbria Integrated Care Board (ICB), updated the Health and Wellbeing Board on recent progress and developments regarding Blackpool's Place-based partnership specific to the Better Care Fund (BCF). Ms Smith explained that across the Lancashire and South Cumbria area of the Integrated Care Board, the Better Care Fund arrangements varied with a significant amount of that variation due to legacy Clinical Commissioning Group arrangements. It was considered that the review would be necessary to ensure understanding, assurance, alignment, clarity of purpose and transparency. Ms Smith outlined that the Integrated Care Board believed that it was important to review the Better Care Fund spend in a coordinated way as a first step to developing a consistent approach that would both enable economies of scale on an Lancashire and South Cumbria footprint and allow for tailoring at place level to meet the differing population need and inequality prevalence.

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 13 DECEMBER 2023

The Board accepted the principle of the review but emphasised its view that future of the Better Care Fund should be driven by the positive outcomes delivered by the existing arrangements in Blackpool with changes only to address issues identified and avoided an overly fixed approach.

### **Resolved:**

To support, in principle, the future delegation of Better Care Fund budgets from Lancashire and South Cumbria Integrated Care Board to place localities, as part of the implementation of the Place Integration Deal and note a proposal has been developed to undertake an independent review of the existing Better Care Fund arrangements.

### **5 HEALTHY WEIGHT STRATEGY 2023 - 2028**

The Board considered the Healthy Weigh Strategy 2023-2026. Ms Liz Petch, Consultant in Public Health, explained how the new Health Weight Strategy 2023-2028 set out it is planned to respond to local needs in relation to high levels of obesity and how the council and other key stakeholders can work together with residents and communities to reduce these levels, and so improving healthy life expectancy and reducing health inequalities.

The Board noted the rationale behind the need for an updated strategy, noted the successes that the previous strategy had achieved a number of successes and the signing of the Healthy Weight Declaration. The commitment of employers, schools and other partners in offering healthy choices was noted and it was considered that such schemes were pivotal in addressing healthy weight. The Board accepted that work on healthy weight had slowed during and after the Covid pandemic so combined with an increase in obesity during the pandemic it was timely to refresh and update the strategy and also to relaunch the Healthy Weight Declaration.

Ms Petch highlighted the strategy's ambition: "We want our residents to be able to make healthy choices from pre-birth and throughout life; starting with healthy pregnancy and breastfeeding and continuing through key life stages to a healthy and active old age". The Board endorsed this ambition and the detailed priorities which undermined the ambition.

The Board held a brief discussion on the strategy and broader principles of healthy weight. It expressed a positive view of the approach outlined and emphasised its view that while obesity was a major health concern it was key that a range of options formed part of the solution noting the links between obesity and poverty. The Board endorsed an approach that included a range of solutions and empowered people to make the right choices including increasing physical activity while avoiding negative or judgemental approaches.

### **Resolved:**

To approve the Healthy Weight Strategy 2023-2028 attached at Appendix 5a to the agenda with effect until the 31 December 2028.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 13 DECEMBER  
2023**

**6 STOPPING THE START- PLAN TO CREATE A SMOKEFREE GENERATION**

The Board received a presentation from Ms Liz Petch, Consultant in Public Health, to raise awareness of the Department of Health and Social Care (DHSC) consultation on “Stopping the start- plan to create a smokefree generation” and provide details of the burden of tobacco addiction on health and society and the reasoning behind the need for large scale change to tackle the issue. Ms Petch reminded the Board that smoking remained the greatest single cause of health inequalities in the UK and that to achieve the Board’s ambitions it remained key to help the 21,000 current smokers in Blackpool to quit and to resist young people taking up smoking. Ms Petch outlined to the Board that these proposals were in line with the aspirations of the Tobacco Free Lancashire and South Cumbria Strategy 2023-2027 approved by the Board at its meeting on 27 June 2023.

The Board noted and endorsed the proposed legislation on making smoking illegal for those born after 1 January 2009 and in doing so implementing the recommendation of the Khan report.

The Board considered the proposal to double spending across England to Local Stop Smoking Services to £138million over the next 5 years. The Board emphasised its view when the Tobacco Free Lancashire and South Cumbria Strategy 2023-2027 had been approved by the Board that a range of approaches informed by lived experience would be essential in delivering those objectives.

The Board also noted the consultation on vaping, it applauded the work completed by the Healthwatch but expressed concern about the extremely high levels of young people vaping. It considered that the banning of products marketed to young people and single use vapes would clearly be beneficial in the context of a large usage of vapes by young people who had never smoked rather than as a tobacco replacement.

**Resolved:**

To acknowledge the health harms associated with tobacco addiction and note the proposals national Government are recommending for action in order to tackle this significant public health issue. All of the proposed recommendations for action are in line with the previously agreed and adopted Tobacco Free Lancashire and South Cumbria Strategy 2023-2028.

**7 DATE OF NEXT MEETING**

To note the date and time of the next meeting as Wednesday 13 March 2024 commencing at 3.00pm.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 13 DECEMBER  
2023**

**Chairman**

(The meeting ended at 16.40)

Any queries regarding these minutes, please contact:

Lennox Beattie Executive and Regulatory Manager

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<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Liz Petch, Consultant in Public Health
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up: People
<b>Date of Meeting:</b>	13 March 2024

## **BLACKPOOL JOINT LOCAL HEALTH AND WELLBEING STRATEGY (JLHWS)**

### **1.0 Purpose of the report:**

1.1 To present for recommendation to the Council the final draft of the Blackpool Joint Local Health and Wellbeing Strategy (JLHWS) 2024 – 2028.

### **2.0 Recommendation(s):**

2.1 To note and comment on the final draft of the Blackpool Joint Local Health and Wellbeing Strategy (attached at Appendix 3a) and consultation findings (attached at Appendix 3d).

2.2 To recommend the Blackpool Joint Local Health and Wellbeing Strategy for approval to the Council.

### **3.0 Reasons for recommendation(s):**

3.1 The Blackpool Joint Local Health and Wellbeing Strategy aims to drive change to improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole.

3.2 The previous Joint Health and Wellbeing Strategy expired in 2019 and Health and Wellbeing Boards have a statutory responsibility to prepare a Joint Local Health and Wellbeing Strategy for their local population.

3.3 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.4 Is the recommendation in accordance with the Council's approved budget? Yes

### **4.0 Other alternative options to be considered:**

4.1 To suggest amendments to the Blackpool Joint Local Health and Wellbeing Strategy to address any concerns or shortcoming that have been identified.

## 5.0 Council priority:

5.1 The work supports both of the Council's priorities:

- "The economy: Maximising growth and opportunity across Blackpool"
- "Communities: Creating stronger communities and increasing resilience"

## 6.0 Background information

6.1 Following the Blackpool Health and Wellbeing Board meeting on 5 October 2022, the Board agreed the need to write a new Blackpool Joint Local Health and Wellbeing Strategy for Blackpool as the previous Joint Health and Wellbeing Strategy 2016-2019 had expired.

6.2 Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment (JSNA) and consultation with strategic leads within partner organisations, to target areas where progress will improve people's lives both in the short term (the five-year life of the Blackpool Joint Local Health and Wellbeing Strategy) and contribute to significant improvements in the population's health over the long term (20 years or more). The four priorities are as follows:

- Priority 1 - Starting Well
- Priority 2 – Education, Employment and Training
- Priority 3 – Living Well
- Priority 4 – Housing

6.3 Measures of success have been identified for each priority area, and comparisons between Blackpool and England statistics have been made where the data is available. Each priority area also includes a list of practical milestones where progress will be tracked. For Priority 4 (Housing) impact is difficult to measure quantifiably and only milestones will be used. The Blackpool Joint Local Health and Wellbeing Strategy is underpinned by the strategies, policies and programmes identified in this document and improvement will be dependent on implementing their collective recommendations and monitoring progress.

6.4 Following an eight week public consultation, the Council received 63 responses that largely support the proposed vision, priorities and actions of the Blackpool Joint Local Health and Wellbeing Strategy JLHWS. In response to the comments received, it is proposed to make the following amendments to the strategy:

- Add that we will work with partners to deliver the Priority Education Priority Education Investment Area programme under Priority 2 (Education, Employment and Training).
- Add the Blackpool Education Improvement Board's 2020 – 2030 vision strategy under Priority 2 (Education, Employment and Training).
- Add that we will support and encourage older people, the disabled community and those living in the most deprived communities to access and participate in physical

activity under Priority 3 (Living Well).

- Update the Priority 4 (Housing) section to reflect the latest developments.

6.5 Progress on the Blackpool Joint Local Health and Wellbeing Strategy priorities will be reviewed and reported annually to the Blackpool Health and Wellbeing Board. Updates on milestones and metrics will be published on the Blackpool Joint Strategic Needs Assessment website and made available to the public in order to demonstrate how the Health and Wellbeing Board is addressing identified health needs.

6.6 To expedite the approval process, that if any further changes prior to the Council are required to the Blackpool Joint Local Health and Wellbeing Strategy these will be granted through sign-off by the Chair of the Health and Wellbeing Board.

6.7 Does the information submitted include any exempt information? No

## **7.0 List of Appendices:**

7.1 Appendix 3a - Blackpool Joint Local Health and Wellbeing Strategy 2024 – 2028 – Full Version  
Appendix 3b – Blackpool Joint Local Health and Wellbeing Strategy 2024 – 2028 – Shortened Version  
Appendix 3c - Equality Analysis Record Form  
Appendix 3d - Consultation Report

## **8.0 Financial considerations:**

8.1 A number of the actions within the document are already underway, while others are future ambitions. Budget and resources will be drawn from existing service provision where possible, and external funding will be sought if necessary.

## **9.0 Legal considerations:**

9.1 Health and Wellbeing boards have a statutory responsibility to prepare a Joint Local Health and Wellbeing Strategy for their local population.

## **10.0 Risk management considerations:**

10.1 None.

## **11.0 Equalities considerations and the impact of this decision for our children and young people:**

11.1 As detailed throughout the Equality Analysis Record Form (attached at Appendix 3c).

## **12.0 Sustainability, climate change and environmental considerations:**

- 12.1 One of the actions under Priority 4 (Housing) is to reduce fuel poverty and the number of cold households through schemes such as Cosy Homes in Lancashire (CHiL). Reducing fuel poverty through increased energy efficiency can decrease energy costs for residents and also reduce greenhouse gas emissions, thereby contributing towards climate mitigation efforts.

## **13.0 Internal/external consultation undertaken:**

- 13.1 In June 2023, an in person stakeholder workshop was held to seek input from Health and Wellbeing Board members and relevant stakeholders on the development of the JLHWS. The purpose and priorities for the strategy were agreed at the workshop and suggestions were made for focused actions and activities against the priorities identified.
- 13.2 In July 2023, online strategy development sessions were held with relevant stakeholders to collaboratively shape the Blackpool Joint Local Health and Wellbeing Strategy. The purpose of the development sessions was to establish what should feature in the new strategy based on the proposed priorities, determine actions within each priority area and understand existing strategies and actions, and build upon existing initiatives without duplicating efforts.
- 13.3 A progress update on the Blackpool Joint Local Health and Wellbeing Strategy was presented to the Health and Wellbeing Board on 18 October 2023 and on 13 December 2023. Prior to public consultation, the draft Blackpool Joint Local Health and Wellbeing Strategy was shared with the Health and Wellbeing Board, with partners and stakeholders encouraged to review and comment on the final draft.
- 13.4 A public consultation took place from 18 December 2023 to 12 February 2024 to seek views on the proposed draft Blackpool Joint Local Health and Wellbeing Strategy. There were 63 responses, 4 of which were on behalf of local organisations. Overall, the majority of respondents agreed with the vision, priorities and proposed actions on the Blackpool Joint Local Health and Wellbeing Strategy. Theme leads were engaged to provide responses to the recurring comments received. A copy of the consultation findings and the response to those findings can be found in Appendix 3d.
- 13.5 A final draft of the Blackpool Joint Local Health and Wellbeing Strategy was presented to the Council's Corporate Leadership Team on 27 February 2024 for comment and was positively received.

## **14.0 Background papers:**

- 14.1 None.

# Blackpool Joint Local Health & Wellbeing Strategy (JLHWS) 2024–2028



Lancashire and South Cumbria  
Integrated Care Board



# Foreword

It has been some time since we last published a Health & Wellbeing Strategy for Blackpool and much has happened including a global pandemic. During Covid we saw our residents coming together and volunteering their time to ensure our vulnerable and elderly members of our communities were cared for. This support safeguarded the health and wellbeing of some of our isolated residents during what was a difficult time for all of us.

This Strategy has been written during a period of great change for the NHS. New Integrated Care Boards and Place Based Partnerships have been established, and they are key players in what we do and how we do it – so whilst they prioritise the quality of care and support to our residents, we will look beyond this and consider what is driving the levels of ill-health that we have in Blackpool so that we can interrupt the cycle of poverty and deprivation that many of our communities are unfortunately experiencing.

Many of our priorities remain as was published in our last Strategy; housing, early years and tackling addiction, however this strategy is much more specific and plays to the strengths and opportunities that we have in Blackpool. It takes into account existing work and our strong, positive partnerships that we have in place, particularly between the statutory and voluntary sector. This Strategy takes the priorities very much beyond interventions and services that do to communities and considers what are the underlying causes of ill-health and health inequalities. We are not afraid to shout loudly about the unfair and unjust inequalities that exist between Blackpool and the rest of the country and I along with the Director of Public Health will continue to work with the Government to enable improvements in the health and wellbeing of all our residents.

This Strategy puts the challenge out as to what are those things that we can best do together to tackle the root causes of many of our ill health in Blackpool and what are our greatest opportunities to show we can make a demonstrable change for our residents and communities. Working together with all our partners including statutory, voluntary and smaller groups within the heart of our communities will ensure that this Strategy will tackle the root causes of inequalities and poor health and provide the opportunities our residents richly deserve.

We have therefore chosen only four priorities for this strategy which go beyond health care and think about those wider influences on health, wellbeing and social inclusion. We have many opportunities in Blackpool and we will bring statutory organisations and communities together in order to focus on making a difference to ensure fairness and equity of access are delivered.



**Councillor Jo Farrell**  
*Chair of the Blackpool Health and Wellbeing Board  
Cabinet Member for  
Levelling Up – People*

**Our vision for Blackpool is bold and ambitious:**

***Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives***

# Who is on Blackpool's Health and Wellbeing Board?

The Health and Wellbeing Board is a small, focused decision-making partnership board which fulfils the responsibilities of the Health & Social Care Act 2012. Health and Wellbeing Boards have been a key mechanism for driving joined up working at a local level since they were established in 2013.

The Health and Care Act 2022 introduced new architecture to the health and care system, specifically the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs).

In this new landscape, Health and Wellbeing Boards continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally

## Statutory members include:

- Local Councillors
- Directors of Adults and Children's Services in Blackpool Council
- Director of Public Health
- Lancashire & South Cumbria Integrated Care Board
- HealthWatch Blackpool
- Voluntary Sector Representation

We also have included, Lancashire Police, Lancashire Fire & Rescue Service, North West Ambulance Service, Blackpool Teaching Hospitals NHS Trust and Lancashire & South Cumbria NHS Foundation Trust as active members on our partnership.

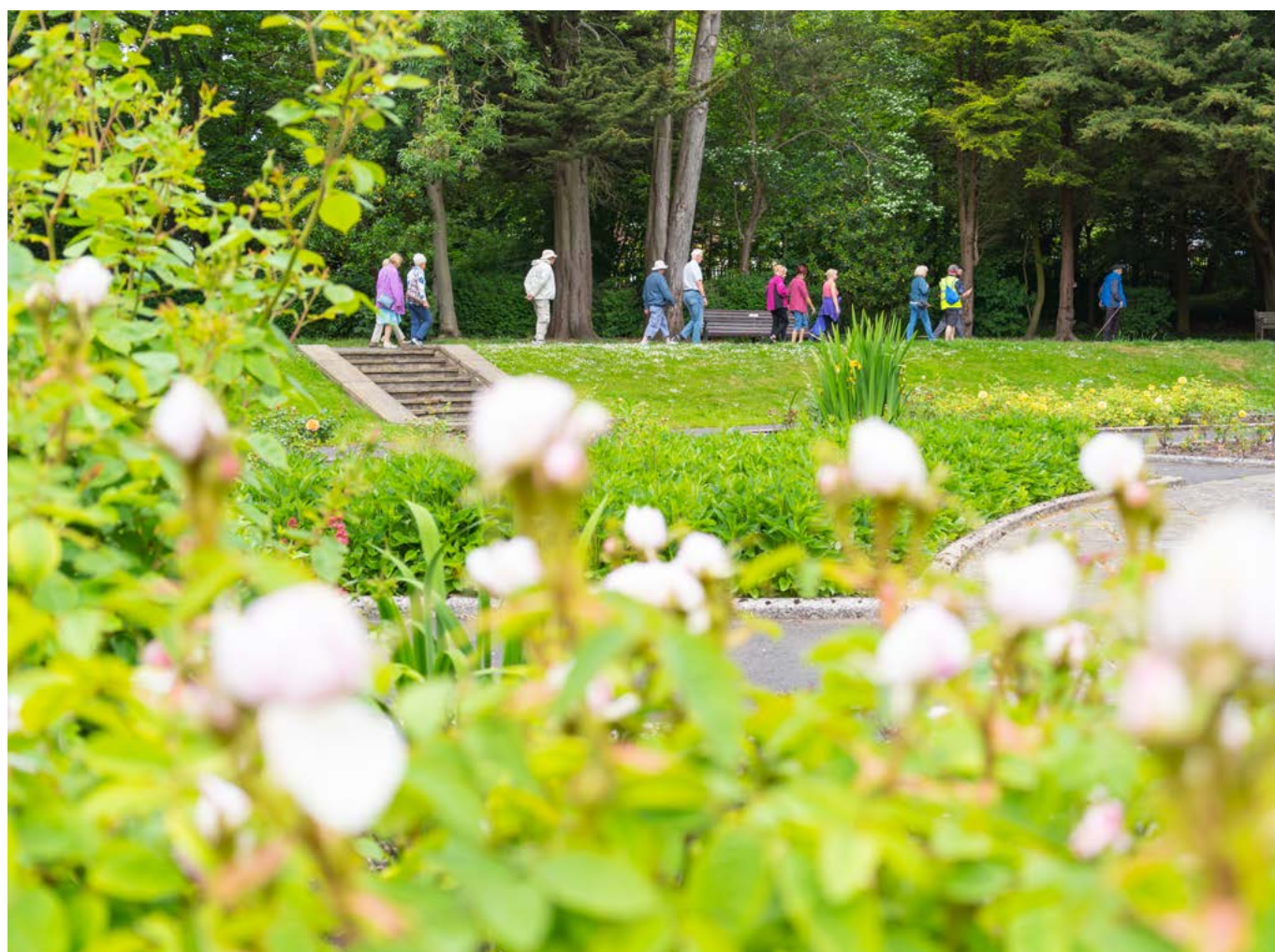


# What Factors Influence Health?

There are many factors that can influence a person's health and wellbeing. Whilst an individual has no control over their age, sex and genetics, [wider determinants of health](#) can affect the likelihood of a person developing a disease, or in dying prematurely. Such determinants of health include:

- Individual lifestyle factors: e.g. [diet](#), [physical activity](#), [smoking](#), [alcohol](#), [drugs](#), behaviour
- Social and community factors: e.g. crime, [unemployment](#), social exclusion, local cultures
- Living and working conditions: e.g. [housing](#), access to healthcare services, [air](#) or water quality
- General socio-economic factors impacting on health: e.g. [poverty](#) and [income](#), economic issues, [educational attainment](#)

People living in Blackpool experience significant disadvantage and this can be seen across many of these determinants of health. Whilst considerable progress has been made in recent years, Blackpool has significantly higher levels of harm associated with many of these factors, particularly [smoking](#), [alcohol](#) and [drug misuse](#) and socio-economic factors such as [household income](#) and [housing quality](#). The [Blackpool Joint Strategic Needs Assessment \(JSNA\)](#) explores all of these factors in detail, focusing on how they influence the health of people living in Blackpool. Information gathered within the [Blackpool Joint Strategic Needs Assessment](#) has been used to inform the priorities within the Blackpool Joint Local Health & Wellbeing Strategy.





# Blackpool Joint Local Health & Wellbeing Strategy

The aim of the Joint Local Health and Wellbeing Strategy is to drive change to help improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole. Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and consultation with strategic leads within partner organisations, to target areas where progress will improve people’s lives both in the short term (the five-year life of the Joint Local Health and Wellbeing Strategy) and contribute to significant improvements in the population’s health over the long term (20 years or more).


The aim of the JLHWS is to drive change to help improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole. Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and consultation with strategic leads within partner organisations, to target areas where progress will improve people’s lives both in the short term (the five-year life of the JLHWS) and contribute to significant improvements in the population’s health over the long term (20 years or more).

Actions we think will lead to progress, as well as the measurable ambitions we have set in these priority areas are set out in this document. The Joint Local Health and Wellbeing Strategy ensures that all of the organisations that contribute to the Blackpool Health and Wellbeing Board have a common purpose and members of the public can see where action will be focused.

Blackpool recently mapped its current strategies and associated priorities. This was done to provide assurance to the Blackpool Health and Wellbeing Board that this Joint Local Health and Wellbeing Strategy will complement what is already in situ across the Blackpool place; and secondly, it enables the Blackpool Place Based Partnership to see where it is already delivering, or has plans to deliver, against those cross-cutting actions and asks of the Lancashire and South Cumbria Integrated Care Partnership Strategy. The Joint Local Health and Wellbeing Strategy is underpinned by the strategies, policies and programmes identified in this document and improvement will be dependent on implementing their collective recommendations and monitoring progress.

Progress on the Joint Local Health and Wellbeing Strategy priorities will be reviewed and reported annually to the Blackpool Health and Wellbeing Board.

Updates on milestones and metrics will be published on the [Blackpool Joint Strategic Needs Assessment](#) website and made available to the public in order to demonstrate how the Health and Wellbeing Board is addressing identified health needs.

**Priority 1 – Starting Well** 

**Priority 2 – Education, Employment & Training** 

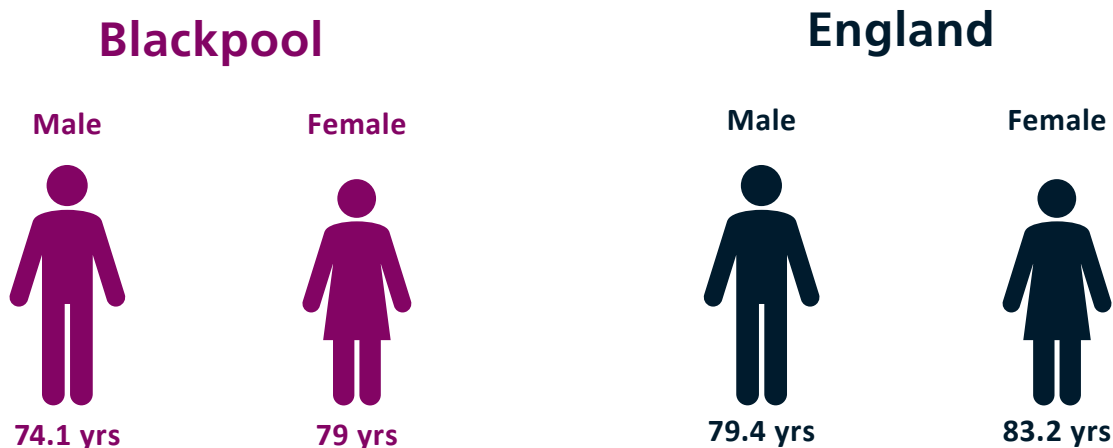
**Priority 3 – Living Well** 

**Priority 4 – Housing** 

# Life Expectancy and Healthy Life Expectancy

[Life expectancy](#) is one of the key indicators of health in a population and as such will be monitored to track progress over the long term. [Life expectancy at birth](#) is defined as the average number of years that a newborn is expected to live if current patterns of mortality continue to apply.

## Life Expectancy 2018-20



There is also a large range in [life expectancy](#) within Blackpool, with a 13.2 year gap for males between the electoral wards in Blackpool with the highest [life expectancy](#) and the lowest life expectancy, and a 9.5 year gap for females (2016-20).

Whereas [life expectancy](#) is an estimate of how many years a person might be expected to live, [healthy life expectancy](#) is an estimate of how many years they might live in 'good' health. Comparisons of [healthy life expectancy](#) between England and Blackpool show a greater difference than for [life expectancy](#) alone.

## Healthy Life Expectancy 2018-20



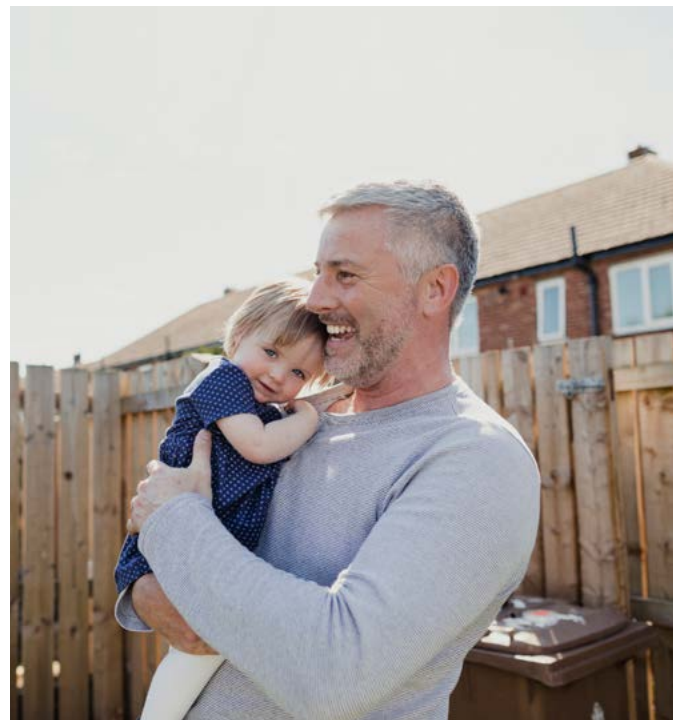
# Priority 1 – Starting Well



The early years are critical in shaping health and wellbeing later in life. Improving outcomes for children, families and communities, as well as creating services that allow better access and provide positive experiences are essential. Giving every child the best start in life is crucial to reducing health inequalities across the course of their life.

## We will...

- Ensure that new parents are informed and confident about; healthy approaches to nutrition, breastfeeding, smoking, vaping, alcohol use, safe sleep, oral health, physical activity, vaccination, safety, learning that takes place at home, emotional attachment and child development
- Guarantee that all pregnant women have access to a specialist in-house maternity treating tobacco dependence service offering both Nicotine Replacement Therapy (NRT) and behavioural support as part of standard care
- Help parents to develop positive relationships with their babies, to establish firm foundations and stable loving homes. Parents are supported to read, share stories and rhymes with their children, as an effective, easy and fun way of strengthening early secure attachments and supporting children's language development
- Ensure that children are supported during their early years, with a focus on speech, language and communication skills, so they are ready to start attending school. All of Blackpool's children will be nurtured, feel happy and excited about school and be ready to learn
- Enable children with special education needs and disabilities to have access to the right specialist support and services, which will mean they can make good progress and move into school as confidently as possible



## Relevant Strategies and Work Programmes

- Blackpool Healthy Weight Strategy 2023- 2028 and [Blackpool Declaration on Healthy Weight](#)
- Blackpool's Children, Young People and Families Partnership Plan (October 2023 launch)
- Oral Health Strategy (2024 – 2028)
- [Corporate Parenting Strategy \(2022 – 2024\)](#)
- [Tobacco Free Lancashire and South Cumbria Strategy \(2023-2028\)](#)

# Priority 1 – Starting Well



## Monitoring

### Proportion of those setting a quit date who successfully achieve a 4-week smoking quit (Maternity Service)

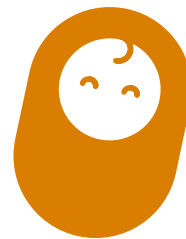
Stopping smoking during pregnancy provides health benefits to both the mother and baby. Around a third of those deciding to quit smoking during pregnancy are not smoking four weeks later, with the support of the Maternity Stop Smoking Service.

*Blackpool 32.0% (2022/23), England 46.1% (2022/23), Ambition 40% (2027/28).*

### Smoking at the time of delivery

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. This figure has come down a lot in Blackpool (from 33%) over the last decade.

*Blackpool 21.1% (2021/22), England 9.1% (2021/22), Ambition 15% (2027/28).*



### Number of mothers breastfeeding at 6-8 weeks

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother. Breast milk provides the ideal nutrition for infants in the first stages of life.

*Blackpool 354 (2021/22), Ambition Increase.*

### Proportion of children at a good level of development at the end of reception year

This is a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

*Blackpool 60.1% (2021/22), England 65.2% (2021/22), Ambition Increase.*



# Priority 1 – Starting Well



## Overweight (including obesity) reception-aged children

Excess weight and obesity in childhood is likely to persisting into adulthood. There are many health conditions associated with obesity.

*Blackpool 26.5% (2021/22), England 22.3% (2021/22), Ambition Decrease.*



## Proportion of five-year-olds with experience of visually obvious dental decay

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. It is also the most common cause of hospital admission for 5-to-9-year-olds.

*Blackpool 31.2% (2021/22), England 23.7% (2021/22), Ambition 23% (2026/27).*

## Milestones

- Provide access to infant feeding advice to all Blackpool families through the Family Hub and Start for Life programme, regardless of feeding choices
- Achieve the Breast feeding Baby Friendly Status (UNICEF) across the Neonatal Intensive Care unit (NICU), Midwifery, Health Visiting, Early Help and Family Hubs
- Provide an incentive scheme within maternity services to ensure all pregnant women have the best opportunities to quit smoking, and introduce Baby Clear so that all staff feel confident talking about the risks associated with smoking during pregnancy
- Conduct research with the Health Determinants Research Collaboration (HDRC) into the factors that influence smoking behaviour; the results of which will help shape how we support young women and pregnant women to give up smoking
- Complete the review of the 3-year Health Visitor check to inform future commissioning of the service
- Effectively monitor the Ages and Stages Questionnaire and the Social-emotional Questionnaire to determine the best areas to target to improve outcomes
- We will work towards a Smokefree Blackpool through refreshing park signage and working with family focused environments/ businesses, along with the offer of support to workplaces re policy and procedure
- Commission a dental epidemiology survey of all 5-year-old children, using the results to increase take-up of supervised toothbrushing and fluoridated milk in the worst areas for dental decay
- Provide the Early Bird programme to support parents of children with a recent autism diagnosis – Increasing numbers of parents participating
- Develop workforce knowledge of early child development, the science and significance of early experiences and their impact on lifelong health by increasing the number of the workforce that achieve the Brain Certification online course

# Priority 2 – Education, Employment and Training



Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health. This effect is greater when this occurs at a younger age or lasts for a longer period of time. Many people in Blackpool have traditionally been employed in industries related to tourism, with some of this work being seasonal. Equipping people with the skills they need for the future and working together to attract high quality jobs into the town is vital for long term health and wellbeing of the community.

## We will...

- Help Blackpool's children and young people leave education with the qualifications and skills they need for employment, training, or further study. They will have developed the confidence, resilience and independence to be successful in their adult life
- Improve employment prospects for young people by making entry-level jobs more accessible and appealing
- Develop a joined-up approach to support those out of work and promote employment of local people through local supplier chains
- Emphasis on expanding employment support in drug and alcohol treatment services and secure buy-in from partners to enhance employment support in mental health teams
- Support more of our looked after children in Blackpool to be in school and have a meaningful educational career

## Relevant Strategies and Work Programmes

- Work Well Partnerships Programme (DWP)
- [The Platform \(Youth Hub\)](#)
- Employment Support in Drug and Alcohol Services
- Employment Support in Mental Health Teams
- [Social Value Policy](#)



# Priority 2 – Education, Employment and Training

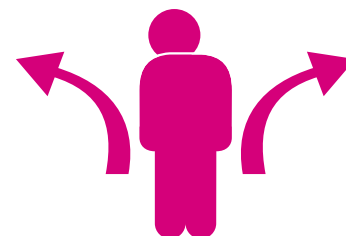


## Monitoring

### Proportion of 16-17-year-olds who are not in employment, education or training (NEET)

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

*Blackpool 7.0% (Mar 23), England 2.8% (Mar 23), Ambition Reduce.*



### Proportion of people 16-64 years old who are economically inactive

A person's employment status has both an associative and a causal relationship with a range of health outcomes, and therefore understanding this cohort forms an important part of understanding wider determinants of health.

*Blackpool 23.2% (2022), England 21.3% (2022), Ambition Reduce.*

### Job starts - individual placement and support via drug and alcohol treatment

Supporting people into work who are facing difficulties in their lives, and often experiencing multiple disadvantages, is a key priority for Blackpool.

*Blackpool 37 (2022/23), Ambition Increase.*



### Job starts - individual placement and support via mental health support

Supporting people into work who are facing difficulties in their lives, and often experiencing multiple disadvantages, is a key priority for Blackpool.

*Blackpool 94 (2022/23), Ambition Increase.*

### Number of 16-24 year olds who entered employment, education or training with support of The Platform

The Platform is a new service for 16- to 24-year-olds to help them find a job, access training or education. It aims to increase the number of young people it supports over time.

*Blackpool 292 (2022/23), Ambition Increase.*



# Priority 2 – Education, Employment and Training



## Proportion of care leavers in education, employment or training age 17-18

Care leavers are more likely to not be in employment, education or training. The transition out of care is an extremely important stage in people's lives and support is offered to help people at this time.



*Blackpool 53% (Mar 23), England, Ambition Increase.*



## Proportion of care leavers in education, employment or training age 19-21

The Platform is a new service for 16- to 24-year-olds to help them find a job, access training or education. It aims to increase the number of young people it supports over time.

*Blackpool 62% (Mar 23), Ambition Increase.*

## Milestones

- Increasing the number of people using Blackpool Learning Rooms to engage in community-based adult learning programmes by extending 'prescribing for learning' in GP Practices, working with employers and continuing to work in partnership with Housing Options and hostels
- All Health and Wellbeing Board partner organisations will maximise their use of the Apprenticeship Levy to increase the number of apprentices placed
- Recruit a Family Support Worker in the school's programme through the Department for Education's Priority Education Investment Area programme
- Improve facilities for learning by undertaking new builds at Highfurlong Special School, Park Community Academy and the Pupil Referral Unit
- Creation of a specialist provision for pupils with Special Educational Needs and Disabilities (SEND) who are unable to access a standard educational route, using the old Langdale school building
- Expansion of vocational training opportunities to reduce the number of children who become Not in Education, Employment, or Training (NEET)
- Expansion of school-based SEND provisions (Special Education Resource Facilities - SERFs) to ensure that children with additional needs have the highest quality provision in mainstream settings





# Priority 3 – Living Well



Helping people lead healthy and fulfilling lives is a key priority. Working towards an environment where it is easier to make healthy choices is important, as is providing advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol. Where necessary specialist support services can help people, for example, to improve their mental health, quit smoking or address issues around drugs and alcohol.

## We will...

- Influence system change by supporting the commissioning and sustainability of proven programmes
- Ensure an emphasis on the mental health and wellbeing of the workforce of Health and Wellbeing Board partners
- Work towards becoming a “trauma-informed town”, with organisations represented at the Health and Wellbeing Board taking a leading role
- Provide equity in support for all people who need help to tackle their tobacco addiction; including those with complex needs and circumstances e.g. drug and alcohol addictions, mental health and learning disability; and those isolated and unlikely to reach out for help (young males)
- Expand the Brief Intervention and Supportive Challenge training offer to all frontline health, social care and client facing staff to ensure they are confident in engaging with members of the public about smoking
- Use results of the 2024 Blackpool Suicide Audit to identify modifiable risk factors and determine opportunities for community-based interventions
- Ensure drug and alcohol treatment services better meet the needs of people experiencing multiple disadvantages including meeting their physical health needs. E.g. via support to stop smoking
- Support the [Lighthouse](#) alcohol service as it establishes itself and gains momentum
- Open the NHS Initial Response mental health triage service for people needing mental health support managed by Lancashire and South Cumbria NHS Foundation Trust and ensure it is evaluated



- Provide opportunities to increase the levels of participation in physical activity/sport in both adults and young people
- Lead system change to embed physical activity and the ‘move more’ concept in policies and procedures within public, private and third sector organisations

## Relevant Strategies and Work Programmes

- [Blackpool Drug Harm Reduction Strategy \(2020-2022\)](#)
- Blackpool Cultural Plan
- [Tobacco Free Lancashire and South Cumbria Strategy \(2023-2028\)](#)
- [Blackpool Teaching Hospitals NHS Trust Strategy – Health Inequalities \(2022-2027\)](#)
- Lancashire and South Cumbria Mental Health Strategy
- [Blackpool Alcohol Strategy \(2019 – 2022\)](#)
- [Blackpool Active Lives Strategy \(2021 – 2026\)](#)

# Priority 3 – Living Well



## Monitoring

### Smoking prevalence in people aged 18 and over

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with many types of cancer.

*Blackpool 20.6% (2021), England 13.0% (2021), Ambition 14% (2027).*



### Deaths from drug misuse (per 100,000) (all persons, all ages)

Drug misuse is a significant cause of premature mortality in Blackpool. Local actions, including ensuring the quality and accessibility of specialist substance misuse services and how deaths are investigated and responded to has an impact on drug misuse death rates.

*Blackpool 53% (Mar 23), Ambition Maintain.*

### Alcohol-specific hospital admissions (per 100,000) (all persons, all ages)

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.

*Blackpool 1,282.0 (2020/21), England 586.6 (2020/21), Ambition 1000 (2025/26).*



### Number of people in contact with specialist substance misuse services

There are more people living in Blackpool that could benefit from support from specialist substance misuse services.

*Blackpool 1,775 (2021/22), Ambition Increase.*

# Priority 3 – Living Well



## Proportion of people with a low life satisfaction score (aged 16+)

People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

*Blackpool 8.2% (2021/22), England 5.0% (2021/22), Ambition 6.0% (2026/27).*



## Percentage of physically active adults (aged 19+)

People who have a physically active lifestyle have a 20 to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer, and with improved mental health. In older adults, physical activity is associated with increased functional capacities.

*Blackpool 53% (Mar 23), Ambition Maintain.*

## Milestones

- Undertake the 2024 Blackpool Suicide Audit
- Evaluate the NHS Initial Response Service with NHS partners (Integrated Care Board, Lancashire and South Cumbria NHS Foundation Trust) to ensure Blackpool residents are accessing timely mental health support
- Develop a trauma-informed organisational charter mark in partnership with UCLan and people with lived experience to support trauma-informed service provision
- Complete an equity audit of the LA-commissioned stop smoking service to ensure people with mental health conditions and/or drug or alcohol issues are accessing stop smoking support, developing an action plan for improvement if required
- Establish a new Blackpool Tobacco Free Alliance to improve partnership working and communication
- Work with delivery partners to mobilise the service for people living with multiple disadvantage and substance misuse issues (OASIS)
- Work with partners to develop a recovery hub offer for Blackpool that support lifelong recovery from addiction (e.g. drugs, alcohol, gambling, tobacco)



- Promote Active Travel and 'modal shift' within Blackpool communities
- Work with external funding partners to secure capital and revenue investment to ensure people are provided with accessible opportunities to be physically active and 'move more'
- Evaluate the Social Prescriber Slimming World and Exercise on Referral pilot programmes, using the results to inform Healthy Weight Strategy Action Plan

# Priority 4 – Housing



An essential requirement of any strong and stable community is for its residents to have access to decent and secure homes. Poor housing has an adverse effect on an individual’s physical and mental health, while children living in sub-standard housing are less likely to be able to perform well at school.



## We will...

- Recognise the important role that good quality accommodation can play in the health of children, older adults and vulnerable people whilst also emphasising the consequences of poor housing on both mental and physical health
- Engage the health sector to improve their understanding of housing issues, how they can be mitigated and the associated impacts on health and wellbeing
- Lobby government to intervene in the poor quality private rented sector in order to improve living conditions and the overall well-being of tenants
- Work with government and other agencies to explore all opportunities for capital intervention to enable housing regeneration, in order to tackle the unbalanced housing market in Blackpool, which contributes to poor health outcomes
- Reduce fuel poverty and the number of cold households through schemes such as Cosy Homes in Lancashire (ChiL)
- Work with landlords to improve standards through the Decent Homes Pilot and any future licensing schemes

- Encourage the building of well-designed housing options for older people to help prevent excess need for residential care for housing related reasons

## Relevant Strategies and Work Programmes

- [Blackpool Housing Strategy \(2018-2023\)](#)
- [Blackpool Alcohol Strategy \(2019 – 2022\)](#)
- [Cosy Homes in Lancashire \(ChiL\)](#)
- [Blackpool Council’s Housing Plan for the ageing population \(2017 – 2020\)](#)
- [Blackpool’s Green and Blue Infrastructure Strategy \(2019 – 2029\)](#)
- [Blackpool Climate Emergency Action Plan](#)

## Milestones

- Produce a proposal to undertake a Housing Stock Condition Survey
- Evaluate the Decent Homes pilot scheme
- Implement the steps outlined in the Blackpool Climate Plan, particularly those related to housing and the built environment

# Appendix – Information Sources

## Priority one - starting well

NHS Digital: Statistics on NHS Stop Smoking Services in England. *Pregnant women: successful quitters CO validated as a percentage of clients setting a quite date.* [Statistics on NHS Stop Smoking Services in England - NHS Digital](#)

Office for Health Improvement & Disparities. *Smoking status at the time of delivery.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Breastfeeding prevalence at 6-8 weeks after birth - current method.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *School readiness: percentage of children achieving a good level of development at the end of reception.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *National Child Measurement Programme: reception prevalence of overweight (including obesity).* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Percentage of five-year-olds with experience of visually obvious dental decay.* [Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

## Priority two - education, employment and training

GOV.UK, education statistics. *Percentage of 16-17-year-olds who are not in employment, education or training (NEET).* [Participation in education, training and NEET age 16 to 17 by local authority, Academic year 2022/23 – \(explore-education-statistics.service.gov.uk\)](#)

NOMIS – official census and labour market statistics. *Proportion of people 16-64-years who are economically inactive.* [Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

Blackpool Council. *Other indicators.*

## Priority three – living well

Office for Health Improvement & Disparities. *Smoking prevalence in adults 18+ years.* [Public health profiles - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Deaths from drug misuse (persons, all ages).* [Public health profiles - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Alcohol-specific hospital admissions (per 100,000) (all persons, all ages).* [Public health profiles - OHID \(phe.org.uk\)](#)

NDTMS. *Number of people in contact with specialist substance misuse services.* [NDTMS - ViewIt - Adult](#)

Office for Health Improvement & Disparities. *Self-reported wellbeing: proportion of people with a low satisfaction score (16+).* [Public health profiles - OHID \(phe.org.uk\)](#)

Office for Health Improvement & Disparities. *Percentage of physically active adults (19+).* [Public health profiles - OHID \(phe.org.uk\)](#)

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# Blackpool Joint Local Health & Wellbeing Strategy (JLHWS) 2024–2028

Appendix 3b



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Lancashire and South Cumbria  
Integrated Care Board

Blackpool Council

# Foreword

It has been some time since we last published a Health & Wellbeing Strategy for Blackpool and much has happened including a global pandemic. During Covid we saw our residents coming together and volunteering their time to ensure our vulnerable and elderly members of our communities were cared for. This support safeguarded the health and wellbeing of some of our isolated residents during what was a difficult time for all of us.

This Strategy has been written during a period of great change for the NHS. New Integrated Care Boards and Place Based Partnerships have been established, and they are key players in what we do and how we do it – so whilst they prioritise the quality of care and support to our residents, we will look beyond this and consider what is driving the levels of ill-health that we have in Blackpool so that we can interrupt the cycle of poverty and deprivation that many of our communities are unfortunately experiencing.

Many of our priorities remain as was published in our last Strategy; housing, early years and tackling addiction, however this strategy is much more specific and plays to the strengths and opportunities that we have in Blackpool.

It takes into account existing work and our strong, positive partnerships that we have in place, particularly between the statutory and voluntary sector. This Strategy takes the priorities very much beyond interventions and services that do to communities and considers what are the underlying causes of ill-health and health inequalities. We are not afraid to shout loudly about the unfair and unjust inequalities that exist between Blackpool and the rest of the country and I along with the Director of Public Health will continue to work with the Government to enable improvements in the health and wellbeing of all our residents.

This Strategy puts the challenge out as to what are those things that we can best do together to tackle the root causes of many of our ill health in Blackpool and what are our greatest opportunities to show we can make a demonstrable change for our residents and communities. Working together with all our partners including statutory, voluntary and smaller groups within the heart of our communities will ensure that this Strategy will tackle the root causes of inequalities and poor health and provide the opportunities our residents richly deserve.

We have therefore chosen only four priorities for this strategy which go beyond health care and think about those wider influences on health, wellbeing and social inclusion. We have many opportunities in Blackpool and we will bring statutory organisations and communities together in order to focus on making a difference to ensure fairness and equity of access are delivered.



**Councillor Jo Farrell**  
*Chair of the Blackpool Health and Wellbeing Board  
Cabinet Member for  
Levelling Up – People*

**Our vision for Blackpool is bold and ambitious:**

***Together we will make Blackpool a place where ALL people can live, long, happy and healthy lives***



# Introduction

## What is the aim of the Blackpool Joint Local Health and Wellbeing Strategy?

The Joint Local Health and Wellbeing Strategy sets out the Blackpool Health and Wellbeing Board's priorities to improve health and reduce health inequalities in Blackpool.

The main purpose of the Blackpool Health and Wellbeing Board is to oversee the system for local health commissioning and to lead on the strategic planning and co-ordination of NHS, public health, social care and related children's services.

## What factors influence health?

An individual's health is influenced by various factors some of which they cannot control, such as age, sex and genetics. However, other factors, known as the wider determinants of health, can affect the likelihood of a person developing a disease or dying prematurely. Such determinants of health include:

- **Individual lifestyle factors:** e.g. diet, physical activity, and smoking
- **Social and community factors:** e.g. crime and unemployment
- **Living and working conditions:** e.g. housing
- **General socio-economic factors impacting on health:** e.g. poverty and income, economic issues, educational attainment

Whilst considerable progress has been made in recent years, Blackpool has significantly higher levels of harm associated with many of these factors.

The Blackpool Joint Strategic Needs Assessment (JSNA) explores all of these factors in detail, focusing on how they influence the health of people living in Blackpool.



# Introduction

## Our priorities

Four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and engagement with partner organisations:

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### Priority 1 – Starting Well



### Priority 2 – Education, Employment and Training



### Priority 3 – Living Well



### Priority 4 – Housing



This document sets out what the Health and Wellbeing Board will do under these four priority areas to improve the health and wellbeing of Blackpool's population and reduce the disparity in health outcomes between Blackpool and England as a whole.

The Joint Local Health and Wellbeing Strategy is underpinned by existing strategies, policies and programmes and improvements in health outcomes will be dependent on implementing their collective recommendations and monitoring progress.

Progress on the Joint Local Health and Wellbeing Strategy priorities will be reviewed and reported annually to the Health and Wellbeing Board.

Updates on milestones and metrics will be published on the Blackpool Joint Strategic Needs Assessment website and made available to the public in order to demonstrate how the Health and Wellbeing Board is addressing identified health needs.

# Priority 1 – Starting Well



The early years are critical in shaping health and wellbeing later in life. Improving outcomes for children, families and communities, as well as creating services that allow better access and provide positive experiences are essential. Giving every child the best start in life is crucial to reducing health inequalities across the course of their life.

## We will...

- Ensure that new parents are informed and confident about; healthy approaches to nutrition, breastfeeding, smoking, vaping, alcohol use, safe sleep, oral health, physical activity, vaccination, safety, learning that takes place at home, emotional attachment and child development
- Guarantee that all pregnant women have access to a specialist in-house maternity treating tobacco dependence service offering both Nicotine Replacement Therapy (NRT) and behavioural support as part of standard care
- Help parents to develop positive relationships with their babies, to establish firm foundations and stable loving homes. Parents are supported to read, share stories and rhymes with their children, as an effective, easy and fun way of strengthening early secure attachments and supporting children's language development
- Ensure that children are supported during their early years, with a focus on speech, language and communication skills, so they are ready to start attending school. All of Blackpool's children will be nurtured, feel happy and excited about school and be ready to learn
- Enable children with special education needs and disabilities to have access to the right specialist support and services, which will mean they can make good progress and move into school as confidently as possible



# Priority 2 – Education, Employment and Training



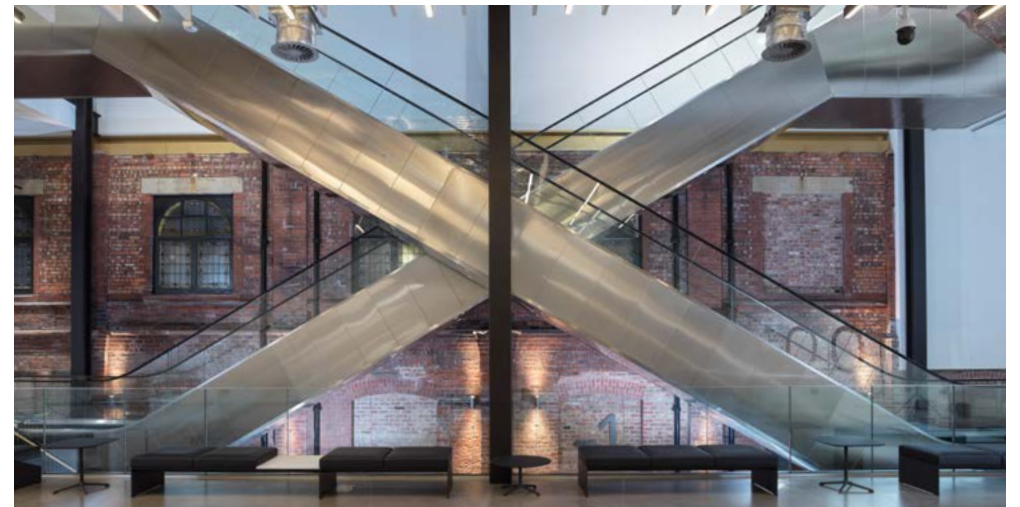
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## We will...

Page 34

Help Blackpool's children and young people leave education with the qualifications and skills they need for employment, training, or further study. They will have developed the confidence, resilience and independence to be successful in their adult life

- Improve employment prospects for young people by making entry-level jobs more accessible and appealing
- Develop a joined-up approach to support those out of work and promote employment of local people through local supplier chains
- Emphasis on expanding employment support in drug and alcohol treatment services and secure buy-in from partners to enhance employment support in mental health teams
- Support more of our looked after children in Blackpool to be in school and have a meaningful educational career



# Priority 3 – Living Well



Helping people lead healthy and fulfilling lives is a key priority. Working towards an environment where it is easier to make healthy choices is important, as is providing advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol. Where necessary specialist support services can help people, for example, to improve their mental health, quit smoking or address issues around drugs and alcohol.

## We will...

- Page 35
- Influence system change by supporting the commissioning and sustainability of proven programmes
  - Ensure an emphasis on the mental health and wellbeing of the workforce of Health and Wellbeing Board partners
  - Work towards becoming a “trauma-informed town”, with organisations represented at the Health and Wellbeing Board taking a leading role
  - Provide equity in support for all people who need help to tackle their tobacco addiction; including those with complex needs and circumstances e.g. drug and alcohol addictions, mental health and learning disability; and those isolated and unlikely to reach out for help (young males)
  - Expand the Brief Intervention and Supportive Challenge training offer to all frontline health, social care and client facing staff to ensure they are confident in engaging with members of the public about smoking
  - Use results of the 2024 Blackpool Suicide Audit to identify modifiable risk factors and determine opportunities for community-based interventions
  - Ensure drug and alcohol treatment services better meet the needs of people experiencing multiple disadvantages including meeting their physical health needs. E.g. via support to stop smoking
  - Support the Lighthouse alcohol service as it establishes itself and gains momentum



- Open the NHS Initial Response mental health triage service for people needing mental health support managed by Lancashire and South Cumbria NHS Foundation Trust and ensure it is evaluated
- Provide opportunities to increase the levels of participation in physical activity/sport in both adults and young people
- Lead system change to embed physical activity and the ‘move more’ concept in policies and procedures within public, private and third sector organisations

# Priority 4 – Housing



An essential requirement of any strong and stable community is for its residents to have access to decent and secure homes. Poor housing has an adverse effect on an individual's physical and mental health, while children living in sub-standard housing are less likely to be able to perform well at school.

## We will...

- Recognise the important role that good quality accommodation can play in the health of children, older adults and vulnerable people whilst also emphasising the consequences of poor housing on both mental and physical health
- Engage the health sector to improve their understanding of housing issues, how they can be mitigated and the associated impacts on health and wellbeing
- Lobby government to intervene in the poor quality private rented sector in order to improve living conditions and the overall well-being of tenants
- Work with government and other agencies to explore all opportunities for capital intervention to enable housing regeneration, in order to tackle the unbalanced housing market in Blackpool, which contributes to poor health outcomes
- Reduce fuel poverty and the number of cold households through schemes such as Cosy Homes in Lancashire (ChiL)
- Work with landlords to improve standards through the Decent Homes Pilot and any future licensing schemes
- Encourage the building of well-designed housing options for older people to help prevent excess need for residential care for housing related reasons



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**February 2024**

Department: Public Health

Team or Service Area Leading Assessment: Corporate Delivery Team

Title of Policy/ Service or Function: Blackpool Joint Local Health and Wellbeing Strategy

Lead Officer: Liz Petch, Consultant in Public Health

**STEP 1 - IDENTIFYING THE PURPOSE OR AIMS**

1. What type of policy, service or function is this?

Changing/ updated ✓

2. What is the aim and purpose of the policy, service or function?

The need for the Joint Local Health and Wellbeing strategy (JLHWS) is driven by the following:

- The previous Joint Health and Wellbeing Strategy (2016-2019) has expired.
- Health and Wellbeing boards have a statutory responsibility to prepare a JLHWS for their local population.

The purpose of the Blackpool JLHWS is to explain what priorities the Blackpool Health and Wellbeing board has set in order to tackle the needs identified in the Blackpool Joint Strategic Needs Assessment (JSNA). JSNAs are assessments of the current and future health and social care needs of the local community.

3. Please outline any proposals being considered.

The following four priorities have been chosen, based on findings from the Blackpool Joint Strategic Needs Assessment and consultation with strategic leads within partner organisations, to target areas where progress will improve people’s lives both in the short term (the five-year life of the JLHWS) and contribute to significant improvements in the population’s health over the long term (20 years or more):

1. Starting Well
2. Education, Employment and Training
3. Living Well
4. Housing

Actions we think will lead to progress, as well as the measurable ambitions we have set in these priority areas are set out in the document. The Joint Local Health and

Wellbeing Strategy ensures that all of the organisations that contribute to the Blackpool Health and Wellbeing Board have a common purpose and members of the public can see where action will be focused.

4. What outcomes do we want to achieve?

The aim of the 5-year Joint Local Health and Wellbeing Strategy is to drive change to improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole.

5. Who is the policy, service or function intended to help/ benefit?

The strategy is intended to help improve the health and wellbeing of the residents of Blackpool.

6. Who are the main stakeholders/ customers/ communities of interest?

- Residents of Blackpool
- Members of the Blackpool Health and Wellbeing Board
  - Local Councillors
  - Directors of Adults and Children’s
  - Services in Blackpool Council
  - Director of Public Health
  - Lancashire & South Cumbria Integrated Care Board
  - HealthWatch Blackpool
  - Voluntary Sector Representation
  - Lancashire Police
  - Lancashire Fire & Rescue Service
  - North West Ambulance Service
  - Blackpool Teaching Hospitals NHS Trust
  - Lancashire & South Cumbria NHS Foundation Trust

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

No

**STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU**

8. Please summarise the main data/ research and performance management information in the box below.

<b>Data/ information</b>
<b>General</b> Census 2021 indicates the population of Blackpool is around 141,000.
<b>Sex</b> Blackpool’s population is composed of 49.1% males and 50.9% females. This is very

similar to both the national and regional composition.

### **Age**

Blackpool has a slightly older demographic in comparison to the regional and national average with 19.47% of people over the age of 65 compared to 17.63% for the North West and 17.37% for England. The percentage of people who are of working age in Blackpool marginally below that of the regional and national averages with 63.02% of people aged between 16 and 65 compared to 63.6% in the North West and 64.05% for England. The number of people aged under 16 in Blackpool is also slightly lower than average at 17.51% compared to 18.76% in the North West and 18.56% for England.

### **Ethnic Groups**

Blackpool has a predominantly white population with 94.7% of people describing themselves as White. 1.6% of residents describe themselves as Mixed. Blackpool residents who describe themselves as Asian or Black make up 3.1% of Blackpool's total population, whilst another 0.6% of the population describe themselves as other groups such as Arab.

For households with more than 1 person; 2% of households are composed of residents whose ethnic groups differ between generations but not within partnerships, 4% of households are composed of residents whose ethnic groups differ within partnerships.

### **Religion**

The majority of the Blackpool population are Christian, with 50.8% of people describing themselves as Christian compared with 52.5% in the North West and 46.3% in England. 41% of people in Blackpool describe themselves as having no religion. This is higher than to the national figure of 36.7%. The remaining population is relatively small with 1.4% of people describing themselves as Muslim, This is considerably lower than the figures for both the North West and England with 7.6% and 6.7% respectively. Blackpool also has lower proportions of its population who describe themselves as Buddhist, Hindu, Jewish and Sikh compared with the rest of the country.

### **Marriage and Civil Partnership**

Blackpool has a higher proportion of residents who are described single 40.9% compared to the England average of 37.9% and smaller proportion of residents, 35.2% who are married to someone of the opposite sex , compared to the average for England at 44.2%. Blackpool has a slightly higher proportion of same sex couples who are married or in civil partnerships than the England and regional averages.

### **Sexual Orientation**

Blackpool has a higher proportion of residents (nearly double) who describe

themselves as gay or lesbian than the regional and national averages. Blackpool has a similar proportion of gay and lesbian residents as Manchester and Salford. 0.8% of the Blackpool population aged 16 and over are in same sex relationships either as married or civil partners.

### **Gender Identity**

Blackpool has a higher proportion of residents (nearly double) who describe themselves as gay or lesbian than the regional and national averages. Blackpool has a similar proportion of gay and lesbian residents as Manchester and Salford. 0.8% of the Blackpool population aged 16 and over are in same sex relationships either as married or civil partners.

### **Disability**

As of December 2022, there were a total of 663 children or young people with a statement of SEN (Special Educational Needs) or EHC (Education, Health and Care) plans. This is approximately 4.9% of pupils in Blackpool and is slightly higher with the proportions the North West (4.2%).

The Blackpool adult population has a higher prevalence of learning disabilities compared to the national figure with 4.44 adults per 1,000 people with a learning disability getting long-term support from local authorities compared to 3.38 per 1,000 people in England and 3.84 per 1,000 people in the North West.

## ***Research or comparative information***

### **Life Expectancy and Health and Life Expectancy**

Life expectancy is one of the key indicators of health in a population. Life expectancy at birth is defined as the average number of years that a new-born is expected to live if current patterns of mortality continue to apply.

Life expectancy for Blackpool:

- Males: 74.1 years
- Females: 79 years

Life expectancy for England:

- Males: 79.4 years
- Females: 83.2 years

There is a large range in life expectancy within Blackpool, with a 13.2 year gap for males between the electoral wards in Blackpool with the highest life expectancy and the lowest life expectancy, and a 9.5 year gap for females (2016-20).

Whereas life expectancy is an estimate of how many years a person might be expected to live, healthy life expectancy is an estimate of how many years they might live in 'good' health. Comparisons of healthy life expectancy between England and Blackpool show a greater difference than for life expectancy alone.

Healthy life expectancy for Blackpool:

- Males: 53.5 years

- Females: 54.3 years

Healthy life expectancy for England:

- Males: 63.1 years
- Females: 63.9 years.

### **Starting Well**

Stopping smoking during pregnancy provides health benefits to both the mother and baby. Around a third of those deciding to quit smoking during pregnancy are not smoking four weeks later, with the support of the Maternity Stop Smoking Service. The proportion of those setting a quit date who successfully achieve a 4-week smoking quit (Maternity Service) is 32.0% for Blackpool and 46.1% for England.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. This figure has come down a lot in Blackpool (from 33%) over the last decade. The percentage of smoking at the time of delivery is 21.1% in Blackpool and 9.1% in England.

Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother. Breast milk provides the ideal nutrition for infants in the first stages of life. The number of mother breastfeeding at 6-8 weeks in 2021/22 in Blackpool was 354.

Excess weight and obesity in childhood is likely to persisting into adulthood. There are many health conditions associated with obesity. The percentage of overweight (including obesity) reception-aged children is 26.5% in Blackpool and 22.3% in England.

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. It is also the most common cause of hospital admission for 5-to-9-year-olds. The proportion of five-year olds with experience of visually obvious dental decay is 31.2% in Blackpool and 23.7% in England.

### **Education, Employment and Training**

Young people who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The proportion of 16-17-year-olds who are not in employment, education or training (NEET) in Blackpool is 7.0%. The national figure is 2.8%.

A person's employment status has both an associative and a causal relationship with a range of health outcomes, and therefore understanding this cohort forms an important part of understanding wider determinants of health. The proportion of people 16-64 years old who are economically inactive in Blackpool is 23.2%. The national figure is 21.3%.

### **Living Well**

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung

cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with many types of cancer. Smoking prevalence in people aged 18 and over in Blackpool is 20.6%. The national figure is 13.0%.

Drug misuse is a significant cause of premature mortality in Blackpool. Local actions, including ensuring the quality and accessibility of specialist substance misuse services and how deaths are investigated and responded to has an impact on drug misuse death rates. Deaths from drug misuse (per 100,000) (all persons, all ages) is 53% in Blackpool.

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol-specific hospital admissions (per 100,000) (all persons, all ages) is 1,282.0 in Blackpool and 586.6 for England.

People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. The proportion of people with a low life satisfaction score (aged 16+) is 8.2% in Blackpool and 5.0% in England.

People who have a physically active lifestyle have a 20 to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer, and with improved mental health. In older adults, physical activity is associated with increased functional capacities. The percentage of physically active adults (aged 19+) in Blackpool is 53%.

### ***Key findings of consultation and feedback***

#### **Public Survey Consultation**

A public consultation took place to seek views on the proposed draft JLHWS. The consultation was open for 8 weeks between December 2023 and February 2024. There were 63 responses, 4 of which were on behalf of local organisations.

The majority of responses were in agreement with the priority areas and proposed actions.

- 82.54% of respondents agreed with the overall vision. “Together we will make Blackpool a place where all people can live, long, happy and healthy lives”.
- 84.13% of respondents agreed with the Starting Well priority and 79.37% approved of the proposed actions.
- 87.30% of respondents agreed with the Education, Employment and Training priority and 80.95% approved of the proposed actions.
- 88.89% of respondents agreed with the Living Well priority and 83.61% approved of the proposed actions.
- 85.48% of respondents agreed with the Housing priority and 85.48% approved of the proposed actions.

9. What are the impacts or effects for Key Protected Characteristics?

<b>Age</b>
<p>No overall negative impacts of the JLHWS have been identified associated with age.</p> <p>The strategy includes priorities that are equally relevant to all ages, and others that are more target at the differing needs of different aged residents.</p> <p>Younger people - One of the actions of the strategy is to ensure that children are supported during their early years, with a focus on speech, language and communication skills, so they are ready to start attending school.</p> <p>Older people – One of the actions of the strategy is to encourage the building of well-designed housing options for older people to help prevent excess need for residential care for housing related reasons.</p>
<b>Disability</b>
<p>No overall negative impacts of the JLHWS have been identified associated with disability.</p> <p>One of the actions of the strategy is to enable children with special education needs and disabilities to have access to the right specialist support and services, which will mean they can make good progress and move into school as confidently as possible.</p>
<b>Gender Reassignment</b>
<p>No overall negative impacts of the JLHWS have been identified associated with Gender Reassignment.</p>
<b>Marriage and Civil Partnership</b>
<p>No overall negative impacts of the JLHWS have been identified associated with Gender Reassignment.</p>
<b>Pregnancy and Maternity</b>
<p>No overall negative impacts of the JLHWS have been identified associated with Pregnancy and Maternity.</p> <p>One of the actions of the strategy is to guarantee that all pregnant women have access to a specialist in-house maternity treating tobacco dependence service offering both Nicotine Replacement Therapy (NRT) and behavioural support as part of standard care.</p> <p>Another action is to ensure that new parents are informed and confident about; healthy approaches to nutrition, breastfeeding, smoking, vaping, alcohol use, safe sleep, oral health, physical activity, vaccination, safety, learning that takes place at home, emotional attachment and child development.</p>
<b>Race</b>
<p>No overall negative impacts of the JLHWS have been identified associated with Race.</p>
<b>Religion and Belief</b>
<p>No overall negative impacts of the JLHWS have been identified associated with Religion and Belief.</p>
<b>Sex</b>

No overall negative impacts of the JLHWS have been identified associated with Sex.
<b>Sexual Orientation</b>
No overall negative impacts of the JLHWS have been identified associated with Sexual Orientation.

10. What do you know about how the proposals could affect community cohesion?

It is anticipated that the JLHWS will strengthen community cohesion, as the focus of the strategy is to:

- Address health inequalities that exist within the community
- Improve individual health and wellbeing
- Create services that allow better access and provide positive experiences
- Equip residents with the skills they need for employment, training, or further study
- Provide access to decent and secure homes

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

It is acknowledged that general socio-economic factors e.g. poverty, income, economic issues and educational attainment influence a person’s health and wellbeing. The strategy seeks to reduce the proportion of 16-17 year olds who are not in employment, education or training (NEET) and reduce the proportion of 16-64 year olds who are economically inactive. It is anticipated that the proposals could help to reduce socio-economic inequality, in particular poverty by focusing on education, employment and training as one of the four priority areas.

**STEP 3 - ANALYSING THE IMPACT**

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

In total there were 63 responses to the public consultation survey. For respondents who shared their demographic information, the survey was completed by more females (79%) than males (21%). Responses were received from a fairly proportionate representation of ages, ethnic groups, incomes, disabilities, however females were heavily over-represented; therefore the findings are not likely to be representative of the wider Blackpool population as Blackpool’s population is composed of 49.1% males and 50.9% females.

While it is not clear why there were higher take-up by females, one possible explanation is that the consultation was promoted to council and health colleagues, which have a higher proportion of female workers. According the Office for National Statistics (ONS, 2019), more women work in the public sector compared with men; 35% of workers are men and 65% are women. Additionally, according to NHS England (2021), 76.7% of NHS staff are women.

Moving forward, the council will consider ways to encourage more people from all backgrounds to participate in future engagement and consultation exercises.



13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

No

14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

No

15. Are any of these limitations or differences “substantial” and likely to amount to unlawful discrimination?

Not applicable.

#### **STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT**

16. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

No adverse impact has been identified for the proposed JLHWS.

17. What would be needed to be able to do this? Are the resources likely to be available?

Not applicable.

18. What other support or changes would be necessary to carry out these actions?

Not applicable

#### **STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS**

19. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

Not applicable

20. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

Not applicable

**STEP 6- ACTION PLANNING**

No additional actions have been identified on top of existing approaches to address equalities issues.

**STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW**

To be reviewed in line with the governance arrangements detailed in the strategy action plan

Date completed: 21/02/2024

Signed:



Name: Liz Petch

Position: Consultant in Public Health

# Appendix 3d Joint Local Health and Wellbeing Strategy

2024 – 2028

## Consultation: Summary Report

February 2024



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## Executive Summary

A survey was available for **eight weeks** between December 2023 and February 2024. Paper surveys were available in libraries and leisure centres and a digital survey was available on the Council website. The survey was designed to gather feedback from residents and organisations on the four priority areas and proposed actions within the Joint Health and Wellbeing Strategy 2023- 2028.

The survey collected **63** responses, **four** of which were on behalf of local organisations.

The majority of responses were in agreement with the priority areas and proposed actions.

- 82.54% of respondents agreed with the overall vision: “Together we will make Blackpool a place where all people can live, long, happy and healthy lives”.
- 84.13% of respondents agreed with the *Starting Well* priority and 79.37% approved of the proposed actions.
- 87.30% of respondents agreed with the *Education, Employment and Training* priority and 80.95% approved of the proposed actions.
- 88.89% of respondents agreed with the *Living Well* priority and 83.61% approved of the proposed actions.
- 85.48% of respondents agreed with the *Housing* priority and 85.48% approved of the proposed actions.

## Introduction

The aim of the survey was to gain feedback from residents and organisation across Blackpool to understand their views of the Blackpool Health and Wellbeing Board's Joint Local Health and Wellbeing Strategy.

The aim of the 5-year Joint Local Health and Wellbeing Strategy is to drive change to improve the health and wellbeing of the population of Blackpool and reduce the gap in health outcomes between Blackpool and England as a whole.

The survey ran between 18th December 2023 and 12th February 2024. In addition to an online survey which was accessible on Blackpool Council's Engagement and Consultation webpage, paper copies were also made available in Blackpool Libraries and leisure centres.

## The Respondents (Demography)

In total there were 63 responses to the survey, four of which were on behalf of local organisations.

50 respondents shared their demographic details. This information is used to understand how representative the findings are to the general population of Blackpool. Responses were received from a fairly proportionate representation of ages, ethnic groups, incomes, disabilities, however females were heavily over-represented. Therefore, the findings are not likely to be representative of the wider Blackpool population.

### Sex

79% of the respondents were female and 21% were male.

### Age

16-24	6%
25-34	14%
35-44	20%
45-54	30%
55-64	20%
65-74	6%
75+	4%

### Ethnic Identity

Asian/Asian British (inc. Indian/Pakistani/Bangladeshi/Chinese or any other Asian background)	2%
Mixed/Multiple ethnic groups	2%
White (inc. English/Welsh/Scottish/Northern Irish/British/Irish/Traveller or any other White background)	96%

### Disability

No, I do not have a long standing illness or disability	70%
Yes, but it doesn't limit me	8%
Yes, limits me a little	12%
Yes, limits me a lot	10%

### Household Income

Less than £10,000	4.26%
£10,000-£19,999	6.38%
£100,000-£149,999	8.51%
£20,000-£29,999	19.15%
£30,000-£39,999	14.89%
£40,000-£49,999	14.89%
£50,000-£59,999	10.64%
£60,000-£69,999	8.51%
£70,000-£79,999	4.26%
£80,000-£89,999	4.26%
£90,000-£99,999	4.26%

### Sexual Orientation

Asexual	2.63%
Bisexual	2.63%
Gay	5.26%
Heterosexual	84.21%
Lesbian	5.26%

## The Results

Q1: Do you agree with the vision: “Together we will make Blackpool a place where all people can live, long, happy and healthy lives”?

		Number	Percentage
<b>Residents</b>	Strongly agree	16	36.36%
	Agree	17	38.64%
	Neither agree nor disagree	8	18.18%
	Disagree	1	2.27%
	Strongly disagree	2	4.55%
<b>Workers</b>	Strongly agree	10	66.67%
	Agree	5	33.33%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%
<b>Organisations</b>	Strongly agree	3	75%
	Agree	1	25%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%

Q2: Is “Starting Well” the right priority?

		Number	Percentage
<b>Residents</b>	Strongly agree	24	54.55%
	Agree	11	25%
	Neither agree nor disagree	5	11.36%
	Disagree	2	4.55%
	Strongly disagree	2	4.55%
<b>Workers</b>	Strongly agree	12	80%
	Agree	2	13.33%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	1	6.67%
<b>Organisations</b>	Strongly agree	2	50%
	Agree	2	50%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%

Q3: Are these the right actions to take?

- Provide access to infant feeding advice for all Blackpool families through Family Hubs and achieve Breastfeeding Baby-Friendly Status (UNICEF) across all healthcare units.
- Review the Health Visitors service.
- Provide support to parents of children with recent autism diagnoses.
- Promote Brain Certification online course.
- Improve tooth brushing and fluoridated milk uptake in areas with high proportions of child dental decay.
- Promote a Smoke-free Blackpool and research the factors influencing smoking behaviours in pregnant women.

		Number	Percentage
<b>Residents</b>	Strongly agree	22	50%
	Agree	13	29.55%
	Neither agree nor disagree	7	15.91%
	Disagree	2	4.55%
	Strongly disagree	0	0%
<b>Workers</b>	Strongly agree	8	53.33%
	Agree	4	26.67%
	Neither agree nor disagree	2	13.33%
	Disagree	1	6.67%
	Strongly disagree	0	0%
<b>Organisations</b>	Strongly agree	1	25%
	Agree	3	75%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%



Q4: Is Education, Employment and Training the right priority?

		Number	Percentage
<b>Residents</b>	Strongly agree	26	59.09%
	Agree	12	27.27%
	Neither agree nor disagree	5	11.36%
	Disagree	0	0%
	Strongly disagree	1	2.27%
<b>Workers</b>	Strongly agree	11	73.33%
	Agree	2	13.33%
	Neither agree nor disagree	1	6.67%
	Disagree	0	0%
	Strongly disagree	1	6.67%
<b>Organisations</b>	Strongly agree	2	50%
	Agree	2	50%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%

Q5: Are these the right actions to take?

- Promote community-based adult learning through GP referrals.
- Expand vocational training opportunities and boost the number of apprenticeships.
- Establish a School Family Support Worker.
- Improve the buildings at our Special Schools.
- Improve Special Educational needs support in schools and establish a new Special Educational Needs and Disabilities unit.

		Number	Percentage
<b>Residents</b>	Strongly agree	23	52.27%
	Agree	13	29.55%
	Neither agree nor disagree	7	15.91%
	Disagree	1	2.27%
	Strongly disagree	0	0%
<b>Workers</b>	Strongly agree	8	53.33%
	Agree	4	26.67%
	Neither agree nor disagree	2	13.33%
	Disagree	1	6.67%
	Strongly disagree	0	0%
<b>Organisations</b>	Strongly agree	1	25%
	Agree	2	50%
	Neither agree nor disagree	0	0%
	Disagree	1	25%
	Strongly disagree	0	0%

Q6: Is Living Well the right priority?

		Number	Percentage
<b>Residents</b>	Strongly agree	27	61.36%
	Agree	11	25%
	Neither agree nor disagree	4	9.09%
	Disagree	0	0%
	Strongly disagree	2	4.55%
<b>Workers</b>	Strongly agree	11	73.33%
	Agree	3	20%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	1	6.67%
<b>Organisations</b>	Strongly agree	2	50%
	Agree	2	50%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%

Q7: Are these the right actions to take?

- Encouraging people to 'move more and promote active travel.
- Evaluate the NHS Initial Response Service, Social Prescriber Slimming Services, Suicide Services and equity of stop smoking services.
- Establish the Blackpool Tobacco Free Alliance.
- Create a hub for addiction recovery.
- Develop a trauma-informed organizational charter.
- Collaborate with the OASIS service.

		Number	Percentage
<b>Residents</b>	Strongly agree	21	50%
	Agree	12	28.57%
	Neither agree nor disagree	8	19.05%
	Disagree	0	0%
	Strongly disagree	1	2.38%
<b>Workers</b>	Strongly agree	10	66.67%
	Agree	4	26.67%
	Neither agree nor disagree	1	6.67%
	Disagree	0	0%
	Strongly disagree	0	0%
<b>Organisations</b>	Strongly agree	2	50%
	Agree	2	50%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%

Q8: Is Housing the right priority?

		Number	Percentage
<b>Residents</b>	Strongly agree	25	56.82%
	Agree	11	25%
	Neither agree nor disagree	6	13.64%
	Disagree	1	2.27%
	Strongly disagree	1	2.27%
<b>Workers</b>	Strongly agree	12	80%
	Agree	2	13.33%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	1	6.67%
<b>Organisations</b>	Strongly agree	2	66.67%
	Agree	1	33.33%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%

Q9: Are these the right actions to take?

- Improve understanding of housing issues and the associated impacts on health and well-being.
- Reduce fuel poverty by supporting energy efficiency projects.
- Work with landlords to improve standards and evaluate the Decent Homes pilot project.
- Lobby the government to intervene in poor-quality homes.

		Number	Percentage
<b>Residents</b>	Strongly agree	20	46.51%
	Agree	15	34.88%
	Neither agree nor disagree	8	18.60%
	Disagree	0	0%
	Strongly disagree	0	0%
<b>Workers</b>	Strongly agree	9	60%
	Agree	6	40%
	Neither agree nor disagree	0	0%
	Disagree	0	0%
	Strongly disagree	0	0%
<b>Organisations</b>	Strongly agree	2	50%
	Agree	1	25%
	Neither agree nor disagree	1	25%
	Disagree	0	0%
	Strongly disagree	0	0%

## Response to consultation findings

The survey asked for comments under each of the four priority areas. All comments made in the public consultation survey have been grouped into recurring themes and have been reviewed and considered for inclusion in the final JLHWS. Theme leads have been engaged to provide responses to the recurring comments received.

Key Comments	Frequency	Response
Comments relating to the need for support, advice and services for parents and carers	15	<p>The following resources are available to help and educate parents:</p> <ul style="list-style-type: none"> <li>• <a href="#">Your babys language</a></li> <li>• <a href="#">How and when do babies develop social skills?</a></li> <li>• <a href="#">Big little moments</a></li> </ul> <p>The Health Visiting Service is one of the services that the council commission and are provided by Blackpool Teaching Hospitals. The Health Visitors, with Nursery Nurses undertake eight universal visits to all families and they also provide additional support and visits for those that are experiencing difficulties.</p> <p>The Health Visiting Service provides information, advice and support on child development, transition to parenthood and early weeks maternal mental health (perinatal depression)</p> <ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Healthy weight, healthy nutrition and physical activity</li> <li>• Managing minor illness and reducing accidents</li> <li>• Health, wellbeing and development of the child, including support to be 'ready for school'</li> </ul> <p>There is also a more targeted Early Parenthood Service that has been established (June 2023) to provide a smaller number of parents with more regular visits over a period of up to 6 months. This is for parents that have greater needs and that would benefit from additional support.</p> <p>For families affected by domestic abuse and trauma there is a service for both parents, <a href="#">For Baby's Sake</a> to support parent to deal with difficult situations, find support, make changes and to build resilience.</p> <p>Family Hubs a one-stop shop for a variety of services for children and families of all ages, giving opportunities to meet people, learn new things and find support. There are three in Blackpool in the north, central and south areas of the town, offering warm and welcome spaces for families, children and young people from 0 to 19, and up to 25 for children with special educational needs and disabilities (SEND).</p> <p><a href="#">Baby Steps</a> is a universal parenting programme open to all families. It's an antenatal educational programme designed to support</p>

		<p>expectant parents to manage the emotional and physical transition into parenthood.</p> <p><a href="#">HENRY</a></p> <p>The service includes; supporting breastfeeding, improving nutrition, emotional wellbeing, parenting skills, healthy nutrition, oral health and a more active lifestyle. They offer workshops, top tips on their website.</p> <p>There are general websites that provide useful information</p> <ul style="list-style-type: none"> <li>• <a href="#">Getting to know your baby</a></li> <li>• <a href="#">Circle of Security Parenting Group</a></li> </ul> <p>Blackpool also has a <a href="#">Parent Infant Relationship Service</a> . This is a targeted service that a Health Visitor or your GP can refer you to, the service aims to promote a loving secure relationship between primary caregivers' and their infants up to the age of 2 years.</p>
<p>Comments relating to education, training and employment support</p>	<p>11</p>	<p>Comprehensive proposals for the future of alternative provision are described in Inclusion section of the <a href="#">Blackpool Education Improvement Board's 2020-2030 Vision</a>. We will add the Blackpool Education Improvement Board's 2020 – 2030 vision strategy to the Education section of the Joint Local Health and Wellbeing Strategy.</p> <p>We will also add the following to the Joint Local Health and Wellbeing Strategy: <i>'we will work the partners to deliver the Priority Education Investment Area programme. The projects which are being developed relate to literacy, pupil behaviour in schools and improving attendance through the use of family support workers in schools. The programme runs until spring 2025.'</i></p> <p>Blackpool Council has a work placement programme, <a href="#">Chance2Shine</a>, which offers unemployed individuals on its employment support programmes a 4-week unpaid work placement so that they can try work in a particular sector or with a specific employer before committing to applying for job roles. This gives them invaluable work experience, useful skills to add to their CV and an increased level of confidence in going back to work.</p> <p>Our employment support programmes are open to participants from 16 – 65 years of age.</p> <p>Blackpool Council has its own service dedicated to supporting young people aged 16-24 into employment or training. The Platform provides young Blackpool residents with one-to-one employment support from an Employment Adviser and offers information, advice and guidance to help them to make the right choice for their future. This could include accessing an apprenticeship, training course or local job. <a href="#">The Platform</a> has a dedicated Care Leavers worker and an Outreach Employment Adviser to support young people who may be unable to access the town centre base.</p>

		<p>Blackpool Council's <a href="#">Positive Steps into Work</a> Service has an Outreach Employment Adviser who works with people who are economically inactive and supports them into work and training.</p> <p>Blackpool Council delivers integrated Individual Placement and Support (IPS) services in both our commissioned drug and alcohol recovery services in Blackpool and across Lancashire and South Secondary Mental Health Services (specifically for clients with severe mental illness - SMI) to help people move into paid employment. We are currently undergoing an expansion programme into Primary Care Networks for the SMI group to widen access numbers and this will include a self-referral pathway.</p>
<p>Comments relating to the need for mental health support and services</p>	<p>10</p>	<p>Further information on perinatal mental health and emotional wellbeing service can be found here: <a href="#">NeonatalLeaflet.pdf (bfwh.nhs.uk)</a></p> <p>Mental Health First Aid for workplaces is offered through Blackpool Council Public Health and through the ICB suicide prevention work. Further information can be found here: <a href="#">Suicide Prevention   Lancashire Mind</a></p> <p>There are mental health practitioners who work as part of Primary Care Networks in GP surgeries who provide triage, care planning, links to other primary care-based roles and social support, liaison and onward referral to mental health services.</p> <p>Blackpool Talking Therapies offers a range of brief, evidence-based, therapeutic interventions to support people's needs, this includes; online, telephone and face-to-face treatment options for people aged 16 and over. People can self-refer - 01253 955700 or <a href="mailto:bfwh.talkingtherapies@nhs.net">bfwh.talkingtherapies@nhs.net</a></p> <p>The Initial Response Service had been launched which improves access to both urgent and routine requests for help including crisis support on a 24/7 basis <a href="tel:08000130709">0800 013 0709</a></p> <p>Blackpool Council commission a suicide prevention service <a href="#">Solace - FYi Directory</a> for people bereaved by suicide. Other suicide prevention work is happening with partners as part of delivery of the Lancashire and South Cumbria Suicide Prevention Plan.</p> <p>Blackpool Carers provide support to carers of people with mental health problems - Amanda Madden on 01253 393748). The Family Focus Project works with families where a parent or carer has substance (drug or alcohol) misuse issues or mental ill health. The team offer intensive support to all members of the household - Kerry Dalton on 01253 393748. They also offer support groups and counselling.</p>

<p>Comments relating to physical activity and the built environment</p>	<p>9</p>	<p>Over the last 2 years we have been involved with the Climate Emergency Action Plan, with a focus on the environment, and modal shift. We are delighted with the local work around Active Travel, working with local schools and third sector organisations to educate and promote clean, traffic free spaces, and creating play streets. This work will continue with external partners and colleagues in the Transport Policy team and Highways.</p> <p>The Active Travel Group meet quarterly, and involves wider council services and third sector. Work will continue within education and conversations are on-going to ensure the built environment is suitable for all and that communities are well connected, providing safe cycling and walking routes to schools, shops and workplaces. For further information please visit: <a href="https://blackpool.gov.uk/active-travel">Active Travel (blackpool.gov.uk)</a></p> <p>The Greening Blackpool Supplementary Planning Documents states that:</p> <p><i>‘All new residential development (including change of use) providing 3 or more units should provide 40 square metres of open space per person based on average occupancy rates. If the full provision of open space cannot be provided on-site, a financial contribution towards up-grading open space off[1]site will be required’</i></p> <p>Further guidance on open space provision is provided on pages 36 to 37 of the SPD. For further information please visit: <a href="#">Greening Blackpool SPD adopted May 2022</a></p> <p>Following a recent review of the concessionary membership prices, which has resulted in some membership prices being reduced. The concessionary (Low income, student, over 65) membership has been reduce to £19.99. The corporate membership has also been reduced to £19.99. There has been significant growth, despite the cost of living crisis. For further information please visit: <a href="#">Memberships (blackpool.gov.uk)</a></p> <p>Funding from Blackpool Council’s Public Health, supports the delivery of ‘Making Changes’, a 12 week behaviour change programme which supports families to lose weight, explore healthy eating and physical activity. For further information please visit: <a href="#">Making changes (blackpool.gov.uk)</a></p> <p>Following the Covid pandemic, there have been some changes to the pool timetable, primarily to accommodate the significant growth of the learn 2 swim programme. We still offer casual swimming at both pools daily, more specifically for those who work 9am-5pm we have an early morning option, and Tuesdays and Thursdays from 4pm at PLC or 6pm at Moor Park. For further information please visit: <a href="#">Swim timetable (blackpool.gov.uk)</a></p>
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		<p>There are a number of programmes delivered within Blackpool which provides activities for people with a disabilities, and over the last few years it has been really positive to see an increase in the number of voluntary and third sector organisations delivering physical activity for people with disabilities across the Fylde coast, including Autism Initiatives, Blackpool Boccia Club, Together We Can Do and a very successful disability swimming club, Blackpool Polar Bears. For further information please visit: <a href="#">Home   Together We Can Do</a></p> <p>We will also add the following to the strategy: ‘Active Blackpool are committed to providing a quality and affordable service which promotes physical activity. With an aspiration for Inclusive Fitness Initiative (IFI) accreditation, which will provide access to those in greatest need. Specifically targeting older people, the disabled community and those living in the most deprived communities in Blackpool, we will aspire to do things differently to break down barriers and tackle deep rooted inequalities and inactivity so that people in our communities live a happy and healthy life’.</p>
General comments	9	Not applicable.
Comments relating to the need for improved food environment	8	<p>The Healthy Weight Strategy 2023-2028 Action Plan contains actions to:</p> <ul style="list-style-type: none"> <li>• Support and encourage educational settings to embrace the healthy eating agenda and to embed policies and initiatives into everyday life</li> <li>• Look at maternal nutrition</li> <li>• Review implementation of the Infant Lancashire Feeding Strategy</li> <li>• Support maternal and infant nutrition awareness and education and promote the benefits of breastfeeding and healthy introduction to solid foods</li> <li>• Encourage local businesses to achieve the Healthier Choices Food Award and Junior Healthier Choices Award</li> <li>• Development of a local policy to prevent the advertising of high fat, salt and sugar products on council-owned premises</li> <li>• Development of health campaigns that raise awareness of the harms of high fat, salt and sugar products</li> <li>• Support our vulnerable communities to have access to healthy and affordable food.</li> <li>• Promote healthy and sustainable food</li> <li>• Support the vulnerable children in our community to have access to healthy, nutritious food at school and during the holidays</li> </ul> <p>The Blackpool Oral Health Strategy 2023-2028 Action Plan contains actions to develop oral health campaigns to increase awareness of the dangers of sugar-sweetened drinks and high fat, salt and sugar snacks in between meals.</p>



		The offer specifically to parents is described in the 'Comments relating to the need for support, advice and services for parents and carers' response section.
Comments relating to the need for additional support in schools	6	<p><b>Schools have support from the following:</b></p> <p>School early help and resilience team offer:  1:1 support for young people where a need is identified, Transition support – moving on up to High school, College or even to a new school, Group work programmes - For Primary (e.g. online safety, friendship and communication), For Secondary- Online Safety (relationships online, body image, digital detox, profile safety), Self-harm intervention (early help), Supporting school with early help advice and support</p> <p>All schools have access to a primary mental health worker to support staff, who will also deliver Youth Mental Health First Aid courses to school staff.</p> <p>All secondary schools are supported by mental health teams in schools, providing early intervention/therapeutic support. For further information please visit the SHINE Fylde Coast Mental Health Support Team on the FYi Directory using the following link: <a href="https://www.fyidirectory.co.uk/directory/shine">https://www.fyidirectory.co.uk/directory/shine</a></p> <p>We have a mental health partnership board and would welcome any partners who wish to join and share learning. Please contact <a href="mailto:publichealth@blackpool.gov.uk">publichealth@blackpool.gov.uk</a></p>
Comments relating to the need to improve housing conditions	6	<p>All traders applying insulation measures have to have a Trustmark certificate and associated guarantee. For further information please visit: <a href="https://www.trustmark.org.uk/homeowner/financial-support/great-british-insulation-scheme">https://www.trustmark.org.uk/homeowner/financial-support/great-british-insulation-scheme</a></p> <p>The Council's public protection team have tools and powers to take action against poor external property condition, fly-tipping and ASB and can act as long as people report the issues.</p> <p>We use selective licensing schemes in order to undertake inspections of all houses that fall into the designation. We find that people in many cases are scared to report issues therefore by conducting inspections we are able to identify the issues ourselves and take the necessary action against the landlord if they fail to complete the required work.</p> <p>The Council has no control over a tenant choosing to rent a substandard privately rented property. The Council does have a company – Blackpool Housing Company that does acquire property in the area, upgrade it and then rent it out at a better quality.</p> <p>We have tried running tenant training on maintaining a healthy home but we had low/no take up.</p>

		<p>All energy efficiency housing grants through Cosy Homes in Lancashire are aimed at working households on an income of less than £36,000 pa. We work with a network of local installers who have appropriate accreditations as required by the Government. All work is inspected and appropriate guarantees issued to residents. Builders are paid directly following a satisfactory inspection. For further information please visit: <a href="http://www.chil.uk.com">www.chil.uk.com</a></p>
Comments relating to autism support	4	<p>The council's adult social care department has a Specialist Autism Team which identifies the needs of adults who have been identified as Autistic or are on the NHS waiting list for an Autistic diagnostic assessment. The team is made up of social workers, case assessors and support workers and provides information and advice, direct support and commissioned support from care providers.</p> <p>The team also provides some support to younger people in this group, alongside our partners in Children's services and other agencies, as they prepare for adulthood.</p> <p>Carers of people the team work with, for example parents, partners or friends, are also offered the opportunity to have their needs as a carer identified and support provided, for example via the carer's or through the provision of respite services.</p>
Comments relating to the need for drug and alcohol treatment	4	<p>There is a comprehensive Combatting Drug and Alcohol Partnership Board Action Plan and Drugs Strategy linked to Health and Wellbeing Board.</p> <p>A draft Alcohol Strategy is currently being worked on and is near completion. This also has an Action Plan which will also be monitored by the Combatting Drug and Alcohol Partnership Board. The specific alcohol service 'Lighthouse' is within this.</p>
Comments relating to health services	4	<p><b>NHS Dentistry</b></p> <p>The NHS only receives funding for 60 per cent of the population to receive NHS dentistry, however the decline in oral health since the COVID-19 pandemic means the level of funding received in reality is currently only sufficient for around 50 per cent of the population to be able to access routine NHS dental care. It is therefore not possible for everyone in the UK to receive NHS dental treatment.</p> <p>While very few dentists may be accepting new NHS patients at the moment, they may all accept patients privately. Most dentists offer a payment plan that will ensure all routine care is carried out at a cost not too dissimilar to NHS services.</p> <p>Unlike GP practices, nobody is registered with a dentist. By completing a registration form at your dentist you are simply being added to their database, however this does not provide guaranteed access to an appointment.</p>

		<p>If you need to access a dentist in an emergency or out of normal hours, use NHS111 by visiting <a href="http://111.nhs.uk">111.nhs.uk</a> or call 111.</p> <p>Urgent dental treatment is charged at £25.80 (unless you are entitled to free NHS dental treatment).</p> <p>The Lancashire and South Cumbria dental helpline can also provide advice, support and an appointment where required. It is charged at your local rate. Call 0300 1234010 between 8am and 9pm Monday to Friday, 10am to 5pm weekends and bank holidays.</p> <p><b>GP Enhanced Access</b> The Fylde Coast NHS is committed to improving access to primary care services. This includes making appointments available at times that are convenient to patients. Evening and weekend appointments are available with GPs, practice nurses and other healthcare professionals for routine pre-booked services.</p> <p>Operating 7 days a week from Whitegate Drive, South Shore Primary Care Centre, Fleetwood Health Centre, Lytham St Anne’s Primary Care Centre &amp; Freckleton, Beechwood Surgery, Garstang Medical Centre, Over Wyre Medical Centre, Kirkham Health Centre and includes evening and weekend routine appointments e.g. GP appointments, smear clinics, chronic disease management, phlebotomy clinics, ear syringing, and more. Appointments can be booked via a patient’s own GP practice. Please be aware that this is not a walk-in service – you must have an appointment.</p> <p>If a doctor is required when the surgery is closed, please use the NHS Service 111. Call 111 or visit <a href="http://111.nhs.uk">111.nhs.uk</a>.</p>
Comments relating to smoking and vaping	3	<p>Work is currently being undertaken by BetterStart and Public Health to review evidence of effectiveness relating to smoking during pregnancy.</p> <p>In 2023, a children and young people’s vaping report was published by Healthwatch Blackpool. Work has been done in response to this with children and young people and parents. Secondary Schools have been given vape bins for confiscated vapes provided by the safeguarding team and support by Public Health. They also supported through Public Health resource and training. We also work closely with the Blackpool Council Enforcement team.</p> <p>A new comprehensive tobacco action plan (CleaR) has been agreed and will be monitored through the newly formed Smokefree Blackpool Alliance.</p> <p>The Community Stop Smoking Service is freely available to all Blackpool residents.</p>
Comments relating to	3	All services that offer support and treatment for drugs, alcohol and multiple disadvantages are shaped by the Lived Experience Team.

engagement and monitoring		Colleagues with lived experience are integral to providing support to clients within these services.
Comments relating to social prescribing and community based support	3	<p>Primary Care Networks either employ or commission social prescribing link workers; who help patients to get the right support, often beyond medical care. Many different patients will be referred to social prescribing link workers but they often include people with long-term conditions, low level mental health issues and those who feel lonely or isolated. Link workers also help people with complex social needs.</p> <p>Generally, patients speak with a link worker 6-12 times over a three month period. The link worker will connect them with activities, groups, and services in their community for practical and emotional support to help them get back on their feet.</p> <p>Patients may need a referral to access a social prescriber but that doesn't necessarily need to be a GP – all staff at the Primary Care Network can access this support for the patient.</p> <p>Blackpool Libraries have received £88,000 grant funding from the government's Know Your Neighbourhood fund to tackle loneliness and social isolation through new activities and volunteering opportunities. Blackpool's libraries will use the funding to develop a comprehensive offer for adults at risk of chronic loneliness and help boost volunteering, primarily at Central Library, Revoe Library, Library@TheGrange and Langdale Library and Laundry Room. Community outreach will also take place to engage those residents at risk of chronic loneliness, giving insight into how the library service may be able to help.</p>
Comments relating to the housing market	2	The Council uses grant funding from Homes England to help acquire properties, ex Right to Buy properties, and to help build new Council homes such as at Troutbeck and Grange Park.
Comments relating to housing warmth	2	<p>Blackpool Council works in partnership with 12 Lancashire Local Authorities to run the Cosy Homes in Lancashire (CHiL) Affordable Warmth initiative. As a Consortium we bid for funding to help residents living in fuel poverty to improve the energy efficiency of our properties. We have many schemes available to Blackpool residents all of which target working households on low wages. As a Council we promote and market the scheme as widely as possible and hold regular resident events. We also work with many partner agencies and cross refer to ensure any identified are met.</p> <p>Residents who apply to CHiL will be offered a Retrofit Survey of their home and a 'whole house' approach taken looking at insulation measures first. For those properties which would benefit from Clean Heat measures a Heat Loss Survey will be undertaken in every instance. For further information please visit the CHiL website: <a href="http://www.chil.uk.com">www.chil.uk.com</a></p>

Comments relating to housing for older and disabled people	2	<p>Referrals into the Care &amp; Repair service to reduce hospital admissions and aid quick hospital discharge are already in place.</p> <p>We recognise that some of our historical housing stock is now not suitable for disabled people. In new housing schemes we take this into consideration and provide a number of fully accessible and adaptable units in each scheme. In addition to this we build new houses with provision in place to easily make adaptations if and when required.</p>
Comments relating to the private rented sector	2	<p>The Council's Housing Options Service provides advice and support to people who are homeless or at risk of homelessness. For further information please visit the Council's Housing and Homelessness advice website:  <a href="https://www.blackpool.gov.uk/Residents/Housing/Housing-options/Housing-and-homelessness-advice.aspx">https://www.blackpool.gov.uk/Residents/Housing/Housing-options/Housing-and-homelessness-advice.aspx</a></p> <p>Accreditation based on quality is too subjective and standards can decline very quickly in the private rented sector. We have introduced the Blackpool Standard which is a higher standard and in Selective Licensing areas if a landlord meets this higher standard, they get a discount off their licence fee.</p>

## Appendix – Full list of comments

### Starting Well = 32

"Teach parents that their behaviour influences their child's development. Use more positive language, encourage sports uptake, be more involved. Don't be drunk in front of your children."

"Perinatal access"

"Provide support to adults who have been diagnosed with Asperger's in later life like I have."

"Yes improving dietary helps for parents struggling on low incomes, like providing more money to save indignity of having to go to Foodbank's help poor areas (Tesco has done this around Mereside by allocating food to be sent to a person who then sends a general text to say basically for them to go and collect what they need. I hope this is still happening? But encouraging more supermarkets to do this in areas is important."

"Teach mothers to interact with young children. So frustrating to see children in buggy while mother has her face in phone screen."

"Look more into mental health of mothers/fathers who might be struggling with childcare and need more support but don't know where to access it."

"Look at diet and access to nutritional food which could have a knock-on effect of dental decay."

"NHS dentists! Appreciate the dental and teeth cleaning initiative but without NHS dentists this again is hard to quantify."

"Breastfeeding needs advocating for much more within our local health services. In my own experience when we were having our daughter there was an incredible amount of resistance towards my partner continuing to pursue her goal of breastfeeding although she had received minimal support in terms of time and advice. My partner and I were very informed on the benefits of breast feeding versus formula feeding and despite communicating this and our wish for our child to have the benefits associated with breast milk that formula feeding does not offer we were repeatedly encouraged to 'give up' and move to formula feeding. We eventually sourced our own lactation specialist who advised my partner on using breast pumping machines to extract breast milk (as our daughter could not latch due to development issues) and my partner was able to successfully pump breast milk and solely sustain our daughter on it for 9 months. "

"Autism provision and support needs to improve as the children develop, currently insufficient provision"

"As a first time mum the service once my child was born has been great! There's plenty of groups supporting infant feeding, weaning and free play sessions for all areas (sensory,

story, song) with a range of age groups! It currently far exceeds what Wyre and Fylde are offering! I have also has plenty of HV appointments which I really appreciate. Fantastic service so far I hope it continues”

"Promote safe sex to young people"

"Improved Diet/food options for children, especially parents on a budget and better access to CAMHS and mental health support for pregnant families and new parents”.

"Ensure access to a healthy balanced meal to provide the nutrition required for health and growth. Basic food prep/cooking skill workshops. Promotion to reduce the amount of sugary drinks children consume - this would also help to reduce tooth decay.”

"I think the focus on helping parents with special needs children is a fantastic priority as social media shows that it is national crisis with many parents feeling unsupported, overwhelmed and some even having to give up work to assist their children."

"There seems to be a trend of poor dental hygiene in the area, this is not helped by the lack of NHS dentists. I myself no longer have an NHS dentists as mine went private and i cannot afford private. I cannot get on an NHS dentist client list. "

"Extend the support to parents of children with a recent autism diagnosis to also include parents in the process of trying to get a diagnosis."

"Make available to new mothers support/ educational groups”

"There should be more research done into seeing if expectant mothers are actually smoking or not. Being pregnant would be a great time for them to quit and would be willing to quit with the right support. If only it was off the record and they could get the help they needed”

"Provide Support for young parents of babies born into care”

"Parenting classes and healthy choices/eating classes"

"I put photos online about e-cigarettes and how dangerous they are, but you all started this!!! These e-cigarettes can blow up, I've seen it many times, while litter picking. These shops that sell them, just throw them into normal bins, I went round and asked loads of shops, how do they get rid of old ones. I was shocked at their response. You need to do a collection service for these!!!"

"The built environment, it is essential that we create clean, traffic -free spaces for our children and parents to enjoy."

"I think the focus on helping parents with special needs children is a fantastic priority as social media shows that it is national crisis with many parents feeling unsupported, overwhelmed and some even having to give up work to assist their children. "

"Services need to be inclusive and be available outside core hours of 9-5."

"Set up more supportive groups for parents and toddlers."

"This isn't my area of expertise so I'm unsure, but it is important to ensure continuous engagement and lived experience input throughout."

"Physical Activity"

"Need engagement with pre conception health promotion and need engagement with antenatal planning"

"You need to consider mental health here - especially for young families and new mums, perinatal mental health is really important here"

"More guidance on the nutritional value of foods and those that cause harm. High sugar content for example. Avoidance of drinks containing sugar in Primary children. Information on alternatives. Also, unhealthy additives in food and drink."

"This needs to reflect the priorities that have already been agreed in the Children Young People and Families Strategic Partnership Plan 2024-29 & be focused on improving under 5s outcomes, not focus on service delivery. There also needs to be a reference to the Partnership Early Help Strategy or Family Hub offer in Localities in relation to the national Family Hub Guidance. This is related to the CYPF Partnership Plan Priority 1 - Children and young people have the 'Best Start in Life' – the first 1001 days of a child's life are crucial for their development, physical and mental health. The plan needs to be joined together to show a shared and integrated vision."



## Education, Employment and Training = 26

“Trial workshop days where people can see what they could be interested in learning.”

"Expansion of alternative provision for primary and secondary school aged children.  
Improve access and services for children and young people's mental health."

"We applaud the actions taken to build on the transformation in service delivery for young people who have experience the care system by assisting them to make a successful transition into work, education and training. The focus on people with mental health needs and the importance of work, education and training in recovery is commendable and addresses the issue of sustainability for this group in maintaining progress or enabling them to re-enter employment. Similarly the acknowledgement of trauma and the work toward kite marked organisations is a positive step forward – We do feel that these measures are however failing to tackle the root causes of ill health in our population and the positive impact of work, education and training in being a health protector. The document published about Employment under wider health determinants is full and gives key messages which are not obviously present in the milestones and actions relating to Education, Employment and training – The figures show there are 3,800 people unemployed , 5,200 economically inactive who want a job and 15,000 economically inactive. If this document is looking at long term change then there are actions to address this number which are missing. We know that support 121 from non-statutory organisations can be extremely helpful in this area and have positive impact as referenced from the work in Claremont. If the best health protector in having a job there is an absence of actions and milestones to address this area in the strategy and more ambitious actions and milestones would have a profound impact. The Chair in her comments says we should not be afraid at shouting about inequalities these are very evident and perhaps within the milestones should be steps to attract additional resources to tackle the numbers above? Also no reference is made of present funding for Education and Training which fails to deliver scale with the 15,000 economically inactive in Blackpool. Yes we applaud the actions to prevent NEET and in intervene quickly with young people to get them into EET quickly however we would suggest this is doing what is easy and not assisting those young people and others with more pronounced issues of multiple need who will become a very expensive consumer of health services going forward unless issues are addressed. Actions cannot be taken with one group in isolation we would like to see a whole town and age approach with an aim of Blackpool becoming a NEET free town. There is in the report no reference to the removal of ESF and other funded programmes that assisted this population into employment – There is no analysis of this and the impact of the UK shared prosperity fund to replace this funding. Blackpool has a rich partnership if those working with unemployed young people who can add much to this policy area which has wider regional and national applicability, however the impact of this funds removal in Blackpool is another inequality which we should shout about.

We appreciate this is a headline report but are saddened to see no reference to new actions taken to enable this group of young people and the wider unemployed population being

enabled to access employment – We would reiterate again in our view the best Health protector is having a job. We do feel that this report could be significantly strengthened by working backwards from looking at those 6,000 individuals wanting to work and setting milestones in enabling this to happen. We a partners feel strongly we have a body of evidence that can be used to address the long term strategic health needs in Blackpool and to significantly reduce demand and in turn to grow the local economy.”

"It would be great but it places further work on shoulders of overworked GPs and the others are just words with little meaning without deadlines."

"Help older people back to work"

"More advertising of what is available in terms of training/apprenticeships and where best to advertise these opportunities."

"Install and invest in JNC qualified youth workers in high schools. Ensure abolishment of zero hour contracts to ensure sustainable income and decrease winter benefit culture. Improve access to apprenticeships”

"The partnership working of completing early help assessments and partners take ownership. More coordinated approach within schools as the parents see the school as a safe place to seek support"

"Input more pastoral support in schools and give young people access to be able to talk to a safe adult during school time"

"Improve access to mental health services for all ages and Improve SEN support for those with Dyslexia including diagnosis.”

"Developing a social and community referral route as is happening within the Revoe area for health professionals to enable non-clinical staff work with people on a one to one basis to address chronic health problems through activities leading up to employment for people a distance from the employment market where appropriate"

"As above. Schools needs a lot more support to deal with problematic / additional needs children”

"More social prescribing should happen. So many people on waiting lists and so many community groups’ people can go along to. "

"Provide more “grow your own” opportunities within social services, IT, etc. to help local young people access opportunities”

"I suffer from epilepsy and I still now, I’m thrown off trains when I have seizures, thrown out of hospitals, arrested when I have seizures, I have been sacked from jobs many times, I’ve tried reporting this for years, but no one in Blackpool and Government gives a damn!!!!"

"As above. Schools needs a lot more support to deal with problematic / additional needs children”

"Has self-referrals been considered? I feel some people would prefer this."

"Too many young people are struggling to process their emotions, and are saturated by our current online technology, yet our overall wellbeing support is based on an outdated appointment based system, devised by adults who did not grow up in a social media, convenience led world. We simply can't keep up! We need to focus in early intervention strategies such as talking therapies, on demand drop in centres within schools and colleges. We have got rid of counsellors who operated on an appointment system. We have replaced them with Wellbeing Mentors, who sit in reception, where students can just 'drop-in' to chat about their wellbeing. With this system, we are combatting low level mental health issues as they emerge, including prevention strategies and workshops, to arm them with resilience tools for the future, to support with self-care. This has been made possible by collaborating with other services and simply talking with our learners. Our new system allows our students & apprentices to process their emotions, analyse their current situation and talk to a trusted adult within a safe space (we have private pods for chats). This is a new concept, one that has taken off so well, that we have Mentored over 600 students since the 1st October 23. And encouraged our new principle to hire 3 new mentors to create our own Safe and Well team. I strongly believe this should be shared, shouted about and replicated. I would also like to know if the college is part of the board."

"Ensure that physical activity is embedded into all elements"

"There is no need for GP referral for adult learning. Concentrate on engagement with mainstream education for all"""

"Need to add in the importance of mental health first aid and support for mental health and wellbeing in schools colleges and workplaces."

"Establish a School Family Support Worker. There are already other services that could provide this service such as Home-start Blackpool, Fylde & Wyre. Who already have the infrastructure in place? The education is already stretched."

"Work with cultural partners across Blackpool"

"Promotion of volunteering for the mental and physical health and wellbeing benefits e.g. reduction in social isolation and loneliness."

"This needs more thought and I'm happy to discuss - how are we outreaching into communities to make education and employment attractive to young people in Blackpool? I consider this links in the expansion of vocational training opportunities... do we know what the vocation of young people in Blackpool is so that the offer can be tailored to what they are wanting to do/be?"

## Living Well = 24

"Need to tackle the huge alcohol and drug problem in Blackpool, far too many resources are used on people on a day-to-day basis rather than helping them off their addiction. It is the same with mental health issues in the town. Enrol people into sporting activity as a condition of their treatment."

"Improve mental health services and access for children and young people across the town"

"Again words where are the examples of such things working in poor areas?"

"Drop in centres for older age groups"

"I thought we had a substance support coordinated hub? We've had a vast amount invested into Blackpool Where are the findings from ESF funded programmes for complex needs, what was the impact? Fulfilling lives programme? Are we not re packaging projects without actually moving forward?"

"I have family and friends who struggle with mental health and weight. The mental health services do not have fast enough wait times and are not offering a service which is believe has the patient in mind. I have not seen anything about supporting active travel".

"I would love to see more 'live well' initiatives and promoting healthy living. Possibly a communal garden in North shore there's lots of open space near the Gynn and this would be fantastic for the community to interact and learn about healthy living through food!"

"Definitely evaluate suicide services put perhaps more importantly improve mental health support and services as a whole with an aim to give suicidal people more support, not only when in crisis but also in general, particularly those with diagnosed mental illnesses which could put them at risk of suicide"

"Bring people from all walks of life together - together to talk, tell us what their issues or positive vibes are. Place QR in town, clipboards, app on mobile, social media, workplaces, networking groups to gather vital stats on current and what people want in the future. Council will be targeted as normal, however, if we streamline services and bring back face to face counter staff or clear details on general electronic noticeboards displaying a great Blackpool survey to get what locals want. As a touristy town we seem to focus on outside investors and tourists, the locals need to feel self-worth and important and certain services aren't including those who need it. Housing - landlords - bad housing - closed shops - untidy spaces - drugs runners - drugs takers/dealers - parking etc. are also issues that should be included on getting people's views."

"Better times for swimming pool at council owned pools (difficult to access for those who WORK) improved mental health services, improved mental health support reduces addictions and ill health".

"Referral into the Care & Repair service to reduce hospital admissions and aid quick hospital discharge"

"With the cost of living crisis and the rising costs of cigarettes, I think many people would benefit from stop smoking support, it needs to be more readily available. I also feel more research should be provided from the vaping industry. Small businesses should be given grants to train unemployed/young adults and give them an actual trade / skill which can be interchanged within different jobs. Small businesses struggle to pay above the national minimum wage and consequently do not attract skilled and experienced workers."

"Same as Living Well - I'm overweight - why is the council gym so expensive? My nearest gym is Moor Park and I have been a member for years. The cost of living and no increase in my wages has made a council gym too expensive for me to join. I can join other gyms cheaper but then will have to drive to them which defeats my ethos of trying to walk everywhere when possible (health and environmental reasons). Discounts for people who are overweight should be in - as its hard enough for us to get into a gym because of our size. Also should be a discount if you live within a certain walking distance - again to encourage people to walk. We are 1.3 miles away and it takes us 20-25 mins (ish). I did have a deal which was £225 a year but your list of workplaces has gone smaller. There should also be a discount for people who are long term uses. £29.99 a month i feel is a little too much as is £299 a year. £225 a year is value as is £22 a month considering there are going to be a number of weeks a year when people don't / can't go for whatever reason."

"Services and support for people and families dealing with mental health issues. Also is there adequate support available for people receiving an autism spectrum disorder diagnosis in adulthood."

"Individuals with disabilities have poor health and shorter lives than the rest of the population. A large proportion of the adult population have a disability, but whilst there are actions aimed at drug users and smokers there is no action specifically targeted at the disabled community. Some the health issues being addressed by the above actions are to some degree lifestyle choices. Individuals born with a disability do not have the luxury of having to make some of these lifestyle choices. Furthermore, the impact of an acquired disability on the life of an individual is often very significant. Whilst a disabled child has some support via the SEND provision this support is absent once they leave education. It is essential that specific measures are put in place to enable disabled adults to live healthy lives. There is a need to provide some structure to their lives which enables them to be physically active and to live full filled lives. This cannot be achieved by simply providing a care / support package and hoping for the best"

"I walk most of time, I only use the bus to do my shopping."

"Definitely need a suicide service in Blackpool."

"Fabulous that active travel is the first thing on the list here. Again, the built environment needs to be closely considered to provide active travel infrastructure which is suitable for all ages and abilities and provides routes to schools and shops, not just places of work. "

"With the cost of living crisis and the rising costs of cigarettes, I think many people would benefit from stop smoking support, it needs to be more readily available. I also feel more

research should be provided from the vaping industry. Small businesses should be given grants to train unemployed/young adults and give them an actual trade / skill which can be interchanged within different jobs. Small businesses struggle to pay above the national minimum wage and consequently do not attract skilled and experienced workers."

"Provide fruit and veg vouchers for people in poor health or obese."

"More focus on alcohol"

"Especially important around addiction is drug and alcohol support and gambling addiction."

"Encourage healthy eating - more information on the importance of a balanced diet and nutrition. Promote regular health checks e.g. know your numbers"

"The health and wellbeing of people who work (and volunteer) in Blackpool is rightly highlighted in the "we will" section. I can't see any associated actions or measures in the monitoring section. What is the plan to ensure we have a happy and healthy workforce in Blackpool and how will we know this is happening? "

## Housing = 17

"Definitely consider where vulnerable people are housed, there are far too many slum landlords in Blackpool, being paid a lot of money every year to house people in terrible conditions. The council should buy more property and manage who is put into accommodation. There is a real issue with people being put into sub-standard accommodation, flats that are in the same house as brothels or drug dens, so they walk the streets instead, and take to drink and drugs to cope, leading to addiction and mental health problems. Resources in Blackpool need to be re allocated from ongoing costs paying slum landlords to buying assets and managing them."

"Quality accreditation for private landlords. All new housing developments to include an active space within their planning application to the local authority."

"Subsidise builders away from large properties to more starter homes and more council run rentals."

"Laws concerning rights of tenants and unlawful convictions. Schemes that support reduction of heat loss in homes."

"A great deal more needs actioning regarding the general state of housing in many areas. In particular more needs doing to effectively ventilate properties to avoid the health complications that come with exposure to black mould. Also, a more effective system needs putting into place to enable those not 'tied to Blackpool' to receive more support to find appropriate housing. "

"We need to push for the government to raise the standards of our homes. Homes are being built with poor quality materials and they are therefore not cost effective in heating homes."

"Support for Home owners and people who are NOT on benefits, not just people who are already receiving government aid when giving grants for ""housing improvement"" pay the builder/supplier not the claimant!"

"There should be a housing representative on the health and wellbeing board if housing is considered such a high priority, which it should be."

"Extend improving levels of housing to the local environment, including cleaning up empty properties that has a detrimental effect on housing prices on the street / attract anti-social behaviour"

"Reduce fuel poverty! How can you help those of us who work and are on low wages?"

"Many disabled adults live in homes with are not suitable for them. There need to give to specific consideration of the needs of the disabled community when designing new houses and refurbishing existing homes"

"Look at how we can address gaps in the housing market for single young people with access to less funds i.e. under 30 yrs"

"Landlords and tenants are both bad. They both need to be sorted out. "

"100% and crack down on antisocial behaviour and drug dealing"

"Extend improving levels of housing to the local environment, including cleaning up empty properties that has a detrimental effect on housing prices on the street / attract anti-social behaviour"

"Education on how to manage a healthy home."

"Should there be something included in here about maintaining housing security for people in Blackpool? By this I mean, some way of reducing the number of people that are evicted. I realise there are challenges here in the way in which the law around evictions works but is there something we could be doing locally which supports people within this?"



<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Dr Arif Rajpura, Director of Public Health
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up: People
<b>Date of Meeting:</b>	13 March 2024

## **BLACKPOOL ALCOHOL PREVENTION AND HARM REDUCTION STRATEGY 2024-2027**

### **1.0 Purpose of the report:**

1.1 To present for comment and approval of the Draft Blackpool Alcohol Prevention and Harm Reduction Strategy 2024-2027.

### **2.0 Recommendation(s):**

2.1 To approve the Draft Blackpool Alcohol Prevention and Harm Reduction Strategy 2024-2027, attached at Appendix 4a, with effect until 31 December 2027.

### **3.0 Reasons for recommendation(s):**

3.1 The previous Alcohol Prevention Strategy expired in December 2023. The continued impact of alcohol on crime, health, domestic abuse, individuals and families means there is a need for a clear plan to move forward. The strategy is essential in meeting priorities around other complimentary strategies including the Joint Health and Wellbeing Strategy in reducing alcohol related harm and impact on health.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### **4.0 Other alternative options to be considered:**

4.1 None.

## **5.0 Council priority:**

5.1 The relevant Council priority is: “Communities: Creating stronger communities and increasing resilience”.

## **6.0 Background information**

6.1 The previous strategy finished in 2023 the implementation of this strategy was severely impacted by Covid. However key progress had been made on a number of objectives.

Partners have worked hard, in the local authority, health services, other public services, across third sector and peer support groups to reduce the impact of alcohol harm on individuals and communities during and after the pandemic. From the previous strategy a dedicated alcohol treatment service has been reestablished in Blackpool. This service is called the Lighthouse.

Though drinking levels rose during the pandemic for adults, the picture in relation to young people has not increased and hospital admissions have fallen. This strategy aims to focus attention on early intervention and increasing access of pre dependent drinkers into treatment. Numbers in treatment have finally begun to increase after 10 years of falling referrals.

In the absence of a new national strategy but with the continued impact of alcohol on crime, health, domestic abuse, individuals and families, there is a need for a clear plan to move forward.

Recently government has published a draft document: UK Clinical guidelines for Alcohol Treatment from OHID. This identifies the elements of an effective treatment service that needs to be in place. The current service provision has been assessed against these guidelines and key actions are included in the action plan.

Key demographics in the population are not fully represented in treatment services including older people, women and LGBTQ+. The strategy establishes that research is required with these groups to identify then address barriers and stigma to accessing treatment.

6.2 The strategy summarises the key actions planned over the next 3 years in relation to:-

- Lobbying to overcome the legislative barrier that blocks population level change in relation to harmful alcohol consumption
- Better inform the population and in particular children, young people and parents about the potential harm of alcohol use

- Encourage intervention at an early stage where alcohol harm may be highlighted as a risk
- Stop stigma to improve access to services when people need them and to maintain recovery
- Improve treatment, recovery and aftercare support options for people facing challenges with their alcohol use
- Effectively address co-occurring mental health and alcohol issues
- Reduce the impact of alcohol misuse on families, the public sector resources and the whole community

Key performance indicators have been identified. The strategy's implementation will be overseen by the Combatting Drugs and Alcohol Partnership Board. Which will report to the B-Safe Blackpool Community Safety Partnership and the Health and Wellbeing Board

6.3 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 Appendix 4a: Draft Blackpool Alcohol Prevention and Harm Reduction Strategy 2024 - 2027

**8.0 Financial considerations:**

8.1 This plan will include investment in treatment services which is funded through the Drug and Alcohol Specific Grant administered by OHID.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations and the impact of this decision for our children and young people:**

11.1 None.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None.

**13.0 Internal/external consultation undertaken:**

13.1 Stakeholder Event Held along with individual consultation sessions

**14.0 Background papers:**

14.1 None.

# Appendix 4a: Blackpool Alcohol Prevention and Harm Reduction Strategy

2024 - 2027  
Blackpool Council



DRAFT

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## 1. Executive Summary

People across Blackpool have worked hard, in the local authority, health services, other public services and across third sector and peer support groups to reduce the impact of alcohol harm on individuals and communities. There are many successes to be built on and lessons to be learned from projects and interventions which have been implemented in Blackpool over a significant period of time. We will use our resources, and seek support from partners to continue to deliver effective treatment and interventions that prevent people from becoming alcohol dependent and help those who have developed dependency to make sustainable change that reduces the harm and impact on themselves and others.

Without a new national strategy and the continued impact of alcohol on crime, health, domestic abuse, individuals and families, we need a clear plan to move forward with businesses and people of Blackpool. This will adhere to the current draft document: UK Clinical guidelines for Alcohol Treatment from OHID.

We have an ageing population with higher drinking levels, a population impacted by COVID with unmet need in particular groups, for example women.

Historically we have seen a reduction in alcohol treatment referrals, but we are now starting to see improvement with the launch of the separate alcohol treatment service, the Lighthouse.

To achieve the changes we want to see across Blackpool and improve people's lives we will:-

- Lobby to overcome the legislative barrier that blocks population level change in relation to harmful alcohol consumption.
- Better inform the population and in particular children, young people and parents about the potential harm of alcohol use.
- Encourage intervention at an early stage where alcohol harm may be highlighted as a risk
- Stop stigma to improve access to services when people need them and to maintain recovery
- Improve treatment, recovery and aftercare support options for people facing challenges with their alcohol use
- Effectively address co-occurring mental health and alcohol issues
- Reduce the impact of alcohol misuse on families, the public sector resources and the whole community

The full Delivery Plan can be found as Appendix 2.

## 2. Foreword from the Director of Public Health

Welcome to this, our new alcohol harm reduction strategy for Blackpool. As with our previous strategy, I want to use this introduction as an opportunity to reflect on the key successes achieved through the last strategy and also the challenges and opportunities ahead of us. These include:

- The launch of the Lighthouse Alcohol Service.
- Successful blocking of new applications in the cumulative impact area.
- Being advocates for Minimum Unit Pricing.

We now have a newly established Combating Drugs and Alcohol Partnership Board as a result of the new national drug strategy – From Harm to Hope. Unfortunately, we have not had a national alcohol strategy since 2012 and this is now very overdue as the harm from alcohol misuse continues to grow, demonstrated by the numbers of alcohol-related deaths.

We are closely watching the work of the Scottish system who have implemented significant policy level choices such as the implementation of MUP for alcohol, to make large scale positive change for their population.

Where we can implement these actions locally we will and where national political will is required, we will continue to lobby for change to benefit our residents and the whole country.

With this strategy, we want to reduce the prevalence of harmful drinking in Blackpool and reduce its impact on our communities. We particularly want to ensure we reduce harmful drinking by women and older people whilst continuing to educate young people.

Even with our challenges, we know that if we continue to work with and for our residents, we can make a difference to people's lives.

This strategy has been developed by the Combating Drugs and Alcohol Partnership Board in conjunction with the Health and Wellbeing Board and BSafe, the Community Safety Partnership for Blackpool.

### 3. Our Vision

The overall aim of Blackpool's approach is to prevent and reduce harmful impact of alcohol,, alcohol-related deaths and alcohol-related specific deaths :

- Ensuring that international evidence is used to generate an environment to reduce the harm caused by alcohol
- Ensuring that young people understand the impact of alcohol on their bodies and lives and can make informed decisions
- Identifying people at higher risk of alcohol harm earlier, including people with caring responsibilities
- Reducing barriers to treatment and support by removing stigma associated with problematic and harmful drinking
- Ensuring that treatment services are delivered in a way that meets the different needs of the population
- Providing a better integrated approach with primary and secondary care, to wrap help and support around those people who are facing harm to their health and are being admitted to hospital
- Working with partners to deliver a family safeguarding approach where caring responsibilities for children are impacted by alcohol use
- Reducing alcohol-related crime and anti-social behaviour through integrated work between police, probation, treatment services and prisons

## 4. The National Context

The National Alcohol Strategy was published in 2012. It highlighted that 50 years ago, the United Kingdom had one of the lowest drinking levels in Europe but it is now one of the few European countries whose consumption has increased over that period. This is reflected in national crime and health statistics.

Nationally there are almost 1 million alcohol-related violent crimes and 1.2 million alcohol-related hospital admissions each year. Alcohol is one of the three biggest lifestyle risk factors for disease and death in the United Kingdom after smoking and obesity. Society is paying the costs – alcohol-related harm is now estimated to cost society £21 billion annually in the UK.

No commitment to implementing the international evidence for setting a Minimum Unit Price or including health as a licensing objective was made in this strategy. The Scottish government have implemented this earlier, their 2008 strategy and the 2018 updated Alcohol Framework, gave rise to legislation on setting a Minimum Unit Price for alcohol across Scotland.

This has been subject to evaluation which has been positive and is included in the evidence review section of this strategy.

## 5. What are the Issues? – The Blackpool Context

Blackpool, like much of the North of England, faces particular challenges. Blackpool has the lowest life expectancy for men and the second lowest for women of all upper tier local authorities. Men in the least deprived areas of the town can expect to live 13 years longer than men in the most deprived areas. Similarly, for women this difference is 7 years. Not only do people in Blackpool live shorter lives, but they also spend a smaller proportion of their lifespan in good health. Alcohol misuse and related problems play a significant part in maintaining this differential.

The Blackpool Joint Strategic Needs Assessment identifies that though the number of residents who drink in Blackpool is average, the quantity and health impacts are much greater than England and the North West, resulting in higher hospital admissions and early deaths due to alcohol-related conditions.

Alcohol misuse does not just impact on an individual's health but also on violent crime, accidents, on communities feeling safe, but also on the local health care system and even Children's and Adult Social Care, with strong links between alcohol misuse, domestic violence and children's safeguarding.

Poverty levels in Blackpool are such that the alcohol harm paradox, whereby less affluent, moderate alcohol drinkers have a higher risk of harm than more affluent, heavy drinkers; results in even greater impact of alcohol on early death.

When understanding the alcohol harm paradox in Blackpool we must consider poverty and barriers to change. Interlinked factors such as mental health, physical health and exercise, sleep disorders, nutrition, accommodation, isolation, literacy/numeracy, finances and prejudice.

## 6. Progress against Actions from Blackpool Alcohol Strategy – 2019-22

Action	Achieved
We will improve our population's awareness of the Chief Medical Officer's alcohol guidelines, alcohol-related harm and harm reduction.	<ul style="list-style-type: none"> <li>• Monitored and promoted the 'Lower My Drinking' App</li> <li>• Comms support for Alcohol Awareness Week and Dry January</li> <li>• PSHE alcohol education has been delivered and shared to all primary, secondary, SEND and PRU school staff and the resources are available for review on a free website and via PSHE Association membership.</li> </ul>
We will provide evidence-based targeted interventions to prevent alcohol misuse in those populations particularly at risk.	<ul style="list-style-type: none"> <li>• The SHEU survey was completed in 2022 looking at health and wellbeing behaviours in children and young people inclusive of alcohol. These results were incorporated into the restarted PSHE forum for providing continued targeted interventions.</li> <li>• The AUDIT-C/IBA in primary care audit was completed with the outcomes recommending targeted work with GP Practices and including developing a training offer.</li> <li>• The ASSIST-Lite screening tool has been adapted so it complements the Blackpool Families Rock model of practice and has been branded as a 'Health Check- In', to try and normalise its use and help remove any stigma associated with substance misuse. Ongoing work is still needed to complete the roll-out of the training to Children Social Care.</li> <li>• A community-based 'crisis café' was developed to ensure that those experiencing or at-risk of a mental health crisis have access to acceptable and timely support.</li> </ul>
We will provide early help and interventions for people affected by harmful drinking.	<ul style="list-style-type: none"> <li>• The 'Lower My Drinking' app was promoted as an early help tool and monitored to assess the impact and trends around harmful drinking in Blackpool.</li> <li>• New digital Drink less graphics were created to produce positive gains for stopping or reducing drinking.</li> </ul>
We will provide evidence-based effective treatment for alcohol misuse that is accessible to all.	<ul style="list-style-type: none"> <li>• We have worked collaboratively with Housing First and alcohol treatment services to achieve greater behaviour change for alcohol dependent clients by creating an Inpatient Detox fast track.</li> <li>• Creating and implementing OASIS (Multiple Disadvantage focus) to achieve collaborative partnership working among services and seamless pathways for clients with complex needs including alcohol use to receive timely access and support.</li> <li>• Fylde Coast Alcohol Services Pathway delivery group was reinstated in October 2022 to identify opportunities to improve outcomes, identify skills, knowledge and training for all care professionals across the Fylde Coast.</li> <li>• Instigated a systematic review for alcohol specific deaths</li> <li>• An Alcohol Needs Assessment and Service Review was undertaken and the recommendations were devised into an action plan for completion including the requirements of the service specification.</li> </ul>

Action	Achieved
	<ul style="list-style-type: none"> <li>• Developed a separate system of death reviews in addition to the drug-related death/non-fatal overdose panel including making in-treatment deaths an identified standing agenda item to the panel.</li> <li>• Implemented a review of deaths in service that created changes in the treatment provider's structure for the prevention of alcohol related deaths</li> <li>• A coroner's death out of service review was produced that informed our harm reduction practices and advertising.</li> <li>• Created a dual diagnosis expert/practice group to review service users with a co-existing mental health need and substance misuse issues and develop joint care and recovery plans.</li> </ul>
<p>We will ensure that alcohol is sold and consumed responsibly.</p>	<ul style="list-style-type: none"> <li>• We are continuing to submit representations from Public Health on alcohol licensing applications.</li> <li>• We have reviewed the off-license saturation policy to ensure it is evidence-based and considers cumulative impact.</li> </ul>
<p>We will advocate for changes in national policy and practice to reduce alcohol-related harm and better protect our population.</p>	<ul style="list-style-type: none"> <li>• Ongoing advocacy to make changes to national policy</li> <li>• We reviewed and continue to review evidence from Scotland who have implemented MUP</li> </ul>

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## 7. Blackpool's Strategic Approach to Reducing the Harm Caused by Alcohol

Though the greatest impact on reducing drinking levels and associated harm can be delivered from national policy change. Local government can still influence population level impact not just through lobbying for national legislation, from local economic growth strategies but also how it influences and implements its own legal powers, policies and procedures. Blackpool has led the way to control the availability of new licences in high prevalence areas, even without public health being a licensing priority.

### Cumulative Impact Policy

The number, type and density of premises selling alcohol in a particular area can lead to serious problems adversely impacting the Licensing Objectives. In these circumstances the cumulative impact of premises in a problematic area can be far greater than specific problems or issues arising from individual premises. On the 11<sup>th</sup> February 2021 Blackpool Published its first Cumulative Impact Assessment effectively identifying parts of the town where it is evidenced cumulative impact exists - [Blackpool Cumulative Impact Assessment 2021](#). The area covered by the town centre saturation area is shown in [Figure 1](#).

The policy applies to applications including the sale or supply of alcohol on and off the premises. The effect of the policy is to create a rebuttable presumption that applications will be refused. To rebut this presumption an applicant would be expected to show that the operation of the premises will not add to the cumulative impact already being experienced.

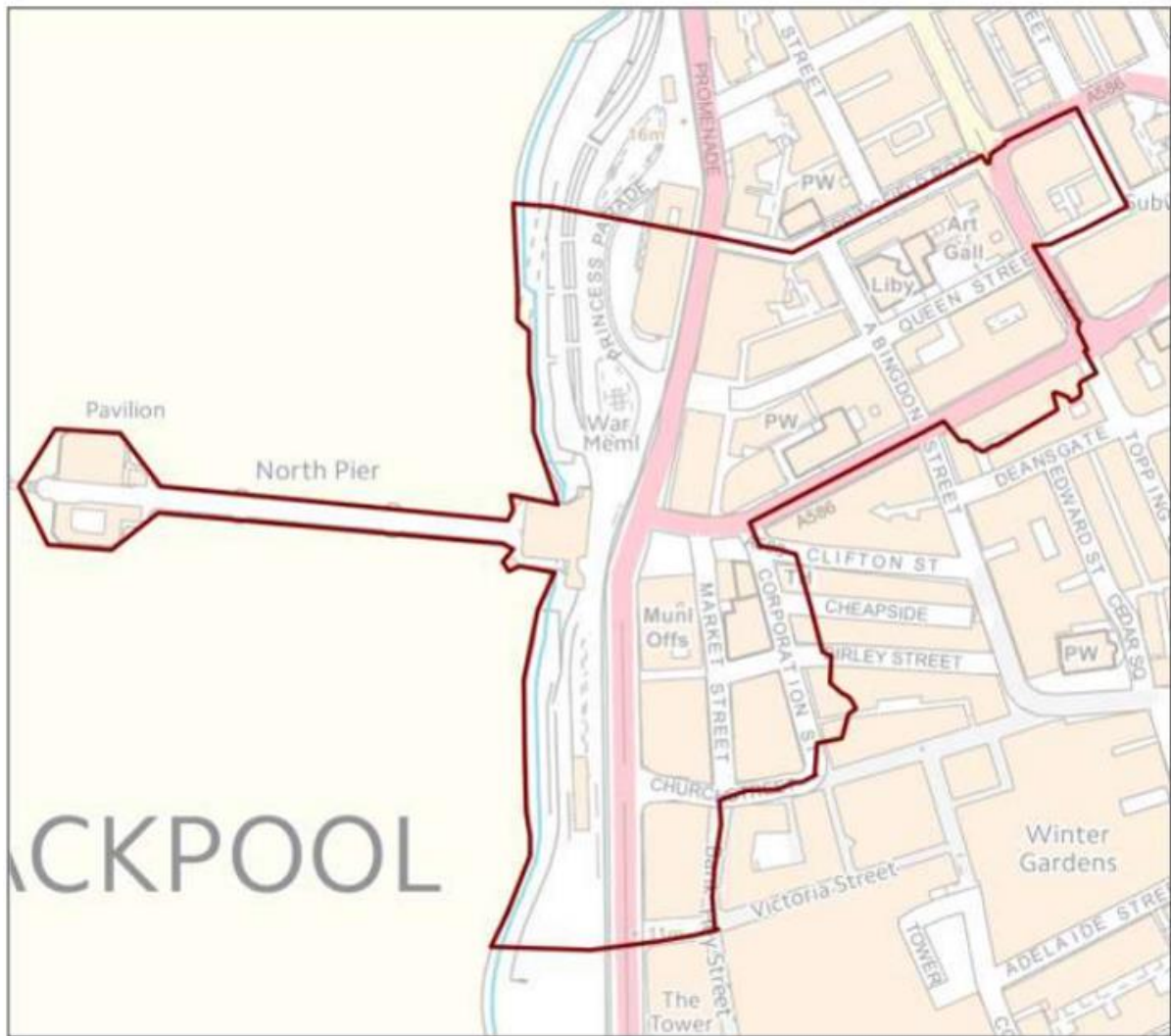
This policy does not act as an absolute prohibition on the granting of new licences. However the policy will only be overridden in genuinely exceptional cases where the applicant can demonstrate that the granting of the application will not undermine the policy and the reasons for it. An application is not likely to be classed as exceptional merely on the grounds that the premises have been or will be operated within the terms of its licence or that they are/will be well managed. This is to be expected of any application.

Despite the adoption of such a policy, if no representations are received from responsible authorities, the application must be granted in terms consistent with the operating schedule.

We also have measures to stop the sale of single cans and bottles of alcohol from the off-licenses within the town centre area. This is to assist with the number of street drinkers and young people problematic drinking.



Figure 1: Town Centre Assessment Area



### Off-Licence Saturation Policy

The off-licence saturation policy intends to promote a saturation zone within Blackpool in areas where crime and disorder is more prevalent and alcohol-related health statistics are high. The areas to which this off-licence saturation policy will apply include Claremont, Bloomfield and Talbot wards in their entirety as well as part of Brunswick ward and Waterloo ward. For the avoidance of any doubt, premises located along both sides of the highway where the boundary line is drawn are considered to be included in the saturation area.

## 8. What are the Statistics telling us about Alcohol use in Blackpool?

Blackpool regularly undertakes its own needs assessments and analysis using local and national data. The most recent needs assessments can be found here ([Alcohol \(blackpooljsna.org.uk\)](http://Alcohol(blackpooljsna.org.uk))), providing a current picture, identifying gaps in information and service provision, enabling goal setting and measuring progress and impact. The impact of COVID and its long term consequences on alcohol consumption, harm and access to treatment is still subject to much research.

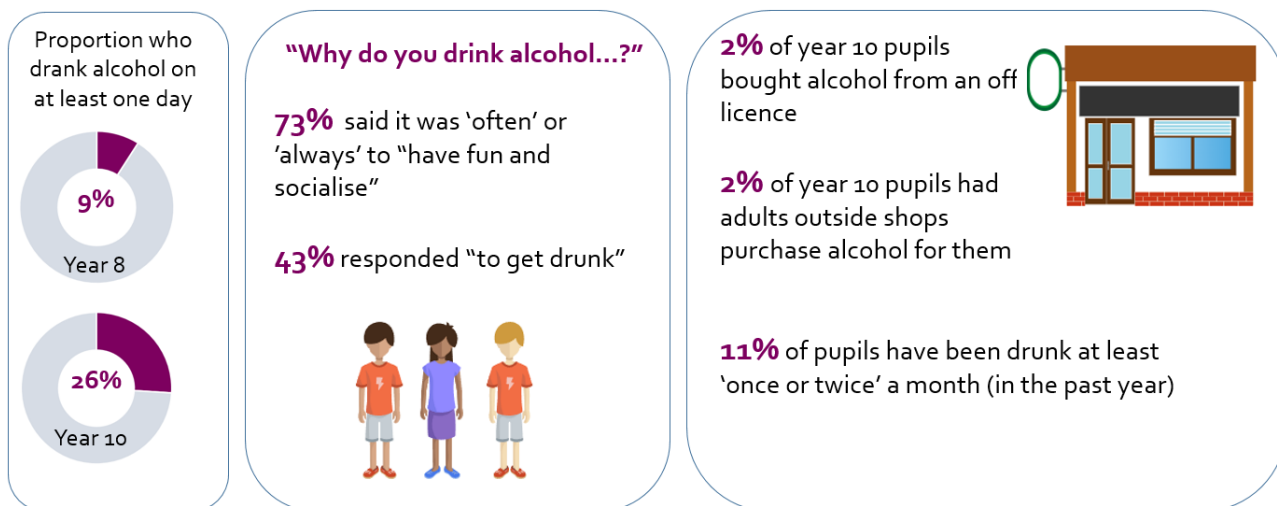
### 8.1 Prevalence Estimates

Through the bi-annual Blackpool Schools' Health Surveys we can monitor the evidence of alcohol use in young people. Alcohol consumption by young people 12 – 15 in Blackpool has remained fairly constant with 11% of young people under 16 reporting that they have been drunk at least once or twice each month in the last year, rising to 28% of 16 and 17 year olds.

Figure 2: Health Behaviours: under-age drinking (secondary school)

#### Health behaviours: under-age drinking (secondary school 12 to 15 years)

##### In the week before the survey for year 8 and year 10 pupils\*



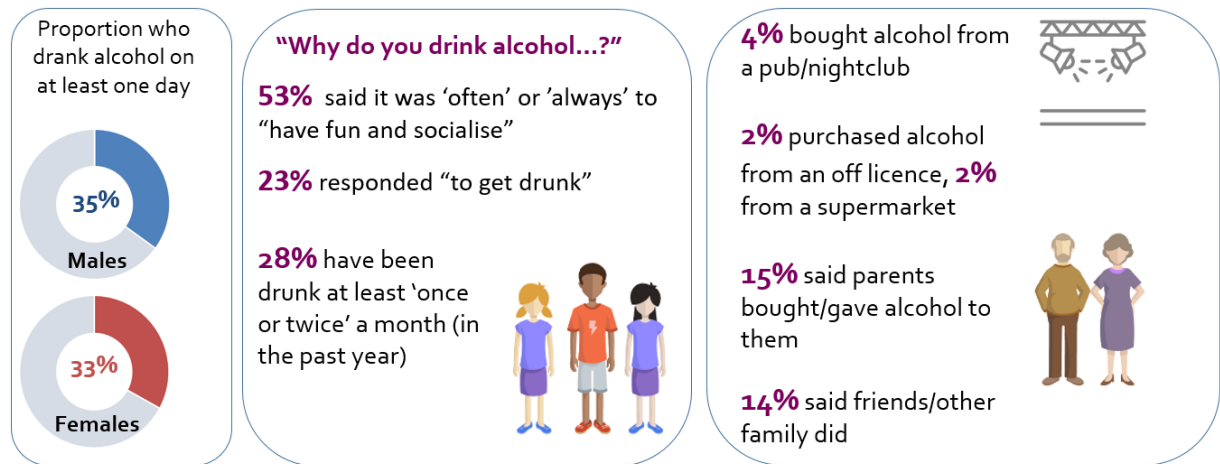
There were no significant differences in the alcohol responses between the survey results from 2019 to 2022 ('before' and 'after' COVID-19).

There were no significant differences in the alcohol responses between the survey results from 2019 to 2022 ('before' and 'after' COVID-19). \*Health Related Behaviour Survey, 2022, Blackpool secondary school pupils in years 8 and 10.

Figure 3: Health Behaviours: under-age drinking (further education)

### Health behaviours: under-age drinking (further education 16-17 years)

In the week before the survey, for year 12 students\*

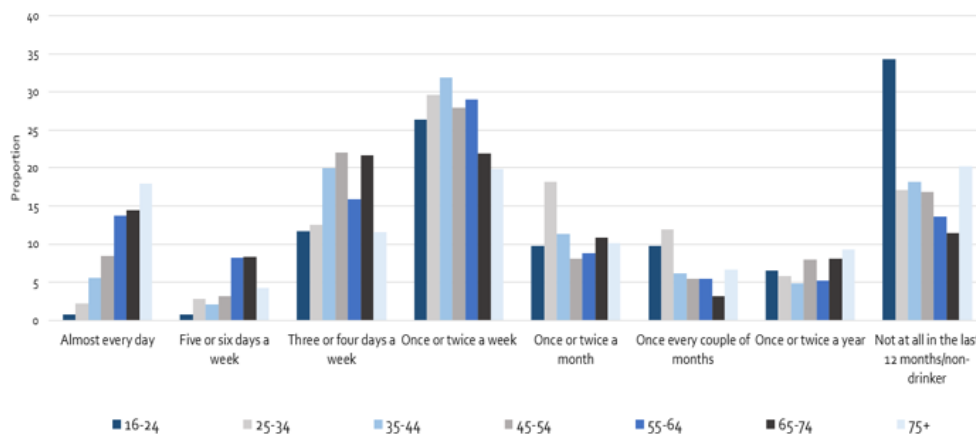


There were no significant differences in the alcohol responses between the survey results from 2019 to 2022 (‘before’ and ‘after’ COVID-19). \*Health Related Behaviour Survey, 2022, Blackpool secondary school pupils in years 8 and 10.

Unfortunately a similar survey is not available for adults and therefore we use nationally available estimates. In the adult population of England almost 10% of men and 5% of women report drinking alcohol almost every day.

Figure 4: Reported Alcohol Consumption in Males

### Reported alcohol consumption % (males) in the last year by age (England, 2021)

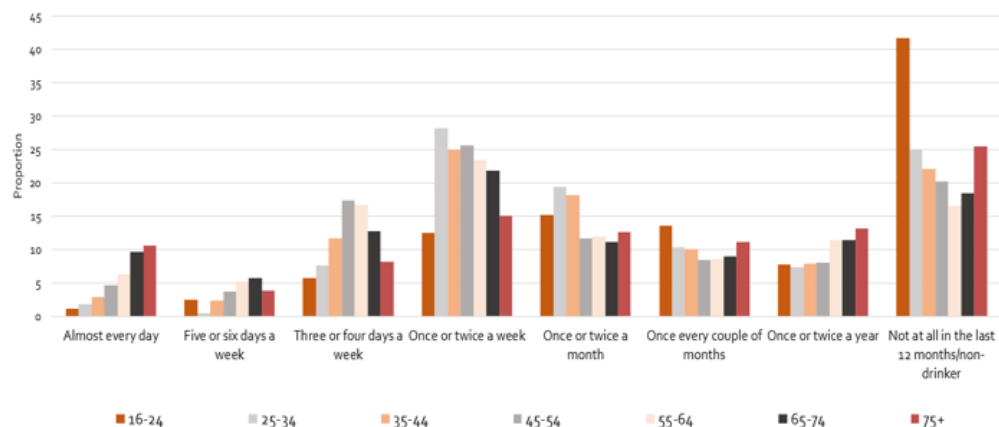


Men (16 and over)	%
Almost every day	8.4
Five or six days a week	4.2
Three or four days a week	16.8
Once or twice a week	27.4
Once or twice a month	11.2
Once every couple of months	7.1
Once or twice a year	6.6
Not at all in the last 12 months/non-drinker	18.3
<i>Drank alcohol in the last year</i>	<i>81.7</i>
<i>At least once a week</i>	<i>56.7</i>

Source: Health Survey for England 2021

Figure 5: Reported Alcohol Consumption in Females

### Reported alcohol consumption % (females) in the last year by age (England, 2021)



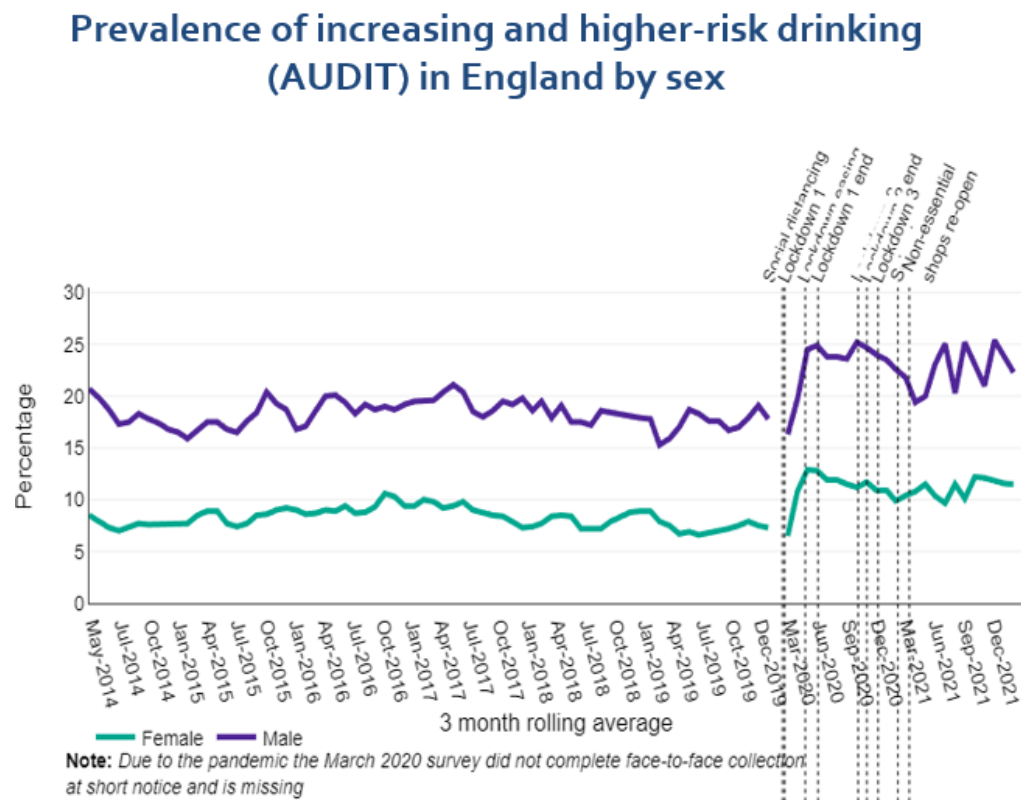
Women (16 and over)	%
Almost every day	5.1
Five or six days a week	3.3
Three or four days a week	11.8
Once or twice a week	22.4
Once or twice a month	14.5
Once every couple of months	10.0
Once or twice a year	9.4
Not at all in the last 12 months/non-drinker	23.6
<i>Drank alcohol in the last year</i>	<i>76.4</i>
<i>At least once a week</i>	<i>42.6</i>

Source: Health Survey for England 2021

COVID has seen an increase in higher risk drinking levels. The level spiked during COVID lock downs and whilst it has fallen it has not returned to pre-pandemic levels. This information is not available at Local Authority level.

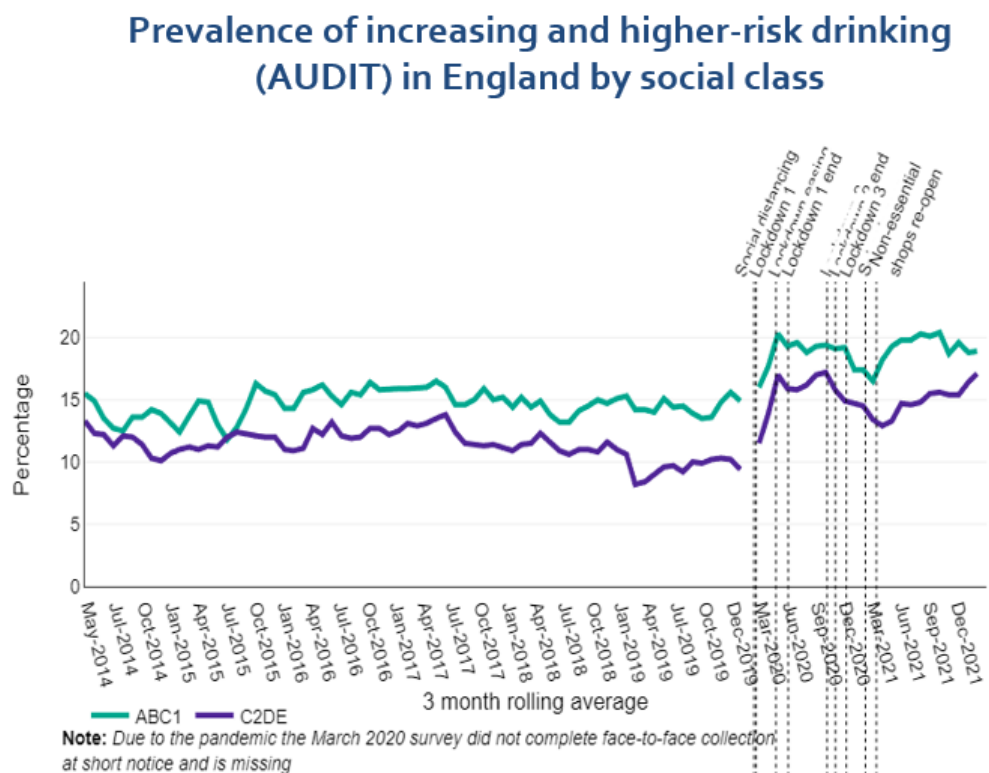


Figure 6: Prevalence of increasing and higher risk drinking in England by sex



Source: Wider Impacts of Covid on Health, Office for Health Improvement and Disparities

Figure 7: Prevalence of increasing and high risk drinking in England by social class



Although alcohol consumption levels are not available for Blackpool, only at national level, there are indicators that would suggest that Blackpool is higher than the national average.

## 8.2 Drinking Levels

Most people who require structured treatment for alcohol dependence will be drinking at higher risk levels. Drinking levels can be used as a rough proxy for level of dependence and levels of alcohol health risk. An indication of drinking levels in treatment may be useful in understanding which groups of adults are receiving treatment and whether those with the highest levels of harm are receiving effective interventions.

There is a strong association between levels of consumption and severity of dependence but they are not equivalent. For example, women are likely to become dependent at lower levels of consumption than men.

Figure 8 shows that for those entering treatment in **Blackpool**, they are drinking at significantly higher levels in the 28 days prior to commencing treatment than is seen nationally.

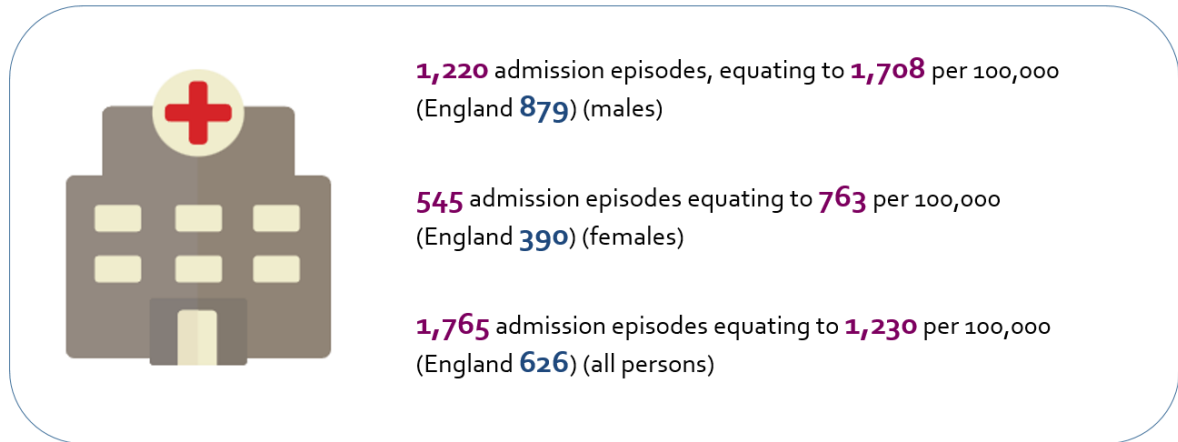
*Figure 8: Units consumed in the 28 days prior to entering treatment, Blackpool and England 2020/2021*



Source: PHE/NDTMS, Adults - alcohol commissioning support pack 2022-23: key data

Figure 9: Hospital admissions (all ages) for alcohol-specific conditions 2021/2022

### Hospital admissions (all ages) for alcohol-specific conditions, 2021/22



All three indicators for Blackpool are significantly higher than England.

Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Directly age standardised rate per 100,000 population (standardised to the European standard population). Source: Local Alcohol Profiles for England

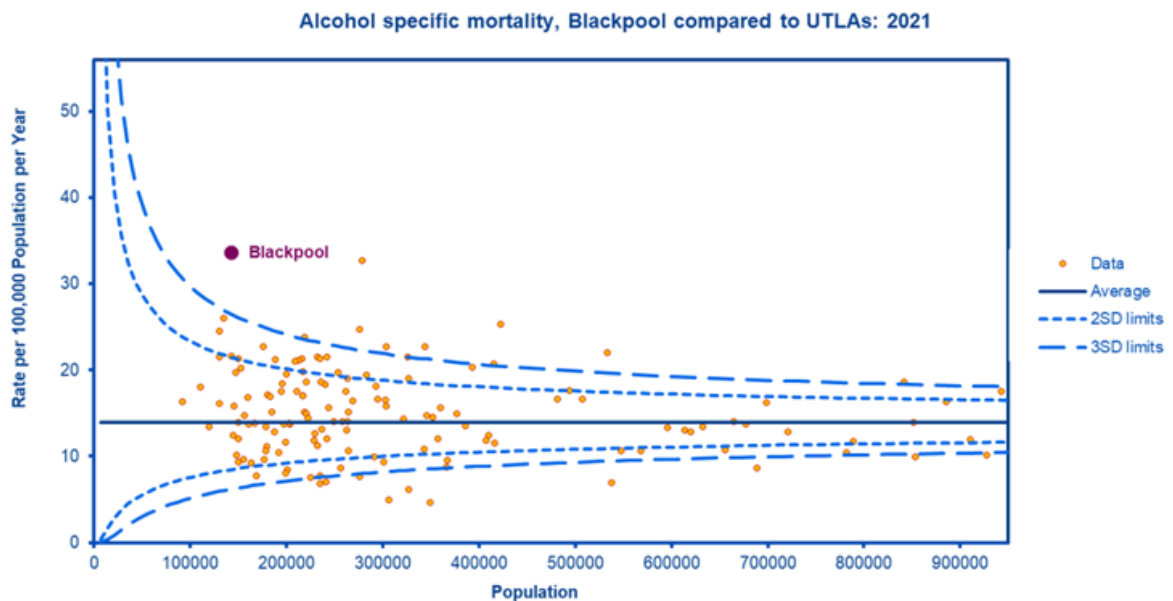
Figure 10: Alcohol-related and alcohol-specific mortality

### Alcohol-related and alcohol-specific mortality



Source: Local Alcohol Profiles for England

Figure 11: Alcohol specific mortality, Blackpool compared to UTLAs 2021



Though population drinking levels are not available at Blackpool level, indicators such as units consumed before entering treatment and hospital admissions would suggest that Blackpool has a significantly higher rate of drinking, including at harmful and dependent levels, than seen nationally. As noted earlier in this strategy poverty levels in Blackpool are such that the alcohol harm paradox, whereby less affluent, moderate alcohol drinkers have a higher risk of harm than more affluent, heavy drinkers, results in even greater impact of alcohol on early death.

When understanding the alcohol harm paradox we must consider many wider determinants of health inclusive of poverty and barriers to change. Issues such as mental health, physical health and exercise, sleep disorders, nutrition, accommodation, isolation, literacy/numeracy, finances and prejudice. Therefore high drinking levels may be slightly above average, the harm is significantly greater.

### 8.3 Mental Health and Alcohol Use Conditions

Mental health problems are amongst the most common forms of ill health. People in Blackpool are more likely to experience mental health issues than in other areas.

The prevalence of depression, both identified by GPs and self-reported within the GP patient survey, is significantly higher in Blackpool than the England average. Blackpool's 2021/22 prevalence of GP diagnosed depression is the highest in the country at 20.6% (up from 19.8% in



2020/21), significantly higher than the national average of 12.7%. Blackpool has some of the highest antidepressant prescribing rates in England.

Problematic alcohol use can often occur with mental ill health - people may use alcohol to manage symptoms of anxiety, depression and other mental health issues, which may lead to a cycle of dependence. There are higher levels of substance misuse amongst people with psychosis. Approximately 40% of people with psychosis are reported to have misused substances at some point in their life and this is approximately double the rate seen in the general population. Alcohol use itself is also associated with psychosis e.g. occurrence of psychosis during acute intoxication. Problematic alcohol use can increase risk of self-harm, suicidal thoughts and attempts and deaths from suicide.

People with co-occurring mental health and alcohol use conditions can struggle to get the care they need from both mental health and alcohol treatment services. They may be asked to access treatment for alcohol use before accessing mental health care or the reverse. Intoxication in those experiencing a mental health crisis can also make it more difficult to access help, even though there is a higher risk of harm. National guidance outlines unmet need in people with co-occurring conditions with several recommendations for better care (PHE, 2017).

## **8.4 Parental Alcohol Misuse**

A recent local audit by drug and alcohol services into clients in treatment showed that 286 clients (25%) had some form of parental responsibility, with 163 clients having children under 18 living with them. Not all of these clients were key worked by the drug and alcohol treatment Family Team – with their work focusing on cases where there was already some form of involvement with children's services (e.g. child in need, child protection plan) which has resulted in some duplication of responsibilities. A review into the Family Team offer has demonstrated the need to ensure extra support is offered to families at the early help stage, to prevent escalation, making better use of this resource.

Blackpool Council has a new Family Safeguarding Model and substance misuse workers will be a key part of this new multidisciplinary approach for families in need of child protection support.

## 8.5 Numbers in Treatment

The number of people in Blackpool accessing alcohol treatment has fallen over the last 10 years.

Figure 12: Numbers in Treatment

### Alcohol treatment



**394** were in treatment at specialist alcohol misuse services (people aged 18 and over, 2020/21). No comparison with England

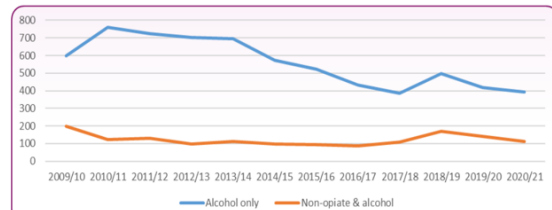
No people were waiting for more than three weeks for alcohol treatment (England **2.0%**) (2020/21)\$

**33.6%** were considered to have successfully completed alcohol treatment (2021). England **36.6%**)^

**13 deaths** in alcohol treatment (2018/19-20/21), giving a mortality ratio of **0.88**^

**38.0%** of adults (18 years and over) admitted to treatment for substance misuse (alcohol) are smokers (2019/20). England **43.9%**)^

Trend in number of 'alcohol only' and 'non-opiate and alcohol' clients in treatment - Blackpool residents.



Source: JSNA

Source: PHE, Adults - alcohol commissioning support pack 2022-23: key data

Source: Local Alcohol Profiles for England

In the face of high rates of hospital admissions and deaths, Blackpool needs to see an increase in those accessing the treatment they need.

## 8.6 Treatment Outcomes

Treatment outcomes are the changes in condition (psychological, somatic, physical, social, and cultural) reflecting favourable effects on the patient's wellbeing.

Treatment outcomes from the local service have fallen over the past decade and dropped significantly in 2022. These are starting to improve. This may be due to the development of the standalone dedicated alcohol treatment service and also on an emphasis on improved data collection.

Figure 13: Treatment Outcomes



Treatment outcomes through evidence based mechanisms to retain patients in effective treatment, thereby improving outcomes further will be included in the action plan for this strategy.

## 8.7 Crime Statistics

There is a well-established complex link between drugs, alcohol and crime. Alcohol is a factor in violent crime as well as contributing to public disorder and anti-social behaviour in our communities.

In Blackpool 4.3% of road traffic collisions that resulted in casualties involved people who failed or refused a breath test. This compares to 3.6% in England.

Alcohol significantly impacts on crime levels in Blackpool.

Across Lancashire there were 9.7 alcohol related crimes per 100 000 population in 22/23. This compares to 100.2 per 100 000 people for the Claremont ward, 94.1 per 100 000 for Talbot and 66 per 100 000 for Bloomfield. Demonstrating that Blackpool wards, particularly central Blackpool, face massive harm caused by alcohol related crime.

## 8.8 Licensed premises (at December 2022)

Blackpool has by far the most licensed premises of any district in Lancashire-14. A fifth (1,315) of over 6,700 licensed premises in Lancashire are located within the town. Blackpool is a tourist town which can account for some of this.

- Almost half (47%) of Blackpool's full licences are held by hotels.
- There are 142 (11%) off-licences and 119 (9%) pubs.
- Almost two thirds (850) of Blackpool's licensed premises are located within Bloomfield, Claremont and Talbot.
- Excluding the three town centre wards, numbers of licensed premises range from 138 in Waterloo to 6 in Highfield.

*Figure 14: Licensed Premises*



## 9. Equality Analysis

Equality analysis allows us to consider where the need is greatest in the population and then compare this to access to services. So we can see where barriers may be faced by certain subgroups of the population. This analysis is supported by a number of surveys and research studies.

NHS Digital, Health Survey for England, 2021

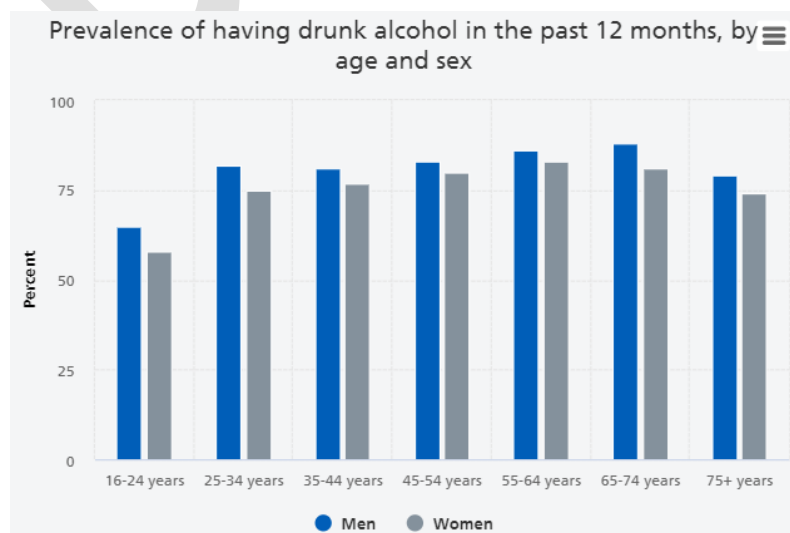
<https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol#estimated-weekly-alcohol-consumption-by-sex-and-age>

### 9.1 Age and Sex

#### Prevalence of drinking alcohol by age and sex

- 79% of participants reported that they had drunk alcohol in the last 12 months.
- 49% reported that they drank alcohol at least once a week.
- 57% of men and 43% of women drank alcohol at least once a week.
- The proportion who drank alcohol in the last 12 months increases with age, from 62% of 16 to 24 year olds to 85% of 55 to 74 year olds.
- The proportion who drank alcohol in the last 12 months was lower in the oldest age group (77% of those aged 75 and over).
- Those aged 16 to 24 were least likely to drink at least once a week (31%) and those aged between 55 and 64 years old were the most likely to do so (59%).

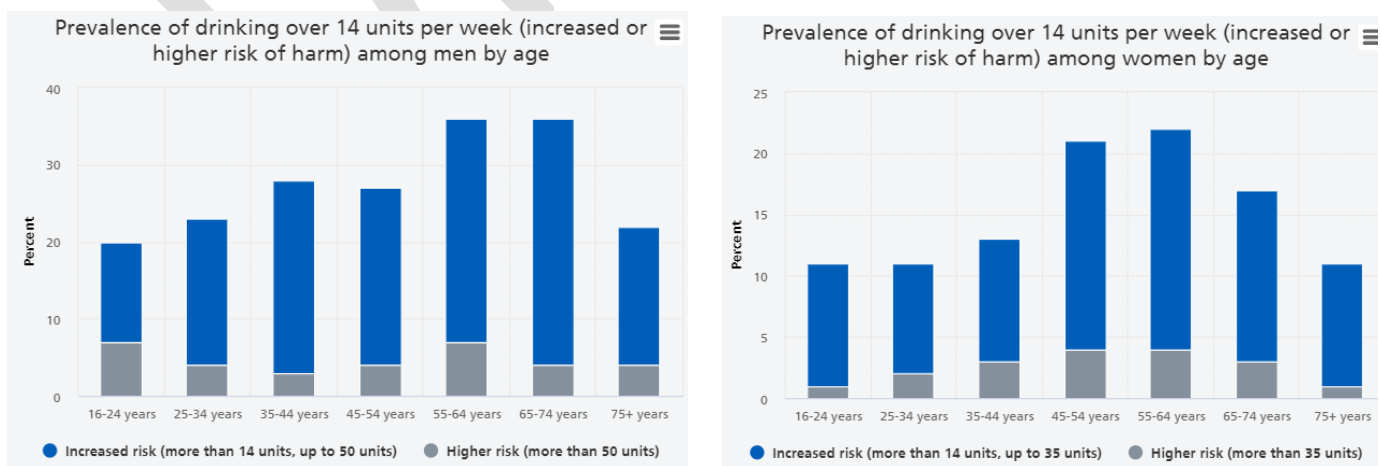
Figure 15: Prevalence of having drunk alcohol in the past 12 months by age and sex



## Estimated weekly alcohol consumption, by sex and age

- 57% of adults drank at levels which put them at lower risk of alcohol-related harm, that is 14 units or less each week.
- 21% of adults drank at increasing or higher risk of alcohol-related harm (more than 14 units per week).
- Among those adults that drank alcohol, the average amount drunk was 11.6 units of alcohol in a typical week (14.7 units for men and 8.5 units for women).
- 54% of men and 61% of women drank at levels that put them at lower risk of alcohol-related harm.
- A higher proportion of men (28%) than women (15%) drank at increasing or higher risk levels (over 14 units in the last week for both men and women).
- Men were more likely than women to drink at increasing risk levels (23% and 13% respectively).
- 5% of men drank over 50 units a week and 2% of women usually drank over 35 units a week (higher risk levels) in a week.
- The proportions of men and women who usually drank more than 14 units in a week varied across age groups, increasing up to the age of 55 to 64 (28% of all adults, 36% and 21% of men and women respectively).
- The proportions drinking at these levels then declined among both sexes, from the age of 75 and above for men and age 65 and above for women. Across all age groups, men were more likely than women to drink at increasing or higher risk levels.

Figure 16: Prevalence of drinking over 14 units per week in men and women



OHID, Adult substance misuse treatment report statistics 2021 to 2022 report, October 2023

<https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022/adult-substance-misuse-treatment-statistics-2021-to-2022-report#people-in-treatment-substance-sex-age>

- There were 289,215 people in contact with drug and alcohol services between 1 April 2021 and 31 March 2022.
- Over a quarter (29%) had problems with alcohol only. These proportions are similar to previous years
- More than two-thirds of people in treatment were men and less than one-third were women (67% men to 33% women).
- This proportion varies greatly by substance group. For the drug groupings, men make up just over two-thirds
- But in the alcohol only group the divide is smaller with men making up 58% and women 42%.
- Data for Blackpool shows similar proportions, men 60% and women 40%

Figure 17: Proportion of adults in alcohol only treatment by sex

Figure 9.1.1.1 Proportion of adults in alcohol only treatment by sex for Blackpool, 2020-21

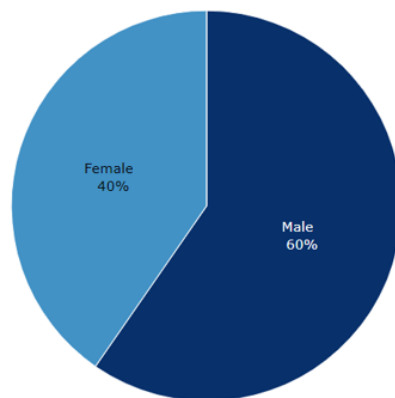
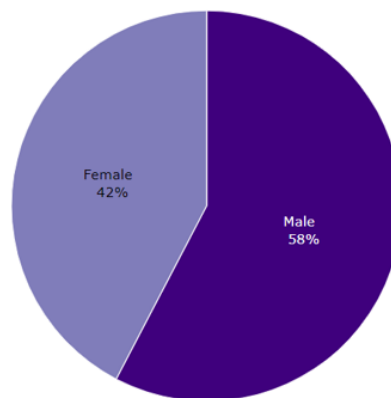


Figure 9.1.1.2 Proportion of adults in alcohol only treatment by sex for England, 2020-21



Source: NDTMS Alcohol Commissioning Support Pack, 2022/23 Key data

- The proportion of adults in 'alcohol only' treatment is highest in the 40-49 age group for males and females.
- This is the case for Blackpool and England
- Blackpool shows more people in treatment aged under 50 years (66%) compared to England (58%)

Figure 18: Age of adults in alcohol only treatment by sex

Figure 9.1.1.3 Age of adults in alcohol only treatment by sex for Blackpool, 2020-21

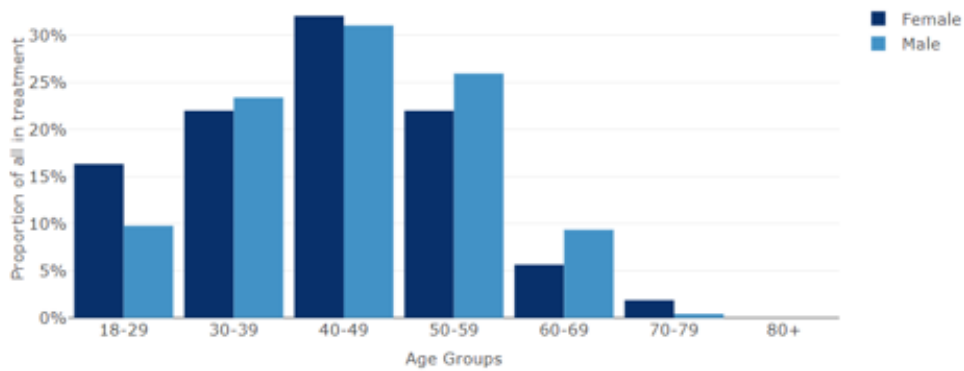
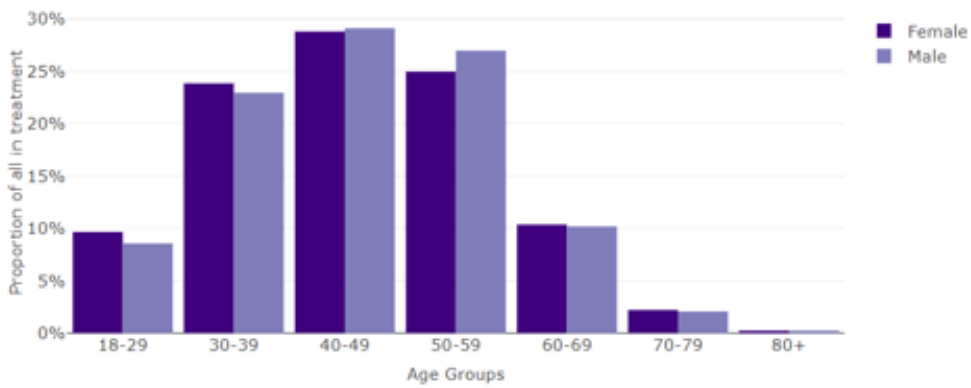


Figure 9.1.1.4 Age of adults in alcohol only treatment by sex for England, 2020-21



Source: NDTMS Alcohol Commissioning Support Pack, 2022/23 Key data





## 9.2 LGBTQ+ People and Alcohol

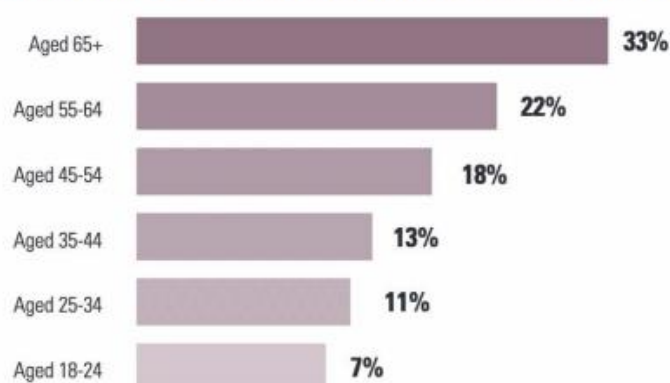
### Institute of Alcohol Studies: LGBTQ+ People and Alcohol

<https://www.ias.org.uk/wp-content/uploads/2021/07/LGBTQ-Briefing-Final.pdf>

- Patterns in alcohol use vary among different orientations and gender identities, but overall there is a higher prevalence of hazardous drinking among the LGBTQ+ population compared to the general population, particularly among women.
- LGBTQ+ people experience around double the odds of alcohol dependence compared to the general population, and also experience a higher prevalence of mental illnesses that can co-occur with alcohol use.
- 3% of people in alcohol treatment identified as gay or lesbian in 2019-2020. Significant barriers to receiving healthcare exist for LGBTQ+ people.
- The 2021 census shows Blackpool has 4.9% of people who identify as LGBTQ+ compared to 3.2% across England
- National data suggests LGBTQ+ women in particular have higher risk drinking patterns than heterosexual women and we have a higher LGBTQ+ population.
- Gay men were twice as likely to engage in hazardous drinking compared to heterosexual men, whereas bisexual women were three times as likely as heterosexual women to engage in hazardous drinking, indicating that LGBTQ+ women may have a greater risk experiencing alcohol harm compared to heterosexual women.

Figure 19: LGBT people who drink alcohol almost every day

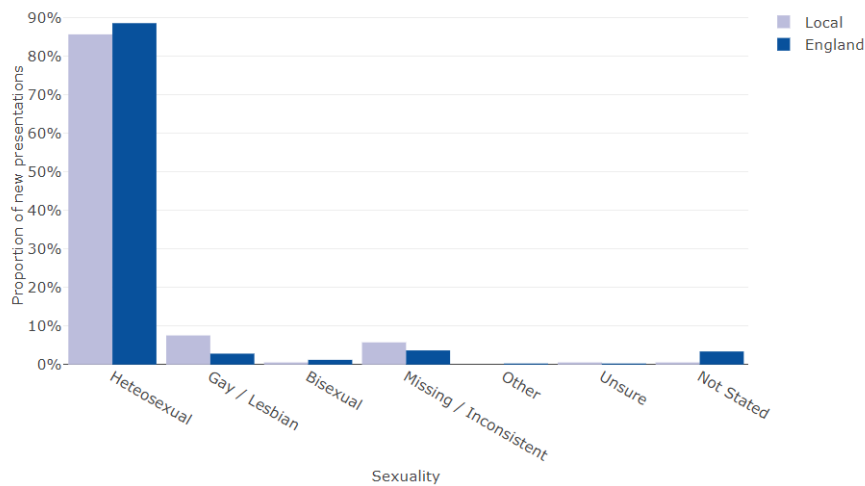
**Figure 1: LGBT people who drink alcohol almost every day**



- Data from NDTMS shows Blackpool has higher proportions of LGBTQ+ people accessing alcohol treatment than is seen nationally, 8% identify as gay/lesbian compared to 3% nationally

*Figure 20: Proportion of adults presenting to alcohol only treatment by sexuality for Blackpool and England 2020/2021*

Figure 9.1.2.2.3 Proportion of adults presenting to alcohol only treatment by sexuality for Blackpool and England, 2020-21



In summary the equality analysis suggests that drinking levels increase with age peaking at 55 to 74 years. Though harmful drinking levels are higher in men, they are still significant in women. Access to treatment services does not reflect the drinking levels in the older age groups, as the largest demographic group is 40 to 49. Therefore work is needed to encourage older people into treatment.

Though access to treatment services in Blackpool is similar to the national picture it has a high prevalence of alcohol misuse along with high levels of units consumed. Although 60% of people in treatment here in Blackpool are male, recent data from our 'Lower my Drinking' app showed more women than men seeking support and advice, potentially showing that services are not as accessible and focused on the needs of women as they should be. We also have a larger than average LGBTQ+ community which also needs consideration when designing services equitably.

Overall there is a higher prevalence in hazardous drinking among LGBTQ+ populations, compared to the general population.

## **10. What Research and Guidance Says**

A review of national and international research has been undertaken and the following summarises the evidence of who and what works in terms of alcohol policy. We have reviewed this evidence, also whether or not it was already being fully implemented in Blackpool and therefore has informed the development and prioritisation of the action plan.

### **Education of the Population**

The Alcohol Public Health Burden Evidence Review 2016 states that although education plays an important role in increasing knowledge and awareness, there is little evidence to suggest that providing information, education and labels is sufficient to lead to substantial and lasting reductions in alcohol-related harm.

Though a popular strategy, education programmes are not cost-effective. Nonetheless, these policies increase public support and a consumer right to be better informed.

### **Identification and Brief Intervention**

The Alcohol Public Health Burden Evidence Review 2016 states that 'Health interventions aimed at drinkers who are already at risk (e.g. Identification and Brief Advice), and specialist treatment for people with harmful drinking patterns and dependence, are effective approaches to reducing consumption and harm in these groups'.

It also summarises the settings where there is evidence for use of Identification and Brief Advice such as primary care, emergency departments and criminal justice settings, there is also some potential for workplace settings.

It goes on to say 'typically, these interventions show favourable returns on investment. However, their success depends on large-scale implementation and dedicated treatment staffing and funding streams, without which they are less effective.'

A Cochrane Review 2011 'Brief Interventions for Heavy Alcohol Users Admitted to General Hospital Wards' found that brief interventions with admitted heavy alcohol users was associated with significant reductions in alcohol consumption up to 9 months but this was not maintained at 12 months.

The interventions were also associated with a significant reduction in deaths and there were a wide variety of types and lengths of brief interventions used.

## **Treatment**

In term of interventions to maintain abstinence a recent evidence review found that everything was in keeping with NICE guidance i.e. offering a choice of a range of psychosocial interventions and the option of combining these with pharmacological intervention.

Public Health England (now OHID) have produced a detailed examination of the effectiveness of psychological and pharmacological interventions which is essentially in keeping with NICE's recommendations.

New national treatment guidance is currently out for consultation at the time of writing this strategy.

## **Repeat Admissions**

A qualitative study on access to alcohol treatment in England and the relationship with alcohol related conditions (2020) found that stigma around both alcohol use and around treatment services and venues were barriers to accessing treatment alongside fear of participation in groups, a lack of recognition of having a problem with alcohol and cuts to services. Outreach hubs in the community and in reach services into hospitals were facilitators.

## **Early intervention with YP**

With regards to the overview of the Impact of PSHE Education the PSHE Association review of impact of effective practice March 2015 states that the evidence shows that personal, social, health and economic (PSHE) education (inclusive of alcohol education) can improve the physical and psychosocial well-being of pupils. A virtuous cycle can be achieved, whereby pupils with better health and well-being can achieve better academically, which in turn leads to greater success.

## **Women**

The National Library of Medicine 2019 paper 'Alcohol and Women a Brief Overview' says there is compelling evidence that rates of alcohol use and binge drinking are increasing among women.

Also that many of the harmful health effects of alcohol use occur more rapidly and severely for women than men, 'addiction pathophysiology in stress, reward and immune pathways is sex-specific'.

They also note that while women and men appear to have equivalent outcomes in traditional mixed-gender alcohol treatment programs, treatment in specialized, women-only settings or

treatments that target women-specific issues may improve outcomes for women with alcohol use disorder and their treatment needs.

## **Mental Health**

The NICE guidance around alcohol use disorders and interventions for conditions comorbid with alcohol is that 'for people who misuse alcohol and have comorbid depression or anxiety disorders, treat the alcohol misuse first as this may lead to significant improvement in the depression and anxiety.

If depression or anxiety continues after 3 to 4 weeks of abstinence from alcohol, undertake an assessment of the depression or anxiety and consider referral and treatment in line with the relevant NICE guideline for the particular disorder'

## **Stigma**

The Lancet Commission on Ending Stigma and Discrimination in Mental Health from October 9 2022 states:-

- Interventions based on social contact effective
- Lived experience co production effective
- Media plays a powerful role

The October 23 Government consultation on UK clinical guidelines for alcohol treatment notes that 'The World Health Organization [European framework for action on alcohol 2022 to 2025](#) (PDF, 2.2MB) includes a priority action for healthcare services to reduce social stigma and discrimination that prevent people from accessing alcohol treatment. Services and practitioners should address policies, practices and attitudes that can contribute to experiences of stigma, ensuring people feel respected, heard, and not judged or treated differently because of their alcohol use. Physical and mental health services and social care services should not exclude people from care that they need on the basis that they have an alcohol problem.'

## **Regulating Availability and Marketing**

The Alcohol Public Health Burden Evidence Review 2016 states that the strongest evidence for the impact of marketing comes from reviews of longitudinal and cohort studies of children, which consistently report that exposure to alcohol marketing increases the risk that children will start to drink alcohol, or if they already drink, will consume greater quantities.

While the relationship between marketing and child alcohol consumption does not directly provide evidence that limiting marketing will reduce consumption, the evidence is sufficient to support policies that reduce children's exposure to marketing.

Policies that sufficiently reduce the hours during which alcohol is available for sale such as our cumulative impact area – particularly late night on-trade sale – can substantially reduce alcohol-related harm in the night-time economy.

When simultaneously enforced and targeted at the most densely populated areas this policy is cost-effective. While there is a clear relationship between the density of alcohol outlets and social disorder, the research is more mixed for other outcomes and causation is unclear.

### **Tax and Price Regulation**

The Alcohol Public Health Burden Evidence Review 2016 goes on to say 'taxation and price regulation policies affect consumer demand by increasing the cost of alcohol relative to alternative spending choices. Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement. Increased Tax and Minimum Unit Price.

The Minimum Unit Pricing Public Health Scotland conclusion is that the overall evidence supports that MUP has had a positive impact on health outcomes, including alcohol-related health inequalities.

There was no clear evidence of substantial negative impacts on the alcohol drinks industry or social harms at the population level. However MUP in Scotland reduced deaths directly caused by alcohol consumption by 13.4% and hospital admissions by 4.1%. MUP reduced consumption by 3%. There are now calls to increase the MUP to match inflation in order to continue this success.

## 11. Delivering this Strategy – Our Priorities

The strategy will be delivered by the Combating Drugs and Alcohol Partnership Board, a partnership of the following organisations:

- Public Health
- Licensing services
- Blackpool Business Community
- Children's Services
- Adult Social Care
- Community Safety
- Police
- Violence Reduction Network
- Probation
- Elected members
- Integrated Care Board
- Lived Experience
- Drug and Alcohol Treatment services
- Police and Crime Commissioner's Office
- Youth Justice Board
- Blackpool Teaching Hospital, NHS Foundation Trust
- Lancashire Care, NHS Foundation Trust

The stakeholder workshops held in the summer of 2023 included a prioritisation exercise. This exercise was considered by the Drugs and Alcohol Partnership Board in identifying the following strategic priorities for the Strategy:

### **Strategic Priority 1**

**Overcome the legislative barriers, such as MUP and licencing objections, that block population level change in relation to harmful alcohol consumption**

**What** - Lobby Government to take national policy decisions that impact most on alcohol harm reduction

**Why** - Evidence from Scotland and from around the world demonstrates that population change can be achieved from the right legislation

**How** - Through harnessing the power of local politicians, Local Government Association and Faculty of Public Health to encourage Government and Civil Service to recognise the impact of alcohol across Government departments and to introduce the necessary legislation.

### **Strategic Priority 2**

**Better inform children, young people and parents about the potential harm of alcohol use in childhood.**

**What** - Work with schools and colleges to ensure that children, young people and families receive accurate information on the potential harm caused by alcohol.

**Why** - To reduce the levels of drinking alcohol in our young people.

**How** - Provide professional expert support in the development of the curriculum delivered by our schools and colleges, along with educating parents and family members.

### **Strategic Priority 3**

**Ensure we intervene early to reduce alcohol harm in children, young people and their families.**

**What** - More children and young people, have a childhood that is not only free from alcohol but where foundations are set for a healthier future life.

**Why** - So children have better childhoods and fulfil their potential.



**How** - By ensuring that we implement high quality evidence-based interventions in maternity, antenatal education, health visiting, early years, educational settings and the broader community.

#### **Strategic Priority 4**

**Stop stigma to improve access to services when people need it and to maintain recovery.**

**What** - We will reduce the stigma faced by people fighting alcohol dependency and those along their recovery journey.

**Why** - So that more people ask for help, particularly early help, increasing the numbers in treatment and helping people to achieve a sustained recovery.

**How** - Develop a trauma informed anti stigma campaign for substance misuse.

#### **Strategic Priority 5**

**Improve the options and take up by people facing challenges in their use of alcohol for treatment, recovery and aftercare.**

**What** - Expand the options for accessing evidence-based treatment to increase the number of people asking for and receiving help, especially amongst under-represented groups such as women.

**Why** - The numbers in treatment is an under representation of residents of Blackpool facing problematic or dependent alcohol use and is significantly lower than the turn of the century. Successful outcomes from alcohol treatment have fallen. We need to reverse this trend.

**How** - Get a better understanding through equality analysis of the take-up of services, this will involve seeking the opinion of underrepresented subgroups of the population and then co-designing service delivery.

#### **Strategic Priority 6**

**Effectively identify and address co-occurring mental health and alcohol issues.**

**What** - Ensure that the co-existence of mental health and alcohol misuse are effectively addressed after years of passing referrals backwards and forwards between services.

**Why** - We know that mental health and substance misuse issues frequently go hand-in-hand and both need to be addressed.

**How** - Agree trauma informed pathways between alcohol and mental health services, train both to effectively address the issues.

### **Strategic Priority 7**

#### **Reduce repeat admissions for hospital and prison.**

**What** - To identify those in a revolving door of hospital and prison admissions and ensure we intervene proactively with them to support access to effective treatment and recovery.

**Why** - To reduce alcohol harm to the individual and the community, thereby reducing hospital admissions, crime and early death.

**How** - Review national best practice and work with stakeholders to implement new ways of working.

### **Strategic Priority 8**

#### **Reduce the impact of alcohol on families and the outcomes for children.**

**What** - Ensure that support for families exposed to alcohol misuse is available and the impact of interventions are monitored.

**Why** - To reduce the rate of children in care and subject to safeguarding processes. Ensuring that we support the aim of families being able to stay together and safeguard their children.

**How** - Through the development of a shared understanding of the impact of alcohol misuse between organisations and the development of a new multidisciplinary approach.

## 12. Links to other Blackpool Strategies

The impact of alcohol harm is greater in disadvantaged areas than in more affluent areas, even taking account of the similar drinking levels. This is known as the Alcohol Paradox. Therefore strategies and measures to reduce disadvantage and poverty will lead to a reduction in alcohol harm.

Blackpool has a number of key strategies to promote economic development and build the resilience of Blackpool communities.

For example,

- The Levelling Up Strategy
- The Housing Strategy
- The Town Centre Strategy
- Blackpool Town Investment Plan, the Blackpool Town Deal
- Financial Inclusion Strategy

This is not an exhaustive list but is indicative of the work Blackpool is undertaking to reduce deprivation and disadvantage through economic growth.

High drinking levels are linked to wider physical and social harm. Therefore reduced alcohol misuse will then impact to positively support a range of other Blackpool Strategies.

For example,

- The Neglect Strategy
- Early Help Strategy
- Blackpool Children, Young People and Families partnership plan
- Domestic Violence Strategy
- Community Safety Strategy
- Serious Violence Action Plan
- Violence against Women and Girls Strategy
- Health and wellbeing Strategy
- Healthy Weight Strategy
- Homelessness Strategy

Again, this is not a comprehensive list but does reflect the impact that alcohol misuse has across the town and all Council directorates.

### 13. Key Performance Indicators

The following indicators have been agreed by the Combating Drugs and Alcohol Partnership Board as a measure of performance against the strategy:

- Age standardised rate of hospital admissions attributable to alcohol.
- Number of adults in treatment for alcohol only and non-opiates and alcohol.
- Successful completions for alcohol only and non-opiates and alcohol.
- Increase of percentage of referrals converting to registrations for treatment.

These indicators include 3 that are nationally monitored and one that uses only locally available data. The rationale in the choice of indicators is as follows.

They are short and medium term indicators and therefore appropriate to monitor within a 3 year plan.

The hospital admission indicator demonstrates if we are having an impact, not only on ensuring dependent drinkers are successfully referred to service but also that pre dependent but high risk patients are being identified earlier by the hospital and motivated to attend treatment services. Thereby reducing the burden on the hospital from repeat admissions but also improving the likely success rate of alcohol treatment. This in the much longer term would reduce deaths.

The number of adults in treatment indicator is a measure of our success in reducing barriers to accessing treatment and encouraging greater take up of help by people who are pre dependent but at increasing risk of harm. This is a key national target particularly ensuring referral and take up of services by people involved in the criminal justice system.

The percentage of successful completion of treatment (rather than drop out or death) has reduced over the past decade as fewer and more dependent drinkers access services. Therefore, increasing successful completions will demonstrate that measures to reduce drop out are working and that more pre dependent people are accessing the help they need.

The final measure depends on local data without national comparison. The increase in percentage of referrals that result in people actually registering for treatment is the key indicator that demonstrates if we are ensuring that front line workers making referrals have effectively motivated the client and that the service is responding quickly to those referrals and providing a flexible service model that people wish to access.

## 14. Governance

The Strategy, including outcomes, will be monitored by the Combating Drugs and Alcohol Partnership Board. This Board reports to both the Health and Wellbeing Board in relation to health improvement and Blackpool Community Safety Partnership (BSafe) for reducing the impact of crime including violent crime.

The Combating Drugs and Alcohol Partnership Board works in partnership with a number of other Committees and Boards with shared representation. Wherever possible, the Combating Drugs and Alcohol Partnership Board aims to add value to the work of these other Committees rather than duplicate work.

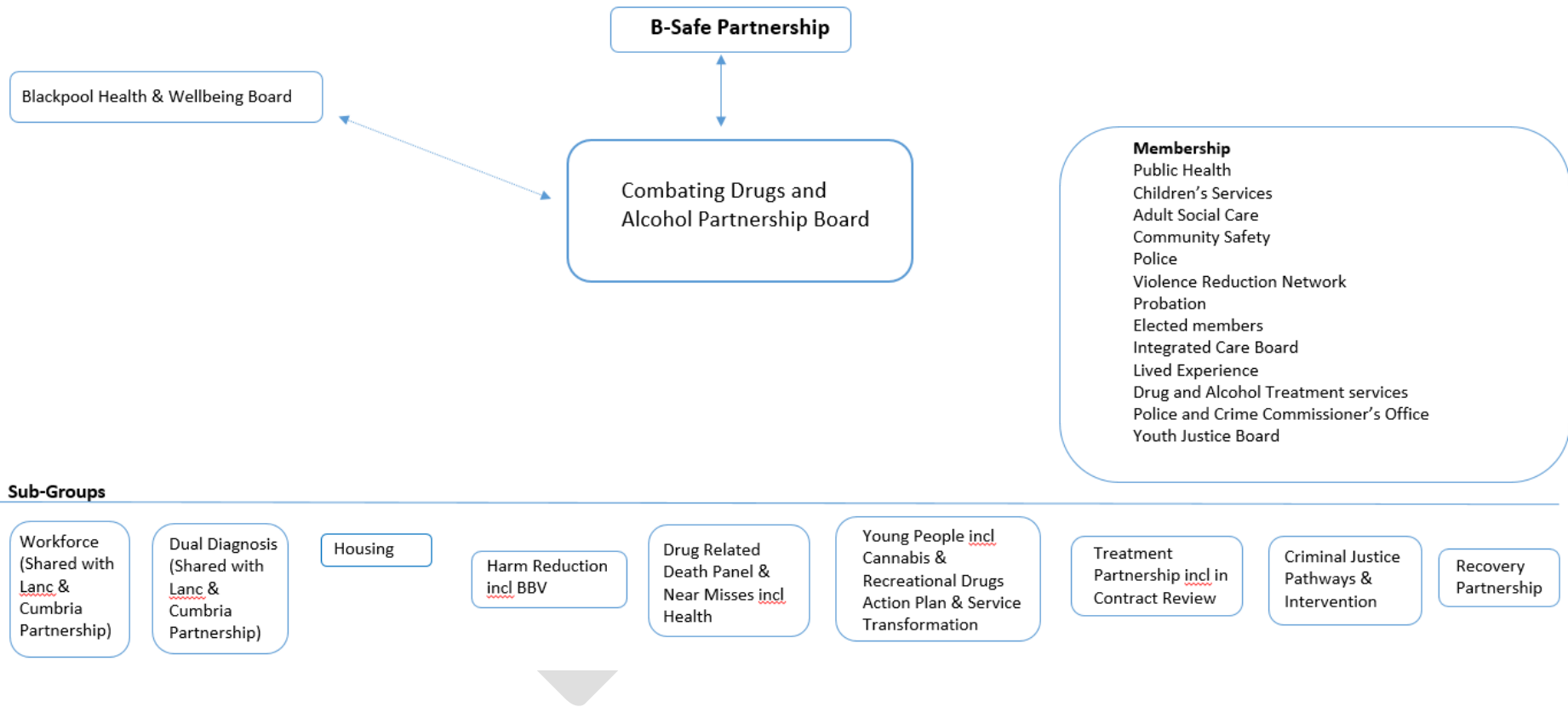
There are a number of existing groups that will report into the Combating Drugs and Alcohol Partnership Board and a small number of new sub-groups that will need to be established. These are outlined in Appendix 1.

The Combating Drugs and Alcohol Partnership Board will review progress against agreed metrics on a quarterly and annual basis. Key metrics will also be reported and monitored nationally by The Office of Health Improvement and Disparities (OHID) who are responsible for approving the Combating Drugs and Alcohol Partnership Board Spending Plans.



# Appendix 1: Governance

## Proposed Blackpool Model



## Appendix 2: Alcohol Reduction Delivery Plan

Strategic Priority	Actions	To be Achieved by
<b>Strategic Priority 1</b>  <b>Overcome the legislative barrier that block population level change in relation to harmful alcohol consumption</b>	Continue to submit representations from Public Health on licensing applications, inclusive of new licenses and variations	On-going  Public Health
	Lobby for Public Health to become a fifth licensing objective	On-going  Public Health
	Advocate for minimum unit pricing across the North West and Nationally, in line with Scotland's evidence based findings	On-going  Public Health
	Lobby for a ban on alcohol on TV in relation to programmes children watch, and football matches/sporting events	On-going  Public health
	Support the selective licencing scheme within the 8 wards in Blackpool	On-going  Licensing Trading Standards / Public Health
<b>Strategic Priority 2</b>	Establish a PSHE website that includes resources and guidance for schools and parents. Ensuring that this is marketed through social media. Work with Blackburn council on this approach as a similar request has been made to their Public health team.	March 2025  Public Health/PSHE Schools Forum

<b>Better inform children, young people and parents/adults about the potential harm of alcohol use in childhood and throughout life</b>	To create bespoke resource for alcohol education front-line workers and teachers	March 2025 Public Health
	After piloting our own a local Blackpool 'Lower My Drinking App' and evaluating its low take up. There is a need to work with other Local Authorities and OHID to explore technology to support behaviour change in pre dependent but harmful drinkers on a wider geographical footprint, with economies of scale for marketing	March 2026 OHID
<b>Strategic Priority 3</b>  <b>Ensure we intervene early to reduce alcohol harm in children and young people</b>	Review the evidence base for effective early help for young people	March 2026  Public Health/Young people's service
	Ensure staff involved in alcohol intervention with young people are trained in-line with the new UK clinical guidance for alcohol treatment: core elements of alcohol treatment	March 2026 Young People's service
	Develop wider workforce training, competence and skills at intervening in alcohol use with parents and young people	March 2025 Public Health Training Team
	Implement pilot group programmes in schools to tackle alcohol misuse at an early stage. Keep programmes under regular review	March 2025 Young People's service
<b>Strategic Priority 4</b>	All organisations to adopt a trauma informed practice approach to interventions grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development	March 2026 VRN



<b>Stop stigma and reduce barriers to improve access to services when people need it and to help them maintain recovery</b>	Development of a Blackpool Trauma Informed Charter Mark for all organisations to adopt	June 2024 Public health
	Undertake market research with women, older drinkers and LGBTQ+ to understand attitudes to accessing services and potential barriers which need to be addressed	December 2024 Public Health
	Following on from the market research, explore the possibility of a campaign to encourage more women, older drinkers, LGBTQ+ to access services without fear of judgement	March 2025 Public Health
	Undertake an Equity Audit re: uptake of services and successful completions, and to identify where the demographic successes lie	March 2025 Delphi Medical
<b>Strategic Priority 5</b>  <b>Improve the options and take up by people facing challenges in their use of alcohol for treatment, recovery and aftercare, adults and young people</b>	<b>Identification of people who need support to reduce their drinking:</b>	
	Promote the use of Audit C within Primary Care and Adult Social Care partners to identify people whose drinking levels may be reaching a level of risk	March 2026 Delphi Medical
	Work with the commissioners of Health Checks to improve the questions in relation to alcohol and improve pathway in to treatment	March 2026 Public Health
	<b>Modernise treatment:</b>	
	Services to be delivered in neighbourhoods, in addition to the Lighthouse	March 2025
	Increase in retention from referral to treatment through sending welcome reminders, text message touch points during the treatment journey, with a strong focus on	March 2025 Delphi Medical

	increasing successful outcomes and the people lost between referral and first appointment	
	Provide remote access treatment to help people with different needs, engage in different ways	March 2025 Delphi Medical
	Establish a Webchat system to reach people not in treatment but want to consider options	March 2026 Horizon including young people's services
	Ensure assessment processes are phased with only as much information gathered as is needed at the beginning of the treatment journey	March 2025 Delphi Medical
	Review the environment of the Lighthouse building to ensure it is a psychologically informed environment and make improvements	March 2025 Public Health/Delphi Medical
	Train all keyworkers in CBT and appoint CBT therapists within the alcohol treatment service	December 2024 Delphi Medical and Young People's Service
	Embed regular service user feedback processes to support continuous improvement	March 2025

		Horizon including young people's services
<b>Harm Reduction for those who are not ready to enter treatment:</b>		
Alcohol treatment service to provide on-going outreach work with individuals who are not at this point hoping to become abstinent or reduce drinking levels to promote harm reduction		March 2026 Horizon including young people's services
Primary Care to consider prescribing Thiamine (B-1), to reduce the risk of Wernick-Korsakoff syndrome and other neurological consequences of harmful alcohol use		March 2026 ICB
Ensure that the Smoking Cessation Service is effectively used as a Harm Reduction tool for drinkers		March 2025 Public Health
Explore 'wet area' where street drinkers can gather safely, reducing antisocial behaviour, as part of the town centre re-development.		March 2026 Public Health/BID
<b>Supporting life-long Recovery:</b>		
Implement the new Recovery Model for Blackpool, including the development for a Recovery Hub		March 2025 Recovery Partnership
Further expand peer-led and peer-delivered buddying systems		March 2025

		Recovery Partnership
<b>Strategic Priority 6</b>  <b>Effectively identify and address co-occurring mental health and alcohol issues</b>	Train Talking Therapies team in Assist Lite	March 2026  Public Health
	In-line with new National UK Guidelines for Alcohol Treatment, explore the potential options for providing frontline staff and volunteers in alcohol and mental health services with training on Alcohol Related Brain damage and neurodivergency.	March 2026  To Be confirmed through national guidance
	Ensure patients receiving a Severe Mental Illness health check are referred into the alcohol treatment service if alcohol issues are identified.	March 2026  ICB
	Develop a comprehensive training offer to support better care for people with co-occurring mental health and alcohol use conditions.	March 2026  Public Health
<b>Strategic Priority 7</b>  <b>Reduce repeat admissions for hospital and prison</b>	<b>Hospital:</b>	
	The ICB will review the role, function and effectiveness of Alcohol Nurse Liaison Service across Lancashire and South Cumbria	September 2024  ICB
	Map and improve pathways in to community treatment for people with alcohol related hospital admissions in line with recommendations from both the Peer Review and the ICB review	March 2025  ICB

	For the Alcohol Liaison Team to train all hospital staff to do identification, brief advice, and referral to ALNs when appropriate	March 2025 ICB/Alcohol Liaison team
	<b>Criminal Justice:</b>	
	Develop a drug intervention programme alert, to include alcohol for the police to notify to partner agencies.	March 2025 Public Health
	Development of a criminal justice prison pathway to include alcohol.	March 2025 Public Health
	Development of a criminal justice community pathway to include alcohol.	March 2025 Public Health
<b>Strategic Priority 8</b> <b>Reduce the impact of alcohol on families and the outcomes for children</b>	ASSIST-Lite (Alcohol, Smoking, Substance Misuse involvement screening tool) to be rolled out to Children and Young Peoples Services	March 2026 Public Health
	Review the delivery model for Family Recovery Workers, ensuring that they target parents where early intervention and parenting support will benefit the development of children	March 2026 Delphi Medical
	Implement family safeguarding model which is a multidisciplinary approach for parents where children are subject to safeguarding support	March 2026 Children's Social care

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<b>Report to:</b>	<b>HEALTH AND WELLBEING BOARD</b>
<b>Relevant Officer:</b>	Karen Smith, Director of Adult Social Services / Director of Health and Care Integration, Lancashire and South Cumbria Integrated Care Board (ICB)
<b>Relevant Cabinet Member:</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up: People
<b>Date of Meeting:</b>	13 March 2024

## BLACKPOOL PLACE-BASED PARTNERSHIP DEVELOPMENT

### 1.0 Purpose of the report:

1.1 To update the Health and Wellbeing Board on recent progress and developments regarding Blackpool's Place-based partnership.

### 2.0 Recommendation(s):

2.1 To consider the Place-based partnerships progress to date and to continue to support the partnership in its ambition to promote health and care integration further.

### 3.0 Reasons for recommendation(s):

3.1 The Blackpool place-based partnership will require the support of partners across Blackpool, to be successful in its ambition to promote integration. An ambition which aligns with the key statutory functions of the Health and Wellbeing Board and which includes setting the strategic direction to improve health and wellbeing (Department of Health and Social Care (2022) Health and Wellbeing Boards – Guidance. Available at: [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards-guidance))

Promoting integrated, person-centred care and health improvement is a key objective of:

- the DHSC's [adult social care reform vision](#)
- [the Health and Care Act 2022](#)
- [the NHS Long Term Plan](#)
- the DHSC's [integration white paper \(Health and social care integration: joining up care for people, places and populations\)](#)

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

**4.0 Other alternative options to be considered:**

4.1 None

**5.0 Council priority:**

5.1 The relevant Council priority is

- "Communities: Creating stronger communities and increasing resilience"

**6.0 Background Information:**

**Place-based Partnership update**

**6.1 Blackpool Place staff session – 30 January 2024:**

A second session took place on 30 January 2024 which included Lancashire and South Cumbria Integrated Care Board staff, Primary Care Network (PCN) Clinical Leads and Primary Care Network managers. A date for the third session is currently being explored and it is hoped that partners will join for this, so that a broader discussion regarding Place and next steps can be had. In addition, we are also proposing to hold a small session in March with the Blackpool Place Clinical and Care Professional Leads (CCPLs). We are just awaiting the finalisation of the recruitment process for the Mental Health Clinical and Care Professional Leads. There are already in situ Clinical and Care Professional Leads for Cancer, Quality and Digital, in addition to an overarching Clinical and Care Professional Lead role.

**6.2 Programme of visits for Primary Care:**

Blackpool Place has recently commenced a programme of visits with our local Primary care colleagues. The purpose and focus of these visits is on building relationships further and listening to GP practices with regards to their current issues and priorities. This programme will take place throughout the course of February and March 2024. From the discussions to date, several themes are becoming apparent and all this valuable feedback will be collated and fed back to both the Place-based partnership and the Lancashire and South Cumbria system, as appropriate, in April 2024.

**6.3 Recovery and transformation:**

An initial presentation has been made to Lancashire and South Cumbria Integrated Care Board Executives with proposals as to how Blackpool Place could contribute to the Lancashire and South Cumbria Integrated Care Board recovery and transformation agenda, whilst



continuing to focus on local delivery and what is right for Blackpool. Further detail is being worked up currently, including proposed plans, deliverables and how we can measure impact. These more detailed proposals will be presented back to LSC ICB Executives in early March 2024 for further discussion.

#### 6.4 **Spring into Spring – April 2024**

Building on the success of Spring into Spring and Active into Autumn in 2023, this year's Spring into Spring will take place over the course of a week. Dates for each event have now been finalised (w/c 8 April 2024) and all the planning is well underway. A total of 60 organisations have now signed up for the Winter Gardens event. Broader communications have now been finalised and officers have been working with local community leaders so that the event can have widespread distribution of such. In addition to the Winter Gardens event on Friday 8 April, the following events, which have been shaped by conversations with community leaders and will therefore be bespoke to each place, will also be taking place:

Monday 8<sup>th</sup> April - Family Hub, Gorton Street, Blackpool 1-4pm  
Tuesday 9<sup>th</sup> April - @ The Grange 1-4pm  
Wednesday 10<sup>th</sup> April – Ibbison Court Community Centre 2.30-6:30pm  
Thursday 11<sup>th</sup> April – Claremont Park Community Centre 10-2pm  
Friday 12<sup>th</sup> April – Winter Gardens, Blackpool 12-4pm



Should anyone require further information in relation to any of the events, please contact:  
[jill.gardner2@nhs.net](mailto:jill.gardner2@nhs.net)

#### 6.5 **Local touchpoint meetings:**

Following the benefit of these meetings, particularly during the COVID period, these weekly touchpoint meetings have extended to keep on running for the foreseeable future. The purpose of these local meetings is to maintain connectivity across health and social care partners on the Fylde Coast. It is a place where, as partners, we can discuss possible problems on the horizon before they become significant. It is also a forum to maintain our connectivity with each other which will hopefully provide for even better working across teams. This will not be a re-creation of a tactical meeting. Keeping the tempo of these meetings regular will also give for an easier transition to when strategic tactical meetings are required.

#### 6.6 **Workforce update:**

A workforce report has been developed following a request at a previous Adult Social Care and Health Scrutiny Committee. In addition to both Lancashire and South Cumbria system and local data and intelligence, this report also outlines a development timeline for implementation of the Integrated Care Board's 5-year health and workforce strategy.

With regards to this strategy, it is proposed to hold a workshop in April 2024 with workforce leaders across Place to consider implementation plans for Blackpool in terms of delivering against the aspirations of the strategy. Members can be assured that every effort is being made to ensure alignment with local initiatives already underway and / or planned and we will utilise existing forums already in situ, where appropriate. Alignment with the proposed Joint Local Health and Wellbeing strategy will also be a priority.

Final sign off of the strategy will be at the Integrated Care Board People Board in March 2024.

6.7 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 None.

**8.0 Financial considerations:**

8.1 None presently.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations and the impact of this decision for our children and young people:**

11.1 An underlying theme of Place-based partnerships is to improve people's health and wellbeing and reduce health inequalities that exist in Blackpool. It is not anticipated that this work would adversely impact on key protected equality groups.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 Reducing Blackpool's contribution to the climate crisis and creating resilience to respond to the worst impacts of climate change is an opportunity to protect health.

Examples of how the work of the Place-based partnership could promote healthy living while reducing environmental impacts include promoting active travel, reducing the carbon footprint of healthcare facilities, and ensuring that new programmes support the local environment.

**13.0 Internal/external consultation undertaken:**

13.1 None.

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