

Report to:	Health and Wellbeing Board
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting:	2 nd December 2015

DEVELOPING THE HEALTH AND WELLBEING STRATEGY

1.0 Purpose of the report:

- 1.1 To update the Board on the current position in relation to developing the next Health and Wellbeing Strategy and present options for discussion.

2.0 Recommendation(s):

- 2.1 To agree that the Health and Wellbeing Board uses the drivers agreed at the Board Away Day in May 2014 as the basis for the new strategy.
- 2.2 To agree to incorporate the key recommendations from the Due North report into the strategy and action plan, and align it with the priorities arising from other key strategic documents.
- 2.3 To agree the proposed consultation process and timeline for development as set out in Paragraph 5.6 of the report.

3.0 Reasons for recommendation(s):

- 3.1 The Board has a duty under the Health and Social Care Act 2012 to develop a strategy which articulates its priorities for the local area. The current strategy is due to expire shortly. Therefore the Board must begin the process of developing a replacement, which is anticipated, will be in place by April 2016.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No
- 3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

There is no alternative option – a strategy must be developed.

4.0 Council Priority:

4.1 The relevant Council Priority is “improve health and well-being especially for the most disadvantaged”

5.0 Background Information

5.1 Since the four priorities for the Joint Health and Wellbeing Strategy were agreed, a number of significant developments have occurred both nationally and locally. The Government elected in May this year is committed to further reducing public spending; this is already underway as we have seen in July’s Summer Budget; confirmation of a 6.2% in year reduction to public health’s budget and the Comprehensive Spending Review on 25th November 2015.

5.2 Local strategic developments

Locally, the Council has consulted on and adopted two new priorities for the next five years which are articulated in the new Council Plan 2015 – 20; these are ‘The economy: Maximising growth and opportunity across Blackpool’ and ‘Communities: Creating stronger communities and increasing resilience’.

It makes sense for the board to align its four new priorities (housing, substance misuse, social isolation/community resilience and early intervention) in the next Joint Health and Wellbeing Strategy (JHWS) with the Council Plan and a number of other key strategic documents that are in development or planned over the next few months. This was discussed at the Strategic Commissioning Group’s last meeting and will effectively bring it all together to create a clear and consistent narrative for the future direction of Blackpool’s health and social care services. These include:

- The Clinical Commissioning Group’s Strategic Plan for 2014/15 to 2018/19;
- The Hospital Trust’s forthcoming five year strategy;
- The work of the newly established Public Services Board;
- The Clinical Commissioning Group’s Vanguard programme
- Healthier Lancashire

5.3 Health and Wellbeing Strategic Priorities

Feedback from the Health and Wellbeing Peer Challenge in March 2014 suggested that:

'The Health and Wellbeing Board has clear priorities and they are closely aligned with the health and wellbeing challenges faced by Blackpool. However there may be too many priorities to make the impact you want to achieve. You need to focus down on fewer areas where you can make a real difference and your priority actions need to be joined up and focussed.'

5.4 Following this, the Board held an away day in May 2014, where four key drivers were agreed by Board members as the focus for the longer term:

- **Stabilising the Housing Market** – Reduce the availability of HMO's via the Blackpool Housing Company and other initiatives such as Selective Licensing. Create higher quality housing and mix of tenure by redeveloping Queen's Park and developing new housing at Foxhall Village.
- **Substance misuse (alcohol, drugs and tobacco)** – Address lifestyle issues by supporting education programmes and policy intervention.
- **Social Isolation/ Community Resilience** – Address social isolation for all ages and build community resilience.
- **Early Intervention** – Encourage more upstream intervention at the earliest stage of life possible through programmes such as Better Start and HeadStart.

In light of this, it is suggested that the new strategy articulates the transition to the new board priorities and adopts them as the basis for the new approach.

5.5 **Due North recommendations**

The Due North report was presented to the Board last year and its recommendations were discussed at length in the Public Health Annual Report 2014, with the main recommendation being to take forward and implement Due North recommendations.

The Board agreed to take forward the recommendations of Due North and a piece of work is underway to develop an action plan, which also maps the linkages to the Health and Wellbeing Board priorities. This will be presented to a future Board meeting. In light of the level of health inequalities both within Blackpool and between Blackpool and the rest of the country, it is proposed that the Due North actions are also incorporated into the Health and Wellbeing Board Strategy. The four priorities of Due North are:

- **Priority One:** Tackle poverty and economic inequality within the North and between the North and the rest of England
- **Priority Two:** Promote healthy development in early childhood
- **Priority Three:** Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- **Priority Four:** Strengthen the role of the health sector in promoting health

equity

Due North's priorities three and four have less direct impact on the strategy and so the strategy will need other actions to address the board's priorities.

5.6 Timeline for development

Once the scope and development process is agreed, it is proposed that a consultation process begins in the new year. It is expected that Blackpool Healthwatch will wish to be involved and discussions will be taken forward on the best way to achieve this.

There will be two elements to the consultation. One whereby the views of partner agencies and other stakeholders will be sought by attending various Boards and partnership groups to present the priorities and gain their views.

The second element will be a consultation with members of the public. This will be framed as a consultation on health issues in Blackpool, the responses to this will be tested against the proposed priorities of the strategy. It is anticipated that the format of this engagement will be through public events, focus groups and survey work to be delivered by fieldworkers. Consultation will run for a six to eight week period beginning in January 2016, a report will be brought to the next Board with further details and an update on progress.

5.7 Does the information submitted include any exempt information? No

5.8 List of Appendices:

None

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 An Equalities Impact Assessment will be carried out at an early stage in the development process.

9.0 Financial considerations:

9.1 None

10.0 Risk management considerations:

10.1 None

11.0 Ethical considerations:

11.1 None

12.0 Internal/ External Consultation undertaken:

12.1 A full consultation will be undertaken with all stakeholders including partner organisations, other organisations not directly connected to the Board, and residents of Blackpool.

13.0 Background papers:

13.1 None