

Report to:	EXECUTIVE
Relevant Officer:	Dr Arif Rajpura, Director of Public Health
Relevant Cabinet Member	Councillor Graham Cain, Cabinet Secretary (Resilient Communities)
Date of Meeting	12 September 2016

HEALTH AND WELLBEING STRATEGY

1.0 Purpose of the report:

- 1.1 To present the final draft of the Health and Wellbeing Strategy for approval following the public consultation carried out with Blackpool Healthwatch. The Strategy and the performance monitoring proposals have already been approved by the Health and Wellbeing Board at its meeting on the 20 July 2016.

2.0 Recommendation(s):

- 2.1 To note the consultation summary, attached at Appendix 3b.
- 2.2 To recommend the Council to approve the Health and Wellbeing Strategy, attached at Appendix 3a.
- 2.3 To note the performance monitoring proposals outlined at Paragraph 5.9 which have been approved by the Health and Wellbeing Board at its meeting on 20 July 2016.

3.0 Reasons for recommendation(s):

- 3.1 The Council has a statutory duty to produce a Health and Wellbeing Strategy. The previous strategy expired at the end of 2015 and a new draft strategy has been in development over the last few months.

The Strategy has been developed in line with the vision and priorities agreed by the Health and Wellbeing Board in December 2015.

- 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 are no alternatives – the Council must have a strategy in place.

4.0 Council Priority:

4.1 The relevant Council Priority is: “Creating stronger communities and increasing resilience”

5.0 Background Information

5.1 A draft Health and Wellbeing Strategy has been produced based on the vision and priorities agreed by the Board at a development day in 2014. These were reaffirmed at a Board discussion in December 2015, where it was agreed that the evidence related to health outcomes in Blackpool suggests that there are a number of drivers we need to address in order to achieve the Board’s vision:

5.2 Vision

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

5.3 Priorities

1. Housing

To improve the quality, mix, and management of private rented homes through Blackpool Housing Company and other initiatives such as Selective Licensing. Create higher quality new homes at Queen’s Park and Foxhall Village.

2. Tackling substance misuse (alcohol, drugs and tobacco)

To address lifestyle and addiction issues by developing policy interventions, treatment programmes and education in order to prevent substance misuse, and support individuals and communities with substance misuse issues.

3. Building community resilience and reducing social isolation

To build resilience within individuals and communities to improve their mental health and wellbeing and enable them to cope in difficult situations and circumstances.

Support communities to work together to determine their needs, developing a co-production approach to service design that will promote community empowerment, community led decision making and increase social action to

reduce social isolation experienced by sections of our communities.

In addition to the above, the board recognises the importance of taking preventative action at the earliest possible time; to prevent a problem becoming a crisis, therefore identified an additional priority.

4. Early Intervention

Encourage more upstream intervention to prevent a problem from becoming a crisis; this approach will be implemented throughout the life course and will reduce the need for expensive interventions further down the line.

5.4 Consultation

A draft strategy was considered at the Board's meeting on 20 April 2016 and it was agreed that public consultation would be undertaken to inform the strategy. An online survey was produced by Infusion, the Council's in-house market research organisation and a consultation took place throughout June to seek views on the vision and priorities.

5.5 The survey was circulated via social media and also through Healthwatch's engagement mechanisms; this included circulation to key voluntary sector organisations including Blackpool Carers, Age UK, Salvation Army, Creative Support, Autism Initiatives, Arthritis Care, NCompass, Empowerment, Blackpool Citizen's Advice Bureau, Action for Blind People, Groundwork, and Streetlife. Healthwatch also visited a number of organisations and assisted people in completing the survey.

5.6 In total 144 responses were received. The main issues raised from the consultation are summarised at Appendix 3b.

5.7 Stakeholders have been engaged throughout the strategy's development via the Strategic Commissioning Group and have inputted into the development at different stages of the process. Drafts of the strategy have also been presented to a special Public Health Scrutiny Committee that took place on 22 April 2016 and to the Clinical Commissioning Group Governing Body in July 2016. Comments and issues raised at these meetings have subsequently been addressed in producing the strategy attached at Appendix 3a.

5.8 Performance Monitoring

A performance monitoring framework has been developed to accompany the strategy; this includes new and existing performance indicators. A list of indicators is included on p22 of the strategy. In some cases the indicator does not exist and would require a resource commitment to establish, for others it may require a data source or suitable proxy. The Board may wish to suggest other measures directly relevant to

the priorities and comment on how the measure could be obtained.

5.9 It was originally proposed that a six-monthly report would be presented to the Health and Wellbeing Board updating on the progress of the actions and an annual report of performance indicators. However, in light of the forthcoming changes that under consideration for the Health and Wellbeing Board as part of the Lancashire and South Cumbria Change Programme, the Director of Public Health will be asked instead to ensure that the priorities and performance monitoring arrangements are incorporated into any new structure.

5.10 Does the information submitted include any exempt information? No

5.11 **List of Appendices:**

Appendix 3a – Health and Wellbeing Strategy 2016-19
Appendix 3b– Health and Wellbeing Consultation Report

6.0 Legal considerations:

6.1 None

7.0 Human Resources considerations:

7.1 None

8.0 Equalities considerations:

8.1 An Equality Assessment has been carried out as part of 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 The consultation undertaken is described in Background Information section at Paragraphs 5.4, 5.5, 5.6 and 5.7.

13.0 Background papers:

13.1 None.

14.0 Key decision information:

14.1 Is this a key decision? Yes

14.2 If so, Forward Plan reference number: 12/2016

14.3 If a key decision, is the decision required in less than five days? No

14.4 If **yes**, please describe the reason for urgency:

15.0 Call-in information:

15.1 Are there any grounds for urgency, which would cause this decision to be exempt from the call-in process? No

15.2 If **yes**, please give reason:

TO BE COMPLETED BY THE HEAD OF DEMOCRATIC GOVERNANCE

16.0 Scrutiny Committee Chairman (where appropriate):

Date informed:

Date approved:

17.0 Declarations of interest (if applicable):

17.1

18.0 Executive decision:

18.1

18.2 Date of Decision:

19.0 Reason(s) for decision:

19.1 Date Decision published:

20.0 Executive Members present:

20.1

21.0 Call-in:

21.1

22.0 Notes :

22.1