### Appendix 3a

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







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

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).

**Priority 1 – Starting Well** 



Priority 2 – Education, Employment & Training



Priority 3 – Living Well



**Priority 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 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 <u>Blackpool Joint Strategic Needs Assessment</u> website and made available to the public in order to demonstrate how the Health and Wellbeing Board is addressing identified health needs.

# Life Expectancy and Healthy Life Expectancy

<u>Life expectancy</u> is one of the key indicators of health in a population and as such will be monitored to track progress over the long term. <u>Life expectancy at birth</u> 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 <u>life expectancy</u> within Blackpool, with a 13.2 year gap for males between the electoral wards in Blackpool with the highest <u>life expectancy</u> and the lowest life expectancy, and a 9.5 year gap for females (2016-20).

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

### **Healthy Life Expectancy 2018-20**



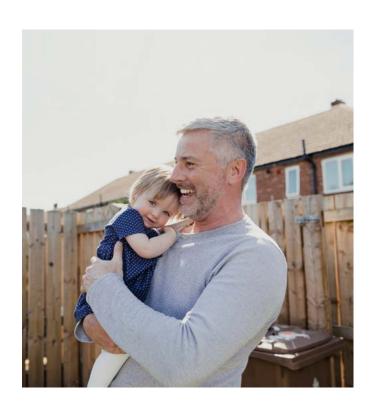
### **Priority 1 – Starting Well**



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 <u>Blackpool Declaration on Healthy Weight</u>
- Blackpool's Children, Young People and Families Partnership Plan (October 2023 launch)
- Oral Health Strategy (2024 2028)
- Corporate Parenting Strategy (2022 2024)
- <u>Tobacco Free Lancashire and South</u>
   <u>Cumbria Strategy (2023-2028)</u>

### **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.

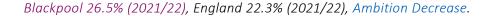


### **Priority 1 – Starting Well**



### 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.







#### Proportion of five-year-olds with experience of visually obvious dentinal 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).

- 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.

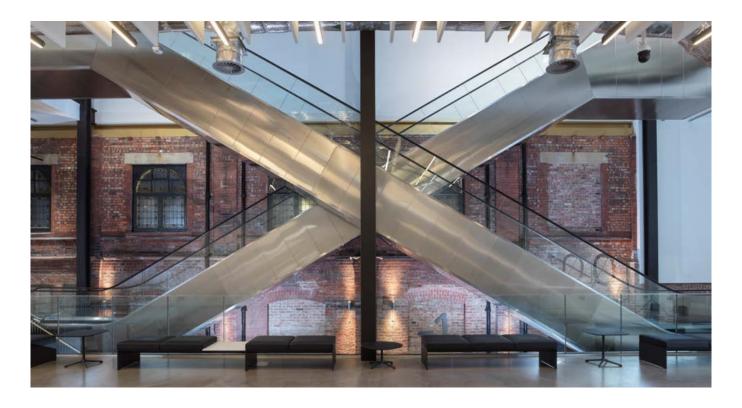
#### We will...

- 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



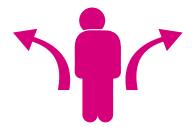
### Priority 2 – Education, Employment and Training



### **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.







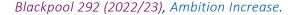
### Job starts - individual placement and support via mental health support

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.





### 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.

- Increasing the number of people using Blackpool Learning Rooms to engage in communitybased 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 <u>Lighthouse</u> 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.

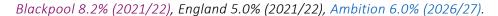
Blackpool 1,775 (2021/22), Ambition Increase.

### **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.







### 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.

- 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)

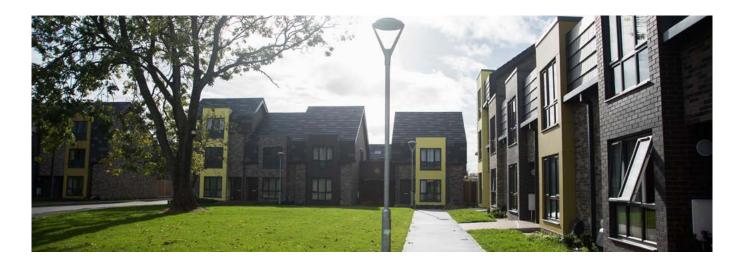


- Promote Active Travel and 'modal shift' within Blackpool communities
- Work with external funding partners to secure capital and revenue investment to ensure people are provided with accessible opportunities to be physically active and 'move more'
- Evaluate the Social Prescriber Slimming World and 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

- 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 dentinal 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*. <u>Public health profiles - OHID (phe.org.uk)</u>

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+)*. <u>Public health profiles - OHID (phe.org.uk)</u>

If you would like this information in another format or language, please contact us:

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Web: www.blackpool.gov.uk

For further information about the health of the population of Blackpool please visit the <u>Blackpool</u> <u>Joint Strategic Needs Assessment</u> website.