

Appendix 3c: Equality Analysis (EA) Record Form

Formerly Equality Impact Assessment

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.

Data/ information
General Census 2021 indicates the population of Blackpool is around 141,000.
Sex 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?

Age
<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>
Disability
<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>
Gender Reassignment
<p>No overall negative impacts of the JLHWS have been identified associated with Gender Reassignment.</p>
Marriage and Civil Partnership
<p>No overall negative impacts of the JLHWS have been identified associated with Gender Reassignment.</p>
Pregnancy and Maternity
<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>
Race
<p>No overall negative impacts of the JLHWS have been identified associated with Race.</p>
Religion and Belief
<p>No overall negative impacts of the JLHWS have been identified associated with Religion and Belief.</p>
Sex

No overall negative impacts of the JLHWS have been identified associated with Sex.
Sexual Orientation
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: 

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