

Report to:	HEALTH AND WELLBEING BOARD
Relevant Officer:	Liz Petch, Consultant in Public Health
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Levelling Up People
Date of Meeting:	27 June 2023

BLACKPOOL JOINT LOCAL HEALTH AND WELLBEING STRATEGY UPDATE

1.0 Purpose of the report:

1.1 To provide the Board with an update on the development of a new Blackpool Joint Local Health and Wellbeing Strategy.

2.0 Recommendation(s):

2.1 To note the report and any verbal update.

3.0 Reasons for recommendation(s):

3.1 The report is for information to ensure that the Board is kept aware of progress in developing the new Blackpool Joint Local Health and Wellbeing Strategy.

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

6.0 Background information

- 6.1 Following the Health and Wellbeing Board meeting on 5 October 2022, the Board had agreed the need to write a new Joint Local Health and Wellbeing Strategy (JLHWS) for Blackpool as the previous Joint Health and Wellbeing Strategy 2016-2019 had elapsed.
- 6.2 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 new Health and Care Act 2022 introduced new architecture to the health and care system, specifically the introduction 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.

Health and Wellbeing Boards have a statutory function to:

- Assess the health and wellbeing needs of the local population and publish a Joint Strategic Needs Assessment (JSNA);
- Publish a Joint Local Health and Wellbeing Strategy (JLHWS) which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the Joint Strategic Needs;
- The Joint Local Health and Wellbeing Strategy should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plan

- 6.3 It is expected that all partners – the Health and Wellbeing Board, Integrated Care Board (at Lancashire and South Cumbria level) and Integrated Care Partnership - adopt a set of principles in developing relationships, including:

- Building from the bottom up
- Following the principles of subsidiarity
- Having clear governance, with clarity at all times on which statutory duties are being discharged
- Ensuring that leadership is collaborative
- Avoiding duplication of existing governance mechanisms

In line with this guidance, we are working together at a Blackpool system level to ensure alignment of priorities and work programmes.

6.4 Work on developing a new Joint Local Health and Wellbeing Strategy has begun with a review of existing strategies, systems and structures and a review of Joint Strategic Needs Assessment data having taken place during March and April 2023.

6.5 A stakeholder workshop was then held on 6 June 2023 where the review work was presented alongside an update on the development of the Integrated Care Partnership (ICP) and NHS Joint Forward Plan.

It was agreed at this first workshop with Health and Wellbeing Board partners that the overarching goal for the new Joint Local Health and Wellbeing Strategy would be to close the gap in life expectancy and healthy life expectancy with England. This is however a long term goal and further work will be needed to think about what existing or new actions are needed to achieve this goal.

6.6 A summary of the workshop discussions, with agreements and next steps are attached as an Appendix, this includes details on the agreed key priorities for action:

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- Starting Well – First 1001 days to include smoking in pregnancy and childhood obesity
- Education, employment and training – particularly year round economy and jobs to tackling seasonality, and valuing core community
- Living Well – to include smoking, drugs and alcohol, and physical and mental wellbeing
- Wider determinants of health – particularly housing

6.7 Leadership from existing Partnership Forums and Boards will be key in taking this work forward. There is no need to create new structures and governance if this work is already in train.

The Board should be guided by topic expert's knowledge and experience on what, how and who is needed to tackle the health harms that are associated with each of these priorities.

6.8 Monitoring of progress against agreed work programmes, with appropriate performance indicators will be key; as will key decisions on prioritisation of resources and evidence of what has been done or what has changed because of the Joint Local Health and Wellbeing Strategy.

6.9 Key next steps for this work, include: -

- Develop a rationale to explain why certain priorities have been chosen and address why certain priorities were not chosen. This will help to build a shared understanding among stakeholders.

- Identify and engage wider stakeholders who have not yet been involved in the strategy development process, to ensure a more comprehensive and inclusive approach.
- Develop a framework for action that outlines short, medium, and long-term evidence based actions for each identified priority.

6.10 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 3a: Joint Local Health and Wellbeing Strategy Workshop Notes - Tuesday 6 June 2023

8.0 Financial considerations:

8.1 There may be financial resources needed to facilitate an inclusive consultation and development process for a new Joint Local Health and Wellbeing Strategy. These will be identified as the strategy is developed and approval sought through the appropriate decision making processes.

8.2 There may also be financial resources needed to take forward some aspects of new work of identified in the Joint Local Health and Wellbeing Strategy. This will be considered as part of the development and implementation phase of the process and presented back to Board at a future meeting.

9.0 Legal considerations:

9.1 None.

10.0 Risk management considerations:

10.1 None.

11.0 Equalities considerations:

11.1 Health and wellbeing boards must meet the Public Sector Equality Duty under the Equality Act 2010, and consideration will be given to this throughout strategy process. This includes consideration about how the community is involved, the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in Joint Strategic Needs Assessments); and the effects decisions have or are likely to have on their health and wellbeing.

11.2 The underlying theme of the strategy is to improve people's health and wellbeing, and reduce health inequalities that exist in Blackpool. It is not anticipated that the strategy would adversely impact on key protected equality groups. An Equality Analysis will be completed as part of the strategy development process.

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.

Dependent upon the priorities of the strategy, the Joint Local Health and Wellbeing Strategy could contribute to the delivery of the council's climate emergency declaration in the following ways:

- Climate mitigation (efforts to limit the emission of greenhouse gases): the strategy could incorporate actions which improve health as well as reduce greenhouse gas emissions. For example, by improving the energy efficiency of housing this would mean houses would use less energy, thereby reducing greenhouse gas emissions. Improving housing energy efficiency would help to address issues such as fuel poverty and the physical and mental health issues associated with cold homes. This shows how incorporating climate mitigation considerations into the strategy could positively impact models of care by reducing inequalities in health and reducing avoidable hospital admissions.
- Climate adaptation (actions taken to reduce the negative consequences of climate change): the strategy could address the expected health impacts as a result of climate change and incorporate actions to prepare for and be equipped to respond to the climate crisis. For example, increasing education on the health impacts and risks associated with heat can enable people to cope more effectively. This shows how incorporating climate adaptation considerations into the strategy could increase community resilience to climate change and provide support to vulnerable residents to reduce the impact of climate change.

Other examples of how the strategy 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 As detailed in the attached Appendix 3a as a result of a multi-agency workshop on 6 June 2023.

14.0 Background papers:

14.1 None.