

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Liz Petch, Consultant in Public Health, Blackpool Council
<b>Relevant Cabinet Member</b>	Councillor Jo Farrell, Cabinet Member for Levelling Up People
<b>Date of Meeting</b>	18 October 2023

## PROGRESS UPDATE ON JOINT LOCAL HEALTH AND WELLBEING STRATEGY

### 1.0 Purpose of the report:

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

### 2.0 Recommendation(s):

2.1 To note this update and provide comment on the activities presented.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the Health and Wellbeing Board is aware of the latest progress and direction of travel with regards to priorities and content.

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 The development of the Integrated Care Board is progressing well. Following a series of discussions with relevant stakeholders to identify gaps and opportunities in existing strategies linked to the priority areas previously agreed by Board members; the sub-priorities have been drafted as follows:

- **Priority 1: Starting Well (first 1001 days)** – this includes addressing challenges such as smoking in pregnancy and childhood obesity.
- **Priority 2: Education, Employment and Training** –this includes a specific focus on the year round economy, tackling seasonality, and valuing core community contributions.
- **Priority 3: Living Well** – this includes initiatives related to stopping smoking, drugs and alcohol consumption, and promoting physical and mental wellbeing.
- **Priority 4: Housing** – this includes proactive outreach to identify early signs of housing failures, enhancing the health sectors understanding of housing issues, and lobbying the government to extend the Decent Homes Standard to the private rented sector.

6.2 The following draft measures of success have been identified for each priority area, and comparisons between Blackpool and England statistics have been made where the data is available:

<b>Priority 1 – Starting Well (first 1001 days)</b>		
<b>Measure</b>	<b>Blackpool</b>	<b>England</b>
Proportion of those setting a quit date who successfully achieve a 4-week quit (Maternity Service)	32.0% (2022/23)	46.1% (2022/23)
Smoking at the time of delivery	21.1% (2021/22)	9.1% (2021/22)
Breastfeeding: proportion of mothers partially or exclusively breastfeeding for first feed	54.5% (2020/21)	71.7% (2020/21)
School readiness: early years - percentage at a good level of development at the end of reception	60.1% (2021/22)	65.2% (2021/22)
NCMP - overweight (including obesity) reception-aged children	26.5% (2021/22)	22.3% (2021/22)
Five-year-olds: dental survey - % with experience of visually obvious dentinal decay	31.2% (2021/22)	23.7% (2021/22)

<b>Priority 2– Education, Employment and Training</b>		
<b>Measure</b>	<b>Blackpool</b>	<b>England</b>
Proportion of 16-17-year-olds who are not in employment, education or training (NEET)	7.0% (Mar 23)	2.8% (Mar 23)
Proportion of people 16-64 years old who are	23.2% (2022)	21.3% (2022)

economically inactive		
Engagements, job starts - individual placement and support via drug and alcohol treatment	65 (2022/23)	Data unavailable
Engagements, job starts - individual placement and support via mental health support	229 (2022/23)	Data unavailable
Job starts - individual placement and support via drug and alcohol treatment	37% (2022/23)	Data unavailable
Job starts - individual placement and support via mental health support	94 (2022/23)	Data unavailable

<b>Priority 3– Living Well</b>		
<b>Measure</b>	<b>Blackpool</b>	<b>England</b>
Smoking prevalence in adults 18+ years	20.6% (2021)	13.0% (2021)
Deaths from drug misuse (per 100,000) (all persons, all ages)	22.1 (2019-21)	5.0 (2019-21)
Alcohol-specific hospital admissions (per 100,000) (all persons, all ages)	1282.0 (2020/21)	586.6 (2020/21)
Self-reported wellbeing: proportion of people with a low satisfaction score (16+)	8.2% (2021/22)	5.0% (2021/22)
Percentage of physically active adults (19+)	59.1% (2021/22)	67.3% (2021/22)

Measures of success have not yet been identified for Priority 4 (Housing) as impact would be difficult to measure quantifiably. Instead, the intention is to draft a list of milestones that will provide qualitative insights into the proposed actions to be taken.

Additionally, life expectancy is one of the key indicators of health in a population and as such will be monitored to track progress. 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 men in Blackpool is 74.1 years and for women is 79.0 years (2018-20), both lower than England as a whole. Blackpool's life expectancy is 5.3 years below England in Males. Female life expectancy is 4.2 years below England (2018-20).

- 6.3 The next steps in the Integrated Care Board writing process are to finalise the draft document, which will include identifying milestones and actions in collaboration with topic/area leads, as well as finalising the graphic design.

The draft document will be shared with Health and Wellbeing Board members prior to public consultation – expected in December 2023.

- 6.4 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 None.

**8.0 Financial considerations:**

8.1 None.

**9.0 Legal considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Equalities considerations and the impact of this decision for our children and young people:**

11.1 A full Equality Analysis will be completed to ensure that the Integrated Care Board does not disproportionately impact any particular protected group.

11.2 The needs of children and young people will be considered to ensure that the actions resulting from the Integrated Care Board has a positive impact on their lives.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 None.

**13.0 Internal/external consultation undertaken:**

13.1 As outlined above.

**14.0 Background papers:**

14.1 None.