

Report to:	Health and Wellbeing Board
Relevant Officer:	Liz Petch, Consultant in Public Health, Blackpool Council
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Levelling Up People
Date of Meeting:	13 December 2023

PROGRESS UPDATE ON JOINT LOCAL HEALTH AND WELLBEING STRATEGY (JLHWS)

1.0 Purpose of the report:

1.1 To provide the Health and Wellbeing Board with a final draft of the new Joint Local Health and Wellbeing Strategy 2024-2028 and update on the process.

2.0 Recommendation(s):

2.1 To agree that the process for development of the new Strategy proceeds to the public consultation stage, with partners and stakeholders encouraged to review and comment on the final draft during the consultation period.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Health and Wellbeing Board is aware of the latest strategy developments.

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 plan sets the Council's priorities, which are currently:

- "Communities: Creating stronger communities and increasing resilience"

- “The economy: Maximising growth and opportunity across Blackpool”

6.0 Background information

6.1 The development of the Joint Local Health and Wellbeing Strategy is progressing well. Following a series of discussions with relevant stakeholders to identify gaps and opportunities in existing strategies, four main priority areas along with their respective sub-priorities have been drafted as follows:

- **Priority 1: Starting Well** – 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 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:

Priority 1 – Starting Well		
Measure	Blackpool	England
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)

Priority 2– Education, Employment and Training		
Measure	Blackpool	England
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 economically inactive	23.2% (2022)	21.3% (2022)
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

Priority 3– Living Well		
Measure	Blackpool	England
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)

Each priority area will also include a list of practical milestones where progress will be tracked. For Priority 4 (Housing) impact is difficult to measure quantifiably and only milestones will be used.

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 newborn 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 step is for Health and Wellbeing Board members to approve the final draft of the document to move to the public consultation stage.

Timeline:

- 13 December 2023 – present first draft to Health and Wellbeing Board
- 15 December 2023 – 12 February 2024 – public consultation on draft document
- 12 February 2024 - 21 February 2024 to amend draft and respond to consultation findings
- 13 March 2024 – Health and Wellbeing Board approval
- Date to be confirmed – Council approval

6.4 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 3a: Blackpool Joint Local Health and Wellbeing Strategy 2024 - 2028 – Full Version
Appendix 3b: Blackpool Joint Local Health and Wellbeing Strategy 2024 – 2028 – Shortened Version

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 Joint Local Health and Wellbeing Strategy 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 refresh of the strategy 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.