Lancashire County Council

Lancashire Health and Wellbeing Board

Monday, 22nd February, 2016 at 10.00 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Supplementary Agenda

We are now able to enclose, for consideration at the next meeting of the Lancashire Health and Wellbeing Board to be held on Monday, 22nd February, 2016, the following information which was unavailable when the agenda was despatched

Part I (Open to Press and Public)

No.	Item	
6.	**Health and Wellbeing Board Action Plan** To provide the focus of activity in 2016/17 for the Board.	(Pages 1 - 44)
7.	**Joint Strategic Needs Assessment (JSNA) Work Programme** To inform and support future work programmes.	(Pages 45 - 50)

Ian Young
Chief Executive

County Hall
Preston

Lancashire County Council

Lancashire Health and Wellbeing Board
Meeting to be held on 22 February 2016

Health and Wellbeing Board – Action Plan 2016/17

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Executive Summary
Members of the Health and Wellbeing Board participated in a 'Plans and Priorities' Workshop during December 2015, as an initial step to developing an action plan to support delivery of the Lancashire Health and Wellbeing Strategy. Since the event NHS England has published new shared planning guidance – 'Delivering the Forward View NHS Planning Guidance 2016/17 – 2020/21' which requires all NHS organisations to produce two separate but interconnected plans:

- a five year (October 2016 to March 2021) health and care system 'Sustainability and Transformation Plan' (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP, and forming year one of the five year plan

The guidance recognises that success depends on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners, including the independent and voluntary sectors and local government through health and wellbeing boards, in developing the STP. As a place-based plan, the STP must cover all areas of Clinical Commissioning Group and NHS England commissioned activity, with better integration of local authority services.

Health and wellbeing outcomes data for Lancashire and the local health economies has recently been updated to inform plan making at Lancashire and local health economy levels as well as monitoring the impact of the plans on the outcomes.

As a consequence of the workshop, the publication of NHS England guidance and the health and wellbeing outcomes data, a draft action plan has been developed for consideration.

Recommendation/s

- That the Board considers and agrees the scope and content of the Health and Wellbeing Board Action Plan 2016/17.
- That members of the Health and Wellbeing Board work collaboratively to ensure that the development of the Sustainability and Transformation Plan (STP) and associated local delivery plans (through Healthier Lancashire and the local Health and Wellbeing Partnerships) will deliver safe, sustainable health and care services, whilst also contributing to achievement of the Lancashire Health and Wellbeing Strategy outcomes.
- That the relevant dashboard is utilised to inform actions and monitor progress towards improving health and wellbeing outcomes; with the Board championing success and challenging poor outcomes.
- That the Board acknowledges it's role in signing off the STP and associated local delivery plans, in collaboration with neighbouring Health and Wellbeing Boards.

Lancashire County Council

Background

Members of the Board participated in a 'Plans and Priorities' Workshop during December 2015 (Appendix A), as an initial step to developing an action plan for 2016/17 to support delivery of the Lancashire Health and Wellbeing Strategy. At that event a task group was agreed to develop the action plan further.

Subsequently NHS England has published new shared planning guidance – 'Delivering the Forward View NHS Planning Guidance 2016/17 – 2020/21'. This sets out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances. The guidance is backed up nationally by £560 billion of NHS funding over this period, including a new Sustainability and Transformation Fund which will support financial balance, the delivery of the Five Year Forward View, and enable new investment in key priorities.

As part of the planning process, all NHS organisations have been asked to produce two separate but interconnected plans:

- a five year (October 2016 to March 2021) health and care system 'Sustainability and Transformation Plan' (STP), place-based and driving the Five Year Forward View; and
- a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP, and forming year one of the five year plan.

The guidance recognises that success depends on having an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors and local government, through health and wellbeing boards in developing the STP.

As a place-based plan, the STPs must cover all areas of Clinical Commissioning Group (CCG) and NHS England commissioned activity, with better integration of local authority services. It should include, but not be limited to, prevention and social care, reflecting local agreed health and wellbeing strategies. The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

The STP will be the umbrella plan, holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints. The local health and care systems were asked to propose their transformation footprint by the end of January 2016. As a consequence the chair of the Health and Wellbeing Board wrote to local partners to identify pan Lancashire level (Lancashire County Council; Blackburn with Darwen Council and Blackpool Council administrative areas) as the strategic geographical footprint for our Sustainability and Transformation Plan, with co-ordination and delivery footprints to be the five health economies (East Lancashire (including Blackburn with Darwen), Fylde Coast (including Blackpool), Morecambe Bay (including South Cumbria), Central Lancashire, and West Lancashire) (Appendix B). The Lancashire CCGs have subsequently confirmed that this geographic approach is appropriate.

STPs are intended to deliver a triple aim – better health, transformed quality of care delivery, and sustainable finances. As such the local system is asked to focus on creating an overall local vision and answer the following:

- How will you close the health and wellbeing gap?
  (Including plans for a ‘radical upgrade’ in prevention, patient activation, choice and control, and community engagement)
- How will you drive transformation to close the care and quality gap?

(Including plans for new care model development, improving against clinical priorities, and rollout of digital healthcare)
- How will you close the finance and efficiency gap?
  (Describing how financial balance will be achieved across the local health system and improve the efficiency of NHS services)

The STP also needs to set out how local systems will play their part in delivering the Government's Mandate to NHS England, which identifies the overall 2020 goals and the 2016/17 deliverables. These have been mapped against our Health and Wellbeing Strategy and the outcomes of the workshop, as a basis for further action planning and identification of gaps in activity (Appendix C). This confirms that the overarching goals, strategic themes (starting, living and ageing well), and priorities of our Health and Wellbeing Strategy are still relevant in the context of the STP; but that further specific actions are needed at scale and pace to meet the ambitions of the five year forward view.

It is understood that Healthier Lancashire is co-ordinating the development of the STP on a Lancashire and South Cumbria footprint, working with the local health economies to address the questions identified above. This will also involve the development of local delivery plans across the five health economies within that geography.

Undoubtedly this will be a significant piece of work and should influence the work programme of the Health and Wellbeing Board and local partnerships throughout 2016/17 and beyond. Members of the Board are asked to consider how this should be addressed going forward, and to what extent it should form a significant part of the Board's action plan.

Health and wellbeing outcomes data for Lancashire and the local health economies has recently been updated (Appendix D). It is proposed that this is used to inform plan making at Lancashire and local health economy levels as well as monitoring the impact of the plans on health and wellbeing outcomes.

As a consequence of the workshop, the publication of NHS England guidance and the health and wellbeing outcomes data, a draft action plan has been developed for consideration. (Appendix E). Members of the Board are requested to consider in detail the scope and content of the plan; recognising the Board's key role in providing strategic system leadership to improve health and wellbeing outcomes for Lancashire.

List of background papers

Identified and linked in the report.

Appendix A

Health and Wellbeing Board
Plans and Priorities Workshop
8 December 2015

Introduction

As part of the recent review of the Health and Wellbeing Board (HWBB) a number of proposals were agreed and many of these have now been implemented. One of these proposals was the development of a clear and concise action plan. This action plan would support the delivery of the aspirations and intentions within the Health and Wellbeing Strategy but would articulate these as tangible activity for 2016/17. The role of the HWBB would then be to own the actions within the plan and provide leadership, support and challenge to enable its delivery.

The purpose of this workshop was to allow the discussion and dialogue across Board members to agree the short term goals, priorities and activity that will populate the Boards action plan.

Who was involved?

All members of the HWBB were invited to the workshop and there was good representation from all sectors. A full list of participants can be found at **Appendix A**. In addition colleagues from Healthier Lancashire, the Better Care Fund Steering Group and Lancashire County Council's commissioning team provided expert input and facilitation.

What happened?

Setting the scene

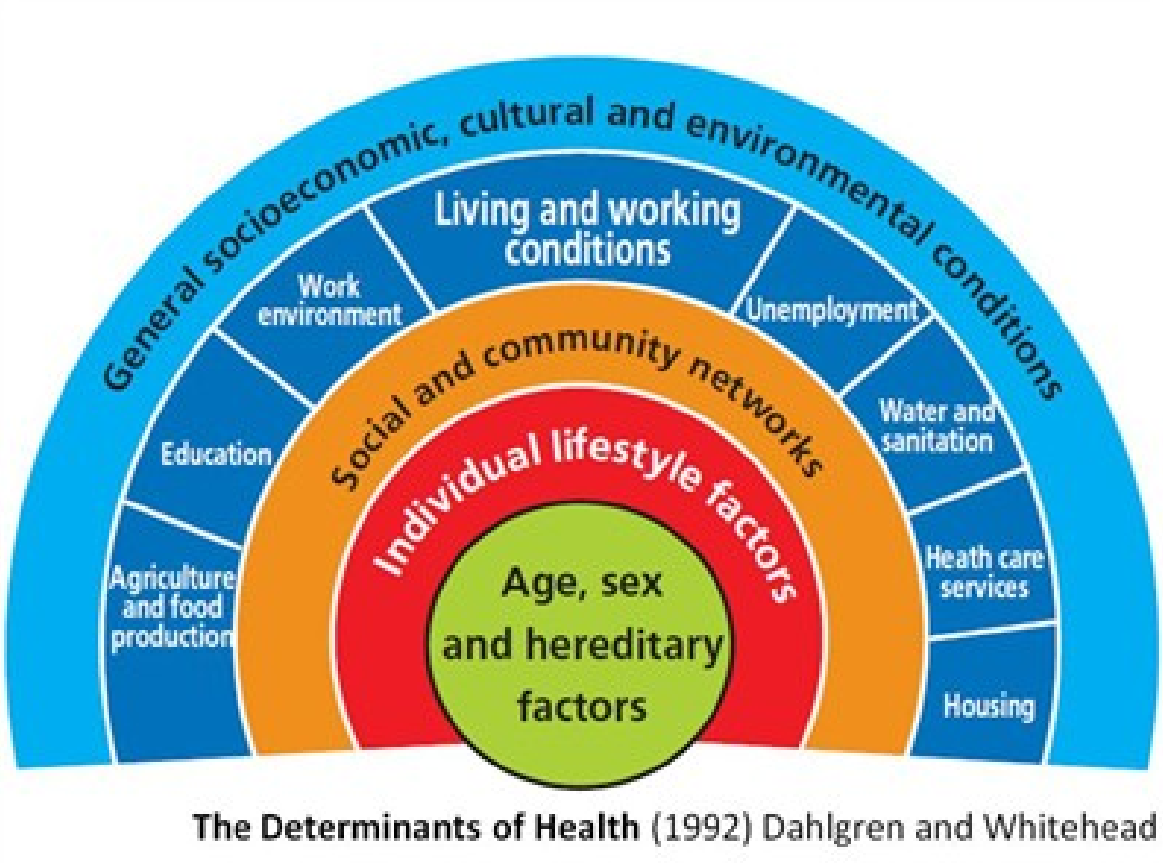
Key note inputs were provided by Dr Mike Ions (East Lancashire Clinical Commissioning Group), Gary Hall (Chorley Council) and Dr Sakthi Karunanithi (Lancashire County Council). These inputs provided an overview of the current challenges across the health and wellbeing system and some of the ongoing developments

The primary messages delivered through the presentations were as follows:

- There are significant challenges now but reducing resources and increasing demand for services will mean that over the next five years some of these challenges will become unmanageable unless we do something substantially different
- Any response to future health and wellbeing challenges needs to be a whole system response not just an NHS response
- The way we work now is not sustainable, we need to focus our efforts on developing place based systems of care
- Healthier Lancashire provides a vehicle for addressing some of the issues in the system
- At the moment there are lots of discussions, planning and work, but fundamentally decisions are still made by individual organisations
- The 15 Local Authorities in Lancashire are having positive discussions about coming together as a Combined Authority. This will not be a new authority but a way of

working together and the focus will be on skills, housing, transport, economic growth and public service reform

- There is a need to focus on prevention and early intervention – refocussing the services already provided to address the cause of issues before they arise
- How do we focus better on the prevention, early help and the socio economic determinants?
- The Board has already agreed the evidence base (JSNA) and the Strategy (framed around Start Well, Live Well, Age Well) but there is a need to be clear about the priorities needed to deliver the Strategy and how this aligns with other developments ie Healthier Lancashire, Combined Authorities, LCC Corporate Strategy
- In all the developments and challenges around the health and wellbeing systems, where is there a focus on children and young people?
- Is the Board committed to addressing wider socio economic determinants? At the moment the focus of the Board is predominantly around health care services



The Determinants of Health (1992) Dahlgren and Whitehead

Workshop 1 - improving health and wellbeing outcomes

Board members engaged in a facilitated discussion on tables to identify future priorities for the HWBB. Information was provided to inform this discussion and included summaries of previously agreed areas of focus and themes of work drawn from needs assessments, strategies and actions from past Board meetings (see **Appendix B**).

Through this discussion, Board members identified the following key themes as areas of focus and development:

Better engagement with the third sector – maximising their contribution, developing community assets, a coherent VCFS structure to work with, understand the VCFS offer

Making every contact - using the workforce more effectively, single care records, mutual trust/support

Develop and embed place based integrated teams – implement a model; develop shared estates strategy; effective engagement in planning and design; address information sharing challenges

Digital First – develop the infrastructure, getting people digitally literate, an approach where digital is the default option, explore the potential to develop the economy

Childhood Obesity – working with schools, planning services and the private sector; simple steps; lobbying locally, regionally and nationally

Reducing Alcohol Harm – oversight of the Alcohol Harm Reduction Strategy; including focus on behaviours, licensing, intervention, education

Developing the prevention agenda – where is the potential for pooled budgets; Shared agenda; do we understand the focus (the most vulnerable)

Strategic leadership and direction – bringing together plans and priorities,;shared vision/principles; promoting/enabling collaboration; holding organisations to account; influencing; alignment of resources; challenging systems

Addressing health inequalities - what action is the Board taking to address health inequalities? where is the focus on the wider determinants of health? This should be a focus within the work of Healthier Lancashire

Adult Care Market - care homes; health and social care collaboration and integration; is the Health and Wellbeing Board clear of expectations of the system?

Workshop 2 – governance and leadership

The second workshop allowed all Board members to discuss three different areas of governance and leadership that have been identified as key in recent Health and Wellbeing Board meeting. These areas were Better Care Fund; Healthier Lancashire; and Health and Wellbeing Structures.

Better Care Fund

Within this discussion the Board focussed on three key questions and a summary of this can be found below:

- What does the Board need to know to ensure the effective use of the Better Care Fund (BCF)?
- What are the strategic challenges to making the most of the Better Care Fund that the Board could provide?
- What opportunities are there to broaden the scope of the application of the Better Care Fund to enable other pooled budget arrangements?

Better understanding of BCF – what is the progress being made? Where are the challenges? What are the future opportunities? simplify the reporting – what are the key messages?

Prevention – how will BCF support an approach that is focussed around prevention?

Ambition - to use the BCF to achieve big ambitions. What is the role of BCF in developing place based systems? Using BCF as a platform to drive cultural change – sharing risk, building trust?

2020 – a model/process to deliver integrated social care and health services by 2020, a plan needs to be in place for 2017

Strategic alignment – is there potential for a pan Lancs BCF? Needs to ensure that BCF is working towards HWBB priorities, how is BCF aligned with HL workstreams?

Future opportunities – obesity; children's mental health services (children); starting well; transforming care; linking in with third sector; other pooled budget arrangements.

Healthier Lancashire

Within this discussion the Board focussed on three key questions and a summary of this can be found below:

- What could the Health and Wellbeing Board offer to Healthier Lancashire (HL)?

- What are the requirements of the Health and the Wellbeing Board of Healthier Lancashire?
- What might the role of the Health and Wellbeing Board be in Healthier Lancashire?

Formalise the relationship between the HWBB and HL – needs a formal agreement, regular flow of information and dialogue between the two bodies, the Health and Wellbeing Board holding the joint committee accountable?

Strategic alignment – there is a need to ensure that there is a shared vision that supports strategies, priorities and workstreams to be fully aligned

What does good look like? – need to develop a shared understanding (and then shared ownership and leadership) of what we are working towards – what do we want the health and social care system to look like; what is the model that we are working towards, can we describe this?

Missing focus – HL needs to develop a focus around children and prevention and early help.

Provide oversight, challenge and support – HWBB to hold HL accountable for delivery; ensure duplication is removed; provide strategic direction and enable alignment with other key agendas and programmes

Wider determinants – challenge HL to ensure that activity to address the wider determinants of health are addressed

Systems Leadership – HWBB to provide a focal point for driving change across the whole of the whole of the health and wellbeing system; to ensure synergy between the NHS and the rest of the public sector; to focus on health outcomes

Health and Wellbeing Structures

Within this discussion the Board focussed on three key questions and a summary of this can be found below:

- What needs to happen to strengthen the links between the H&WB Board and the five local partnerships?
- How do we ensure coherence and alignment across the three HWB Board in Lancashire?
- Are there other groups and partnerships that should be better aligned with the H&WB? What do we need to do to make this happen?

Clear responsibility – Health and Wellbeing Partnerships (HWBPs) to identify what needs to be delivered at local level and how these complement countywide priorities, better sharing information/knowledge between the Board and HWBPs; HWBPs reporting progress to the Board; HWBPs challenging the Board and providing a local perspective

Strategic alignment – when the HWBB has set its priorities the local Health and Wellbeing Partnerships need respond and detail how they will support the delivery of these priorities; all priorities and plans across the structure need to align with the Health and wellbeing Strategy

Pan Lancashire Approach – to work with Blackpool and Blackburn with Darwen to embed a single HWBB across Lancashire

Local structures – HWBPs to lead on ensuring local health and wellbeing structures are streamlined, coherent, effective and sustainable; examples include discussion between BwD HWBB and East Lancs HWBP or merging Central Lancs Clinical Senate and the Preston, Chorley and South Ribble HWBP.

Effective approach across partnerships – need to further develop the links across the HWBB, Children's Trust, Community Safety, Safeguarding Board; commit to not developing new Board structures as new agendas/funding come into place but use what we already have; ensure the starting point is how we support vulnerable people and then make sure partnership we have are delivering this.

Oversight and leadership of existing programmes – children and young people's mental health services; transforming care for people with disabilities

Next steps

Following this workshop of Board members the next steps are as follows:

- This report will be shared widely, specifically with Health and Wellbeing Board members and members of the five local Health and Wellbeing Partnerships report produced and shared widely, but also including the membership of other strategic partnerships and with colleagues in Blackburn with Darwen and Blackpool
- A small task and finish group of board members to meet in January 2016 to turn the discussion that have been capture in this report into an action plan for the Board for 2016/17
- This action plan will be taken to the February meeting of the Health and Wellbeing Board for agreement.

Appendix A

Health and Wellbeing Board - Plans and Priorities Workshop Participants

Name	Attendance	Representing
CC David Whipp	Attended	Lancashire County Council
CC Jennifer Mein	Attended	Lancashire County Council
CC Matthew Tomlinson	Attended	Lancashire County Council
Clare Platt	Attended	Lancashire County Council
Cllr Delma Collins	Attended	Fylde Borough Council
Councillor Bridget Hilton	Attended	Central Lancs District Councils
Councillor Hasina Khan	Attended	Preston, Chorley, South Ribble HWB Partnership
Dave Carr	Attended	Lancashire County Council
David Tilleray	Attended	West Lancs HWB Partnership
Dee Roach	Attended	Lancashire Care Foundation Trust
Dr Alex Gaw	Attended	Lancashire North CCG
Dr Dinesh Patel	Attended	Greater Preston CCG
Dr Mike Ions	Attended	East Lancs CCG
Dr Sakthi Karunanithi	Attended	Lancashire County Council
Gary Hall	Attended	Lancashire District Councils
Ian Crabtree	Attended	Lancashire County Council
Jane Booth	Attended	LSCB
Karen Partington	Attended	Lancashire Teaching Hospitals Foundation Trust
Louise Taylor	Attended	Lancashire County Council
Margaret Flynn	Attended	LSAB
Mark Bates	Attended	Lancashire Constabulary
Mark Youlton	Attended	East Lancs CCG
Michael Wedgeworth	Attended	Healthwatch Lancashire
Paul Robinson	Attended	Commissioning Support Unit
Phil Huxley	Attended	East Lancs CCG
Richard Cooke	Attended	Lancashire County Council
Sally Nightingale	Attended	Lancashire County Council
Sam Nicol	Attended	Healthier Lancashire
Sarah Swindley	Attended	Lancashire Women's Centres
Stuart Aspin	Attended	Healthier Lancashire
Tony Pounder	Attended	Lancashire County Council

Appendix B

Health and Wellbeing Board Workshop - an overview of existing evidence, commitments and priorities

December 2015

The following provides a summary of some of the evidence, commitments and priorities that have featured through recent Board agendas. Whilst the context we are working within is constantly evolving, and in some respects the pace of change is quickening, it is important when we consider future priorities for the Board that this is framed and builds upon evidence that has already been recognised, considered and agreed as being important.

Lancashire Health and Wellbeing Strategy

The JSNA makes it clear that we need to focus our work to deliver the strategy across the whole life course, intervening in a coordinated way in childhood, adulthood and old age. Three distinctive programmes of work have been identified, reflecting the different support people need at different stages of their life. Below are the work programmes with the desired objective for each of the work programmes:

Starting well

- To promote healthy pregnancy
- To reduce infant mortality
- To reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

Living Well

- To promote healthy settings, healthy workforce and economic development
- To promote mental wellbeing and healthy lifestyles
- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

Ageing well

- To promote independence
- To reduce social isolation and loneliness
- To better manage long term conditions
- To reduce emergency admissions and direct admissions to residential care
- To support carers and families who care for family members

Health Inequalities JSNA (2014)

The diversity of the county is reflected in the health and wellbeing needs and assets of the population. There are large inequalities in health and in the causes of poor health between different areas and groups of people in the county. Inequalities in health in the county are a significant concern and JSNA analysis has identified the 10 largest gaps in health outcomes between the least and most deprived areas of the county and the priorities for addressing these inequalities.

Top Ten Goals for Health Equity

Narrow the gap in:

- diabetes
- respiratory disease
- digestive disease
- mental health problems
- lung cancer
- circulatory disease
- accidental deaths
- quality of life
- unplanned hospital admissions
- infant mortality

Priorities for addressing health inequalities

Priority 1 Develop the local economy

Recommendations to JSNA partners:

• consider how economic development strategies can support growth in sectors that employ high numbers of people from deprived areas as well as increase investment in high growth sectors;

• support local businesses to become accredited healthy workplaces that use evidence-based approaches to keep people well at work and enable those with health problems to stay in employment;

• promote access to welfare rights advice within health care settings;

• work with GPs and local employers to better understand the 'fit note';

• encourage the local public sector and partners to increase social value though employment of local people, purchasing from local businesses, commissioning from the third sector and employee volunteering;

• identify ways to increase digital inclusion;

• encourage local employers to pay the Living Wage.

Priority 2 Increase social connectedness

Recommendations to JSNA partners:

• take opportunities provided by infrastructure programmes such as the Preston, South Ribble and Lancashire City Deal to design the built environment to facilitate social connectedness;

• commission the third sector to bring local communities together to improve quality of life, using community assets approaches;

• increase opportunities to bring people together for group activities, sports and games;

• support local authority elected members to undertake community development and to connect local people to community assets;

• establish networks of mentors/buddies in the most vulnerable communities;

• increase digital inclusion to help address loneliness and social isolation;

• make use of Lancashire Economic Partnership's influence, connections with big businesses, skills and financial resources to increase social connectedness

Priority 3 Promote and enforce health-related legislation

Recommendations to JSNA partners:

• encourage local lobbying for evidence-based health-related legislation by JSNA partner organisations such as local authorities, clinical commissioning groups, health and care providers, police and the third sector;

• enforce health-related legislation (e.g. licensing, food hygiene, alcohol and tobacco sales) proportionately according to intelligence about non-compliant businesses;

• lobby for a minimum unit pricing for alcohol;

• promote health and safety in the workplace as a more positive concept that focuses on promoting the health and wellbeing of employees, their work-life balance and fulfilment rather than purely risk management;

• enforce building regulations to ensure the quality of housing;

• explore the introduction of 'exclusion zones' to limit the number of unhealthy food outlets and alcohol-licensed premises near schools;

• consider opportunities for increasing physical activity and social interaction, and improving access to green space and leisure facilities when planning the built environment;

• increase the number and quality of cycle and walking routes when developing the transport network;

• make health impact assessment mandatory for local authority planning, contracting and commissioning.

Priority 4 Allocate public sector service resources according to need

Recommendations to JSNA partners:

• explore the development of resource allocation formulae that reflect need for services;

• promote the use of equity audit in the commissioning of services to ensure that access, use and outcomes of services are proportionate to the level of need across the social gradient;

• introduce local area co-ordination approaches to join up services around groups of general practices and to enable people experiencing challenge to be connected to assets in the local community;

• commission integrated prevention services focused on achieving a small number of key outcomes;

• apply the concept of proportionate universalism within the commissioning process.

Health Behaviours JSNA (2015)

Whether a person is healthy or not is a combination of many factors including the wider determinants of health and the availability of health enabling resources across the region. A deeper understanding of health behaviours has allowed the identification of the health behaviours across population groups, and the characteristics of people with different health behaviours. It has also allowed an understanding of emerging issues. The JSNA produced a number of evidence-based strategic recommendations:

- Increase people's health-enabling behaviours and health literacy levels to reduce health-compromising behaviours.
- Reduce harmful drinking among identified high-risk groups and promoting sensible drinking.
- Enforcement, advocacy and legislative work around alcohol sales and minimum unit pricing.
- Promote harm reduction and recovery services for substance users.
- Support and develop work around substance misuse, dual diagnosis, and collaborative working between partner organisations.
- Address and reduce levels of obesity in adults and children.
- Increase knowledge, skills and abilities around healthy eating and nutrition.
- Challenge societal attitudes towards mental health, develop opportunities for social inclusion, social capital and mentally healthier communities.
- Increase physical activity levels among children, young people and adults by making physical activity more available/accessible.
- Improve sexual health through increasing testing and screening rates and reduce rates of under-18 conceptions and abortions.
- Reduce smoking rates in the adult population whilst preventing children and young people from smoking (including e-cigarette use).

Six Shifts

The Board has committed to making a number of important changes or 'shifts' in the way that we work together for the benefit of our citizens and their communities. These shifts will fundamentally challenge the way that we currently work and are essential if we are to successfully improve health, wellbeing and the determinants of heath on a sustainable basis and within the resources that will be available to us in the coming years:

1. Shift resources towards interventions
2. Build and utilise the assets, skill and resources of our citizens and communities
3. Promote and support greater individual self-care and responsibility for health
4. Commit to delivering accessible services within communities
5. Make joint working the default option
6. Work to narrow the gap in health and wellbeing and its determinants

An overview of themes and priorities taken from the notes of the last 12 months of Health and Wellbeing Board meetings:

Children's emotional health and wellbeing services
Infant mortality
Tobacco control
Governance and effective ness of the Board
Alcohol harm reduction
Domestic abuse
Dementia
Transforming care for people with learning disabilities
Understanding of health and wellbeing needs in Lancashire
Affordable warmth
Health and Wellbeing system leadership and oversight
Transforming care for people with learning disabilities
Better Care Fund
#hello, my names is…
Healthier Lancashire – alignment of plans

Lancashire County Council

Appendix B

By E Mail

Phone: 01772 533355
Email: jennifer.mein@lancashire.gov.uk
Your ref:
Our ref: JM/SK/amp
Date: 25 January 2016

Dear

Delivering the Forward View

As chair of Lancashire Health and Wellbeing Board, I am taking the opportunity, afforded by the publication of 'Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21', to initiate further discussions about how we could work together better to deliver a sustainable and transformed local health and wellbeing economy.

The guidance identifies the need to utilise resources to close the health and wellbeing gap, the care and quality gap, and the finance and efficiency gap. In particular the importance of place-based planning is highlighted, emphasising the need for system leadership in delivering change. Planning by individual institutions needs to be supplemented with planning by place for local populations.

As you will be aware, the guidance requests that health and care systems come together to create an ambitious local blueprint for accelerating the NHS Forward View, through development and delivery of a Sustainability and Transformation Plan (STP).

I would like to take this opportunity to request you to identify pan Lancashire level (across Lancashire County Council; Blackburn with Darwen Council and Blackpool Council administrative areas) as the strategic geographical footprint for our Sustainability and Transformation Plans with co-ordination and delivery footprints to be the five health economies (East Lancashire (including Blackburn with Darwen), Fylde Coast (including Blackpool), Morecambe Bay (including South Cumbria), Central Lancashire, and West Lancashire). A pan Lancashire approach would not only provide opportunities to deliver the transformation on a scale that is needed but is also aligned to the footprint for the development of a Combined Authority. I believe this will also enable us to engage with a range of partners beyond health and care systems in order to make any change sustainable in the long term.

I would be grateful if you could reflect this proposal in your return to NHS England where you identify the appropriate STP footprint. In case you wish to discuss this further please do not hesitate to contact myself or Dr. Sakthi Karunanithi, our Director of Public Health and Wellbeing (Sakthi.karunanithi@lancashire.gov.uk).

Please also find attached the report from the Lancashire Health and Wellbeing Board action planning workshop held on 8 December 2015. This, along with the Forward View guidance will no doubt influence our work plan going forward.

Yours sincerely

Jenny Mein
Leader of Lancashire County Council

Appendix C

Mandate to NHS England Mapped Against the Lancashire Health and Wellbeing Strategy and Workshop Outcomes

	Aim	Objective	2016-17 deliverable	2020 Goal	Existing Dashboard Indicators	New	Health & wellbeing strategy	Health & Wellbeing Workshop key themes
1	Better commissioning, improve local & national health outcomes, particularly by addressing poor outcomes & inequalities.	1.1 CCG performance	Ensure new Ofsted-style CCG framework for 2016-17 includes health economy metrics to measure progress on priorities set out in the mandate & the NHS planning guidance including overall Ofsted-style assessment for each of cancer, dementia, maternity, mental health, learning disabilities & diabetes, as well as metrics on efficiency, core performance, technology and prevention.	Performance of CCGs against new CCG assessment framework.		**CCG New metrics – timelines for release**		Addressing health inequalities Developing the prevention agenda
2	Create the safest, highest quality health and care service	2.1 Avoidable deaths & seven-day Services	Implement agreed recommendations of the National Maternity Review Rollout of four clinical priority standards Publish avoidable deaths per trust annually Establish global & UK baseline & ambition for antimicrobial prescribing & resistance rates	Reduce rate of stillbirths, neonatal & maternal deaths & brain injuries that are caused during or soon after birth by 50 percent by 2030 Achieve a significant reduction in avoidable deaths Roll out of seven-day services in hospital Improvement in antimicrobial prescribing and resistance	Infant Mortality (Rt per 1000 live births) Amenable/ preventable Deaths Mortality from causes considered preventable (rts per 100,000 Males & female) NHS Health Check Offered & Uptake	Stillbirths & perinatal mortality rates per 1,000 total births (live and stillbirths). Neonatal mortality Rts per 1,000 live births Maternal mortality rate 100,000 maternities **Brain injuries rate per 100 000 children** **Agree significant reductions Avoidable Death** **Agree antimicrobial prescribing & resistance**	To reduce infant mortality To promote healthy pregnancy To reduce avoidable deaths To reduce emergency admissions and direct admissions to residential care settings	Reducing Alcohol Harm (limited scope)
		2.2 Patient Experience	Produce a plan with specific milestones for improving patient choice by 2020, in maternity, end-of-life care & personal health budgets. Develop proposals about how feedback, particularly in maternity services, could drive improvements to services (clinical & ward levels)	50,100,000 people have a personal health budget or integrated personal budget Improve patient choice, including in maternity, end-of-life care & for people with long-term conditions	Patient experience of GP out of hours service Patient experience of hospital care Overall satisfaction of	**Numbers of people with personal health or integrated personal budget**. Inpatient, outpatient, emergency care & GP survey on satisfaction		

Mandate to NHS England Mapped Against the Lancashire Health and Wellbeing Strategy and Workshop Outcomes

					carers with social services % satisfaction of people using services & support			
		2.3 Cancer	Achieve 62-day cancer waiting time standard. Achieve measurable progress towards the national diagnostic standard of patients waiting no more than 6 weeks from referral to test. Agree trajectory for increases in diagnostic capacity required to 2020 and achieve it for year 1 Invest £340 million in providing cancer treatments not routinely provided on the NHS through the Cancer Drugs Fund	Recommendations of Cancer taskforce review Significantly improving one-year Survival to achieve 75 percent by 2020 for all cancers combined Patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.		One-year survival from all cancers **Agree trajectory for diagnostic capacity** Diagnostic Test Waiting Times		
3	Balance the NHS budget & improve efficiency and productivity	3.1 Balancing the NHS budget	NHS balances its budget, with commissioners & providers living within their budgets Roll-out of second cohort of RightCare methodology to a further 60 CCGs Securing £1.3 billion of efficiency savings through implementing Lord Carter's recommendations & collaborating with local authorities on Continuing Healthcare spending Measurable improvement in primary care productivity, including through supporting community pharmacy reform	Achieve year on year improvements in NHS efficiency and productivity (2-3 percent each year),		NHS efficiency & productivity **Better Care, Better Value indicators**		
4	Lead a step change in the NHS in preventing ill health & supporting people to live healthier lives.	4.1 Obesity diabetes	Agreed child obesity implementation plan. Wider action to achieve year on year improvement trajectory for the % of children overweight or obese 10,000 people referred to the Diabetes Prevention Programme	Reduced child obesity 100,000 people supported to reduce their risk of diabetes Measurable reduction in variation in management and care for people with diabetes.	Children aged 4-5 & 10-11 classed as overweight or obese	**Agree- obesity plan & trajectory** QOF – 13 indicators on Diabetes **Agree on reduction in variation in care and management of diabetes**	To reduce childhood obesity To support children with long term conditions To manage long term conditions	Childhood obesity
		4.2 Dementia	Maintain a minimum of two thirds diagnosis rates for people with dementia. Agree implementation plan for the PM's challenge on dementia 2020, including to improve the quality of post-diagnosis treatment and support	Deliver on PM's challenge on dementia 2020, including: • maintain a diagnosis rate of at least 2/3 • Increase the numbers of people receiving a dementia diagnosis within 6 weeks of a GP referral • Improve quality of post-diagnosis treatment & support	Estimated diagnosis rate for people with dementia People feel supported to manage their long term condition	Dementia waiting times QOF Establishes and maintains a register of patients diagnosed with dementia The % of patients diagnosed with dementia whose care has been reviewed in a face-to-face review	To manage Dementia	

Mandate to NHS England Mapped Against the Lancashire Health and Wellbeing Strategy and Workshop Outcomes

				for people with dementia & their carers	Loneliness & isolation in adult carers	in the preceding 12 months The % of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, Survey/ care plans on post diagnosis treatment & support		
5	Maintain & improve performance against core standards	5.1 A&E, ambulances & Referral to Treatment (RTT)	Improvement trajectory and deliver year 1 for A&E. Implement Urgent and Emergency Care Networks in 20% percent of the country designated as transformation areas, including clear steps towards a single point of contact. Agree improvement trajectory & deliver the plan for year 1 for ambulance responses; complete Red 2 pilots and decide on full roll-out. Meet the 18-week referral-to-treatment standard, Reduce unwarranted variation between CCG referral rates to better manage demand	95% people attending A&E seen within 4 hours; Urgent & Emergency Care Networks rolled out to 100% of the population. 75 percent of Category A ambulance calls responded to within 8 minutes. 92 percent receive first treatment within 18 weeks of referral; no-one waits more than 52 weeks		A&E Waiting Times – Total time in the A&E department Ambulance clinical quality – Category A (Red 1) 8 minute response time Ambulance clinical quality – Category A (Red 2) 8 minute response time Ambulance clinical quality – Category A 19 minute transportation time Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	To reduce emergency admissions and direct admissions to residential care settings	
6	Improve out-of-hospital care.	6.1 New models of care & general practice	NMC covering the 20% of the population designated as being in a transformation area to: • Provide access to enhanced GP services, including evening and weekend access and same-day GP appointments for all over 75s who need them • Make progress on integration of health and social care, integrated urgent & emergency care, electronic record sharing. Publish practice-level metrics on quality of and access to GP services and benchmarking. New contract for GPs (Multidisciplinary Community Provider contract) implementation 2017-18.	100% of pop access to weekend/evening routine GP appointments. Measurable reduction in age standardised emergency admission rates & emergency inpatient bed-day rates; more significant rates through the new care model programmes covering at least 50% of population. Significant measurable progress in health and social care integration, urgent and emergency care (including single point of contact), and electronic health record sharing, in areas covered by the NCMP 5,000 extra doctors in general practice	Emergency admission rates for • self care • acute conditions • Children with LRTI	**Agree measureable reduction in emergency admissions & inpatient bed rates** **Agree measurable progress in health & social care integration, urgent and emergency care & electronic health record** HEE target – Doctors in general practice	To reduce emergency admissions and direct admissions to residential care settings	Strategic Leadership Adult Care Market
		6.2 Health &	Implement the Better Care Fund (BCF) in line	Achieve better integration of health			To promote	Develop & Embed

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		social care integration	with the BCF Policy Framework for 2016-17. By March 2017, each area has plan for better integrating health and social care. Accelerate integration in the transformation areas, by sharing electronic health records and making measurable progress towards integrated assessment and provision. Agree and support implementation of local devolution deals. Agree a system-wide plan for reducing delayed transfers of care with local government and NHS partners implement year 1 of this plan.	and social care with improvements in performance against integration metrics within the new CCG assessment framework. Graduate from the Better Care Fund programme management once demonstrated movement beyond its requirements.		**Measure in new CCG framework** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services Delayed Transfers of care per 100,000 population (attributable to NHS, social care or both) Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	independence To support carers and families To reduce social isolation	place based integrated teams Adult Care Market
		6.3 Mental health, learning disabilities & autism	50% of people experiencing first episode of psychosis to access treatment within 2 weeks. 75% of people with relevant conditions to access talking therapies in 6 weeks; 95% in 18 weeks. Increase in people with learning disabilities/autism being cared for by community not inpatient services, incl implementing the 2016-17 actions for Transforming Care. Agree & implement a plan to improve crisis care for all ages, include investing in places of safety. Implementation of locally led transformation plans for children & young people's mental health, (improve prevention & early intervention activity) On track to deliver national coverage of the children & young people's Improving Access to Psychological Therapies (IAPT) programme by 2018. Implement agreed actions from the Mental Health Taskforce.	Close the health gap between people with mental health problems, learning disabilities and autism and the population (defined in Mental Health Taskforce). 50% of people experiencing first episode of psychosis to access treatment within 2 weeks; 75% of people with relevant conditions to access talking therapies in 6 weeks; 95 percent in 18 weeks		**Agree the health gap** IAPT Waiting Times - The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.* IAPT Waiting Times - The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.* Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral Reliance on inpatient care for people with a learning disability and/or autism*	To improve outcomes for people with learning disabilities To promote mental wellbeing and healthy lifestyles To support vulnerable families & children To support children with long term condition	
7	Support research, innovation & growth.	7.1 Research and growth	Implement the agreed recommendations of the Accelerated Access Review including developing ambition & trajectory on NHS uptake of affordable & cost-effective new innovation	Implement research proposals & initiatives in NHS England research plan. Measureable Improvement in NHS uptake of affordable and cost-effective new innovations.		**Agree – measureable improvement**		
		7.2 Technology	Minimum of 10% of patient's actively accessing primary care services online or through apps,	Support delivery of the National Information Board Framework		**Agree measurable improvement on the new digital maturity index**	**LCC Digital work stream**	**Digital first**

Mandate to NHS England Mapped Against the Lancashire Health and Wellbeing Strategy and Workshop Outcomes

			and set trajectory and plan for achieving a significant increase by 2020. From April, ensure high quality appointment booking app with access to full medical record and agreed data sharing opt-out available. Robust data security standards in place and being enforced for patient confidential data. Make progress in delivering new consent-based data services to enable effective data sharing for commissioning and other purposes for the benefit of health and care. Significant increase in patient access to and use of the electronic health record.	'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care. 95% of GP patients to be offered e-consultation and other digital services 95% of tests to be digitally transferred between organisations.		**and achievement of an NHS which is paper-free at the point of care.** GP Survey/Data – on offering e consultation **Agree on measurement for tests being digitally transferred**		
		7.3 Health & Work	Continue to deliver & evaluate NHS England's plan to improve the health and wellbeing of the NHS workforce. Work with Government to develop proposals to expand and trial interventions to support people with long-term health conditions and disabilities back into employment	Contribute to reducing the disability employment gap. Contribute to the Government's goal of increasing the use of Fit for Work.	Long term unemployment Gap in the uneployment rate: between those with a long-term health condition and the overall employment rate for those in contact with secondary mental health services and the overall employment rate		To promote healthy settings, healthy workforce and economic development	Making Every Contact Count

LANCASHIRE HEALTH & WELLBEING OUTCOMES (FIGURES DOWNLOADED 02/02/16)

Appendix D

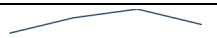
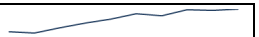
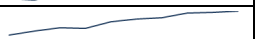
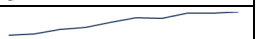
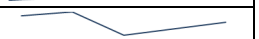
Eng (1): England/district figures - NHS Outcomes

Eng (2): England/CCG figures - CCG Indicator Set

Key

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Significance not tested

OVERARCHING GOALS	Period	ENG (1)	LCC	LCC trend
REDUCING HEALTH INEQUALITIES				
Life expectancy at birth (LE) - MALE (years)	2012 - 14	79.5	78.5	
Life expectancy at birth (LE) - FEMALE (years)	2012 - 14	83.2	82.1	
Healthy life expectancy at birth - MALES (years)	2011 - 13	63.3	61.3	
Healthy life expectancy at birth - FEMALES (years)	2011 - 13	63.9	62.4	
SII in LE based on national deprivation deciles within England - MALES	2012 - 14	9.2	10.2	
SII in LE based on national deprivation deciles within England - FEMALES	2012 - 14	7.0	7.1	
SII in LE within English local authorities, based on local deprivation deciles within each area - MALES	2012 - 14			
SII in LE within English local authorities, based on local deprivation deciles within each area - FEMALES	2012 - 14			
Gap in LE between each local authority and England as a whole - MALES (years)	2012 - 14	0.0	-1.0	
Gap in LE between each local authority and England as a whole - FEMALES (years)	2012 - 14	0.0	-1.1	
SII in healthy life expectancy at birth based on national deprivation deciles within England - MALE	2011 - 13	19.2		
SII in healthy life expectancy at birth based on national deprivation deciles within England - FEMALE	2011 - 13	19.5		
IMPROVING PATIENT EXPERIENCE				
Patient experiences of GP out-of hours services (% good)	2014/15	68.6	75.9	
Overall satisfaction of carers with social services (% good)	2014 - 15	41.2	43.2	
REDUCING ADMISSIONS/COSTS				
Hospital stays for self-harm (DSR per 100,000)	2014/15	191.4	237.2	
Admission episodes for alcohol-related conditions - narrow definition (DSR per 100,000)	2013/14	645.1	693.5	
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (DSR per 100,000)	2013/14	799.6	971.0	
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	2013/14	1195.7	1393.9	
STARTING WELL				
PROMOTING HEALTHY PREGNANCY				
Low birth weight of term babies (%)	2014	2.9	2.8	
Smoking status at time of delivery (%)	2014/15	11.4		
REDUCING INFANT MORTALITY				
Infant mortality (no. deaths per 1,000 live births)	2011 - 13	4.0	5.1	
REDUCING CHILDHOOD OBESITY				
Excess weight in 4-5 and 10-11 year olds - 4-5 year olds (%)	2014/15	21.9	23.5	
Excess weight in 4-5 and 10-11 year olds - 10-11 year olds (%)	2014/15	33.2	32.2	
SUPPORTING CHILDREN WITH LONG-TERM CONDITIONS				
Emergency admissions for children with lower respiratory tract infections (DSR per 100,000)	2013/14	355.7	491.9	
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19s (DSR per 100,000)	2013/14	313.4	454.1	
SUPPORTING VULNERABLE CHILDREN & FAMILIES				
Children in poverty (all dependent children under 20) (%)	2013	18.0	16.3	

OVERARCHING GOALS	Period	ENG [1]	LCC	LCC trend
Children in poverty (under 16s) (%)	2013	18.6	16.9	
LIVING WELL				
PROMOTING HEALTHY SETTINGS, HEALTHY WORKFORCE & ECONOMIC DEVELOPMENT				
Long term unemployment	2014	7.1	4.9	
Gap in the eployment rate:				
between those with a long-term health condition and the overall employment rate	2014/15	8.6	12.8	
for those in contact with secondary mental health services and the overall employment rate	2014/15	66.1	57.8	
PROMOTING MENTAL WELLBEING & HEALTHY LIFESTYLES				
Domestic abuse (incidents reported to the police) (rate per 1,000 popn)	2013/14	19.4	24.3	
Statutory homelessness - homelessness acceptances (per 1,000 households)	2014/15	2.4		
Violent crime (including sexual violence) - hospital admissions for violence (rate per 1,000 popn)	2011/12-13/14	52.4	62.3	
REDUCING AVOIDABLE DEATHS				
Mortality rate from causes considered preventable - FEMALES (DSR per 100,000)	2012 - 14	138.4	159.1	
Mortality rate from causes considered preventable - MALES (DSR per 100,000)	2012 - 14	230.1	254.3	
% of the eligible population aged 40-74 offered an NHS Health Check	2013/14-14/15	37.9	26.7	
% of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14-14/15	48.9	57.6	
% of the eligible population aged 40-74 who received an NHS Health check	2013/14-14/15	18.6	15.4	
IMPROVING OUTCOMES FOR PEOPLE WITH LEARNING DIFFICULTIES				
Adults with a learning disability who live in stable and appropriate accommodation (%)	2014/15	73.3	92.1	
Gap in the employment rate between those with a learning disability and the overall employment rate	2014/15	66.9	67.7	
AGEING WELL				
PROMOTING INDEPENDENCE				
% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation service:				
Offered the service, 65+	2014/15	3.1	2.9	
Effectiveness of the service	2014/15	82.1	79.3	
REDUCING SOCIAL ISOLATION				
Social Isolation: % of adult social care users who have as much social contact as they would like	2014/15	44.8	44.9	
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	38.5	38.5	
MANAGING LONG-TERM CONDITIONS & DEMENTIA				
% of people who are feeling supported to manage their condition	2014/15	64.4	65.4	
Estimated diagnosis rate for people with dementia	2013/14	52.5		
REDUCING EMERGENCY ADMISSIONS & DIRECT ADMISSIONS TO RESIDENTIAL CARE				
Emergency readmissions within 30 days of discharge from hospital - FEMALES (%)	2011/12	11.5	11.9	
Emergency readmissions within 30 days of discharge from hospital - MALES (%)	2011/12	12.1	12.7	
Emergency readmissions within 30 days of discharge from hospital - PERSONS (%)	2011/12	11.8	12.3	
Hip fractures in people aged 65 and over - aged 65-79 (DSR per 100,000)	2014/15	239.2	258.6	
Hip fractures in people aged 65 and over - aged 80+ (DSR per 100,000)	2014/15	1534.6	1571.5	
SUPPORTING CARERS & FAMILIES				
% people using services satisfied with their care and support	2014/15	64.7	70.3	

LANCASHIRE HEALTH & WELLBEING OUTCOMES (FIGURES DOWNLOADED 02/02/16): Greater Preston and Chorley & South Ribble CCGs and districts

Key

Eng (1): England/district figures - NHS Outcomes
Eng (2): England/CCG figures - CCG Indicator Set

Significantly worse than England average
Not significantly different from England average
Significantly better than England average
Significance not tested

↑/↓ Improvement on last period
↑/↓ Deterioration on last period

OVERARCHING GOALS	Period	ENG (1)	LCC	LCC trend	ENG (2)	C&SR CCG	Grt Preston CCG	CHORLEY		PRESTON		SOUTH RIBBLE	
REDUCING HEALTH INEQUALITIES													
Life expectancy at birth (LE) - MALE (years)	2012 - 14	79.5	78.5					79.0	↓	77.4	↓	80.2	↑
Life expectancy at birth (LE) - FEMALE (years)	2012 - 14	83.2	82.1					82.4	↑	81.3	↑	83.3	↑
Healthy life expectancy at birth - MALES (years)	2011 - 13	63.3	61.3										
Healthy life expectancy at birth - FEMALES (years)	2011 - 13	63.9	62.4										
SII in LE based on national deprivation deciles within England - MALES	2012 - 14	9.2	10.2										
SII in LE based on national deprivation deciles within England - FEMALES	2012 - 14	7.0	7.1										
SII in LE within English local authorities, based on local deprivation deciles within each area - MALES	2012 - 14							9.7	↑	10.8	↓	7.7	↓
SII in LE within English local authorities, based on local deprivation deciles within each area - FEMALES	2012 - 14							6.7	↓	6.4	↓	4.5	↓
Gap in LE between each local authority and England as a whole - MALES (years)	2012 - 14	0.0	-1.0					-0.5	↓	-2.1	↓	0.7	↑
Gap in LE between each local authority and England as a whole - FEMALES (years)	2012 - 14	0.0	-1.1					-0.8	↑	-1.9	↑	0.1	↑
SII in healthy life expectancy at birth based on national deprivation deciles within England - MALE	2011 - 13	19.2											
SII in healthy life expectancy at birth based on national deprivation deciles within England - FEMALE	2011 - 13	19.5											
IMPROVING PATIENT EXPERIENCE													
Patient experiences of GP out-of hours services (% good)	2014/15	68.6	75.9			85.3	72.7	84.9		74.3		80.2	
Overall satisfaction of carers with social services (% good)	2014 - 15	41.2	43.2										
REDUCING ADMISSIONS/COSTS													
Hospital stays for self-harm (DSR per 100,000)	2014/15	191.4	237.2					244.1	↓	194.4	↓	138.5	↓
Admission episodes for alcohol-related conditions - narrow definition (DSR per 100,000)	2013/14	645.1	693.5					640.8	↓	700.8	↓	569.4	↓
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (DSR per 100,000)	2013/14	799.6	971.0		790.8	883.5	935.4	856.5	↓	1015.8	↓	852.4	↑
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	2013/14	1195.7	1393.9		1180.5	1213.3	1359.5	1195.3	↑	1465.1	↓	1183.4	↑
STARTING WELL													
PROMOTING HEALTHY PREGNANCY													
Low birth weight of term babies (%)	2014	2.9	2.8					1.8	↓	4.4	↑	1.9	↑
Smoking status at time of delivery (%)	2014/15	11.4											
REDUCING INFANT MORTALITY													
Infant mortality (no. deaths per 1,000 live births)	2011 - 13	4.0	5.1					4.9	↑	4.4	↓	4.9	↑
REDUCING CHILDHOOD OBESITY													
Excess weight in 4-5 and 10-11 year olds - 4-5 year olds (%)	2014/15	21.9	23.5					23.0	↓	19.7	↑	22.7	↓
Excess weight in 4-5 and 10-11 year olds - 10-11 year olds (%)	2014/15	33.2	32.2					31.8	↑	30.3	↓	29.7	↓
SUPPORTING CHILDREN WITH LONG-TERM CONDITIONS													
Emergency admissions for children with lower respiratory tract infections (DSR per 100,000)	2013/14	355.7	491.9		372.9	371.4	566.4	353.0		551.0	↑	462.8	↑
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19s (DSR per 100,000)	2013/14	313.4	454.1		311.4	275.2	386.5	243.8	↓	405.2	↓	307.6	↓
SUPPORTING VULNERABLE CHILDREN & FAMILIES													
Children in poverty (all dependent children under 20) (%)	2013	18.0	16.3					12.3	↓	19.8	↓	11.4	↓
Children in poverty (under 16s) (%)	2013	18.6	16.9					12.8	↓	20.5	↓	11.9	↓
LIVING WELL													
PROMOTING HEALTHY SETTINGS, HEALTHY WORKFORCE & ECONOMIC DEVELOPMENT													
Long term unemployment	2014	7.1	4.9					3.1	↓	6.1	↓	2.7	↓
Gap in the eployment rate:													
between those with a long-term health condition and the overall employment rate	2014/15	8.6	12.8										
for those in contact with secondary mental health services and the overall employment rate	2014/15	66.1	57.8										
PROMOTING MENTAL WELLBEING & HEALTHY LIFESTYLES													
Domestic abuse (incidents reported to the police) (rate per 1,000 popn)	2013/14	19.4	24.3										
Statutory homelessness - homelessness acceptances (per 1,000 households)	2014/15	2.4						NO VALUE		0.8	↑	0.8	↓
Violent crime (including sexual violence) - hospital admissions for violence (rate per 1,000 popn)	2011/12-13/14	52.4	62.3					44.2	↓	66.3	↓	39.2	↓
REDUCING AVOIDABLE DEATHS													
Mortality rate from causes considered preventable - FEMALES (DSR per 100,000)	2012 - 14	138.4	159.1					138.4	↓	180.8	↓	153.0	↑
Mortality rate from causes considered preventable - MALES (DSR per 100,000)	2012 - 14	230.1	254.3					226.6	↑	300.9	↑	198.8	↓
% of the eligible population aged 40-74 offered an NHS Health Check	2013/14-14/15	37.9	26.7										
% of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14-14/15	48.9	57.6										
% of the eligible population aged 40-74 who received an NHS Health check	2013/14-14/15	18.6	15.4										

OVERARCHING GOALS	Period	ENG [1]	LCC	LCC trend	ENG [2]	C&SR CCG	Grt Preston CCG	CHORLEY		PRESTON		SOUTH RIBBLE	
IMPROVING OUTCOMES FOR PEOPLE WITH LEARNING DIFFICULTIES													
Adults with a learning disability who live in stable and appropriate accommodation (%)	2014/15	73.3	92.1										
Gap in the employment rate between those with a learning disability and the overall employment rate	2014/15	66.9	67.7										
AGEING WELL													
PROMOTING INDEPENDENCE													
% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation service:													
Offered the service, 65+	2014/15	3.1	2.9										
Effectiveness of the service	2014/15	82.1	79.3										
REDUCING SOCIAL ISOLATION													
Social Isolation: % of adult social care users who have as much social contact as they would like	2014/15	44.8	44.9										
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	38.5	38.5										
MANAGING LONG-TERM CONDITIONS & DEMENTIA													
% of people who are feeling supported to manage their condition	2014/15	64.4	65.4			67.8	65.2	70.4	↑	64.0	↑	66.6	↑
Estimated diagnosis rate for people with dementia	2013/14	52.5											
REDUCING EMERGENCY ADMISSIONS & DIRECT ADMISSIONS TO RESIDENTIAL CARE													
Emergency readmissions within 30 days of discharge from hospital - FEMALES (%)	2011/12	11.5	11.9					10.4	↓	13.2	↑	12.3	↑
Emergency readmissions within 30 days of discharge from hospital - MALES (%)	2011/12	12.1	12.7					12.4	↑	13.0	↑	11.8	↑
Emergency readmissions within 30 days of discharge from hospital - PERSONS (%)	2011/12	11.8	12.3					11.4	↑	13.1	↑	12.1	↑
Hip fractures in people aged 65 and over - aged 65-79 (DSR per 100,000)	2014/15	239.2	258.6					317.1	↑	354.5	↑	290.2	↑
Hip fractures in people aged 65 and over - aged 80+ (DSR per 100,000)	2014/15	1534.6	1571.5					1626.5	↑	1710.6	↑	1461.0	↑
SUPPORTING CARERS & FAMILIES													
% people using services satisfied with their care and support	2014/15	64.7	70.3										

LANCASHIRE HEALTH & WELLBEING OUTCOMES (FIGURES DOWNLOADED 02/02/16); East Lancashire CCG & Districts

Key

Eng (1): England/district figures - NHS Outcomes

Eng (2): England/CCG figures - CCG Indicator Set

Significantly worse than England average

Not significantly different from England average

Significantly better than England average

Significance not tested

↑/↓ Improvement on last period

↑/↓ Deterioration on last period

OVERARCHING GOALS	Period	ENG (1)	LCC	LCC trend	ENG (2)	LANCS	BURNLEY		HYNDBURN		PENDLE		RIBBLE VALLEY		ROSSENDALE	
REDUCING HEALTH INEQUALITIES																
Life expectancy at birth (LE) - MALE (years)	2012 - 14	79.5	78.5				76.1	↑	76.5	↑	77.8	↓	81.2	=	77.7	↓
Life expectancy at birth (LE) - FEMALE (years)	2012 - 14	83.2	82.1				80.1	=	81.1	↓	81.9	↑	83.2	↓	82.4	↑
Healthy life expectancy at birth - MALES (years)	2011 - 13	63.3	61.3													
Healthy life expectancy at birth - FEMALES (years)	2011 - 13	63.9	62.4													
SII in LE based on national deprivation deciles within England - MALES	2012 - 14	9.2	10.2													
SII in LE based on national deprivation deciles within England - FEMALES	2012 - 14	7.0	7.1													
SII in LE within English local authorities, based on local deprivation deciles within each area - MALES	2012 - 14						12.8	↑	10.7	↓	9.4	↑	6.3	↓	6.1	↓
SII in LE within English local authorities, based on local deprivation deciles within each area - FEMALES	2012 - 14						7.0	↑	6.3	↑	7.3	↓	2.6	↓	3.8	↓
Gap in LE between each local authority and England as a whole - MALES (years)	2012 - 14	0.0	-1.0				-3.4	↑	-3.0	↓	-1.7	↓	1.7	↓	-1.8	↓
Gap in LE between each local authority and England as a whole - FEMALES (years)	2012 - 14	0.0	-1.1				-3.1	↓	-2.1	↓	-1.3	↑	0.0	↓	-0.8	↑
SII in healthy life expectancy at birth based on national deprivation deciles within England - MALE	2011 - 13	19.2														
SII in healthy life expectancy at birth based on national deprivation deciles within England - FEMALE	2011 - 13	19.5														
IMPROVING PATIENT EXPERIENCE																
Patient experiences of GP out-of hours services (% good)	2014/15	68.6	75.9			68.8	76.9		64.7		68.2		59.7		69.9	
Overall satisfaction of carers with social services (% good)	2014 - 15	41.2	43.2													
REDUCING ADMISSIONS/COSTS																
Hospital stays for self-harm (DSR per 100,000)	2014/15	191.4	237.2				346.1	↑	310.4	↓	218.3	↓	205.0	↑	240.6	↓
Admission episodes for alcohol-related conditions - narrow definition (DSR per 100,000)	2013/14	645.1	693.5				916.1	↑	750.9	↑	729.5	↑	485.6	↓	741.4	↑
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (DSR per 100,000)	2013/14	799.6	971.0		790.8	1175.2	1387.0	↓	1365.1	↓	1117.4	↓	751.9	↓	1105.1	↑
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	2013/14	1195.7	1393.9		1180.5	1589.9	1797.5	↓	1810.7	↓	1655.4	↑	998.5	↓	1568.1	↓
STARTING WELL																
PROMOTING HEALTHY PREGNANCY																
Low birth weight of term babies (%)	2014	2.9	2.8				3.2	↓	3.4	↑	3.5	↑	2.6	↑	2.3	↓
Smoking status at time of delivery (%)	2014/15	11.4														
REDUCING INFANT MORTALITY																
Infant mortality (no. deaths per 1,000 live births)	2011 - 13	4.0	5.1				6.1	↓	5.3	↑	7.5	↑	3.0	↑	2.8	↓
REDUCING CHILDHOOD OBESITY																
Excess weight in 4-5 and 10-11 year olds - 4-5 year olds (%)	2014/15	21.9	23.5				25.2	↑	24.5	↓	22.7	↑	23.1	↓	22.7	↓
Excess weight in 4-5 and 10-11 year olds - 10-11 year olds (%)	2014/15	33.2	32.2				36.5	↑	33.6	↓	35.0	↓	27.8	↑	32.3	↓
SUPPORTING CHILDREN WITH LONG-TERM CONDITIONS																
Emergency admissions for children with lower respiratory tract infections (DSR per 100,000)	2013/14	355.7	491.9		372.9	581.2	732.6	↓	528.0	↓	497.1	↑	358.3		512.9	↓
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19s (DSR per 100,000)	2013/14	313.4	454.1		311.4	607.5	568.8	↓	724.6	↓	572.1	↑	419.5	↓	584.4	↑
SUPPORTING VULNERABLE CHILDREN & FAMILIES																
Children in poverty (all dependent children under 20) (%)	2013	18.0	16.3				23.9	↓	20.1	↑	18.1	↓	5.7	↓	17.3	↓
Children in poverty (under 16s) (%)	2013	18.6	16.9				24.6	↓	20.7	↑	18.1	↓	6.0	↓	17.9	↓
LIVING WELL																
PROMOTING HEALTHY SETTINGS, HEALTHY WORKFORCE & ECONOMIC DEVELOPMENT																
Long term unemployment	2014	7.1	4.9				8.5	↓	5.2	↓	6.1	↓	1.4	↓	5.6	↓
Gap in the eployment rate:																
between those with a long-term health condition and the overall employment rate	2014/15	8.6	12.8													
for those in contact with secondary mental health services and the overall employment rate	2014/15	66.1	57.8													
PROMOTING MENTAL WELLBEING & HEALTHY LIFESTYLES																
Domestic abuse (incidents reported to the police) (rate per 1,000 popn)	2013/14	19.4	24.3													
Statutory homelessness - homelessness acceptances (per 1,000 households)	2014/15	2.4					0.8	↓		↓	0.2	↓	0.4	↑	0.4	↑
Violent crime (including sexual violence) - hospital admissions for violence (rate per 1,000 popn)	2011/12-13/14	52.4	62.3				111.1	↓	94.9	↓	81.9	↑	35.6	↓	63.5	↑
REDUCING AVOIDABLE DEATHS																
Mortality rate from causes considered preventable - FEMALES (DSR per 100,000)	2012 - 14	138.4	159.1				213.5	↑	186.3	↓	162.4	↓	129.7	↑	160.8	↓
Mortality rate from causes considered preventable - MALES (DSR per 100,000)	2012 - 14	230.1	254.3				318.8	↓	330.9	↑	251.0	↓	174.1	↓	260.9	↓
% of the eligible population aged 40-74 offered an NHS Health Check	2013/14-14/15	37.9	26.7													
% of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14-14/15	48.9	57.6													

OVERARCHING GOALS	Period	ENG [1]	LCC	LCC trend	ENG [2]	LANCS	BURNLEY		HYNDBURN		PENDLE		RIBBLE VALLEY		ROSSENDALE	
% of the eligible population aged 40-74 who received an NHS Health check	2013/14-14/15	18.6	15.4													
IMPROVING OUTCOMES FOR PEOPLE WITH LEARNING DIFFICULTIES																
Adults with a learning disability who live in stable and appropriate accommodation (%)	2014/15	73.3	92.1													
Gap in the employment rate between those with a learning disability and the overall employment rate	2014/15	66.9	67.7													
AGEING WELL																
PROMOTING INDEPENDENCE																
% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation service:																
Offered the service, 65+	2014/15	3.1	2.9													
Effectiveness of the service	2014/15	82.1	79.3													
REDUCING SOCIAL ISOLATION																
Social Isolation: % of adult social care users who have as much social contact as they would like	2014/15	44.8	44.9													
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	38.5	38.5													
MANAGING LONG-TERM CONDITIONS & DEMENTIA																
% of people who are feeling supported to manage their condition	2014/15	64.4	65.4			65.5	65.4	↓	62.3	↓	61.1	↓	74.3	↑	65.0	↓
Estimated diagnosis rate for people with dementia	2013/14	52.5														
REDUCING EMERGENCY ADMISSIONS & DIRECT ADMISSIONS TO RESIDENTIAL CARE																
Emergency readmissions within 30 days of discharge from hospital - FEMALES (%)	2011/12	11.5	11.9				11.5	↓	12.6	↓	11.6	↑	11.6	↑	12.9	↑
Emergency readmissions within 30 days of discharge from hospital - MALES (%)	2011/12	12.1	12.7				14.9	↑	13.2	↓	12.0	↑	10.9	↓	12.9	↑
Emergency readmissions within 30 days of discharge from hospital - PERSONS (%)	2011/12	11.8	12.3				13.1	↓	12.9	↓	11.8	↑	11.3	↑	12.9	↑
Hip fractures in people aged 65 and over - aged 65-79 (DSR per 100,000)	2014/15	239.2	258.6				250.8	↑	300.2	↓	149.9	↓	210.4	↑	228.5	↓
Hip fractures in people aged 65 and over - aged 80+ (DSR per 100,000)	2014/15	1534.6	1571.5				1594.7	↑	1559.0	↑	1556.2	↑	1389.4	↑	1185.8	↓
SUPPORTING CARERS & FAMILIES																
% people using services satisfied with their care and support	2014/15	64.7	70.3													

LANCASHIRE HEALTH & WELLBEING OUTCOMES (FIGURES DOWNLOADED 02/02/16): Fylde & Wyre CCG & districts

Eng (1): England/district figures - NHS Outcomes

Eng (2): England/CCG figures - CCG Indicator Set

Key

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Significance not tested

↑/↓ Improvement on last period

↑/↓ Deterioration on last period

OVERARCHING GOALS	Period	ENG (1)	LCC	LCC trend	ENG (2)	F&W CCG	FYLDE		WYRE	
REDUCING HEALTH INEQUALITIES										
Life expectancy at birth (LE) - MALE (years)	2012 - 14	79.5	78.5				79.7	↑	78.7	↑
Life expectancy at birth (LE) - FEMALE (years)	2012 - 14	83.2	82.1				82.6	↑	82.2	↑
Healthy life expectancy at birth - MALES (years)	2011 - 13	63.3	61.3							
Healthy life expectancy at birth - FEMALES (years)	2011 - 13	63.9	62.4							
SII in LE based on national deprivation deciles within England - MALES	2012 - 14	9.2	10.2							
SII in LE based on national deprivation deciles within England - FEMALES	2012 - 14	7.0	7.1							
SII in LE within English local authorities, based on local deprivation deciles within each area - MALES	2012 - 14						7.8	↑	6.7	↓
SII in LE within English local authorities, based on local deprivation deciles within each area - FEMALES	2012 - 14						7.6	↓	8.9	↓
Gap in LE between each local authority and England as a whole - MALES (years)	2012 - 14	0.0	-1.0				0.2	↑	-0.8	↑
Gap in LE between each local authority and England as a whole - FEMALES (years)	2012 - 14	0.0	-1.1				-0.6	↑	-1.0	↑
SII in healthy life expectancy at birth based on national deprivation deciles within England - MALE	2011 - 13	19.2								
SII in healthy life expectancy at birth based on national deprivation deciles within England - FEMALE	2011 - 13	19.5								
IMPROVING PATIENT EXPERIENCE										
Patient experiences of GP out-of hours services (% good)	2014/15	68.6	75.9			75.2	72.1		82.4	
Overall satisfaction of carers with social services (% good)	2014 - 15	41.2	43.2							
REDUCING ADMISSIONS/COSTS										
Hospital stays for self-harm (DSR per 100,000)	2014/15	191.4	237.2				244.2	↑	266.8	↓
Admission episodes for alcohol-related conditions - narrow definition (DSR per 100,000)	2013/14	645.1	693.5				669.8	↑	707.7	↓
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (DSR per 100,000)	2013/14	799.6	971.0		790.8	760.5	693.8	↓	823.0	↑
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	2013/14	1195.7	1393.9		1180.5	1127.1	1015.1	↑	1093.5	↑
STARTING WELL										
PROMOTING HEALTHY PREGNANCY										
Low birth weight of term babies (%)	2014	2.9	2.8				1.8	↑	1.9	↓
Smoking status at time of delivery (%)	2014/15	11.4								
REDUCING INFANT MORTALITY										
Infant mortality (no. deaths per 1,000 live births)	2011 - 13	4.0	5.1				4.5	↓	7.6	↑
REDUCING CHILDHOOD OBESITY										
Excess weight in 4-5 and 10-11 year olds - 4-5 year olds (%)	2014/15	21.9	23.5				22.5	↑	24.4	↑
Excess weight in 4-5 and 10-11 year olds - 10-11 year olds (%)	2014/15	33.2	32.2				26.6	↑	34.6	↑
SUPPORTING CHILDREN WITH LONG-TERM CONDITIONS										
Emergency admissions for children with lower respiratory tract infections (DSR per 100,000)	2013/14	355.7	491.9		372.9	364.9	336.1	↓	456.6	
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19s (DSR per 100,000)	2013/14	313.4	454.1		311.4	370.2	401.7	↓	390.6	↑
SUPPORTING VULNERABLE CHILDREN & FAMILIES										
Children in poverty (all dependent children under 20) (%)	2013	18.0	16.3				11.0	↓	15.6	↓
Children in poverty (under 16s) (%)	2013	18.6	16.9				11.5	↓	16.5	↓
LIVING WELL										
PROMOTING HEALTHY SETTINGS, HEALTHY WORKFORCE & ECONOMIC DEVELOPMENT										
Long term unemployment	2014	7.1	4.9				3.9	↓	4.3	↓
Gap in the eployment rate:										
between those with a long-term health condition and the overall employment rate	2014/15	8.6	12.8							
for those in contact with secondary mental health services and the overall employment rate	2014/15	66.1	57.8							
PROMOTING MENTAL WELLBEING & HEALTHY LIFESTYLES										
Domestic abuse (incidents reported to the police) (rate per 1,000 popn)	2013/14	19.4	24.3							

OVERARCHING GOALS	Period	ENG [1]	LCC	LCC trend	ENG [2]	F&W CCG	FYLDE		WYRE	
Statutory homelessness - homelessness acceptances (per 1,000 households)	2014/15	2.4					0.3	↓	0.1	↓
Violent crime (including sexual violence) - hospital admissions for violence (rate per 1,000 popn)	2011/12-13/14	52.4	62.3				52.3	↑	49.6	↓
REDUCING AVOIDABLE DEATHS										
Mortality rate from causes considered preventable - FEMALES (DSR per 100,000)	2012 - 14	138.4	159.1				135.1	↓	156.8	↓
Mortality rate from causes considered preventable - MALES (DSR per 100,000)	2012 - 14	230.1	254.3				215.4	↓	241.8	↓
% of the eligible population aged 40-74 offered an NHS Health Check	2013/14-14/15	37.9	26.7							
% of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14-14/15	48.9	57.6							
% of the eligible population aged 40-74 who received an NHS Health check	2013/14-14/15	18.6	15.4							
IMPROVING OUTCOMES FOR PEOPLE WITH LEARNING DIFFICULTIES										
Adults with a learning disability who live in stable and appropriate accommodation (%)	2014/15	73.3	92.1							
Gap in the employment rate between those with a learning disability and the overall employment rate	2014/15	66.9	67.7							
AGEING WELL										
PROMOTING INDEPENDENCE										
% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation service:										
Offered the service, 65+	2014/15	3.1	2.9							
Effectiveness of the service	2014/15	82.1	79.3							
REDUCING SOCIAL ISOLATION										
Social Isolation: % of adult social care users who have as much social contact as they would like	2014/15	44.8	44.9							
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	38.5	38.5							
MANAGING LONG-TERM CONDITIONS & DEMENTIA										
% of people who are feeling supported to manage their condition	2014/15	64.4	65.4			61.6	60.2	↓	64.2	↓
Estimated diagnosis rate for people with dementia	2013/14	52.5								
REDUCING EMERGENCY ADMISSIONS & DIRECT ADMISSIONS TO RESIDENTIAL CARE										
Emergency readmissions within 30 days of discharge from hospital - FEMALES (%)	2011/12	11.5	11.9				11.3	↑	12.0	↓
Emergency readmissions within 30 days of discharge from hospital - MALES (%)	2011/12	12.1	12.7				13.2	↓	12.3	↑
Emergency readmissions within 30 days of discharge from hospital - PERSONS (%)	2011/12	11.8	12.3				12.2	↑	12.1	↓
Hip fractures in people aged 65 and over - aged 65-79 (DSR per 100,000)	2014/15	239.2	258.6				169.4	↓	235.0	↓
Hip fractures in people aged 65 and over - aged 80+ (DSR per 100,000)	2014/15	1534.6	1571.5				1788.9	↑	1589.5	↑
SUPPORTING CARERS & FAMILIES										
% people using services satisfied with their care and support	2014/15	64.7	70.3							

LANCASHIRE HEALTH & WELLBEING OUTCOMES (FIGURES DOWNLOADED 02/02/16): Lancashire North CCG & district

Eng (1): England/district figures - NHS Outcomes

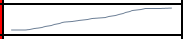
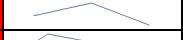
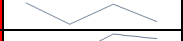
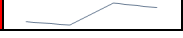
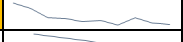
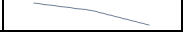
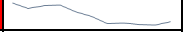
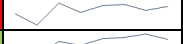
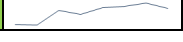
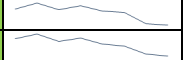
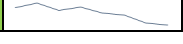
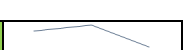
Eng (2): England/CCG figures - CCG Indicator Set

Key

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Significance not tested

↑/↓ Improvement on last period

↑/↓ Deterioration on last period

OVERARCHING GOALS	Period	ENG (1)	LCC	LCC trend	ENG (2)	Lancs North CCG	LANCASTER	
REDUCING HEALTH INEQUALITIES								
Life expectancy at birth (LE) - MALE (years)	2012 - 14	79.5	78.5				78.1	↑
Life expectancy at birth (LE) - FEMALE (years)	2012 - 14	83.2	82.1				81.9	↓
Healthy life expectancy at birth - MALES (years)	2011 - 13	63.3	61.3					
Healthy life expectancy at birth - FEMALES (years)	2011 - 13	63.9	62.4					
SII in LE based on national deprivation deciles within England - MALES	2012 - 14	9.2	10.2					
SII in LE based on national deprivation deciles within England - FEMALES	2012 - 14	7.0	7.1					
SII in LE within English local authorities, based on local deprivation deciles within each area - MALES	2012 - 14						9.1	↓
SII in LE within English local authorities, based on local deprivation deciles within each area - FEMALES	2012 - 14						8.6	↓
Gap in LE between each local authority and England as a whole - MALES (years)	2012 - 14	0.0	-1.0				-1.4	↑
Gap in LE between each local authority and England as a whole - FEMALES (years)	2012 - 14	0.0	-1.1				-1.3	↓
SII in healthy life expectancy at birth based on national deprivation deciles within England - MALE	2011 - 13	19.2						
SII in healthy life expectancy at birth based on national deprivation deciles within England - FEMALE	2011 - 13	19.5						
IMPROVING PATIENT EXPERIENCE								
Patient experiences of GP out-of hours services (% good)	2014/15	68.6	75.9			76.9	75.1	
Overall satisfaction of carers with social services (% good)	2014 - 15	41.2	43.2					
REDUCING ADMISSIONS/COSTS								
Hospital stays for self-harm (DSR per 100,000)	2014/15	191.4	237.2				279.3	↓
Admission episodes for alcohol-related conditions - narrow definition (DSR per 100,000)	2013/14	645.1	693.5				771.6	↓
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (DSR per 100,000)	2013/14	799.6	971.0		790.8	932.1	935.1	↓
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	2013/14	1195.7	1393.9		1180.5	1473.4	1443.8	↑
STARTING WELL								
PROMOTING HEALTHY PREGNANCY								
Low birth weight of term babies (%)	2014	2.9	2.8				2.8	↑
Smoking status at time of delivery (%)	2014/15	11.4						
REDUCING INFANT MORTALITY								
Infant mortality (no. deaths per 1,000 live births)	2011 - 13	4.0	5.1				3.9	↑
REDUCING CHILDHOOD OBESITY								
Excess weight in 4-5 and 10-11 year olds - 4-5 year olds (%)	2014/15	21.9	23.5				25.2	↑
Excess weight in 4-5 and 10-11 year olds - 10-11 year olds (%)	2014/15	33.2	32.2				30.9	↓
SUPPORTING CHILDREN WITH LONG-TERM CONDITIONS								
Emergency admissions for children with lower respiratory tract infections (DSR per 100,000)	2013/14	355.7	491.9		372.9	548.0	475.4	↓
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19s (DSR per 100,000)	2013/14	313.4	454.1		311.4	439.4	442.8	↓
SUPPORTING VULNERABLE CHILDREN & FAMILIES								
Children in poverty (all dependent children under 20) (%)	2013	18.0	16.3				17.2	↑
Children in poverty (under 16s) (%)	2013	18.6	16.9				18.0	↑
LIVING WELL								
PROMOTING HEALTHY SETTINGS, HEALTHY WORKFORCE & ECONOMIC DEVELOPMENT								
Long term unemployment	2014	7.1	4.9				5.6	↓

OVERARCHING GOALS	Period	ENG [1]	LCC	LCC trend	ENG [2]	Lancs North CCG	LANCASTER	
Gap in the eployment rate:								
between those with a long-term health condition and the overall employment rate	2014/15	8.6	12.8					
for those in contact with secondary mental health services and the overall employment rate	2014/15	66.1	57.8					
PROMOTING MENTAL WELLBEING & HEALTHY LIFESTYLES								
Domestic abuse (incidents reported to the police) (rate per 1,000 popn)	2013/14	19.4	24.3					
Statutory homelessness - homelessness acceptances (per 1,000 households)	2014/15	2.4					1.2	↓
Violent crime (including sexual violence) - hospital admissions for violence (rate per 1,000 popn)	2011/12-13/14	52.4	62.3				54.1	↓
REDUCING AVOIDABLE DEATHS								
Mortality rate from causes considered preventable - FEMALES (DSR per 100,000)	2012 - 14	138.4	159.1				168.9	↑
Mortality rate from causes considered preventable - MALES (DSR per 100,000)	2012 - 14	230.1	254.3				291.8	↓
% of the eligible population aged 40-74 offered an NHS Health Check	2013/14-14/15	37.9	26.7					
% of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14-14/15	48.9	57.6					
% of the eligible population aged 40-74 who received an NHS Health check	2013/14-14/15	18.6	15.4					
IMPROVING OUTCOMES FOR PEOPLE WITH LEARNING DIFFICULTIES								
Adults with a learning disability who live in stable and appropriate accommodation (%)	2014/15	73.3	92.1					
Gap in the employment rate between those with a learning disability and the overall employment rate	2014/15	66.9	67.7					
AGEING WELL								
PROMOTING INDEPENDENCE								
% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation service:								
Offered the service, 65+	2014/15	3.1	2.9					
Effectiveness of the service	2014/15	82.1	79.3					
REDUCING SOCIAL ISOLATION								
Social Isolation: % of adult social care users who have as much social contact as they would like	2014/15	44.8	44.9					
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	38.5	38.5					
MANAGING LONG-TERM CONDITIONS & DEMENTIA								
% of people who are feeling supported to manage their condition	2014/15	64.4	65.4			66.1	66.6	↓
Estimated diagnosis rate for people with dementia	2013/14	52.5						
REDUCING EMERGENCY ADMISSIONS & DIRECT ADMISSIONS TO RESIDENTIAL CARE								
Emergency readmissions within 30 days of discharge from hospital - FEMALES (%)	2011/12	11.5	11.9				12.1	↓
Emergency readmissions within 30 days of discharge from hospital - MALES (%)	2011/12	12.1	12.7				12.3	↓
Emergency readmissions within 30 days of discharge from hospital - PERSONS (%)	2011/12	11.8	12.3				12.2	↓
Hip fractures in people aged 65 and over - aged 65-79 (DSR per 100,000)	2014/15	239.2	258.6				276.0	↓
Hip fractures in people aged 65 and over - aged 80+ (DSR per 100,000)	2014/15	1534.6	1571.5				1600.8	↓
SUPPORTING CARERS & FAMILIES								
% people using services satisfied with their care and support	2014/15	64.7	70.3					

LANCASHIRE HEALTH & WELLBEING OUTCOMES (FIGURES DOWNLOADED 02/02/16): West Lancashire CCG & District

Eng (1): England/district figures - NHS Outcomes

Eng (2): England/CCG figures - CCG Indicator Set

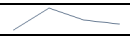
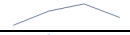
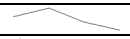
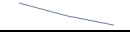
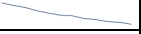
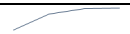
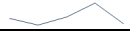
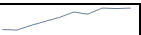
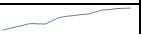
Key

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Significance not tested

↑/↓ Improvement on last period

↑/↓ Deterioration on last period

OVERARCHING GOALS	Period	ENG (1)	LCC	LCC trend	ENG (2)	W Lancs CCG	WEST LANCS	
REDUCING HEALTH INEQUALITIES								
Life expectancy at birth (LE) - MALE (years)	2012 - 14	79.5	78.5				79.6	↑
Life expectancy at birth (LE) - FEMALE (years)	2012 - 14	83.2	82.1				82.8	↑
Healthy life expectancy at birth - MALES (years)	2011 - 13	63.3	61.3					
Healthy life expectancy at birth - FEMALES (years)	2011 - 13	63.9	62.4					
SII in LE based on national deprivation deciles within England - MALES	2012 - 14	9.2	10.2					
SII in LE based on national deprivation deciles within England - FEMALES	2012 - 14	7.0	7.1					
SII in LE within English local authorities, based on local deprivation deciles within each area - MALES	2012 - 14						11.7	↑
SII in LE within English local authorities, based on local deprivation deciles within each area - FEMALES	2012 - 14						5.2	↑
Gap in LE between each local authority and England as a whole - MALES (years)	2012 - 14	0.0	-1.0				0.1	↑
Gap in LE between each local authority and England as a whole - FEMALES (years)	2012 - 14	0.0	-1.1				-0.4	↑
SII in healthy life expectancy at birth based on national deprivation deciles within England - MALE	2011 - 13	19.2						
SII in healthy life expectancy at birth based on national deprivation deciles within England - FEMALE	2011 - 13	19.5						
IMPROVING PATIENT EXPERIENCE								
Patient experiences of GP out-of hours services (% good)	2014/15	68.6	75.9			79.9	79.5	
Overall satisfaction of carers with social services (% good)	2014 - 15	41.2	43.2					
REDUCING ADMISSIONS/COSTS								
Hospital stays for self-harm (DSR per 100,000)	2014/15	191.4	237.2				222.0	↓
Admission episodes for alcohol-related conditions - narrow definition (DSR per 100,000)	2013/14	645.1	693.5				620.7	↑
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (DSR per 100,000)	2013/14	799.6	971.0		790.8	979.8	968.3	↓
Emergency admissions for acute conditions that should not usually require hospital admission (DSR per 100,000)	2013/14	1195.7	1393.9		1180.5	1552.6	1550.7	↓
STARTING WELL								
PROMOTING HEALTHY PREGNANCY								
Low birth weight of term babies (%)	2014	2.9	2.8				1.7	↓
Smoking status at time of delivery (%)	2014/15	11.4						
REDUCING INFANT MORTALITY								
Infant mortality (no. deaths per 1,000 live births)	2011 - 13	4.0	5.1				4.7	↓
REDUCING CHILDHOOD OBESITY								
Excess weight in 4-5 and 10-11 year olds - 4-5 year olds (%)	2014/15	21.9	23.5				26.7	↑
Excess weight in 4-5 and 10-11 year olds - 10-11 year olds (%)	2014/15	33.2	32.2				34.9	↑
SUPPORTING CHILDREN WITH LONG-TERM CONDITIONS								
Emergency admissions for children with lower respiratory tract infections (DSR per 100,000)	2013/14	355.7	491.9		372.9	502.4	477.3	↓
Unplanned hospitalisation for asthma, diabetes & epilepsy in under 19s (DSR per 100,000)	2013/14	313.4	454.1		311.4	476.5	479.2	↓
SUPPORTING VULNERABLE CHILDREN & FAMILIES								
Children in poverty (all dependent children under 20) (%)	2013	18.0	16.3				15.6	↓
Children in poverty (under 16s) (%)	2013	18.6	16.9				16.2	↓
LIVING WELL								
PROMOTING HEALTHY SETTINGS, HEALTHY WORKFORCE & ECONOMIC DEVELOPMENT								
Long term unemployment	2014	7.1	4.9				4.8	↓

OVERARCHING GOALS	Period	ENG [1]	LCC	LCC trend	ENG [2]	W Lancs CCG	WEST LANCS	
Gap in the eployment rate:								
between those with a long-term health condition and the overall employment rate	2014/15	8.6	12.8					
for those in contact with secondary mental health services and the overall employment rate	2014/15	66.1	57.8					
PROMOTING MENTAL WELLBEING & HEALTHY LIFESTYLES								
Domestic abuse (incidents reported to the police) (rate per 1,000 popn)	2013/14	19.4	24.3					
Statutory homelessness - homelessness acceptances (per 1,000 households)	2014/15	2.4					0.5	↓
Violent crime (including sexual violence) - hospital admissions for violence (rate per 1,000 popn)	2011/12-13/14	52.4	62.3				70.7	↓
REDUCING AVOIDABLE DEATHS								
Mortality rate from causes considered preventable - FEMALES (DSR per 100,000)	2012 - 14	138.4	159.1				133.6	↓
Mortality rate from causes considered preventable - MALES (DSR per 100,000)	2012 - 14	230.1	254.3				236.3	↓
% of the eligible population aged 40-74 offered an NHS Health Check	2013/14-14/15	37.9	26.7					
% of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14-14/15	48.9	57.6					
% of the eligible population aged 40-74 who received an NHS Health check	2013/14-14/15	18.6	15.4					
IMPROVING OUTCOMES FOR PEOPLE WITH LEARNING DIFFICULTIES								
Adults with a learning disability who live in stable and appropriate accommodation (%)	2014/15	73.3	92.1					
Gap in the employment rate between those with a learning disability and the overall employment rate	2014/15	66.9	67.7					
AGEING WELL								
PROMOTING INDEPENDENCE								
% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation service:								
Offered the service, 65+	2014/15	3.1	2.9					
Effectiveness of the service	2014/15	82.1	79.3					
REDUCING SOCIAL ISOLATION								
Social Isolation: % of adult social care users who have as much social contact as they would like	2014/15	44.8	44.9					
Social Isolation: % of adult carers who have as much social contact as they would like	2014/15	38.5	38.5					
MANAGING LONG-TERM CONDITIONS & DEMENTIA								
% of people who are feeling supported to manage their condition	2014/15	64.4	65.4			67.1	65.0	↓
Estimated diagnosis rate for people with dementia	2013/14	52.5						
REDUCING EMERGENCY ADMISSIONS & DIRECT ADMISSIONS TO RESIDENTIAL CARE								
Emergency readmissions within 30 days of discharge from hospital - FEMALES (%)	2011/12	11.5	11.9				11.4	↓
Emergency readmissions within 30 days of discharge from hospital - MALES (%)	2011/12	12.1	12.7				12.2	↑
Emergency readmissions within 30 days of discharge from hospital - PERSONS (%)	2011/12	11.8	12.3				11.8	↓
Hip fractures in people aged 65 and over - aged 65-79 (DSR per 100,000)	2014/15	239.2	258.6				267.1	↑
Hip fractures in people aged 65 and over - aged 80+ (DSR per 100,000)	2014/15	1534.6	1571.5				1496.1	↓
SUPPORTING CARERS & FAMILIES								
% people using services satisfied with their care and support	2014/15	64.7	70.3					

Lancashire Health and Wellbeing Board – Action Plan 2016/17

What Does 'Good' Look Like?

Improving Health & Wellbeing Outcomes:

- Health and wellbeing outcomes are improving and health inequalities reducing as a result of:
  - Addressing the wider determinants of health such as education, housing, transport, employment and the environment in the health and wellbeing strategy
  - Commissioning effective health and wellbeing services across the NHS and local government
  - Influencing cross-sector decisions and services to have positive impacts on health and wellbeing
- There is strong collaboration and linkage between the Board and Lancashire's other statutory and non-statutory bodies
- The needs of unregistered patients and vulnerable groups are being addressed; and there is a clear focus on children and young people as well as adults
- The Joint Strategic Needs Assessment is a meaningful, asset-based and high-quality process and the outputs provide the evidence to develop the joint health and wellbeing strategy
- Decisions are based on robust evidence from research, public and patient input
- Partners work together to jointly agree best use of resources; and resources are used effectively, fairly and sustainably
- Relevant data and information is collected in order to measure progress. Action is taken when monitoring indicators show plans or initiatives are not working
- Innovation and research is supported to improve current and protect future population health and well-being

Improving Governance and Leadership:

- The Board demonstrates system leadership through collective responsibility for local outcomes
- The Board has a vision for where it wants the system to be in the medium to longer term, identifying milestones and monitoring progress
- The Board operates flexibly, responding rapidly to changing local and national circumstances, including future pressures in the system and 'keeping ahead of the curve', rather than simply reacting to events
- The Board takes a lead in initiating discussions about system integration and redesign; thinking broadly about horizontal and vertical integration of services
- The Board operates transparently, in inclusive and accountable ways
- The Board demonstrates professional, clinical and democratic legitimacy for joint decisions
- The Board ensures effective engagement with communities, professionals and patients, through high levels of engagement and visibility; supporting communities to find their own solutions to improving and protecting health and wellbeing

Appendix E

Lancashire Health and Wellbeing Board – Action Plan 2016/17

Themes	Suggested Action(s) 2016/17	Outputs	Time - scales	Relevant group(s) to implement action
1. Integrating Health and Social Care Services	Oversee, challenge and support effective local implementation and development of the Better Care Fund (BCF) programme; including integration of placed based teams	BCF Programme 2016/17 developed and implemented with agreed indicators & outcomes to provide assurance to the Board	April 2016	BCF Steering Group
	Oversee, challenge, support and contribute to the development of the Sustainability and Transformation Plan (STP) for (pan) Lancashire and South Cumbria	STP developed in conjunction with H&WB. Submitted and agreed by NHS England.	June 2016	Health and Wellbeing Board
	Oversee, challenge, support and contribute to the local health and care economy delivery plans which underpin the STP o Central Lancashire o North Lancashire and South Cumbria o Pennine Lancashire o Fylde Coast Lancashire o West Lancashire	Local delivery plans developed across five health and care economies, in collaboration with neighbouring H&WBs	June 2016	Health and Wellbeing Board
	Agree the collaborative approach to the STP and local delivery plans with neighbouring Health and Wellbeing Boards	Collaborative approach between neighbouring H&WBs agreed	June 2016	Health and Wellbeing Board
	Formalise the relationship between the	MOU in place between	June	Health and Wellbeing

Appendix E

Lancashire Health and Wellbeing Board – Action Plan 2016/17

	Health and Wellbeing Board and Healthier Lancashire; identifying opportunities to improve communication and influence activity.	H&WB and Healthier Lancashire including communication	2016	Board / Healthier Lancashire
2. Developing the 'Prevention' Approach	Develop and implement a joint prevention workstream as an element of the STP Share good practice examples from national networks (including LGA case studies) to inform the development of the prevention workstream.	Joint workstream developed and implemented, with agreed indicators & outcomes to provide assurance to the Board Workstream utilising examples of national good practice	June 2016 September 2016	Healthier Lancashire Lancashire County Council
3. Developing the Adult Care Market	Develop and implement a joint care home improvement workstream as an element of the STP	Joint workstream developed & implemented, with agreed indicators & outcomes to provide assurance to the Board	June 2016	Healthier Lancashire
4. Transforming Care	Oversee, challenge and support effective local implementation of the Transforming Care programme for people with learning disabilities	Transforming Care Programme implemented with agreed indictors & outcome measures to provide assurance to the Board	March 2017	Collaborative Commissioning Board (CCB)
5. Transforming Child and Adolescent Mental Health Services	Oversee, challenge and support effective local implementation of the Child and Adolescent Mental Health Services (CAMHS) transformation	CAMHS transformation plan implemented with agreed indictors and outcome measures to provide assurance to the Board	March 2017	CCB
6. 'Digital First'	Board members and local partnerships promote the role of basic digital skills in improving health and wellbeing, by	Board members & local partnerships endorse campaign	March 2017	Digital Health Board

Lancashire Health and Wellbeing Board – Action Plan 2016/17

	endorsing the Go ON UK campaign. Develop the NHS digital roadmap where digital is the default option to access services and explore the potential to develop the economy.	 NHS digital roadmap developed and implemented	 March 2017	
7. Starting Well	Oversee, challenge and support effective local implementation of the national Troubled Families, Healthy Child and Early Action programmes across Lancashire Participate in and implement lessons learned from the LGA/ADPH sector led improvement programme to reduce infant mortality across the North West. Develop and implement the Lancashire Food and Physical Activity action plan; including promotion of healthy weight and active lifestyles by working with schools, local authority planning services, the VCFS and the business. Advocate regionally and nationally for a comprehensive obesity strategy including the introduction of taxation on sugar sweetened beverages.	Troubled Families, Healthy Child and Early Action programmes implemented with measureable indicators and outcomes to provide assurance to the Board Participation in programme Lessons learnt actioned Lancashire Food and Physical Activity Plan developed and implemented with measureable indicators and outcomes to provide assurance to the Board Advocacy undertaken	March 2017 September 2016 March 2017 Jan 2017	Lancashire Children and Young People's Trust Board / Early Action Steering Group Children and Maternity Commissioners Network Lancashire County Council and partners Lancashire County Council and partners Health and wellbeing Board supported by the Director of Public Health
8. Reducing Alcohol Harm	Develop and implement the Lancashire Partnership Alcohol action plan.	Action plan agreed and implemented with appropriate	December	Alcohol Steering Group

Lancashire Health and Wellbeing Board – Action Plan 2016/17

		indicators and outcomes identified to provide assurance to the Board	2016	
9. Making Every Contact Count	Agencies represented at the Board ensure that appropriate front line employees receive a minimum of Level 1 'Make Every Contact Count' training	Assurance provided from agencies that training undertaken Associated referral pathways in place	March 2017	Health and Wellbeing Board (supported by Health Education North West)
10. Recognising the Importance of Community Assets in Improving Health and Wellbeing	Identify and agree the most effective approaches required to develop and promote our community assets.	Effective approaches to developing & promoting community assets identified and agreed	Jan 2017	Health and Wellbeing Board / Health & Wellbeing Partnerships
11. Addressing Health Inequalities	Identify and agree key priorities for consideration by the local health and wellbeing partnerships to reduce health inequalities by influencing the wider determinants of health; identifying evidence based action to address them. Establish the Joint Strategic Needs Assessment (JSNA) leadership group to inform joint planning and to monitor progress in improving outcomes.	Key priorities agreed by H&WB and partnerships Evidence based action to address priorities identified and implemented JSNA Leadership group established and outcomes monitored	July 2016 Dec 2016 Sept 2016	Health and Wellbeing Board / Health & Wellbeing Partnerships JSNA Leadership Group

Lancashire Health and Wellbeing Board
Meeting to be held on 22 February 2016

Joint Strategic Needs Assessment (JSNA) Governance and Annual Work Programme

Contact for further information:
Gemma Jones, 01772 536901, JSNA Manager, gemma.jones@lancashire.gov.uk

Executive Summary

Joint Strategic Needs Assessment (JSNA) provides intelligence on the current and future health, social care and wellbeing needs of Lancashire's population as mandated by the Health and Social Care Act, 2012. The effectiveness of JSNA to inform policy, strategy, planning and commissioning decisions relies upon strong leadership and strategic direction from the Health and Wellbeing Board (HWBB).

The re-establishment of a JSNA leadership group, with membership reflecting the new health, public health, social care and wellbeing landscape, would provide the strategic direction and oversight necessary for the JSNA to meet the evolving intelligence needs of all of its partner organisations and act as JSNA champions to promote engagement and use of the JSNA service, analyses and products.

Agreement is also needed from the HWBB for the proposed 2016/17 JSNA work programme.

Recommendations

The Health and Wellbeing Board is recommended to:

1. Agree the establishment of a JSNA leadership group with membership and broad remit as per the draft terms of reference.

2. Approve a programme of work for 2016/17 consisting of two or three of the projects suggested below:
    - a JSNA on the mental and emotional wellbeing of children and young people
    - a JSNA for the working age population
    - a neighbourhood intelligence tool with interactive maps and bespoke reports for small areas and service planning footprints
    - a refreshed and expanded JSNA on alcohol, drugs and tobacco
    - JSNA(s) of the Board's choice

JSNA Governance

As the committee with overall responsibility for JSNA, the HWBB has, in the past, either directly or via the Joint Officers' Group, assumed this role. When public health became the responsibility of local authorities in 2013 and responsibility for JSNA transferred from the

Lancashire County Council

upper-tier local authority and primary care trusts to the HWBB, the original JSNA leadership group was disestablished and there have been no formal arrangements in place for JSNA since.

The re-establishment of a JSNA leadership group, with membership reflecting the new health, public health, social care and wellbeing landscape, would provide the strategic direction and oversight necessary for the JSNA to meet the evolving intelligence needs of all of partner organisations and act as JSNA champions to promote engagement and use of the JSNA service, analyses and products.

Draft terms of reference for a new JSNA leadership group have been produced for consideration at Appendix A.

Developing the 2016/17 JSNA Work Programme

Each year the JSNA team undertakes around three thematic JSNA projects which are carried out in partnership with other key stakeholders. Previous examples include the health inequalities and long-term conditions JSNAs. These projects provide a depth of knowledge on particular topics that supplements the breadth of knowledge provided by the JSNA intelligence web pages.

Most of the suggested projects emerged as a result of input from Lancashire County Council's commissioning team, clinical commissioning group (CCG) lead officers, national JSNA guidance and best practice; together with a wide range of stakeholders at the annual JSNA showcase event held in September 2015. This was attended by representatives from:

- education establishments;
- Lancashire Constabulary;
- Lancashire Fire and Rescue Service;
- housing associations/registered social landlords;
- upper and lower tier councils;
- Public Health England;
- Clinical Commissioning Groups;
- local hospital trusts and Lancashire Care NHS Foundation Trust;
- pharmacies;
- private sector providers;
- Lancashire Sports Partnership; and
- 15 different voluntary, community and faith sector (VCFS) organisations.

A larger list of suggested projects was drawn up into a short list based upon feedback from showcase attendees, commissioners and from a wider consultation sent out to a network of over 1,300 JSNA users and stakeholders. Consideration was given to available resources, complexity, anticipated usage/impact, existing intelligence or ongoing projects and the level of enthusiasm and support shown for each one.

The Board is asked to agree that a selection of two or three of the following projects be undertaken in the 2016/17 JSNA project year (September 2016 – August 2017):

- a JSNA on the mental and emotional wellbeing of children and young people
- a JSNA for the working age population
- a neighbourhood intelligence tool with interactive maps and bespoke reports for small areas and service planning footprints
- a refreshed and expanded JSNA on alcohol, drugs and tobacco
- JSNA (s) of the Board's choice

Although it is advantageous to plan the work programme on a longer term basis, it is also possible to initiate some work immediately if necessary.

More detail is provided about each suggested project below:

Children and young people's mental and emotional wellbeing

The main strategic drivers for this JSNA are the Future in Mind report and related local transformation plans for children and young people's mental health and wellbeing. National guidance for the transformation has identified JSNA as a crucial tool for identifying children and young people's needs. A revision of some aspects of the JSNA for children with special educational needs and disabilities (SEND) will be required as will reference to the JSNA for children and young people. The project will examine the mental and emotional health and wellbeing of all children, not just those with existing mental health problems or learning difficulties. This JSNA would also support the Board's starting well agenda, Lancashire County Council's start well commissioning strand and the review of 0-19 public health provision.

Working age adults

The working age population of 735,600 people in Lancashire make up 62% of the total population and there is a clear gap in intelligence about the health and wellbeing needs of this major population group in Lancashire. The JSNA would support the Board's living well agenda, and Lancashire County Council's live well commissioning strand.

Neighbourhood intelligence

This project will provide intelligence on health, wellbeing and the wider determinants of health at neighbourhood level for service planning purposes. Local authorities and Clinical Commissioning Groups are both establishing discrete neighbourhood planning areas and will need intelligence at these geographies to support delivery of services suitable to local populations. This neighbourhood intelligence product will start with the needs of the whole population in mind. We will assess its use with a view to making this a permanent facility on the JSNA web platform.

Alcohol, drugs and tobacco

This is a JSNA for alcohol, drugs and tobacco (ADT), to underpin the development of an associated strategy, including a refresh of the alcohol strategy for Lancashire. The Lancashire ADT JSNA was first completed in 2012. This project has not had the benefit of wide stakeholder consultation as it was proposed since the JSNA showcase event in 2015; but a refresh and expansion of the intelligence may well produce some changes in strategic priorities, not least due to changes in policy (e.g. new national alcohol guidelines), and in the underlying determinants for substance use/misuse since the original publication. The refresh would also benefit from the planned update of Public Health England's ADT JSNA resource packs, due for publication in 2016.

List of Background Papers

Joint Strategic Needs Assessment
Leadership Group

Purpose

The purpose of the Joint Strategic Needs Assessment (JSNA) Leadership Group is to provide strategic oversight and governance of the JSNA process and products on behalf of partners involved in the health, resilience and safety of Lancashire residents.

Terms of Reference

The group will comprise strategic leads or directors of a range of key partners from across Lancashire -12.

The members are asked to offer representatives in the case of absence and are encouraged to bring along any specialist who might be required for specific discussions. The group may consider additional representatives as appropriate, for example, Directors of Commissioning, subject to the agreement of the leaders.

Membership

Suggested membership is as follows:

- Director of Public Health and Wellbeing for Lancashire or representative
- Lancashire Clinical Commissioning Group representative
- Lancashire Children's Trust Partnership Board representative
- Third Sector Lancashire representative
- Lancashire Police and Crime Commissioner or representative
- District council representative
- Director of adults' services or representative
- Director of childrens' services or representative
- Community Safety Partnership representative
- Any other member considered appropriate by the Lancashire Health and Wellbeing Board

The chair is to be nominated and agreed by the leaders. Chairing of the group could rotate on an annual basis if this suits all parties.

Support

- JSNA Manager, Lancashire County Council (LCC)
- Information, Intelligence, Quality and Performance Manager, LCC
- Head of Business Intelligence, LCC

Supporting officers will provide information and advice about the JSNA to the leaders as required. The JSNA manager will be responsible for the production of the annual report to the leadership group.

Roles and Responsibilities

The role of the JSNA leadership group is to:

1. steer the future strategic direction of the Lancashire JSNA and the services it delivers;
2. consider the options for the annual programme of work to be delivered by the JSNA team and agree the annual thematic JSNAs and/or other projects for the September to August project year;
3. nominate a sponsor for each thematic JSNA;

4. review the performance of the JSNA by monitoring outcomes of projects previously delivered, their effectiveness and impact on commissioning and outcomes for citizens;
5. sign off and promote reports resulting from the annual work programme and ensure these are considered when revising the joint health and wellbeing strategy;
6. act as JSNA champions in their respective services, organisations and partnerships;
7. regularly report to the Health and Wellbeing Board on development, delivery and outcomes of the JSNA as part of the board's statutory duty for the JSNA; and
8. ensure that there is active engagement of key stakeholders on strategic priorities.

Meetings and other communication

The leadership group shall meet in April and August each year as a minimum.
Any emerging priorities to be incorporated into the JSNA work programme between meetings should be discussed and agreed by email, subject to the capacity of the JSNA team.

The leadership group will receive reports from the JSNA team at each meeting about:

- JSNA activity;
- the impact of JSNA activity;
- the progress of JSNA projects; and
- proposals for new JSNA projects.

An annual report will be made available at the meeting at the end of the financial year to be submitted to the Health and Wellbeing Board for consideration.

Revision

This document should be reviewed regularly and any revisions should be agreed by the leadership group.