



Lancashire Health and Wellbeing Board  
Tuesday, 19 July 2022, 2.00pm,  
More Music, 13-17 Devonshire Road, West End, Morecambe, LA3 1QT  
Networking / Development Session (with lunch) from 12.30pm

## AGENDA

### Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. <b>Appointment of Chair</b>	Action	The Board is asked to note that in accordance with the Terms of Reference, County Councillor Michael Green, Cabinet Member for Health and Wellbeing, is appointed as the Chair for the 2022/2023 municipal year.	Chair		
2. <b>Appointment of Deputy Chair</b>	Action	To note that the current arrangements for Deputy Chair was continuing with Denis Gizzi, whilst	Chair		

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
		confirmation from the NHS was still awaited on membership for the municipal year 2022/2023.			
<b>3. Welcome, introductions and apologies</b>	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		
<b>4. Disclosure of Pecuniary and Non-Pecuniary Interests</b>	Action	Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	Chair		
<b>5. Minutes of the Last Meeting held on 10 May 2022</b>	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 10)	
<b>6. Constitution, Membership and Terms of Reference of the Committee</b>	Action		Chair	(Pages 11 - 16)	
<b>7. Happier Minds - Supporting Mental Health and Wellbeing</b>	Discussion / Action	<p>To discuss supporting mental health and wellbeing by working with partners across the whole system to address:</p> <ul style="list-style-type: none"> <li>• Emotional health self-care (5 ways to wellbeing)</li> <li>• Loneliness and social isolation</li> <li>• Dementia</li> <li>• Alcohol and drug use</li> <li>• Self-harm and suicide</li> </ul>	Ruksana Sardar-Akram / Chris Lee	(Pages 17 - 28)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
8. <b>Urgent Business</b>	Action	An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.	Chair		
9. <b>Date of Next Meeting</b>	Information	The next scheduled meeting of the Board will be held at 2pm on Tuesday, 6 September 2022. Venue to be confirmed.	Chair		

L Sales  
Director for Corporate Services

County Hall  
Preston



# Agenda Item 5

## **Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 10th May, 2022 at 2.00 pm in Skelmersdale Library, Southway, Skelmersdale, WN8 6NL**

### **Present:**

#### **Chair**

County Councillor Michael Green, Lancashire County Council

#### **Committee Members**

County Councillor Philippa Williamson, Lancashire County Council  
County Councillor Jayne Rear, Lancashire County Council  
Dr Sakthi Karunanithi, Public Health, Lancashire County Council  
Dave Carr, Director of Policy, Commissioning and Children's Health  
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group  
Councillor Viv Willder, Fylde Coast, Lancashire Leaders Group  
Councillor Matthew Brown, Central, Lancashire Leaders Group  
David Blacklock, Healthwatch  
Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council  
Sam Gorton, Democratic Services, Lancashire County Council

#### **Apologies**

Denis Gizzi	Chorley and South Ribble CCG and Greater Preston CCG
Louise Taylor	Adult Services and Health and Wellbeing, Lancashire County Council
Gary Hall	Lancashire Chief Executive Group

### **1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting and thanked the staff at Skelmersdale Library for hosting the board meeting, staff at the Youth Zone for a tour of the premises, officers from the Public Health Team and Democratic Services for arranging the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

County Councillor Jayne Rear for County Councillor Sue Whittam, Lancashire County Council  
Dave Carr for Edwina Grant OBE, Education and Children's Services, Lancashire County Council

### **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

There were no disclosures of interest in relation to items appearing on the agenda.

### **3. Minutes of the Last Meeting held on 8 March 2022**

**Resolved:** That the Board agreed the minutes of the meeting held on 8 March 2022.

There were no matters arising from them.

### **4. Appointment of Deputy Chair**

The Board were informed that the current arrangement for Deputy Chair was continuing with Denis Gizzi, whilst confirmation from the NHS was still awaited in light of NHS structural reform locally.

### **5. Best Start in Life**

Ruksana Sardar-Akram, Interim Public Health Consultant, Lancashire County Council presented the outline strategy for achieving the best start in life for children and families across Lancashire.

The Board noted that comparing local indicators with England averages, the health and wellbeing of children in Lancashire is generally worse than England. Therefore, setting the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensure that every child in Lancashire is given the best start in life possible. To do this, a collaborative approach is required alongside plans to target inequalities, especially in the first 1001 critical days from conception. Further details of the outline strategy for achieving this for children and families in Lancashire and the next steps for best start in Lancashire were set out at [Appendix 'A'](#) attached to the agenda.

It was highlighted to the Board that the best start in life national review identified six actions:

Ensuring families have access to the services they need:

- i) Seamless support for families: a coherent joined up Start for Life offer available to all families.
- ii) A welcome hub for families: Family Hubs as a place for families to access Start for Life services.
- iii) The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.

Ensuring the Start for Life system is working together to give families the support they need:

- iv) An empowered Start for Life workforce: developing a modern skills workforce to meet the changing needs of families.
- v) Continually improving the Start for Life officer: improving data, evaluation, outcomes and proportionate inspection.
- vi) Leadership for change: ensuring local and national accountability and building the economic case.

The Board were informed that the data on children and young people in Lancashire identifies that:

- Inequalities exist, with many child indicators in Lancashire worse than England.
- Some children have poorer health outcomes than others.
- Inequalities exist at district level and in Lancashire's most deprived areas.
- There is a need to address the wider determinants such as child poverty, educational attainment, school readiness is key.
- School readiness in Lancashire is below England, with a reduction in girls being school ready shown in the latest data.

Children achieving a good level of development at the end of reception is significantly worse than the England average. Lancashire is 69.2% compared to 71.8% in England in 2018/19.

In terms of best start in life and 1001 critical days, support starts very early on from conception, pregnancy and birth and targeting those families early.

Further local variation data that was included in Appendix 'A' in relation to:

- Pregnancy and infancy
- School age health
- Poverty and Looked After Children
- School Readiness

It was outlined to the Board, as to why school readiness has been chosen as a key priority outcome for best start. It was noted that uptake of the 2-year-old nursery offer varies in each district with Lancaster (95%) with the best take up and Hyndburn (76.4%) the lowest take up (Appendix A).

School readiness starts at birth with the support of parents and care givers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life. School readiness at age five has a strong impact on future educational attainment and life chances. Children who do not achieve a good level of development aged 5 years struggle with:

- Social skills
- Reading
- Maths
- Physical skills

These can impact on outcomes for children in later life:

- Educational outcomes
- Crime
- Health
- Death

Michelle Lee (HCRG Care Group) reported to the Board that the mandated services that are commissioned by Lancashire County Council have seen an increase in need following the pandemic. It was noted that there were two specialist perinatal and infant mental health visitors who support the generic health visitors and work with any parents or carers who are identified as having greater need, when a bespoke programme is offered.

The Board noted that the Best Start in Life Strategy includes the following elements:

- Early Years Strategy
- Infant Mortality Action Plan
- Lancashire Children and Young Peoples Outcomes Framework

Michelle Lee (HCRG Care Group) spoke about the Healthy Child Programme and the Board noted that health visitors provide five mandated health visits during the early period of a child's life. In addition, there has been recent investment in the Maternal Early Childhood Sustained Home Visiting Service (MESCH) which is an intensive health visiting programme with structured extra visits when additional need is identified. All staff will be trained in this by the end of June and staff who are trained are now enrolling families onto the programme.

Another programme being delivered is the Empowering Parents Empowering Communities (EPEC) Parenting Programme where volunteers within communities are trained and supported to deliver parenting peer support to other parents within their community. This has been piloted in Burnley and was evaluated well and it is planned to roll this out across the Lancashire footprint.

It was noted that there is a vast offer of support services available in Lancashire and it is paramount that these resources are used in addressing the issues.

The Board were also informed that there was currently a 52-week waiting list for Speech and Language Therapy. Early intervention support is being put in place, to help alleviate some of this pressure at an earlier stage.

Following the presentation, the following comments/issues were raised:

- It was queried whether waiting lists were due to staffing capacity, and if so, how can communities be better engaged and supported with this. It was noted that there was a staffing issue nationally with recruitment and retention of staff. The Board were also informed of a developing programme "50 things to do in Lancashire" which is around engaging with communities and looking at what they want and building on that, including having Community Champions/Advocates involved. Michelle Lee (HCRG Care Group) informed the Board that services are being delivered in the three localities and embedded in communities. It is felt that this has helped with recruitment – with eight new Health Visitors commencing in May 2022. There is also a "grow your own" scheme where staff nurses are being encouraged to join the team and then undertake specialist qualifications. It was noted that the service was in a better position with regards staffing than it was 12 months ago.
- It was felt that peer support works really well, and this should be encouraged throughout the services and also utilise the roles of volunteers and highlights the need to recruit more to help and support.



- Need to ensure that services collaborate.
- Virtual engagement with young mums, has been working well through sessions that were set up throughout the COVID-19 pandemic, working alongside specialist services, such as Midwifery, Early Years, Speech and Language Services. These will be continuing at the request of parents who have attended.
- Discussions are taking place on how the wider determinants of health influence child health outcomes, and how these areas of work are taken forward. It is important to share good practice, in making the best start in life a priority and leveraging the role of District Councils, Voluntary Community and Faith Sectors, including Housing Associations, local nurseries and employers. Family hubs are also a way of bringing key services together.
- It was noted that during the COVID-19 pandemic most District Councils in Lancashire had increased community engagement and this continues post-pandemic.
- The 2-year-old take up of nursery placements was discussed and why uptake varied so widely across the county. Ruksana Sardar-Akram was requested to provide further analysis to help communicate the opportunities for take-up of nursery placements. It was noted that data was the underpinning theme and how that data was used to improve services within the communities and understand what is happening within them.

**Resolved:** That the Health and Wellbeing Board:

- (i) Endorsed the strategic development of the Best Start in Life Programme.
- (ii) Committed to the collaborative approach with the emerging Integrated Care System to support cross organisational leadership and delivery responsibilities.
- (iii) Supported the unifying outcome for best start in life as school readiness.
- (iv) Would receive future updates as the programme of work develops further, in particular data outcomes.
- (v) Requested that Ruksana Sardar-Akram provide further analysis on the 2-year-old take up of nursery placements to enable sharing of good practice as well as communications and opportunities in these settings highlighted.

## 6. Family Hubs

Dave Carr, Director of Policy, Commissioning and Children's Health, Lancashire County Council provided the Board with a report on family hubs. They were informed that these are a way of joining up locally, to improve access to services, the connections between families, professionals, services, and providers, and putting relationships at the heart of family help. Family hubs can include both physical locations and virtual offers, with a range of services for families with children of all ages, with a great Start for Life offer at their core. Further information on Family Hubs was detailed in the [report](#).

Lancashire County Council has submitted a bid for £1m to the Department for Education for Transformation funding to support the establishment of a network of Family Hubs across the County. The outcome of the bid is expected to be known shortly after the local elections in May 2022. If successful, the funding will run to March 2024, providing a project team and support to undertake consultation, engagement and design work at a

local level across Lancashire to help move to a family hub mode, including over 50 family hub buildings. The funding would include very little capital monies and would not cover the costs of family hub services themselves.

The Board were informed of the core universal services that must be delivered as part of the model and Lancashire's vision which are detailed further in the report.

The Board noted that the Family Hubs and Growing Up Well Digital programmes present many opportunities for working better together in partnership and, if they are to achieve significant positive benefits for children and families, need the support and engagement of partners and stakeholders from across the children's system.

The Growing Up Well programme is supported by the Department for Education, which has identified key information sharing "pain points" experienced by practitioners and is informing the development of national and local solutions which will help people to work better together.

The Board noted that within Lancashire, a proof concept has been undertaken to join up various datasets, including from Early Years Teams, Early Help Teams, Children's Social Care and Education, to help inform a system wide-business case for the implementation of a digital Information sharing service. The final outputs from the proof of concept are expected in May 2022.

Following the presentation, the following points/issues were discussed:

- It was queried as to whether the early help offer would be utilised as part of the Family Hubs to ensure that there was no duplication. The Board noted that in parts of the County there was already provision in place and to build on what is available, with further work required in other areas.
- Working with local communities and with district colleagues, NHS and GPs is important as they are closest to their communities
- It was suggested that Family Hubs should be branded as a partnership to help ensure that people understand what they are and what they offer.
- It was noted that there was also an opportunity when shaping this model, to include the voice of children and young people and their families; as well as including communities and partnerships in each area, to ensure that the Family Hubs are embedded within the communities to support those who require help.

**Resolved:** That the Health and Wellbeing Board:

- (i) Noted the proposals for Family Hubs in Lancashire and the associated Growing Up Well Digital programme.
- (ii) Considered the opportunities for working in partnership, including with local communities, to ensure that the potential benefits of the Family Hubs model are realised.

## 7. Lancashire Better Care Fund End of Year Report 2021/22

Paul Robinson, Senior Programme Manager, NHS Midlands and Lancashire Commissioning Support Unit presented the report on the Lancashire Better Care Fund End of Year Report 2021/22. The approval of the Lancashire Better Care Fund 2021/22 was ratified by the Health and Wellbeing Board at its meeting on 8 March 2022.

The Board noted that the report reflects a period of significant volatility within the Health and Social care system. It shows that the Better Care Fund plan has continued relatively unchanged from the previous year and has supported the Covid pandemic response.

They were also informed that whilst the Better Care Fund conditions have been met, financial performance was as planned and there had been significant successes achieved in its delivery and the report highlighted significant challenges and potential tensions across health and social care as each respond to high demand, increasing costs and factors such as challenging workforce planning and market development.

It was outlined that performance as measured through the Better Care Fund metrics was mixed and skewed due to the pandemic response. A longer-term view of the performance was required to see true impact.

Also detailed in the report was the Better Care Fund respondents to the end of year questionnaire approach having highlighted Successes and Challenges in delivering the Better Care Fund that can be used in the ongoing discussion on the aspiration of better integration of health and social care.

The Board noted that the national conditions have been met, as addressed in the [report](#) circulated with the agenda.

The Board were presented with the new set of Better Care Fund metrics introduced in 2021/22. The broader summary including exploration of the challenges faced and achievements made in addressing the new set of metrics is provided at [Appendix 'A'](#). The Board were asked to note that following discussion with Louise Taylor (Executive Director for Adult Services, Health and Wellbeing, Lancashire County Council) residential care admissions were not on track to meet target, with residential care admissions per 100,000 population over 65 years of age at 732.6. The reasons for this included the effects of the pandemic and being wary of allowing residents to enter care homes, home care availability and a backlog.

Following the presentation, the Board highlighted the following points/issues:

- There has been a significant uplift in the number of attendances of Lancashire Fire and Rescue via Telecare systems which is welcomed, as this is hopefully preventing somebody entering the health/social care system. However, it was queried whether the £6m funding was sufficient or whether there should be further work looking at the expansion of the Telecare system across Lancashire. Paul Robinson commented that advice has been received and there would be an increase in funding of 5.66% in the Clinical Commissioning Groups (CCG) minimum contributions to the Better Care Fund, and that this should be reflected in increase with each element.

- A request was made by the Board for a development session to provide them with greater insight into the Better Care Fund.
- The level of residential care admissions had fallen due to the pandemic and therefore target setting was more challenging
- The Board were also informed that there was ongoing involvement with districts on the Better Care Fund to help prevent people entering hospital and the care system.

**Resolved:** That the Health and Wellbeing Board:

- (i) Approved the submission of the Lancashire Better Care Fund End of Year Report for 2021/22.
- (ii) Requested a report on future Better Care Fund planning requirements once these are known.
- (iii) Noted the national intention for the Better Care Fund to continue into 2023 to support implementation of the new approach to integration at place level.
- (iv) That Paul Robinson, Senior Programme Manager, NHS Midlands and Lancashire Commissioning Support Unit would liaise with Louise Taylor, Executive Director for Adult Services and Health and Wellbeing, Lancashire County Council and arrange a development session on the Better Care Fund for members of the Health and Wellbeing Board, and also invite colleagues from Blackburn with Darwen, Blackpool and South Cumbria, as soon as possible.
- (v) That a report to a future Board on work that is ongoing with Districts in supporting people to help prevent them entering the health/social care systems.

## **8. Update on the Pharmaceutical Needs Assessment 2022**

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council provided an overview of the purpose of the Lancashire Pharmaceutical Needs Assessment (PNA) 2022 together with an update on the current development of the PNA prior to a formal public consultation taking place later this summer.

The three Health and Wellbeing Boards across pan-Lancashire have a statutory responsibility to push and keep up to date a statement of the needs for pharmaceutical services of the population in its area.

The Board noted that decisions on whether to open new pharmacies are made by the local NHS England team and when making the decision NHS England is required to refer to the local Pharmaceutical Needs Assessment. As these decisions may be appealed or challenged via the courts, it is therefore important that pharmaceutical needs assessments, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the Pharmaceutical Needs Assessment up to date.

In accordance with these regulations, the Pharmaceutical Needs Assessment must be updated every three years and the 2022 version is currently being prepared for publication later this year.

Following the presentation, the following issues/points were raised:

- It was queried as to whether the assessment considered the lack of pharmacy provision at weekends. The Board were informed that it did consider this as well as driving times and they are both considered when pharmacy changes are happening.
- Concern was also raised, regarding access to emergency prescriptions and collection from pharmacy. Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council agreed to submit this as a concern into the consultation, however it was noted that there was always a 24-hour pharmacy available if people do attend an out of hours appointment.
- There was a query regarding a change of hours to a pharmacy that had happened without notice, with no details provided about the emergency pharmacy provision. Dr Sakthi Karunanithi agreed to raise this on behalf of the Board.
- There was a query regarding public engagement in the needs assessment. The Board were informed that there was a number of modes of engagement being planned, including digital sources. It was agreed that the consultation plan would be shared with members of the Board.

**Resolved:** That the Health and Wellbeing Board:

- (i) Endorsed the continued development of the Lancashire Pharmaceutical Needs Assessment 2022.
- (ii) Noted the proposed public consultation that is due to take place during July/August.
- (iii) Receive the final version of the Pharmaceutical Needs Assessment once completed in early Autumn 2022.
- (iv) That the Consultation Plan be shared with members of the Health and Wellbeing Board.

## **9. Urgent Business**

There was no urgent business received.

## **10. Date of Next Meeting**

The next scheduled meeting of the Board will be held at 2pm on 19 July 2022. Venue to be confirmed.

L Sales  
Director of Corporate Services

County Hall  
Preston



**Lancashire Health and Wellbeing Board**  
Meeting to be held on Tuesday, 19 July 2022

<b>Corporate Priorities:</b> N/A;
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## **Constitution, Membership and Terms of Reference of the Committee** (Appendix 'A' refers)

Contact for further information:  
Sam Gorton, 01772 532471, Legal and Democratic Services  
[Sam.gorton@lancashire.gov.uk](mailto:Sam.gorton@lancashire.gov.uk)

### **Brief Summary**

The Constitution, Membership and Terms of Reference of the Lancashire Health and Wellbeing Board.

### **Recommendations**

That the Constitution, Membership and Terms of Reference of the Lancashire Health and Wellbeing Board be noted.

### **Detail**

The County Council at its meeting on the 26 May 2022 approved the constitution and membership of the Lancashire Health and Wellbeing Board.

The Committee's Terms of Reference are set out at Appendix 'A'.

### **List of background papers**

None





## Lancashire Health and Wellbeing Board Terms of Reference

### 1. Purpose

To achieve the best possible health and wellbeing outcomes and reduce health inequalities in Lancashire.

### 2. Functions

To achieve the purpose outlined above, the Health and Wellbeing Board will deliver the following key functions:

**Enable shared understanding** - to lead the development of a Joint Strategic Needs Assessment and ensure that it is informing the development of plans and priorities of the Board and its partners.

**Develop a Health and Wellbeing Strategy** – to agree a Health and Wellbeing Strategy and work in partnership with our system partners to support the delivery of this Strategy.

**Provide System Leadership** – to lead and direct the health and wellbeing system to ensure we continuously improve our services and make the best use of resources that deliver better outcomes for people.

**Seek Assurance** through monitoring and evaluation of the health and wellbeing strategy and where necessary provide appropriate and effective challenge.

**Accountability** – to be able to demonstrate and evidence that the decisions of the Board, and their subsequent outcomes, are clearly focused on improving the health and wellbeing and reducing health inequalities in Lancashire.

**Commissioning** - to enable collaboration between commissioners, joint commissioning and pooled budgets, where this provides better integrated service delivery and outcomes.

**Engagement** – listen to and understand the needs of local people; to ensure there is effective dialogue and engagement with our communities, and joint working between the county council, our district councils, local NHS and with other key strategic partnerships via. Safeguarding Boards, Local Economic Partnership, Children and Young People Partnership, Community Safety Partnership etc.

**Integration** – to promote integration and partnership working between the NHS, local government and wider public, private, voluntary, community and faith sector.

### 3. Principles

The Health and Wellbeing Board members recognise shared values as the foundation of a strong partnership and through trust, openness, equality and fairness

will ensure a strong and sustainable partnership that delivers improved health and wellbeing outcomes and reduce health inequalities in Lancashire.

**Trust** – to have confidence in the integrity and ability of all partner organisations working collaboratively through the Health and wellbeing Board.

**Openness** – demonstrating transparency and openness between partners in how decisions are made and in sharing activities, plans and ambitions.

**Equality** – each partner organisation/sector has an equal standing within the Health and Wellbeing Board.

**Fairness** – commitment throughout the Health and Wellbeing Board that the behaviour and actions of partners is equitable, impartial and objective.

#### **4. Membership**

The membership of the Lancashire Health and Wellbeing Board is comprised of the following:

- The Cabinet Member for Health & Wellbeing (Chair)
- The Leader of the Council\*
- The Lead Member for Health
- Executive Director of Adult Services and Health & Wellbeing\*
- Executive Director of Education and Children's Services\*
- Director of Public Health\*
- 1 member (Chair, CEO or Executive Director) to be nominated by NHS Lancashire and South Cumbria Integrated Care Board\*
- Three District Councillors (one from each of the sub areas of Lancashire, to be nominated by the Lancashire Leaders Group)
- One District Council Chief Executive (to be nominated by the Lancashire Chief Executives Group)
- The Chair of Healthwatch\*

\*Members marked with an asterisk are statutory members who must be on the Board to meet the requirements of the Health and Social Care Act 2012.

All Board members to have one vote each.

The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.

#### **5. Meeting Arrangements**

The Health and Wellbeing Board is a committee of the County Council and unless specified below, meeting arrangements are subject to the County Council's procedural Standing Orders:

- The Board will appoint the Deputy Chair annually from amongst the voting membership.
- The Board will meet at least four times a year. Additional meetings may be arranged by resolution of the Board or with the agreement of the Chair.
- Meetings will be at County Hall, Preston, unless otherwise agreed by the Board.
- Decisions will be made by consensus where possible, or when appropriate by a majority vote.
- In the event of a tied vote, the Chair has a second or casting vote.
- The quorum at a meeting of the Board shall be a quarter of the whole number of voting members of the Board with at least one Cabinet Member being present.
- Substitutes for Board members are permitted with written notification being given to the Clerk by the relevant nominating body in advance of the meeting.
- The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.
- Meetings of the Board are open to the public but they may be excluded where information of an exempt or confidential nature is being discussed – see Access to Information Rules set out at Appendix ‘H’ in the County Council's Constitution.
- The Board cannot discharge the functions of any of the Partners.



**Corporate Priorities:**  
Delivering better services;  
Caring for the vulnerable;

## **Happier Minds - Supporting Mental Health and Wellbeing**

Contact for further information:

Chris Lee, Public Health Specialist, Lancashire County Council

Email: [chris.lee@lancashire.gov.uk](mailto:chris.lee@lancashire.gov.uk), Tel: 01772 535383

Clare Platt, Head of Health Equity, Welfare & Partnerships, Lancashire County Council

Email: [clare.platt@lancashire.gov.uk](mailto:clare.platt@lancashire.gov.uk), Tel: 01772 532780

### **Brief Summary**

Our mental health and wellbeing through the whole life course is influenced by many issues including social, economic, and environmental factors.

This report discusses supporting mental health and wellbeing by working with partners across the whole system to address:

- Emotional health self-care (5 ways to wellbeing)
- Loneliness and social isolation
- Dementia
- Alcohol and drug use
- Self-harm and suicide

### **Recommendation/s**

The Health and Wellbeing Board is asked to endorse:

- (i) The development and coordination of plans across partner agencies in addressing the risk factors and inequalities in mental health and wellbeing across the life course; and
- (ii) The establishment of a Lancashire Combating Drug and Alcohol Partnership to support the local delivery of the 10-year national drug strategy.

## **1. Background**

The World Health Organisation (WHO) defines mental health as 'a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community'.

Our mental health influences our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions.

Mental health problems can start early in life, with around 50% of all mental health problems established by the age of 14, rising to 75% by age 24; impacting on the ability to thrive.

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety; with around 30% of people with any long-term physical health condition having a mental health problem too.

Together with alcohol and drug use, mental illness accounts for around 20% of the total burden of disease in England; with consequent and significant economic and social costs.

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder, such as anxiety, and there are close to 551,000 people in England with more severe mental illness such as schizophrenia or bipolar disorder.

A 2017 study by Stonewall found that over the previous year half of LGBTIQ+ people had experienced depression and three in five had experienced anxiety. One in eight LGBTIQ+ people aged 18-24 had attempted to end their life and almost half of trans people had thought about taking their life. Local action therefore needs to consider the mental health of specific groups.

## **Impact of COVID-19**

The Office for Health Improvement and Disparities has been monitoring population mental health throughout the pandemic using a range of surveys close to real-time data. This shows that self-reported mental health and wellbeing at a population level (including anxiety, stress and depression) has worsened during the pandemic and remains worse than pre-pandemic levels.

The pandemic has been challenging for children, young people and young adults' mental health in particular, with 54% of 11–16-year-olds with probable mental health problems saying that lockdown had made their lives worse. 16% (1 in 6) of children aged 5 to 16 years have a probable mental health disorder, an increase from 11% (1 in 9) in 2017 (NHS Digital 2020).

Social risk factors include poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, trauma, and low social support, increase risk for poor mental health and specific disorders.

Across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income.

## **2. EMOTIONAL HEALTH SELF-CARE (FIVE WAYS TO WELLBEING)**

The Five Ways to Wellbeing is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. They were developed in 2008 by the New Economics Foundation as a report presented to the government commissioned Foresight Project, on communicating the evidence base for improving people's well-being.

The Five Ways to Wellbeing are:

### **Connect...**

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

**Be active...**

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

**Take notice...**

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

**Keep learning...**

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

**Give...**

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Work is ongoing to improve the focus on self-help in communities as part of a broader effort on preventative help.

To reduce the stigma of poor mental health and support people to understand the issues, the county council and key partners continue to invest in [mental health and suicide awareness and prevention](#) including Youth / Adult Mental Health First Aid which is a programme to improve public mental health. It helps take the fear and hesitation out of starting conversations about mental health and substance use problems by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder.

The county council also commissions [Lancashire Emotional Health in Schools and Colleges](#), delivered by a team of clinical psychologists from Lancaster University. The service is focussed on ensuring staff in education establishments have the tools to provide early support to children and young people with mental health/behavioural issues and know how to refer into specialist services. It also promotes better wellbeing for the staff supporting these children and young people.

### **3. LONELINESS AND SOCIAL ISOLATION**

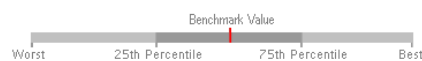
Loneliness and social isolation impact significantly on health and social care systems, both directly, and indirectly due to long-term conditions.

The number of over-50s experiencing loneliness is set to reach two million nationally by 2025/6. Loneliness increases the risk of death by 26% and is on a par with health risks such as smoking and obesity. The [Marmalade Trust](#) is a charity specifically dedicated to raising awareness of loneliness. It provides relevant information and resources to help understand and address loneliness.

## Local Context

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better



Indicator	Period	Recent Trend	Lancs		Region England		England		
			Count	Value	Value	Value	Worst	Range	Best
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2018/19	—	150	30.3%	32.4%	32.5%	11.7%		45.7%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 65+ yrs)	2018/19	—	85	32.6%	35.5%	34.5%	11.1%		50.9%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2019/20	—	5,025	40.1%	46.7%	45.9%	34.3%		56.6%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 65+ yrs)	2019/20	→	2,835	38.5%	44.9%	43.4%	30.4%		53.8%
Loneliness: Percentage of adults who feel lonely often / always or some of the time (Persons, 16+ yrs)	2019/20	—	-	23.47%	22.90%	22.26%	36.28%		13.86%
Older people living alone, % of people aged 65 and over who are living alone (Persons, 65+ yrs)	2011	—	65,880	31.2%	-	31.5%	50.8%		25.9%

[Hidden from View: Tackling Social Isolation and Loneliness in Lancashire](#) is a report and toolkit aimed to provide practical information and advice on understanding and addressing social isolation and loneliness for local partner organisations and their employees in Lancashire. It is aimed at a range of people including professionals, and those working and volunteering in public and third sector organisations, who work with the population of Lancashire.

Whilst there is much overlap between social isolation and loneliness, although they are different and may be experienced differently, have different impacts on health and wellbeing and may require different responses. Social isolation is about lacking sufficient relationship quantity and quality, whilst loneliness is a subjective feeling which may or may not relate to observable isolation. People can be socially isolated without necessarily feeling lonely, and vice versa, although the two often go together.

The [Lancashire Volunteer Partnership](#) recruits volunteers to act as befrienders in the local community, offering not only valuable companionship and support to those feeling lonely or socially isolated, but also affording the volunteers with positive social interaction.

Lancashire Adult Social Care commissions a range of provision to support people who are at risk of social isolation including daytime supports and good day calls. However, the development of a strategy and joint approach could ensure services are better aligned to have the greatest impact.

## 4. DEMENTIA

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. Alzheimer's disease is a type of dementia and, together with vascular dementia, makes up the majority of cases.

The symptoms of dementia may include problems with:

- memory loss
- thinking speed
- mental sharpness and quickness
- language, such as using words incorrectly, or trouble speaking



- understanding
- judgement
- mood
- movement
- difficulties doing daily activities

People with dementia can lose interest in their usual activities and may have problems managing their behaviour or emotions. They may also find social situations difficult and lose interest in relationships and socialising. Aspects of their personality may change, and they may lose empathy (understanding and compassion). A person with dementia may see or hear things that other people do not (hallucinations).

Because people with dementia may lose the ability to remember events, or not fully understand their environment or situations, it can seem as if they're not telling the truth or are wilfully ignoring problems. As dementia affects a person's mental abilities, they may find planning and organising difficult. Maintaining their independence may also become a problem. The symptoms of dementia usually become worse over time. In the late stage of dementia, people will not be able to take care of themselves and may lose their ability to communicate.

There are currently approximately 900,000 people in the UK living with dementia, with an estimated 1 in 14 people over 65 having dementia, rising to 1 in 6 for people aged over 80. People are also becoming more aware of young-onset dementia, estimated to affect 1 in 20 people below the age of 65.

## **Local Context**

In Lancashire the recorded prevalence of dementia (4.22%) in ages 65+ is higher than the England average (3.97%). Estimates suggest there are 17,607 persons aged 65+ living with dementia in Lancashire, (63% are female) and this is projected to increase to 19,567 by 2025. Early detection and support for people with dementia are a vital component of maximising healthy life expectancy in Lancashire.

Adult Social Care commissions a range of dementia specific services including daytime supports, short term residential rehabilitation, dementia hubs, and dementia co-ordinators to support people when discharged from hospital or support people to avoid hospital admission. We are also expanding our use of technology to support people with dementia to remain in their own home safely for longer.

The dementia strategy - [Dementia Friendly Lancashire](#) is currently being refreshed, working with key partners to refresh the strategy and supporting action plan.

## **5. ALCOHOL AND DRUG USE**

Nationally there were 275,896 adults in contact with drug and alcohol services between April 2020 and March 2021. Deaths from drug use have been rising since records began and alcohol mortality is rising (37.8 per 100,000 in 2020).

The alcohol and drug agenda is in the national spotlight following the release of the independent review of drugs by Professor Dame Carol Black, and the subsequent publication of the [National Drug Strategy 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives'](#), leading to a renewed level of expectation and scrutiny of this agenda and local partnerships.

The national strategy calls for action in three key domains:

- Breaking drug supply chains
- Delivering a world class treatment and recovery system
- Achieving a generational shift in the demand for drugs

The Health Equity, Welfare & Partnerships team currently commissions a range of alcohol and drug treatment and recovery services through Public Health Grant. The national strategy requires an increase in drug treatment places for opiate, alcohol and young people, improved take up of treatment following release from prison and action to tackle drug related deaths. To support this, supplementary grant funding has been made available to local government through the Supplementary Substance Misuse Treatment & Recovery Grant and Inpatient Detoxification Grant, to ensure additionality to the current spend through Public Health Grant.

The funding is provided in three waves:

Grant	2022/23	2023/24	2024/25
Supplemental substance misuse treatment and recovery grant	£2,584,279	£4,230,000	£ 8,210,000
Inpatient detoxification grant	£220,493	£220,493	£220,493

Maintaining the national momentum, new quality standards are due to be published imminently, and the Home Office has recently published [guidance](#) for establishing new local drug partnerships.

The county council is working with partners to identify the most appropriate local structure to support the expectations set out in the National Drug Strategy, to be in place by August 2022. The new partnership must identify a senior responsible officer and develop a joint needs assessment covering the scope of the strategy by November 2022, and a delivery plan by December 2022.

Initial discussions suggest that the new partnership should report the Health and Wellbeing Board whilst also linking with other key strategic boards in Lancashire. The partnership will be coterminous with the administrative area of the county council but align with the unitary authorities to facilitate cross cutting work.

It is proposed for the purposes of Lancashire County Council, the Senior Responsible Officer be Dr Sakthi Karunanithi, Director of Public Health.

## Local Context

It is estimated that the number of people with alcohol dependence in Lancashire is 14,364, with 84% not accessing treatment, compared to 82% nationally. In terms of drug use, Lancashire has an estimated 6,812 opiate and crack users, with 48% not accessing treatment compared to 53% nationally (National Drug Treatment Monitoring System).

The county council commissions alcohol and drug support services for [children and young people](#) and [adults](#) across Lancashire.

Successful completion of alcohol treatment has been reducing nationally although Lancashire is performing better than the England average at 48.1% (England 36.6%). Successful drug treatment completion (opiate) in Lancashire is similar to the England average (Lancashire 5.7%, England 5.0%).

During 2020-21 Lancashire had 8820 admission episodes for alcohol specific conditions (all persons) a rate of 729 per 100,000; significantly higher than the England rate of 587 per 100,000 and represents a generally increasing rate since 2008-09. Admission episodes for under 18's in Lancashire at 33.8 per 100,000 is falling but is still above the England average of 29.3 per 100,000.

The latest drug related death data from the Office of National Statistics below highlights an increase in deaths in England since 2015; and a reduction in Lancashire, although four districts showed a year-on-year increase in 2020. Local Real Time Surveillance data (suspected data – pre coroner verdict) however suggests there is a stable rate locally.

<b>Number of Deaths Related to Drug Misuse</b>						
<b>(persons by local authority, England and Wales, registered in each year between 2015 and 2020)</b>						
	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Lancashire</b>	<b>43</b>	<b>53</b>	<b>65</b>	<b>73</b>	<b>69</b>	<b>58</b>
Burnley	8	5	9	8	13	7
Chorley	5	3	11	6	7	3
Fylde	5	6	5	3	3	6
Hyndburn	6	2	3	2	6	6
Lancaster	2	11	7	10	7	6
Pendle	4	6	4	7	8	5
Preston	2	5	7	14	9	7
Ribble Valley	0	1	5	4	3	3
Rossendale	0	4	2	3	3	3
South Ribble	1	1	4	9	0	2
West Lancashire	4	2	2	3	5	0
Wyre	6	7	6	4	5	10
Blackburn with Darwen	10	10	19	11	13	13
Blackpool	29	29	28	16	25	32
<b>England</b>	<b>2,830</b>	<b>2,685</b>	<b>2,670</b>	<b>2,310</b>	<b>2,386</b>	<b>2,300</b>

The rate of drug related deaths in Lancashire is higher than the England average (all persons) in Burnley, Fylde, Chorley, Pendle, and Lancaster.

## Rate of Drug Related Deaths by District (2018-2020; per 100,00 population)

Area	Female	Male	All Persons
Burnley	7.9	9.9	8.9
Chorley	-	7.5	5.6
Fylde	-	12.2	8.1
Hyndburn	-	8.8	4.8
Lancaster	-	8.0	5.4
Pendle	-	-	5.5
Preston	-	-	3.8
Ribble Valley	-	-	-
Rossendale	-	-	-
South Ribble	-	-	-
West Lancashire	-	-	-
Wyre	-	8.8	6.6
<b>North West</b>	<b>4.2</b>	<b>10.1</b>	<b>7.1</b>
<b>England</b>	<b>2.8</b>	<b>7.3</b>	<b>5.0</b>

The county council currently receives data on suspected drug related deaths from the real time surveillance system and from serious incident reports from commissioned services.

It is planned to establish a drug and alcohol related death panel and increase capacity across the system to support this work to ensure learning is used to improve prevention, focussing on near miss events, and working with NHS partners including Northwest Ambulance Service.

### Dual Diagnosis

The term 'dual diagnosis' is used in a variety of ways by people working in health and social care in the UK. The interplay between substance use and mental illness is complex and can change over time. It can vary between people, and it may depend on the type of mental health problem and on the type and amount of substance used.

Someone may have:

- a mental illness that has led to substance use
- a substance use problem that has led to a mental illness
- initially unrelated disorders (a mental illness and a substance use problem) that interact with and exacerbate each other
- other factors that are causing mental illness and substance use, including physical health problems.

So generally dual diagnosis is defined as a severe mental illness combined with use of substances.

There has been a significant amount of work undertaken in reviewing the dual diagnosis protocol, working closely with Lancashire and South Cumbria NHS Foundation Trust to build links between the alcohol and drug treatment sector and mental health teams.

The following is currently in place:

- Dual diagnosis protocol signed by key partners

- Dual Diagnosis Steering Group, at the Integrated Care System level, bringing together key partners to improve co working and outcomes, based on an action plan agreed at the Mental Health Board.
- Multi-disciplinary teams meeting to review individual cases to ensure appropriate treatment at the right time.

## 6. SELF HARM AND SUICIDE

Self-harm is when somebody intentionally damages or injures their body. Some of the reasons that people may self-harm include:

- expressing or coping with emotional distress
- trying to feel in control
- a way of punishing themselves
- relieving unbearable tension
- a cry for help
- a response to intrusive thoughts

Self-harm may be linked to bad experiences that are happening now, or in the past. But sometimes the reason is unknown. The reasons can also change over time and will not be the same for everybody.

Self-harm is most often described as a way to express or cope with emotional distress. There are many possible causes of emotional distress. It's often a build-up of many smaller things that leads people to think about self-harm.





Self-harm is more common among young people than any other age group, with 25% of women and 9.7% of men aged 16-24 reporting that they have self-harmed.

In 2019 there were 5,691 suicides registered in England and Wales. Men are three times more likely to die by suicide than women, and suicide is the leading cause of death in men under 50 and women under 35. Only 28% of all suicides include people who had contact with mental health services in the 12 months prior to death, and those who are bereaved are at increased risk themselves. However, many people have had contact with other services.

### Local Context

Across Lancashire and South Cumbria, there has been a total of 21,846 self-harm incidents between January 2021 and January 2022, of which 6361 involved under 25's

The rate of suicides in Lancashire is shown below: 13.4 per 100,000 population, higher than the England average of 10.4.

Indicator	Period	Lancs		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Suicide rate (Persons)	2018 - 20	–	421	13.4	10.7	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	–	315	20.3	16.6	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	–	106	6.7	5.0	5.0	10.3		2.8
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	–	63	11.6	11.6*	12.4	0.0		

In Lancashire-12 area between January 2019 and March 2022 (the latest month for which the suicide data are available) based on date of death, there was a total count of 374 suicides, all persons all ages. This included 278 (74%) males and 96 (26%) females.

Largest percentage of total deaths by suicide were in the 50–54 year age group at 12.0%.

Although nationally the trend looks relatively stable, local real time surveillance data (including suspected suicide – pre coroner verdict) suggests a small declining trend. However, district level data is more variable, with Preston, Chorley, Lancaster, Burnley, Hyndburn, and Rossendale showing higher levels.

<b>Number of Suicides</b>							
<b>(by local authority, England and Wales, deaths registered 2015 to 2019)</b>							
		<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Lancashire</b>		<b>129</b>	<b>151</b>	<b>141</b>	<b>110</b>	<b>120</b>	<b>116</b>
	Burnley	13	11	10	9	3	8
	Chorley	17	20	19	12	16	10
	Fylde	8	8	4	7	6	10
	Hyndburn	11	6	7	7	13	7
	Lancaster	16	23	16	17	15	16
	Pendle	3	4	12	12	6	8
	Preston	18	19	21	10	13	16
	Ribble Valley	8	6	4	4	8	7
	Rossendale	10	14	10	4	3	11
	South Ribble	8	9	10	7	11	11
	West Lancashire	8	12	14	14	11	6
	Wyre	9	19	14	7	15	6
Blackburn with Darwen		15	10	11	12	14	20
Blackpool		21	25	17	16	18	17
England		4,912	5,316	5,021	4,451	4,575	4,820

Lancashire County Council established a Self-Harm and Suicide Prevention Partnership in 2018, as a vehicle to share data and intelligence, learning and develop best practice, between key partners.

The county council is a core member of the Integrated Care System Suicide Prevention Oversight Board progressing the agenda across Lancashire and South Cumbria. Key achievements of the Suicide Prevention Oversight Board include:

- Development of a logic model action plan covering the key 5 strands of activity (leadership, prevention, intervention, postvention and intelligence). (Linked in background papers.)
- Development of a real time surveillance tool, pulling in data from police and coroner on suspected suicides and drug related deaths (with a view to expanding to include alcohol deaths).
- An active communications function driving campaigns and social media messaging
- Development of a children and young people suicide contagion prevention protocol, utilising 'near miss' intelligence (overdose, suicidal ideation, or suicide

attempt) events, particularly in educational settings which supports the Joint Agency Reviews undertaken by Sudden Unexpected Death of a Child nurses on behalf of CDOP.

- Development of a sector led improvement programme in association with the Association of Directors of Public Health, the Local Government Association and the Department for Health and Social Care

The county council commissions a range of [mental health and suicide awareness and prevention](#) training through Positive Action in the Community; and has recently been successful in accessing support from the sector led improvement programme to support senior staff in educational settings who have experienced a young person suicide. The [Zero Suicide Alliance](#) online training is also promoted.

### **List of background papers**

[Wellbeing and mental health: Applying All Our Health](#) Office for Health Improvement and Disparities (OHID) (Updated February 2022)

[Lancashire and South Cumbria Suicide Prevention Logic Model / Action Plan](#)

