Shadow Health and Wellbeing Board

Tuesday, 10th July, 2012 at 2.00 pm in Cabinet Room 'D' - County Hall, Preston

Agenda

No. Item

TEA, COFFEE AND BISCUITS

Available from 1.45pm

1. Welcome from the Chair and overview of the agenda

2. Apologies for absence

3. Minutes of the meeting held on 29 May 2012 (Pages 1 - 8)

To approve the minutes of the meeting held on 29 May 2012.

4. Overview of the Interventions (Pages 9 - 62)

Report to attached.

5. Progress on the Three Interventions

Presentations

6. Health and Wellbeing Strategy Narrative Draft (Pages 63 - 76)

Report attached.

7. Engagement Feedback and comments to date on Strategy (Pages 77 - 104)

Report attached.

8. Role of the Shadow Health and Wellbeing Board in the authorisation of CCG Commissioning Plans (Pages 105 - 124)

Report attached.

9. Any Other Urgent Business

10. Programme of Meetings 2012 and Date of Next Meeting

Lancashire County Council

Date of Meeting
4 September 2012, Rowan Room, Woodlands, Chorley
18 October 2012, Rowan Room, Woodlands, Chorley
16 November 2012, Rowan Room, Woodlands, Chorley

All main meetings are 1.45 pm tea, coffee and biscuits for a 2pm start.

Next meeting 4 September 2012.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Shadow Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 29th May, 2012 at 2.00 pm in Rowan Room - Woodlands

Present:

Chair

County Councillor Mrs Val Wilson, Cabinet Member for Health and Wellbeing (LCC)

Committee Members

County Councillor Mike Calvert, Cabinet Member for Adult and Community Services (LCC)
County Councillor Mrs Susie Charles, Cabinet Member for Children and Schools (LCC)
Richard Jones, Executive Director for Adult and Community Services (LCC)
Helen Denton, Executive Director for Children and Young People (LCC)
Maggi Morris, Director of Public Health (LCC / PCT)
Dr Peter Williams, East Lancashire Clinical Commissioning Group (CCG)
Dr David Wrigley, Lancaster Clinical Commissioning Group (CCG)
Dr Robert Bennett, Chorley and South Ribble Clinical Commissioning Group (CCG)
Dr Ann Bowman, Greater Preston Clinical Commissioning Group (CCG)
Dr Simon Frampton, West Lancashire Clinical Commissioning Group (CCG)
Peter Kenyon, Chair of Lancashire PCT Cluster Board
Sally Parnaby, Lancashire PCT Cluster Board
Councillor Julie Cooper, East Lancashire District Councils
Councillor Bridget Hilton, Central Lancashire District Councils
Lorraine Norris, Lancashire District Councils (Preston City Council)
Michael Wedgeworth, Chair of Third Sector Lancashire
Walter D Park, Chair of Lancashire LINk

Observers

Ian Roberts, Greengage Consulting

Officers

Deborah Harkins, Lancashire County Council
Habib Patel, Lancashire County Council

Apologies

Dr Tony Naughton, Fylde and Wyre Clinical Commissioning Group (CCG)
Councillor Cheryl Little, Fylde District Councils

1. Welcome from the Chair and overview of the agenda

The Chair, County Councillor Valerie Wilson, welcomed all the meeting and in particular welcomed Councillor Julie Cooper who has replaced Councillor Margaret Lishman as the

East Lancashire District Councils representative. County Councillor Wilson also provided an overview of the agenda.

2. Apologies for absence

Apologies were noted.

3. Minutes of the meeting held on 9 May 2012

The minutes of the previous meeting held on 9 May 2012 were agreed as an accurate record.

4. Strategy and Interventions - How they will be delivered

Habib Patel, Lancashire County Council, began the presentation by reminding the Board of the purpose of the Strategy:

Work together...

- Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing.
- Learn the lessons arising from this collaboration to strengthen future working together.

... Get results

- Deliver improvements in 'priority outcomes'.
- Deliver early interventions i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together.

Habib highlighted the four long term priority outcomes for the Health and Wellbeing Strategy 2012 – 2020:

- Maternal and child health
- Mental Health and Wellbeing
- Long term conditions
- Improve health and independence of older people

It was then explained that some Board members would take the lead role on certain key areas and a "Health and Wellbeing Interventions Leads" document was circulated. Board members confirmed they were happy with the suggested Board members for each intervention and it was agreed a final version would be circulated in due course.

Habib finished his presentation by outlining the timescales for approval of the Health and Wellbeing Strategy as follows:

- Draft Strategy sign off (10th July)
- Interventions (2nd September)
- Final Strategy and Interventions (18th Oct)
- Launch Strategy and intervention programme (16th Nov)

At this point Ian Roberts asked the Board in groups to consider any "concerns" they have and any "recommendations" for addressing those concerns. The Board then fed back the following results:

Concerns	**Recommendation**
Clinical Commissioning Group (CCG) Plans need to match with the Health and Wellbeing Strategy / Ensure dynamic processes in relationship between SHWB and CCG's	Involve CCG so that they be involved and take ownership of matching CCG Plans to Health and Wellbeing Strategy.
Duplication, Isolation and Buy In.	Ensure existing mechanisms are used to avoid duplication. Ensure communication between various groups and shared membership of groups.
Concern the Interventions become "too big" / Time commitment needed.	Clear idea of time required and timescales for completion.
Summer Holidays.	Work smarter – not everyone has to attend all meetings.
Lack of clarity of tasks.	Outcome measures and indicators
Lack of consistent approach.	Refer to framework to ensure consistent approach.
Overcomplication	Establish very clear narrative / goals.
"Re-inventing the wheel".	Share existing good practice.
Risk of "tribalism".	Whole systems approach.
Repeating failure.	Learn from mistakes.
Lack of evidence.	Ensure interventions evidence based.
Where does Public Health fit in.	New DPH sits on Health and Wellbeing Board.
"Alcohol liaison nurse" intervention too narrow.	
What is the definition of Health and Wellbeing.	The Board to do further work on this.
Are the interventions deliverable in a meaningful way.	Set achievable goals.

Board members discussed the establishment of CCG Plans and that the Board is currently carrying a Provider vacancy. It was agreed that Sally Parnaby would look into the Provider vacancy and how the Board engage with providers.

Resolved: The Shadow Health and Wellbeing Board noted the presentation and comments fed back by each group.

5. Strategy Consultation Progress and Feedback

Habib Patel, Lancashire County Council, presented the report. Habib explained that at the last Shadow Health and Wellbeing Board meeting (9th May 2012) it was decided that all the Board members as part of their leadership role would engage partners in the development of the strategy.

An engagement paper was written which was agreed to be distributed by the Board members to partners, stakeholder etc The Strategy engagement paper outlined:

- The purpose of the strategy and how the Board would work to deliver outcomes
- Shifts in the way partners would work
- Priority health and wellbeing outcomes in Lancashire
- Interventions

The engagement paper also proposed two questions for stakeholders to comment on:

- What recommendations would you make to strengthen the emerging strategy?
- What contribution can your organisation/partnership make in the delivery of the strategy?

Habib highlighted the progress made to date as follows:

Board members have been sharing and distributing the paper with stakeholders, below is a list of key stakeholders who have either been contacted for comment or will be contacted in the coming weeks.

Michael Wedgeworth	Has sent the Health and Wellbeing engagement paper to organisations on the Third Sector Lancashire mailing list. Michael Wedgeworth has agreed to collate their responses and provide an overview of the comments.
Councillor Cheryl Little	Circulated to councillors in the Fylde Coast Fylde Alcohol partnership Health & Wellbeing Leads
Cllr Valerie Wilson Cllr Susie Charles Cllr Mike Calvert	Briefing seminar – All Lancashire Elected Members LCC Cabinet
Dr Anne Bowman	CCG Greater Preston
Dr Peter Williams	CCG and forums in East Lancashire
Dr Robert Bennett	CCG South Ribble & Chorley
Lorraine Norris	Lancashire Chief Executives (Local Government) Preston's various strategic partnerships
Helen Denton	Children's Trust and related partnerships Children's Safeguarding Board Lancashire Fire & Rescue Service Lancashire Constabulary

Janet Soo Chung Peter Kenyon	CCG Chairs CCG Leads Cluster Directors Cluster Board
Richard Jones Lorraine Norris	Lancashire Leaders (leaders of councils) Lancashire Economic Partnership

It was noted that Board members have circulated the strategy engagement paper to other stakeholder for comments also. These may not have been captured in the table above.

Resolved:

The Shadow Health and Wellbeing Board agreed:

- For Board members to continue to engage partners with the development of the Health and Wellbeing strategy.
- To note and send out the strategy engagement paper to any obvious partners who have not been covered to date.
- To inform Habib Patel habib.patel@lancashire.gov.uk on circulation of engagement paper to key stakeholders.

6. HealthWatch Update

Habib Patel, Lancashire County Council, presented the report and explained that HealthWatch will be a local independent organisation, able to employ its own staff and volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

Habib explained that Lancashire County Council has a responsibility to ensure that Lancashire has its own Local HealthWatch by 1st April 2013.

As no Local HealthWatch structure is currently in place, Lancashire County Council are seeking a Host organisation to maintain the work of the current Local Involvement Network (LINk) and build an organisation called Local Lancashire HealthWatch which will operate within the County Council footprint. The contract will be awarded to the organisation who most convincingly demonstrates how it will work with citizens, representing the twelve districts of Lancashire through Community HealthWatch Gateways.

The contract awarded will start no later than 1st July 2012 and a Lancashire Health Watch to be up and running by the 1st April 2013. Lancashire County Council as the top tier authority is responsible for commissioning Lancashire HealthWatch and have therefore made £60,000 available for the building an effective and inclusive Lancashire HealthWatch. The final figure for the running of a Lancashire HealthWatch will not be known till later in the year.

Resolved: The Shadow Health and Wellbeing Board noted the progress being made on developing a Lancashire HealthWatch.

7. Lancashire Children and Young People's Trusts - Links with the Shadow Health and Wellbeing Board

Mike Hart, Director for Resources, Planning and Business Services, Directorate for Children and Young People gave a presentation on Children's Trusts and links with the Shadow Health and Wellbeing Board.

Mike gave some background to the Children's Trusts and explained that they have been in operation for around 6 or 7 years, they were statutory but are not anymore. The Children's Trusts work to clear outcomes from OfSTED and to priorities set out in the Children and Young People's Plan, which was last refreshed around 18 months ago.

Mike explained that several partners are involved in the Trusts including:

- Borough Councils
- Children's Centres
- Colleges
- Health – commissioners and providers
- Lancashire Constabulary
- Lancashire County Council
- Lancashire Fire and Rescue Service
- Schools – primary, secondary and special
- Voluntary Community and Faith Sector

The Children's Trusts have a number of health related priorities and central to that is "Working Together" to achieve healthy delivery, by sharing information across all the partners to benefit families and achieve long term intervention success.

The Children's Trusts achieve this by working **with** families as opposed to **doing to**, helping them to improve their situation and take greater control over changing their circumstances and improving outcomes for their children.

The Shadow Health and Wellbeing Board welcomed the presentation and discussed how the Children's Trusts could link to the Clinical Commissioning Groups (CCGs).

The following recommendations were set out in the report to the Board to build on the existing work of the CYP Trust; to strengthen the relationship between the Trust and the Health and Wellbeing Board and to reduce the risk of duplication in how we deliver services to children and young people.

- The CYP Health and Wellbeing Priority Group is established as a sub group of both the Trust and the Health and Wellbeing Board with a remit to promote, improve and champion the health and wellbeing of CYP (as set out at Appendix 1 to the report).
- The Director of Public Health to chair the CYP Health and Wellbeing Board Priority Group to ensure an appropriate flow of discussion, decision and information between the Priority Group and the HWB Board.
- To establish a children and young people's version Health and Wellbeing Board whose membership will consist of children and young people from across Lancashire. This group will ensure and enable the voice, participation and

engagement of children and young people in strategic decision making about health and wellbeing.

- A protocol will be drafted to formally outline the relationship and responsibilities between the CYP Trust and the Health and Wellbeing Board and building on the above recommendations. This will be presented for discussion and agreement at a future meeting.

Resolved: The Board welcomed the report on the Children's Trusts and welcomed the work being done by the Children's Trusts regarding Health and Wellbeing priorities. The Board, agreed that whilst the Board was finalising the Health and Wellbeing Strategy, that at this time it would not wish to setup any sub groups, however the Board welcomed the recommendations as long term aspirations of the Board and welcomed a future report and discussion once the Health and Wellbeing Strategy is in place.

8. Any Other Urgent Business

None

9. Programme of Meetings 2012 and Date of Next Meeting

The programme of meetings for 2012 was noted and it was also noted that the next meeting would be held on 10 July 2012 at 2pm in Cabinet Room 'D', County Hall, Preston.

Andy Milroy
Principal Executive Support Officer

Lancashire County Council
County Hall
Preston

Lancashire Shadow Health and Wellbeing Board

Intervention planning
SUPPORT FOR CARERS

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

1. Reality

What's the current reality?

Key statistics

The economic value of the contribution made by carers in the UK is estimated at around £119 billion per year, equivalent to £2.3 billion per week with an estimated 6,440,713 carers in the UK, a rise of 10% over the last 10 years (Valuing Carers, 2011). This equates to a saving of approximately £18.5k per carer. Within the next 25 years, the number of carers in the UK is expected to rise to 9 million, an increase of 30%.

Over 3 million people juggle caring with work in the UK, the demands of caring means that 1 in 5 carers are forced to give up work altogether. Carers miss out on an estimated £750 million to £1.5 billion in earnings through giving up work to care (Valuing Carers, 2011).

In Lancashire there are approximately 133,000 carers who are saving Lancashire circa **£2.5 billion in health and social care spend** across Lancashire. Similarly Lancashire carers are **missing out on circa £7 million to £13 million in earnings** through giving up work to care.

We currently have 12,000 carers being supported through carer's services out of the estimated 133,000 people performing a caring role.

It is also known that:

- 65% of older carers (aged 60-94) have long term health problems or a disability themselves
- 68.8% of older carers say that being a carer has an adverse effect on their mental health
- One third of older carers say they have cancelled treatment or an operation for themselves because of caring responsibilities. In 2010, 18% of the general population in Lancashire were aged 65 or over, if this figure also equates to carers then (using the 133,000 figure) **circa 8,000**

treatments or operations could potentially be cancelled. There are 2,824 carers on the Carer's Centre database in North Lancashire, of which 49% are 65+. It is felt that this is likely to be similar across the County this would then equate to significantly higher numbers of cancelled treatments or operations estimated to be in the **region of circa 21,700**.

• What is currently working well?	• Carers Services across the county providing information and support • Peace of Mind 4 Carers (emergency planning service for carers offering 72 hours of free replacement care) • Time for Me – carers can apply for up to £350 annually to spend on anything to give them a break • Volunteer Sitting in Service providing carers with a break • Range of courses specifically designed for carers • Free carers awareness training available to any organisation • Carers Forums giving carers a voice • Direct Payments • Variety of carers breaks available • GP Carers Pilot in Fylde & Wyre CCG
• What is getting in the way of partners achieving desired impacts?	• Culture – need to change and develop the culture to think about the carer as well as the cared for particularly when agreeing packages of care (both health and social care) • Carers are not seen a high priority • Lack of knowledge of identifying and supporting carers • Need to develop carer awareness in the context of different professionals language • Existing systems are often complicated, are sometimes traditional and rigid and it can be difficult to achieve change
• Where are the gaps in service delivery that really matter?	• Identification of carers • Assessment of carers • Critical incidents e.g. hospital discharge • Impact on carers is not considered when commissioning/de-commissioning services

• What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?	• **Identification of Carers** - All organisations sign up to being carer aware, this means appropriate people undertaking carer awareness training and displaying carer information etc ; to enable them to identify and recognise carers to signpost to services and support them • Each organisation could identify certain staff groups in which Carer Awareness training could be deemed mandatory • **Consideration of the impact of commissioning decisions on carers** - All organisations sign up to ensuring consideration of the impact on carers is included when commissioning services, de commissioning services, service re-design, or when reducing levels of service.

2. Results

What does success look like?

2.1 Longer-term impact

• What will be the 3 to 5 year impact of the intervention?	• Increased numbers of carers supported by carers services • Increased physical and mental health and well-being for carers and the cared for • Increased sustainability of informal caring role which as result will reduce costs and demand for statutory services • Support to working carers to help them to remain in work and increase their income (see key statistics)
• What are the longer-term measures of success?	• Reduced demand for social, health and mental health services • Increased uptake of services available and long term cultural shift within professional services • Greater carer recognition of carers within society • Increase the number of carers identified from the current baseline of 12,000, by

	1,000 per year to a total of 15,000 over the next 3 years • Increase the numbers of carers assessments from the baseline by 20% over 3 years

2.2 Impact in the year ahead

• What specific goals will the intervention achieve in the next year?	**Identification of Carers** • Memo of Understanding signed by all HWB members to promote themselves as "Carer aware" organisations • Increase the take up of carers awareness training • All organisations to display carer information • Evaluate the carers assessment pilot • Decisions secured around resource allocation and initiate procurement procedures if pilot is successful • Make links with the North West Older Peoples Champion Network and award schemes to promote carer awareness and raise their profile **Consideration of the impact of commissioning decisions on carers** • Memo of Understanding signed by all HWB members to include the identification and the assessment of any impact on carers when commissioning, reducing or de-commissioning services • Organisations introduce mechanisms to address this commitment as a routine commissioning approach • Develop the commissioning approach which reflects carer issues and assesses the impact on carers when making commissioning decisions
• What are the specific measures of success for the year ahead? • How will the Health and Wellbeing Board know that the intervention has achieved its goals?	• Increased take up of carers awareness training by 6% in year 1, 7 % in years 2 and 3.Increased number of identified carers by an additional 3,000 over the next 3 years • 100% of HWB member organisations have a signed MoU in place to include impact

	on carers when commissioning services • For known large scale commissioning redesign projects, Carers Centre to survey carers on possible impacts with a follow on survey after the final changes introduced • Equity Impact Assessments include assessing impact on carers • Regular reporting to the HWB Board

3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

• How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?	• Building professional skills and knowledge to better identify, support and signpost carers • Partners need to work together to recognise and support carers to ensure that the impact of their caring role does not have negative effect on their health and wellbeing • Collaborative working to increased sustainability of informal caring role which as a result will reduce costs and demand for statutory services • Gain agreement to a common approach to commissioning on a carer focus basis

3.2 Programme of work

• Who needs to be involved to develop, commission and deliver the intervention?	• Carers Services • LCC • PCT • CCG's • Carers • District Councils
• What are the 'milestones' for the Task Group in the year ahead?	• Develop and agree format of MoU's • Organisations to commit and sign the MoUs • Review and redesign the current carers awareness training package • Marketing strategy agreed to promote the carers awareness training • End of the carers assessment pilot

	• Review of the carers assessment pilot • Decision made and resources identified around commissioning out carers assessments to enable carers to have a choice about who undertakes their assessment • Methods of ensuring carers needs and the impact of caring are part of commissioning across all organisations especially LCC and CCG's will be identified
• What are the specific activities to be carried out by each partner?	• Carers Services/carers – review and develop carers awareness training • All – agree how carers can be included in the commissioning process and Equity Impact Assessments • LCC – agree next steps in terms of carers assessments • All – agree strategy to promote the carers awareness training

Appendix 1

Priority shifts in the ways that partners deliver services

- Shift resources towards interventions that prevent ill health and reduce demand for acute and residential service
- Build the assets, skills and resources of our citizens and communities
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care.
- Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.
- Work to narrow the gap in health and wellbeing and its determinants

Intervention planning
Loneliness in Older People

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

Loneliness and social isolation can affect everyone but older people are particularly vulnerable after the loss of friends and family, reduced mobility or limited income.

It is estimated that among those aged over 65, between 5 and 16 per cent report loneliness and 12 per cent feel isolated. These figures are likely to increase due to demographic developments including family dispersal and the ageing of the population. For example, the number of people aged more than 80 is expected to treble in the next 20 years, while those aged over 90 will double.

Studies show that acute loneliness and social isolation can impact gravely on wellbeing and quality of life, with demonstrable negative health effects. Being lonely has a significant and lasting negative effect on blood pressure. It is also associated with depression (either as a cause or as a consequence) and higher rates of mortality.

Loneliness and social isolation is a public health issue, with research highlighting the influence of social relationships on the risk of death as comparable to well-established risks such as smoking and alcohol consumption.

As the UK's population rapidly ages, the issue of acute loneliness and social isolation is one of the biggest challenges facing our society – and it must be addressed, for the sake of both the individuals concerned and the wider community. Health issues arising from loneliness and isolation add pressure on statutory health and social care services. By intervening in this issue, we can improve older people's quality of life, while limiting dependence on more costly services.

1. Reality

What's the current reality?

• What is currently working well?	• Third Sector working with older people • Different befriending models • Local Community Groups supporting older people • Help Direct – statutory organisations funding older people services • Lots of choice and provision • Lots of good practice and innovation across the county
• What is getting in the way of partners achieving desired impacts?	• Sharing information between agencies • Sharing information between intervention service providers • Duplication of services • Not enough good practice sharing across the county • Not being able to find small amount of resources to get on with projects • Being clear about what is happening in local areas for lonely older people
• Where are the gaps in service delivery that really matter?	• Identification of lonely people, what do you do, other than just provide a leaflet • A robust referral system that picks up and monitors lonely and vulnerable older people • A system that monitors the referral as part of the overall wellbeing of the individual, not just give and then forget.

2.2 Impact in the year ahead

• What specific goals will the intervention achieve in the next year?	• Identifying lonely older people by raising awareness amongst all agencies who deal with older people to identify those older people who may be vulnerable due to loneliness. • A simple but effective referral process that does not get bottle neck and can be

	monitored and measured for success. • Local services which meet the need of older people without them needing to travel far and therefore accessible on the door step.

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

1. Reality

What's the current reality?

• What is currently working well?	Currently the number of women smoking at time of delivery (SATOD) is very slowly reducing across Lancashire; there is a need to accelerate the downward trend in order to reduce the number of babies born with potential life threatening and chronic lifelong term conditions caused by tobacco use during pregnancy. The provision of the service should be equitable across Lancashire and include equal access to the Incentive scheme, providing incentivised support to pregnant women. Currently the Pan Lancashire Tobacco Control leads oversee the implementation of the Pan Lancashire Tobacco Control Strategy, an overarching strategy which includes reducing the number of women who smoke during pregnancy.
• What is getting in the way of partners achieving desired impacts?	The combination of the illicit tobacco industry and high levels of deprivation in the county are totally entwined with the challenge of reducing the number of people who use tobacco. Across Lancashire referral pathways are very different, access to nicotine replacement therapies are very varied and the social context is extremely diverse. The main issues which hinder partners achieving

	desired outcomes are: 1. The lack of belief and knowledge about tobacco use and the harm it causes among providers and pregnant women often renders providers unable to implement evidenced based practices that encourage and support pregnant women to quit. (E.g. NICE Guidance) 2 Service providers do not consider it a priority target compared with other competing targets. Therefore, they experience difficulty implementing and adhering to local and national polices/guidelines. 3 Need to gain a better understanding of the barriers using insights from midwives and other professionals across Lancashire. 4 Incorrect, inconsistent data collection, exasperated by a level of deception regarding pregnant women self-reporting their smoking behaviour results in unreliable results and great difficulty in agreeing investment priorities. 5 Many pregnant women believe they cannot use NRT products whilst pregnant. This belief has reportedly been reinforced by some NHS staff and significant workers around pregnant women. The use of NRT is significantly better for pregnant women rather than continuing to use tobacco. 6 Lack of resources for specific project management with capacity to co-ordinate and provide training, prepare papers and co-ordinate actions.
• Where are the gaps in service delivery that really matter?	Current gaps in service delivery are that pregnant women, who are smoking during their pregnancy, are either not being identified or not referred to specialist stop smoking services (LSSS) at the beginning of their pregnancy. Additionally current maternity staff are not equipped with the tools or training to generate a teachable moment which inspires motivation to accept support and quit

	using tobacco during their pregnancy. This is exacerbated by the lack of IT systems which would ensure referrals are made, information is correct and appointments are made promptly. Current systems and process are difficult to track, the pathway being dependant on someone going to the office etc.
• What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?	What really matters is that all babies are given the best chance possible at the beginning, this should not be compromised by staff struggling to address smoking in pregnancy as a serious risk; by referrals not being made - consequently pregnant woman are left ignorant of the risks smoking in pregnancy can cause: • Premature birth, full term babies are healthier and stronger • Low birth weight • Still birth • Decreased lung function of the developing baby • Premature rupture of the membranes • Increased heart rate and blood pressure of the mother • Heavy bleeding caused by early detachment of the placenta from the wall of the uterus • Miscarriage: the risk of suffering a miscarriage is increase by 25% for a mother who has significant levels of CO in the body • Under development • Sudden Unexpected Death in Infants (SUDI)

2. Results

What does success look like?

2.1 Longer-term impact

• What will be the 3 to 5 year impact of the intervention?	• Reduction in number of premature births • Less use of NNU cot days due to smoking • Reduction in low birth weight • Reduction in number of grommet operations • Reduction in acute asthma admissions in children • Reduction in hospital admissions in under 5s for acute upper and lower respiratory infections, acute bronchiolitis caused by second hand smoke • Reduction in the number of pregnancy and pre-term complications • Reduction in the number of SUDI associated with tobacco use
• What are the longer-term measures of success?	• Reduced rates of women smoking at time of delivery • Reduction in health inequalities • Reduce delivery, neo-natal and early childhood cost to the NHS
2.2 Impact in the year ahead	
• What specific goals will the intervention achieve in the next year?	• All pregnant women in Lancashire are screened for carbon monoxide • Pregnant women who use tobacco are identified at time of booking • All pregnant women receive a brief intervention and are made aware of the risks CO • Automated referrals will be generated for women who are identified as smoking at time of booking. • Women who are referred to local SSS will receive evidence-based, enhanced and appropriate treatment and support. • Removal of any service weakness involving healthcare staff's personal relationship with

	tobacco which may be hindering identification, effective intervention or referral • A positive consent opt out model for pregnant women who smoke, ensuring that women who do opt out will be fully aware of the risks they are taking if they continue to smoke.
• What are the specific measures of success for the year ahead? • How will the Health and Wellbeing Board know that the intervention has achieved its goals?	• All maternity staff trained and using CO monitors at booking appointment • All maternity PAS systems are able to generate automated referrals to the LSSS • All pregnant women receive a brief intervention about tobacco use during pregnancy • All women are screened for CO at booking • Increase in referrals to local SSS of pregnant women • Improved performance towards the SATOD average for Lancashire or lower • Reducing the number of babies born early • Reduction in the number of low birth weight babies • Reduction in the number of babies requiring specialist NNU care

3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

• How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?	• Adopt a performance management team within each area to oversee implementation, the group will be time served and is committed to meeting regularly • Scoping of the current maternity information

and smoking cessation electronic systems
- Adaptations made to electronic systems making them fit to deliver the new pathway
- Deliver a CO screening training module for midwives and/or healthcare staff who book pregnant women
- Identifying local champions/leads for local implementation
- Design and implement on-going monitoring and evaluation providing opportunities to amend the pathway or system to meet the local need and make fit for purpose
- Increase resources within LSSS to meet the needs of pregnant women who use tobacco
- Establish and agree a performance monitoring process which monitors activity and applies scrutiny to relevant data
- Integrate the regional incentive scheme into mainstream working practice and continue to use as a tool for scrutinising the quality of local data

3.2 Programme of work

- Who needs to be involved to develop, commission and deliver the intervention?

	Role
Lead, Local Women and Children's Units NHS Acute/Foundation Trust maternity units	Ensure that SATOD improvement and NNU improvement is on the Trusts agenda. Attends performance management meetings.
Manager, Community midwifery service, Local NHS Acute/Foundation Trust	Ensure that all community staff are trained and smoke free policies are applied and enforced. Ensure that SATOD data collection is correct and support is given to informatics and Public Health Lead to scrutinise the data. Attends performance management meetings.
Midwifery Manager, Local	All staff working within the

NHS Acute/Foundation Trust	hospital are compliant with their smoke free policy. Attends performance management meetings.
Public Health Project Lead	Keeps the implementation of the scheme on track, facilitates meetings and co-ordinates actions. Provides training. Attends performance management meetings.
Manager, Local NHS Stop Smoking Services	Ensures that referrals are accepted and correct, shares anonymous data and accepts feedback about service. Attends performance management meetings.
Public Health Facilitator, Health Promoting Hospital, Local NHS Acute/Foundation Trust or LA	Ensure that all service development is in line with the hospital smoke free policy; any publications are developed within the PH strategy and are in the corporate theme of the hospital. Attends performance management meetings.
Local NHS Acute/Foundation Trust information analyst	Provides up to date data, informs of any issues which can affect the quality of the data. Attends performance management meetings.

- What are the 'milestones' for the Task Group in the year ahead?

Description
Establish a project group
Scoping data collection systems
Establish a SATOD improvement plan based on 5 objectives: 1) Increase access to information on the risks of smoking

	during pregnancy: 2) Identify and refer all women who are smoking at the time of the booking appointment: 3) Increase compliance of smoke free hospital: 4) Increase to reliability of SATOD 5) Increase access to pharmacological support : To be signed off by CE or equivalent
	Agree and develop any relevant contract variations
	Agree standard pathway
	Establish the specification for IT change request for automated referrals
	Agree training and implementation programme calendar
	Agree start date and train all staff
	Support meeting schedule
	Arrange evaluation and review meetings
• What are the specific activities to be carried out by each partner?	**As indicated in 3.2**

Appendix 1

Priority shifts in the ways that partners deliver services

- Shift resources towards interventions that prevent ill health and reduce demand for acute and residential service

- Build the assets, skills and resources of our citizens and communities

- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.

- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care.

- Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.

- Work to narrow the gap in health and wellbeing and its determinants

Lancashire Shadow Health and Wellbeing Board

Identifying People at Risk of Emergency Admissions an Provide Appropriate Interventions

Draft Document – To be discussed at the Lancashire LTC Implementation Forum on the 19th July

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

1. Reality

What's the current reality?

• What is currently working well?	Initial mapping exercise suggests that risk stratification and associated interventions is being considered in all CCG areas as part of their LTC/Unscheduled care groups. Most of them have also completed a self assessment of where they are and what needs to be done. The neighbourhood level local area coordination meetings have also been established in Central and West Lancashire. The Lancashire LTC implementation forum that comprises of clinical leads from CCGs, PCTs, Social Care and providers is part of the Lancashire Improving Outcomes Programme Board structure. The focus is to collaborate and share good practice and champion the work on LTCs. The members of this group along with input from Children and Young People HWB Group will develop the plan for addressing this intervention.

	Links are also being established with other regional and local workstreams e.g. Lancashire Improving Outcomes Board, AQUA programmes on LTCs, local urgent care groups, neighbourhood teams, self care intervention of the draft HWB strategy etc.
• What is getting in the way of partners achieving desired impacts?	There are many pockets of excellence. We need to systematically adapt, scale up and spread of these initiatives across Lancashire to achieve the desired impacts.
• Where are the gaps in service delivery that really matter?	Systematic risk profiling of the whole population along with clearly defined integrated pathways for specific risk groups. Involving patients and their carers and empowering them for shared decision making and self management support.
• What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?	Engagement of health and social care professionals across the system Appropriate use of technology including telehealth, telemedicine, telecare and electronic access to patient records Developing neighbourhood level integrated health and social care teams embedded within the local area coordination for improving health wellbeing of citizens and linked to the specialist services

2. Results

What does success look like?

2.1 Longer-term impact

• What will be the 3 to 5 year impact of the intervention?	A sustainable reduction in the emergency admissions due to conditions that can be better managed in community and primary care settings, an improved quality of care for people with LTCs, better patient experience and quality of life. A reduction in the demand for social care (especially crisis).
• What are the longer-term measures of success?	Emergency admissions due to long term conditions in both children and adults. LTC 6 or similar quality of life measure

2.2 Impact in the year ahead

• What specific goals will the intervention achieve in the next year?	Risk stratification tool being used by GP practices in managing people with LTCs A range of interventions to prevent emergency admissions
• What are the specific measures of success for the year ahead? • How will the Health and Wellbeing Board know that the intervention has achieved its goals?	To be determined following the task group meeting on the 19th July HWB Board will be aware of the plans across Lancashire and the progress being made to reduce emergency admissions in Lancashire

3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

• How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?	To be determined following the task group meeting on the 19th July

3.2 Programme of work

• Who needs to be involved to develop, commission and deliver the intervention?	To be determined following the task group meeting on the 19th July

• What are the 'milestones' for the Task Group in the year ahead?	To be determined following the task group meeting on the 19th July
• What are the specific activities to be carried out by each partner?	To be determined following the task group meeting on the 19th July

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- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

1. Reality

What's the current reality?

What is currently working well?

- 3 distinct commissioning projects in Lancashire. In collaboration with PCT's in unitaries, commissioners in each locality are already engaged in negotiating alcohol liaison scheme implementation with PCT /CCG funders, community service providers, hospitals and other stakeholders. Local schemes are bespoke depending on need and circumstance and not 'one size fits all'.
- Public Health Network Alcohol Programme Manager assists coordination and collaboration through the Lancashire Alcohol Network. LAN input influences effective collaborative working across partnerships at district and County levels.
- Evidence base for alcohol liaison intervention is strong ie NICE(ref). Data for alcohol related hospital admissions is reliable and Lancashire Alcohol JSNA, 2012 (Ref)has highlighted increasing trend in rate of alcohol related hospital admission. Costs estimates of alcohol impacts to health have been identified by OurLife (ref).
- Partners involved in alcohol harm reduction partnerships have identified alcohol impacts as a priority.
- Evidence of alcohol liaison outcomes based on 'invest to save' principles is strong. (NWCEO's ref) Locality business cases predicated on this.

What is getting in the way of partners achieving desired impacts?

- Consistency and commitment for sustainable funding for alcohol liaison nurse resources. N Lancs has some specific funding, East has improvised a resource and Central has no specific resources committed.
- QIPP proposals have not been able to demonstrate to PCT's actual savings from alcohol liaison due to lack of reliable data and cost/benefit analysis tools. PCT QIPP investment

criteria has been largely based on cost saving prediction and hence reluctance to fund.

- Generally, hospitals and urgent care centres lack screening processes to identify alcohol related conditions on presentation and staff lack awareness and training to recognise issues and deliver information and brief advice (IBA).
- Significant progress has already been made in discussing liaison services with partners. However, the need for this service requires constant re-enforcement with colleagues across acute trusts to ensure that a partnership approach to service implementation can be achieved.
- Lack of effective clinical pathways between hospital, primary care and community services to reduce repeat attendance and admission by 'frequent flyers'.

Where are the gaps in service delivery that really matter?

- Equity of access to alcohol liaison across Lancashire ie Central no liaison, NL only at BVH, East at RBH. The lack of equitable service delivery across Lancashire impacts on re-admissions and the long term prognosis for patients with chronic conditions caused or exacerbated by alcohol.
- Alcohol related condition screening and identification in hospitals and primary care Urgent Care Centres is poor. Low level of professional awareness of alcohol screening tools and IBA techniques. However, some developments are being taken forwards in Central Lancashire.
- Lack of effective and consistent referral and clinical pathways between hospital, GP and community services.

What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?

- Engagement with senior management in strategic health planning and acute hospital trusts to influence and lead the implementation of alcohol liaison as a means to health improvement and reducing associated costs to health services and other partners.
- Successful business cases for investment proposals to funding organisations e.g. PCT's/CCG's and PHL to access sustainable resources for alcohol liaison.
- Opportunity to publicise JSNA findings and evidence base for intervention impacts.
- Provision of alcohol awareness, identification and brief advice training for appropriate staff.
- Identify and agree 'best fit' liaison model and target groups ie dependent drinkers (frequent flyers) or dependent + increasing risk or universal whole patient group approach.
- Identify robust data systems and cost benefit tools to demonstrate effectiveness and outcomes.

2. Results

What does success look like?

2.1 Longer-term impact

What will be the 3 to 5 year impact of the intervention?

- Reduction in the rate of increase of alcohol related hospital admissions and A&E repeat attendances.
- A reduction in the number of alcohol specific re-admissions and A&E representations within 30 days.
- A reduction in bed days associated with managing acute alcohol withdrawal (AAW)
- Improvement in Lancashire Alcohol Profiles for England (LAPE) across Lancashire 12 districts.
- Improved quality of care for people admitted to hospital for alcohol specific and alcohol related conditions.
- Reduced health service utilisation (pre and post intervention) by patients supported by the alcohol liaison service.
- Improved treatment pathways between hospital, primary care and access into community treatment services
- Skill development within the acute sector workforce through training in identification and brief advice and management of AAW.
- A reduction in alcohol fuelled violence and aggression against hospital staff.

What are the longer-term measures of success?

- Contribute to a reduction in the rate of increase of alcohol related hospital admissions
- Contribute to reducing demands on partner services from alcohol related issues.

2.2 Impact in the year ahead

What specific goals will the intervention achieve in the next year?

- Identify resources that facilitate implementation of an agreed model for alcohol liaison services to be established in all acute hospitals with a catchment serving Lancashire residents including aligning contracts with unitary PCT's. Explore potential to establish liaison cover for primary care out of hours and urgent care.
- Produce service specifications based on the identified target groups for local projects.
- Agree contracts for establishing alcohol liaison with acute hospitals including service mobilisation.
- Establish robust data collection and monitoring systems for evaluation
- Produce referral and clinical pathways between hospital, GP and community services appropriate to each locality.
- Deliver training programmes aimed at increasing alcohol awareness and skills in Identification and Brief Advice for 'front line' hospital staff.

What are the specific measures of success for the year ahead?

- How will the Health and Wellbeing Board know that the intervention has achieved its goals?

- Sustainable resources are identified to facilitate alcohol liaison service provision.
- Alcohol liaison established equitably in all A&E and acute hospital settings in Lancashire by September 2013.
- Alcohol liaison established in Urgent Care Centre and Out of Hours primary care services where appropriate and resources available.
- Effective clinical pathways are established between hospital, primary care and appropriate community services.
- Lead officers will produce quarterly progress reports on key deliverables for H&WB responsible members for programme monitoring and feedback to the Board.

3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

- How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?
  - Partners need to promote awareness of the impacts that alcohol has on services and the benefits of alcohol liaison as a harm reduction intervention to prevent ill health and reduce demand for services.
  - Partners need to commit to engagement in the work programme and contribute to the implementation of alcohol liaison as a priority objective.
  - Partners need to communicate openly regarding barriers to achieving objectives.
  - Partners need to commit to pathways and joint working to delivering accessible services within hospital and community settings to improve the experience of moving between primary, hospital and social care.
  - Partners need to commit to training and raising awareness for frontline staff to facilitate identification of alcohol harms, adopting screening tools for identification, delivering information and brief advice and pathways for signposting.
  - Influence of HWB/CCG's to promote planning priorities

3.2 Programme of work

- Who needs to be involved to develop, commission and deliver the intervention?
  - Public Health Lancashire (interim PCT locality commissioners & LAN/LDAAT)
  - CLASS on behalf of CCG's (interim acute trust commissioners and allied support e.g.finance, performance etc)
  - Acute Trust managers
  - Primary care service managers
  - Community treatment service managers
  - Leverage from HWB/CCG's
- What are the 'milestones' for the Task Group in the year ahead?
  - Where required, resubmit QIPP proposals to funding groups for alcohol liaison resources and/or consider shifting existing health resources to prevention and early

interventions.

- Engage all key stakeholders in planning alcohol liaison services as per 3.2 above.
- Develop locality implementation plans including; agreement of liaison model and target groups, specification and performance management indicators, and provider mobilisation plans including staff recruitment and agreed commencement date.

- What are the specific activities to be carried out by each partner?
  - Awareness raising and engagement of partners to develop local implementation plans. (Commissioners/partners)
  - Business case(s) worked up and submitted to funding groups (NHS Commissioning)
  - Negotiate potential for resource shift with partners and providers ie acute trusts'
  - Negotiate contracts with acute trusts including finance, service model, performance management framework etc. and ensure service equity across Lancashire (commissioners NL/CL/EL in collaboration with unitaries as required and provider stakeholders)
  - Provider mobilisation including recruitment of staff , protocols and pathways, staff training. (providers)
  - Develop referral and treatment pathways between hospitals, primary care and community treatment services and signposting to other partners. (all)
  - Achieve full implementation of service and evaluation (all)

Appendix 1

Priority shifts in the ways that partners deliver services

• Shift resources towards interventions that prevent ill health and reduce demand for acute and residential service
• Build the assets, skills and resources of our citizens and communities
• Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.
• Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care.
• Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.
• Work to narrow the gap in health and wellbeing and its determinants

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.
- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

1. Reality

What's the current reality?

- **What is currently working well?**

Lancashire Home Energy Group attended by all Lancashire Districts and the County Council includes a strong officer base with specialist and local knowledge. The Groups remit is to work in partnership to improve the energy efficiency of Lancashire Homes, addressing health inequalities exacerbated by living in cold damp homes, and reducing fuel poverty. The Group has a good track record of working in partnership and establishing appropriate links with the insulation industry and the energy providers.

Existing partnerships have helped to ensure that insulation installation rates in some areas of Lancashire are amongst the highest in the Country. Given this experience Lancashire is in a position to capitalise on existing partnerships to deliver home energy insulation at volume, across other areas of Lancashire, for the remaining duration of CERT.

Last winter Lancashire submitted bids to the Department of Health Warm Homes Healthy People Fund and successfully delivered a number of projects across the County. New partnerships were established and delivered wide-ranging interventions targeted at preventing cold related deaths and illnesses. The interventions included: emergency heating repairs, boiler servicing, draught proofing, fuel poverty training for front line staff, emergency heaters, fuel payments, food parcels, benefit checks, winter warmth packs, referrals to free loft and cavity wall insulation schemes and the gritting of paths.
Building on the initiatives and partnerships established last winter, with the potential for the more effective supply of health related referrals from PCTs and GPs, via this proposed affordable warmth intervention, Lancashire affordable warmth partnerships are primed to deliver breakthrough results in reduced visits to GPs surgeries, reduced hospital admissions and ultimately reduced excess winter deaths.

Home Improvement Agencies (HIA's) are operating across Lancashire. These agencies provide a range of housing related support to older and/or vulnerable people to maintain, improve and adapt their homes to maintain independence and improve wellbeing. Specific works reduce fuel poverty and tackle poor housing conditions that exacerbate chronic illnesses and reduce the risk of accidents in the home. These agencies could be mobilised into coordinated, health-led, affordable warmth activity.

- **Where are the gaps in service delivery that really matter?**

Energy efficiency measures and other actions that protect people from the effects of cold weather need to be targeted at those that are most at risk of suffering ill health and poor wellbeing from the cold weather. Effective referrals are required from hospitals, GPs and Social Care.

The removal of fuel poverty as a national indicator coupled with reducing local authority financial resources may have led to less emphasis on this area of work in the last 18 months and so a joint approach with Health input could provide the catalyst for affordable warmth to move up the agenda in local authorities.

We need to identify the at risk groups and then get them the right help, in an effective and timely manner, however these measures are not integrated into long term condition care pathways routinely across the county.

Lancashire needs an effective referral pathway with a single point of access that will allow front line health and social care professionals to refer people at risk of ill health due to cold and poorly heated homes, to a range of evidence based affordable warmth measures.

Referrals are currently not routinely made by social care and health services due to confusion of where to refer for particular interventions, initial research shows practitioners want a straight forward referral system and confidence that referrals will be followed up. Most Home Improvement Agencies and housing enforcement teams are working at full capacity and so in some areas we will need to either increase capacity or move capacity from other (lower priority) areas of work.

Emergency funds are required and not huge funds either….. winter 2011/12 Warm Homes Healthy People funding from the Department of Health evidenced what can be delivered with modest, targeted funding (see results section).

- **What are the issues and opportunities that must be addressed if we are to make a breakthrough? i.e. what really matters?**

Systematically offering affordable warmth measures by identifying those at greatest risk of cold related ill health from , GPs through primary care disease registers, social care services

and other hospital services and others working with those with long term conditions – including an effective referral service, see above.

We would like to see hospital/health based Home Improvement Agency staff available to give advice and coordinate home visits, upon or preferably pre-discharge.

Targeted enforcement of private rented sector landlords to provide at least minimum statutory standards in private rented housing. The private rented sector continues to consistently contain the poorest housing conditions.

We need to maximise the uptake of free loft and cavity wall insulation via CERT for the remainder of the scheme (it is anticipated that CERT will finish in December 2012).

We must be ready to maximise the opportunities that may come out of the Governments 'Green Deal' and the associated energy company obligations which is currently a developing area of policy.

2. Results

What does success look like?

2.1 Longer-term impact

- **What will be the 3 to 5 year impact of the intervention?**

The overall goal of the initiative is to reduce the negative impact of cold, damp homes upon the health and well being of our most vulnerable residents.

Reduced demand for NHS services specifically reduced excess unplanned hospital admissions for respiratory and circulatory diseases in the winter, reduced visits to GPs surgeries, reduced excess winter deaths. Reduction in health inequalities.

Improved housing, lower fuel bills for clients, older people better able to maintain independence, support provided will help vulnerable people to maintain their tenancies, individuals mental as well as physical wellbeing will be improved.
Reduced exacerbations of childhood asthma. Reduced isolation (evidenced that particularly older people living in cold, damp homes are not inclined to encourage visitors). Those with long term conditions will be better able to maintain independence at home. Supports healthy maternal health and early years.

Other wider and positive impacts of home improvement agency access to these vulnerable clients will be seen for example, clients will access handy person services and so we will see reduced slips/trips/falls, benefit checks will result in increased household incomes and so additional money for household bills (including fuel). To give an idea of the potential scale of this in Wyre and Fylde for example between April 2011 and March 2012 Care & Repair assisted older and disabled residents in Wyre and Fylde to make £557,585 per annum of new claims for Attendance Allowance and £58,164 per annum in other benefits. That is a

massive increase in income for residents of £615,749 per annum, with some couples receiving as much as £8054.80 additional income per year.

What are the longer-term measures of success?

- reduced excess winter deaths
- reduced excess winter hospital admissions (conditions associated with cold weather respiratory, cardiovascular and hypothermia)
- reduced number of visits to GPs
- Improved housing – reduction in category 1 excess cold hazards.
- Reduced Fuel Poverty of high risk groups
- Reduced fuel bills for individuals
- Contribution to achievement of all age all cause mortality targets (and consequently reducing inequalities in life expectancy within the area)
- Improved health, wellbeing and life expectancy of vulnerable groups
- Reduced winter planning pressures on NHS, social care and other relevant organisations
- Reduced non-elective admissions to hospital
- Increased household incomes
- Reduced costs to NHS/health services due to fewer presentations /admissions

2.2 Impact in the year ahead

What specific goals will the intervention achieve in the next year?

Depending on the ability to secure some resources for implementation of a referral system and an emergency fund for minor repairs, it would be possible to deliver a number of affordable warmth interventions to those who need them most.

As an example, for a sum of £17,000 Wyre and Fylde Care and Repair delivered 141 interventions that included: the repair of 11 heating systems, the servicing of 23 boilers, the distribution of 29 emergency heaters, the distribution of 10 food parcels, draught proofing measures for 30 homes, emergency fuel payments, a supply of grit sufficient to grit the paths of 300 homes and clients were referred for free loft and cavity wall insulation via CERT and, for those eligible, heating systems via Warm Front.

In excess of 5,000 Vulnerable individuals across Fylde and Wyre including the elderly, low income groups and disabled people received information and advice on how to cope with the cold weather during the winter months.

52 professionals working with vulnerable groups across Fylde and Wyre were trained on how to identify when people are in fuel poverty; the health impacts of living in fuel poverty; basic energy efficiency advice; low cost / no cost energy efficiency measures; and where to signpost people for help and advice;

If this were to be rolled out across Lancashire, the impact would be significant.

- What are the specific measures of success for the year ahead?
- How will the Health and Wellbeing Board know that the intervention has achieved its goals?

Some possible measures could be

- The delivery of an additional loft and cavity wall insulation across Lancashire
- The number of Category 1 excess cold Hazards in private rented sector homes addressed
- The number of referrals leading to an intervention to improve a households affordable warmth.
- The number of reduced visits to GP's surgeries
- The number of vulnerable households benefiting from affordable warmth interventions.

3. Response

What needs to happen to ensure partners achieve better results?

3.1 Shifts in the way that partners deliver services

- How must partners work to ensure that the 'priority shifts' are applied and the intervention is effectively implemented?

Partners need to work together to support the referral system and identify those most in need, this will require better data sharing, Joint working will also be important e.g. hospital based HIA staff. This will reduce demand for acute and residential services, reduce bed blocking and the return of patients back into the health system due to cold. HIA teams and partners will help to deliver accessible services in the community and maintain individual's independence.

3.2 Programme of work

- Who needs to be involved to develop, commission and deliver the intervention?

HIAs, Districts – Private Sector Housing Teams, LCC, Public health teams, Registered social landlords, Hospitals, CCGs, GP's, Community nurses, Social Care, Trading Standards, Third Sector

- What are the 'milestones' for the Task Group in the year ahead?

Launch and engage partners in an effective referral system with a single point of access, that gets help to people who are most at risk of ill health from cold conditions, and makes the most efficient use of the HIA and other services available. (The design of this should be informed by the current review of the referral process across Lancashire).

Developing an effective information sharing system with health professionals to enable targeting of those with long term health conditions and other vulnerable groups

Increased uptake of energy efficiency measures through CERT funding and /Warm Front

Participation in the 12/13 winter warmth campaigns by Districts, health, CCG's, LCC (Public Health, Social Care), Home Improvement Agencies, CAB, RSL's and third sector partners (inc. CAB).

Planning and preparation for an effective Green Deal and ECO in Lancashire.

- What are the specific activities to be carried out by each partner?

  - Districts, LCC, CCGs and hospitals to work together to design, launch and to put in place (including awareness raising amongst front line professionals) an effective referral system coordinated by the Lancashire Energy Officers Group?

  - Identify and put in place an effective response to the referral process (referral pathway / establishing what happens next in each locality). For example insulation of energy efficiency measures, income maximisation, and fuel debt advice.

  - Determination of resources available to support Affordable Warmth intervention, in particular funding to be used for emergency winter warmth interventions
  - Coordination of Lancashire wide 12/13 winter warmth programmes – establishment of 'footprint' leads to take local programmes forward.

  - Mapping of local community health contacts is required – community matrons, occupational health, hospital discharge teams etc, to raise awareness of the new referral mechanisms.

  - Engagement with CCG's on developing CCG Business Plans

  - Work to include actions to address affordable warmth as part of discharge planning.

  - Evaluate WHHP projects and the PCT funded projects in Lancaster, Wyre and Fylde for potential roll out.

Lancashire Health and Wellbeing Board

Delivering the Health and Wellbeing strategy – Intervention planning

<table>
<tr><td colspan="2">Priority :
• Joined up support for vulnerable families (first pregnancy)
Priority shifts:
• Build and utilise the assets, skills and resources of our citizens and communities
• Shift resources towards interventions that prevent ill health and reduce demand on acute services</td></tr>
<tr><td colspan="2">Outcomes:
• Maternal and child health
• Mental health and wellbeing</td></tr>
<tr><td>Current reality:
What have we uncovered so far?
What is working well?
What is not working so well?</td><td>An initial consultaion discussion session involving representatives from public health, health commissioners, health providers, and local authority highlighted the following:
✓ Wide range of existing strategic commitments to the issue of maternal health and wellbeing e.g. Public Health outcomes framework, NHS outcomes framework, Children & Young People Plan outcomes;
✓ A number of working groups and programmes of activity linked to the strategic commitmenets and with specifc action plans in place to address aspects of maternal health e.g. healthy child programme, infant mortality group, healthy weight group, infant feeding group, sexual health and substance misuse group, early years group – many of which have strands of actvitiy associated with vulnerable groups. In addition there is a wide range of work focussed on improving adult health to include (as examples) smoking, adult healthy weight.
➢ Less evident is the work around (adult) mental health and wellbeing associated with pregnancy, particularly lower level mental health issues (although there was stronger evidence of CAMHS mental health work). In part this may be due to lack of knowledge of, rather than lack of , service provision – maintaining a comprehensive and consistent knowledge of service provision across Lancashire is challenging;
➢ Consistency of provision across geographies, and across organsiations cited as an issue. Good practice 'in pockets' rather than widespread and no readily available assurance that what is available meets evidenced needs. Lot of work done in North Lancs to define a specification for Perinatal Maternal Health but patchy implementation, partly due to problems achieving service change without resources, and partly due to varying commitment from a range of partners. In</td></tr>
</table>

	some areas midwifery teams are not currently coterminous with Health Visiting teams and children's centres which limits opportunities for genuine **integrated team working**. ➢ **Awareness and use of established guidance** i.e. 'Improving Outcomes and ensuring quality – a guide for commissioners and providers of perinatal and infant mental health services' - published 2011 and NICE commissioning toolkit for Perinatal Maternal Health. Established evidence around how maternal mental ill health can adversely affect the mother-baby relationship with ongoing term impacts for the child's development. Strong attachment between a mother and baby during the first year of life is crucial to support brain development and future resilience. ➢ **No definition of 'vulnerable family'** – but the existing criteria for identifying families through the Working Together With Families (Troubled Families) programme may provide a starting point. Is vulnerability defined by physical (long term conditions/morbidity, etc), mental or social/emotional health (domestic violence, etc) criteria? Links with early parenthood (teenage pregnancy); ➢ The balance between health and social care needs to be understood to ensure the appropriate support is provided – are support **pathways clear, evidence-based and consistent**?; ➢ **Workforce development** an issue in terms of the ability for practitioners to support vulnerable individuals and to work in the context of (often challenging) family circumstances. Potential to examine the role of specialist midwives (capacity, expertise, allocation, etc) and other professionals across Lancashire alongside the scope to enhance the role of community support for vulnerable families (peer support, etc); ➢ The **cohort of individuals who do not access any midwifery or antenatal services** throughout their pregnancy or access at a late stage – how do we identify, track and support these individuals? ➢ Some existing 'technical' issues regarding the **consistent supply of data** assist in identifying vulnerable individuals exemplified by the provision of early notification of pregnancy and live birth data to children's centres to enable the timely provision of support to families who do not currently use the centres, particularly in the most deprived areas. ➢ **Engagement of appropriate clinical and technical leads** is critical - Heads of Midwifery and dedicated Public Health Midwives (now established in some Maternity services) will have significant information to add to this stocktake. ➢ Need to be aware of **developments in UHMB** where there is a very intensive workstream to address problems identified by Monitor and CQC, which includes issues around how vulnerable families needs are met and ensure that HWB requirements are reflected within the work programme.

	➢ Number of concerns about the extent to which **Higher Education providers** (HEIs) are responding to the changing requirements e.g. how much are they preparing future workforce for integrated working, responsive to vulnerable families, lead professional role, etc. ➢ Variable progress with **Health Visitor Implementation plan** – e.g. extent to which Health Visitors are currently working ante-natally will vary significantly between CCGs. Opportunity to shape from the beginning what Health Visitors do ante-natally – rather than having to change practice retrospectively?			
Results: What does success look like?	• Consistent and safe supply of appropriate data across organisations to assist in the identification of vulnerable families where maternal health may be at risk • Targeted and coordinated support for vulnerable families which delivers improvements in maternal and child health and mental health and wellbeing • Measures: ? - to improve the % of women accessing midwifery services by 12 weeks (with the potential to reduce this to 10 weeks); ? – to reduce smoking in pregnancy; ? – to increase breastfeeding rates at initiation and 6-8 weeks; ? – to increase uptake of parenting programmes.			
Response: Programme of work	**Knowing:** a) Work to improve the consistent and safe flow of data regarding early notification and live births across Lancashire – minimum standard defined and % provision agreed b) Work to identify the number of	**Understanding:** a) Work to understand the current balance between health and social needs and the pathways for both. Links to the wider work around access to early support via Children's centres. b) Work to identify the opportunities	**Delivering:** a) Work to identify a cohort of individuals/ families through the Working Together With Families programme where first (and subsequent) pregnancy is present – undertake a patient	**Sustaining:** a) Work to examine the current role of, and commissioning arrangements for, specialist midwives – number, allocations, thresholds, impact, etc – and future potential versus the role of midwifery

	women who do not access midwifery services by 12 weeks – who, why, where – and how can we improve?	presented by existing programmes of work e.g. healthy weight, healthy child, infant mortality, Clinical Strategy workstream at UHMB, U18 conceptions, Solihull approach, to define vulnerability and target support. c) Work to identify the opportunities presented by the Health Visitor expansion programme (particularly around ante-natal work).	walkthrough comparing 'as is' to 'as should be'. Cohort in 3 selected districts – 1 per cluster area. b) Potential involvement of academic establishment (UcLan) to undertake walkthrough and examine the role played by the lead professional.	workforce overall. b) Work to examine the scope for community asset building around vulnerable families where a vulnerable pregnancy is identified (peer networks, etc) c) Work to engage HEIs in dialogue regarding the future working context for professionals e.g. integrated working, etc
Timeframes	a) By October 2012 b) By December 2012.	a) By March 2013 b) By October 2012 c) By October 2012.	a) By October 2012 and throughout 2013.	a) By March 2013 b) By October 2012 and throughout

			b) As above.	2013 c) Throughout 2012/13

Lancashire Health and Wellbeing Board

Delivering the Health and Wellbeing strategy – Intervention planning

Priority :

- Early response to domestic abuse

Priority shifts:

- Shift resources towards interventions that prevent ill health and reduce demand on acute services
- Commit to delivering accessible services within communities
- Build and utilise the assets, skills and resources of our citizens and communities
- Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence

Outcomes:

- Maternal and child health
- Mental health and wellbeing
- Long term conditions
- Improve health and independence of older people

Domestic violence can have devastating impacts on the emotional, mental and physical health of children, young people and adults affected by it. It affects a significant proportion of people throughout their lives and places considerable demands on health and social care services and the criminal justice system. There is more that partners in Lancashire can do by working together better to identify those at risk or, or affected by domestic violence and to ensure an early response and collective programmes of support to both victims and perpetrators, to prevent the detrimental impacts spiralling out of control for the whole family.

1 REALITY The here and now – what is the current reality?

1.1 What is currently working well?	**Across Lancashire:** ➢ There is bespoke training delivered to partner agencies on domestic abuse and its effects on children; specific Multi Agency Risk Assessment Conference (MARAC) training and awareness of Forced Marriage/Honour Based Abuse (FM/HBA) ➢ Significant improvements in the way we address domestic abuse incidents attended by the police where there are

	children in the household. ➢ There is an effective MARAC process providing multi-agency solutions and referral rates into MARAC by partner agencies have increased ➢ There have been successful Lancashire media campaigns aimed at changing attitudes and behaviours to domestic abuse ➢ There is multi agency commitment to the strategic and operational domestic abuse partnerships from all partner agencies and VCFS service providers across pan Lancashire. ➢ Information is being shared more effectively and issues and concerns addressed consistently ➢ DV services have begun to link and support each other and currently a pan Lancashire domestic violence consortia is being developed 'safer together' **In some areas of Lancashire there are:** ➢ IDVAs (Independent Domestic Violence Advocates) who attend the police station daily and offer a response to all victims, to prevent escalation to high risk. ➢ Children's IDVAs who work specifically to reduce the risk of harm to children living with domestic abuse ➢ Police working in Children's Social Care who screen the incident reports and add more detailed information. The reports are then shared with Social Care and Children and Family Health Services (CFHS). ➢ Training packages designed to look at specific areas regarding domestic abuse in depth, delivered by specialist leads/ service providers. ➢ Non-statutory Perpetrator schemes (in Blackburn with Darwen) ➢ Sanctuary Schemes ➢ Partner agencies have specific policies in place regarding Domestic Abuse, Honour Based Abuse, Forced Marriage and Female Genital Mutilation and also HR policies for staff experiencing domestic abuse. ➢ Routine Enquiry with female clients this enables identification and early intervention and help change the culture of keeping issues hidden. School Nurses are now using Routine Enquiry in 1-1 sessions with young people, (Routine Enquiry with young people will be focused on asking if they have witnessed domestic abuse and are they experiencing abuse within an intimate relationship) ➢ Independent sexual violence advocates (ISVA) (in Preston) ➢ Across the footprint of LCC there is a training programme which looks at the effects of DV on children; the Freedom programme – 12 week programme running for women who are keen to free themselves from abuse and in the east of the county there is a specific service for children who are victims of DV - they provide on-going emotional support and weekly youth group

1.2 What is getting in the way of our partners achieving desired impacts?	➢ Domestic Abuse is a major problem within our locality and so there is continuous high demand for resources and capacity within services. The complexities need to be understood ➢ Financial and resourcing constraints - domestic violence services have mainly been responsible for securing their own funding this has led to an inconsistent service across Lancashire with inconsistent levels of funding. Services have closed as funding has ended and partners find it difficult to access consistent services. ➢ Difficulties with confidential information sharing - slow, sometimes nonexistent information, and inconsistencies in the level of information shared ➢ Non-sharing of good practices/initiatives across areas ➢ There are added barriers with BME clients eg private access to client, language, immigration issues, issues related to honour , understanding of culture. (Preston Locality has UMEED (URDU for HELP) service that provides specialist support services for victims from ethnic and minority women who are victims of abuse)
1.3 What are the gaps in service delivery that really matter?	➢ The main gap is the sheer volume of cases and the lack of resources ➢ Interventions tend to be only available for high risk cases (IDVAs/CIDVAs), equally refuges only work with high risk victims ➢ There is little or no particular support for medium and standard risk families and no consistency in service provision for other risk level cases. This is essential to prevent escalation to high risk and also to break the intergenerational cycle of abuse being acceptable ➢ It is known that domestic abuse affects all sections of society but that victims in wealthier or professional groups are less likely to access services. Abuse in these groups is often more hidden therefore increasing risks ➢ Lack of services directly focused on helping children and young people who have emotional problems due to witnessing domestic abuse ➢ Lack of statutory education for children and young people regarding healthy and safe relationships ➢ Response to domestic abuse is embedded within children's services but commitment is needed from adult services in order to understand and respond to the vulnerability of those who live with domestic abuse. ➢ Lack of awareness of relevant law in relation to Forced Marriages (and changes to legislation) ➢ Lack of support for perpetrators ➢ It is known that domestic abuse affects adults of all ages and it is becoming more and more prevalent in older people. Training is needed for professionals to recognise and support this client group ➢ Few services geared for male victims (this is a national problem)
1.4 What really matters right now?	➢ Limited finance/resources - Problematic short term funding, all specialist domestic abuse services survive through grants which are often awarded yearly with grants specifying the work that can be delivered within the grant.

	Often leaving gaps in provision. ➢ Supporting Children with emotional wellbeing ➢ Ensuring high risk victims are referred to MARAC ➢ Identifying risks and supporting victims at all levels of risk including early intervention ➢ Using an holistic approach within health by being aware of related health issues e.g. substance misuse, mental illness, behaviour problems, physical injuries ➢ Meeting the specific needs of victims and children from BME communities ➢ Awareness and response is increased within Adult services ➢ Understand the issue around 'no recourse to public funds' ➢ Awareness and response to victims over 65 ➢ Understanding of the recent and relevant law in relation to Forced Marriages ➢ The impending changes regarding the MASH, early support panels and intensive work with families referral pathways are being resourced, and this will identify families. Which is a positive as families will be identified however there needs to be additional resources for specialist services to meet these needs.

2 RESULTS - What results are we seeking to achieve? (in the year ahead and longer term-impact)	
2.1 What specific goals will the intervention achieve in the next year and how will the Health & Wellbeing Board know the intervention has achieved its' goals	**Suggested goals that could be achieved : (commitment from a multi agency / multi disciplinary approach would be needed)** ➢ Maintain and improve service provision to victims/families/perpetrators. of domestic abuse.(ensure a consistent level of services available) ➢ Reduction in escalation of risk –High to Low ➢ Increase in confidence and empower victims to seek help (debrief with victims) ➢ Support for medium and standard risk families to engage with families early and offer specific intervention ➢ Increase services to support emotional wellbeing of children and young people ➢ Increase identification of domestic abuse at the earliest stage across health including GP practices (inclusion of routine enquiry in all health assessments) ➢ Front line service awareness raising and attitudinal shift to domestic abuse ➢ Develop equitable responses across all services, to use a cohesive total family response when domestic abuse is identified e.g. routine enquiry, signposting to support, safety plans, use of CAADA Risk Assessment, MARAC

	referrals, assessments of needs of the child. ➢ Increased knowledge of the law around Forced Marriages/Honour Based Abuse/Female Genital Mutilation **Health and wellbeing Board will know the intervention has achieved its goals by:** ➢ Data collection regarding amount of incidents ➢ MARAC referrals made appropriately ➢ Implementation of changes to practice – e.g. development of Routine Enquiry and use of CAADA Risk Assessment ➢ Reduction of repeat victimisation would be evidenced though MARAC and Domestic Abuse incidents attended by the Police ➢ Increased Forced Marriage orders applied for
2.2 What will be the 3 – 5 year impact of the intervention?	➢ Reduction in High risk assessments/MARAC cases. ➢ Reduction of children on Child Protection plan due to Domestic Abuse. ➢ Better outcomes for children/Vulnerable Adults/Victims/perpetrators. ➢ Less referrals to Accident and Emergency, police, social care, courts, mental health services etc ➢ Improved maternal/child physical and mental health ➢ Increased identification of domestic abuse - therefore right services and interventions in place at earliest point to prevent related illness ➢ Increased identification of Forced Marriages/Honour Based Abuse/Female Genital Mutilation – interventions in place at earliest point ➢ Increased identification of children and young people's needs – therefore right services and interventions in place at earliest point to prevent related illness
2.3 What are the longer term measures of success?	**Transforming the future:** **(a multi agency / multi disciplinary approach is needed** Providing support to the non violent parent and their children, supports adults and children to identify the effect living with domestic violence may have on them which gives them knowledge to be able to make more informed choices and particularly with children and young people this knowledge ensures they have a better understanding of healthy relationship and are therefore less likely to have a domestic violence relationship in the future ➢ Reduction of domestic abuse incidents, especially higher risk victims ➢ Reduction in domestic homicides ➢ Reduction in health related problems e.g. physical trauma, substance/alcohol misuse, self harm, mental illness,

	behaviour problems in children and young people, miscarriage/stillbirth/premature birth, related physical illness e.g. heart disease from risk taking lifestyles ➢ Reduction in repeat victimisation rates ➢ Reduction in crime ➢ Safer society and increased safeguarding of children within our locality ➢ Increased Safeguarding of Children and Adults ➢ Prevention of related illness ➢ Total family approach ➢ Reduction in health inequalities ➢ Reduction in Forced Marriages/Honour Based Abuse/Female Genital Mutilation

3 RESPONSE - What needs to happen to ensure partners achieve better results?	
3.1 How can partners ensure the priority shifts are applied and the intervention is effectively implemented	➢ Partners having a greater knowledge of domestic violence and their local services ➢ Partners to continue to work together ➢ Continuous evaluation of progress and update of delivery plans ➢ Strategic and Operational Managers across all agencies to be aware of the importance of delivering services regarding domestic abuse and respond to the National agenda ➢ Agencies to continuously monitor the impact on resources within their service ➢ Working together to review priority needs and agreeing priority goals and actions ➢ As per shift no 5 - Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.

Health and Wellbeing Strategy Narrative

VISION

EVERY CITIZEN IN LANCASHIRE TO LIVE A LONG, HEALTHY, FULLFILLING AND PROSPEROUS LIFE

1. Purpose of the strategy

This strategy has been developed by Lancashire's shadow Health and Wellbeing Board. Our ambition for the strategy us that it will enable us to work better together to deliver real improvements to the health and wellbeing of Lancashire's citizens and communities.

Work together …..

- **Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire.**
- **Learn the lessons arising from this collaboration to strengthen future working together**

…. get results

- **Deliver improvements in 'priority outcomes' in Lancashire.**
- **Deliver 'early wins' i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together**

The strategy sets out three groups of priorities to achieve our ambition to work together and get results for health and wellbeing in Lancashire:

1. Priority changes to the way we work
2. Priority changes to health and wellbeing in Lancashire that we want to see between2013 and 2020
3. Improvements that we can deliver by April 2015 to allow us to test out the new ways of working and that will contribute to our priority outcomes

2. Health and wellbeing in Lancashire

Lancashire has a diverse population of around 1.3 million people. There are wide variations in levels of income and wealth, which are not always concentrated in specific parts of the county. In more rural areas, for example, poverty and social exclusion exist side by side with affluence. Several districts have small pockets of deprivation, but there are also larger areas of deprivation, particularly in East Lancashire and parts of Preston.

Our county's landscape ranges from the high moorland of the South Pennines to the flat expanses of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Preston and Lancaster are our main urban centres, but there are a range of other important urban settlements from former textile towns such as Burnley to coastal resorts and market towns such as Chorley.

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 group of people in the county. Lancashire's Joint Strategic Needs Assessment paints a picture of health and wellbeing in the county and of its influences. It makes recommendations to partners about the issues that should be prioritised in their commissioning plans. The priorities highlighted through the Joint Strategic Needs Assessments have informed this strategy and the main issues that have emerged from the JSNA are summarised in this section. If you want more information about the JSNA you can visit its website or click here (insert link to the JSNA).

The population of Lancashire is changing. The number of older people in the county is increasing and is projected to grow further by 2020. While people are living longer, many are spending more years at the end of life in poor health and our strategy should therefore focus on intervening earlier and in new ways to prevent ill health and disability among older people.

The shape of households in the county is also changing with an increasing proportion of adults and older people living alone, putting more people at risk of social isolation, particularly in later life. There is evidence that good social relationships protect against a wide range of health problems.

The population of children and young people is also changing. Our population of children is becoming increasingly ethnically diverse and too many children are being born into poverty. Lancashire performs particularly poorly on indicators relating to expectant and new families, such as smoking in pregnancy and breast feeding. Improving the living conditions and physical and mental health of pregnant women and expectant families can prevent poor health for the rest of the new baby's life.

The health behaviour of Lancashire's population is changing. Although overall fewer people are now smoking tobacco, smoking rates among routine and manual social groups remain static. Alcohol consumption and overweight and obesity are increasing, putting increasing demands on health and social care services. Patterns of drug use are also changing, with evidence of increases in the proportion of people misusing a combination of different drugs and alcohol within a recreational context.

Inequalities in health in the county are a significant concern. Analysis of health inequalities 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 (shown in figure 1).

Figure 1 – Priorities for addressing health inequalities in Lancashire

The ten largest gaps in health and wellbeing outcomes	Priorities for addressing health inequalities
Liver disease Mental health and wellbeing Diabetes Quality of life Infant mortality Lung cancer Coronary heart disease Stroke Children's health and wellbeing Accidents	Reduce unemployment Increase income and reduce child poverty Strengthen communities Develop skills and lifelong learning Reduce alcohol consumption and tobacco use Increase social support

Economic and social factors have a large influence on the health and wellbeing of Lancashire's population and it is likely that the current economic climate will have negative impacts on health status unless concerted action is taken across partners to mitigate them.

Many of the causes of poor health in Lancashire are preventable with improved living conditions, social relationships and support; healthier behaviours and better quality health and social care services. We have particular areas of success in which partners are working together in different ways to improve outcomes and these prove that it is possible to make a difference to our communities' health and wellbeing.

Lancashire has considerable assets (the strengths of people and places in communities) that can be used for the benefit of the health of local people. The county has abundant green space and countryside that is already enjoyed by local people for leisure and relaxation. This can be further exploited for health and wellbeing. Local authority partners in the county have significant regulatory and enforcement powers such as licensing, planning and trading standards that can be used to promote health and wellbeing. Lancashire's GPs and wider primary care services have a pivotal role in preventing ill health and in working together with patients to manage long term health problems. Lancashire also has a large, vibrant and thriving third sector with even more potential to contribute to protect and improve the health and wellbeing of individuals and communities. As well as prioritising action to meet the important health needs in the county, our strategy will focus on building and exploiting these assets further for the benefit of the health and wellbeing of our citizens.

3. Priority shifts in ways of working

As members of Lancashire's shadow Health and Wellbeing Board we are committed to making a number of important changes or 'shifts' in the way that we work together for the benefit of our communities. We believe that these shifts will fundamentally challenge the way that we currently work, but they 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. We will:

- Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
- Build and utilise the assets, skills and resources of our citizens and communities
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care.
- Make joint working the default option (for example by pooling our budgets and resources to focus on our priorities; commissioning together on the basis of intelligence about what can make the biggest difference and evidence of what we know works; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk)
- Work to narrow the gap in health and wellbeing and its determinants

4. Priority health and wellbeing outcomes

Maternal and child health.

Why is this important?

The Marmot review of health inequalities (reference or link) shows that giving every child the best start in life by supporting expectant and new families to be healthy is one of the most effective ways of breaking the cycle of health inequality from one generation to the next. Healthy child development and disadvantage starts before pregnancy and birth. As such poor health and well being during pregnancy and in the first few years has impacts physically and emotionally across the life course of the child; affecting readiness for school; educational attainment; employment; mental health; risk of heart disease and stroke as examples and ultimately the risk of dying earlier.

In many parts of Lancashire maternal and infant health is significantly worse than it should be, with poor performance on indicators such as child poverty; smoking in pregnancy; breastfeeding, low birth weight, infant mortality, uptake of maternity services and vaccinations/ immunisation. Getting it right in the early years will give a stronger foundation for child and family interventions at a later stage.

We will:

- provide accessible and effective support and services to families before, during and after pregnancy
- ensure/improve and safeguard the health and wellbeing of all children and young people with a particular focus on pre-school age children

What difference will we make?

By 2020, we will work across the social gradient to:

- Narrow the gap in infant mortality from x to x
- Increase the prevalence of breastfeeding at 6 – 8 weeks from x% to x%
- Reduce the percentage of women that smoke at the time of delivery from x% to x%

Mental Health & Wellbeing

Why is this important?

Good mental health is a worthwhile outcome in it's own right. Being emotionally healthy has positive benefits across all spheres of life. Wellbeing and good mental health are essential for reaching full potential and better enable a healthier, more productive and fairer society. A focus on prevention of mental health problems and the promotion of mental wellbeing can significantly improve outcomes for individuals and increase the resilience of the population, by recognising that mental health is central to quality of life. This includes economic success, improving education, training and employment outcomes and tackling some of the persistent problems that scar society, from homelessness, violence and abuse, to drug use and crime

Foundations for lifelong wellbeing are already being laid down before birth and that much can be done to protect and promote wellbeing and resilience through the early years, into adulthood and on into a healthy old age. Our priority is that more people of all ages and backgrounds will have better wellbeing and good mental health, and fewer people will develop mental health problems by starting well, developing well, working well, living well and ageing well. This will be implemented by: a life-course approach, early Intervention, patient choice and control (personalisation), reducing inequality and tackling stigma, clear outcomes and quality, and improving efficiency in the context of a challenging financial climate

People of all ages with higher levels of mental wellbeing are more likely to have good physical health. They are more resilient to the negative health effects of deprivation. Mental wellbeing affects how we experience pain and cope with a crisis. At all ages, wellbeing has an important influence on our ability to practice healthy behaviours such as not starting or stopping smoking, drinking sensibly, being physically active and a healthy weight. There are large inequalities in wellbeing and its determinants in the county.

Common mental health problems affect about one in seven of the adult population, with severe mental health problems affecting one in a hundred. It is known that people with mental health, learning disability and alcohol and substance misuse problems represent higher risk groups for premature death and long term health disabilities.[1] People suffering from serious mental illnesses like schizophrenia or bipolar disorder can have a life expectancy 10 to 15 years lower than the UK average, and researchers believe that a combination of factors including higher-risk lifestyles, long-term anti-psychotic drug use and social disadvantage contribute to this inequality.[2] The Department of Health (DH) 'No health without mental health' strategy aims to improve the physical health of people with mental health problems, reduce premature deaths, and ensure evidence-based mental health therapies are available for all who need them

[1] NHS North West. Healthier Horizons for the North West. 2008.

[2] Chang CK et al. Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London. 2011. http://www.plosone.org/article/info:doi/10.1371/journal.pone.0019590

Mental ill health prevents too many people of all ages in Lancashire form enjoying a full and productive life. Children and young people with mental health problems are more likely to engage in risky behaviours and find themselves unemployed in later life. Across the county around XX,XXX people are not working due to mental health problems. People with mental ill health are more likely to engage in unhealthy behaviours and have poor physical health. Older people with mental health problems such as dementia too often miss out on effective treatment because they are not diagnosed early enough, and consequently lose their independence. Too often people with mental ill health are prevented from making choices and having control over their lives.

Collaboration between commissioners and a range of providers can promote the mental health and wellbeing of the population, prevent a large proportion of mental disorder and facilitate early intervention for a greater proportion of those with mental disorder thereby dramatically reducing burden and cost. It is important to address the wider determinants of mental health across the life course to both prevent mental illness and promote well-being and work in partnership with a broad range of organisations which contribute to and have an influence on health of the population.

We will:

- promote emotional health & wellbeing in children and adults
- support people of all ages who are affected by mental health play a full and active role in society

What difference will we make?

By 2020, we will:

- Increase self reported wellbeing from X% to X%
- Increase social connectedness (indicator yet to be developed)
- Increase the rate of employment of people with mental illness from x% to x%-=

Long term conditions

Why is this important?

Around 170,000 people die prematurely in England each year in total, with main causes being cancers and circulatory diseases. Those people with LTCs are likely to have a lower quality of life. It is estimated that there are currently 15.4 million people in England - almost one in three of the population - living with an LTC and half of people aged over 60 in England have a LTC. Due to an ageing population, it is estimated that by 2025 there will be 42% more people in England aged 65 or over. This will mean that the number of people with at least one LTC will rise by 3 million to 18 million.

LTCs impact more heavily on the poorest in society leading to health inequalities: compared to social class I, people in social class V have 60 percent higher prevalence of LTCs and 60 percent higher severity of conditions. The proportion of people with a limiting LTC in work is a third lower than those who do not.

People with LTCs are the most frequent users of health care services, accounting for 50 per cent of all GP appointments and 70 per cent of all inpatient bed days. Treatment and care of those with LTCs accounts for 70 per cent of the primary and acute care budget in England. This means around one third of the population account for over two thirds of the total spend. Also, around 70–80 per cent of people with LTCs can be supported to manage their own condition.[3]

Approximately 1.5 million people in the North West are living with one or more LTCs (LTC)[4]. This number will grow considerably over the next few years. In 2031 an estimated 36% of the population will be aged over 50, an increase of 2% from 2010, and the percentage of people aged 85 plus is expected to rise from 2.1% to 3.4%. With the growing numbers of people living with a LTC along with an ageing population, the North West will continue to experience an ever greater pressure on its health and social care services if we continue to ignore the need to redesign and reform services.

Detection of LTCs is poor in general. For example, in 2008/09 nearly 820,000 people with hypertension remained undetected in the North West[5] and there is an enormous variation in the detection of hypertension at the GP practice level.

Similarly, AQuA Observatory analysis shows that the north west region has very high rates of COPD and associated with that has poor clinical outcomes. The emergency admissions for LTCs in the North West are higher than the national average. In 2008/09, there were nearly 6000 excess emergency admissions due to COPD compared to national average amounting to an excess expenditure of £10 million in the region. Our analysis shows that across the north west around 30% of COPD patients are readmitted, 15% of them within 30 days. In addition, end of life care is relatively poorly developed for this cohort of patients despite the high volumes of patient who die in hospital.

LTCs in children and young people

The North West experiences high rates of emergency hospital admissions for asthma, diabetes and epilepsy in 0 to 18-year-olds. In 2008/09 there were nearly 5,600 emergency hospital admissions for asthma among 0 to 18-year-olds in the North West, equating to an emergency admission rate of 350.8 per 100,000. This is significantly higher than for all other SHA areas and is 1.4 times higher than the England rate (243.6). The North West's

[3] Transforming our health care system: Ten priorities for commissioners; The King's Fund, 2011

[4] Adult and Elderly Long Term Conditions CPG Report. Joining Up Care. NHS North West, 2010

[5] https://www.nhscomparators.nhs.uk/NHSComparators/CommissionerResults

emergency admissions rate for epilepsy among 0 to 18-year-olds is also the highest in England, and the rate for diabetes is the second highest in England[6].

There is a compelling need to improve the management of LTCs in children for reasons of quality, experience and value for money. If the underpinning deprivation and health inequalities were addressed and the high child emergency hospital admission rates for asthma, diabetes and epilepsy across the North West were reduced to the England average, potentially £1.6 million could be saved: £1.1 million for asthma, £181,000 for diabetes and £355,800 for epilepsy[9].

Children with complex needs require integrated care to support them and their carers. This requires close collaboration between healthcare, social care and education, as well as between community and hospital based care.

Three out of five people aged over 60 in Lancashire suffer from a long term condition and as the population ages this proportion is likely to rise. Long term conditions such as asthma, heart disease and disability also affect children and young people in the county. Treatment and care for people of all ages with long term conditions accounts for a significant proportion of NHS and local government resources through demand for GP appointments, hospitalisation and social care. Most long conditions are preventable with healthy living conditions and behaviours. We can reduce the burden of long term conditions through prevention and developing services that enable people to remain living independently in their own homes; we can empower patients, give them information about their condition and offer them choice about where and how they are treated.

Long term conditions prevent too many people in Lancashire from learning, working and enjoying their leisure time, often leading to social isolation and negatively affecting mental health and wellbeing. The prevalence of long term conditions is higher in the more deprived parts of the county. This is likely to be due to a combination of factors: long term conditions such as heart disease, stroke, asthma and respiratory disease can be exacerbated by living conditions such as cold or damp housing or poor nutrition and people living in deprived areas can be less likely to seek or receive early help from health services when symptoms arise.

We will:

- reduce the incidence of, and mortality from, long term conditions
- improve quality of life for people with long term conditions and their carers

What difference do we want to make?

By 2020, we will:

- Reduce the mortality rate from conditions considered preventable from x to x
- Increase the proportion of people feeling supported to manage their condition from x to x

[6] NW Public Health Observatory, 2011. Children with long-term conditions in the North West: Emergency hospital admissions for asthma, diabetes and epilepsy 2008/09

- Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions from x to x

Improve the health and independence of older people.

Why is this important?

We know that Lancashire's population is changing and getting older. Over the next 20 years the percentage of people in the county aged 50 and over will increase from 36% to 44%. From 2008 there have been more people aged over 60 than under 19 for the first time ever. People are living longer but are spending more of their old age in poor health or caring for someone in poor health, which can affect their ability to get out and about and to do the things that they used to do. This can lead to social isolation which itself can lead to poor emotional, mental and physical health. Older people in the county are also vulnerable to the negative health effects of poverty such as not being able to eat a healthy diet or heat their home.

Older people make an enormous contribution to Lancashire's communities, for example through caring for grandchildren, volunteering and sharing their vital skills and experience with others. All too often this contribution is restricted by poor health. We want Lancashire to be a place where older people can live their lives in the way they choose and where their skills and expertise are valued.

We will:

- increase healthy life expectancy for those aged 65
- support older people and their carers play a full and active role in society

What difference do we want to make?

By 2020, we will:

- Increase health related quality of life for older people from x to x
- Increase the proportion of carers who report that they have been included or consulted in decisions about the person they care for, from x to x
- Increase older people's perceptions of community safety from x to x

5. Delivering improvement – priority interventions

This strategy must also focus on the delivery of 'concrete' interventions to deliver significant and demonstrable results for the people of Lancashire and through which the Board can test out and learn from new ways of working. We used four criteria to choose these interventions. We chose interventions where:

- There is a moral imperative to take action (for example it cannot be acceptable that there are people in the county that are ill because they cannot afford to heat their homes, or who are lonely and isolated)

- There is already good evidence that the interventions will work and make a difference to health and wellbeing for people in Lancashire

- There are already examples of where these interventions are working well in the parts of the county but they are not available everywhere they are needed

- We know that the interventions can contribute to more than one of our priority outcomes

Each of these 10 interventions is therefore informed by the evidence of what works in achieving our priority outcomes. They also cannot be delivered without the necessary 'shifts' in the ways that we work together. Each of these interventions has been delivered successfully in part of Lancashire or elsewhere in the UK and there is potential to 'scale it up' so that as many people as possible in Lancashire can benefit.

1. Smoking in Pregnancy

Outcomes: Maternal and child health
Long term conditions

Shifts Required: Promote and support greater individual self-care and responsibility for health
Shift resources towards interventions that prevent ill health

Smoking cigarettes in pregnancy is one of the major causes of adverse outcomes for babies, increasing risk of babies being born prematurely, too small, and dying before they can be born at all or in their first year of life. By choosing this area as a focus for intervention we would not only be supporting the mother during the pregnancy but also improving the long term life chances of the new born baby. Rates of smoking in pregnancy in Lancashire are unacceptably high. There is more that partners can do together to support pregnant women quit including; sharing information, offering support every time we see a pregnant women who smokes, providing incentives for women who successfully quit and making intensive stop smoking support available

2. Loneliness in older people

Outcome: Improve health and independence of older people
Improve mental health and wellbeing

Shift Required: Build and utilise the assets, skills and resources of our citizens and communities

Social support and good social relations make an important contribution to health and wellbeing. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. There are too many older people in Lancashire that are isolated and do not have enough access to these supportive social relationships. By choosing this as an area for intervention we can provide older people with the emotional and practical resources they need to live fulfilled lives and be resilient to challenges they face. We will work better together to share information to identify older people at risk of loneliness and use community assets approaches to do what we can to mobilise communities to connect with older people to prevent loneliness.

3. Affordable Warmth

Outcomes: Long term conditions
Improve health and independence of older people

Shifts Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities

Ensuring that people living with long terms conditions are able to keep their homes warm during the winter will reduce the risk of exacerbating long term conditions (particularly cardio vascular and respiratory diseases). It is unacceptable that each winter older people in Lancashire die or are admitted to hospital with ill health caused by poor housing conditions and poverty. CCGs, district councils and the County Council can work better together to ensure that people who are vulnerable to fuel poverty have access to affordable warmth interventions (such as insulation and benefits advice) through an affordable warmth referral scheme. As well as reducing preventable deaths and demand for health services, this will also allow us to work with partners on the wider determinants of health by addressing living conditions.

4. Early response to domestic violence

Outcomes: Maternal and child health
Long term conditions
Mental health and wellbeing

Shifts required: Shift resources towards interventions that prevent ill health and reduce demand for acute and residential services
Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities

Domestic violence can have devastating impacts on the emotional, mental and physical health of children, young people and adults affected by it. It affects a significant proportion of people throughout their lives and places considerable demands on health and social care services and the criminal justice system. There is more that partners in Lancashire can do by working together better to identify those at risk or, or affected by domestic violence and to ensure an early response and collective programmes of support to both victims and perpetrators, to prevent the detrimental impacts spiralling out of control for the whole family.

6. Support for carers

Outcome: Mental Health & Wellbeing
Improve health and independence of older people

Shifts Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health

Carers are an essential source of support for thousands of people in Lancashire, supporting people to stay in their own homes and maintain some independence. However, carers can become socially isolated and their own health and wellbeing can suffer. Caring for someone can place real strain on relationships. Becoming a carer can feel like a huge responsibility, with the wellbeing of someone else resting on the carer. For example, prevalence of depression among carers of people with dementia has been estimated at between 40 and 60% (Redinbaugh) compared to only 8% among non-carers of similar age. There is more that partners in Lancashire can do together to support carers by joining up the services we each commission and provide and using assets approaches to enable carers stay healthy, maintain their social networks and have breaks from caring responsibilities when needed.

6. Alcohol liaison nurses

Outcomes: Mental Health & Wellbeing
Long Term Conditions

Shifts Required: Shift resources towards interventions that prevent ill health and reduce demand on acute services

Alcohol misuse is associated with poor outcomes in pregnancy and childhood, mental health and wellbeing and contributes to long term conditions. It also places a significant burden on public services. There is more that partners can do together in Lancashire to reduce the impact that alcohol has on our communities. There is good evidence that alcohol liaison nurses based within hospital settings can reduce the number of alcohol related hospital admissions and free up healthcare resources for other interventions. Alcohol liaison nurses work within hospitals to identify people who are admitted due to alcohol misuse and support them get the right alcohol intervention as quickly as possible to reduce their length of stay and reduce the likelihood of them being admitted again. There are alcohol liaison nurse services in place within hospitals in Lancashire, however there is a view that capacity of the services need to be increased.

***7. Identify those who are at risk of admission into hospital and provide* appropriate intervention**

Outcomes: Long Term Conditions
Improve Health & Independence of Older People

Shifts Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand for acute services

Admissions that are unplanned represent around 65 per cent of hospital bed days in England. In many cases these admissions could have been prevented with more effective management of long term conditions by the patient, carer or within primary care, with responsive and effective social care and through building resilience within communities. There is more that partners in Lancashire can so by working better together to identify those at risk of admission and delivering joined up support to reduce the likelihood of hospitalisation. General practice and social care data can be used to identify an individual's level of risk of admission. There are currently programmes in place in Lancashire that use this approach to prevent admissions for long term conditions through community matrons and active case management approaches. However there is potential to prevent even more admissions by lowering the level of risk at which intervention is made and integrating heath, social care and third sector services.

8. Self-care – encouraging people to take control of their own health & wellbeing

Outcomes: Maternal and child health
Mental Health & Wellbeing
Long Term Conditions
Improve the health and independence of older people

Shifts Required: Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand for acute services
Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.

Self care means finding the information and treatment you need for minor illnesses yourself and having the confidence to look after your own health. Intervening to increase self care allows people to take more responsibility for their health and wellbeing. However to support this we need to ensure that easy to understand information is available. Self care doesn't mean people get less help from public services, it means we empower people to find the information they need themselves via technology, support networks, community groups and so on. By working better together we can deliver programmes to support people to understand their own and their family's health and become familiar with what to do about common illnesses this is often called health literacy). We can provide the information they need through our services such as websites, libraries, council offices, schools and GP surgeries. We can also work to mobilise community assets such as social networks for self care so that people have a friend or neighbour to support them with self care.

9. **Healthy Weight – environmental measures**

Outcome: Maternal and child health
Long Term Conditions

Shifts Required: Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand on acute services

The prevalence of overweight and obesity are increasing in both children and adults in England and in Lancashire. Evidence indicates that environmental factors such as the design of a built environment that is not conducive to physical activity and concentrations of calorie dense high fat food shops and take-aways create an environment that works against healthy weight. By working better together there is more that we can do in Lancashire to intervene for an environment that promotes healthy weight. In particular, the planning and regulatory roles of local authorities can be used to reduce concentrations of fast food outlets; especially near schools and to create the conditions that encourage people to walk, cycle and play outside.

10. Joined up support for vulnerable families (first pregnancy)

Outcomes: Maternal & Child Health
Mental health & wellbeing

Shifts Required: Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand on acute services

It is evident that working with the most vulnerable families in a holistic manner has a major impact on the health and wellbeing of that family. Many initiatives are currently being piloted across the country and in Lancashire on early intervention before crisis point. This intervention is to provide support to a vulnerable family at first pregnancy, as this will allow

the family to be supported when required the most, but will also have a profound impact on the health & wellbeing of the child.

Responses received for the Health & Wellbeing Strategy – Engagement Feedback

Health and Wellbeing Strategy

At its meeting in March, the Shadow Lancashire Health and Wellbeing Board discussed setting priorities that are informed by intelligence about the health and wellbeing of Lancashire's population. It received a presentation on the main themes from Lancashire's JSNA.

The Shadow Board agreed to establish a task and finish group comprising a small number of its members to develop priorities for the Health and Wellbeing Strategy based on intelligence about health and wellbeing in the county and evidence of what can make a difference to health outcomes. This task and finish group met several times and reported on its progress at the meetings of the Shadow Board on 9 May and 29 May.

The Shadow Board received and endorsed the work of the task and finish group and agreed to engage with wider partners and stakeholders to strengthen and further develop the strategy.

Engaging partners and stakeholders in developing the strategy

It was agreed by the Shadow Board at its April meeting that all Shadow Board members in their leadership capacity, should take responsibility to engage stakeholders in the development of the strategy by asking the following questions:

1. What recommendations would you make to strengthen the emerging strategy?

2. What contribution can your organisation/partnership make in the delivery of the strategy?

The views of stakeholders are being collected and will be discussed at future Shadow Board meetings in order to strengthen the strategy in time for the official launch of the Strategy in November 2012.

This is an ongoing process, but please find below a synopsis of some of the comments from stakeholders and partners

- Working together is a must if we want to improve the Health & Wellbeing of the community.
- To recognise the importance of physical activity, exercise as well as mental stimulation and social interaction
- Increasing the scope within the strategy to include supporting a broader range of carers than just carers of people with dementia, for example, support to carers caring for a relative with a long term condition
- strategy would be strengthened by the inclusion of Information and Advice as tools to both address and prevent mental health issues occurring.
- what do we mean by 'encourage people to take control', the results could be a figure stating how many people have been encouraged. A better statement may be to seek to 'Enable people to take control of their own health and wellbeing'. We could monitor outcomes of this which would show a better impact than 'encouraging' someone to do so.
- We feel there should be emphasis reflecting housing and local infrastructure particularly when considering the substantial changes born via Local Development Frameworks (LDF) across Lancashire, the initial proposals appear to largely miss the LDF and associated implications

- There are two issues and possible interventions which are not covered anywhere and we believe are important. These are Housing - picking up issues of affordability but more importantly the standard of housing and issues around ownership and challenges faced by older people who are asset rich, resource poor to maintain properties to a standard which reduces negative impacts on health along with the provision of appropriate social/private housing to enable older people to downsize. The knock on effect is potentially an increase in larger properties for families.
- The second issue is transport particularly linked to supporting the reduction in social isolation and improving access to services.
- we would like to suggest an expansion of the 2nd bullet to include "ensuring existing VCFS services are engaged and encompassed within future service provision, where they add value.
- Address loneliness in older people and vulnerable adults as an intervention not loneliness in older people only
- Actions should identify who is responsible, the timescale for completion and a definition of what will constitute success.
- The Council feels that the explicit aim of narrowing the gap and tackling health inequalities appears to have been watered down within the emerging strategy. We would be very keen to see this being made more explicit as a major cross-cutting aim of the strategy (as was originally intended in earlier discussion documents).

- We would like an understanding of what outcomes will be measured and how they will be measured to determine the success of the implementation of items in the strategy
- The Partnership would be keen to see some assurance within the final strategy that health issues at a local level will be resourced and addressed

- I think this is an excellent draft and would maybe add in reference to how the strategy aims to work across the 'whole system' to achieve it's priority outcomes. The principles of info sharing , default to collaborate are spot on and I would suggest it would carry more impact with some reference to vulnerability i.e. our strategy will recognise that health and wellbeing is about the collective vulnerability of our citizens and that is why collaboration is critical to success.

Further work is still being carried out to engage with partners in order to refine and strengthen the strategy. Appendix 1 gives a more detailed account of responses received from partners. Appendix 2 are the collective responses from the Third Sector, co-ordinated by Third Sector Lancashire.

Appendix 1

Organisation/Partnership: Pendle LSP Health Improvement Group

This is a response on behalf of Pendle LSP Health Improvement Group which incorporates individual contributions from:

- East Lancashire Health Improvement Service
- Lancashire Care Foundation Trust (Sexual Health Services)
- Pendle Leisure Trust
- Help Direct

The Pendle LSP Health and Well Being Group exists to support and advance health improvement in the borough of Pendle with a particular emphasis on reducing health inequalities. It has a broad based membership and over the past twelve months has been addressing issues such as: Infant Mortality, Tobacco Control, Emotional Health & Well Being and Equitable Access to Services.

The responses below had been fed back by individual member organisations as part of a collective response on behalf of the group:

1. **What recommendations would you make to strengthen the emerging strategy?**

    a) Prioritise early intervention strategy to increase knowledge and to educate front line workers & the population. Examples of these are

        - Identification Brief advice training for alcohol
        - Access to initiatives which will allow people at improve their Health and Wellbeing

    b) Include a positive approach to contraceptive and sexual health empowering communities to take a proactive rather than reactive response for their own sexual health and well-being

    c) To recognise the importance of physical activity, exercise as well as mental stimulation and social interaction in the overall structure

        - To recognise how this can have a positive impact on “Health Improvement”, both with physical and mental wellbeing.
        - The ability to then be able to produce a structured, inclusive, holistic and balanced approach that can both improve the chances of gaining early intervention wins and also long term health changes as well as the reduction in medical intervention costs.

d) Working together is a must if we want to improve the Health & Wellbeing of the community. We need to embrace and utilise other services in order to get result

Organisation/ Partnership: Pendle Leisure Trust

1. What recommendations would you make to strengthen the emerging strategy?

To recognise the importance of physical activity, exercise as well as mental stimulation and social interaction in the overall structure.

To recognise how this can have a positive impact on “Health Improvement”, both with physical and mental wellbeing.

The ability to then be able to produce a structured, inclusive, holistic and balanced approach that can both improve the chances of gaining early intervention wins and also long term health changes as well as the reduction in medical intervention costs.

Organisation/Partnership: Carers Strategy Officer LCC

1. What recommendations would you make to strengthen the emerging strategy?

Increasing the scope within the strategy to include supporting a broader range of carers than just carers of people with dementia, for example, support to carers caring for a relative with a long term condition.

Organisation/Partnership: Citizens Advice Bureau

1 What recommendations would you make to strengthen the emerging strategy?

Mental Health is listed as a priority outcome within the strategy and we feel that the strategy would be strengthened by the inclusion of Information and Advice as tools to both address and prevent mental health issues occurring. Improvement in a client’s mental health is proven to increase both their physical and emotional wellbeing, resulting in a more holistic approach to people's Health and Wellbeing.

We also feel that many of the Interventions listed may not demonstrate much in the way of impact. For example, what do we mean by ‘encourage people to take control’, the results could be a figure stating how many people have been encouraged. A better statement may be to seek to ‘Enable people to take control of

their own health and wellbeing'. We could monitor outcomes of this which would show a better impact than 'encouraging' someone to do so.

We also wanted to know what was meant by 'Holistic Support'. Should we not specify practical interventions such as: Provide a range of information, advice and practical help/services to vulnerable families.

Organisation/Partnership: Hyndburn Over 50's Forum

1 What recommendations would you make to strengthen the emerging strategy?

The forum welcomes the strategy and believes that working with partners and the strength that this will bring will help deliver a good quality of health and wellbeing in Lancashire. All the priority shifts are important in particular to our forum are priorities 1 and 4 priority health & wellbeing outcomes we welcome item 4. Improving health and independence of older people 65 and over interventions. Our priorities are listed but we welcome the other important issues identified.

Organisation/Partnership: Age Concern Central Lancashire and Help Direct (Preston and South Ribble) –

1. What recommendations would you make to strengthen the emerging strategy?

On a general point we feel it would be advantageous if there could be some clarity on the expectations on the role of the VCFS in its engagements with the Health and Wellbeing Boards at both a county and a local level. Are we the "critical friend", an equal partner or "need to be seen to be engaged with".

We feel there should be emphasis reflecting housing and local infrastructure particularly when considering the substantial changes born via Local Development Frameworks (LDF) across Lancashire, the initial proposals appear to largely miss the LDF and associated implications e.g.

Housing delivery

Housing density

Housing quality

Affordable housing

Design of buildings

Travel

(See attached for examples)

Unless the Board adopts a process for strategic interventions such as assessing and influencing large scale change E.G. through the LDF and Lancashire Transport Plan (LTP3) then the priority 'lower level' health and wellbeing outcomes listed will not achieve the fundamental change necessary to narrow inequality gaps and achieve health equity. There appears to be a void at the strategic intelligence / influencing level. Perhaps this could be listed under Table 1 as a particular action.

Beyond the quick win interventions listed how, in the longer term, does the Board anticipate it will achieve the desired outcomes.

What level of Equality Impact Assessment is being undertaken in line with the Boards developing strategy and is this available for comment?

The 'Lancashire Directors of Public Health Report' 2010/2011 compiled by Frank Atherton, Maggi Morris and Sohail Bhatti hoped that the 'Health and Wellbeing Board will use these priorities and recommendations as the basis of its Health and Wellbeing Strategy'. These were:

Reduce unemployment and worklessness

Increase income and reduce poverty

Strengthen communities

Increase opportunities for life long learning and skills development

Reduce alcohol and tobacco consumption

Increase social support

Copy link http://www.clph.net/page.aspx?pageid=848&ParentID=0

To what degree have the H&W Board considered these recommendations and the report findings/content in general.

Priority shifts in ways of working

In table 1 we would like to suggest an expansion of the 2nd bullet to include "ensuring existing VCFS services are engaged and encompassed within future service provision, where they add value.

On the fifth bullet in table 1 the lack of clarity on envisaged role of the VCF sector makes this hard to comment on. As recipients of contracts or grants from statutory bodies we could not pool those and we would have concerns at any suggestion of pooling our own reserves/resources unless the use was deemed appropriate by our own governance structures. However it is anticipated that there would be many shared priorities and where possible joint working would be actively welcomed . Some good examples are currently in place around working with LCC and the PCT around the Crisis Lite service.

We would like to see ensure reducing duplication as a priority shift. A current example is the insistence in South Ribble and Chorley by the PCT of the development of a standalone website on Health and Wellbeing when there is already the Help Direct Wellbeing directory and the developing Pow Wow Website. All requiring self management and update by VCFS partners along with our own web sites.

Priority Health and Wellbeing outcomes

We wonder if in points 2 and 4 the final points around support should be with the purpose of "enabling them to" play a full and active role.

Delivering early wins

We are slightly concerned that there may be a mismatch between the JSNA data, sometimes quite historical, leading to a focus on interventions around young people, and the forecast growth in an aging population. Whilst we acknowledge that teenage pregnancy, alcohol and smoking in pregnancy are current health targets they seem to be too specific in terms of a strategy.

We would like to see an expansion of the hospital admission intervention to include improving systems of discharge and supporting the reduction of re-admission, including improved access to Community Equipment services.

We feel support for carers is very important and should not appear to be limited to dementia patients, important though that is. Perhaps the wording needs to be enhanced.

There are two issues and possible interventions which are not covered anywhere and we believe are important. These are Housing - picking up issues of affordability but more importantly the standard of housing and issues around ownership and challenges faced by older people who are asset rich, resource poor to maintain properties to a standard which reduces negative impacts on health along with the provision of appropriate social/private housing to enable older people to downsize. The knock on effect is potentially an increase in larger properties for families.

The second issue is transport particularly linked to supporting the reduction in social isolation and improving access to services.

Organisation/Partnership: Lancashire Care Foundation Trust – Chai Healthy Living Centre Burnley – Janet Davies

1. **What recommendations would you make to strengthen the emerging strategy?**

The strategy needs to recognise the strengths of existing commissioned services who are meeting and exceeding their targets and engagements with their local communities. The strategy should support building and enhancing successful projects which can hit the ground running and not to constantly reinvent new projects which take time and infrastructure to gain momentum and activity.

Organisation/Partnership: Public Member & Chair of Burnley Over50's Forum Tracey Nicola Dyson

1. **What recommendations would you make to strengthen the emerging strategy?**

Listen to the public's expectations

Take account of the social 'background' of users eg lifestyle, housing, work, financial, to focus specialised services.

Organisation/Partnership: North Lancs Joint Commissioning Team

1.What recommendations would you make to strengthen the emerging strategy?

Priority outcomes – there needs to be an emphasis on vulnerable adults who are more at risk than the identified groups e.g. people with Learning Disabilities

Interventions – Could the bullet point be altered to be more inclusive?

- Address loneliness in older people and vulnerable adults

Ensure there is an agreed **engagement and communication process** to continue to develop the active involvement of priority groups and minority groups with indentified risk factors e.g. people with learning disabilities

Organisation/Partnership: South Ribble Older People's Forum

1. **What recommendations would you make to strengthen the emerging strategy?**

Consider views of older people through consultation and liason. More information on how the ideology will be achieved with the resources available.
Committed to eliminate age discrimination. Take into account the fact that many older people have difficulty in coping with Information Technology.
Production of an action plan to back up the strategy.

Organisation/Partnership: Lancaster City Council

1. **What recommendations would you make to strengthen the emerging strategy?**

   The priority shifts in ways of working have to happen if we are going to make a real difference. We must ensure that this happens at all levels within and between organisations and partners and that front line workers are empowered to enable this to happen.

   We support the priority health and well being outcomes and would hope that the actions and interventions to deliver these outcomes recognise the important role that district councils have in health improvement e.g. housing, planning, leisure and licensing.

   Another key issue will be how to engage our citizens in the strategy and get them interested enough to contribute. Special interest groups will be easier to engage but what about our most vulnerable citizens.

Organisation/Partnership: Lancashire Fire and Rescue Service – Paul Richardson

1. What recommendations would you make to strengthen the emerging strategy?
In order to contribute effectively to the two main components of the strategy, namely "working together" and "getting results", there needs to be a clear articulation of the specific actions proposed, particularly how they link to the priority Health & Wellbeing outcomes. In addition, it is important for partner organisations to clearly state their own actions to be taken in support of the above. Finally, actions should identify who is responsible, the timescale for completion and a definition of what will consitute success

Organisation/Partnership: Burnley Borough Council

The emerging Lancashire Health and Well-being Strategy has been considered at an all-Member briefing, the Council's Community Services Committee and with the Leader of the Council who is also the Lead Member for Health.

The Council is pleased to provide the following response to your consultation.

1. What recommendations would you make to strengthen the emerging strategy?

The Council feels that the explicit aim of narrowing the gap and tackling health inequalities appears to have been watered down within the emerging strategy. We would be very keen to see this being made more explicit as a major cross-cutting aim of the strategy (as was originally intended in earlier discussion documents).

The priority areas within the document align broadly with the priority area of Burnley with the exception of drug and alcohol misuse, although we accept that the priorities have emerged from the Joint Strategic Needs Assessment which looks at priorities for all of Lancashire.

We endorse this approach of using the JSNA, however there does not always appear to be a direct between the priorities and the interventions stated in the document. There are a wide range of existing interventions tackling the priority areas which are currently funded by Primary Care Trusts. The Council is concerned that in the rush to work on a range of new interventions, existing programmes such as BEEP (GP Referral Scheme) which are recognised as effective and good practice will be forgotten and will cease in March 2013. The Council is keen to see that the emerging strategy recognises existing good practice and seeks to ensure its provision in the future.

We would also like the Strategy to recognise more the wider determinants of ill-health in line with Marmot principles.

Organisation/Partnership: Hyndburn Borough Council Health and Communities Working Group – Pam Barton, Portfolio Holder for Health and Communities

1. **What recommendations would you make to strengthen the emerging strategy?**

The following points were made from the Health Improvement Team:

- We would like an understanding of what outcomes will be measured and how they will be measured to determine the success of the implementation of items in the strategy.
- How will Hyndburn benefit from this strategy? As a county wide document, can we be sure that individual boroughs (including Hyndburn) with largely varying health needs will have their needs met by this strategy?
- What if things don't work? What will the system be for decommissioning or re-commisioning services? How at Borough Council level can we feed into the type of services that we feel should be commissioned at a local level?
- We feel that weighting should be on prevention and early intervention services rather than cure

Organisation/Partnership: Chorley and South Ribble Health and Wellbeing Partnership

I. **What recommendations would you make to strengthen the emerging strategy?**

a. The Partnership agrees with the priorities and the desire to identify some 'early success' interventions articulated in the emerging strategy.

b. There is no explicit acknowledgement of the issue of population/housing growth in the emerging strategy. The Partnership believes the planning and delivery of health infrastructure to meet increased demand should form part of the final strategy.

c. The Partnership would be keen to see some assurance within the final strategy that health issues at a local level will be resourced and addressed.

Organisation/Partnership: Lancashire Constabulary

I think this is an excellent draft and would maybe add in reference to how the strategy aims to work across the 'whole system' to achieve it's priority outcomes. The principles of info sharing , default to collaborate are spot on and I would suggest it would carry more impact with some reference to vulnerability i.e. our strategy will recognise that health and wellbeing is about the collective vulnerability of our citizens and that is why collaboration is critical to success.

Appendix 2

Summary of Responses to Initial Consultation with VCFS on the Lancashire Health and Well-Being Strategy

Organisation	**Respondent**	Recommendations	Contribution
West Lancs CVS	Greg Mitten	Address inequalities Emphasise assets/social capital/resilience Ensure whole sector understands. Joint training with commissioners	Engage in developing Strategy Cascade to local organisations
Rossendale Enterprise and Community Health Group	Dorothy Mitchell		Both organisations welcome engagement. (MW to attend their meeting 6 September)
Lancashire Environmental Forum	Tim Graham	Recognise place of natural environment in securing H and WB. Evidence-based.	Assist CCG's by championing this agenda Mapping to identify gaps Advice and support for local delivery
British Red Cross	Stewart Knowles	Two-way communication vital	Working with carers and preventing hospital admissions are their priorities

Rossendale CAB	Kester Dean		Providing debt resolution and increasing income to improve, especially, mental health. Provide a holistic service
Age Concern Central Lancashire	Linda Chivers	Need clarity of expectations for VCFS contribution	Avoid duplication. Support for carers across the board. Community transport
Marsh Community Centre, Lancaster	Yakub Patel	General assistance to people in the community with problems	Home visits, fitness, healthy eating programmes. Food co-op
Preston Muslim Forum	Vali Patel	Need clearer picture of what sector provides. Recognise that health issues in BME communities more acute than in indigenous	Willing to work on a consortium basis
Life Balance Ltd	Anon	Improve training for well-being practitioners	Happy to contribute (e-mails have their limitations !)
Integrate (Preston and Chorley)	Peter Green	Need better info about what's going on. 'Interventions' imply 'doing to' which doesn't work. Need to stress 'asset based' and 'empowering'	Keeps watching initiatives fail !
St. Vincents Home Care and Repair	Chris Roberts	Provide home impro' and repair service. Vulnerable people need to be made aware of such services	See themselves as ideal vehicle for communication with users on energy efficiency and fuel poverty
Calico	Sarah Hanson	Need to connect with existing strategies e.g dementia Acknowledge housing as a health determinant	Challenge of funding
Preston Christian Action Network	Peter Smith	Greatest underlying problem is poverty, therefore need to assist people into good employment. Need to recognise complex problem of homelessness	Networking and cascading especially with churches

Pendle Crafters and Hand-made in Burnley	Diane Flynn	Recognise problems from family finance, loss of benefits	Struggling to maintain free service
1 Voice	Gaynor Dale	Vital to consult transparently and in plain English	Help in communications to those with physical and learning disabilities
West Lancs Faith Network	Cerys Smye-Rumsby		Can offer case studies on hard-to-reach individuals
Renaissance at Drug-line Lancashire	Kath Talboys	Recognise capacity of VCFS and community led-initiatives	Much experience with hard- to-reach people especially in substance misuse and sexual health
EnDeVa CiC	Tess Reddington	Protect grass roots organisations. Unlikely to have capacity to take part in commercial tendering	

Further Responses to Strategy

Dr Gora Bangi and Dr Anne Bowman Chairs of Chorley and South Ribble CCG and Greater Preston CCG

East Lancashire Clinical Commissioning Group

Lancashire Children and Young People's Trust and Children and Young People's Health and Wellbeing Priority Group

Home –start Chorley and South Ribble

West Lancashire Borough Council

Name:

Dr Gora Bangi	**(Chair, Chorley and South Ribble CCG)**
Dr Bob Bennett	**(Chorley and South Ribble CCG representative on the shadow Lancashire health and wellbeing board)**
Dr Ann Bowman	**(Chair, Greater Preston CCG and CCG representative on the shadow Lancashire health and wellbeing board)**

1. **What recommendations would you make to strengthen the emerging strategy?**
We would encourage consideration of the following points to strengthen the emerging strategy.

Priority Shifts

- It is important moving forward and in a time of economic challenge, diminishing resource and for some areas, increased demand that we have an eye to the future. We would see a "priority shift" being how we collectively scan the horizon for emerging opportunities and threats so we are better prepared to address these together, taking advantage of the opportunity being more joined up on this could bring.
- There is good evidence to demonstrate how a focus on improving quality leads to more efficient and cost effective ways of working with improvements in associated health and wellbeing outcomes. With this in mind we feel there would be benefit in including a focus on improving quality as a priority shift.

Priority Outcomes

- At a high level the priority outcomes, with their line of sight to the JSNA, feel to be appropriate and we can see a good level of alignment with our own objectives.
- It is important that we can demonstrate the impact that our collective working, through the statutory health and wellbeing board, has. We would wish to see the priority outcomes refined so that they are measurable to allow for this.
- In refining the priority outcomes we would encourage consideration to be given to the nationally published outcomes frameworks for the NHS, Public Health and Social Care as well as the emerging outcomes framework for children and young people. Furthermore we feel there is value in considering, as part of this exercise, the outcomes that the constituent organisations of the health and

wellbeing board have committed to (through for example commissioning plans, children and young people's plan etc) to understand the added value impact we hope to achieve through our collective action and application of the priority shifts.

Early Win Interventions

- We acknowledge that the criteria for suggesting a set of "early win interventions" is based on pragmatism and we support the notion of selecting a set of interventions where we can test out the new ways of working and learn from these.
- We do however feel that it is important to have a line of sight from the priority outcomes (and the accompanying evidence base) to the interventions that we proceed with and we feel that this is currently missing.
- The interventions are varied. Some are very specific (alcohol liaison nurses) and some are very broad (address loneliness in older people). We would encourage some level of consistency to be evident within the scope of the interventions. For example, an alcohol liaison nurse is not an intervention. What alcohol liaison nurses deliver is an intervention.
- We feel that one of the opportunities provided by the development of the health and wellbeing board is collective action at the Lancashire footprint. Health and wellbeing partnership arrangements at the local level are developing to take account of the two way influence and accountability to the statutory board and we are committed to working with these partnerships as well, including consideration of how we apply the priority shifts at the local level. As such, for added impact, we would be keen to see a set of interventions that would arguably benefit most from application of the priority shifts at the Lancashire level. The proposed suite of interventions includes some that may require more local action. As such we would encourage application of a "test question" to ensure the proposed interventions are those that would benefit most from action at the Lancashire footprint. There are some that we feel could be missing from the list that may benefit more, an example being a focus on addressing maternal mental health.

2. **What contribution can your organisation make in the delivery of the strategy?**
   Priority Shifts
   We have considered the priority shifts alongside our vision, strategies and objectives that we have committed to within our respective CCGs. We see there is significant alignment between them and a high level summary of this, drawing from our two respective business plan summaries, highlights the following as examples;

Health and Wellbeing Strategy Priority Shift	CCG Business Plan Summaries
Shift resources towards prevention and reduced demand	• Prevention set as an enabling strategy • Awareness of high hospitalisation activity as context
Build and utilise assets	• Workforce as a cross cutting initiative
Individual self-care and responsibility for health	• Reablement set as one of the core programmes • Prevention set as an enabling strategy • Early identification and improving health information set as core objectives

Accessible services, improving the experience between services	• Care closer to home as an enabling strategy • Increasing services in primary care as outcome aspiration • Equitable access to services within the vision • Admission avoidance as key objectives • A range of key initiatives relevant to the priority shift
Joint working	• Evidence through collaboration between our CCGs • Through our commitment to the health and wellbeing board
Narrow the gap in health and wellbeing	• Set within the vision • Reflected in a number of our outcomes aspirations

Priority Outcomes
As mentioned in our response to question one, we can see a good level of alignment between the suggested priority outcomes in this strategy and that of our own business plans. With regard to long term conditions we do have an additional level of focus on cancer, CVD and diabetes in particular. There is further discussion to have as a Board on the focus we will collectively take to this priority outcome and as such the commitment we as CCGs can give to delivering the strategy for long term conditions.

Early Win Interventions
Once the suite of early win interventions has been agreed by the health and wellbeing board we will do further scoping, supported by our public health leads, to specifically consider and identify our actual contribution. This will be in context of maximising the impact we can have by identifying the alignment to our existing identified initiatives and considering how we can evidence application of the priority shifts in our business.

Consultation on Health & Wellbeing Strategy

Name: East Lancashire Clinical Commissioning Group

Organisation/Partnership:

1. What recommendations would you make to strengthen the emerging strategy?

- Incorporate 'Housing' into the priorities to reflect the impact this wider determinant has on health plus its potential increased impact in the future due to the recession, military staff discharges etc.
- Include the need to develop clear strategies and resources for domestic violence which should not be progressed in silo.
- Broaden the intervention listed as 'alcohol liaison nurses' to include the broader programme and the joining up of services to meet patient needs.
- The draft Strategy mentions 'joint working' and 'partners' but it would be helpful for these to be expanded and explained to support the next steps moving forward and for CCGs authorization process.
- Feedback from borough commissioning steering groups includes that there needs to be strengthened structural links between the borough council and the CCGs as well as a mechanism i.e. health and wellbeing group in each locality, to link into the East and County structure.
- Concerns have been raised from the borough locality commissioning groups that the allocation of funding for public health, and to achieve the shared outcomes in the Strategy, will not be proportional to the needs identified within the districts – leading to widened inequalities.

2. What contribution can your organisation/partnership make in the delivery of the strategy?

- To continue to build upon the priorities through joint working / funding / service redesign initiatives across health and social care
- Opportunities to involve local people and the voluntary sector
- To improve access to services and information to meet the priorities within local communities
- Opportunities to promote a range of healthy lifestyle activities within communities through health services
- Needs to be recognised that the demand for care is increasing at a faster rate than increases in resources or restructures resulting in the CCG experiencing pressure on resources and potentially less opportunities to divert resource into prevention.

Engagement on Health & Wellbeing Strategy

Name:

Helen Denton	**Chair, Lancashire Children and Young People's Trust**
Maggi Morris	**Chair, Children and Young People's Health and Wellbeing Priority Group, Lancashire Children and Young People's Trust**

At the request of the Lancashire Children and Young People's Partnership Board, the Lancashire Children and Young People's Health and Wellbeing (CYP HWB) Priority Group have considered the draft health and wellbeing strategy of the shadow Lancashire Health and Wellbeing Board. The CYP HWB Priority Group have done this in context of the children and young people's agenda, including content of the Lancashire Children and Young People's Plan.

3. **What recommendations would you make to strengthen the emerging strategy?**
We would encourage consideration of the following points to strengthen the emerging strategy.

With regard to the "priority shifts";

- Improvements in quality lead to improvements in outcomes. The strategy would be strengthened if quality was reflected within the priority shifts.
- The priority shifts reflect a need to ensure greater emphasis on prevention and to delivering accessible services within communities. We feel there may be benefit in going further in seeing a greater shift from acute to primary care settings.

With regard to the "priority outcomes";

- There is good evidence to demonstrate that optimising outcomes for children begins pre-pregnancy. The Lancashire health and wellbeing strategy is an opportunity to raise awareness of how improving adult health improves child health. This is of particular relevance when taken in context of the Working Together agenda being driven forward by the Lancashire Children and Young People's Trust. We would encourage reflection of this in the priority outcome "maternal and child health".
- We acknowledge that the priority outcome, "long term conditions" is not exclusive to adults. Our experience tells us however that often children and young people can be absent from this work. As such we would encourage clear stipulation within the strategy that these priority outcomes are all age.
- The strategy could be strengthened by giving consideration to how impact of the strategy will be demonstrated. As part of this, taking account of the three existing national outcomes frameworks and the forthcoming outcomes framework for children and young people would be useful. The Lancashire Children and Young People's Trust has already been giving consideration to the expectations of the national outcomes frameworks and considering these against performance dashboards already in place. Ensuring alignment between the outcomes chosen to demonstrate impact for the health and wellbeing strategy as compared to those being used to demonstrate impact of other, related strategies in Lancashire would be valuable to ensure that the collective contribution that partnerships bring is maximised.

With regard to the "interventions";

We note that none of the interventions are explicitly focussed on mental health. We can however see that most, if not all, of the interventions are likely to give a positive impact to mental health and/or emotional wellbeing. It would be valuable, as the interventions are worked up, that each gives consideration to this and is asked by the health and wellbeing board to demonstrate their contribution to addressing the priority outcome of mental health.

With regard to the intervention "healthy weight - environmental measures" it would be of value to note that obesity is multi factoral in origin and whilst recognising that addressing the environment has an important role to play, it cannot be addressed in isolation. As such it would be useful to ensure that as this intervention is scoped there is clear consideration given to the full suite of causes underpinning the healthy weight agenda and ensure links within the system to work ongoing that is complimentary to progressing with this intervention.

This same principle would apply to the other interventions and if applied, would help give the health and wellbeing board assurance that the interventions were working to ensure maximum impact.

4. What contribution can your partnership make in the delivery of the strategy?

There is significant alignment between the content and priorities of the Lancashire Children and Young People's Plan and specifically the two priorities directly related to health and wellbeing. This is depicted in the appendix. As such the Trust, and specifically the Children and Young People's Health and Wellbeing Priority Group, can commit to being a vehicle for utilising existing expertise and infrastructure to help progress the priorities and interventions identified within the strategy.

This same principle would apply for ensuring participation of children and young people. Within the Lancashire Children and Young People's Trust arrangements work is progressing, led by the Lancashire Participation Network who are represented on the Lancashire Children and Young People's Trust and the Health and Wellbeing Priority Group, on establishing a strategic forum for children and young people to come together to embed their active participation in decision making relating to health and wellbeing issues that affect them. As such, commitment can be made to supporting the shadow Lancashire Health and Wellbeing Board to ensure the active participation of children and young people as the strategy develops, in its delivery and in assessing its impact.

Furthermore the Children and Young People's Health and Wellbeing Priority Group could work to support the health and wellbeing board to "interpret" the landscape of children and young people's health and wellbeing through utilisation of the child health workforce and children and young people's voice that it has already engaged. Issues associated with the broader determinants that underpin child health, such as educational attainment, child poverty etc are priorities led on by other outcome groups within the Lancashire Children and Young People's Trust arrangements and

an equivalent “interpretation” and support role could be feasible. As the Lancashire Children and Young People’s Trust has twelve, vibrant and well established local Children and Young People’s Trust Partnerships, there is also the opportunity for a more granular level of engagement for delivery of the health and wellbeing strategy.

In addition the “priority shifts” reflect the equivalent set of principles evident in the Lancashire Children and Young People’s Trust service transformation principles and work to apply these shifts has already begun, namely through the Working Together with Families Programme.

Engagement on Health & Wellbeing Strategy

Name: Jeannie Stirling

Organisation/Partnership: Home-Start Chorley & South Ribble

1. **What recommendations would you make to strengthen the emerging strategy?**
   'Shifts in Ways of Working' – It would be useful to have an audit on what community assets we already have, particularly in the voluntary sector. In what ways is the VCFS contributing to the Health & Well Being strategy; identify what other training we need to improve our services even further. How can agencies identify/ report back on which priorities they are contributing to, who and where can they sign post onto if they identify a particular health need that they recognise as being a 'Lancashire priority'?
   Identify which agencies already have people attending their services but could also add a 'health intervention' aspect to their service. For example parents attending a parent & toddler group might also be encouraged to have information about smoking in pregnancy, domestic abuse, and support service for expectant mums, healthy weight, and childhood accidents. Encourage agencies/community groups to think outside the box. However in order to contribute to the strategy agencies need to know that there is a strategy and what the priorities are. An example might be the work of 'You're Amazing' and their Butterflies course and the contribution this makes to positive mental health in women. They may not know there is a strategy and their work is not being recorded against the Lancashire priorities. This may lead to an agency setting up a service when one already exists.

2. **What contribution can your organisation/partnership make in the delivery of the strategy?**
   Consider organising a VCFS workshop enabling agencies to identify how they contribute to meeting some of these priorities, what else can agencies to do to contribute in a meaningful way? How, and whom, would we report back on any outcomes achieved. What training or skills development might we need? Enable all agencies that offer support services to identify which 'health and wellbeing' elements/priorities they

Engagement on Health & Wellbeing Strategy

Name: Dave Tilleray Assistant Director Community Services

Organisation/Partnership: West Lancashire Borough Council

5. **What recommendations would you make to strengthen the emerging strategy?**

- Recognition of the Lancashire Health & Wellbeing strategy and how it can be translated locally by district.
- Acknowledgement of the Outcomes Frameworks and how the strategy serves to deliver against the different frameworks achieving outcomes for Lancashire.
- Reference to the priorities of partners such as CCGs, borough councils, etc.
- Investigation into how local community assets can be harnessed to reduce the call on services and increase self-management within the community.
- Recognition that whilst the strategy may not detail all health conditions or associated interventions, they are equally important and are likely to be intrinsically linked to achieving one of the identified priority health and wellbeing outcomes. It may be useful to acknowledge this in the emerging strategy.
- Greater reference / direction required on how Lancashire Health & Wellbeing Board will ensure that the interventions listed will not fail.
- The strategy should consider how services and interventions that address the wider determinants of health, impact on reducing demands for acute and residential care e.g. the role of housing led by local authorities.

6. **What contribution can your organisation/partnership make in the delivery of the strategy?**

- Align future priorities for NHS West Lancashire CCG and West Lancashire borough council with the priority outcomes set out in the strategy.
- Reflect the priorities of the strategy in the commissioning intentions and priorities of CCG & borough council.
- Added value of partnership working at a local level through local health partnerships and CCGs and the role they can play in delivering the strategy.
- Seeking out possibilities to co design, co-produce and jointly commission against the patient / citizen pathway to ensure that opportunities to maximise effectiveness is optimised.
- Greater and more effective collaborative working across full ‘patient’ pathway.

Health and Well-Being Board
10th July 2012

Role of the H&W Board in the authorisation of CCG commissioning plans

Background

As a result of the Health and Social Care Act 2012 passing through parliament, Clinical Commissioning Groups (CCGs) need to go through an assurance process to become a statutory body which will take on the commissioning responsibilities for its population. CCGs are new, clinically-led organisations coming into being for the first time, the thresholds for authorisation reflect CCG development. They are set in the context of a longer-term vision, where CCGs are supported to develop as they mature as organisations post-authorisation. The authorisation process should not be seen as an end in itself, but as a first step on a journey towards continual improvement.

The authorisation process covers the following six domains:

1. A strong clinical and multi-professional focus which brings real added value.
2. Meaningful engagement with patients, carers and their communities.
3. Clear and credible plans which continue to deliver the QIPP (Quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies.
4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commissioning all the services for which they are responsible.
5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support.
6. Great leaders who individually and collectively can make a real difference.

Appendix 1 shows the subdomains of the above and the evidence CCGs will need to demonstrate or submit in relation to the Health and Wellbeing Board (HWB).

Each CCG is expected to develop a “Clear and Credible” Plan (CCP), which is a three year plan outlining the CCGs vision, strategic direction and commissioning intentions. The CCPs will need to integrate with wider planning arrangements such as local authority plans and health and well-being strategies. This underpins the importance of being able to demonstrate locally how the first year of the CCPs are being delivered (i.e. turning strategic CCP content into pragmatic Operating Plans for 2012-13). These plans will continue to be refines and developed.

Role of the Health and Wellbeing Board

The HWB will play a significant role in informing CCGs of health and social care need, working with CCGs to develop their strategic thinking and shape their developing plans for the future. The HWB plays a part in the authorisation process, key areas are as follows:

- Taking part in a 360 degree survey on each CCG within its footprint
- Receiving and commenting on the vision and key priorities of each CCG within its footprint
- Working with CCGs, using refreshed JSNA ,to develop joint health and wellbeing strategy, to enable integrated commissioning where it is most useful on an on-going basis
- Ensuring that Quality, Innovation, Productivity and Prevent ion (QIPP)is integrated within all plans on an on-going basis

The key questions within the 360 degree survey that will be asked of the HWB can be seen in Appendix 2.

Vision and key Priorities of each of the six CCGs within Lancashire's HWB can be seen in Appendix 3.

A copy of Greater Preston's Clear and Credible Plan (CCP) can be seen in Appendix 4.

Recommendation

Members are asked to:

1. Note the key questions within the 360 degree survey
2. Consider the vision and priorities of each of the six CCG's, acknowledging that these will develop over time
3. Note and input into the draft Greater Preston Clear and Credible Plan

Prepared by:
Carole Sharrock
Head of Strategy
NHS North Lancashire

Presented by:
Ann Bowman
Chair
Greater Preston CCG

RELEVANT CCG AUTHORISATION DOMAINS APPENDIX 1

1.4	**Communicating a clear vision of the improvements it is seeking to make in the health of the locality including population health and health inequalities**	
1.4a	A clear clinically led and delivered vision and priorities for improving quality, access and health outcomes to the communities it serves.	
I.	CCG can demonstrate that it has taken steps to communicate its vision and priorities to partners, via its clinical leadership, through the local health and wellbeing board.	Health and wellbeing board minutes. *NHSCB-led assessment* *Desk top review* Health and wellbeing board members views *NHSCB led assessment* *360*
2.1	**Ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards, local authorities and other stakeholders.**	
2.1b	Engaged in health and wellbeing boards, the refresh of the JSNA and the development of the joint health and wellbeing strategy.	
I.	CCG has engaged Local Authority/ties in establishing its organisational boundaries.	Configuration agreement *Pre-application*
II.	CCG is engaged in shadow health and wellbeing board, is participating in refresh of JSNAs and in development of the joint health and wellbeing strategy.	Commitment to working with others to develop joint health and wellbeing strategy and to enable integrated commissioning *Application* Health and wellbeing board meeting minutes and reports. *NHSCB led assessment* *Desk top review*
III.	CCG commissioning plan aligns with joint health and wellbeing strategy and enables integrated commissioning, depending on local time frame.	Draft JSNA *NHSCB led assessment* *Desk top review* Draft joint health and wellbeing strategy *NHSCB led assessment* *Desk top review* 2012-13 integrated plan and draft commissioning intentions for 2013-14. *NHSCB led assessment* *Desk top review*
3.1	**Credible plans to deliver continuous improvement in quality, reductions in inequalities in access to healthcare and healthcare outcomes, financial balance, and QIPP across the local health system, which also meet NHS Constitution requirements**	
3.1a	Clear and credible plans[1] that set out how CCG will take responsibility for service transformation that will improve quality within available resources.	
I.	QIPP is integrated within all plans. Clear explanation of any deviations from existing QIPP plans.	Draft Joint health and wellbeing strategy *NHSCB led assessment* *Desk top review*
II.	CCG plan supports delivery of joint health and	2012-13 plan and draft commissioning intentions for 2013-

	wellbeing strategy and integrated commissioning, depending on local timeframe.	14 *NHSCB led assessment* *Desk top review*
4.2	**Able to deliver all their statutory functions, including strategic oversight, financial control and probity, quality improvement, innovation and managing risk.**	
4.2c	Reducing health inequalities in access and reduce health inequalities in outcomes of healthcare across main business areas.	
I.	Through involvement in JSNA and development of joint health and wellbeing strategy, CCG has identified opportunities to reduce inequalities and has used tools and resources to identify effective and cost-effective interventions to reduce inequalities.	Draft JSNA *NHSCB led assessment* *Desk top review* Draft joint health and wellbeing strategy *NHSCB led assessment* *Desk top review*
5.2	**Strong leadership with local authorities to develop health and wellbeing boards.**	
5.2a	CCG is fully engaged in the shadow health and wellbeing boards.	
I.	CCG has collaborated in the development of a shadow health and wellbeing board.	Health and wellbeing board meeting minutes *NHSCB led assessment* *Desk top review*
	CCG commissioning plans reflect JSNA and CCG align priorities with those identified in health and wellbeing board, and joint health and wellbeing strategy.	
II.	CCG has collaborated in the refresh of the JSNA and in the development of the joint health and wellbeing strategy, depending on local timeframe.	Draft JSNA *NHSCB led assessment* *Desk top review* Draft joint health and wellbeing strategy *NHSCB led assessment* *Desk top review*
III.	CCG can demonstrate understanding of accountability and decision-making processes in health and wellbeing board.	Health and wellbeing board meeting minutes *NHSCB led assessment* *Desk top review*
5.3	**Strong arrangements for joint commissioning and cooperation with local authorities to enable integration and deliver shared outcomes and fulfil statutory responsibilities, drawing on public health advice.**	
5.3a	CCG collaborates with local partners to shape local commissioning plans to enable integration of services/ pathways.	
I.	Where the need for integrated commissioning and has been identified by the health and wellbeing board and in the joint health and wellbeing strategy, CCGs are collaborating with the local authority (ties) to develop shared plans.	Health and wellbeing board meeting minutes *NHSCB led assessment* *Desk top review, 360* Joint health and wellbeing strategy *NHSCB led assessment* *Desk top review* 2012-13 integrated plan and draft commissioning intentions for 2013-14 *NHSCB led assessment* *Desk top review* Joint commissioning agreements or plans, including pooled budgets, joint appointments, Section 75 agreements where appropriate. *NHSCB led assessment* *Desk top review*

APPENDIX 2

KEY QUESTIONS WITHIN THE 360 DEGREE SURVEY RELATING TO THE HWB

Q. To what extent do you agree or disagree with the following statements about the clinical leadership of the (CCG)?

Please select one answer only

Strongly agree
Tend to agree
Neither agree nor disagree
Tend to disagree
Strongly disagree
Don't know

A. There is clear and visible clinical leadership of (CCG)
B. I have confidence in the clinical leadership of (CCG) to deliver its plans and priorities
C. The clinical leadership of (CCG) will be able to deliver continued quality improvements
D. I have confidence in the clinical leadership of (CCG) to involve other clinical colleagues providing health services locally

Q. How active, if at all, would you say the clinical leaders of (CCG) are as members of your health and wellbeing board?

Please select one answer only

Very active
Fairly active
Not very active
Not at all active
Don't know

Q How well, if at all, would you say the clinical leaders of the (CCG) have communicated its vision and priorities to the health and wellbeing board?

Please select one answer only

Very well
Fairly well
Not very well
Not at all well
Don't know

Q. How consistent, if at all, is the vision that (CCGs) clinical leaders have communicated with the health and wellbeing board's priorities?

Please select one answer only

Very consistent
Fairly consistent
Not very consistent
Not at all consistent
Don't know

The following questions ask about integrated commissioning between the local authority and the CCG. By integrated commissioning, we mean the arrangements for joint commissioning and cooperation with the local authority to enable integration of services/pathways, deliver shared outcomes and fulfil statutory responsibilities. This would include for example pooled budgets, Section 75 agreements, joint teams etc.

Q. Has a need for integrated commissioning between (CCG) and the local authority been identified by your health and wellbeing board and in the joint health and Wellbeing Strategy (JHWS) or not?

Please select one answer only

Yes, it has been identified
No, it has not been identified
Not sure, I have not been involved in my position
Don't know

Please answer the next question if a need for integrated commissioning has been identified

Q. How well, if at all, would you say (CCG) and the local authority are working together to develop shared plans for integrated commissioning?

Please select one answer only

Very well
Fairly well
Not very well
Not at all well
Don't know

APPENDIX 3

VISION AND KEY PRIOITIES FOR EACH CCG

Chorley and South Ribble CCG

Vision

Our aim is to ensure equitable access to quality services that represent good value for our population. We aim to reduce health inequalities, address the needs of the vulnerable and promote safe, efficient, evidence based care. Public partnership and consultation will be an integral part of achieving this objective.

Mission Statement

As a Clinical Commissioning Group, we shall use our expertise to improve the health and wellbeing of the people of Chorley and South Ribble through the progressive development of integrated, quality-led health care commissioning and responsible utilisation of our financial resources.

In achieving its mission the group will:

- ensure that improving the health and wellbeing outcomes for patients and the local population remain central to its goals
- continually strive to improve the quality of care and to maximise value for money
- wherever possible, commission care close to where people live
- effect change and improvement through high quality clinical leadership
- promote co-operation and integration before competition and fragmentation.
- operate with transparency and build trust in its relationships with others
- adopt a 'can do' approach, focusing on innovation and solutions rather than problems
- ensure that planning and service redesign are guided by needs, safety and effectiveness
- promote empowerment, responsibility and accountability
- endeavour to support the local economy in its commissioning plans
- develop a valued workforce which is inspired and motivated by improving health outcomes for patients
- support colleagues in carrying out their responsibilities
- maintain financial balance

Clear and Credible Plan Goals

The following goals will be set by the CCG for the period 2012 to 2016

- Improve end of life care
- To improve mental health and dementia services
- To develop a sustained reduction in non-elective activity
- To ensure the safe and cost effective use of prescribed medicines
- To reduce Orthopaedic Referrals and interventions so the rate lies closer to the/ to within the national average

- To reduce cardio-vascular disease (CVD) mortality by commissioning more effective interventions open access to investigations and by commissioning more effective primary and secondary health promotion.
- To reduce the incidence of preventable cancers and make sure any cancer is diagnosed at the earliest opportunity possible
- To develop a local referral gateway for all referrals
- To improve community services better access/more appropriate services/by cantering care around the patients and by having integrated pathways across primary and secondary care
- Develop integrated pathways across primary and secondary care – better use of hospital beds and reduction in overall secondary care capacity

NHS Chorley & South Ribble CCG Business Plan Summary

Context	Vision	Strategies	Objectives	Outcome Aspirations	Programmes	Initiatives
Excess Deaths No £ growth High Hospitalisation Activity Increased Population (increased Elderly Population) QIPP	Mission- To use our expertise to improve health and wellbeing of the people of Chorley and South Ribble through the progressive development of integrated, quality –led healthcare commissioning The aim is to ensure equitable access to quality services that represent good value for the population. Reduce health inequalities address the needs of the vulnerable and promote safe efficient evidence based care.	Prevention	Early identification and prompt treatment Reducing alcohol admissions / deaths related harm	Improved Health & Well Being of the population Reduce smoking in high risk groups by 5% Stop the rise in alcohol admissions	Obesity Smoking Alcohol	• Early cancer identification/ screening awareness • CVD identification and management • Evaluate Alcohol services • Review stop smoking and healthy lifestyle services
			Reduce CVD and Cancer deaths Early identification and prompt treatment	Improved public partnership consultation Standardised Pathways Migration of care closer to home	Cancer Community Services	• Review and reform of community Services • Wider LTC reform linking into QIPP programme • Risk Stratification • Review pathways development of GWPSI services for headache / epilepsy
		Planned Care / Long Term	Improve the care of diabetes Identification and management Improve access to diagnostics	Reduction in outpatient referrals for diabetes and cardiology by 30% Reduce variation in practice Increase in services within primary care for long term conditions with improved access to diagnostics	CVD Diabetes Planned Care	• Development of Virtual Clinics • Outpatient Cardiology Triage Pilot • ESD model for stroke • Diagnostic Services within community • Integrate primary / community / Secondary care pathways • Reform community services (physio/podiatry)
		Safe Quality Services Care Closer to Home	Reform urgent care and improve admission avoidance and Reablement services	Reduce ambulatory care sensitive admissions Reduce Non Elective admissions and length of stay Reduction in delayed discharges	Urgent Care Reablement	• Implementation of Urgent Care Dashboard • Implement 111 Service • Development of 24/7 Services admission avoidance service • Single Point of access /reform intermediate
			Reform mental health Services with a focus on Dementia Care	Reduced deaths in hospital for patients with a diagnosis of dementia Improved access to services within primary care	Mental Health	• Review the whole pathway for dementia • Better collaboration with third sector • Improve advance planning • Increase community infrastructure from psycho geriatricians
			Improve the end of life pathway	Increase deaths outside hospital by 5% Improve End of Life planning across the whole sector	End of Life Care	• Establish model of care for GP support within Nursing Homes • Work to improve advance planning with a focus on Nursing Homes
			Ensuring effective safe and cost effective use of prescriptions	Implementation of QIPP efficiency plans and overall reduction in cost	Prescribing	• Formulary review across QIPP level 2/3 pathways • Sip feeds / gluten free prescribing policies and formulary

Cross Cutting Initiatives

- Workforce
- Strengthen the Primary Care Infrastructure / Develop Primary Care Services
- Improved Communication and information systems across all providers

East Lancashire CCG

Vision

"East Lancashire Clinical Commissioning Group will commission high quality, safe and effective health services that meet patients' needs and improve their health"

CCG Principles

The CCG intends to be a reputable organisation which operates with integrity and trust as core principles. For this reason it has adopted the 'Seven Principles of Public Life' which will be the core that runs through everything that it does.
The principles of Public Life are outlined in the 'Nolan Principles' which are available at www.public-standards.gov.uk and are:

- Selflessness
- Integrity
- Objectivity
- Leadership
- Accountability
- Honesty
- Openness

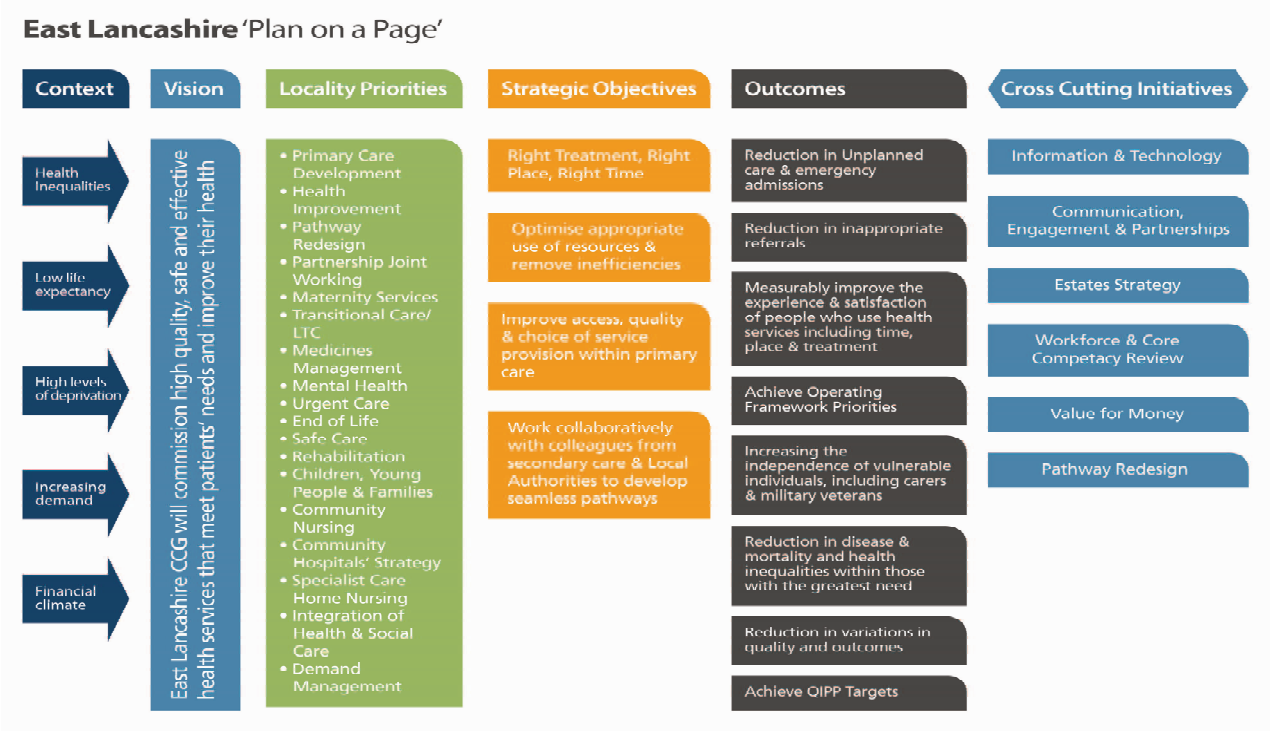
Strategic Objectives

The CCG has four strategic objectives:

1. Commission the right services for patients to be seen at the right time, in the right place by the right professional
2. Optimise appropriate use of resources and remove inefficiencies
3. Improve access, quality and choice of service provision within primary, community and secondary care
4. Work with colleagues from secondary care and local authorities to develop seamless care pathways

What do we want to achieve?

- An engaged population – where people are motivated to look after themselves and work with health professionals to use NHS services appropriately. This is critical if we are going to direct services to support those in greatest need. An example of this is patients who frequently attend Urgent Care Services when their need relates to social circumstances.
- We will work with East Lancashire Hospitals NHS Trust and Lancashire County Council to identify the support that they need.
- Engaged GPs - in each locality who will contribute to developments, and help us create the strong local focus that we need to make commissioning relevant and effective.
- Patients using services appropriately
- Services designed closer to people's homes to promote independence and strengthen local services
- Through organisational development – the CCG becomes a highly effective and efficient CCG that is highly regarded by all its members, those who work with it, and, most importantly, the population we serve high quality services delivering improved clinical outcomes
- High levels of patient satisfaction



Health Challenges & NHS East Lancashire CCG Priorities 2012/13	
ACUTE TRUSTS	➢ Urgent Care ➢ Demand Management - Ophthalmology - Orthopaedics - Pain Management ➢ Cancer
MENTAL HEALTH	➢ Inpatient Reconfiguration ➢ Dementia ➢ IAPT
COMMUNITY SERVICES	➢ Intermediate Care (Virtual Ward) ➢ Diabetes ➢ COPD ➢ Learning Disabilities
MEDICINES OPTIMISATION	➢ Hospital at Home
CHILDREN'S SERVICES	➢ Health Visitors

Consultation Process

NHS East Lancashire CCG has robustly consulted with key stakeholders and the public by means of one to one meetings with Councillors and local GPs, public meetings and events as well as the inclusion of a supplement in local newspapers.

Fylde and Wyre CCG

Vision

We will commission appropriate high quality care delivered in a timely and effective way in the right place and time for the benefit of all our patients

Key priorities

We have built on the priorities developed by NHS North Lancashire, which are based on the health need as well as extensive consultation with local people, to develop a set of priorities. These focus on three areas:

- Supporting people with long-term conditions
- Preventing ill health
- Commissioning safe, quality services

1. Supporting people with long-term conditions

This includes:

- Developing more socio-medical model of care (ie where social and environmental factors are considered as well as medical ones)
- Reducing hospital admissions
- Reducing cancer deaths
- Improving outcomes for people who have had a stroke
- Improving diabetes services

2. Preventing ill health

This includes:

- Ensuring a better start in life for children
- Reducing the number of children who are obese
- Reducing the number of mothers who smoke

3. Commissioning safe, quality services

This includes:

- Improving urgent care services
- Provide better care at home and in the community for at-risk patients
- Improving access to a GP
- Ensuring equality of access and choice to patients undergoing planned procedures
- Improving mental health and dementia services
- Improving end of life care, with more choice and better information for patients and carers

Fylde and Wyre CCG's Plan on a Page

Context	Vision	Strategies	Objectives	Outcomes and aspirations	Programmes	Initiatives	Cross cutting Initiatives
Preventing people dying prematurely Enhancing quality of life for people with LTC Little or no growth in financial resources Increasing pressure on secondary services	Fylde and Wyre ---Fit and Well Appropriate high quality care delivered in a timely and effective way in the right place and time for the benefit of all our patients	Long Term Conditions	Move away from pathways of care to a more socio-medical model Keep patients out of hospital	Reduce emergency attendances and hospital stays by at least 15%engage all Professionals and the patient in a shared model	AqUA LTC Programme REACT Programme Winter planning COPD	Telecare/Telehealth Carer support service Community based heart failure service Reviewing and developing disease registers	Developing primary care clinical leads to work both with F&W CCG and with neighbouring or pan Lancashire CCG's Patient and Practice engagement; Patient access to medical records Review of hospital services across the Fylde Coast 'Right place, right care, right time.
			Reduce cancer deaths, improve TIA outcomes, Improve stroke rehab., Move intermediate Diabetes care out of acute & into community setting	Increase life expectancy Reduce tobacco use reduce obesity in adults Improve diabetes care	Smoking cessation; Link with the Drug and Alcohol team ; Obesity awareness programmes	Cardiac specialist nurse appointed Alcohol service , linked with DaT Diabetes integrated care model being developed NAED Brest cancer screening for the over 75's & Bowel cancer national programme	
		Prevention	A better start in life for children, More informed mothers and parents Improve the health and wellbeing advice to young people	Reduce the level(18%) of year 6 children who are obese Encourage the 20% of mothers who smoke in pregnancy to quit	Partner with schools to bring HWB advice to children and young adults Obesity awareness Smoking cessation D&A programmes	North West Utilization team review (A&E) Review of Child Health systems across the Fylde Coast Embedding 'your welcome' leaflet in relevant contracts	
			Re- Profile urgent care Provide better care at home and in the community for at risk patients, Improve access to GP services	Better understand the routes by which people access emergency services/hospital. Reduce pressure on A&E services	AqUA LTC Programme Establish single point of access for clinicians (REACT) Drug and Alcohol	Research into routes into A&E Community based discharge teams Red Cross Chloe Care Accurate and timely information Increased Community Matrons DN review with new access formula	
		Safe, quality services, delivered in the most appropriate place within the available resources	Provide equality of access and choice to all patients undergoing planned procedures	Achieve over 90% of practices using C&B. Give patients accurate and honest information	Enhanced recovery programme Expanding straight to test initiative	MSK Triage Service(METCAT) Dermatology one stop Rheumatology rapid access Commissioning to PLCV Guidelines	
			Continue to improve GP prescribing /reduce costs	Reduced costs, better outcomes	Practice Pharmacists joint work with secondary care	Using peer review to manage oversubscribing practices	
			Improve mental health services across the CCG	Develop an effective dementia service Increase access to CBT in practices Commission a 'no break' service from children to adults		Develop a better understanding of MH services, Contribute to the MH In-patient review	
			Improve end of life care with more choice, more honest information on expected outcomes		Fylde Coast EoL group	Pilot end of life nurse Integrated IT system to identify EoL	

Greater Preston CCG

Vision

The Greater Preston CCG aims to be responsive to the health needs of the local population, and commission quality services in a timely and cost effective way.

Clear and Credible Plan Aims

The CCG expects to deliver the following areas in the period 2012 to 2015

- To constantly improve the quality of care through active engagement with all stakeholders and leadership within the commissioning processes
- To support member practices to work together and to share best clinical practice
- To developing a strong communication framework
- To work with NHS Lancashire to ensure the smooth transfer of responsibilities
- To develop strong working relationships with all local healthcare providers
- To actively participate as a member of the local Health and Wellbeing Board
- To develop, where appropriate, relationships with other CCGs to achieve economies of scale and large scale strategic change
- To be fair, open and transparent in procurement, in line with EU Procurement Legislation

Clear and Credible Plan Goals

The following goals will be set by the CCG for the period 2011 to 2016

- Improve end of life care
- To improve mental health and dementia services
- To develop a sustained reduction in non-elective activity
- To ensure the safe and cost effective use of prescribed medicines
- To reduce Orthopaedic Referrals and interventions so the rate lies closer to the/ to within the national average
- To reduce cardio-vascular disease (CVD) mortality by commissioning more effective interventions open access to investigations and by commissioning more effective primary and secondary health promotion.
- To reduce the incidence of preventable cancers and make sure any cancer is diagnosed at the earliest opportunity possible
- To develop a local referral gateway for all referrals
- To improve community services better access/more appropriate services/by centering care around the patients and by having integrated pathways across primary and secondary care
- Develop integrated pathways across primary and secondary care – better use of hospital beds

NHS Greater Preston CCG Business Plan Summary

Context	Vision	Strategies	Objectives	Outcome Aspirations	Programmes	Initiatives
Excess Deaths No £ growth High Hospitalisation Activity Increased Population (increased Elderly Population) QIPP	To be responsive to the health needs of the local population, and commission services in a timely and cost effective way	Prevention	Early identification and prompt treatment Improved health information and literature	Improved Health & Well Being of the population Reduce smoking in high risk groups by 5% To raise awareness of healthy lifestyle choices in schools, community centres focusing on high areas of deprivation and prevalence	Obesity Smoking Screening	• Early cancer identification/ screening awareness • CVD identification and management • Evaluate Alcohol services • Review stop smoking and healthy lifestyle services • To develop initiatives in partnership with local authority and the voluntary sector to reduce alcohol intake and promote smoking cessation
	Improve the quality of care through active engagement and leadership within the commissioning processes		Reduce CVD and Cancer deaths Early identification and prompt treatment	Improved public partnership consultation Standardised Pathways Migration of care closer to home	Cancer Community Services	• Review and reform of community Services • Wider LTC reform linking into QIPP programme • Risk Stratification • Review pathways development of GWPSI services for headache / epilepsy
		Planned Care / Long Term	Improve the care of diabetes Identification and management Improve access to diagnostics	Reduction in outpatient referrals for diabetes and cardiology by 30% Reduce variation in practice Increase in services within primary care for long term conditions with improved access to diagnostics	CVD Diabetes Planned Care	• Development of Virtual Clinics • Outpatient Cardiology Triage Pilot • ESD model for stroke • Diagnostic Services within community • Integrate primary / community / Secondary care pathways • Reform community services (physio/podiatry)
	Ensure healthcare services commissioned for population are robust enough to withstand the needs of today and the challenges of tomorrow	Safe Quality Services Care Closer to Home	Reform urgent care and improve admission avoidance and orthopaedics services	Reduce ambulatory care sensitive admissions Reduce Non Elective admissions and length of stay Reduction in delayed discharges move towards national average for orthopaedics across a range of comparator thresholds approximately 17.6% decrease	Urgent Care Orthopaedics	• Implementation of Urgent Care Dashboard • Implement 111 Service • Development of 24/7 Services admission avoidance service • Single Point of access /reform intermediate care • MSK tier 2 service • Review arthroscopy pathway • Develop and implement schemes to reduce follow-ups
			Reform mental health Services with a focus on Dementia Care	Reduced deaths in hospital for patients with a diagnosis of dementia Improved access to services within primary care	Dementia	• Review the whole pathway for dementia • Better collaboration with third sector • Improve advance planning • Increase community infrastructure from psycho geriatricians
			Improve the end of life pathway	Increase deaths outside hospital by 5% Improve End of Life planning across the whole sector	End of Life Care	• Establish model of care for GP support within Nursing Homes • Work to improve advance planning with a focus on Nursing Homes
			Ensuring effective safe and cost effective use of prescriptions	Implementation of QIPP efficiency plans and overall reduction in cost	Prescribing	• Formulary review across QIPP level 2/3 pathways • Sip feeds / gluten free prescribing policies and formulary

Cross Cutting Initiatives

- Workforce
- Strengthen the Primary Care Infrastructure / Develop Primary Care Services
- Improved Communication and information systems across all providers

Lancashire North CCG

Vision

We aim to secure safe, high quality
The initial 6 areas are:
health services in partnership with professionals and patients to give local people the best opportunity to live longer and healthier lives.

Key priorities

Lancashire North CCG ensure that commissioning of care, treatment and support, monitoring delivery, and managing finances are functions underpinned by strategic goals, moving services forward in the most important areas for local people.

We have proposed 6 main strategic areas. These will now be tested in debate with local partners, local people, and their representatives.

- Inequalities
- CVD / Cancer
- Acute Care
- Mental Health
- Shift to intermediate care
- Developing primary care

A full summary of the evidence and intentions that support our strategic objectives can be found in our Commissioning Plan.

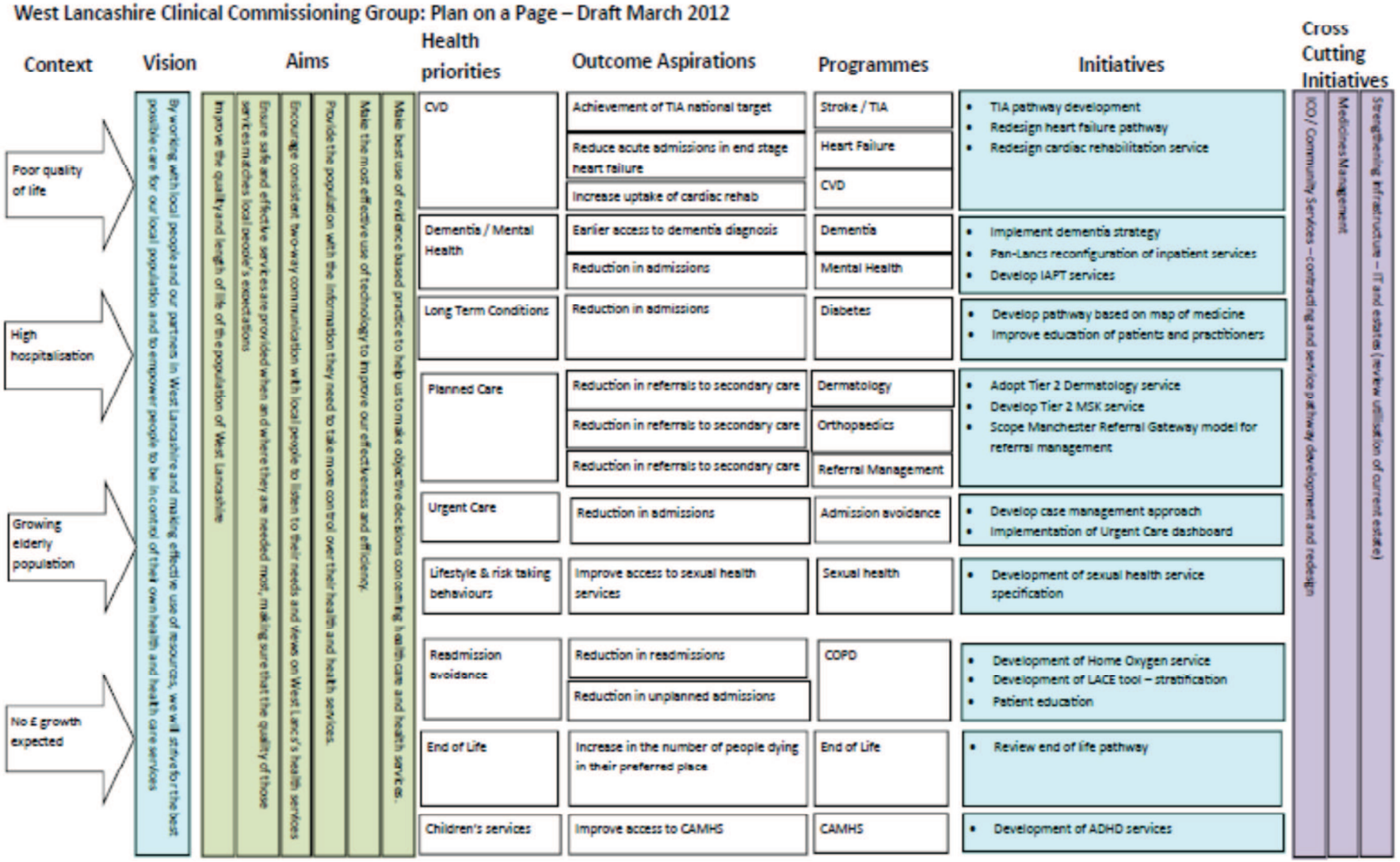
West Lancashire CCG

Vision

By working with local people and our partners in West Lancashire and making effective use of resources, we will strive for the best possible care for our local population and to empower people to be in control of their own health and health care services.

Key Priorities

Short term	Medium term	Long term
Stroke/ transient ischaemic attack (TIA)	Integrated Care Organisation /Community Services	Respiratory Health
Heart Failure/Cardio vascular disease (CVD)	Urgent Care	End of Life
Mental Health/Dementia/ADHD/CAMHS	Sexual Health	
Orthopaedics	Medicines Management	
Diabetes	Referral Management	
Dermatology	Admission avoidance including elderly frail/care homes	


West Lancashire Clinical Commissioning Group: Plan on a Page – Draft March 2012
Context
Vision
Aims
Health priorities
Outcome Aspirations
Programmes
Initiatives
Cross Cutting Initiatives
Poor quality of life
High hospitalisation
Growing elderly population
No £ growth expected
By working with local people and our partners in West Lancashire and making effective use of resources, we will strive for the best possible care for our local population and to empower people to be in control of their own health and health care services
Improve the quality and length of life of the population of West Lancashire
Ensure safe and effective services are provided when and where they are needed most, making sure that the quality of those services matches local people's expectations
Encourage consistent two-way communication with local people to listen to their needs and views on West Lancs's health services
Provide the population with the information they need to take more control over their health and health services.
Make the most effective use of technology to improve our effectiveness and efficiency.
Make best use of evidence based practice to help us to make objective decisions concerning health care and health services.
CVD
Achievement of TIA national target
Reduce acute admissions in end stage heart failure
Increase uptake of cardiac rehab
Stroke / TIA
Heart Failure
CVD
TIA pathway development
Redesign heart failure pathway
Redesign cardiac rehabilitation service
Dementia / Mental Health
Earlier access to dementia diagnosis
Reduction in admissions
Dementia
Mental Health
Implement dementia strategy
Pan-Lancs reconfiguration of inpatient services
Develop IAPT services
Long Term Conditions
Reduction in admissions
Diabetes
Develop pathway based on map of medicine
Improve education of patients and practitioners
Planned Care
Reduction in referrals to secondary care
Reduction in referrals to secondary care
Reduction in referrals to secondary care
Dermatology
Orthopaedics
Referral Management
Adopt Tier 2 Dermatology service
Develop Tier 2 MSK service
Scope Manchester Referral Gateway model for referral management
Urgent Care
Reduction in admissions
Admission avoidance
Develop case management approach
Implementation of Urgent Care dashboard
Lifestyle & risk taking behaviours
Improve access to sexual health services
Sexual health
Development of sexual health service specification
Readmission avoidance
Reduction in readmissions
Reduction in unplanned admissions
COPD
Development of Home Oxygen service
Development of LACE tool – stratification
Patient education
End of Life
Increase in the number of people dying in their preferred place
End of Life
Review end of life pathway
Children's services
Improve access to CAMHS
CAMHS
Development of ADHD services
ICO / Community Services – contracting and service pathway development and redesign
Medicines Management
Strengthening infrastructure – IT and estates (review utilisation of current estate)

APPENDIX 4

GREATER PRESTON CCG'S CLEAR AND CREDIBLE PLAN

Please refer to attached document