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.