

# Best Start

## Best Start in Life

Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets (TBC)	Narrative Based Milestones	Date/by when	Info and Context
1.1 Reduction in infant Mortality (Per 1000)	Infant Morality	137 (3.8)	Rates have been improving overall but Burnley and Rossendale have highest rates and Pendle and Preston have highest numbers	Reduce by 5% in 2025	Refresh and implement the Infant mortality action plan	Ongoing	
					A focus on delivering on the 1001 critical days vision and actions as part of the Best start in life priority areas	2024	
					SUDC deep dive in understanding child death cases	2024	
					Integrated early years pathways including Family hubs model aligning with maternity, early years and HV	2024	
					Development of place-based actions with key partners including supporting delivery of ICB plans for starting well and learning from CDOP and serious case reviews.	ongoing	
1.2 Reduce Smoking at time of delivery	Smoking at time of delivery	1283 (12.7%)	All districts are similar to Lancashire except for Fylde which is lower than Lancashire	10.6% (regional average) 2025	Reduce the number of women who smoke in pregnancy through infant mortality action plan and pathways for pregnant women to quit smoking	ongoing	
					Ensure advice is provided at every antenatal health check signposting to co monitoring	ongoing	
1.3 Reduce low birth weight babies	Reducing low Birth weight	334 (3.1%)	Rates in Preston and Hyndburn are above England Average and only Preston worse than Lancashire	2.9% (national average) by 2025	Reduce the number of women who smoke in pregnancy through action plan and pathways for pregnant women to quit smoking		
					Ensure advice is provided at every antenatal check t signposting to co monitoring		

## Best Start

1.4 Reduce Under 18 Conception rate	Under 18 Conception Rates	<b>323 (16.5)</b>	Preston, Hyndburn Burnley and Lancaster are worse than England average; all districts are similar to Lancs	Reduce by 5%	Commission services to reduce under 18 conception rates	ongoing	
1.5 Increase Breastfeeding prevalence rates	Prevalence of Breastfeeding	<b>4563 (38%) at 6-8 wks</b>	<b>TBC</b>	5% by 2025	Develop strategy for Breastfeeding in conjunction with ICS and ensure the inclusion of community support provision	Apr-24	
					Continue to commission breastfeeding peer support service	Apr-24	
					Maintain the provision of BFI Gold status for community support services	May-24	
					Embed the LSC Feeding during the First Year of Life guidelines within LCC services including antenatal provision	Apr-24	
					Increase number of settings registered as Breastfeeding Friendly	Apr-24	
2.1 Children achieving a good level of development at the end of Reception	Good level of Development	<b>9.522 (69.2)</b>	significant inequalities and variations between deprived areas – for example Burnley – further analysis to be carried out TBC	71.8 (national average) by 2024	Increase in the number of children accessing quality early years 2-year offer	April 2024 On-going	
					Continue the provision of a vision screening service for children in reception		
					Ensure provision of a referral pathway remains in place for those who fail the vision screen		
					Establish monitoring process to determine effectiveness of Lancashire's 2 year integrated review pathway	Apr-24	
					Speech and language - LCC invested in a new approach/model, the Balanced System, which enables early identification of children and early intervention from Early Years colleagues, Children and Family Wellbeing Service, Health Visiting, to help children and families access appropriate early help.		

## Best Start

					ASQs – work has commenced with Health Visiting to ensure the ASQ is completed correctly by a trained professional and recorded	
3.1 Reduce prevalence of Obesity (reception) -4-5 years	Obesity prevalence 4-5 years	<b>1,260 (10.3)</b>	Higher levels compared to England Average; worse in Burnley, Pendle but Ribble valley is better than both England Av and Lancashire	10.1 national Average 2025	Provide Healthy Heroes Early Years toolkit to Early Years settings within 4 targeted Districts: Burnley, Pendle, Preston, and Hyndburn Provide Family Programme (PASTA) in wards with the highest prevalence of children living with obesity Provide Food for Life (nutrition/cooking/growing) Programme in all Primary Schools, targeting schools to receive specific assistance in Burnley, Pendle, Preston and Hyndburn	24-Apr
3.2 Reduce prevalence of obesity Year 6 (10-11 years)	Obesity prevalence 10-11 years	<b>3,065 (22.9)</b>	Lancashire increasing and higher than England Average. Burnley and Hyndburn are worse than Lancashire but an increasing trend in Preston, South Ribble and Wyre	Reduce by 10% by 2025	Develop clear pathways in schools to identify and follow children who are obese via the NCMP Work with Districts to implement actions in the Healthy Weight Declaration Work with Districts to implement the #gethangrycampaign Work with Districts to implement the Recipe for health programme to influence the availability of healthy food choices in our high streets	Ongoing

## Best Start

4.1 Reduce % of 5 years olds with experience of visually obvious dental decay	% of 5 years olds with experience of visually obvious dental decay	<b>30.40%</b>	Lancashire is worse than England Average; Preston, Burnley, Hyndburn and Pendle are higher than national and Lancashire overall.	23.4% Achieve by 2030	Commissioning of a Supervised toothbrushing scheme, delivered to Early Years and Reception children in targeted areas, with a comprehensive training programme for the Children's workforce	2023 ongoing	
					All Health Visitors distributing free Toothbrushes and tooth paste to all babies at 6-8 week visit and 9-12 month visit (if necessary)		
4.2 Reduce Hospital admissions for dental caries (0-5 years) – per 100,000	admissions for dental caries (0-5 years)	<b>1205 (499)</b>	not available worse than England average		Campaign targeting parents with very children currently being worked up to give appropriate messages re tooth brushing, Epidemiology surveys in schools		
5.1 Reduce Hospital admissions as a result of self-harm (10-14 yrs) – per 100,000	Hospital admissions as a result of self-harm (10-14 yrs)	<b>255 (345.5)</b>	not available worse than England average	5% by 2025	Additional investment to plug gaps within colleges and schools such as Mental Health Support teams	Ongoing March 2023	
5.2 Reduce Hospital admissions as a result of self-harm (15-19 yrs)	Hospital admissions as a result of self-harm (15-19 yrs)	<b>405 (587.7)</b>	not available better than England average	10% reduction by 2025	Provide additional training and resources to schools		
					Ensure a self-harm prevention strategy within education settings		
					Deliver a schools survey to understand young people's mental health and wellbeing needs	2023	

## Healthy Hearts

Tobacco									
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	By when	Info and Context		
Reduction in Smoking Prevalence	Smoking Prevalence	Lancashire L12 smoking prevalence currently is 13.9% (2020)	Smoking Prevalence ranges from 5.0% (Ribble Valley) to 22.0% (Burnley)	To achieve a smoking prevalence of 5% of less by 2030 across Lancashire and within each district	1) Refresh of TFL strategy once national tobacco plan is published	Spring 23	2030 target still to be formally incorporated into refreshed Tobacco Free Lancashire Strategy. Corresponding action plan and associated district trajectories to be developed and therefore the performance based milestones will be refined further once this has been completed.		
					2) Development of e-cigarette consensus statement across L&SC ICS	Summer 23			
					3) Development of place based action and implementation plans with key partners	Summer 23			
					4) Allocation of national and/or local resources to deliver NHS Long Term Plan in-patient nicotine addiction service and wider tobacco control agenda	Ongoing			
					5) Re-procurement of Lancashire Specialist Smoking Cessation Service with clear expectations about numbers of referrals and quit rates	Oct-23			
					<b>Performance Based Milestones</b>			<b>By when</b>	
					Increase in referral rate into specialist stop smoking services by at least 10% in the three districts (Burnley, West Lancs, Preston) with the highest smoking prevalence rates relative to baseline (2020)	Apr-25			
Asbsolute range of smoking prevalence between L12 districts reduced by at least 10% initially relative to baseline (2020)	Apr-25								

## Healthy Hearts

Alcohol								
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	By when	Info and Context	
Reduce the prevalence of dependant alcohol users	Level of unmet need within the dependant alcohol population. Numbers not in treatment.	At the end of quarter 4 (2021/22) 15.5% (n=2256) of the dependant alcohol user population had been in treatment in Lancashire. This gives the area an unmet need of 84.5%	Not possible to provide this data at borough level	To reach parity with the England average of unmet need of approximately 80.5%	1) Increase the number of places in substance use treatment services	2022 - 25	*this number includes alcohol users and non-opiates and alcohol users. (1) The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.	
					2) Increase the size of the workforce and the range of treatments available to dependant alcohol users	2022 - 25		
					3) Form and develop an an alcohol and Drug partnership board	Quarter 3 2022/23		
					4) Undertake a alcohol and drug needs assessment	Nov-22		
					5) Develop a multiagency action plan based on the local needs assessment	Dec-22		
					6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams	Dec-23		
					<b>Performance Based Milestones (1)</b>			<b>By when</b>
					Increase the number of people in alcohol treatment by 74			Mar-23
					Increase the number of people in alcohol treatment by an additional 109			Mar-24
					Increase the number of people in alcohol treatment by an additional 279. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users.			Mar-25

## Healthy Hearts

Physical Activity								
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Milestones	By when	Info and Context	
Increase Level of Physical Activity	Levels of Cycling, Waking and Physical Activity	Lancashire L12 meeting recommended Physical Activity levels are 65.9%	Lancashire L12 recommended Physical Activity levels range between Ribble Valley (72%) to Burnley (56.6%)	A doubling of the number of people cycling in Lancashire by 2028.	Instigate midterm review of Actively Moving Forward to establish baseline data to assess progress since 2018.	23-Jan	The targets outlined are from Actively Moving Forward and have an aspirational deadline of 2028. A mid term review of Actively Moving Forward as outlined in the milestones section would determine feasibility	
					Establish cross-sectoral internal working group to drive aims and aspirations outlined in Actively Moving Forward.	23-Jan		
					Engage with district partners to promote LCC PH offer of activation match grant funding opportunities in relation to active travel opportunities	23-Jan		
				A 10% increase in the number of people walking in Lancashire by 2028	Establish working group to collaborate with education colleagues and schools to increase levels of physical activity	23-Jun		
					Establish external working group, working with key partners e.g. Active Lancashire, Sustrans, Living streets etc to provide a joined up offer in terms of promoting physical	23-Jun		
				Levels of physical inactivity in every Lancashire district brought below the national average by 2028	Develop 3-year action plan with place based interventions with key partners	23-Jun		
					<b>Performance Based Milestones</b>			<b>By when</b>
					Activation match grant funding projects implemented in relation to new or established infrastructure delivered in 4	25-Mar		
					Increased levels of walking and cycling in Lancashire on 2018 baseline figures outlined in Actively Moving Forward	26-Mar		
					Levels of physical inactivity brought down from baseline figures in Hyndurn, Burnley and Pendle	26-Mar		

## Healthy Hearts

Supporting Healthy Weight								
Outcome	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Milestones	By when	Info and Context	
Progress Made on the Healthy Weight Declaration (HWD)	Increased uptake of the recipe for Health (R4H) award and this is rolled out in other districts. Launch of the healthy advertising policy. How many HWD priorities being actively implemented and the number of HWD being fully implemented	The HWD was relaunched in 2022	Pendle has recently been part of the trailblazer work	75% of the HWD priorities are being actively progressed by March 26	Food Active commission to promote the HWD work	Mar-23	HWD has 16 priorities for LCC to tackle unhealthy weight. Priorities look at advertising, systems wide approaches, reducing health inequalities	
					Development of action plan associated with each of the HWD priorities with measurables attached to show progress	Aug-23		
					Revisit the LCC healthy advertising policy	2024		
					Food Active engagement with EM to promote and influence the actions related to the HWD	Oct-23		
					<b>Performance Based Milestones</b>			
					Recommission of the Adult Weight Management service	Mar-24		
					Youth Ambassadors supporting the HWD in districts	Jan-24		
					Increased uptake for the recipe for health award	March 23-March 25		
To provide an effective and equitable weight management service for our population	Access to the service  Demographics of service users  Healthy weight programme completion rates  Service user outcomes in terms of weight loss (kg)	<p><small>Across L12 (Data from April 2021-May 2022)</small></p> <p>Eligible population for programme 224,101</p> <p>Total referrals into healthy weight programme 2,224 (1% of eligible population)</p> <p>Referrals - Males 20% Females 80% 24% aged 65 plus 12% aged under 35</p> <p>Average Weight loss 3.88kg</p>	The percentage of the eligible population accessing health weight services vary between districts with Preston (0.3%) at the lowest to the highest uptake in Fylde (4.1%)	To improve referrals into our weight management services to 10% of eligible population by 2026	Ongoing quality and Improvement work to increase the uptake and accessibility of Healthy Weight Programme	Mar-24	The Active Lives survey shows (2020/2021) estimates that 66.6% of the adult population (18+) in Lancashire are classed as overweight or obese. OHID provided additional Grant funding for 2021/2022 to enhance delivery but was time limited. District targets around overweight and obese groups will be set to improve uptake by males and under 35	
					<b>Performance Based Milestones</b>			
					<b>By when</b>			
					Increase uptake of healthy weight services for male participants by 10%	Mar-24		
					Increase uptake of healthy weight services for people under 35 participants by 10%	Mar-24		



# Healthy Hearts

Food Diet and Nutrition							
Outcome 1	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Milestones	By when	Info and Context
Improve food culture in schools and early years settings	The commission of the Food For Life Service and re-commission of PASTA	10 of the 12 Lancashire districts that have wards with rates of excess weight in children being between 40-50%. 1 in every 2 children in some Lancashire wards having excess weight	Yr 6 obesity % in each district: Burnley 37.6%, Chorley 34%, Fylde 31%, Hyndburn 39.3%, Lancaster 35.1%, Pendle 38.5%, Preston 35.7%, Ribble Valley 30.7%, Rossendale 36.8%, South Ribble 34.9%, West Lancashire 36.4%, Wyre 35.3%	Just less than 1% of primary schools in Lancashire currently hold the Food for Life bronze award. This will increase to 29% by 2025	Commission the Food For Life Support service with a clear expectations on the enrollment numbers for the FFL Award	Mar-23	PASTA is play and skills at tea time- this is a programme where children and their parents/carers take part in activities together followed by cooking of a healthy meal and sitting down to eat together. The related Food for Life (FFL) programme, is in the process pf being commissioned. The provider will actively support Early Years and primary settings to implement a pocitive food culture and work through the FFL award. Both these programmes also support the national child measuring programme (NCMP) for children in reception and year 6.
					Market Engagement for PASTA	Mar-23	
					NCMP pathway reviewed and published	Mar-23	
					Review and redesign of PASTA service specification	Aug-23	
					Procurement and commission of PASTA	Apr-24	
					Evaluation of the FFL programme	Jan-25	
					<b>Performance Based Milestones</b>	<b>By when</b>	
					170 Schools/EY settings awarded their bronze award	Mar-25	
					PASTA delivered in all 30 wards	Mar-23	
Outcome 2	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Milestones	By when	Info and Context
Development of an LCC Food Strategy	A documented, agreed and published strategy	Initial background work completed on the Food Strategy with a scoping workshop completed	Lancaster, Hyndburn and Preston already have versions of a local level food strategy	Internal Strategy completed with an timelines implementation plan	Establishment of a food strategy steering group	Mar-23	
					Draft of the Food Strategy	Jun-23	
					Finalisation of the strategy	Aug-23	
					Strategy to comms for development	Sep-23	
					Agreement of priority leads	Sep-23	
					Continued monitoring of priority development at food strategy steering group	Ongoing	
					Scoping off the role out of the Strategy into L12	Mar-24	
					<b>Performance Based Milestones</b>	<b>By when</b>	
					Food Strategy Published	Oct-23	
Food Strategy rolled out to most districts	Mar-26						

# Healthy Hearts

Health in All Policies							
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Milestones	By when	Info and Context
To ensure that a Health in All Policies approach is embedded within the Healthy Hearts Programme	Number of policy areas as outlined opposite under 'Information and Context' that are implemented	Only 1-2 of these policy areas have as yet been started to be implemented (eg Fast Food Advisory Notice)	By way of illustrative example the Fast Food Advisory Notice has, to date, been implemented in 3 out of 12 districts	At least 75% of the proposed policy areas, based on feasibility study, to be actively implemented across Lancashire 12 over the next five years	Agreement with partners as to the scope of the policy areas to be considered in support of the Healthy Hearts programme	Spring 23	There are a number of key policy interventions that have been highlighted by NICE to potentially impact on CVD Prevention including 1) Revision of public sector advertising policies impacting on children and young people 2) Ensuring publicly funded food and drink provision promote a healthy and balanced diet 3) Restriction of planning permission for take-aways and other food retail outlets in key areas 4) Wider community access to school facilities to promote physical activity 5) Alignment of 'planning gain' agreements with the promotion of physically active travel 6) Local licensing powers to limit the availability of alcohol within local communities
					Conduct high level feasibility study on each of the proposed policy areas to understand implementation/alternatives	Autumn 23	
					Produce 6 proposal documents to support 5 year implementation	Winter 23	
					Design of a five year implementation approach on a phased basis	Spring 24	
					<b>Performance Based Milestones</b>	<b>By when</b>	
					More detailed performance based milestones specific to each policy area be determined once scoping of policies to be completed	Spring 24	

## Healthy Hearts

Cardio Vascular Disease Risk Modification							
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Milestones	By when	Info and Context
Improve the coverage of the NHS Health Check Programme	Invited (Offered) and completed (actual) NHS Health Checks	2021/2022 Offered 30,700 Actual 11,010 2022/2023 (cumulative to end of Q2) Offered 59,189 Actual 14,924	There is a range of coverage between the 135 General practices delivering NHS Health Checks. (7 General Practices not delivering NHS Health Checks and 30 practices delivering over the national ambition). These variations are not specific to one district in Lancashire	To invite (offer) the NHS Health Check to 100% of the Eligible population  To achieve the national ambition of 75% of the eligible population as a 5 year target (currently equates to 52,500 in Lancashire)	Quality Improvement - To develop a greater understanding of how NHS Health Check patient information is recorded in Primary Care systems such as EMIS and transferred into the system by external providers.	Apr-23	The NHS Health Check is a national programme delivered in line with the programme standards. The national ambition for NHS Health completion is to achieve 75% of the eligible population on an annual basis. Locally due to the transformation work ongoing and the redesign of the General Practice specification localised targets will also be set, these will be finalised as part of the redesign of the service specification
					To improve communications and marketing in relation to NHS Health Check advertising, including what a health check is, how to access it and who is delivering NHS Health Check on behalf of LCC.	Apr-23	
					Engage, design, and implement pilot projects to trial different ways of NHS Health Check delivery across Lancashire.	Apr-23	
					Quality Improvement - To develop a cost effective, adaptable and accredited training programme for clinicians and non-clinicians to deliver NHS Health Checks to Lancashire's residents in line with the National Standards.	Dec-23	
					To improve the quality and breadth of data received from the MLCSU in relation to NHS Health Check and develop analysis techniques with BI to improve quality	Mar-24	
					To procure a cost-effective NHS Health Check service delivery model.	Mar-24	
					<b>Performance Based Milestones</b>	<b>By when</b>	
					To achieve 50% of pre covid delivery by end of Q4 2022/2023 (This equates to approximately 20,000 NHS Health Checks)	Mar-23	
					To return to pre covid levels of NHS Health Check delivery	Mar-24	
					To reduce the variation in coverage by General Practice registered population by at least 10%	Mar-24	

## Healthy Hearts

To opportunistically identify adults over the age of 18 who have not previously been diagnosed with high blood pressure and to promptly refer them to their GP	Completed Blood Pressure Checks	Between 1/2/22 - 1/1/23 a total of 1,392 people have been supported through the BP Case Finding Service	Central Lancashire residents have received 44% of the total BP checks completed, West Lancashire have received 1%, Pennine - 29%, Morecambe bay - 2.7%, Fylde Coast - 8%.	To increase the detection and referral of people who possibly have high blood pressure.	To review signposting vs onward referral to lifestyle services and General Practice within specification and contract.	Aug-23	The BP case finding contract is delivered by Spring North are a charitable consortium comprising of over 130 member organisations
	Lifestyle conversations	100% of people who have accessed the service have had lifestyle conversations and where appropriate have been signposted/referred into lifestyle services	15% of BP checks have been completed with no location recorded.	To reduce the gap between expected prevalence and managed high blood pressure.	Ongoing quality and Improvement work to increase the uptake and accessibility of BP case Finding Service	Jan-24	
	Onward Referrals to lifestyle services				Consider incorporating the BP case finding contract as part of the NHS Health Check contract from 1/4/24.	Mar-24	The service provides: A free of charge blood pressure check (at point of contact).  Access to blood pressure monitoring through community outreach activities for people who might not otherwise engage with primary care (general practice).
	Referrals to General Practice for ongoing clinical intervention	496 General practice referrals/signposts		To increase the awareness and uptake of the NHS Health Check and Adult Weight Management programmes in Lancashire.	<b>Performance Based Milestones</b>	<b>By when</b>	
					To reduce the variation in coverage across Lancashire by at least 10% and to record a location for every BP completed.	Aug-23	

# Healthy Hearts

NHS Long Term Plan							
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Narrative Milestones	By when	Info and Context
To improve the detection and management of patients with Atrial Fibrillation, Hypertension and High Cholesterol	Percentage of the expected number of people with AF who are detected	84.10%	76.6% to 88.2%	85% by 2029	1. Sign-off of ICS CVD Prevention Strategy encompassing following aims: a) Restore identification and monitoring of CVD risk factors to pre-pandemic levels b) Achieve the national ambitions for atrial fibrillation (AF), high blood pressure (BP) and Cholesterol (inclusive of FH) detection and management by 2029 c) Adopt a whole system, health Inequalities approach to prevention, to improve population health across L&SC and deliver the CVD priorities of Core20Plus5 as well as reducing variation d) Reduce cardiovascular disease (CVD) mortality and morbidity e) Improve the cardiovascular health of the working age population thereby having a social and economic impact f) Ensure that prevention (CVD) remains a high priority across the population and the system g) Support the prevention of 150,000 heart attacks, <del>strokes</del> and dementia cases as per the Long Term Plan 2. Setting up of ICS CVD Prevention Steering Group 3. Production of ICS CVD Prevention Action Plan	March 23	1) Stated targets are currently indicative national aspirations that have as yet to be confirmed and then put forward for local adoption 2) Current measures are based on a L&SC footprint rather than specifically a L12 footprint based on 19/20 data for estimated prevalence but for Q2 22/23 for all other measures.
	Percentage of patients who are already known to be at high risk of a stroke who are adequately anticoagulated	88.70%	71.4 - 100%	90% by 2029		April 23	
	Percentage of the expected number of people with Hypertension who are detected	68.20%	61.4% to 76.3%	80% by 2029		June 23	
	Percentage of patients who are already known to have hypertension who are treated to target as per NICE Guidelines by 2029	≥80yrs = 72% <80yrs = 51%	≥80yrs = 47.4 - 93.5% <80yrs = 25.2 - 75.6%	80% by 2029			
	Percentage of eligible people aged 40 to 74 without established CVD, such as a previous heart attack or stroke, who have received a formal validated CVD risk assessment and cholesterol reading recorded on a primary care data system in the last 5 years	21.00%	1.1 - 64.8%	75% by 2029	Performance Based Milestones	By when	
	Percentage of people aged 40 to 74 without established CVD, such as a previous heart attack or stroke, identified as having a 20% or greater 10-year risk of developing CVD in primary care who are treated with statins	35%	35.4 - 89.8%	45% by 2029	To be Determined once ICS CVD Prevention Strategy is signed off	Jan 24	
	Percentage of people with Familial Hypercholesterolaemia (FH) who are diagnosed and treated optimally according to the NICE FH Guidelines	Not yet reported	Not yet reported	25% by 2024			

## Happier Minds

Happier Minds							
Outcomes	What are the Measures?	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	Date/by when	Info and Context
Reduction in self harm	Prevalence of self-harm	In 2020/21 there was 2,130 emergency hospital admissions in Lancashire linked to intentional self-harm (rate of 177 per 100,000), English average is 181 per 100,000 for the same period. The current prevalence is unknown	Currently we do not have this information and we are awaiting a new reporting dashboard from the NHS which would provide some indications	Target needs to be agreed with the partnership and could include a reduction of the number of emergency admissions in Lancashire linked to self-harm, number of professional trained in self harm prevention, number of people accessing services	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	
Reduction in suicide	Number of suspected/ confirmed suicides	For the period 2019-21 there were 425 deaths, with the cause of death identified as suicide, in the Lancashire-12 area. Of these 318 were male and 107 female. This is a rate of 13.5 per 100,000 in Lancashire and the national figure is 10.4 per 100,000	There is a variation across districts and is often linked to deprivation. ONS data for 2021 provides the variation as Preston 25 and lowest rate is 4 Ribble Valley (year of registered death)	National target (outlined in the five year view for Mental Health in 2016) was a 10% reduction by 2020/21. We are awaiting an updated target with the pending new strategy and consideration around local targets needs to be considered and consulted with wider partners.	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	National strategy due to be published early 2023

## Happier Minds

Reduce the prevalence of dependent alcohol and drug users (in adults)	Level of unmet need within the dependant alcohol population. Numbers not in treatment. Number of people in drug treatment services	At the end of quarter 4 (2021/22) 15.5% (n2256*) of the dependant alcohol user population had been in treatment in Lancashire. This gives the area an unmet need of 84.5%. 3,848 people were in treatment service in 2020/21 in Lancashire and 68% in service were males	Not possible to provide this data at borough level. For drug related data the providers are due to provide a detailed breakdown at the end of quarter 4	To reach parity with the England average of unmet need of approximately 80.5%. Second target is to increase number of people in drug treatment services and targets are outlined under the milestones	1) Increase the number of places in substance use treatment services	2022 - 25	*this number includes alcohol users and non-opiates and alcohol users. (1) The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.
					2) Increase the size of the workforce and the range of treatments available to dependant alcohol and drug users	2022 - 25	
					3) Form and develop an alcohol and drug partnership board	Quarter 3 2022/23	
					4) Undertake a alcohol and drug needs assessment	22-Nov	
					5) Develop a multiagency action plan based on the local needs assessment	22-Dec	
					6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams. Improve pathways across the criminal justice service	23-Dec	
					<b>Performance Based Milestones (1)</b>	<b>By when</b>	
					Increase the number of people in alcohol treatment by 74 and 192 into drug treatment services	23-Mar	
					Increase the number of people in alcohol treatment by an additional 109 and 619 into drug treatment services	24-Mar	
					Increase the number of people in alcohol treatment by an additional 279 and 1370 into drug treatment services. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users. By March 25 and additional 2,181 people would have assessed drug treatment services compared to the baseline in 2021/22.	25-Mar	
Reduction in drug related deaths	Number of drug related deaths	In 2018 - 20 there was 161 drug related deaths in Lancashire (4.8 per 100,000). England rate is 5 per 100,000.	The rates of drug related deaths in Lancashire are higher than the England average (all persons) in Burnley, Fylde, Chorley, Pendle and Lancaster. In 2020, 8 drug related deaths happened in Burnley and two districts (Rossendale and Ribble Valley) had nil.	Nationally rates have been increasing. The number of drug-related deaths in England and Wales has risen steadily for a decade, with another 6% year on year rise emerging in the latest data from the Office for National Statistics. The National Drug Strategy ( From Harm to Hope) sets out a national target to prevent nearly 1,000 deaths. No local target has been set. The alcohol and drug partnership will consider a target (following recommendation by officers working with local partners) and can report back. An estimate figure could be 55 based on recent years figures with a 10% reduction.	1) Appoint a mortality lead on drug related deaths on appoint a drug and alcohol lead within a provider	23-Jan	
					2) Review historic drug related deaths working with partners and make recommendations on findings	23-Jun	
					3) Establish a drug related panel and use the learning with partners to improve prevention for future drug related deaths	23-Jul	
					4) Lancashire Public Health team to host a Lancashire drug related death conference in 2024	2024	