

**Best Start in Life**

Outcome measure	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	August Update (information & context)
1.1 Reduction in infant Mortality (Per 1000)	Previous period	Latest period 2019-21: 127 deaths under 1 yr age = 3.5 per 1,000 children: NW 4.4, England 3.9	(2011-2021): Rates: significantly higher in 20% most deprived areas – highest in Burnley 7.0 & Rossendale 4.4;  Numbers: significantly higher in 20% most deprived areas (285) than 20% least deprived areas (42); highest three infant deaths (2011-2021) by ward in Queensgate (Burnley), St Matthews (Preston) and Bank Hall (Burnley).	Reduce by 5% in 2025	Refresh and implement the Infant mortality action plan	Ongoing	Priority area moving forward.
					A focus on delivering on the 1001 critical days vision and actions as part of the Best start in life priority areas	2024	Learning from CDOP embedded 1001 critical days a key part for the BSIL priority areas. Areas identified to Start for Life national team also being planned.
					Integrated early years pathways including Family hubs model aligning with maternity, early years and HV	2024	Family Hubs part of BSIL Embedded within model for commissioning of 0-19 HV services
					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	Cases being reviewed, report to be provided in 2023 and shared with CDOP – plan to launch sharing learning event before March 2024
1.2 Reduce Smoking at time of delivery	Previous periods Lancs 12.1% (2020/21) 12.8% (2019/20)	Latest period (2021/22) Lancs-12: 1283 = 12.7% of mothers: NW 10.6%, England 9.1%	%s in Lanc.s districts are higher/worse than NW & England in: Hyndburn, Burnley, Pendle, Rossendale (all 15.1%),  West Lancs 11.4%, Fylde 11.3%, Wyre 11.2%, only Lancaster 6.6% is lower than NW & England	10.6% (regional average) by 2025	Reduce the number of women who smoke in pregnancy through infant mortality action plan and pathways for pregnant women to quit smoking	ongoing	To review and update infant mortality action plan for smoking in pregnancy
					Ensure advice is provided at every antenatal health check signposting to co monitoring	ongoing	To ensure as part of action plan
1.3 Reduce low birth weight of term babies	Previous period Lanc.s-12 334 (3.1%), so higher than NW but lower than England, with Lanc.s-12 0.2% decrease between 2020 & 2021	Latest period (2021) Lanc.s-12: 320 low weight births (2.9%); NW 2.6% England 2.8%	Rates are higher/worse than NW & England In Preston 4.5%, Burnley 4.1%, Pendle 3.8%, South Ribble 3.3%, & Hyndburn 2.9%; Rates are lower/better than NW & England in Rossendale 2.6%, Lancaster 2.5%, Ribble Valley 2.4%, Wyre 2.1%, West Lancs 1.9%, Chorley 1.8%, Fylde 1.6%	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		To review and update infant mortality action plan for smoking in pregnancy
					Ensure advice is provided at every antenatal check and signposting to co monitoring		To review and update infant mortality action plan for smoking in pregnancy
							Ensure part of 0-19 commissioning
1.4 Reduce Under 18 Conception rate		Latest period (2021) Lanc.s-12 323 15-17 year old conceptions = 15.5 per 1,000, NW 16.1, England 13.1 Previous periods Lanc.s-12: 16.5 (2020) 20.3 (2019)	Rates are higher/worse than NW & England in Preston & Burnley (both 20.1),  Chorley 19.4, Hyndburn 18.2;  Rates are lower/better than NW but higher/worse than England in Rossendale 15.1, South Ribble 14.4, Lancaster 14.3, Pendle & West Lancs both 13.4; rates are lower/better than NW and England in Wyre 12.5, Ribble Valley 10.3, Fylde 10.0	Reduce by 5%	Commission services to reduce under 18 conception rates	ongoing	On track

1.5 Increase Breastfeeding Rates	Previous period: data not available	Latest period 2021/22 published data shows Lanc.s count of 4563, but not rate (data quality issues), NW no data, England rate 49.2%; service level data estimates Lanc.s at 38% in 2020/21 & 39% in 2022/23;	Published data not available. Data from HCRG 2022/23 financial yr shows higher %s than England in Ribble Valley 50.1%, and lower %s than England for all other districts (lowest in Wyre 32.9%)	5% by 2025	Develop strategy for Breastfeeding in conjunction with ICS and ensure the inclusion of community support provision	Apr-24	The LMS strategy and the mapping is expected to be completed in October 2023 and an action plan will be developed.
					Continue to commission breastfeeding peer support service	Apr-24	The current provision ends 31 <sup>st</sup> March 2024. On track for the procurement and commissioning of the service to commence in April 2024.
					Maintain the provision of BFI Gold status for community support services	May-24	This remains in progress and the next re-assessment visit is due May 2024.
					Embed the LSC Feeding during the First Year of Life guidelines within LCC services including antenatal provision	Apr-24	The guidelines to be adopted for use by Lancashire services; To be embedded into Family Hub provision. Establish a monitoring and compliance process.
					Increase number of settings registered as Breastfeeding Friendly	Apr-24	As of end June 2023, 500 places are registered as BF Friendly across Lancashire. To increase through the establishment of the Family Hubs Networks.
2.1 Children achieving a good level of development at the end of Reception	Previous period: No previous data currently available.	Latest period 2021/22 England average 65.2% Ward level breakdowns will be reported to BSIL Sept 23 (All Lancs children) 62.1% Lancs Girls 69.1%, Lancs Boys 55.6%;	Significant inequalities and variations exist within L-12, e.g. districts higher than England average for All children (65.2%) in: Fylde 70%, Ribble Valley 69%, Lower than England in: Preston 65%, Rossendale & Chorley 64%, Wyre & Lancaster 63%, South Ribble 62%, West Lancs 61%, Hyndburn 59%, Pendle 56%, Burnley 55%, %s for Children on Free School Meals (FSM) has lower averages, highest of which in Preston 53%, Lowest of which in South Ribble 35%. Ward level breakdowns will be reported to BSIL Sept 23	71.8 (national average in 2018/19; 65.2% in 2021/22) by 2024	Increase in the number of children accessing quality early years 2-year offer	April 2024 On-going	Current provision is in place until 31.07.2024 and recommissioning from 1 <sup>st</sup> of August 2024. During the academic year 12,637 (95.68%) reception-aged children received a vision screen. 1,679 (13.29%) children failed the screen. To date 447 notifications have been received (27%)
					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	Apr-24	During the academic year 12,637 (95.68%) reception-aged children received a vision screen. 1,679 (13.29%) children failed the screen. To date 447 notifications have been received (27%)
					Establish monitoring process to determine effectiveness of Lancashire's 2-year integrated review pathway		
					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.		
ASQs – work has commenced with Health Visiting to ensure the ASQ is completed correctly by a trained professional and recorded	Ongoing						
3.1 Reduce prevalence of Obesity (reception) 4-5 years	Previous period Lancs 25.0% (2019/20)	Latest period 2021/22 (academic): England average 22.3%, NW 23.3%, Lancs 23.8%	Higher/worse % than England in: West Lancs 26.5%, Burnley 25.4%, Wyre 24.6%, Hyndburn 24.6%, Pendle 24.2%, Preston 4.1%, Lancaster 24%, Rossendale 23.6%, Fylde 23.5%, Lower than Eng average in: Chorley 22%, South Ribble 21.9%, Ribble Valley 20%	10.1 national Average 2025	Provide Healthy Heroes Early Years toolkit to Early Years settings within 4 targeted Districts: Burnley, Pendle, Preston, and Hyndburn	Apr-24	The Early Years toolkit has been updated.  New resources will be available and targeted
					Provide Family Programme (PASTA) in wards with the highest prevalence of children living with obesity	Apr-24	<a href="#">From April 2023 to April 2024, 708 families and 1019 children participated in programme. Feedback from families can be accessed here: Play and skills at tea-time activities (PASTA) - Lancashire County Council</a>  Currently exploring procurement. Provision for a 2-year programme is in place until 15 <sup>th</sup> May 2025.
					Provide Food for Life (nutrition/cooking/growing) Programme in all Primary Schools, targeting schools to receive specific assistance in Burnley, Pendle, Preston and Hyndburn		

3.2 Reduce prevalence of obesity Year 6 (10-11 years)	Previous period (2019/20): Lanc.s-12 3,450 children 35.3% Trend is increasing and getting worse	Latest period (2021/22) England have 37.8%, NW 39% Lanc.s-12 5,025 children (37.6%),	%s are higher/worse than England in: Burnley 42.6% (with increasing trend), Hyndburn 42.4%, Pendle 40.1%, Rossendale 38.1%, West Lancs 37.9% %s are lower/better than England in: Preston 37.4% (with increasing trend), Lancaster 36.6%, Wyre 36.4% (with increasing trend), Chorley 34.2%, Ribble Valley 33.9%, Fylde 31.7%	Reduce by 10% by 2025	Develop clear pathways in schools to identify and follow children who are obese via the NCMP	Ongoing	The NCMP pathway has been updated to embed PASTA.  To conduct a review of the letters with families, staff and schools.  To remove stigma and judgement.
					Work with Districts to implement actions in the Healthy Weight Declaration	Ongoing	On track - Food Active are delivering the Lancashire Healthier Places commission which will be in place until March 2025. A systems leadership event is being planned for elected members
					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		Work is scheduled to commence March 2024 regarding this campaign in year 2 of the Lancashire Healthier Places commission.  Food Active are supporting Trading Standards colleagues to expand the Recipe for Health work. A specific training programme is in development for businesses and an impact evaluation framework.
4.1 Reduce % of 5 years olds with experience of visually obvious dental decay	Previous period: Insufficient data.	Latest period 2021/22: England rate 23.7%, NW 30.6%, Lanc.s 27.4 is worse/higher than England and lower/better than NW rates	Lancashire is higher/worse than England & NW in; Pendle 41.9%, Hyndburn 35.4%, Preston 32.6%, & is higher/worse than England though lower/better than NW in: Burnley 29.3%, Lancaster 26.8%, both 22.8%, Ribble Valley 22.1%, Rossendale 21.0%, Chorley 20.9%, Fylde 19.2%.	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	Currently being developed – service specification being written
					All Health Visitors distributing free Toothbrushes and tooth paste to all babies at 6-8 week visit and 9-12-month visit (if necessary)	2023 ongoing	Added to new specification and ongoing
4.2 Reduce Hospital admissions for dental caries (0-5 years) – per 100,000	Previous period: Insufficient data.	Latest period 2021/22: England rate 201.7 per 100,000 of age range, NW 311.6, Lanc.s 440.2 is higher than England and NW rates	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		Ongoing
5.1 Reduce Hospital admissions as a result of self-harm (10-14 yrs) – per 100,000	Previous period:	Latest period NW 437.9, Lancs 502.7 is significantly higher/ worse than England rate Lanc.s rate is 2 <sup>nd</sup> highest amongst our CIPFA nearest neighbours and is one of 5 with rates above England average.	Not available. Lanc's rate is significantly higher/worse than England average	5% by 2025	Additional investment to plug gaps within colleges and schools such as Mental Health Support teams	Ongoing March 23	These have been commissioned with focus on Fylde and Myerscough
					SUDC deep dive in understanding child death cases	2024	Report to be provided in 2023 and shared with CDOP – plan to launch an event before March 2024
5.2 Reduce Hospital admissions as a result of self-harm (15-19 yrs)	Previous period: data	Latest period 2021/22 England average rate 641.7 per 100,000, NW rate 663.9, Lancs rate 472.3 is lower than England & NW.	Not available. Lancs rate is better than England average	10% reduction by 2025	Provide additional training and resources to schools	Ongoing March 23	Various initiatives
					Ensure a self-harm prevention strategy within education settings		Prevention and self-harm strategy being developed
					Deliver a school's survey to understand young people's mental health and wellbeing needs	2023	Thematic survey being planned

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	By when	August 23 Update	Info and Context	
Reduction in Smoking Prevalence	Smoking Prevalence	Lancashire L12 smoking prevalence currently is 13.9% (2020)	Lancashire L12 smoking prevalence currently is 14.7% (2021)	Smoking Prevalence ranges from 9.3% (Fylde) to 21.2% (Burnley)	To achieve a smoking prevalence of 5% or less by 2030 across Lancashire and within each district	1) Refresh of TFL strategy once national tobacco plan is published	Spring 23	Lancashire and South Cumbria TFL strategy has been drafted and is awaiting sign off from HWBB	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. Following the slight increase in smoking prevalence observed in 2021, questions have been raised with OHID around the validity of 2021 data particularly some significant changes to district level prevalence (including an increase from 5.1% to 17.8% over 2 years in the Ribble Valley). OHID recognise that there have been changes to the methodology used in the Annual Population Survey resulting in variation in smoking prevalence data nationally and we are awaiting a response from the national team.	
						2) Development of e-cigarette consensus statement across L&SC ICS	Summer 23	Completed but needs to be formally signed off as part of the TFL strategy		
						3) Development of place based action and implementation plans with key partners	Summer 23	Initial conversations have taken place with Population Health Colleagues with an expectation that a L12 Tobacco Steering Group will be established in Autumn 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	Royal Preston Hospital has now been partially mobilised as from the beginning of Jan 23 (along with Blackpool Teaching Hospital). Conversations are now ongoing as to when East Lancs Hospital Trust will be able to join the programme.		
						5) Re-procurement of Lancashire Specialist Smoking Cessation Service with clear expectations about numbers of referrals and quit rates	Oct-23	Currently in live procurement process. It is hoped that new performance measures include the expectation to work with 6% of the smoking population annually and for a 50% quit success rate at 4 weeks. Individual district targets will be set based on local prevalence data.		
						<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	Targetted district work will commence once the live procurement exercise is complete. In the meantime, across L12 overall, latest performance data from stop smoking services indicated a slight increase in referrals during Q4 2022/23. In total for 2022/23, 5153 people set a 4 week quit date, with 2785 people successfully quitting, giving a 54% quit rate.		
Absolute range of smoking prevalence between L12 districts reduced by at least 10% initially relative to baseline (2020)	Apr-25	Targetted district work will commence once the live procurement exercise is complete.								

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	By when	August 23 Update	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%	At the end of quarter 4 (2022/23) the estimated proportion of alcohol dependent people not in the treatment system is 82.9%	Not possible to provide this data at borough level	To reduce the level of unmet need to 80%	1) Increase the number of places in substance use treatment services	2022 - 25	We have recruited additional staff into the treatment service and increased the number of treatment places. There has been some difficulty in recruiting skilled and experienced staff but the providers are mostly now on track with recruitment.	<p>*This number includes alcohol users and non-opiates and alcohol users. The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.</p> <p>New estimates of the number of alcohol dependent people are due imminently. The new estimates will change the current performance figures.</p>
						2) Increase the size of the workforce and the range of treatments available to dependant alcohol users	2022 - 25	We have increased the size of the workforce by 99 FTE in 2022/23. We are experiencing some challenges recruiting in the current year.	
						3) Form and develop an an alcohol and Drug partnership board	Quarter 3 2022/23	The board has formed and been in existence since quarter 3 of 2022/23.	
						4) Undertake a alcohol and drug needs assessment	Nov-22	Initial needs assessment completed in December 2022	
						5) Develop a multiagency action plan based on the local needs assessment	Dec-22	Action plan has been wrtitten and is a live document.	
						6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams	Dec-23	On track to improve and develop additional pathways from primary and secundary health services including alcohol liaison services.	
						<b>Performance Based Milestones (1)</b>	<b>By when</b>	<b>August 23 Update</b>	
						Increase the number of people in alcohol treatment by 74	Mar-23	In 2022/23 the number of people in treatment for alcohol increased by a significant number however we did not quite reach the target.	
						Increase the number of people in alcohol treatment by an additional 109	Mar-24	The most recent data from May 2023 shows that the total number of people in treatment for alcohol has continued to increase since the end of March 2023. Our adult community treatment provider has reported that in Q1 of 23/24 they recieved a total of 1030 referrals for alcohol. This is a large increase compared to 22/23 and we are expecting to see a significant increase in the number of people entering treatment during Q2 as a result.	
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	From baseline to May 2023 (latest available data) we have increased the number of people in treatment for alcohol.							

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context	
Increase Level of Physical Activity	Levels of Cycling, Walking and Physical Activity	Lancashire L12 meeting recommended Physical Activity levels: 65.9%	Number of people cycling - 75,230 (2021)  Number of people walking - 692,665 (2021)  An additional 26,632 people in Lancashire would need to become physically active to reach the national average. 28.7% of adults in Lancashire are physically inactive (2021)	Not currently available	A doubling of the number of people cycling in Lancashire by 2028 - from 111,914 to 223,829 people  A 10% increase in the number of people walking in Lancashire by 2028 - from 658,645 to 724,510 people  Levels of physical inactivity in every Lancashire district brought below the national average by 2028 - 2016 baseline was that an additional 20,687 would need to become physically active to reach the national average	Instigate midterm review of Actively Moving Forward to establish baseline data to assess progress since 2018.	Jan-23	Mid term review ongoing. Data review complete and now	The targets outlined are from Actively Moving Forward and have an aspirational deadline of 2028.	
						Establish cross-sectoral internal working group to drive aims and aspirations outlined in Actively Moving Forward.	Jan-23	Established and inception meeting scheduled for mid August		
						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 activity across Lancashire	Jun-23	Ongoing with inception meeting proposed for September		
						Establish working group to collaborate with education colleagues and schools to increase levels of physical activity	Jun-23	Not progressed at this stage		
						Develop 3-year action plan with place based interventions with key partners	Jun-23	This will be an output of the cross-sectoral working group meeting to take place in mid		
						<b>Performance Based Milestones</b>		<b>By when</b>		
						Increase physical activity levels to national average in Burnley, Hyndburn and Rossendale	Mar-25	Ongoing		
						Meet targets and aspirations outlined in Actively Moving Forward	Mar-28	Ongoing		

Outcome	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context			
Progress Made on the Healthy Weight Declaration (HWD)	Percentage of programmes within the Lancashire Healthy Weight Declaration actively being implemented	The HWD was relaunched in 2022	50%	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	Work underway with formal steering group now established	HWD has 16 priorities for LCC to tackle unhealthy weight. Priorities look at advertising, systems wide approaches, reducing health inequalities. The HWD will also be closely linked with the work to develop the food strategy.			
						Development of action plan associated with each of the HWD priorities with measurables attached to show progress	Aug-23	In progress - this will need to combine the work of food active and the food strategy to establish current progress and position on the priorities				
						Revisit the LCC healthy advertising policy	2024	Work with policy colleagues underway - currently reviewing literature and case studies				
						Food Active engagement with EM to promote and influence the actions related to the HWD	Oct-23	EM event planned for October 2023				
						<b>Performance Based Milestones</b>		<b>August 23 Update</b>				
						Recommission of the Adult Weight Management service	Mar-24	Procurement timeframes are being adhered to. Additional engagement with districts ongoing in relation to devolution of responsibilities of service delivery				
						Youth Ambassadors supporting the HWD in districts	Jan-24	Not started, to be initiated in early 2024				
						Increased uptake fo the recipe for health award	March 23- March 25	Training and evauation framework to monitor the impact of R4H in development. Food Active working closely with tradng standards colleagues to support the role out of the R4H award.				
To provide an effective and equitable weight management service for our population	<p>Access to the service</p> <p>Demographics of service users</p> <p>Healthy weight programme completion rates</p> <p>Service user outcomes in terms of weight loss (kg)</p>	Across L12 (Data from April 2021- May 2022)	<u>Across L12 22/23</u>	The highest number of participants in the programme are from Wyre (27%) and the lowest from Riblle Valley (2.8%)	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	Ongoing through contract monitoring and site visits	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			
		Eligible population for programme 224,101	Referrals into healthy weight programme 4576			To complete the procurement process to enable future service delivery of Healthy Weight Services. Re design the service specification mapped to the evidence base and update the delivery model that will enable improved service delivery in the future.	Apr-24	Procurement timeframes are being adhered to. Additional engagement with districts ongoing in relation to devloution of responsibilities of service delivery				
		Total referrals into healthy weight programme 2,224 (1% of eligible population)	Total people starting the programme - 4145 (90.6%)			<b>Performance Based Milestones</b>		<b>By when</b>		<b>August 23 Update</b>		
		Referrals - Males 20% Females 80% 24% aged 65 plus 12% aged under 35	Males 21.1% Females 78.6%			Increase uptake of healthy weight services for male participants by 10%	Mar-24	Ongoing through contract monitoring and site visits - analysis on data has not occurred in first quarter due to transition to new national OHID reporting template.				
		Average Weight loss 3.88kg	23.4% aged 65 + 12% aged under 35			Increase uptake of healthy weight services for people under 35 participants by 10%	Mar-24	Ongoing through contract monitoring and site visits - Analysis on data has not occurred in first quarter due to transition to new national OHID reporting template.				

Outcome 1	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	Info and Context
Improve food culture in schools and early years settings	The commission of the Food For Life Service and recommission 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	There are wards in all 12 Lancashire districts with excess weight rates (overweight incl. obesity) between 40% and 50% in children (year 6). 1 in every 2 children in some Lancashire wards having excess weight (aggregated over three year period 2019/20-21/22)	Yr 6 Overweight (incl. obesity) % in each district (2021/22): Burnley 42.6%, Chorley 34.2%, Fylde 31.7%, Hyndburn 42.4%, Lancaster 36.6%, Pendle 40.1%, Preston 37.4%, Ribble Valley 33.9%, Rossendale 38.1%, South Ribble 36.2%, West Lancashire 37.9%, Wyre 36.4%	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 (FFL) Support service with a clear expectations on the enrollment numbers for the FFL Award	Mar-23	FFL contract in place, currently mobilising	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 Food for Life (FFL) programme, contract now in place with the local programme manager recruited to and commencing role 15/08. The provider will actively support Early Years and primary settings to implement a positive 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	Completed	
						NCMP pathway reviewed and published	Mar-23	Still awaiting completion	
						Review and redesign of PASTA service specification	Aug-23	Draft spec completed	
						Procurement and commission of PASTA	Apr-24	Procurement timeline in place, will be going to tender in Sep 23	
						Evaluation of the FFL programme	Jan-25	Not due to have started yet	
						<b>Performance Based Milestones</b>	<b>By when</b>	<b>August 23 Update</b>	
						170 Schools/EY settings awarded their bronze award	Mar-25	Figures not currently available	
						PASTA delivered in all 30 wards	Mar-23	Figures not currently available	
Outcome 2	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	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	Further background work completed on the Food Strategy	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	Delayed due to urgent procurement commitments - strategy workshop booked for 11th sept 23	Food strategy initial meetings with wider teams in progress and the first meeting booked to restart the development of the food strategy
						Draft of the Food Strategy	Jun-23	Delayed as above	
						Finalisation of the strategy	Aug-23	Delayed as above	
						Strategy to comms for development	Sep-23	Not Started	
						Agreement of priority leads	Sep-23	Not Started	
						Continued monitoring of priority development at food strategy steering group	Ongoing	This will follow the published strategy	
						Scoping off the role out of the Strategy into L12	Mar-24	Not started	
						<b>Performance Based Milestones</b>	<b>By when</b>	<b>August 23 Update</b>	
						Food Strategy Published	Oct-23	Delayed as above	
Food Strategy rolled out to most districts	Mar-26	Not Started							



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)	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 Healthy Heart Programme colleagues as to the scope of the policy areas to be considered in support of the Healthy Heart programme	Spring 23	Completed	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	In progress	
						Produce 6 proposal documents to support 5 year implementation	Winter 23	Will be started once high level feasibility study completed	
						Design of a five year implementation approach on a phased basis	Spring 24	Not commenced yet	
						<b>Performance Based Milestones</b>	<b>By when</b>	<b>August 23 Update</b>	
						More detailed performance based milestones specific to each policy area be determined once scoping of policies to be completed	Spring 24	Will be started once high level feasibility study completed	

Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	August 23 Update	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	2022/2023 Offered 100477 (142.52%) Actual 25533 (36.22%)	There is a range of coverage between the 135 General practices delivering NHS Health Checks. These variations are not specific to one district in Lancashire	For Health Checks invited the target is to achieve 100% of the Eligible population  For Health Checks completed, the target is to achieve the national ambition of 75% of the eligible population.  The target is set over 5 years which currently equates to 70500 persons per year, or 17625 persons per quarter, 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.	Mar-24	Revisions made to NHS Health Check template to ensure continued improved data quality transfer. Ongoing discussions to transfer the third party Provider to EMIS and move away from PharmOutcomes	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	There have been a couple of issues with staffing to progress this, but over the last quarter several conversations have been had with a plan to develop a communication and marketing strategy by September 2023		
						Engage, design, and implement pilot projects to trial different ways of NHS Health Check delivery across Lancashire.	Apr-23	The Rossendale Pilot has now concluded - evaluation writing in motion. West Lancashire Pilot is ongoing (contribution to staffing to deliver NHS Health Checks alongside the population health team delivering Enhanced Health Checks) Use of a Health and Wellbeing vehicle to take NHS Health Check into Community Band B Library Pilot - NHS Health Checks delivered in libraries out of hours. Lancashire Fire and Rescue Collaboration - 2 events have now		
						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	Training will be in place until the end of 2024, further planning is need post end 2024		
						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	Conversations have been ongoing in relation to this and will come in line with the contract renewal in 2024 due to the number of complexities changing elements of the current processes without changing the whole process.		
						To procure a cost-effective NHS Health Check service delivery model.	Mar-24	Ongoing		
						<b>Performance Based Milestones</b>		<b>By when</b>		<b>August 23 Update</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	Achieved		
						To return to pre covid levels of NHS Health Check delivery	Mar-24	Achieved		
						To reduce the variation in coverage by General Practice registered population by at least 10%	Mar-24	Ongoing communication in the form of email, phone call and virtual meetings to support practices improve their NHS Health Check activity		
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  Lifestyle conversations  Onward Referrals to lifestyle services  Referrals to General Practice for ongoing clinical intervention	Between 1/2/22 - 1/1/23 a total of 1,392 people have been supported through the BP Case Finding Service  100% of people who have accessed the service have had lifestyle conversations and where appropriate have been signposted/referred into lifestyle services  496 General practice referrals/signposts	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%.  15% of BP checks have been completed with no location recorded.	To increase the detection and referral of people who possibly have high blood pressure.  To reduce the gap between expected prevalence and managed high blood pressure.  To increase the awareness and uptake of the NHS Health Check and Adult Weight Management programmes in Lancashire.	To review signposting vs onward referral to lifestyle services and General Practice within specification and contract.	Aug-23	Ongoing as part of the NHS Health Check Template revisions. This will be reflected in data collection over the next 6 months	The BP case finding contract is delivered by Spring North are a charitable consortium comprising of over 130 member organisations  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).		
					Ongoing quality and Improvement work to increase the uptake and accessibility of BP case Finding Service	Jan-24	Ongoing, managed through contract meetings			
					Consider incorporating the BP case finding contract as part of the NHS Health Check contract from 1/4/24.	Mar-24	Agreed through transformation board			
					<b>Performance Based Milestones</b>		<b>By when</b>		<b>August 23 Update</b>	
					To reduce the variation in coverage across Lancashire by at least 10% and to record a location for every BP completed.	Aug-23	Ongoing - agreed with provider and monitored through contract monitoring meetings			

Outcomes	What are the Measures?	Current Performance	Previous Performance	Highlight degree of variation	Targets	Narrative Milestones	By when	Most Recent Update (Aug 23)	Info and Context	
To improve the detection and management of patients with Atrial Fibrillation, Hypertension and High Cholesterol	AF Observed Prevalence	3.19% <i>(Mar 23 - CVD Prevent)</i>	2.88% <i>(Dec 22 - CVD Prevent)</i>	N/A	N/A	1) Sign off ICS CDV Prevention Strategy.	March 23	1) completed	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.	
	Diagnosed 90% of People Estimated To Have Atrial Fibrillation	86.3% <i>(QOF 21/22)</i>	84.2% <i>(QOF 20/21)</i>	76.2% - 90.50% <i>(ICB sub region)</i>	90% by 2029	2) Set up ICS CVD Prevention Steering Group	April 23	2) completed		
	Treated (with anticoagulation) 90% of Those With Atrial Fibrillation Identified as High Risk (CHA2DS2-VASc =>2)	89.6% <i>(Jul 23 Aristotle)</i>	88.7% <i>(Oct 22 Aristotle)</i>	89.0% - 91.0% <i>(ICB sub region)</i>	90% by 2029	3) Production of ICS CVD Prevention Action plan	June 23	3) completed		
	Diagnosed 80% of People Estimated To Have High Blood Pressure	55.3% <i>(QOF 21/22)</i>	54.9% <i>(QOF 20/21)</i>	51.40% - 61.20% <i>(ICB sub region)</i>	80% by 2029	4) Creation of ABC(D) workstreams to achieve the National asks of the Long Term Plan and the 23/24 Operational Planning Guidance.	July 23	4) Up and running with 3 x T&F groups (A,B & C) and a 4th (D) being put in place post August. Each workstream has a programme of work in place, being reported on to the CVD PDM.		
	Percentage of 18+ HBP patients who have had a blood pressure test in the last 12 months (case finding)	86.56% <i>(Mar 23 - CVD Prevent)</i>	82.07% <i>(Dec 22 - CVD Prevent)</i>	85.37% - 88.41% <i>(ICB sub region)</i>	80% by 2029	5) Embedding of the strategy into the Population Health team and work on CVD Prevention, Detection and Management through a Health Inequalities lense.	September 23	5) Primary Care symposium took place as a 'call to arms' for the system around the OPG ask of BP TtT, but using our agreed strategy of working through this with a HI lense. Early indications		
	77% of Those Diagnosed With High Blood Pressure Treated to NICE Recommended Blood Pressure Thresholds	68.88% <i>(Jul 23 Aristotle)</i>	55.63% <i>(Jan 23 Aristotle)</i>	31.43% - 90.07% <i>(GP Surgery)</i>	77% by 2024 <i>(OPG year target as an interim to 80% by 2029)</i>					
	Patients Aged Between 25 and 84 Years with a CVD Risk Score Greater Than 20% on Lipid Lowering Therapies to 60%	58.06% <i>(Mar 23 - CVD Prevent)</i>	57.12% <i>(Dec 22 - CVD Prevent)</i>	54.98% - 61.37% <i>(ICB sub region)</i>	60% by 2024 <i>(OPG year target as an interim to 75% by 2029)</i>		<b>Performance Milestones</b>	<b>By when</b>		<b>Most Recent Update (Aug 23)</b>
	Increase Detection of Familial Hypercholesterolaemia within Primary Care from 7-15% (interim), 7-25% (LTP Target)	Not yet reported	Not yet reported	Not yet reported	25% by 2024					Improvement has been noted in BP TtT.
	90% of GP practices participating in CVDprevent audit	98% <i>(Mar 23 - CVDP)</i>	94% <i>(Dec 22 - CVDP)</i>	N/A	N/A		Cholesterol with 20% QRISK to be at 59%	Dec-23		PC Symposium took place in June, with all PCN's provided with data and support packs, outlining what tools & resources are available to support in achieving the target.

Happier Minds									
Outcomes	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	Date/by when	August Update	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	In Lancashire there was 1,915 emergency hospital admissions linked to intentional self-harm in 2021/22 (rate of 156 per 100,000). The English average is 163 per 100,000 for the same period and both rates have reduced in the last year.	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	On track	
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	No new performance figures available	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	On track	National strategy due to be published early 2023
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	There was a target to get another 192 people into drug treatment services. We was just below (n33) the target as we had 6,297 people into services, this is below the target set of 6,330. Based on last year performance we increased the number by 159 more people into treatment services. We had a target to get 74 more people into alcohol services and we were above the target	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 services 2) Increase the size of the workforce and the range of treatments available to dependant alcohol and drug users 3) Form and develop an alcohol and drug partnership board 4) Undertake a alcohol and drug needs assessment 5) Develop a multiagency action plan based on the local needs assessment 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	2022 - 25 2022 - 25 Quarter 3 2022/23 22-Nov 22-Dec 23-Dec	On going On going Completed Completed Completed On track	*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.
						<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	Behind target by 33 people see report for narrative	
						Increase the number of people in alcohol treatment by an additional 109 and 619 into drug treatment services	24-Mar	Future target and plans in place to increase numbers	
						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 an additional 2,181 people would have assessed drug treatment services compared to the baseline in 2021/22.	25-Mar	Future target and plans in place to increase numbers	
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.	No new performance figures available	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	1) Appoint a mortality lead on drug related deaths on appoint a drug and alcohol lead within a provider 2) Review historic drug related deaths working with partners and make recommendations on findings 3) Establish a drug related death panel and use the learning with partners to improve prevention for future drug related deaths 4) Lancashire Public Health team to host a Lancashire drug related death conference in 2024	23-Jan 23-Jun 23-Jul 2024	Completed On track and in progress Panel arranged to met in September. 2023 due to commitments of partners. ToR and membership formalised in August On track	