

## Lancashire Health & Wellbeing Board

### Joint Health and Wellbeing Strategy 2024 – 2030

#### Vision

Working together to improve health and wellbeing across Lancashire, reducing health inequalities and ensuring people have access to the information, services and support they need.

#### Purpose of the Strategy

- To communicate clear and agreed partnership priorities for health and wellbeing in Lancashire
- To embed these priorities within the organisational arrangements of Health and Wellbeing Board partners, ensuring they are reflected in the design, commissioning and delivery of services
- To identify opportunities for co-commissioning
- To enable the Health and Wellbeing Board partners to hold each other to account in addressing the priorities of the joint strategy

The Joint Health and Wellbeing Strategy, underpinned by the Joint Strategic Needs Assessment, identifies the common vision and priorities that will improve the health, wellbeing and care of Lancashire's communities, and minimise health inequalities.

#### Principles

- Action on the wider determinants of health
- Embed health and wellbeing in policy development
- Address health equity
- Engage with and listen to communities
- Intelligence and evidence-based decision making
- Coordination and integration
- Prevention and early help

#### Context

It is well-recognised that a complex network of factors shapes health and wellbeing [1]. Estimates suggest that clinical care accounts for only 10-25% of variation in health outcomes, while social, economic and environmental factors account for 50-80% [2-6]. Crucially, the majority of factors which drive health inequalities can be changed, including those that contribute to the 8 - 10 year difference in life expectancy between those living in the least and most deprived areas of Lancashire [7].

[Here: include graphics re components of health and inequalities in life/healthy life expectancy]

Health equity is 'the absence of unfair, avoidable or remediable differences in health among population groups' [8].

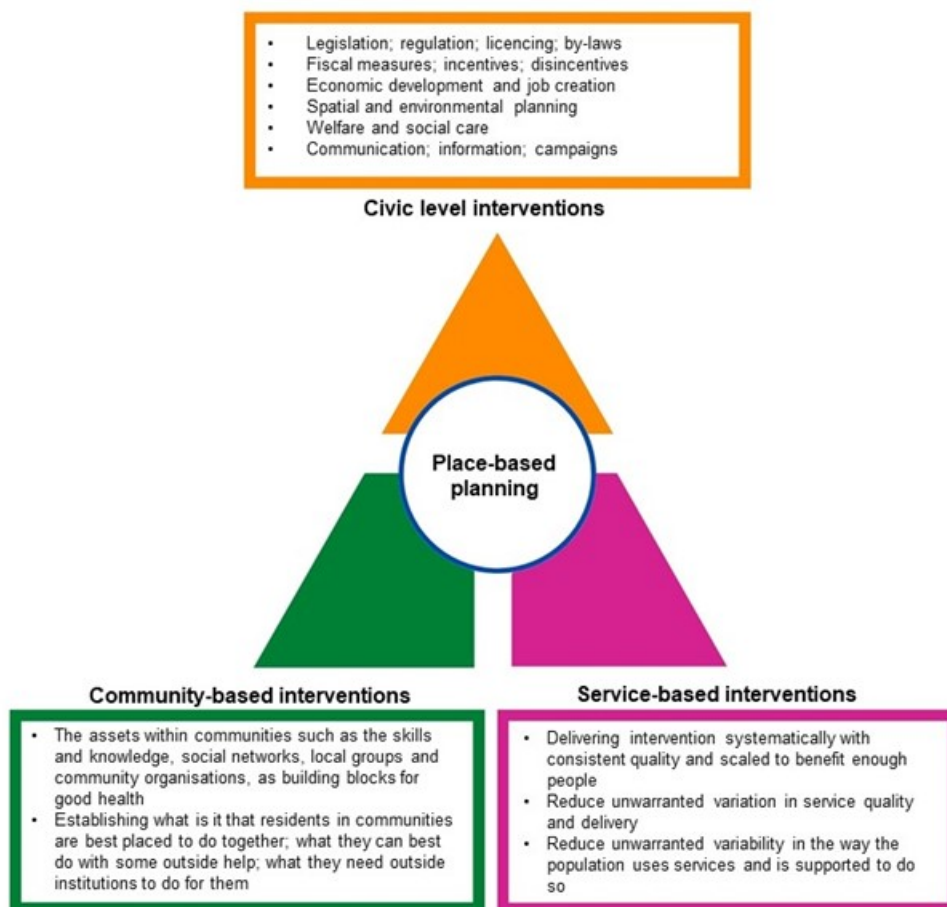
Enabling Lancashire's residents to live longer and healthier lives involves reducing health inequalities through targeted support, early intervention and embedding a health in all policies approach [2,9,10], considering the opportunity to influence health through service design, policies and procedures.

To improve the health and wellbeing of Lancashire's residents, a clear understanding of the needs of residents and the communities in which they live is critical to making effective decisions. This understanding is established using data and intelligence, and by meaningful engagement with people [11]. In addition, integrated commissioning across services such as health, social care and housing, offers opportunity to drive sustainable improvements in health [11].

It is these core principles that underpin the approach to improving the health and wellbeing for everyone in Lancashire.

### Collaborative Action

The Population Intervention Triangle (below) is a useful model for planning collaborative action to reduce health inequalities. It brings together the important constituent elements which together form effective place-based working. It has been developed through practical experience working to achieve measurable population level change in health and wellbeing outcomes, including addressing health inequalities between and within local geographies.



'Place Based Approaches for Reducing Health Inequalities' (Public Health England, 2021)

## Drivers for Change

### Integrated Care Partnership

The Lancashire and South Cumbria Integrated Care Partnership brings together organisations working to address the health and care needs of the population, developing the Integrated Care [Strategy](#) 2023-2028. This strategy identifies a vision for people to live longer, happier, healthier lives, and identifies life course priorities - starting, living, working, ageing and dying well. This framing complements the Health and Wellbeing Board approach. The Lancashire Place Partnership is one of four place-based partnerships in the Lancashire South Cumbria geography. It works to the same geography as the Lancashire Health and Wellbeing Board, and supports activity at locality level through the district / city council health and wellbeing partnerships.

A focus on collaboration to reduce health inequalities and address the wider determinants of health is shared with Health and Wellbeing Board, both continuing to work closely together.



### NHS England

At a national and system wide level, [Core20PLUS5](#), is an NHS England led approach to support the reduction of health inequalities, and supports the [NHS Long Term Plan](#) to improve patient outcomes, support a preventative approach and tackle health inequalities, whilst addressing pressures on staff and challenges from a growing and ageing population. Priorities include a delivery plan for recovering urgent and emergency care services. An important contribution is the Better Care Fund, supporting people moving out of hospital, reducing readmissions, supporting people to remain safe and well in their own homes and communities, and avoiding long term residential care.

# Lancashire Health and Wellbeing Board Priorities

## Best Start in Life

### 1. Reduce infant mortality by:

- Integrating early years pathways, utilising the family hub model, and aligning with maternity, early years and health visiting services
- Collaborating to deliver the Integrated Care Board plans for starting well
- Implementing the learning from Child Death Overview Panel / serious case reviews

### 2. Reduce smoking in pregnancy by:

- Collaborating to deliver the NHS Long Term Plan and the infant mortality action plan and pathways for pregnant women to quit smoking
- Ensuring advice is provided at every antenatal health check, utilising carbon monoxide monitoring and signposting to support

### 3. Reduce low birth weight of term babies by:

- Developing pathways for pregnant women to quit smoking
- Ensuring advice is provided at every antenatal health check, utilising carbon monoxide monitoring and signposting to support
- Refreshing the infant mortality action plan

### 4. Reduce under 18 conception rate by

- Commissioning age appropriate services

### 5. Increase breastfeeding rates by

- Working strategically together to ensure community provision
- Working with the commissioned infant feeding peer support service
- Working together to embed the Integrated Care Board First Year of Life infant feeding pathways
- Maintaining Baby Friendly Initiative Gold status for community support services
- Increasing the number of settings registered as Breastfeeding Friendly

### 6. Increase children achieving a good level of development at the end of Reception by

- Increasing the number of children accessing quality early years education
- Working with the commissioned vision screening service for children in Reception and ensuring a referral pathway remains in place for those who fail the screen
- Continuing to support speech and language development to enable early identification and intervention

### 7. Reduce childhood obesity by

- Rolling out provision of the 'Healthy Heroes' early years toolkit to relevant settings
- Supporting the healthy eating and activity family programme
- Rolling out the 'Food for Life' (nutrition/cooking/growing) programme in Primary Schools

- Increasing take up of the 'Recipe for Health' programme, promoting healthy food choices in high streets

#### **8. Reduce Dental decay in children by**

- Supporting the commissioned supervised toothbrushing programme
- Distributing free toothbrushes and tooth paste for all babies at the health visitor 6-8 week visit
- Supporting parents to promote effective tooth brushing

#### **9. Reduce Childhood Self harm by**

- Working strategically together to understand and address young people's mental health needs in schools and colleges, with a focus on prevention
- Implementing the learning from child death reviews

### **Healthy Hearts**

#### **1. Reduce Smoking by**

- Working strategically together to reduce use of nicotine both in the community and in hospitals
- Working with the commissioned specialist Smoking Cessation Service and increase the referral rate into support

#### **2. Reduce numbers of people who are dependant on alcohol by**

- Working strategically together to reduce alcohol dependence
- Increasing the number of places available in substance use treatment services
- Increasing the range of treatments available to dependant alcohol users
- Improving pathways from primary care and hospital based secondary health services into support

#### **3. Support physical activity by**

- Working strategically together to develop a Lancashire wide approach to physical activity.
- Supporting adult weight management services to increase levels of physical activity

#### **4. Support healthy weight by**

- Working strategically together to address healthy weight
- Supporting collaboration to deliver family and adult healthy weight services
- Increasing take up of the 'Recipe for Health' programme, promoting healthy food choices in high streets

#### **5. Influence food, diet and nutrition by**

- Supporting the healthy eating and activity family programme
- Rolling out the 'Food for Life' (nutrition/cooking/growing) programme in Primary Schools

## **6. Support healthy policy making by**

- Working strategically together to influence policy development for healthy hearts
- Influencing local planning policy development

## **7. Identify and support those most at most risk of cardiovascular disease by**

- Identifying adults over the age of 18 who have not previously been diagnosed with high blood pressure and refer them to their GP
- Improving the detection and management of patients with atrial fibrillation, hypertension and high cholesterol
- Working strategically together, recognising interdependencies with the Lancashire and South Cumbria Integrated Care Partnership's Cardiovascular Disease Prevention, Detection and Management Work Plan

## **Happier Minds**

### **1. Reduce self-harm and suicide by**

- Working strategically together to reduce the incidence of self-harm and suicide, implementing the self-harm and suicide prevention strategy, with a prevention / early intervention focus.
- Continuous review of incidents using real-time surveillance and response

### **2. Reduce numbers of people who are dependant on alcohol and drugs by**

- Working strategically together to reduce alcohol and drug dependence
- Increasing the number of places available in substance use treatment services
- Increasing the range of treatments available to dependant alcohol users
- Improving pathways from primary care and hospital based secondary health services into support

### **3. Reduce drug related deaths by**

- Working together to review historic drug related deaths
- Establishing a drug related death panel and implement the learning to improve prevention activity

## **Lancashire Better Care Fund**

Lancashire Health and Wellbeing Board is the body responsible for oversight and sign-off of the Better Care Fund Plan, developed by health and social care partners to support integrated, person-centred care in communities, funded by pooled budgets.

The Better Care Fund is crucial in supporting people to live healthy, independent and dignified lives, joining up health, social care and housing services around the person, to:

- enable people to stay well, safe and independent at home for longer
- provide people with the right care, at the right place, at the right time

It provides an important framework bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

## Performance Management

Implementation of the Joint Health and Wellbeing Strategy will be measured, utilising a performance dashboard, highlighting progress in terms of a range of outputs, outcomes and narrative milestones. This will be shared periodically with the Health and Wellbeing Board to enable success to be celebrated and challenges addressed.

### Sources

- [1] WHO (2017) <https://www.who.int/news-room/questions-and-answers/item/determinants-of-health>
- [2] NHS England (2023) <https://www.england.nhs.uk/blog/acting-on-the-wider-determinants-of-health-will-be-key-to-reduced-demand/>
- [3] WHO (2024) [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)
- [4] Department of Health and Social Care (2019) <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>
- [5] The Health Foundation (2017) <https://www.health.org.uk/blogs/health-care-only-accounts-for-10-of-a-population%E2%80%99s-health>
- [6] County Health Rankings (2024) <https://www.countyhealthrankings.org/what-impacts-health/county-health-rankings-model>
- [7] Lancashire County Council (2021) <https://council.lancashire.gov.uk/documents/s190642/Appendix%20A.pdf>
- [8] WHO (2024) <https://www.who.int/data/inequality-monitor/about>
- [9] The Health Foundation (2023) <https://healthequals.org.uk/building-blocks/>
- [10] WHO (2024) <https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>
- [11] Public Health England (2021) [https://assets.publishing.service.gov.uk/media/615213efe90e077a2db2e804/health\\_inequalities\\_briefing.pdf](https://assets.publishing.service.gov.uk/media/615213efe90e077a2db2e804/health_inequalities_briefing.pdf)