

## Lancashire Health and Wellbeing Strategy

**"Our vision is that every citizen in Lancashire will enjoy a long and healthy life"**

### 1. Purpose of the strategy

This strategy has been developed by Lancashire's Health and Wellbeing Board. Our ambition for the strategy is that it will enable us to work better together to deliver real improvements to the health and wellbeing of Lancashire's citizens and communities. This strategy sets out the desired goals until the year 2020 with a work programme up to the year 2016.

#### *Working together to.....*

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

#### *.... getting results that*

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

### 2. Health and wellbeing in Lancashire

Lancashire has a diverse population of around 1.2 million people. There are wide variations in levels of income and wealth, which are not always concentrated in specific parts of the county. In more rural areas, for example, poverty and social exclusion exist side by side with affluence. Several districts have small pockets of deprivation, but there are also larger areas of deprivation, particularly in East Lancashire and parts of Preston. Lancashire's population is ethnically diverse. There are parts of the county will very small black and monitory ethnic

populations while in Preston, Burnley, Pendle and Hyndburn more than one in 10 people of the local population is from a black or minority ethnic group.

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

The diversity of the county is reflected in the health and wellbeing needs and assets of the population. There are large inequalities in health and in the causes of poor health between different areas and groups of people in the county.

Lancashire's Joint Strategic Needs Assessment paints a picture of health and wellbeing in the county and of its influences. It makes recommendations to partners about the issues that should be prioritised in their commissioning plans. The priorities highlighted through the Joint Strategic Needs Assessments underpin our strategy (if you want more information about the JSNA you can visit its website or click [here](#) ).

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

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

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

The health behaviour of Lancashire's population is changing. Although overall fewer people are now smoking tobacco, smoking rates among manual social groups remain static. Alcohol consumption and obesity are increasing, putting increasing demands on health and social care services. Patterns of drug use are

also changing, with evidence of increases in the proportion of people misusing a combination of different drugs and alcohol within a recreational context.

Inequalities in health in the county are a significant concern. Analysis of health inequalities identified the 10 largest gaps in health outcomes between the least and most deprived areas of the county and the priorities for addressing these inequalities (shown in figure 1).

**Figure 1 – Priorities for addressing health inequalities in Lancashire**

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

Economic and social factors have a large influence on health and wellbeing and in the current economic climate concerted action is needed across partners to mitigate the negative impacts of poverty and unemployment.

Many of the causes of poor health in Lancashire are preventable with improved living conditions, social relationships and support; healthier behaviours and better quality health and social care services. We already have good practice and solutions in the county that prove that outcomes can be improved and show that it is possible to make a difference to our communities' health and wellbeing. Efforts should be made to roll these out more widely so that more people can benefit from them.

The availability of affordable and suitable housing makes an important contribution to health. Too many people in Lancashire cannot afford to keep their home warm in the winter. This contributes to a number of health problems including heart disease and stroke, respiratory diseases and poor mental health, and places demands on our services. It is important to work with planners, housing authorities, landlords and health services to improve the quality and availability of suitable housing.

Lancashire has considerable assets including the strengths of people, groups and networks in our communities that can be used for the benefit of the health of local people. The diverse business sector in the county contributes is a significant asset. Local businesses provide employment and services for thousands of people and contribute to improving our communities through providing training and education and contributing to our voluntary, community and faith sector through corporate social responsibility activities. In many of our communities local businesses are an invaluable part of the social fabric of the area.

The county has abundant green space and countryside that is already enjoyed by many people for leisure and relaxation. This can be further exploited for health and wellbeing. Local authority partners in the county have significant regulatory and enforcement powers such as licensing, planning and trading standards that can be used to promote health and wellbeing. Lancashire's GPs and wider primary care services have a pivotal role in preventing ill health and in working together with patients to manage long term health problems.

Lancashire has a strong further and higher education sector with three Universities and a number of colleges, which attract people to the area and provide a wide range of learning and research opportunities that the county can benefit from.

Lancashire also has a large, vibrant and thriving third sector with even more potential to contribute to protect and improve the health and wellbeing of individuals and communities. As well as prioritising action to meet the important health needs in the county, our strategy will focus on building and exploiting these assets further for the benefit of the health and wellbeing of our citizens.

### **3. How we need to work differently**

As members of Lancashire's Health and Wellbeing Board we are committed to making a number of important changes or 'shifts' in the way that we work together for the benefit of our citizens and their communities. We believe that these shifts will fundamentally challenge the way that we currently work, but they are essential if we are to successfully improve health, wellbeing and the determinants of health on a sustainable basis and within the resources that will be available to us in the coming years. We are determined and committed to:

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

- **Commit to delivering accessible services** within communities; improving the experience of moving between primary, hospital and social care
- **Make joint working the default option** (for example by pooling our budgets and resources to focus on our priorities; commissioning together on the basis of intelligence about what can make the biggest difference and evidence of what we know works; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk)
- **Work to narrow the gap** in health and wellbeing and its determinants

#### 4. Overarching Goals

The Health & Wellbeing Board has agreed on three overarching goals for the strategy which need to be achieved by the year 2020.

**Better health and wellbeing** – to increase the time that people in Lancashire can expect to live in good health, and narrow the gap in health and wellbeing for the population of Lancashire

**Better Care** – to deliver measurable improvements in the people's experience of health and social care services

**Better Value** – to reduce the cost of health & social care, while at the same time increasing its effectiveness by promoting collaboration and integration between health and wellbeing board partners.

#### 5. Programmes of work

Our JSNA makes it clear that we need to focus our work to deliver the strategy across the whole life course, intervening in a coordinated way in childhood, adulthood and old age.

Three distinctive programmes of work have been identified, reflecting the different support people need at different stages of their life. Below are the work programmes with the desired objective for each of the work programmes:

##### **Programme1: Starting well**

- To promote healthy pregnancy
- To reduce infant mortality
- To reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

##### **Programme 2: Living Well**

- To promote Healthy settings, healthy workforce and economic participation
- To promote mental wellbeing and healthy lifestyles

- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

### **Programme 3 Ageing Well**

- To promote greater independence amongst older people
- To reduce social isolation and loneliness
- To better manage long term conditions
- To reduce emergency admissions and direct admissions to residential care
- To support carers and families of those who care for family members

A lot of good work is already happening across Lancashire on all of three programmes; however the health & wellbeing strategy allows the board to focus on areas of collaboration and integration and avoid duplication, at the same time recognises the good work and allows this to be shared across Lancashire.

It is important that the identified shifts mentioned above are weaved into each of the programmes, this will allow innovation and challenge the health system into new ways of working and more importantly achieve the desired goals.

## **6. Health and Wellbeing Outcomes Dashboard.**

In order to support the objectives of the Health and Wellbeing Board Strategy Delivery Plan a number of appropriate outcomes were selected from the Public Health Outcomes Framework, NHS Outcomes Framework and Adult and Social Care Outcomes Framework. These form the Health & Wellbeing Outcomes Dashboard. The Dashboard will document will enable an informed programme of work and will be the mechanism to continually monitor all health and wellbeing outcomes, review the proposed actions and monitor their effectiveness. This work will be available at county, CCG and district level and will be updated on a quarterly basis, in line with national updates.

## **7. How the Strategy will be delivered & managed across Lancashire**

The Health & Wellbeing Board has recognised that Lancashire is a very diverse both geographically and demographically. It also recognises that the Health economy in Lancashire mainly operates on the acute (hospital) settings. It has also been recognised that many partners who make up the health and wellbeing Board commission on different geographical footprints and health boundaries and some who operate across the whole of Lancashire.

A county wide Joint Officer Group (JOG) made up of senior executives from the organisations represented on the Health & Wellbeing Board and Locality

Partnerships will take operational leadership and lead on the co-ordination and delivery of the strategy across Lancashire. The Joint Officer group reports directly into the board.

The JOG will manage performance through:

- The 3 programmes of work (Starting well, Living Well, Ageing Well)
- The 6 shifts (identified in how we need to work differently)
- A Lancashire Health & Wellbeing Outcomes Dashboard

JOG will receive progress reports at each meeting with an in-depth report for one of the 3 programmes at each meeting. This will allow challenge, support, and celebration of achievement and the sharing of good practice whilst delivering the strategy.

The Health and Wellbeing Board also recognise that it needs to create links with other strategic partnerships that operate across Lancashire, including statutory and non-statutory partnerships and the two unitary Health and Wellbeing Boards. The Board has therefore agreed a line of communication between the unitary Health & Wellbeing boards and other strategic partnerships by inviting them to board meetings, and allowing issues to be discuss, that require a multi-agency approach beyond the health system, when striving to achieve the desired Goals and Programme objectives. The arrangements will be continually reviewed to ensure that they remain fit for purpose.

### **Programme name: Starting Well**

**Programme Lead Officer: Richard Cooke**

#### **Context:**

Significant progress has been made over a number of years in bringing partners together to deliver improved outcomes for children and young people through effective collaboration. This work has been driven through two key strategic partnerships – the Lancashire Safeguarding Children Board and the Lancashire Children and Young People's Trust. The framework and priorities for this delivery are articulated through the Lancashire Children and Young People's Plan (click this link to go to the [Children and Young People's Plan](#)) which has recently been refreshed and agreed by all sectors who work with children and young people. Most importantly, these priorities have also been influenced by over 2,000 children and young people who told us what living in Lancashire was like and what we could do to improve this.

The Children and Young People's Plan clearly aligns with the Starting Well element of the Health and Wellbeing Strategy, and the Health and Wellbeing Board are requested to adopt the Children's Plan as the Starting Well plan. It is also suggested that the Health and Wellbeing Board clarifies the links with other strategic partnerships, including those relating to children

#### **Current areas of activity:**

There is a range of collaborative activity that has and is being developed to deliver the Children and Young People's Plan. Within this, significant work can be shown to be directly aligned with the five agreed objectives within the Starting Well element of the Health and Wellbeing Strategy. These are:

- Promoting healthy pregnancy
- Reducing infant mortality
- Reducing childhood obesity
- Supporting children with long term conditions
- Supporting vulnerable families and children

The narrative below provides a brief update around these five objectives, although this is far from comprehensive.

#### **Promoting healthy pregnancy**

##### Smoke free homes

- East Lancashire project that has now been commissioned county wide to raise awareness about the harms associated with exposure to second-hand smoke in the home and car. This is a multi-agency programme.



### Smoking in pregnancy

- Maternity services are routinely assessing smoking status, in some areas also using carbon monoxide tests, and referring into smoking cessation services. This information is collated and benchmarked nationally. A draft multi-agency strategy and action plan has been developed and is currently with key partners for consultation and feedback.

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### **Reducing infant mortality**

#### Safer Sleep

- Through the multi-agency Child Death Overview Panel, the pan Lancashire Safer Sleep guidance and campaign was refreshed and provided frontline staff with a consistent message and materials to share and discuss with parents/carers.

#### E learning

- The Infant Mortality E Learning package is in the final stages of development and consists of three main areas: smoking in pregnancy, breastfeeding and safer sleeping.

### **Reducing childhood obesity**

#### National Child Measurement Programme

- Delivered primarily through the school nursing service, although work is underway to refresh the specification.

#### Lancashire Sport Strategy

- A key County strategy which maintains a focus on working with a range of partners to ensure access to quality sports and physical activity.

#### Infant Feeding

- Continuing work towards maintaining and achieving UNICEF UK Baby Friendly Initiative (BFI) accreditation to ensure consistent, evidence based, best practice infant feeding services for women and families across Lancashire.
- Delivery of evidence based breastfeeding peer support programmes across Lancashire to improve breastfeeding initiation rates and provide support for mothers to continue breastfeeding for as long as they wish.

### **Supporting children with long term conditions**

#### Improve pathways of care for children and young people with asthma, diabetes and epilepsy

- An asthma e learning package has been developed for the CYP workforce to raise awareness and increase knowledge, skills and confidence in this area and the role they play.
- The development of an improved asthma care pathway is a priority in East Lancashire, focusing on early intervention and prevention within the community to reduce the number of admissions to A&E for respiratory issues.

## **Explore developing healthy settings approaches within early years settings**

- Two awards frameworks are available for early years settings (children's centres; private, voluntary and independent nurseries; and child minders) to celebrate existing good practice and shape provision. Smile4Life which is focussed on oral health and Be Active Eat Healthy, which focuses on promoting healthy weight.
- Additional emotional health and wellbeing resources have been developed through Healthy Heroes resources and to date 43 children's centres, 28 nurseries and 23 schools are using these resources
- In September a suite of e learning modules will be cascaded across the CYP workforce. These will include modules that focus on infant mortality, healthy weight, asthma, oral health, sexual health, substance misuse, healthy child programme, domestic abuse and a number of emotional health and wellbeing modules. Providing the CYP workforce with an awareness, knowledge and understanding of working with families experiencing these issues.

## **Supporting vulnerable families and children**

### Prevention and Early Help

- A multi agency panel has been established in each of the 12 Districts to ensure that families, who are struggling to cope and require additional support (at levels 2 or 3 on the continuum of need), access multi agency support that is coherent and co-ordinated.
- The Early Help Core Offer has been developed in response to these gaps and VCFS organisations have been commissioned to deliver specific support across four themes Domestic Abuse, Family Support and Emotional Health and Well Being

### Working Together with Families

- Working Together With Families (WTWF) is a strategic work programme aimed at increasing the resourcefulness and resilience of families across Lancashire.
- The programme provides intensive multi agency support that is co-ordinated through a single lead professional working alongside the family
- Families with complex needs are selected using the national criteria of worklessness, educational attendance and youth offending, and 2630 families have been identified through this criteria.
- The most recent figures reported, at the end of March 2014, showed that Lancashire had worked with 1846 families.

### Domestic abuse

- Significant progress has been made in developing a sustainable and consistent offer to victims and perpetrators of domestic abuse in Lancashire. This focusses on:
  - Support for Medium and High Risk Victims
  - Service to Prevent Perpetrators commissioned.

- Early Support Services for Children and Young People
- Multi Agency Risk Assessment Conference (MARAC)
- Awareness, Identification and Referral
- Prevention - ensure schools have effective links into specialist support services
- Criminal Justice Response - Specialist Domestic Violence Courts (SDVC).

#### Young carers

- The Lancashire Carers Strategy specifically references the role of young carers, the impact this caring role has on the outcomes they achieve and the additional support that they need to be in place.
- There are estimated to be 600 children in Lancashire providing care in excess of 20 hours per week.

#### Social workers in schools

A pilot approach has placed full time social workers in 13 schools across the County. This has provided statutory support to children and young people attending those schools who are subject to a child in need plan, a child protection plan or who are children looked after and to develop and build closer working relations and partnerships with and between all professionals.

#### Breakthrough actions:

- **To ensure clearly defined, agreed and owned priorities for children and young people** - the Health and Wellbeing Board is asked to endorse the Children and Young People's Plan and adopt this Plan as the Starting Well strand. The Children and Young People's Trust will be accountable to the Health and Wellbeing Board for the delivery of the Children and Young People's Plan.
- **To maximise outcomes for children and young people by ensuring that multi agency working through partnership structures is coherent and aligned** - the Health and Wellbeing Board agree to support activity to strengthen links and alignment between local Health and Wellbeing partnership structures and those developed to support the children and young people's agenda.
- **To provide clarity of purpose and leadership across the partnership landscape so that we can be assured that this is delivering for the people of Lancashire** - the Health and Wellbeing Board commit to the development and agreement of a formal arrangement that clearly defines the relationship and working between the key strategic partnerships in Lancashire – Health and wellbeing Board, Community Safety, Children's Safeguarding Board, Adult Safeguarding Board and the Children and Young People's Trust

### **Programme name: Living Well**

**Programme Lead Officer: Mike Leaf**

#### **Context:**

The 2014 report 'Health Inequalities in Lancashire' identified that people in the most deprived parts of Lancashire are seven times more likely to die early from illness associated with diabetes than those in the most affluent areas of the county; they are three times as likely to have poor mental health and twice as likely to die under the age of 75 as a result of accidents. These, and other health inequalities, prevent too many of Lancashire's citizens from benefiting from opportunities, such as working, learning, making the most of leisure time and keeping in touch with family and friends, that many of us take for granted. Historically interventions have focussed on tackling ill health, rather than addressing its social and economic determinants. Factors such as income, employment status, living and working environment all have a part to play in determining the health and wellbeing of individuals and the population as a whole; by addressing inequalities in these areas we can minimise the resultant health inequalities in a more sustainable way.

#### **Current areas of activity:**

There is a significant amount of multi agency activity taking place across Lancashire in support of the 'Living Well' programme. Much of this is mainstream work delivered by partners on an on-going basis. For example an affordable, suitable, warm, safe and secure home is a fundamental building block of good health. This is recognised by a range of partners including district councils, registered social landlords and social care services, with housing compliance, affordable warmth, home improvement and homelessness prevention services delivered across the County.

Similarly workplaces are a key setting for improving people's mental and physical health and overall wellbeing. As well as improving an individual's economic situation and learning / development opportunities, being in work is generally protective of health and being unemployed is likely to have a negative impact on health and wellbeing. The Lancashire Enterprise Partnership is working to develop the economy and support employment through initiatives such as the City Deal, the development of enterprise zones and the roll out of superfast broadband.

Special examinations exist for many chronic diseases, which can diagnose the disease while it is asymptomatic, with no signs or symptoms. Prevention of disease through early detection is a key area of activity to be addressed through 'Living Well' so that avoidable mortality in Lancashire can be reduced. For example vaccination, immunisation and screening programmes are well established across the County, although uptake varies by type and geography. Overall in Lancashire mortality from a range of causes considered preventable is significantly below the England average.

**Breakthrough actions:**

- Registered social landlords often own housing stock in more deprived neighbourhoods, providing an opportunity to contribute resources, assets, access and intelligence for the benefit of other partners and the wider local community. Consequently development of a work programme with registered social landlords to address health inequalities should be expedited.
- The economic and health value of being in employment is highlighted above. Consequently all partners should maximise the opportunities for workstart and apprenticeships within our organisations so that the chances of individuals gaining high quality, sustainable work in the longer term are improved.
- Although early detection initiatives are in place, a multi agency coordinated work programme to address premature mortality will be delivered to improve uptake and outcomes in Lancashire.

### **Programme name: Ageing Well**

**Programme Lead Officer: Mike Banks**

#### **Context:**

Due to the overall increase in life expectancy, the Ageing Well population (65+) in Lancashire is a growing population. The challenge for the health and social care system is to support us all to enjoy as healthy and fulfilling lives as possible as we grow older. This sector of our community adds huge assets, benefits and values to our communities, but also accounts for massive spend in our health and social care partnership. A sustainable future for Lancashire requires a shift of resources to work with people in ways that prevent, or slow down the impacts of ill-health, that enables or connects people to the everyday things that enable better quality of life and that delivers care and supports closer to home.

#### **Current areas of activity:**

Across Lancashire there is evidence of huge amounts of multi-agency activity that contributes to Ageing Well (see Appendix A 2.3.1). Clear plans and strategies have been developed to meet most objectives. However, some of the strategies are being delivered on the old PCT footprints and come to an end of April 2015 with no clear direction as yet on a way forward beyond 2015.

The Better Care Fund, as part of CCG operational plans provide an opportunity to integrate health and wider social care supports for those who need it and to deliver this in the context of using neighbourhood assets. The biggest challenge from the current activity (across majority of the objectives) is identifying individuals early before crisis point and providing early intervention support.

#### **Breakthrough actions:**

- **Early identification:** For partners to routinely come together at both a population, neighbourhood and GP practice level and by using a wide range of risk assessment tools (both in relation to health conditions and well-being indicators) to identify those people at current and future risk if adverse impacts on their health and well-being.
- **Connectivity/Navigation:** For all areas of Lancashire all older people should have robust access to people who can connect/navigate/support people to the information and advice, community networks, and voluntary, community and faith sector assets where they need this support. This is much more than "signposting", but allows the opportunity to build a relationship to get to know someone, explore the things that matter to someone and tailor makes a plan that achieves some personal goals. Although time limited, and designed to support

rather than create dependence, the support would follow up and checks the differences made to enhanced quality of life.

- To declare Lancashire as a Dementia Friendly County:  
Dementia-Friendly Communities (whether cities, towns, villages or streets) do as much as possible to remove the barriers to everyday living that people with dementia and their carers face. They also help people with dementia to make the most of their own capabilities, encouraging them and including them in what is going in the community. See Appendix A 2.3.2.
- To declare Lancashire as a place where social isolation/loneliness will no longer exist. See Appendix A 2.3.3.

### AGEING WELL

#### Purpose

The purpose of this report is to provide a position statement and discussion on which strategies/action plans have been developed to address the objectives (outlined below) identified in the Ageing Well section of the Health & Wellbeing strategy.

- Affordable Warmth
- Reducing loneliness & social isolation
- Managing Long-term conditions - dementia
- Reducing emergency admissions and direct admissions to residential care
- Supporting carers and families
- Promoting Independence in older people

(This may also be an opportunity to re-visit the objectives or to further refine them based on the changing landscape eg. Better Care Fund etc...)

#### Strategies / Action Plans

Below is an outline on what is currently being delivered across the Health System in a co-ordinated way/ or not as the case may be for each of the objectives:

##### Objective 1: Affordable warmth

Though there is a lot of work being delivered with this particular issue on a year by year basis there is a need to develop a more longer-term sustainable approach.

Some localities have developed their own affordable warmth action plans; some are on a district footprint and some larger footprints. LCC public health funded circa £480,000 in the year 2013/14 for affordable warmth (others partners may have also contributed).

##### Challenges for affordable warmth

- Do we continue to operate the way we are currently doing on a year by year basis or do we need a more long-term sustainable model?
- Are the actions the right actions ( most effective)
- How does the affordable warmth work fit in with addressing the Health Inequalities Marmot work that has been approved by the board, working with social landlords?
- Are the resources available going forward to address this particular issue?

Actions which will create the breakthrough:



- Increase the number of appropriate referrals from those who see or visit the vulnerable e.g. health professionals & social care
- Provide training to frontline staff on signs and symptoms and the process to follow for referral (non bureaucratic)
- An effective and efficient referral system
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## **Objective 2: Supporting carers and families**

We currently have a multi agency Lancashire wide carer's strategy which will operate until 2015. This strategy is a very comprehensive strategy and drives the carer's agenda forward with the involvement of all partners.

The 2013-2015 strategy has been built on the aspirations of all carers in all communities of Lancashire. The strategy makes clear the plans for commissioning services using available resources identified for carer support.

The strategy is committed to ensuring that carers in Lancashire:

1. Are identified and recognised

Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.

2. Realise and release their potential

Enabling those with caring responsibilities to fulfil their educational and employment potential

3. Have a life outside of caring

Personalised support both for carers and those they support, enabling them to have a family and community life

4. Are supported to stay healthy

Supporting carers to remain mentally and physically well

## **Resources**

Prior to March 2011, the Government allocated top tier local authorities across the Country a grant specifically to spend on support for carers called the Carers Grant. The Government changed the way it provided funding to local authorities from April 2011 ending the majority of grants. The Government instead chose to award one primary pot of funding to enable local authorities and citizens to decide at a local level the priorities for spending. Lancashire County Council has chosen to prioritise

carers and has maintained the original level of funding under the former Carers Grant scheme.

Primary Care Trusts were allocated within their annual budget funding for carers. The Operating Framework, which guides the spending of the Primary Care Trust's budget, advised that funding should be pooled with authorities and spent on breaks for carers. East and North Lancashire had provided additional funding as a result of the guidance. East Lancashire Primary Care Trust had invested significant funding into carers services across East Lancashire as part of the joint re-commissioning of carers services, which took place in September 2011. North Lancashire Primary Care Trust had invested significant non-recurrent funding for carers services and various carer related projects through a partnership arrangement with Lancashire County Council.

Central Lancashire Primary Care Trust, had continued to provide a grant to carers services in Central Lancashire as a top up to their core funding. Additionally, they have funded a range of end of life services to enable the carer to have a break.

Clearly the above section on resources is retrospective and an assumption is made that the same level of funding has continued by the CCGs?

### **Challenges for supporting carers and families**

- The strategy comes to an end in 2015, therefore we need to identify what plans we need to put in place for a new strategy beyond 2015. Who will lead ? With our new commissioning landscape as the existing strategy is based on the old PCT partners.
- As always the diminishing resources and implications of that, also are the resources that were previously available still available by the new and existing commissioners

Actions which will create the breakthrough:

Support for Carers and families was chosen as one of the interventions that the shadow H&W Board has chosen and as part of that work (multi agency work), below are the breakthroughs that were identified as the quick wins:

- Identification of carers

Build professional skills and knowledge to support carer identification and signposting

Range of carer information to be displayed across a number of organisations

Review carers awareness training

- Consideration of the impact of commissioning on carers

Organisations to introduce mechanisms to address impact on the carer of all commissioning/de-commissioning activity

Develop commissioning approaches which reflect carers issues

### **Objective 3: Reducing Loneliness & Isolation in older people**

Across Lancashire there has been no co-ordinated approach (strategy) to address this particular issue. When the Health & Wellbeing Board was in shadow form this was one of the interventions that were chosen by the board to pursue. A lot of work was carried out with partners when working up this intervention. It was evident that a lot of work across the county was being delivered across Lancashire by many different partners but it was not co-ordinated or approached in a systematic way. Subsequently, a small group of partners got together and developed an action plan to take this work forward.

#### Challenges

- Is this action plan to be delivered at a HW Partnership Level or do we need a county wide strategy?

Actions which will create the breakthrough:

- The major challenge was the identification of those who may be isolated and who have not hit the system as yet i.e. under the radar.
- Professionals being able to refer isolated individuals to the appropriate provider without being bogged down in bureaucracy
- How do we create an asset base approach to this particular problem i.e. change in behaviour from within communities.

### **Objective 4: Managing Long term conditions – Dementia**

We currently have 3 multi agency Dementia Strategies across Lancashire on the old PCT footprints. However, we have a multi agency Lancashire wide Outcome framework which all partners have signed up to. These strategies were 3-4 year strategies and come to an end at in 2015. As it stands at the moment no work has been started on the future strategy, who will be leading on them and at what spacial level across Lancashire.

#### Challenges

- Strategy beyond 2015 as mention above

Key actions which will create a breakthrough:

- Awareness and understanding amongst the wider population (this could be through the dementia friend's initiative and also making Lancashire a dementia Friendly county. Work apparently already being worked on by Public Health?
- The quality of care for older people ( not just those with a diagnosis of dementia since lots of people don't have a formal diagnosis), both domiciliary and care homes (this would be through improved levels of dementia training across all care staff and improvements in the physical environments within care homes to

make them dementia friendly – this is more challenging as is likely to involve additional costs

### **Objective 5: Reducing emergency admissions and direct admissions to residential care.**

A lot of work has been carried out regarding this particular objective in the past years, however the Better Care Fund (BCF) is the main driver for this particular objective. Therefore it is paramount that we deliver on the BCF objectives and achieve the outcomes that we have all signed up to via our individual organisations. Clearly a lot more will be added to the actions of the BCF i.e what other partners can contribute, and that is something which needs to be developed in the months to come.

Challenges:

- Performance management of the BCF (appropriate metrics and at what spacial level).
- Including other partners in the delivery as the detailed plans are being developed.
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### **Objective 6: Promoting Independence in older people**

There is no one strategy under which this work is being co-ordinated, that is not to say no work is happening. All partners are frantically working towards promoting greater independence and reduce intervention and admission to clinical and social care.

Challenge:

- Do we need a co-ordinated approach and who should lead on it, is it the "wellbeing and resilience" work that public health are working on?
- What resources do we have and how do we ensure that all work is co-ordinated and operate within a framework or strategy?