

APPENDIX 1

Delivering interventions

The Task Group supported the view expressed by the shadow Health and Wellbeing Board that the strategy must emphasise the delivery of 'concrete' interventions (services, sets of services, pathways) where partners will get significant and demonstrable results and through which the Board can test out and learn from new ways of working.

The Task Group had a view that these "interventions" are those which we cannot allow ourselves to fail. It was described as we have a moral duty to get these interventions right for the people of Lancashire.

1. Smoking in Pregnancy

Outcome: Maternal and child health
Long term conditions

Shift Required: Promote and support greater individual self-care and responsibility for health
Shift resources towards interventions that prevent ill health

Smoking cigarettes in pregnancy is one of the major causes of adverse outcomes for babies, increasing risk of babies being born prematurely, too small, and dying before they can be born at all or in their first year of life. By choosing this area as a focus for intervention we would not only be supporting the mother during the pregnancy but also improving the long term life chances of the new born baby. Rates of smoking in pregnancy in Lancashire are unacceptably high. There is more that partners can do together to support pregnant women quit including; sharing information, offering support every time we see a pregnant women who smokes, providing incentives for women who successfully quit and making intensive stop smoking support available

2. Loneliness in older people

Outcome: Improve health and independence of older people.

Shift Required: Build and utilise the assets, skills and resources of our citizens and communities

Social support and good social relations make an important contribution to health and wellbeing. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. There are too many older people in Lancashire that are isolated and do not have enough access to these supportive social relationships. By choosing this as an area for intervention we can provide older people with the emotional and practical resources they need to live

fulfilled lives and be resilient to challenges they face. We will work better together to share information to identify older people at risk of loneliness and use community assets approaches to do what we can to mobilise communities to connect with older people to prevent loneliness.

3. Affordable Warmth

Outcome: Long term conditions
Improve health and independence of older people

Shift Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities

Ensuring that people living with long terms conditions are able to keep their homes warm during the winter will reduce the risk of exacerbating long term conditions (particularly cardio vascular and respiratory diseases). It is unacceptable that each winter older people in Lancashire die or are admitted to hospital with ill health caused by poor housing conditions and poverty. CCGs, district councils and the County Council can work better together to ensure that people who are vulnerable to fuel poverty have access to affordable warmth interventions (such as insulation and benefits advice) through an affordable warmth referral scheme. As well as reducing preventable deaths and demand for health services, this will also allow us to work with partners on the wider determinants of health by addressing living conditions.

4. Early response to domestic violence

Outcome: Long term conditions
Shift resources towards interventions that prevent ill health and reduce demand for acute and residential services

Shift Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities

Domestic violence can have devastating impacts on the emotional, mental and physical health of children, young people and adults affected by it. It affects a significant proportion of people throughout their lives and places considerable demands on health and social care services and the criminal justice system. There is more that partners in Lancashire can do by working together better to identify those at risk or, or affected by domestic violence and to ensure an early response and collective programmes of support to both victims and perpetrators, to prevent the detrimental impacts spiralling out of control for the whole family.

5. Support for carers (Dementia).

Outcome: Mental Health & Wellbeing

Shift Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health

Carers are an essential source of support for thousands of people in Lancashire, supporting people to stay in their own homes and maintain some independence. However, carers can become socially isolated and their own health and wellbeing can suffer. Caring for someone with dementia can place real strain on relationships. Dementia will naturally affect family and friends as well as the person diagnosed. Becoming a carer in this situation may feel like a huge responsibility, with the wellbeing of someone else resting more on the carer.

Prevalence of depression among carers of people with dementia has been estimated at between 40 and 60% (Redinbaugh) compared to only 8% among non-carers of similar age. There is more that partners in Lancashire can do together to support carers by joining up the services we each commission and provide and using assets approaches to enable carers stay healthy, maintain their social networks and have breaks from caring responsibilities when needed.

6. Alcohol liaison nurses

Outcome: Mental Health & Wellbeing
Long Term Conditions

Shift Required: Commit to delivering accessible services within communities
Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand on acute services

Alcohol misuse is associated with poor outcomes in pregnancy and childhood, mental health and wellbeing and contributes to long term conditions. It also places a significant burden on public services. There is more that partners can do together in Lancashire to reduce the impact that alcohol has on our communities. There is good evidence that alcohol liaison nurses based within hospital settings can reduce the number of alcohol related hospital admissions and free up healthcare resources for other interventions. Alcohol liaison nurses work within hospitals to identify people who are admitted due to alcohol misuse and support them get the right alcohol intervention as quickly as possible to reduce their length of stay and reduce the likelihood of them being admitted again. There are alcohol liaison nurse services in place within hospitals in Lancashire, however there is a view that capacity of the services need to be increased.

7. Identify those who are at risk of admission into hospital and provide appropriate intervention.

Outcome:	Long Term Conditions Improve Health & Independence of Older People
Shift Required:	Commit to delivering accessible services within communities Build and utilise the assets, skills and resources of our citizens and communities Shift resources towards interventions that prevent ill health and reduce demand on acute services

Admissions that are unplanned represent around 65 per cent of hospital bed days in England. In many cases these admissions could have been prevented with more effective management of long term conditions by the patient, carer or within primary care, with responsive and effective social care and through building resilience within communities. There is more that partners in Lancashire can do by working better together to identify those at risk of admission and delivering joined up support to reduce the likelihood of hospitalisation. General practice and social care data can be used to identify an individual's level of risk of admission. There are currently programmes in place in Lancashire that use this approach to prevent admissions for long term conditions through community matrons and active case management approaches. However there is potential to prevent even more admissions by lowering the level of risk at which intervention is made and integrating health, social care and third sector services.

8. Self-care – encouraging people to take control of their own health & wellbeing.

Outcome:	Long Term Conditions Mental Health & Wellbeing
Shift Required:	Build and utilise the assets, skills and resources of our citizens and communities Shift resources towards interventions that prevent ill health and reduce demand on acute services Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.

Self care means finding the information and treatment you need for minor illnesses yourself and having the confidence to look after your own health. Intervening to increase self care allows people to take more responsibility for their health and wellbeing. However to support this we need to ensure that easy to understand information is available. Self care doesn't mean people get less help from public

services, it means we empower people to find the information they need themselves via technology, support networks, community groups and so on.

By working better together we can deliver programmes to support people to understand their own and their family's health and become familiar with what to do about common illnesses this is often called health literacy). We can provide the information they need through our services such as websites, libraries, council offices, schools and GP surgeries. We can also work to mobilise community assets such as social networks for self care so that people have a friend or neighbour to support them with self care.

9. Healthy Weight – environmental measures

Outcome: Long Term Conditions

Shift Required: Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand on acute services

The prevalence of overweight and obesity are increasing in both children and adults in England and in Lancashire. Evidence indicates that environmental factors such as the design of a built environment that is not conducive to physical activity and concentrations of calorie dense high fat food shops and take-aways create an environment that works against healthy weight. By working better together there is more that we can do in Lancashire to intervene for an environment that promotes healthy weight . In particular, the planning and regulatory roles of local authorities can be used to reduce concentrations of fast food outlets; especially near schools and to create the conditions that encourage people to walk, cycle and play outside.

10. Joined up support for vulnerable families (first pregnancy)

Outcome: Maternal & Child Health
Mental health & wellbeing

Shift Required: Build and utilise the assets, skills and resources of our citizens and communities
Shift resources towards interventions that prevent ill health and reduce demand on acute services

It is evident that working with the most vulnerable families in a holistic manner has a major impact on the health and wellbeing of that family. Many initiatives are currently being piloted across the country and in Lancashire on early intervention before crisis point. This interventions is to provide support to a vulnerable family at first pregnancy, as this will allow the family to be supported when required the most, but will also have a profound impact on the health & wellbeing of the child.

Note: The shifts: pooling budgets, commissioning together on the basis of intelligence, evidence and narrowing the gap are shifts which will run through each of the suggested interventions.