



Lancashire

Health and Wellbeing Strategy

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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 with very small black and minority 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

The ten largest gaps in health and wellbeing outcomes	Priorities for addressing health inequalities
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.



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