

Appendix 'A'

# Lancashire Health and Wellbeing Strategy

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

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## **1. Purpose of the strategy**

This strategy document has been developed as a tool to engage the members and key stakeholders of Lancashire's Health and Wellbeing (HWB) Board and the locality health and wellbeing partnerships in refreshing the current HWB strategy that was developed in 2013 with the ambition that it will enable us to work better together to deliver real improvements and address the inequalities in the health and wellbeing of Lancashire's citizens and communities.

The strategy aims to promote working together to:

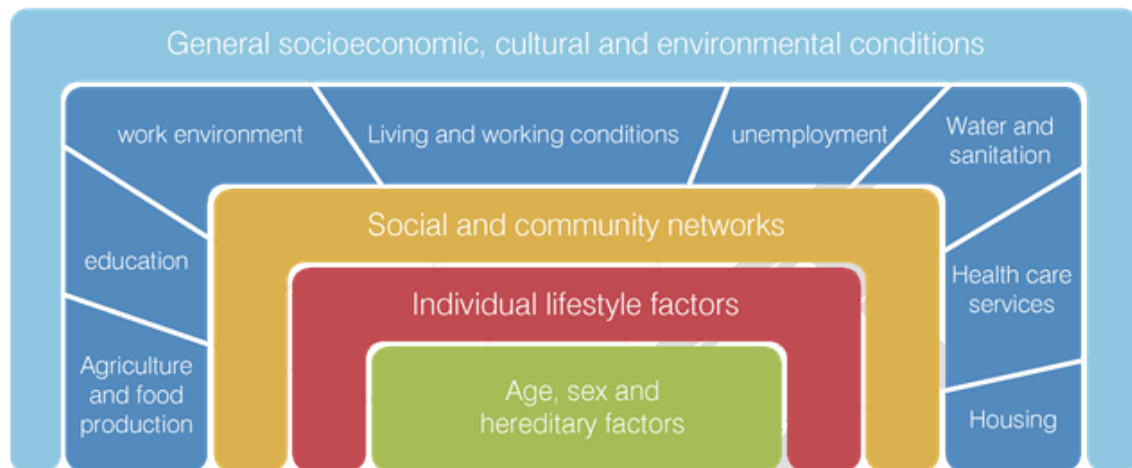
- **Achieve changes in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire;**
- **Learn the lessons arising from this collaboration to strengthen future working together;**
- **Pursue the "Triple Aim" of improving outcomes, enhancing quality of care and reducing costs.**

## **2. Health and wellbeing in Lancashire**

Lancashire has a diverse population of around 1.18 million people. The landscape ranges from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Urban areas include Preston and Lancaster, former textile towns such as Burnley, coastal resorts and market towns such as Chorley.

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 alongside affluence. Several districts have small pockets of

deprivation, but there are also larger areas of deprivation, particularly in East Lancashire, Morecambe, Skelmersdale and Preston.



**The Determinants of Health** (1992) Dahlgren and Whitehead

The diversity of the county is reflected in the health and wellbeing needs and assets of the population which can have an impact on health, with some groups more susceptible to particular health conditions. As such, there are large inequalities in health and in the causes of poor health between different areas and groups of people in Lancashire.

Lancashire's Joint Strategic Needs Assessment (JSNA) defines local health and wellbeing and its influences across the county. It makes recommendations to partners about the issues that should be prioritised in their commissioning plans to deliver appropriate services. The priorities highlighted through the Joint Strategic Needs Assessments underpin this strategy (For further information, the [Lancashire Insight website](#) showcases assessments and provides a wealth of local data).

Since the last strategy was undertaken life expectancy has improved, yet still remains significantly lower than the national average. The [Lancashire JSNA annual commentary 2016](#) reports that national predictions show a large increase in those aged over 75 years within the next 25 years which will have implications for health and social care services. People are now living longer but many spend their final years in poor health. Males in Lancashire can expect to live for 78.5 years but only 61.8 years is spent in good health. Similarly, females across the county can expect to live to 82.1 years with 63.6 years of

this in good health. Therefore, this strategy will focus on improving the levels of healthy life expectancy across the county by intervening earlier with new and innovative 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 performs poorly on indicators relating to new and expectant families, such as breastfeeding initiation. Improving the living conditions, physical and mental health of pregnant women and expectant families can prevent poor health for the rest of the new baby's life.

Alcohol and drug use continue to be a threat to health and wellbeing in Lancashire. Of note there is a national increase in drug-related deaths, with opiate deaths rising; poly substance use is the predominant pattern of use and alcohol-related hospital admissions continue to be a concern across the county.

The Lancashire JSNA annual commentary 2016 identified a variety of key topics that show a poor position against the national average, a worsening trend or contribute to inequalities. (see Table 1).

The JSNA clearly defines the need to focus the delivery of the strategy across the whole lifecourse to ensure every child is given the best start in life, to improve and protect the health and wellbeing of the local population through adulthood and to care for the elderly, promoting confidence whilst ensuring health and care services are of high quality.

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.

**Table 1 – Priorities for addressing poor health and wellbeing outcomes in Lancashire**

Poor outcomes in Lancashire	What can address poor outcomes?
<p><b>Overarching indicators</b> Life expectancy Healthy life expectancy</p>	
<p><b>Wider determinants</b> Unemployment Air quality Housing Poverty Fuel poverty</p>	<p>Give every child the best start in life; Increase economic activity; Improve skills, lifelong learning and education;</p>
<p><b>Start well</b> Infant mortality Healthy weight Child dental health Injuries to children</p>	<p>Develop healthy public policy; Mobilise communities;</p>
<p><b>Live well</b> Asthma/COPD Mental health/suicide LTCs i.e. prevalence of conditions Physical activity</p>	<p>Increase healthy lifestyle behaviours; Embed the self-care agenda;</p>
<p><b>Age well</b> Older people living alone Providing unpaid care Cancer Cardiovascular Liver disease</p>	<p>Improve local services to reduce demand and to increase the quality of care.</p>

We already have good practice and solutions in the county that show outcomes can be improved and 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, placing demand 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. Specifically District Councils provide services that make a significant contribution to people's physical and mental health. These services help to keep people well and therefore, prevent costly interventions from health and care services. Services provided include housing, environmental health, community safety and licensing, leisure and greenspaces, welfare and employment support. Districts also have an important role in economic development, planning and community engagement.

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 higher and further education sector with three Universities and several colleges, which attract people to the area providing 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, this strategy will focus on building and exploiting these assets further for the benefit of the health and wellbeing of our citizens.

### 3. How we can work differently

The current strategy commits the health and wellbeing board to the following key shifts to make sustainable improvements in health and wellbeing:

- **Move resources towards interventions** that prevent ill-health and promote wellbeing, reduce demand for hospital and residential services and prolong the quality of life;
- **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** pool budgets and resources to focus on our priorities; evidence-based joint commissioning; shared responsibility for service delivery;
- **Work to narrow the gap** in health and wellbeing and its determinants.

### 4. What has changed

Since the last strategy, there have been several significant developments that impact on the Lancashire health and care system. In brief, they include the emergence of sustainability and transformation partnership across Lancashire and South Cumbria, local health economy based accountable care systems, locality health and wellbeing partnerships as well as the reduction in the national public health grant and ongoing transformation of Lancashire County Council services to manage the increasing demand on statutory services and the wider public sector. In addition, we have the opportunity to learn from some transformation programmes like the vanguards in Fylde coast and Morecambe Bay in exploring new models of care, as well as the national troubled families

programme and other related programmes funded by the Department for Communities and Local Government (DCLG).

This work underpins organisational integration, allowing further opportunities for collaboration to drive health and wellbeing improvement.

### **Sustainable Transformation Partnership (STP) and the NHS Five Year Forward View (5YFV)**

In October 2014, the NHS published the Five Year Forward View. This acknowledged the achievements of the NHS but also set out a case for change, including making the most of new technologies, the need to tackle the causes of ill-health, calling for a 'radical upgrade in prevention and public health' and to meet the demands of an ageing population. In March 2017, the NHS published the Next Steps on the NHS Five Year Forward View which reviews progress and sets out current and future national challenges. Locally, partners have developed the Lancashire and South Cumbria STP that responds to the call for action in the 5YFV where Local Delivery Plans (LDPs) set out in more detail the opportunities and challenges within each of our local areas. The STP aims to bring together organisations to work in collaboration across a range of workstreams to address the Triple Aim.

### **Better Care Fund (BCF)**

The Health and Wellbeing Board is the accountable body for the BCF and approves submissions of the BCF plan to NHS England. The Board and its partners have shaped the vision for the BCF 'that in 3 to 5 years Health and Social Care will have created a fully person-centred approach, with seamless integrated services and pathways'.

Key themes include:

- Out-of-hospital care with integrated neighbourhood teams;
- Reablement services;
- Intermediate care services – community based 24x7 step up & step down;
- Supporting carers;
- Integrated care shaped around individuals and delivered in care settings close to home.



The BCF is working with the NHS, the County, Borough and City Councils and the Voluntary, Community and Faith Sector to integrate and join up care for patients and the public. The BCF will work with the STP and act as building block towards an integrated health and social care system. BCF spending plans for 2017-19 include the Improved Better Care Fund (iBCF). The iBCF Grant is paid to a local authority and may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

### **Accountable care systems (ACSs)**

With an increasing need to improve population health and to enable people to live longer, healthier lives, there must be a focus on system-wide integration. ACSs will be the delivery mechanism that brings together various organisations to drive population health and care improvement whilst agreeing a collective responsibility for resources, the delivery of outcomes and development of local services. ACSs will work together to drive the prevention agenda, self-care strategies for patients, demand management and to reduce unwarranted variation.

## **5. Health and Wellbeing Outcomes and Targets**

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 to devise a monitoring process used for quarterly assessment of population health improvement. Since this first monitoring tool was devised, population health progress has been made across a variety of areas.

Whilst there is still much variation across these outcomes between various districts and localities, significant improvement has been made in the following areas at Lancashire level:

- Suicide rate for males;
- Under 75s cancer mortality in males;
- Hip fracture in females aged 65 years and above;

- Hospital admissions for alcohol-related conditions in females;
- Percentage of individuals aged 16-64 years in employment;
- Childhood obesity at 4/5 years;
- Cervical cancer screening coverage (decreasing trend);
- Successful completion of drug treatment;
- HIV late diagnosis.

Additionally, an improvement in trends has been made in the following areas at Lancashire level, although there is variation across the districts that still need to be addressed. Several examples are listed below:

- Life expectancy at birth in males and females;
- Healthy life expectancy in females;
- Emergency hospital admissions for intentional self-harm;
- Hospital admissions for alcohol-related conditions in males;
- Infant mortality;
- Hospital admissions for violence;
- Social isolation – service users and carers;
- Mortality rate from causes considered preventable - persons;
- Adults with a learning disability that live in stable and appropriate accommodation;
- Proportion of five year old children free from dental decay;
- School Readiness: all children achieving a good level of development at the end of reception;
- Utilisation of outdoor space for exercise/health reasons;
- Under 18/16 conceptions;
- Smoking prevalence in adults;
- Successful completion of alcohol treatment;
- NHS Health Checks;
- Under 75s cancer mortality in females;
- Under 75s cardiovascular mortality - persons.

Whilst trends are improving in these areas, in many cases, Lancashire remains significantly worse than the England rate.

## 6. Key actions to improve health and wellbeing

Whilst progress has been made across a number of health indicators, there is still significant variation across the County. The Board needs to identify key priorities for action and be assured that progress is made across these areas through the STP and emerging accountable care systems as well as through the wider locality health and wellbeing partnerships.

The [Director of Public Health \(DPH\) annual report 2016](#) provided a set of key recommendations to improve health and wellbeing and reduce inequalities. We need further engagement from partners in determining and committing towards the actions that will lead to achieving improvement in health and wellbeing in the short, medium and longer term.

Key domains for action:

1. Create conditions for wellbeing and health;
2. Enable sustainable behaviour and lifestyle changes;
3. Joined up services to provide right care at the right time and right place;
4. Develop the environment for innovation and continuous improvement.

These actions are likely to be further strengthened by development of a 21<sup>st</sup> century workforce and by harnessing the power of digital technology.

## 7. How the Strategy will be delivered and managed

It is proposed that the identification of priority areas of work will be further addressed at the Health and Wellbeing Board workshop in October 2017 and through engagement of locality health and wellbeing partnerships.

Discussions with partners have also identified the need to have a supporting function to enable the delivery of the health and wellbeing strategy and link this to the STP, local accountable care systems and Health and Wellbeing Partnership structures. Strengthening the BCF Steering Group, which is the main forum we have to manage the relationship and oversee the joint work between stakeholders across LCC footprint with

strong links to the local health and wellbeing partnership structures is a potential option for the Board. It is proposed that the Board members consider this further at the workshop in October.

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