

Lancashire Health and Wellbeing Board Strategy Workshop

16 October 2017

Long List of Issues Used to Identify Priorities:

Wider Determinants

D1 Reduce Unemployment
(Promote quality employment – Long term)

D2 Improve air quality

D3 Housing

D4 Reduce Poverty

D5 Reduce Fuel Poverty

Other

D6 Economic Development → Economic inactivity

D7 Education, Skills and Life Long Learning

Start Well

S1 Reduce Infant Mortality

S2 Healthy Weight

S3 Improve Child Dental Health

S4 Reduce Injuries to Children

Other

S5 Child Mental Health

S6 Child Safeguarding

Live Well

L1 – Reduce asthma/COPD

L2 – Improve Mental Health

L3 – Reduce Suicide

L4 – Reduce Prevalence of Long Term Conditions

L5 – Increase Physical Activity

Other

L6 – Mobilising Communities

L7 – Promote Self Care

L8 - Promote Healthy Lifestyle Behaviours

Age Well

A1 Older people living alone / Reduce Social Isolation

A2 Support for people providing unpaid care

A3 Reduce Cancer

A4 Reduce Cardiovascular disease

A5 Reduce Liver disease

Other

A6 Reduce Delayed Transfers of Care

A7 Reduce Falls

A8 Improve support and care for people with dementia

Wider Determinants

Top three agreed areas of focus:

- Education, skills and lifelong learning
- Housing
- Unemployment (promote quality employment – long term)

Summary

The group recognised that cross cutting influences and overlap between many of the issues for example unemployment, economic development, education and skills and poverty, this needs to be taken into account when considering issues identified as the highest priorities.

The group observed that not all issues neatly fit into start, live and age well themes for example 'social isolation' is part of age well, but cuts across other age groups, issues of rural isolation, access to services and transport were also raised.

The discussions also emphasised the need to promote Lancashire assets and positive aspects for example Lancashire's green spaces.

Mental ill health was identified as being a barrier to employment and a result of it.

Support workplaces to support staff wellbeing.

Need to include promoting opportunities volunteering community activity not just salaried jobs. Promote apprenticeships.

Need long term planning for life long housing and housing suitable for people with long-term conditions. Housing need to provide with other community and individual support. Support also provided through housing adaptations. Affordability – young people's housing.

Need district and county Local Plan planning policies to make a positive contribution to improving health and reducing health inequalities.

Cross over with promoting quality employment.

A need to ensure that all children are school ready.

Reducing chaotic lifestyles and family support.

Start Well

Top three agreed areas of focus:

- School readiness
- Child mental health
- Healthy weight

Summary

Identification of a variety of areas which must be targeted to improve priorities e.g. addressing parenting skills for the school readiness agenda.

Agreement on the need to utilise community assets in order to increase confidence and positivity, enabling aspiration to develop.

Link JSNA to asset-based community development initiatives.

Identify the role of Health Visitors in universal provision and integration.

Question posed in relation to the Sustainability and Transformation Partnership (STP) and if HWB can focus on Health Improvement as gap in STP.

Modifiable risk factors for addressing infant mortality were raised: Maternal mental health and domestic violence, smoking in pregnancy, genetics, etc.

Social media utilisation was highlighted as a way of working with school age children for emotional health and wellbeing issues to build resilience and raise awareness.

Focus upon transition points for child safeguarding.

Live Well

Top three agreed areas of focus:

- Healthy lifestyles
- Mobilise communities
- Self-care agenda

Summary

There was agreement across the groups that L6-L8 need to be flipped when considering finalising priorities and ensure that work is connected across the three areas. It was stated that by addressing the wider issues of community mobilisation, promoting the self-care agenda and increasing healthy lifestyle behaviours that an improvement in health and wellbeing outcomes would be seen together with a reduction in demand on services.

It was noted the need to expand upon the healthy lifestyle outcomes and LTCs sections, e.g. addition of tobacco to HLBs, diabetes to LTCs, etc.

To reduce asthma and COPD, preventative measures, work with district councils around fuel poverty and connections with air quality.

Universal and targeted approach to reducing stress to improve mental health. Links to educational programmes via substance misuse and alcohol services. Address workplace stress and reduce absenteeism. STP links and collaborative working for the suicide prevention agenda.

There is a need to reduce the call on mainstream emergency services in relation to LTCs.

Consider using the health champions model

Build resilience within our own workforce settings. Investment in this agenda is everyone's responsibility. Peer led. BCF. Customer journey. Educational awareness programmes via the school setting in increasing resilience and confidence in children (parental bereavement, prison stay of parent) e.g. the development of a teacher educational programme to spot signs in pupils. We have limited resources so must get priorities correct. Facilitate the sharing of knowledge, skills and expertise across organisations. Undertake an asset-based approach.

Core components already exist for communities to self-manage. Development and progression, scale and spread of effective work across the county. Use appropriate tools to educate. Consider the language used to engage.

Healthy lifestyle behaviours could be improved by working with key groups e.g. mothers via the Children's Centre settings will allow healthy lifestyle behaviours to be implemented from an early age leading to the likelihood of improved outcomes across the lifecourse. Target and work with high risk groups by topic area i.e. high alcohol consumption affects both affluent and disadvantaged group.

Age Well

Top three agreed areas of focus:

- Social isolation and loneliness
- Delayed transfers of care
- Unpaid carers

Summary

There was a general discussion in all the groups that the 'priorities' were too broad and just saying 'reduce cancer' for example was way too general. In terms of looking at the priorities from an Age Well perspective it was felt that the effort required to reduce 'incidence' of Cancer, Cardiovascular Disease and Liver Disease needed to take place much earlier in the life course, and as such the Board should concentrate effort on enabling people to live well with LTCs and be in control of managing their conditions.

Promoting independence and self-care, should be a priority. It was also acknowledged that the earlier conditions were identified the better the outcomes. Improved health literacy was needed to change fatalism attitudes.

Assess the variation in clinical practice in relation to falls.

Prevent escalation to crisis.

Enable older people to engage digitally.

Of the five suggested priorities it was felt that the biggest impacts, over the term of the strategy, could be made on reducing social isolation and loneliness and better support for unpaid carers.

A consistent theme was the variation across the county in standards of care and clinical practice, need to learn from best practice in improving outcomes and scale that approach up.

Delayed Transfers of Care (DToC) was discussed in depth by two groups and although identified in the top three priorities it had been felt that this was being dealt with by the iBCF and that the Board was already overseeing that work.

Although not identified as a priority, as discussions matured, the themes of mobilising communities, promoting self-care and enabling healthy lifestyle behaviours was the way in which to achieve improved outcomes. In addition digital technology was seen as an enabler.

Programmes of Existing Work and Lead Bodies

Board members recognised programmes of work and lead bodies developing and implementing existing work programmes including:

- Sustainability and Transformation Partnership
- Better Care Fund
- Lancashire Transport Plan 4
- Lancashire Economic Partnership
- Troubled Families
- Regional Infant mortality programmes
- CYP Emotional Health and Wellbeing Programme

Role of the Board

- The role of Board was partly dependant on the priority, and whether that priority is already being implemented through another body;
- Identify outcomes Board wants to see, work at the right locality level to support implementation, identify the geography of where issues are impacting and work with the area Health and Wellbeing Partnerships;
- To define key outcomes and areas of work to focus upon, with an emphasis on narrowing this down to a manageable number whereby a true difference can be made;
- Implementation, challenge the STP to deliver on outcomes identified and consider determinants of health;
- To represent to the STP the 'Population'/'Prevention' measures that need to be taken in to account in its plans to invest more effectively the Lancashire pound;
- Focus on wider determinants as this was felt was not being picked up elsewhere;
- Develop a Pan Lancashire prevention plan;
- On issues such as employment – promote Board member action e.g. through apprenticeships;
- Influence actions across partners, promote use of evidence of what works;
- Join up actions, promote joined up working, promote every contact counts;
- Set targets and track progress of outputs/outcomes;
- Hold to account lead bodies and be sighted on programmes of work;
- Board has a preventative role;

- Work with the tools available in defining and monitoring poor outcomes and provide leadership to enable change and connect all work together;
- To enable the sharing of resources, knowledge, skills and expertise;
- Address financial constraints;
- Champion new models e.g. STP and whole system approach;
- Utilise modern technologies;
- To provide a consistent approach to ensure all partners are working towards and achieving shared outcomes.
- Joint commissioning
- Enable local partnerships utilise asset-based approaches with HWB oversight
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Designing the Delivery

In the context of the above and other priorities identified in the workshop sessions there needs to be a joined up strategic view of the system.

Could this be undertaken by a Joint Health and Care Function which would have strategic leadership for the following activity?

- Joint commissioning
- Policy
- Consistent standards
- Workforce
- Estates
- Technology

The approach would need to have a standard offer across Lancashire but with a locality focus.

A facilitated discussion followed, with a summary of the key themes from that discussion captured below:

Performance

The Board needs to be clear about the targets it wants to achieve - the themes discussed in the workshop have been too broad – need to focus on specifics. Prevention and early intervention needs to be prioritised within the strategy e.g. School readiness- could this be improved by increasing the uptake of the 30hrs free nursery places?

Accountability

The Board needs to be the conscience where partners hold each other to account for what we are all doing to improve outcomes across the agreed priorities. There needs to be a line of sight to the STP but currently it is NHS service focussed.

Collaboration

The Board needs an agreed methodology to drive improvement in outcomes for people e.g. why do we have so many ways of doing the same thing? Learn from what works best and scale it up across the County. Share the learning.

Structures

Form should follow function – need to decide on what we are going to achieve and how we are going to hold the whole system to account in achieving the agreed outcomes. It will then be possible to identify where the lead responsibility should sit. Need to use the structures we have got to the best advantage.

Commitment / Culture Change

There was much discussion about needing a joint workforce, truly pooled budgets and a common language, but how we do this needs to be addressed.