

**Lancashire Health and Wellbeing Board**  
Meeting to be held on Monday, 15 July 2024

**Corporate Priorities:**  
Delivering better services;

**Health and Wellbeing Board Key Priorities - Progress Update**  
(Appendix 'A' refers)

Contact for further information:

Ruksana Sardar Akram, Tel: (01772) 537839, Interim Consultant in Public Health – Best Start in Life, [ruksana.sardar-akram@lancashire.gov.uk](mailto:ruksana.sardar-akram@lancashire.gov.uk)  
Aidan Kirkpatrick, Tel: (01772) 539893, Consultant in Public Health – Healthy Hearts [aidan.kirkpatrick@lancashire.gov.uk](mailto:aidan.kirkpatrick@lancashire.gov.uk)  
Paula Hawley Evans, Tel: (01772) 534702, Consultant in Public Health – Happier Minds, [paula.hawley-evans@lancashire.gov.uk](mailto:paula.hawley-evans@lancashire.gov.uk)

**Brief Summary**

The report provides an update on work to address the three key Board priorities:

- Best Start in Life
- Healthy Hearts
- Happier Minds

An update on the associated milestones and performance is provided (Appendix 'A').

**Recommendation**

The Health and Wellbeing Board is asked to consider the performance update and endorse the areas identified as opportunities for wider collaboration and advocacy of the Board.

**Detail**

The [Health and Wellbeing Board](#) meeting of 5 September 2023 the Board received a performance update against the three priorities:

- Best Start in Life
- Healthy Hearts
- Happier Minds



This report is provided as a further update on activity and progress to date, including performance metrics, forward look, and opportunities for improvement/further collaboration.

## **Best Start in Life**

### **Background**

Setting the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensure every child in Lancashire is given the best start in life possible. This has been recognised as a key priority area by the Health and Wellbeing Board and the Children and Young People and Families Partnership Board, which is managed by the Lancashire Best Start in life Strategic Board.

The national Start for Life team (Department of Health and Social Care) contacted the local authorities that did not receive funding from the Family Hubs and Start for Life programme last year and as a result, a survey on Start for Life was completed and submitted as a single local authority response highlighting areas of good practice as well as some gaps.

A site visit was attended by Minister Andrea Leadsom and the national Start for Life Team earlier this year and Lancashire were commended for the work it is doing locally with children, young people, and families. This included its approach to reducing waiting times for Speech and language through a balanced system approach by supporting children and families in Hyndburn. Recognition of the local approach has been shared nationally and highlighted within the Local Government Association (LGA) as an example of good practice.

Lancashire has achieved key milestones as identified within the previous report presented to the Health and Wellbeing Board and as highlighted in Appendix 'A'. This includes achieving the Baby Friendly Initiative (BFI) Gold Award accreditation again this year and have also recommissioned the infant feeding service across Lancashire.

Lancashire County Council continues to commission services which will enhance the support available to babies, children, and families across Lancashire as well as work in partnership with key stakeholders to ensure the needs of children, young people and families are considered in both policy and practice.

### **Performance Review (Appendix A)**

The evidence presented from the Child Health profiles can be reviewed in the Performance Review (Appendix 'A'), a summary of which is provided below:

- Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire remains worse than England average.
- Although the trend is not yet statistically significant, the actual data compared to previous years is showing signs of improvement in some of the outcome areas, although there are local variations.
- Infant mortality rate for the latest period (2020-22) for Lancashire is 3.9 per 1,000 children (140 deaths under 1 year age). This is similar to England (3.9) and less than North West region (4.4).



- Smoking status at time of delivery continues to improve and getting better but remain higher than England average. There are 132 fewer women smoking at time of delivery in the latest period (2022-23) compared to previously. Lancashire rate of 10.9 per 1,000 remains higher than England (8.8 per 1,000) and the North West Region (10.3).
- Low birth weight of term babies (2021) in Lancashire is 2.9%. This is higher than England (2.6%) and North West Region (2.8%). Variations exist with worse rates in Preston 4.5%, Burnley 4.1%, and Pendle 3.8%, but similar to England in South Ribble 3.3%, Hyndburn 2.9%, Rossendale 2.6%, Lancaster 2.5%, Ribble Valley 2.4%, Wyre 2.1%, West Lancs 1.9%. Rates are better in Chorley 1.8% and Fylde 1.6%.
- Under 18s conception rate of 15.5 per 1000 (2021) in Lancashire continues to decrease and is getting better, although this remains higher than the England Average (13.1). Inequalities exist with rates higher in Preston and Burnley (20.1) Chorley 19.4, and similar to England in Hyndburn 18.2; Rossendale 15.1, South Ribble 14.4, Lancaster 14.2 (getting better), Pendle and West Lancs 13.4; Wyre 12.5, Ribble Valley 10.3, Fylde 10.0.
- % of Children achieving a good level of development at the end of Reception in the latest (academic) period in Lancashire (2022/23) is 64.4%, this is below England 67.2%, but similar to the North West region 64.3%. Inequalities exist between males and females and children on free school meals.
- % of 5 years old with experience of visually obvious dental in the latest period (2021/22) in Lancashire is 27.4%. This remains higher than England (23.7%) with higher rates in Pendle 41.9%, Hyndburn 35.4%, Preston 32.6%, and Burnley 29.3%. Similar to England in Lancaster 26.8%, Wyre 23.0%, South Ribble 22.8%, W Lancs 22.8%, Ribble Valley 22.1%, Rossendale 21.0%, Chorley 20.9%, Fylde 19.2%.

#### Take up of Funded Early Education Places for 2 year olds and 3-4 year olds

- Lancashire has higher a proportion of eligible 2 year olds and 3 and 4 year olds taking up their Funded Early Education Places when benchmarked against England. The uptake rate is similar for 2 year olds but higher for 3-4 year olds when benchmarked against the North West.
- Local calculations show a decline in 2 year old Funded Early Education Places uptake when comparing Spring 2024 term with Autumn 2023 but similar to the rate observed in Spring 2023. 470 children were not accessing their Funded Early Education Places at the most recent Census date (Spring 2024), 86.4% uptake.
- Local data further shows that uptake is lowest in Pendle and Preston with more than 1 in 5 places not taken up in these districts which is significantly below the proportion seen at Lancashire level.
- Four of the districts ranked in the top 10 for the highest number of 2 year olds not taking up their Funded Early Education place and have been within the top 10 for the last four terms.
- Local calculations show a decline in Funded Early Education Places uptake at 3-4 years from the previous term but a similar proportion of uptake when compared with the Spring term of 2023. 1,089 children did not take up their place (95.8% uptake).



- Local data shows that four districts had significantly lower rates of uptake than the Lancashire average with around 1 in 10 children not taking up a place in these areas.
- Of the top 10 ranking districts with the most children not taking up a Funded Early Education Places 3-4 year old place, two had been in the top 10 for the last four terms.

## **Forward Look**

- Following the national visit and a review of priorities moving forward several key areas have been identified and will be the focus during coming months. This will include working closely with national, regional, and local partners to ensure effective delivery and better outcomes for children and young people in Lancashire.
- There will be a continuation to improve the overall outcomes for children, young people, and families across Lancashire through the prioritisation of key priority areas including infant mortality, 1001 critical days, school readiness and adolescent mental health.
- Close working with partners will continue to ensure the delivery of the balanced system approach across Lancashire, embedding the learning from Hyndburn across Districts.
- There will be a focus on the areas identified following the National Start for Life visit and survey so that families understand Lancashire's Best Start for Life offer and ensure its focus on Parent-infant relationships and perinatal mental health given these lay the foundations for a baby's social, emotional, and cognitive development.
- The service will continue to learn and understand more about the needs of children and young people including the thematic review of child suicides and developing action plans in partnership with our key stakeholders.
- The service will learn from what young people are reporting through lifestyle surveys and schools' health needs assessments and develop plans to address inequalities.
- The service will continue to commission services locally, however, also embed these within the Family Hubs moving forward.

## **Opportunities for Collaboration/Advocacy of the Board**

The Health and Wellbeing Board is requested to continue its support to ensure:

- An integrated approach to deliver on the areas identified across services including health partners.
- Commitment to joint commissioning and funding between the NHS Integrated Care Board, County Council, and other relevant partners where appropriate, for example in relation to speech and language services and Looked after Children support.



## Healthy Hearts

### Background

Mindful of the impact that cardiovascular disease has on the residents of Lancashire, a Lancashire Healthy Hearts Programme was set up in Spring 2022. This was in line with the national Best Practice Framework (published by Public Health England and the Association of Directors of Public Health) encompassing the following seven thematic workstreams:

- i) Tobacco
- ii) Alcohol
- iii) Physical activity
- iv) Supporting healthy weight
- v) Food diet and nutrition
- vi) Health in all policies approach
- vii) Cardiovascular risk modification

In doing so it is crucial to continue to recognise the interdependencies with the Lancashire and South Cumbria Integrated Care Partnership's Cardiovascular Disease Prevention, Detection and Management Work Plan. This plan has a particular focus on delivering the NHS Long Term Plan around the three related risk factors for the development of cardiovascular disease, namely atrial fibrillation, raised blood pressure, and high cholesterol.

### Performance Review (Appendix 'A')

Since the Healthy Hearts Programme was launched in March 2022, each thematic workstream has identified a series of high-level outcomes and drawn up individual thematic delivery plans in support of this. The past nine months has been a productive period for the Healthy Hearts programme as the delivery plans have continued to be refined and key elements of delivery commenced. Appendix 'A' outlines a performance update of each of the relevant workstreams accordingly.

Some key issues highlighted through the performance review include:

- Tobacco: Following the endorsement of the Lancashire and South Cumbria Tobacco Free Lancashire strategy by the Lancashire Health and Wellbeing Board last September, work is now in progress to support the implementation of this approach. This work is being supported by our newly appointed specialist stop smoking provider (Change, Grow, Live - CGL) and the government's recent announcement of additional funding nationally in support of achieving a smokefree generation by 2030. Lancashire has therefore received an additional £1.6m (non-recurrent) investment during 24/25 to increase referrals and the provision of stop smoking aids and given the challenges inherent in meeting this challenging target, this additional investment is clearly welcome. A proposed plan is currently in the process of being approved by Lancashire County Council's Cabinet and once approved will be overseen by the newly established Lancashire Smoke Free Alliance to help ensure that we can maximise the benefits of this increased level of funding.



- Alcohol: Alcohol treatment services continue to make good progress a position has been reached where the estimated proportion of alcohol dependent residents not in treatment is below 80% which is a favourable position to be in nationally and is reflective of the additional recruitment activity with treatment providers as well as the ongoing work to develop additional pathways from both primary and secondary health services including our local alcohol liaison services.
- Physical Activity: Despite the considerable engagement work that is being undertaken around developing a system wide strategic approach to physical activity, this is nevertheless taking longer than had initially been expected and it is hoped that a series of planned workshops will help to clarify the best route. The ongoing work at district level Health and Well Being Partnerships remains a key part of this agenda and it is reassuring to see Physical Activity as being a priority area for many districts.
- Healthy Weight: The collaboration agreements between Lancashire County Council and District Councils to provide Healthy Weight Services have now been drawn up and it is clearly welcomed that all 12 districts have not only committed to work in this collaborative way of working but have all also started to mobilise their respective service offers. Work in conjunction with Food Active, on the Healthy Weight Declaration continues at both a district and county level and below are some illustrative examples of how this is being demonstrated as well as the commitment to this declaration, which include:
  - i) Recipe for Health work to support local retailers in promoting healthier food and drink options (Commitment Six).
  - ii) Increasing public access to fresh drinking water on local authority sites (Commitment Thirteen).
  - iii) Adoption of supplementary guidance around the siting of hot food takeaways (Commitment Nine).

It is reassuring to see that the number of commitments within the declaration that are starting to actively implement continuing to rise however the challenges around both the scale and complexity of this programme of work is not to be underestimated.

- Food, Diet and Nutrition: the Food For Life (FFL) programme to embed a good food culture in both primary schools and early years settings continues to be rolled out with 67 settings now engaged. As the programme continues, a small number of the primary schools are now starting to be formally receiving their Bronze awards with the numbers expecting to increase over the coming months. In terms of a developing a wider strategic approach to developing wider food systems, a council wide Food Plan is also in the process of being developed and it is hoped that this will be formally taken to Cabinet in the Autumn for endorsement.
- Health in All Policies: There are a number of key policy interventions that have been highlighted by the National Institute for Health and Care Excellence (NICE) which impact on cardiovascular prevention some of which also support the Healthy Weight Declaration referenced earlier such as the supplementary guidance around the siting of hot food takeaways. Other emerging areas of policy development for consideration includes:
  - i) Lancashire County Council Advertising Policy around the advertising of High in Fat Salt Sugar (HFSS) foods, alcohol, and tobacco products



ii) Active Design Local Plan Policy which is undergoing a review and refresh in conjunction with District Planning Officer's Group (DPOG).

- NHS Health Checks programme: this continues to go from strength to strength and a new Community Outreach Provider (Fylde Coast Medical Services (FCMS)) has been appointed to work with general practice colleagues to ensure there is an accessible and equitable offer to all Lancashire's residents. Overall yearly coverage levels increased from just over 45% in 22/23 to just under 60% in 23/24 and will continue to increase this further over time in support of the national ambition of 75% coverage levels by 2029.

Finally, the success of the Healthy Hearts programme remains crucially dependent on the work of NHS colleagues through the Lancashire and South Cumbria Integrated Care Partnership's Cardiovascular Disease (CVD) Prevention, Detection and Management Programme with a focus of the key clinical risk factors for cardiovascular disease including Atrial Fibrillation (a common type of irregular heartbeat), raised Blood Pressure and high Cholesterol. The significant improvement that took place during 2023 around the management of blood pressure for those patients diagnosed with hypertension is particularly welcome with just over 72% of patients with diagnosed hypertension now being managed according to national treatment guidelines. As part of this approach a system wide Primary Care symposium is taking place in July. This will be to not only reflect on achievements over the past year but also to further develop planning in support of the 2024/25 NHS Operational Guidance with an additional focus on reducing health inequalities.

## **Forward Look**

Plans for the next six-month period are to:

- Further develop the implementation approach for the underlying eight workstreams that relate to the Healthy Hearts Programme.
- Continue to monitor the outcomes associated with the programme and continue to feedback to this Board on an ongoing basis.
- Continue to work with NHS colleagues around the key interdependencies with the Integrated Care Partnership (ICP) Cardiovascular Disease (CVD) Prevention, Detection and Management Group.

## **Opportunities for Collaboration/Advocacy of the Board**

This has been a positive nine-month period for Healthy Hearts and key opportunities for collaboration include:

- The need to ensure that broader prevention approaches are further embedded in the work of emerging partnership/place-based boards as part of the Place Integration Deal.
- The importance of aligning resource allocation to this broader prevention agenda so that the appropriate level of assurance can be offered to the Health and Wellbeing Board regarding the implementation of the respective workstream delivery plans.



- The newly developed Healthy Weight collaboration agreements continue to be supported and any opportunities to expand the reach of the programme be actively explored.

## **Happier Minds**

### **Background**

Mental health and wellbeing through the life course is influenced by many factors including social, economic, and environmental determinants.

The Happier Minds programme is a partnership and system leadership approach to addressing five key strands of work:

- i) Emotional wellbeing and self-care
- ii) Loneliness and social isolation
- iii) Substance use - alcohol and drugs
- iv) Self-harm and suicide
- v) Dementia

### **Performance Review (Appendix 'A')**

Loneliness and social isolation: The Public Health team have continued to work with key partners and stakeholders to tackle loneliness and isolation in the over 50's. There have been eight Age of Inspiration events across Lancashire bringing together communities, joining up local opportunities and promoting the five ways to wellbeing; the Good Days Calling service has been extended for a further 12 months, providing befriending calls to people in communities who are chronically lonely or housebound; Bid writing training has provided skills to the Voluntary, Community, Faith and Social Enterprise Sector, increasing access to funding opportunities; grant pots have been set up across East Lancashire to tackle loneliness issues identified for men and those for whom English is a second language. The work has been recognised at the Northwest Healthy Aging Forum and further work is now underway to explore the Age Friendly Communities Framework.

Substance use – alcohol and drugs: Lancashire Alcohol and Drug Partnership (LDAP) has been in operation for almost two years and has undertaken a review of its action plan. The priority areas identified are all fully operational. They are prevention, criminal justice pathways, dual diagnosis, data and intelligence, drug related deaths and communication.

Successes during the year have included:

- A drug and alcohol driving campaign focused on young males driving under the influence in conjunction with the road safety partnership and community safety partnership.
- The continued development of the treatment system and increase in the number of treatment places for adults, and children and young people. Exceeded the Office for Health Improvement and Disparities (OHID) targets to increase the number of adults and children and young people into treatment.





- Establishment of a Greater Lancashire Ketamine subgroup and a Lancashire action plan in response to rising levels of problematic use amongst children and young adults across Lancashire, the region and England as a whole. The action plan focuses on four main areas:
  - i) Prevention and Early Help
  - ii) Care Pathway development
  - iii) Community Treatment
  - iv) Detox, Rehab and Aftercare
- A plan in place to establish drug related death panels in North, Central and East Lancashire and purchased a drug related database to allow all partners to update on their involvement with the person prior to their death.
- Revised and developed new pathways with criminal justice colleagues and exceeded the Office for Health Improvement and Disparities (OHID) continuity of care target for prison leavers continuing treatment in the community.

Self-harm and suicide: The suicide prevention strategy for England (2023-2028) was published 11 September 2023. The strategy sets out the government ambitions over the next five years to:

- Reduced suicide rates
- Improve support for people who have self-harmed.
- Improve support for people bereaved by suicide.

The priorities for action include:

- Improving data and evidence to ensure that effective, evidence-informed, and timely interventions continue to be developed and adapted.
- Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
- Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
- Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Providing effective crisis support across sectors for those who reach crisis point.
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Providing effective bereavement support to those affected by suicide.
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

In Lancashire, a strategy is being developed which mirrors several of the actions within the national strategy. The Lancashire and South Cumbria Prevention Oversight Group has been consulted on the draft and are currently awaiting progressing through internal processes to obtain sign-off.



Public Health continue to work in partnership with Integrated Care Boards, voluntary, care, faith sector to reduce stigma around suicide and raise awareness of support in place both within the communities and specialist services.

As a collaborative it continues to promote the Orange Button scheme and raising the profile of Orange Button holders of which there are around 4,000 across Lancashire and South Cumbria.

The Orange Button scheme is currently being evaluated by an intern from UCLAN which will inform how well known the scheme is. It will reflect on those who have used their acquired skills to support individuals and from the perspective of those who have received support.

Lancashire County Council Public Health commissioned suicide awareness and mental health training which targets schools and workplaces and delivers to wider communities. All courses are Orange Button certified.

As part of the continuing work around the suicide agenda Public Health commissioned an independent review of Children and Young People who have taken their own life within the last 10 years. The outcomes have been shared with the Child Death Overview Panel (CDOP) and other key partners. An action plan is currently being developed which will also form part of the overall strategy and planning.

Following the deep dive there is a commitment to annually review suspected suicides, share the learning with partners, and establish how it can prevent further incidents.

For adults, an annual deep dive will take place again this year and findings will be shared through the Suicide Prevention Oversight Group. Cases will continue to be reviewed weekly and reported as part of the Real Time Surveillance (RTS) and respond to any concerns of trends and liaise with district councils as appropriate.

The key performance metrics relevant to Happier Minds are:

- Increasing the number of residents into treatment services for substance misuse (drug and alcohol)
- Reducing the number of suicides
- Reducing self-harm
- Reducing drug related deaths

In 2023/24 the overall number of adults in treatment increased, and Lancashire exceeded the Office for Health Improvement and Disparities (OHID) target of 6757 adults in treatment, achieving an increase of over 7000. Differences were observed within the substance types with the biggest increase in numbers in treatment for non-opiates, non-opiates, and alcohol users. There is a focus currently on increasing the number of people in treatment for opiates, this has involved reviewing the pathways between prison, primary care, and community treatment services to improve continuity of care and increased outreach and co-location with other organisations and services.

In 2023/24 the number of children and young people (under 18) in treatment exceeded the target of 204 set by the Office for Health Improvement and Disparities (OHID). The



numbers in treatment increased significantly from the historic low during Covid. In 2023/24 the number of children and young people in treatment have continued to increase and by March 2024 had exceeded the target for March 2025 of 310.

Additional funding has been received from the Office for Health Improvement and Disparities (OHID) for 2024/25. This funding has been used to increase the capacity, quality and scope of the treatment and recovery system by, for example, employing dedicated recovery coordinators to work within the criminal justice system and community health care settings to improve pathways, investment in tele-health and a revised focus on stimulant users to increase the number of people coming into treatment and improving outcomes.

Dementia: The Lancashire and South Cumbria Integrated Care System (ICS) are leading the development of the Dementia Strategy 2024-2029. It is currently in draft form and awaiting sign-off from key partners.

## **Forward Look**

Over the next six months, plans are to finalise, and gain sign up to the Lancashire self-harm and suicide strategy and action plan. Refresh the logic model and focus on:

- Working with the Integrated Care Board (ICB) and other Public Health Leads to refresh and review the logic model plan.
- Identifying key priorities from the Lancashire suicide and self-harm strategy to focus upon.
- The development of a Mental health and wellbeing plan and governance process as part the delivery of the Public Health Strategy.
- Working in partnership with a range of agencies to develop appropriate pathways for depression, dual diagnosis, and bereavement.
- Continuing to work with district councils and sharing information from the intelligence obtained from the suspected suicides to reduce further incidents.
- Strengthening partnership working with academic institutions and undertake research where appropriate such as the independent evaluation of the orange button scheme.
- Continuing to develop and improve the substance use treatment system in line with local priorities set by Lancashire Drug and Alcohol partnership in line with the Government's 10 year strategy.
- Continuing to increase referrals from a range of partners into the drug and alcohol treatment service.

## **Opportunities for Collaboration/Advocacy of the Board**

To continue to focus on delivering this agenda through partnership working and identifying opportunities to address this agenda with key stakeholders across local communities.

## **Conclusion**

Partners and key stakeholders continue to work closely to ensure these priority areas are embedded within existing and emerging structures. Progress has been made, with



