

Appendix A Priority Outcomes

Best Start in Life

Infant Mortality

Outcomes	Measure	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	31st March 2024 Update
Reduction in infant Mortality (Per 1,000 live births)	infant mortality	Previous periods 2019-21: 127 deaths under 1 yr age = 3.5 per 1,000 children; NW 4.4, England 3.9	(2020-22) - Lancashire 3.9 per 1,000 children (140 deaths under 1 yr age), NW: 4.4, England 3.9	(2012-2022): Rates remain similar to England and better than the NW region: Pendle 6.5, Rossendale 6.1, Preston 5.3, West Lancs 4.4 Burnley 4.4 are worse than England. Hyndburn 3.5, Chorley 3.4, Lancaster 2.9 Wyre 2.7, Fylde 2.3, South Ribble 1.7 are better than England. Ribble Valley no data	Reduce by 5% in 2025	Refresh and implement the Infant mortality action plan. A focus on delivering on the 1001 critical days vision and actions as part of the Best start in life priority areas. Integrated early years pathways including Family hubs model aligning with maternity, early years and HV.	Ongoing	Priority area moving forward, 29 Family Hubs in Lancashire deliver a range of services including: midwifery clinics, HV clinics, infant feeding support, school nursing support, smoking cessation support.
						Development of place-based actions with key partners including supporting delivery of ICB plans for starting well and learning from CDOP and serious case reviews.	Ongoing	Cases being reviewed, report to be provided in 2023 and shared with CDOP – launch sharing learning event before March 2024
						2024	Learning from CDOP embedded. 1001 critical days a key part for the BSL priority areas. Areas identified to Start for Life national team also being planned. Family Hubs part of BSL Embedded within model for commissioning of 0-19 HV services	
Reduce Smoking at time of delivery	smoking at time of delivery	Previous periods Lancashire 12.1% (2020/21) 12.8% (2019/20); (2021/22)Lanc.s-12: 12.83 = 12.7% of mothers: NW 10.6%, England 9.1% England 2.8%	(2021/22) - Lancashire 10.9% 1,151 births; NW 10.3%, England 8.8%	Lancashire overall is worse than England but is improving and getting better but districts are higher/worse than NW & England are: Pendle (12.7), Burnley (12.7), Rossendale (12.6), Ribble Valley (12.1), Lancaster (10.5)	10.6% (regional average) 2025	Reduce the number of women who smoke in pregnancy through collaborative work and the infant mortality action plan and pathways for pregnant women to quit smoking (NHS Long term plan midwifery targets now in place monitored through ICB)	Ongoing	To review and update infant mortality action plan for smoking in pregnancy - link to health visitors and post-pregnancy along with Smokefree Families. Smoke Free Lancashire deliver smoking cessation support in Family Hubs
						Ensure advice is provided at every antenatal health check signposting to co monitoring	Ongoing	To ensure as part of action plan
Reduce low birth weight of term babies	low birth weight	Previous periods Lancashire 334 (3.1%), so higher than NW but lower than England, with Lanc.s-12 0.2% decrease between 2020 & 2021	(2021) Lancashire 320 low weight births (2.9%); NW 2.6%; England 2.8%	Rates are higher/worse than NW & England In Preston 4.5%, Burnley 4.1%, and Pendle 3.8%, but similar for South Ribble 3.3%, Hyndburn 2.9%, Rossendale 2.6%, Lancaster 2.5%, Ribble Valley 2.4%, Wyre 2.1%, West Lancs 1.9%, but better in Chorley 1.8% and Fylde 1.6%	2.9% (national average) by 2025	Reduce the number of women who smoke in pregnancy through action plan and pathways for pregnant women to quit smoking	Ongoing	To review and update infant mortality action plan for smoking in pregnancy
						Ensure advice is provided at every antenatal check and signposting to co monitoring		To review and update infant mortality action plan for smoking in pregnancy. Ensure part of 0-19 commissioning.
Reduce Under 18 Conception rate	Under 18 conception	Previous periods (2021) Lancashire 323 15-17 year old conceptions = 15.5 per 1,000, NW 16.1, England 13.1 Previous periods Lanc.s-12: 16.5 (2020) 20.3 (2019)	(2021) Lancashire 15.5 per 1,000 (323), England 13.1	Rates are higher/worse than England but improving and getting better. Worse than England in Preston & Burnley (20.1), Chorley 19.4, similar to England in Hyndburn 18.2; Rossendale 15.1, South Ribble 14.4, Lancaster 14.2 (getting better), Pendle & West Lancs both 13.4; Wyre 12.5, Ribble Valley 10.3, Fylde 10.0	Reduce by 5%	Commission services to reduce under 18 conception rates	Ongoing	Teenage pregnancy education / advice / support etc. to be a feature of Women's Health Hubs, given its priority status for the county in driving down these numbers again. On track To feature in the new specification and contract as a priority for 2025 but current work with providers ongoing
Increase Breastfeeding Rates	prevalence of breast feeding	Previous period: rates unavailable	Latest period 2021/22 published data shows Lanc.s count of 4563 for breastfeeding at 6-8 weeks, but not rate (data quality issues), NW no data, England rate 49.2%; service level data estimates Lanc.s at 38% in 2020/21 & 39% in 2022/23;	Published data not available. Data from HCRG 2022/23 financial yr shows higher %s than England in Ribble Valley 50.1%, and lower %s than England for all other districts (lowest in Wyre 32.9%)	5% by 2025	Develop strategy for Breastfeeding in conjunction with ICS and ensure the inclusion of community support provision	Apr-24	The LMS Infant Feeding Strategy has been ratified 18.06.2024. It will be shared after the general election. LA's are being asked to confirm and agree a local action plan by end of September 2024.
						Continue to commission breastfeeding peer support service	Apr-24	Infant Feeding Breastfeeding Peer Support service contract awarded to NCT and service provision began 1st April 2024 for a
						Maintain the provision of BFI Gold status for community support services	May-24	Lancashire has been successful in BFI GOLD. BFI Gold re-accreditation awarded April 2024 by Lancashire County Council's Community commissioned services; 0-19s PHN service, LCC CFW service and breastfeeding peer support service.
						Embed the LSC Feeding during the First Year of Life guidelines within LCC services including antenatal provision	Apr-24	The guidelines to be adopted for use by Lancashire services; To be embedded into Family Hub provision. On-going. The guidelines are due for a review at end of 2024 before being re-circulated and embedded into practice. All staff are to be trained and Establish a monitoring and compliance process - Ongoing
						Increase number of settings registered as Breastfeeding Friendly	Apr-24	As of end June 2023, 500 places are registered as BF Friendly across Lancashire. To increase through the establishment of the Family Hubs Networks. Ongoing

Good Level of Development

Outcomes	What are the measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	31st March 2024 Update
Children achieving a good level of development at the end of Reception	Good level of development	<p>Previous period: 2021/22 Ward level breakdowns will be reported to BSIL Sept 23 (All Lancs children) 62.1% Lancs Girls 69.1%, Lancs Boys; England average 65.2%</p>	<p>Latest period 2022/23 Lancashire 64.4%, NW 64.3%, England 67.2%, Lancashire children by gender: 72% Females, 57.1% Males Free School Meals: 48.3%</p>	not available for District level	71.8 (national average in 2018/19; 65.2% in 2021/22) by 2024	Increase in the number of children accessing quality early years 2-year offer	April 2024 On-going	Agreement to deliver 2-year-old checks in family hubs as appropriate. Chat, play and read offered in CFW centres.
						Continue the provision of a vision screening service for children in reception		Current provision is in place until 31.07.2024 and recommissioning from 1 st of August 2024.
						Ensure provision of a referral pathway remains in place for those who fail the vision screen		During the academic year 12,637 (95.68%) reception-aged children received a vision screen. 1,679 (13.29%) children failed the screen. To date 447 notifications have been received (27%)
						Establish monitoring process to determine effectiveness of Lancashire's 2-year integrated review pathway	Apr-24	During the academic year 12,637 (95.68%) reception-aged children received a vision screen. 1,679 (13.29%) children failed the screen. To date 447 notifications have been received (27%)
						Speech and language - LCC invested in a new approach/model, the Balanced System, which enables early identification of children and early intervention from Early Years colleagues, Children and Family Wellbeing Service, Health Visiting, to help children and families access appropriate early help.		WellComm training established. Hyndburn piloted new ways of working - reduced waiting lists for access to SaLT by 100%. Preston commenced 5th June, plan to disseminate into wider areas. Recognition from national team and commended by Minister Leadsom (letter to members) publication of best start in life approach with in family hubs commended by Minister Leadsom. good practice recognised and published in LGA nationally Parenting strategy (SCOG)
						ASQs – work has commenced with Health Visiting to ensure the ASQ is completed correctly by a trained professional and recorded		ongoing

Obesity Prevalence

Outcomes	What are the measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	31st March 2024 Update
Reduce prevalence of overweight including Obesity (reception) 4-5 years	Obesity prevalence 4-5 years	<p>Previous periods (2021/22 academic): Lancashire 23.8%; NW 23.3%, England average 22.3%, (2019/20) - Lancs 25.0%</p>	<p>2022/23: Lancashire 22.9% (1100), England 21.3%, NW 23.1%.</p>	<p>Overall worse than England but no significant change in Lancashire. Hyndburn 27.3, Burnley 27.3, similar to England and no significant change in Rossendale 23.5, Wyre 22.9, Chorley 22.2, Preston 22.2, Ribble Valley 22.1, Lancaster 21.6, Fylde 21.5, Pendle 21.3, South Ribble 21.1, W Lancs 20.8</p>	10.1 national Average 2025	Provide Healthy Heroes Early Years toolkit to Early Years settings within 4 targeted Districts: Burnley, Pendle, Preston, and Hyndburn	Apr-24	<p><i>The Early Years toolkit has been updated.</i></p> <p><i>New resources will be available and targeted</i></p>
						Provide Family Programme (PASTA) in wards with the highest prevalence of children living with obesity	Apr-24	<p><i>In 2022 - 2023 PASTA supported 708 families and 1019 children. In 2023 - 2024 PASTA supported 931 families and 1430 children. Family healthy weight services have been agreed for the next 5 years. The services will form part of the collaboration agreements with the L12 district councils.</i></p> <p><i>Currently exploring procurement.</i></p>
						Provide Food for Life (nutrition/cooking/growing) Programme in all Primary Schools, targeting schools to receive specific assistance in Burnley, Pendle, Preston and Hyndburn		<p><i>Provision for a 2-year programme is in place until 15th May 2025. 67 settings enrolled. Total of 1 schools achieved Bronze award, 7 schools have achieved foundation award and one Early Years setting have achieved the full Early Years award. CFW offer a physical activity programme called mini move and groove that also includes yoga for under 5-year-olds. Big Cook, Little Cook – programme that delivers healthy eating support. Family Hubs promote healthy start via vitamin D distribution to eligible families. Leisure partners deliver a 16-week healthy weight management programme around exercise in some family hubs. Cook and Eat short courses available in some family hubs via the LAL/WEA partners. HAF – range of HAF district base activities available to families in every district.</i></p>

Reduce prevalence of overweight including obesity Year 6 (10-11 years)	Obesity prevalence 10-11 years	<p>Previous periods: (2021/22) Lancashire 37.6% (5,025 children), NW 39%, England 37.8%; (2019/20): Lancashire 35.3% (3,450 children)</p>	<p>2022-23 Lancashire 36.8% (4,830 children), NW 38.3%, England 36.6%</p>	<p>Overall similar to England but increasing and getting worse in Lancashire. Higher/worse than England in: Burnley 42.6% (with increasing trend), Hyndburn 42.4%, Pendle 40.1%, Rossendale 38.1%, West Lancs 37.9%. %s are lower/better than England in: Preston 37.4% (with increasing trend), Lancaster 36.6%, Wyre 36.4% (with increasing trend), Chorley 34.2%, Ribble Valley 33.9%, Fylde 31.7%</p>	Reduce by 10% by 2025	Develop clear pathways in schools to identify and follow children who are obese via the NCMP	Ongoing	<p><i>The NCMP pathway has been updated to embed PASTA.</i></p> <p><i>To conduct a review of the letters with families, staff and schools.</i></p> <p><i>To remove stigma and judgement.</i></p>
						Work with Districts to implement actions in the Healthy Weight Declaration	Ongoing	<p><i>Food Active are delivering the Lancashire Healthier Places commission which will be in place until March 2025.</i></p> <p><i>HWD work ongoing, system leadership event completed in Nov 23 with 9 districts represented. Work also underway to develop an EM elearning programme</i></p>
						Work with Districts to implement the #gethangrycampaign		<p><i>Social movement work now initiated with 5 groups confirmed across 4 districts. Topics the YP have picked to support includes food insecurity.</i></p>
						Work with Districts to implement the Recipe for health programme to influence the availability of healthy food choices in our high streets		<p><i>Food Active are supporting Trading Standards colleagues to expand the Recipe for Health work. . Training and evaluation framework to monitor the impact of R4H in development. Food Active working closely with trading standards colleagues to support the roll out of the R4H award. Video completed to support information for businesses. Also looking at a cost benefit tool to support business uptake.</i></p>

Dental Decay

Outcomes	What are the measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	31st March 2024 Update
Reduce % of 5 years olds with experience of visually obvious dental decay	% of 5 years olds with experience of visually obvious dental decay	Previous period: 2018/19: 30.4% and England rate was 23.4%	2021/22: Lancashire rate is 27.4, NW 30.6% and England rate 23.7%. This is worse/higher than England and lower/better than NW rates	Lancashire is higher/worse than England in Pendle 41.9%, Hyndburn 35.4%, Preston 32.6% and Burnley 29.3%. Similar 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%.	23.4% Achieve by 2030	Commissioning of a Supervised toothbrushing scheme, delivered to Early Years and Reception children in targeted areas, with a comprehensive training programme for the Children's workforce	2023	<p><i>Contract awarded and Oral Health team in place. Service delivery with Early Years settings expected to begin September 2024 for a period of 3 years. Supervised Toothbrushing Commission – all staff now recruited and in post.</i></p> <p><i>UCLAN training in place for 2nd August. Delivery of the plan and engagement with PVI's and reception classes to commence from September 2024. Contract monitoring reviews with commissioner in place.</i></p> <p><i>All CFW teams supporting the Healthy Heroes campaign and have appropriate resources (toothbrushes, tooth paste etc to distribute to families who are receiving support)</i></p>
						All Health Visitors distributing free Toothbrushes and tooth paste to all babies at 6-8 week visit and <u>9-12-month</u> visit (if necessary)	ongoing	<i>Added to new specification and ongoing</i>
Reduce Hospital admissions for dental caries (0-5 years) – per 100,000	Admissions for dental caries	2021/22: Lancashire rate is 440.2/per 100,000, NW 311.6 and England rate 201.7 per 100,000	2020/21 - 2022/23: 389.7 per 100,000 in Lancashire, NW 271.6 and England 178.8	No data available		Campaign targeting parents with very children currently being worked up to give appropriate messages re tooth brushing, Epidemiology surveys in schools	ongoing	<i>Lancashire's #LetsGetBrushing campaign launched October 2023 in targeted districts with areas of highest tooth decay in children; Burnley, Pendle, Preston and Hyndburn. Planning for phase 2 of the campaign remains on-going. Epidemiology survey in schools remains on-going.</i>

Hospital Admissions								
Outcomes	What are the measures?	Outputs / Outcomes reported to the Board in Sept 23	Current Performance	Highlight degree of variation	Targets	Narrative Based Milestones	Date by	31st March 2024 Update
Reduce Hospital admissions as a result of self-harm (10-14 yrs) – per 100,000	Hospital admissions as a result of self-harm (10-14 yrs)	<p>2021/22: Lancashire 502.7 rate is worse than England rate 307.1 per 100,000 and NW 437.9. Lanc.s rate is 2nd highest amongst our CIPFA nearest neighbours and is one of 5 with rates above England average. (2020/21 – showed rate of 345.5 – compared to current rate (502.7)</p>	<p>2022/23: Lancs-12: 511.1 per 100,000, worse than the England rate (251.2) and the North West rate (368.2).</p>	<p>Lancashire rate is significantly higher than England average. Data not available at district level.</p>	5% by 2025	Additional investment to plug gaps within colleges and schools such as Mental Health Support teams	Ongoing March 23	<i>These have been commissioned with focus on Fylde and Myerscough</i>
						SUDC deep dive in understanding child death cases	2024	<i>Report finalised and disseminated. Action plan being developed in conjunction with key partners. CFW deliver emotional health and wellbeing programme called inside out in family hubs and in identified schools. CANW commissions supports CYP around a range of emotional health and wellbeing issues</i>
Reduce Hospital admissions as a result of self-harm (15-19 years)	Hospital admissions as a result of self-harm (15-19 yrs)	<p>Latest period 2021/22 Lancs rate 472.3 is lower than England & NW, England average rate 641.7 per 100,000, NW rate 663.9</p>	<p>2022/23: Lancashire rate is 396.2 per 100,000, England (468.2), NW (472.1).</p>	<p>Lancashire rate is better than England average. District level data not available.</p>	10% reduction by 2025	Provide additional training and resources to schools	Ongoing March 23	<i>Various initiatives</i>
						Ensure a self-harm prevention strategy within education settings		Prevention and self-harm strategy being developed
						Deliver a school's survey to understand young people's mental health and wellbeing needs	2023	<i>Thematic survey results from a thousand young people in secondary schools in Lancashire currently being analysed.</i>

Healthy Hearts

Tobacco

Outcomes	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	By when	31st March 2024 Update	Info and Context	
Reduction in Smoking Prevalence	Smoking Prevalence	Lancashire L12 smoking prevalence was 14.2% (GPPS, 2021/22)	Lancashire L12 smoking prevalence currently is 14.5% (GPPS, 2022/23) with a 95% confidence interval of 14.0% to 15.0%)		To achieve a smoking prevalence of 5% or less by 2030 across Lancashire	1) Refresh of Tobacco Free Lancashire (TFL) strategy	Complete	Lancashire and South Cumbria TFL strategy has now been approved by the Health and Wellbeing Board	2030 target still to be formally incorporated into refreshed Tobacco Free Lancashire Strategy. Corresponding action plan and associated district trajectories to be developed and therefore the performance based milestones will be refined further once this has been completed. Following the slight increase in smoking prevalence observed in 2021, questions have been raised with OHID around the validity of 2021 data particularly some significant changes to district level prevalence (including an increase from 5.1% to 17.8% over 2 years in the Ribble Valley). OHID recognise that there have been changes to the methodology used in the Annual Population Survey resulting in variation in smoking prevalence data nationally and we are awaiting a response from the national team.	
						2) Development of e-cigarette consensus statement across L&SC ICS	Complete	Completed and was incorporated into the L&SC TFL strategy		
						3) Development of place based action and implementation plans with key partners	Summer 23..ongoing	Initial conversations have taken place with Population Health Colleagues. L12 Smokefree Alliance has now been established		
						4) Allocation of national and/or local resources to deliver NHS Long Term Plan in-patient nicotine addiction service and wider tobacco control agenda	Ongoing...ICB Led	Royal Preston Hospital has now been mobilised as from the beginning of Jan 23 (along with Blackpool Teaching Hospital). East Lancashire Hospital Trust is now established. National funding was delayed for 24/25 and impacted capacity.		
						5) Re-procurement of Lancashire Specialist Smoking Cessation Service with clear expectations about numbers of referrals and quit rates	Complete	Contract awarded and commenced in October 2023. Performance measures include the expectation to work with 6% of the Lancashire smoking population annually and for a 50% quit success rate at 4 weeks.		
						Performance Based Milestones		By when		
						Increase in referral rate into specialist stop smoking services by at least 10% in the three districts (Burnley, West Lancs, Preston) with the highest smoking prevalence rates relative to baseline (2020)	Apr-25	Targeted district work has commenced. In the meantime, across L12 overall, latest performance data from stop smoking services indicated a slight increase in referrals during Q4 2022/23. In total for 2022/23, 5153 people set a 4 week quit date, with 2785 people successfully quitting, giving a 54% quit rate.		
Asbsolute range of smoking prevalence between L12 districts reduced by at least 10% initially relative to baseline (2020)	Apr-25	Targetted district work has commenced.								

Alcohol										
Outcomes	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	By when	31st March 2024 Update	Info and Context	
Reduce the prevalence of dependant alcohol users	Level of unmet need within the dependant alcohol population. Numbers not in treatment.	At the end of quarter 4 (2022/23) the estimated proportion of alcohol dependent people not in the treatment system is 82.9%	At the end of quarter 4 (2023/24) the estimated proportion of alcohol dependent people not in the treatment system is 79%	Not possible to provide this data at borough level	To reduce the level of unmet need to 80%	1) Increase the number of places in substance use treatment services	2022 - 25	We have recruited additional staff into the treatment service and increased the number of treatment places. There has been some difficulty in recruiting skilled and experienced staff but the providers are mostly now on track with recruitment.	*This number includes alcohol users and non-opiates and alcohol users. The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users. New estimates of the number of alcohol dependent people are due imminently. The new estimates will change the current performance figures.	
						2) Increase the size of the workforce and the range of treatments available to dependant alcohol users	2022 - 25	We have increased the size of the workforce by 99 FTE in 2022/23. In 2023 / 24 we further increased the size of the workforce by an additional 74.25 FTE. We are experiencing some challenges recruiting in the current year.		
						3) Form and develop an an alcohol and Drug partnership board	Quarter 3 2022/23	The board has formed and been in existance since quarter 3 of 2022/23.		
						4) Undertake a alcohol and drug needs assessment	Nov-22	Initial needs assessment completed in December 2022		
						5) Develop a multiagency action plan based on the local action plan	Dec-22	Action plan has been written and is a live document. Action plan was reviewed by the partnership in May 2024 and additional priorities were selected and added to the action plan.		
						6) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams	Dec-23	On track to improve and develop additional pathways from primary and secondary health services including alcohol liaison services.		
						Performance Based Milestones (1)		By when		31st March 2024 Update
						Increase the number of people in alcohol treatment by 74 to 1,530	Mar-23	In 2022/23 the number of people in treatment for alcohol increased by a significant number however we did not quite reach the target.		
						Increase the number of people in alcohol treatment by an additional 109 to 1,713	Mar-24	The most recent data from March 2024 shows that the total number of people in treatment for alcohol is 1,863. This is above the target set by OHID and our adult community treatment provider has reported that in Q4 of 23/24 they recieved a further 965 referrals for alcohol. This is a large increase compared to 22/23 and we are expecting to continue seeing more people in treatment for alcohol and are expecting to exceed the March 2025 targets.		
						Increase the number of people in alcohol treatment by an additional 279 to 1,992. By March 25 an additional 462 dependant alcohol users will be in treatment compared to a baseline of 2021/22. These figures are for alcohol users only and do not include non-opiate and alcohol users.	Mar-25	From baseline to March 2024 (latest available data), we have increased the number of people in treatment for alcohol and are on track to achieve this target.		

Physical Activity

Outcomes	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Milestones	By when	31st March 2024 Update	Info and Context	
Increase Level of Physical Activity	Levels of Cycling, Waking and Physical Activity	<p>Lancashire L12 adults (19+) meeting recommended Physical Activity levels: 67.9% (OHID, 2021/22)</p> <p>Number of adults (16+) cycling - 75,230 (DfT, 2021)</p> <p>Number of adults (16+) walking - 692,665 (DfT, 2021)</p> <p>An additional 26,632 adults (16+) in Lancashire would need to become physically active to reach the national average. 28.7% of adults (16+) in Lancashire are physically inactive (Sport England, 2021)</p>	<p>Lancashire L12 adults (19+) meeting recommended Physical Activity levels: 65.8% (OHID, 2022/23)</p> <p>Number of adults (16+) cycling - 77,164 (DfT, 2022)</p> <p>Number of adults (16+) walking - 703,738 (DfT, 2022)</p> <p>An additional 28,137 adults (16+) in Lancashire would need to become physically active to reach the national average. 26.6% of adults (16+) in Lancashire are physically inactive (Sport England, 2023)</p>	Not currently available	<p>A doubling of the number of people cycling in Lancashire by 2028 - from 111,914 to 223,829 people</p> <p>A 10% increase in the number of people walking in Lancashire by 2028 - from 658,645 to 724,510 people</p> <p>Levels of physical inactivity in every Lancashire district brought below the national average by 2028 - 2016 baseline was that an additional 20,687 would need to become physically active to reach the national average</p>	Instigate midterm review of Actively Moving Forward to establish baseline data to assess progress since 2018.	23-Jan	Mid term review completed.	The targets outlined are from Actively Moving Forward and have an aspirational deadline of 2028.	
						Health and Wellbeing Partnership Boards have mapped out their priorities for Physical Activity	24-Mar	Partnership Boards starting to set up Task and Finish Groups to oversee local implementation		
						Lancashire wide strategic approach to Physical Activity agreed	24-Sep	Discussions continuing		
						Establish cross-sectoral internal working group to drive aims and aspirations outlined in Actively Moving Forward.	24-Mar	Deferred due whilst broader strategic approach to physical activity agreed across key stakeholder		
						Develop 3-year action plan with place based interventions with key partners	24-Mar	Deferred due whilst broader strategic approach to physical activity agreed across key stakeholder		
						Performance Based Milestones		By when		31st March 2024 Update
						Meet targets and aspirations outlined in Actively Moving Forward	Mar-28	Ongoing		

Supporting Healthy Weight

Outcome	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Milestones	By when	31st March 2024 Update	Info and Context	
Progress Made on the Healthy Weight Declaration (HWD)	Percentage of programmes within the Lancashire Healthy Weight Declaration actively being implemented	50%	60%	Pendle has recently been part of the trailblazer work. Through the Lancashire Healthier places programme Pendle, Burnley, South Ribble, Chorley, West Lancashire and Hyndburn have all expressed an interest in adopting the HWD	75% of the HWD priorities are being actively progressed by March 2026	Food Active commission to promote the HWD work	Mar-25	Four districts looking at district consultation events to scope a bespoke district level HWD. Pendle have committed to develop a HWD	HWD has 16 priorities for LCC to tackle unhealthy weight. Priorities look at advertising, systems wide approaches, reducing health inequalities. The HWD will also be closely linked with the work to develop the food strategy.	
						Development of action plan associated with each of the HWD priorities with measurables attached to show progress	Mar-25	A scoping document is now complete, this details district and County responsibilities. This is to be developed and updated every 6 months. Internal project group meeting booked to support the ongoing development of the HWD		
						Revisit the LCC healthy advertising policy	Mar-25	Policy proposal in development		
						Food Active engagement with EM to promote and influence the actions related to the HWD	Mar-25	HWD work ongoing, event completed n Nov 23 with 9 districts represented. Work also underway to develop an EM elearning programme		
						Performance Based Milestones		31st March 2024 Update		
						Youth Ambassadors supporting the HWD in districts	Mar-25	Social movement work now initiated with 5 groups confirmed across 4 districts. Topics the young people have picked to support includes food insecurity, plastic waste and school food.		
Increased uptake for the recipe for health award	March 23- March 25	Training and evaluation framework to monitor the impact of R4H in development. Food Active working closely with trading standards colleagues to support the roll out of the R4H award. Video completed to support information for businesses. Also looking at a cost benefit tool to support business uptake.								

To provide an effective and equitable weight management service for our population	<p>Access to the service</p> <p>Demographics of service users</p> <p>Healthy weight programme completion rates</p> <p>Service user outcomes in terms of weight loss (kg)</p>	<u>Across L12 22/23</u>	<u>Across L12 23/24</u>	The highest number of participants in the programme are from Wyre (21%) and the lowest from South Ribble (1.3%)	To improve referrals into our weight management services to 10% of eligible population by 2026	Ongoing quality and Improvement work to increase the uptake and accessibility of Healthy Weight Programme	Mar-25	Ongoing through contract monitoring and site visits. From 1 April 2024 this will be monitored through collaboration boards.	<p>The Active Lives survey shows (2022/2023) estimates that 65.7% of the adult population (18+) in Lancashire are classed as overweight or obese.</p> <p>PASTA is play and skills at tea time- this is a programme where children and their parents/carers take part in activities together followed by cooking of a healthy meal and sitting down to eat together. This programme supports the national child measuring programme (NCMP) for children in reception and year 6.</p> <p>In 2022 - 2023 PASTA supported 708 families and 1019 children.</p> <p>In 2023 - 2024 PASTA supported 931 families and 1430 children.</p>		
		Referrals into healthy weight programme 2480	Referrals into healthy weight programme 2992			Total people starting the programme - 2397 (96.7%)	Total people starting the programme - 2446 (81.8%)	To enter into collaboration agreements with district councils to enable future service delivery of a holistic family and adult Healthy Weight Services. Re design the project scope with district councils which is mapped to the evidence base and update the delivery model that will enable improved service delivery in the future.		Mar-25	Service scope completed and agreed with the Districts. Collaboration agreements in development. All 12 collaboration agreements are currently being implemented.
		Males 39% Females 61%	Males 23% Females 77%			18.1% aged 67+ 12.2% aged under 35	17.7% aged 67 + 8.5% aged under 35	Performance Based Milestones		By when	31st March 2024 Update
								Increase uptake of healthy weight services for male participants by 10% (for the adult service)		Mar-25	Ongoing through contract monitoring and site visits. From 1 April 2024 this will be monitored through collaboration boards. Collaboration boards will mutually agree future targets.

Food Diet and Nutrition

Outcome 1	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Milestones	By when	31st March 2024 Update	Info and Context
Improve food culture in schools and early years settings	The commission of the Food For Life Programme	During 22/23/ the FFL programme was in early stages of development with less than 5 settings previously enrolled on the Food for Life programme	The FFL Programme currently has 67 setting (including both primary schools and early year settings) enrolled on the programme.	The FFL programme is intended to operate across L12 and to be reflective of underlying need. Currently approximatey 40-50% of the settings are within districts where wards are classed as more deprived than the England average.	Out of the 548 primary schools across Lancashire, it is intended that approx 26% (145 primary schools) will have been enrolled by 2025. In addition we are hoping to enrol an additional 25 early year settings over the same time period.	Commission the Food For Life (FFL) Support service with a clear expectations on the enrollment numbers for the FFL Award	Mar-25	FFL contract in place, mobilisation complete. With full staff team in position	The prevalence of overweight (including Obesity) children in reception (4-5 years) during 22/23 was: Lancashire 22.9% (representing 1100 children), NW 23.1%, England 21.3%. In contrast the prevalence of overweight (including obesity) children in Year 6 (10-11 years) during 22/23 was: Lancashire 36.8% (4,830 children), NW 38.3%, England 36.6%. The Food for Life (FFL) programme contract is now in place with the full Lancashire Food For Life team in position. The provider will actively support Early Years and primary settings to implement a positive food culture and work through the FFL award. This programme supports the national child measuring programme (NCMP) for children in reception and year 6 referenced above.
						NCMP pathway reviewed and published	Mar-25	Still awaiting completion	
						Evaluation of the FFL programme	Jan-25	Not due to have started yet	
						Performance Based Milestones	By when	31st March 2024 Update	
						145 Schools/EY settings awarded their bronze award	May-25	67 settings enrolled. Total of 1 schools achieved Bronze award, 7 schools have achieved foundation award and one Early Years setting have achieved the full Early Years award.	
Outcome 2	What are the Measures?	Previous Performance	Current Performance	Highlight degree of variation	Targets	Milestones	By when	31st March 2024 Update	Info and Context
Development of an LCC Food Plan	Development of a documented, agreed and published strategic food plan	Initial background work completed on the Food Strategy with a scoping workshop completed	Draft plan now completed and currently being socialised with DPH and Elected Members	Lancaster, Hyndburn and Preston already have versions of a local level food plan	Internal Strategy completed with an agreed implementation plan	Establishment of a food plan strategic steering group to drive the development of the Food Plan	Mar-23	Food plan workshops completed, with identified representatives from wider LCC departments linked into startegy development	The Food Plan is an internal LCC document that will detail key priorities and actions associated with our food systems. This is to support internal change and galvanise wider improvements. The strategy will have an implementation plan that will sit alongside the food strategy and will provide further detail on actions including timescales and measures
						Draft of the Food Plan produced	Jun-24	Completed	
						Approval of Food Plan by Cabinet	Autumn 24	In process of DPH/Elected Member engagement	
						Development of Implementation Approach	Autumn 24	Pending approval by Cabinet	
						Continued monitoring of priority development at food plan strategic steering group	Ongoing	As above- This will follow the published strategy	
						Performance Based Milestones		Most Recent Update (Jul 24)	
Food Plan Published	Jul-24	Due Jul-August 24							
Food Strategy rolled out to most districts	Mar-25	Not Started							

Health in All Policies

Outcomes	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Milestones	By when	31st March 2024 Update	Info and Context
To ensure that a Health in All Policies approach is embedded within the Healthy Hearts Programme	Number of policy areas as outlined opposite under 'Information and Context' that are implemented	Only 1-2 of these policy areas have as yet been started to be implemented (eg Fast Food Advisory Notice)	Only 1-2 of these policy areas have as yet been started to be implemented (eg Fast Food Advisory Notice)	By way of illustrative example the Fast Food Advisory Notice has, to date, been implemented in 3 out of 12 districts	At least 75% of the proposed policy areas, based on feasibility study, to be actively implemented across Lancashire 12 over the next five years	Agreement with Healthy Heart Programme colleagues as to the scope of the policy areas to be considered in support of the Healthy Heart programme	Spring 23	Completed	There are a number of key policy interventions that have been highlighted by NICE to potentially impact on CVD Prevention including 1) Revision of public sector advertising policies impacting on children and young people 2) Ensuring publicly funded food and drink provision promote a healthy and balanced diet 3) Restriction of planning permission for take-aways and other food retail outlets in key areas 4) Wider community access to school facilities to promote physical activity 5) Alignment of 'planning gain' agreements with the promotion of physically active travel 6) Local licensing powers to limit the availability of alcohol within local communities
						Conduct high level feasibility study on each of the proposed policy areas to understand implementation/alternatives	Autumn 23	Completed	
						Design of a five year implementation approach on a phased basis	Spring 24	In development	
						LCC Advertising Policy Advice for behaviour change and health improvement including restricting advertising of High Fat Salt Sugar products, alcohol and tobacco covering policy interventions (1) (2) (6) opposite	Summer 24	Progressed to member / director sign off	
						Active Design Local Plan Policy Advice - currently undergoing a review and refresh. Socialisation corporately and externally through District Planning Officer's Group (DPOG). Further exercise to be completed, with Active Lancashire, to identify physical activity interventions covering policy interventions (4) & (5) opposite	Summer 24 Socialisation starting Autumn 24	In progress	
						Hot Food Takeaway Local Plan Policy Advice- working with each district Local Plan making process with aim of embedding HFT Policy advice covering policy intervention (3) opposite	Winter 30	In progress	
						Performance Based Milestones	By when	31st March 2024 Update	
						More detailed performance based milestones specific to each policy area to be determined once scoping of policies to be completed	Summer 24	Outline of progress of corporate and district adoption for policy areas to be supplied separately.	

Cardiovascular Risk Modification

Outcomes	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Milestones	By when	31st March 2024 Update	Info and Context	
Improve the coverage of the NHS Health Check Programme	Invited (Offered) and completed (actual) NHS Health Checks relative to the annual eligible population	2022/2023 Offered 100,477 Actual 31,994 (45.5%)	2023/2024 Offered 134,085 Actual 41,656 (59.9%)	There is a range of annual coverage levels for the NHS Health Checks programme relative to annual eligible population across the 135 General practices (including both General Practice and Community provision) ranging from 2.0% to 100%.	For Health Checks invited the target is to achieve 100% of the Eligible population For Health Checks completed, the target is to achieve the national ambition of 75% of the eligible population. The target is set over 5 years which currently equates to approximately 70,500 persons per year, or 17,625 persons per quarter, in Lancashire (this varies each calendar year.	Quality Improvement - To develop a greater understanding of how NHS Health Check patient information is recorded in Primary Care systems such as EMIS and transferred into the system by external providers.	Mar-25	Revisions made to NHS Health Check template to ensure continued improved data quality transfer. Mobilisation has commenced for FCMS (NW) to implement EMIS Web from 1 July 2024, to enable data transfer for completed NHS Health Checks back into General practice patient records	The NHS Health Check is a national programme delivered in line with the programme standards. The national ambition for NHS Health completion is to achieve 75% of the eligible population on an annual basis. As part of the redesign of the NHS Health Check community outreach service, there is now a mini health check available for any resident who presents at the service who is ineligible for the NHS Health Check, this includes a blood pressure check and a lifestyle conversation. Given the recent conclusion of the procurement exercise and revisions of General practice specification 2024 - 2026 will focus on improvement of equity of access for Lancashire residents.	
						To improve communications and marketing in relation to NHS Health Check advertising, including what a health check is, how to access it and who is delivering NHS Health Check on behalf of LCC.	Mar-25	An NHS Health Check communication and marketing plan is now in place, and is currently under review		
						Engage, design, and implement pilot projects to trial different ways of NHS Health Check delivery across Lancashire.	Dec-24	All pilots are concluded and have supported the redesign of the community outreach service for NHS Health Checks and an integrated approach for delivery with General practice.		
						Quality Improvement - To develop a cost effective, adaptable and accredited training programme for clinicians and non-clinicians to deliver NHS Health Checks to Lancashire's residents in line with the National Standards.	Mar-26	Training will be in place until the end of March 2025, further planning is need post 1 April 2025		
						To improve the quality and breadth of data received from the MLCSU in relation to NHS Health Check and develop analysis techniques with BI to improve quality	Mar-25	Conversations have been ongoing in relation to this and will come in line with the contract renewal in 2024. Between 1 April and 31 December 2024 changes will be implemented to the General practice Specification, data collection and incentivisation payment processes.		
						To procure a cost-effective NHS Health Check service delivery model.	Mar-24	The procurement exercise for the community outreach provision was concluded in January 2024. FCMS (NW) Ltd were successful in the award and the service was mobilised for delivery from 1 April 2024.		
						Performance Based Milestones		By when		31st March 2024 Update
						To achieve 50% of pre covid delivery by end of Q4 2022/2023 (This equates to approximately 20,000 NHS Health Checks)	Mar-24	Achieved		
						To return to pre covid levels of NHS Health Check delivery	Mar-24	Achieved		
						To reduce the variation in coverage by General Practice registered population by at least 10%	Mar-25	Ongoing communication in the form of email, phone call and virtual meetings to support practices improve their NHS Health Check activity. There will be a focus on a more integrated approach with Place, ICB and Population Health Colleague to improve equity of access. The General practice specification has also been re written to incorporate market engagement findings and pilot work and enable an integrated approach with the community outreach provider. A training programme has been rolled out between May - July 2024 for General practice.		

NHS Long Term Plan Delivery

Outcomes	What are the Measures?	Outputs / Outcomes 31st March 24	Outputs / Outcomes reported to the Board in Sept 23	Highlight degree of variation	Targets	Narrative Milestones	By when	31st March 2024 Update	Info and Context
To improve the detection and management of patients with Atrial Fibrillation, Hypertension and High Cholesterol	AF Observed Prevalence	2.99% <i>(Dec 23 - CVD Prevent)</i>	3.19% <i>(Mar 23 - CVD Prevent)</i>	2.04 - 4.11 <i>(00Q to 02M)</i>	N/A	1) Smooth running of 4 workstreams (ABCD) to achieve the National asks of the Long Term Plan and the 24/25 Operational Planning Guidance.	September 2024	1) All 4 T&F groups in place. ABC with work programmes, D is in production. Reporting into the CVD PDM.	<p>A) Current measures & data are based on a L&SC footprint rather than specifically a L12 footprint.</p> <p>B) Previous completed milestones - 5 year CVD prevention strategy in place (now Y2) with governance, ABC(D) group structure and specific work programmes running.</p> <p>C) OPG targets for HTN and CHOL (in grey) increased for 24/25, from 77% to 80% and 60% to 65% respectively.</p>
	% Diagnosed of people estimated To Have Atrial Fibrillation	86.3% <i>(QOF 21/22)</i>	84.2% <i>(QOF 20/21)</i>	76.2% - 90.50% <i>(ICB sub region)</i>	90% by 2029		2) Embedding of the strategy across the system and CVD Prevention, Detection and Management at Place through a Health Inequalities lense.		
	% of those treated (with anticoagulation) with Atrial Fibrillation Identified as High Risk (CHA2DS2-VASc =>2)	90.05% <i>(Apr 24 Aristotle)</i>	89.6% <i>(Jul 23 Aristotle)</i>	92.0% - 89.0% <i>(ICB sub region)</i>	90% by 2029	3) Increased stakeholder engagement in CVD PDM across L12 (L&SC as a whole)		September 2024	
	% Diagnosed of people estimated to have High Blood Pressure	55.3% <i>(QOF 21/22)</i>	54.9% <i>(QOF 20/21)</i>	51.40% - 61.20% <i>(ICB sub region)</i>	80% by 2029		4) Increase public awareness of CVD risk factors and benefits of healthier opportunities	October 2024	
	% of 18+ hypertensive patients who have had a blood pressure recording in the last 12 months	86.32% <i>(Dec 23 - CVD Prevent)</i>	86.56% <i>(Mar 23 - CVD Prevent)</i>	85.38% - 88.72% <i>(ICB sub region)</i>	80% by 2029	80% by March 2025 <i>(OPG year target - previous 23/24 was 77% target)</i>			
	% of those diagnosed with high Blood Pressure treated to NICE Recommended Blood Pressure Thresholds	72.05% <i>(Mar 24 Aristotle)</i>	68.88% <i>(Jul 23 Aristotle)</i>	49.2% - 88.2% <i>(GP Surgery)</i>	65% by March 2025 <i>(OPG year target - previous 23/24 was 60% target)</i> <i>(OPG year target as an interim to 75% by 2029)</i>		Performance Milestones	By when	
	% Patients aged between 25 and 84 Years with a CVD Risk Score Greater Than 20% on Lipid Lowering Therapies	58.90% <i>(Dec 23 - CVD Prevent)</i>	58.06% <i>(Mar 23 - CVD Prevent)</i>	56.39% - 62.32% <i>(ICB sub region)</i>	25% by 2024	BP TtT to be at 75%	Oct-24	Extensive improvement last year towards 77% target. Not reached but motivation to continue improving.	
	Increase Detection of Familial Hypercholesterolaemia within Primary Care	Not yet reported	Not yet reported	Not yet reported				PC Symposium taking place in July, with addition of Cholesterol via MECC approach.	
	% of GP practices participating in CVDprevent audit	98% <i>(Dec 23 - CVDP)</i>	98% <i>(Mar 23 - CVDP)</i>	N/A	90% of GP practices participating in CVDprevent audit	Cholesterol with 20% QRISK to be at 61%	Oct-24	Data & support packs for PCN CLs, to outline challenge and provide support tools & resources available.	

Happier Minds

Outcomes	What are the Measures?	Outputs / Outcomes reported to the Board in Sept 23	Outputs / Outcomes 31st March 24	Highlight degree of variation	Targets	Narrative Based Milestones	Date/by when	31st March 2024 Update	Info and Context
Reduction in self harm	Prevalence of self-harm	In Lancashire there was 1,915 emergency hospital admissions linked to intentional self-harm in 2021/22 (rate of 156 per 100,000). The English average is 163 per 100,000 for the same period and both rates have reduced in the last year.	Lancashire emergency admissions linked to intentional self harm has reduced in 2023 to 1555, the England average is 126.3 per 100,000 and the Lancashire average is 123.7 OHID fingertips	Currently unavailable at district level but we are working with LSCICB colleagues to develop a data dashboard.	Target needs to be reviewed with the partnership. Additional programmes of work have been commissioned by ICB colleagues such as the Initial Response Service (IRS) and lower level community support. This could impact on a reduction of the number of emergency admissions in Lancashire linked to self- harm which can be continually monitored.	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners	End of 2023	Strategy and action plan currently out for consultation with partners. Responses will be reviewed and form part of the strategy.	
Reduction in suicides	Number of suspected/ confirmed suicides	No new national performance figures available		There is a variation across districts and is often linked to deprivation. ONS data for 2021 provides the variation as Preston 25 and lowest rate is 4 Ribble Valley (year of registered death)	New strategy provides target populations including: children and young people, middle-aged men, people who have self-harmed, people in contact with mental health services, people in contact with the justice system, autistic people, pregnant women and new mothers	1) Development of a self-harm and suicide strategy 2) Development and implement action plan with key partners 3) Continuous review of incidents using real-time surveillance and respond accordingly 4) Annual localised Lancs audit and review	Ongoing..	National suicide prevention strategy for England: 2023-2028 Published 11 Sept 2023. Prevention and early intervention are key elements of the strategy	

Reduce the prevalence of dependent alcohol and drug users (in adults)	Level of unmet need within the dependant alcohol population. Numbers not in treatment. Number of people in drug treatment services	There was a target to get another 192 people into drug treatment services. We were just below (n33) the target as we had 6,297 people into services, this is below the target set of 6,330. Based on last year performance we increased the number by 159 more people into treatment services. We had a target to get 74 more people into alcohol services and we were above the target	The target set by OHID for 2023-2024 was to increase the number of people in structured treatment by 619 against the 2021/22 baseline meaning there was a target of 6,757 people in treatment. In March 2024, there were a total of 7,061 adults in structured treatment meaning we have exceeded our target by over 300 people and are on track to achieve the target of 7,508 adults in structured treatment by March 2025.	Not possible to provide this data at borough level. For drug related data the providers are due to provide a detailed breakdown at the end of quarter 4	To reach parity with the England average of unmet need of approximately 80.5% (target exceeded reached 79% in March 2024 England average also fell). Second target is to increase number of people in drug treatment services and targets are outlined under the milestones (target exceeded in March 2024)	1) Increase the number of places in substance use treatment services	2022 - 25	On going	*this number includes alcohol users and non-opiates and alcohol users. (1) The performance based milestones figures relate only to alcohol users and excludes non-opiate and alcohol users.
						2) Increase the size of the workforce and the range of treatments available to dependant alcohol and drug users	2022 - 25	On going	
						3) Form and develop an alcohol and drug partnership board	Quarter 3 2022/23	Completed	
						4) Undertake a alcohol and drug needs assessment	22-Nov	Completed	
						5) Develop a multiagency action plan based on the local needs assessment	22-Dec	Completed	
						6) Improve pathways across the criminal justice service	23-Dec	completed	
						7) Improve pathways from primary care and hospital based secondary health services including hospital alcohol liaison and alcohol care teams.	24-Dec	ongoing	
						Performance Based Milestones (1)	By when		
						Increase the number of people in alcohol treatment by 74 and 192 into drug treatment services	Mar-23	Behind target by 33 people - see report for narrative	
						Increase the number of people in alcohol treatment by an additional 109 and 619 into drug treatment services	Mar-24	Complete - achieved overall target.	

Reduction in drug related deaths	Number of drug related deaths	No new performance figures available	<p>Between 2020 and 2022 there were 144 deaths related to drug misuse in Lancashire at an age standardised rate of 4.1 / 100,000. This is significantly lower than both the North West Average (7.7) and the National average (5.2).</p> <p>In Lancashire, there has been a decreasing trend in drug related deaths since a peak of 207 (6.2 / 100,000) between 2016 and 2018.</p> <p>The national trend of deaths related to drug misuse has continued to increase across the same timeframe.</p>	<p>The rates of drug related deaths in lower are higher than the England average. Rates are higher in Burnley, Fylde, and Wyre districts.</p> <p>The highest rates were seen for deaths related to drug misuse in males in Fylde (9.5 / 100,000), Burnley (9.5 / 100,000) and Wyre (9.5 / 100,000).</p>	<p>Nationally rates have been increasing. The number of drug-related deaths in England and Wales has risen steadily for a decade, with another 6% year on year rise emerging in the latest data from the Office for National Statistics. The National Drug Strategy (From Harm to Hope) sets out a national target to prevent nearly 1,000 deaths. No local target has been set. The alcohol and drug partnership will consider a target (following recommendation by officers working with local partners) and can report back. An estimate figure could be 55 based on recent years figures with a 10% reduction.</p>	Increase the number of people in	Mar-25	Future target	
						1) Appoint a mortality lead on drug related deaths on appoint a drug and alcohol lead within a provider	Jan-23	Completed	
						2) Review historic drug related deaths working with partners and make recommendations on findings	ongoing action	On track and in progress	
						3) Establish a drug related death panel and use the learning with partners to improve prevention for future drug related deaths	Jul-24	Panel arranged to met in August. 2024 due to commitments of partners. ToR and membership review in July. Information sharing agreement being signed off by partners to facilitate the use of new processes and the DARD system.	
						4) Lancashire Public Health team to host a Lancashire drug related death conference in 2024/25	Feb-25	On track	
5) Purchase of a drug related deaths database from JMU. Mobilise and train LCC staff and external partners.	Feb - 24 - purchase. training summewr 2024	On track and in progress							