

Six Shifts to Improve Health and Wellbeing

Implementing the Vision

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Foreword

Lancashire is a diverse county both in terms of population and geography. There are areas of affluence and areas of great deprivation. The diversity of the county is reflected in the health and wellbeing needs and assets of the population. There are large inequalities in health and in the causes of poor health between different areas and groups of people in the county; these are a significant concern. Additionally, demographic and behaviour changes are putting Lancashire citizens at greater risk of poor health and placing greater demands on health and social care.

Many of the causes of poor health in Lancashire are preventable with improved living conditions, social relationships and support; healthier behaviours and better quality health and social care services. We already have good practice and solutions in the county that prove that outcomes can be improved and show that it is possible to make a difference to our communities' health and wellbeing.

The Health and Wellbeing strategy identified three distinctive programmes of work to deliver across the whole life course, reflecting the different support people need at different stages of their life. These are

- **Starting well**
- **Living Well**
- **Ageing Well**

To deliver the necessary improvements to the health and wellbeing of the people of Lancashire, partners from all sectors need to change the way we work together. The Lancashire Health and Wellbeing Board identified a number of important shifts in the way partners across Lancashire work together that will enable us to work better together to deliver real improvements to the health and wellbeing of Lancashire's citizens and communities. These are

- **Shift resources towards interventions** that prevent ill health and reduce demand for hospital and residential services
- **Build and utilise the assets**, skills and resources of our citizens and communities
- **Promote and support greater individual self-care and responsibility** for health; making better use of information technology and advice
- **Commit to delivering accessible services** within communities; improving the experience of moving between primary, hospital and social care
- **Make joint working the default option**
- **Work to narrow the gap** in health and wellbeing and its determinants

The Six Shifts will fundamentally challenge the way that we currently work, but are essential to successfully improve the health and wellbeing of the people of Lancashire sustainably and within the

resources available. These shifts are long-term and need the involvement of all our partners to make them a reality.

The following report includes the work and contributions of many colleagues from a wide range of organisations, including local authorities, the NHS and third sector partners. Consultations were held with many stakeholders, who provided invaluable advice and intelligence. The Joint Officers group provided much appreciated guidance, helping to successfully steer a wide-ranging project. An equality impact assessment has been completed on the actions identified in this report in order to ensure that the shifts do not inadvertently increase inequalities.

This report contains strong actions for making each of the Six Shifts a reality and shows us the steps we can take *now* to start the change in how we work.

The report contains the following overarching recommendations

- **That all board members work to embed the six shifts in their respective organisations**
- **That the six shifts form part of the business plans of each organisation**
- **That the Board identifies a board member to act as lead for each shift and take the work forward**, using the recommended next steps for their shift and ensuring synergies highlighted in the report are utilised fully
- **That the nominated leads regularly report back to the board on the progress made**
- **That the board commissions a health equity audit of the recommendations in this report** in order to ensure that the shifts do not inadvertently increase inequalities in health and wellbeing.

The making of this report has highlighted excellent work that is already being done and that is already contributing to making this vision a reality. It also highlights how far we need to go to make this a Lancashire-wide and consistent reality. Clearly any large scale change needs real depth and scale and to permeate throughout the whole system. It is understood that this type of change does not happen overnight. It takes real commitment from partners and it takes time for the outcomes and benefits to be realised. Continuing and active engagement of all partners is essential to the success of these shifts. The outcome of this will be a healthier Lancashire for all.



A handwritten signature in black ink, appearing to read 'Azhar Ali'. The signature is fluid and cursive.

County Councillor Azhar Ali

Cabinet Member for Health and Wellbeing

Acknowledgements

For their contributions to the design, planning and execution of this report, expert advice and comments on the draft report, the authors would like to thank the following people and organisations:

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Declan Hadley	Healthier Lancashire
Dominic Harrison	Blackburn with Darwen Council
Kayt Horsley	Lancashire County Council
Sakthi Karunanithi	Lancashire County Council

Health and Wellbeing Board and its Joint Officers Group

Lancashire County Council

Lancashire Mind

Lancashire Sport

Public Health England

The authors would like to give special thanks to the wider stakeholder group who provided valuable contributions to this JSNA.

Background

The Lancashire Health and Wellbeing Board identified a number of important shifts in the way partners across Lancashire work together. These would fundamentally challenge the way that we currently work, but they are essential to successfully improve health, wellbeing and the determinants of health sustainably and within the resources that will be available to us. These shifts form part of the Health and Wellbeing strategy, are long-term, and everyone has a part to play in making these shifts a reality.

The shifts are

- **Shift resources towards interventions** that prevent ill health and reduce demand for hospital and residential services
- **Build and utilise the assets**, skills and resources of our citizens and communities
- **Promote and support greater individual self-care and responsibility** for health; making better use of information technology and advice
- **Commit to delivering accessible services** within communities; improving the experience of moving between primary, hospital and social care
- **Make joint working the default option**
- **Work to narrow the gap** in health and wellbeing and its determinants

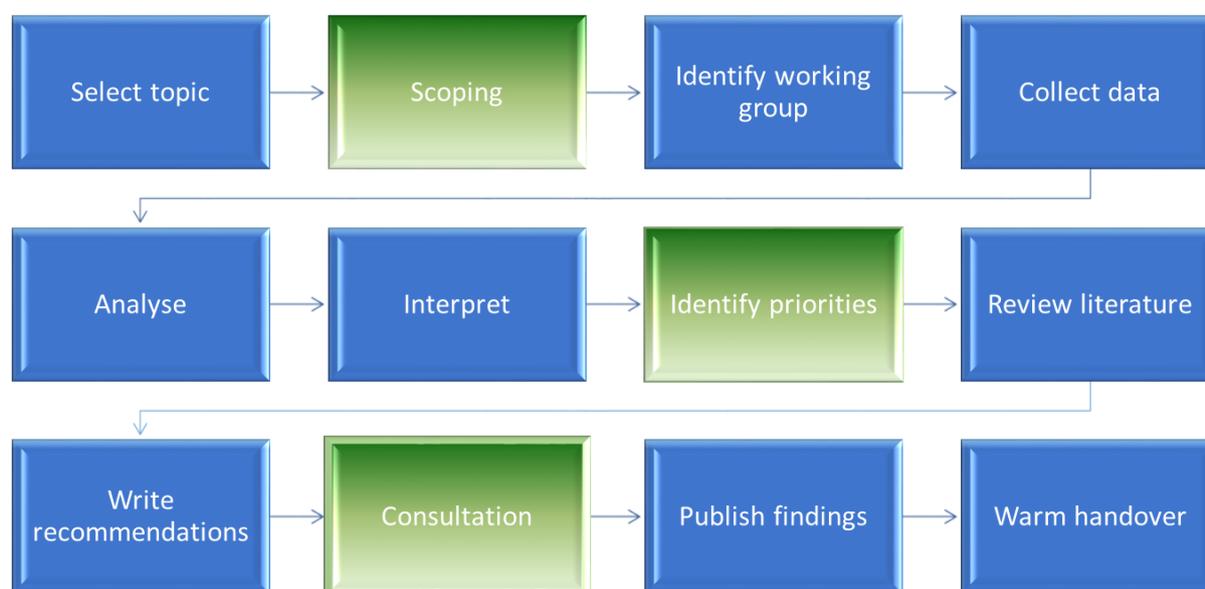
The Health & Wellbeing Board requested that a JSNA-style approach was used to articulate the strategic vision of the Six Shifts and to produce recommendations for the board as to how to implement this vision.

This work has been undertaken by a wide range of colleagues from the wider health economy and has highlighted excellent work that is already being done and that contributes to making this vision a reality. It also highlights how far we need to go to make this a Lancashire-wide and consistent reality. Continuing and active engagement of all partners is essential to the success of these shifts.

All supporting evidence and data can be viewed on the [publications](#) page of the Lancashire Insight web platform.

Methodology

The JSNA process was used as a template for this project. The following graphic illustrates the standard JSNA process.



The vision for each shift was set out in the Health and Wellbeing Board strategy and then an initial scoping event took place in February 2014 with a wide range of stakeholders to discuss the six shifts and to start to form a plan for the delivery of the JSNA.

A project group was formed with the Joint Officers Group (JOG) to act as the project steering group. Leads were decided for each of the six shifts. These leads formed bespoke teams to work on their shift. The project group met on a monthly basis.

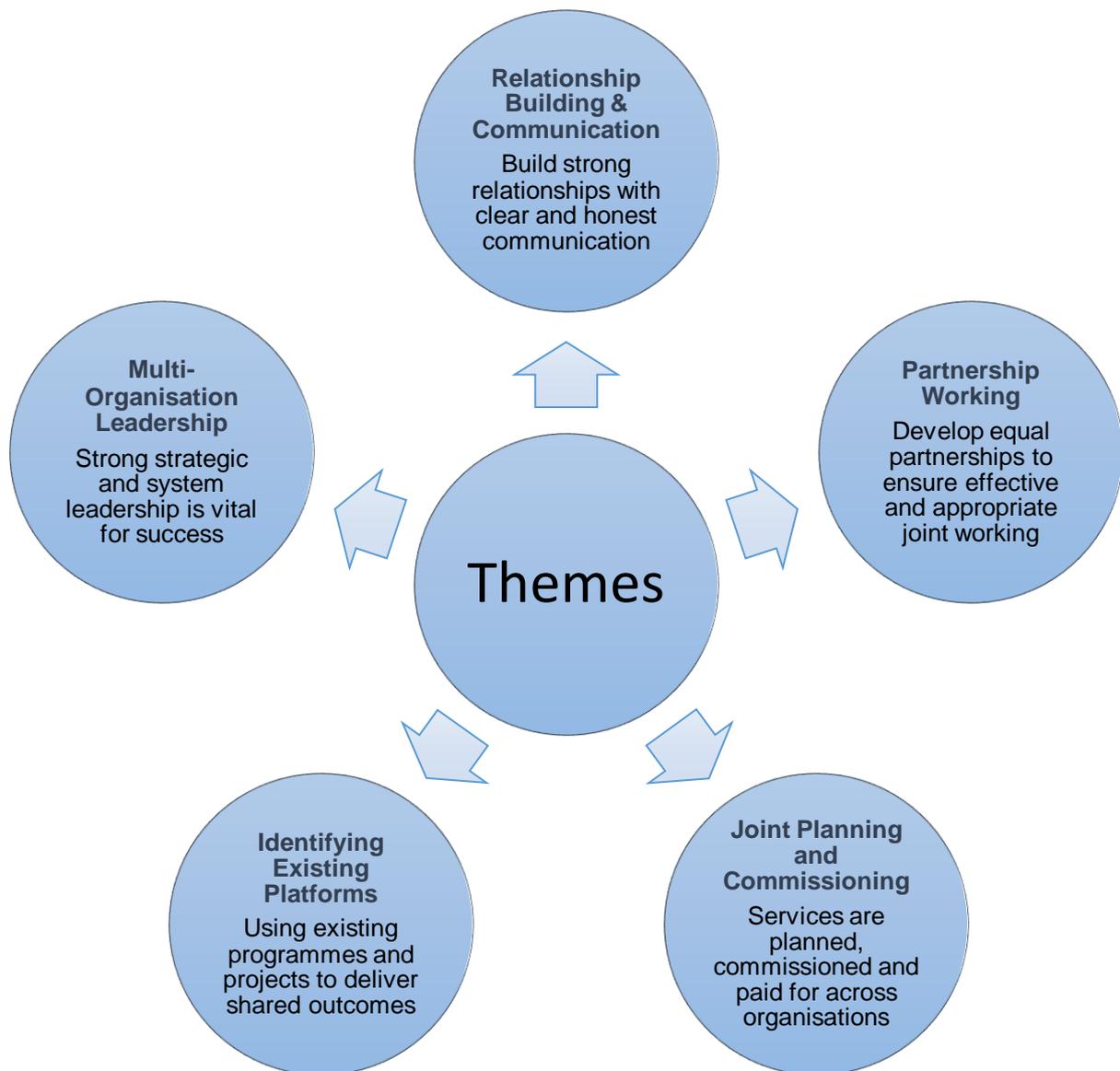
An engagement event was held in September 2014 for Board Members, JOG Members and district leads to provide their input into the project. A further engagement event with third sector stakeholders and members of the Joint Officers Group was held in October. At this event the shift leads gave a short presentation to attendees and there was an activity to canvas their views on the shifts. In November 2014 interim findings were presented to the Joint Officers Group, who provided feedback and guidance on what steps to take next. It is from the various stakeholder engagement events that the recommended actions have been taken.

When the JSNA was at the final draft stage a stakeholder event was held with the scoping group and relevant partners to ask stakeholders to for feedback on the actions and their priorities. This feedback will be key in any implementation phase.

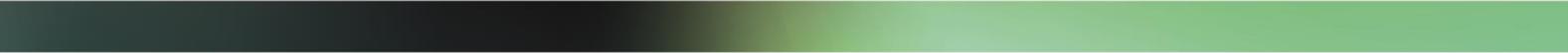
An equality impact assessment has been completed on this report in order to ensure that the shifts do not inadvertently contribute to inequalities or discrimination.

Themes and Areas of Synergy

During the project it was identified that there were a number of overarching themes and areas of synergy between the shifts.



<p style="text-align: center;">Areas of Synergy</p>	<p>Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services</p>	<p>Build and utilise the assets, skills and resources of our citizens and communities</p>	<p>Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice</p>	<p>Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care</p>	<p>Make joint working the default option</p>	<p>Work to narrow the gap in health and wellbeing and its determinants</p>
<p>Joint commissioning/planning/commissioning methods</p>		✓	✓	✓	✓	✓
<p>Self-management of conditions/behaviours</p>			✓	✓		
<p>Employer engagement</p>	✓	✓				✓
<p>Multi-organisation strategic leadership</p>	✓		✓		✓	✓
<p>Partner working</p>	✓	✓			✓	✓



<p style="text-align: center;">Areas of Synergy</p>	<p>Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services</p>	<p>Build and utilise the assets, skills and resources of our citizens and communities</p>	<p>Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice</p>	<p>Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care</p>	<p>Make joint working the default option</p>	<p>Work to narrow the gap in health and wellbeing and its determinants</p>
<p>Shared records platforms/data sharing</p>						
<p>Making use of technology</p>						
<p>Identify crossovers/align with other programmes</p>						
<p>More research</p>						

Findings

Detailed findings of each shift are below. Through the work of the project team and stakeholders shift leads have defined each shift and the actions needed to turn the vision of the shift into reality. The metrics by which we can measure the success of the actions are defined, as are the areas of resource required for implementation.

All the actions have been categorised in the following way

- This action is already happening. It is being done by X organisation or programme
- This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
- This action falls under the remit of Healthier Lancashire
- This action is not underway

Recommendations can be found at the end of the detailed findings.

The Six Shifts – Detailed Findings

Shift 1 - Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services

Shift lead - Kate Reid, Lancashire Sport.

Healthy behaviours such as not smoking, sensible drinking of alcohol, being physically active, eating well and managing stress, are well known to prevent and reduce the development of a wide range of physical and mental health issues across the life course. Appropriate health behaviours, supported by access to high quality, non-judgemental information and advice, contributes to the prevention and management of long term health conditions, in turn potentially reducing the long term demand on hospital and residential services.

‘Seven potentially modifiable risk factors account for over half of the burden of disease in later life (aged 60 years and over), with smoking, high blood pressure and obesity shown to be responsible for the largest negative impacts.’ (Melzer et al 2012)

Buck & Frosini (2012) stated that, ‘A more holistic approach to policy and practice is required, addressing lifestyles that encompass multiple rather than individual unhealthy behaviours. In addition, behaviour change should be linked more closely to inequalities policy, and be focused more directly on improving the health of the poorest.’

A Lancashire system wide approach to behavioural risk factor identification and management would prioritise collaboration, and acknowledge the contribution of socio-economic factors on long term behavioural change in the County.

A well-documented variance in health equality disproportionately affects the Lancashire footprint, with employees losing more days of sickness related absence in the area, and developing long term conditions at an earlier age, resulting in a less economically active workforce.

Key points:

- Prevention is a long term agenda.
- Cultural change is required to divert spending to prevention; this would include bold and brave collaborative decisions, sharing risk and gain collectively.
- The approach will need to demonstrate the effectiveness of these approaches to our local economy and health systems.
- Development and research into innovative and creative approaches (including access to digital tools, information and peer support networks) to enable the prevention agenda to be established and sustained is required, to attract private and public sector engagement/investment.
- The workplace is one example of a setting where work on the prevention agenda could be focused, and the development of technology could be utilised.

Actions

Area (if applicable)	Health Behaviours
Action	Endorse and adopt the Health Behaviours JSNA to identify priority/hotspot areas for activity.
Action Status	This action is already happening. It is being done by Lancashire County Council.
Next Steps	Working from the Health Behaviours JSNA, make explicit the priority/hotspot areas
Action	<p>Establish a multi-agency strategic leadership group to drive the development of a group of prevention and technology pilot projects in JSNA identified hot spot areas. Membership should include representatives from the private, public and third sector, and identify an academic partner. Developments should consider the following interdependencies:</p> <ul style="list-style-type: none"> • Healthier Lancashire and the NHS Five Year Forward Plan • Better Care fund • Health Behaviours JSNA • Self-care and responsibility for health shift • Making joint working the default option shift • Narrowing the gap in health and well-being shift • Integrated Wellbeing Service <ul style="list-style-type: none"> • Creative and digital health projects and companies • The Lancashire BOOST initiative
Action Status	This action has started with collaboration between Lancashire Sport Partnership, Healthier Lancashire and the Academic Health Science Network
Next Steps	Board to endorse the action, nominate a board sponsor for the project, nominate the shift lead to take it forward, undertake the action.
Area (if applicable)	Communication & Partnerships
Action	Develop a partnership with Lancashire Enterprise Partnership, to build a common commitment for Lancashire employers to improve the health outcomes of their workforces and recognise improvements in attendance, productivity and efficiency, as key to Lancashire's success

	and ability to remain competitive and attractive to employers. This will include, developing and promoting, consistent messaging of the value of the prevention approach to partners and users.
Action Status	This action is not underway.
Next Steps	Board to endorse the action, nominate a board sponsor for the project, nominate the shift lead to take it forward, undertake the action.
Action	Develop a long term business case for the prevention agenda in Lancashire; an invest to save model locally which includes impact for the economy alongside health and social care budgets. The focus will be large scale and low cost access through technology.
Action Status	This action is not underway.
Next Steps	Board to endorse the action, nominate a board sponsor for the project, nominate the shift lead to take it forward, undertake the action.

Success Metrics

- Large scale engagement of employers in workplace health through established strategic leadership group.
- Reductions in sickness absence including that associated with long term conditions.
- Improved productivity and efficiency of Lancashire workforce.
- Levels of spending on prevention increased.
- Digital tools established to deliver prevention programmes and initiatives.
- Decrease in dependency on health and social care services particularly where this is associated with preventable long term conditions.

Area of Resource Required

- Project leadership
- Project related pump prime costs
- Research, monitoring and evaluation
- Establishment and testing of digital platforms
- Communication and marketing
- A variety of funding options will be explored through the strategic leadership group

Shift 2 - Build and utilise the assets, skills and resources of our citizens and communities

Shift lead - Mark Wardale, Lancashire County Council. Contact - Kayt Horsley at Lancashire County Council.

This shift is in line with Marmot's 5th policy objective to 'create and develop healthy and sustainable places and communities' and the recent Public Health England Guide to community Centred Approaches for Health and Wellbeing. This guide makes clear that local government and the NHS, together with the third sector, have vital roles to play in building confident and connected communities as part of efforts to improve health and reduce health inequalities and that community-centred approaches seek to mobilise the assets within communities, promote equity and increase people's control over their health and lives. It highlights a diverse range of practical, evidence-based approaches that can be used by local leaders, commissioners and service providers to work with communities.

Communities, of place and those with shared interests, 'have a vital contribution to make to health and wellbeing. Community life, social connections, supportive relationships and having a voice in local decisions are all factors that underpin good health, however inequalities persist and too many people experience the effects of social exclusion or lack social support'. (Marmot) Participatory approaches provide opportunities for assets to flourish by creating opportunities for people to work together to shape decisions that affect their lives. 'The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, are building blocks for good health' (Morgan and Ziglio).

Lancashire should be celebrated for already having a wealth of community leadership, activism and volunteering happening across the county. If we encourage this to flourish by providing better opportunities for people to work together to shape decisions that affect their lives, we will be in a position to provide the opportunities to create a more equitable and therefore healthier Lancashire for all.

To enable this to happen, District and County Councils, Voluntary community and Faith Sectors and the NHS and business community will need to work together to create the conditions by which asset based working becomes inevitable across Lancashire; a place where every contract and contact matters. This in turn will enable us all to create safer and more supportive places that foster resilience and enable individuals and communities to take more control of their health and lives.

We already have a Pan Lancashire Community Assets Network. It is a broad coalition of almost 100 staff working in the NHS, Local Government and VCFS who have been coming together to look at how we can better utilise the asset based principles in our work.

Actions

Area (if applicable)	Collaboration
Action	<p>Build a strong coalition of partners across Lancashire from the three sectors with an agreed set of guiding principles for asset based working to develop a collective strategy that includes the citizens of Lancashire; where every contact and contract matters. As well as the Lancashire wide approach, we need to ensure we have strong district based approaches, signed up to the county assets approach but 'doing the work' very locally in partnership through good infrastructure structure support but cascading of resources to very local communities. Utilising Large Scale Change methodology would ensure mutually reinforcing changes in multiple systems and processes.</p> <p>An online joint networking platform linked to the 'Promote and Support Greater Individual Self Care and Responsibility for Health; making better use of Information Technology and Advice' shift would enable joint working and best practice to flourish.</p>
Action Status	<p>This action is already happening but on a smaller scale than is needed. It is necessary to expand to a wider scale</p>
Next Steps	<p>Board to endorse the action, nominate a board sponsor for the shift, undertake the action.</p>
Area (if applicable)	Organisations
Action	<p>To modify systems to enable staff to adopt an assets based approach in their day to day work, to allow those working in Commissioning, Finance, HR and front line services to work in an asset based way.</p> <p>For example:</p> <ul style="list-style-type: none"> • Redesigning grants and auditing processes to encourage assets to flourish, • co-productive relationship with communities ensuring transparent involvement in decision making around all future initiatives e.g. place-making • learning from VCFS approaches to community involvement • directing assets/services at a local level

	<ul style="list-style-type: none"> supporting elected members to understand the assets approach and encouraging them to utilise their budgets to enable community assets to flourish
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
Next Steps	Board to endorse the action, nominate a board sponsor for the shift, undertake the action.
Area (if applicable)	Supporting communities to help themselves and shape decision that affect their lives
Action	<p>Asking all organisations to champion the idea that we strengthen existing networks and set aside funding to enable this to happen</p> <p>Working with communication specialists to facilitate better dialogue between public sector and communities about how we can better co-produce in the future and share best practice.</p> <p>Supporting communities through a data platform and joint networking days to share ideas and examples of great practice</p> <p>Working with the universities to evaluate and scaling up what works</p> <p>Investing in support to communities to share their assets (community leader buddying system / community networking platform/s joint networking days to share ideas and examples of great practice)</p> <p>Supporting community control through community budgeting and a joint community place-making strategy</p> <p>Work together with community members to support community decision making working through developing a Lancashire wide 'open data' strategy</p>
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
Next Steps	Board to endorse the action, nominate a board sponsor for the shift, undertake the action.
Area (if applicable)	Commissioning and procurement

Action	<p>Developing systems to ensure good access to appropriate data that will enable commissioners to understand the assets that already exist within the community and promote the flourishing of assets within commissioning strategies.</p> <p>Devolving funding to communities where possible.</p> <p>Working with procurement teams to develop an asset friendly approach that favours investing in Lancashire's assets.</p> <p>Commissioning and procurement to be based on social value and co-production</p>
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
Next Steps	Board to endorse the action, nominate a board sponsor for the shift, undertake the action.
Area (if applicable)	Employee Support
Action	<p>In collaboration with 'Shift Resources Towards Interventions that Prevent Ill Health and Reduce Demand for Hospital and Residential Services' shift, work with Lancashire Enterprise Partnership to support the business sector to deliver a change in attitudes, values and behaviours of Lancashire employees through an asset approach to the employment process (advertising, interviewing and skills development).</p> <p>Continue to work with the VCFS, Education, Health and Local Government to achieve the above aims and develop a code of practice for frontline staff when working with communities, supported through strong leadership.</p>
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
Next Steps	Board to endorse the action, nominate a board sponsor for the shift, undertake the action.

Success metrics

The overall goal of the adoption of community assets approaches into public services in Lancashire is to enable communities use their skills, strengths and capacity to build stronger, confident and resilient neighbourhoods. It is anticipated that assets-based approaches will lead to the following improvements:

- Increased social connectedness
- Increased participation in community life
- Increased perceptions that people can call on friends and neighbours to help out in a crisis
- Increased satisfaction with the local environment
- More people feel they are able to make decisions about their lives
- Increased mental wellbeing
- Improved physical health
- Increased self-reliance
- Reduced need and demand for public services

Area of Resource Required

- The development and delivery of training across organisations and communities that will contribute to the delivery of an assets based approach across Lancashire
- The development costs of introducing software for WARM tool
- The cost of Investment in “time” for engagement and an awareness that this may mean extra responsibilities for employees and managers
- Delivery of infrastructure that provides for example finance and legal advice to communities

Shift 3 - Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice

Shift lead - Tim Mansfield, NHS England.

The shift vision is to promote and support greater individual self-care and responsibility for health; making better use of information technology and advice

- Increasing self-care and responsibility for health takes several forms:
- Engaging people in being healthy
- Shared decision-making
- Supported self-management
- Having a personal health or social care budget
- This shift needs to address all these AND harness digital technology to support the shift
- Why? Because it saves money, increases satisfaction with services but most of all it IMPROVES OUTCOMES

The Personalised Health and Care 2020 framework sets out how technology and the information revolution will underpin the ambition of the NHS' Five Year Forward View. Healthier Lancashire's vision, in relation to technology, aligns seamlessly with the national view.

Our plan is to build a digital health ecosystem that will underpin better health outcomes, improve the experience of care and service efficiency. As part of our strategy, we will be seeking to increase digital literacy, share digital records and build partnerships across industry, academia, and the third sector. Our aim is to empower people to take more control of their health and wellbeing. This will require us to:

- Share relevant data with all those involved in supporting people to be healthy and well
- Empower people to use their own health data to help manage their lifestyles and make healthy choices
- Enable people to get access to services in new ways and to use technology to maintain their independence

The Lancashire CCGs emphasise their commitments to this approach in their five year plans.

Chorley & South Ribble and Preston

- We will establish a new relationship with our population where they are at the fulcrum for lifestyle healthcare choices and shaping health services. For example, the GP practice-based register will be the core to ensuring individuals' well-being.
- We will ensure that our patients have access to the most effective leading-edge technologies.

East Lancashire

- Our Primary care services will be transformed over the next five years to provide proactive interventions which promote self-care. We want to ensure that patients and their carers have the support and information they need to look after themselves at home wherever possible and will invest in community based support to aid our patients in managing their long term conditions.
- We will promote self-care and self-resilience by strengthening community assets wherever possible to build knowledge of self-care techniques
- Development of self-management programmes for adults and children with long term conditions

Fylde and Wyre

- We can demonstrate our commitment to prevention through the development and implementation of the Advancing Quality Alliance neighbourhood integrated self-care model. This targets those patients deemed to be at risk of becoming high dependency users of services and offers proactive support to promote management of their long-term conditions

West Lancashire

- More self-care/ control of own health
- Our vision for patient empowerment in care is stated a core part of our 5 year strategy and is detailed in the "Ensuring that patients will be fully empowered in their own care" section of the Key Lines of Enquiry document. We want our patients to have a choice about the services they access and feel in control of their own health.
- We need to empower patients wherever possible to take greater responsibility for their health and create a self-reliant, resilient and economically active population.

- In five years-time, patients in West Lancashire will have choice of provider, will be able to access to their own care records and be provided with accessible information in order to work as partners with professionals to manage their health
- Commission services from the community voluntary and faith sectors to empower patients to take control of their lives and find improved quality of life.

Actions

Area (if applicable)	
Action	The Healthier Lancashire Team is developing an offer for “cultural transformation” which reflects many of the actions within this shift (with links to the other five shifts). This offer will be available to the HWBB
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	To note the development and to consider how it wishes to feed into the discussions about what should be taken forward at a Lancashire level
Action	Creating the platforms for information sharing & personal health & well-being
Action Status	This action is already happening. It is being taken forward through the Digital Lancashire Board, under the remit of Healthier Lancashire and we ask the board to endorse and pass the action over to this programme.
Next Steps	Endorse and pass the action over to Healthier Lancashire programme.
Action	Development of Communication and engagement strategies that promote empowerment and engagement, including use of social media and social marketing, and adopting social movement approaches.
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale. Implementation will be at a local level, but with support from Healthier Lancashire to ensure where appropriate there is a consistent Lancashire message and level of ambition.
Next Steps	Board to endorse the action, nominate a board sponsor to take the shift forward.

Action	Development of commissioning approaches that recognises the added social value achieved through commissioning Third Sector organisations, particularly around greater self-care and individual responsibility for health.
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale. Implementation will be at a local level, but with support from Healthier Lancashire
Next Steps	Board to endorse the action, nominate a board sponsor to take the shift forward.
Action	Development of the infrastructure and capability of Third Sector through One Lancashire
Action Status	This action is already happening.
Next Steps	Board to endorse the action, nominate a board sponsor to take the shift forward.
Action	Roll out of integrated health and care personal budgets.
Action Status	This action is already happening at CCG and LCC.
Next Steps	Board to endorse the action, nominate a board sponsor to take the shift forward.
Action	Development and roll out of shared decision making.
Action Status	This action is already happening. It is being done by CCGs and their partners. Healthier Lancashire will audit the current position and share best practice, providing additional support if required.
Next Steps	Board to endorse the action, nominate a board sponsor to take the shift forward.
Action	Roll out Healthy Living Pharmacy initiative.

Action Status	This action is already happening through NHS England and in partnership with Lancashire County Council.
Next Steps	Board to endorse the action, nominate a board sponsor to take the shift forward.

Success metrics

- % people with LTCs that feel confident in managing their condition
- Utilising patient activation - Positive PAM scores
- % awareness of available support
- Range and diversity of applications available to support healthy choices and management of conditions
- Measures for use of health services – shift in balance of spending from acute to primary/community
- Usage of new services
- Increase in the numbers of people who opt for a personal health and social care budget
- Increase in the number of expert patients
- Increase in the numbers of pharmacies who are part of the Healthy Living Pharmacy scheme

Area of Resource Required

Creation of Wellness Platform

Detailed costs in Appendix I

Creation of long term health condition digital patient hubs linked to acute services

£100k – this work would require not only the marketing of the groups to patients but also training and support for health staff. It would work alongside hospitals across Lancashire with the ultimate aim of connecting health groups from different areas.

Development of social media use across primary care including training of staff

£60k – this work would identify GP pilot practices that would use social media and involve training and development of staff. A series of workshops could then be organised using input from the pilot practices so they can offer advice and support for future adopters. A toolkit would be developed offering helpful tips and advice on how to respond to queries, negative and positive, from patients.

Scoping and redesign of public health services across BwD, Lancashire and Blackpool adopting a 'digital first' approach

£150k – a partner would be commissioned to carry out the initial scoping exercise in year 1. The project team would then work with the service managers to develop the services within a digital footprint. This process would then be captured and enable other services across the county to reshape their offer.

Scoping and rollout of existing platforms such as Rallyround, PH Live, Skype, UCLAN skin cancer animations etc.

£40k – this would involve a six month mapping exercise upon which a development programme would be developed to enable the individual projects to be rolled out. For example, Rallyround has been discussed in Blackburn with carers but no timetable developed to enable it to be expanded.

Shift 4 - Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care

Shift leads – Charlotte Bracher & Lizzi Collinge, Lancashire County Council.

The vision for the shift is that people can access services at appropriate times and in appropriate locations for their health. For example, if a service can be safely delivered either at home or in a small clinic setting close to a customer's home, this would be preferable to using a hospital setting further away. Service and other staff will encourage self-management of health. This will improve health and wellbeing and prevent use of services further down the line. This will be achieved through education, use of technology and use of community assets. In addition, people will remain in their homes as long as possible.

Services will be available to customers at the time they need it, in a suitable and convenient location. Accessibility also includes the needs of specific groups. For example people with disabilities and people from the LGBT communities. From a customer perspective, transitions between organisations and pathways will be invisible, with journeys through the system being smooth and easy to manage. The customer shouldn't need to know who delivers the service and who pays for it, this being managed behind the scenes by the relevant organisations. Organisations ensure that they provide a patient centred services in a joined-up way.

Actions

Area	Joint commissioning
Action	Services to be jointly commissioned between all appropriate organisations including non-fund holders where appropriate
Action Status	There is currently some joint or associated commissioning in Lancashire for example between NHS England and LCC around substance misuse in prisons. There is also currently activity around this under the Better Care Fund programme.
Next Steps	Board to endorse current work, board sponsor to encourage the continuation and expansion of this in every commissioning organisation and continue to lead the Better Care Fund programme.
Action	Plans to be integrated or aligned both at strategic and operational levels
Action Status	Commissioning and service plans are integrated or aligned in some areas, such as weight management pathways. To varying degrees, plans are aligned with some networks existing to share information and best practice. However these networks are often informal and do not

	necessarily belong to a formal governance structure. There is currently activity around integrated planning under the Better Care Fund programme.
Next Steps	Board to endorse current work, board sponsor to encourage the continuation and expansion of this in every commissioning organisation and continue to lead the Better Care Fund programme.
Action	Budgets to be integrated or aligned
Action Status	There is currently some aligned budgets in Lancashire and there is activity around integrating budgets under the Better Care Fund programme.
Next Steps	Board to endorse current work, continue to lead the Better Care Fund programme and identify where it would be appropriate for budgets to be aligned or integrated
Area	Commissioners to understand the communities and localities in order that they provide appropriate services
Action	Current stakeholder engagement best practice identified and shared so that minimum standards and activities for stakeholder engagement are agreed across the health economy
Action Status	Current stakeholder engagement varies across Lancashire; in some places it happens as a distinct part of the commissioning cycle, in others it is part of the whole business and is embedded in all work.
Next Steps	Board to endorse current work and appoint a board sponsor to take this shift forward in all relevant organisations.
Area	Services promotion
Action	Service promotion written into service contracts
Action Status	Service promotion as a contractual obligation currently happens on an ad-hoc basis, with wide variation over Lancashire. Often service promotion is discussed at the tender stage of the commissioning cycle
Next Steps	Board to endorse the action and appoint a board sponsor to support its implementation in all commissioning bodies

Action	Staff to promote services peer-to-peer
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
Next Steps	Board to endorse the action and appoint a board sponsor to support its implementation in all appropriate bodies
Action	Services to be promoted to current and potential customers
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale
Next Steps	Board to endorse the action and appoint a board sponsor to support its implementation in all appropriate bodies
Action	Develop and implement a Lancashire-wide communication strategy to support the above.
Action status	This is not currently underway
Next Step	Board to endorse and appoint a board sponsor to take forward this action, gaining support from all necessary communications professionals
Area	Make pathways efficient, effective and economical
Action	Service plans to be integrated or aligned both at strategic and operational levels where appropriate
Action Status	There are examples of integrated or aligned plans across Lancashire and there is some activity around this under the Better Care Fund programme
Next Steps	Board to appoint a board sponsor to broaden this action across Lancashire, taking the best practice from the Better Care Fund programme
Action	Online access to appointments
Action Status	This action falls under the remit of the Healthier Lancashire Programme

Next Steps	Board to endorse this action and pass the action over to Healthier Lancashire programme.
Area	Data Sharing
Action	Online patient access to records and results
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme
Action	Shared records platforms used
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme
Action	Data to be shared between organisations
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme
Action	Risks around data sharing are also shared
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme
Action	Use of NHS number as patient identifier across the board
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme

Area	Making Use of Technology
Action	Increase use of Skype consultations, Tele health etc.
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme
Action	Create specific app for customers to seek help and advice
Action Status	This action falls under the remit of Healthier Lancashire
Next Steps	Board to endorse and pass the action over to the Healthier Lancashire programme

Success Metrics

- An increase in the number of people who manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs (Adult Social Care Outcomes Framework Indicators 1B & 1C)
- An increase in the proportion of people who use services and carers who find it easy to find information about support (Adult Social Care Outcomes Framework Indicators 3A & 3B)
- An increase in people who know what choices are available to them locally, what they are entitled to, and who to contact when they need help (Adult Social Care Outcomes Framework Indicator 3D)
- An increase in the proportion of people feeling supported to manage their condition (DoH NHS Outcomes Framework 2014/15 Indicator 2.1)
- An increase in health related quality of life for people with long-term conditions (DoH NHS Outcomes Framework 2014/15 Indicator 2)

Further useful metrics can be found on the Lancashire Insight website [here](#)

Area of Resource Required

- Joint commissioning
 - Paid staff hours for liaison
 - Delays to process through having multiple organisations involved
- Data sharing
 - Shared records system ~ £6m
 - Training
 - Risk monitoring
 - Costs of lost/misused data
- Commissioners to understand the communities and localities in order that they provide appropriate services
 - Costs for holding engagement events; with lunch ~£700 each event
 - Paid staff hours to cover engagement activities, research & co-design
- Make use of technology
 - Hardware & software
 - Maintenance and tech support
- Make pathways efficient, effective and economical
 - Paid staff hours for planning & flow assessment
 - Online platform costs
- Promote services
 - Low cost staff peer-to-peer promotion
 - Coordination of promotion
 - 'One-stop shop' for information

More details can be found on the Lancashire Insight website [here](#).

Shift 5 - Make joint working the default option

Shift lead – Stewart Lucas, Lancashire Mind.

The vision of this shift is to create a seamless delivery and strategic system across Lancashire where services interlink, interconnect and provide each other with additional benefit. The vision is of a system where services, initiatives and opportunities do not operate in isolation and within a silo. More importantly the vision is that those living within the county can move from service, initiative and opportunity without seeing the join. We are seeing this as being more than just about partnerships; this is joint responsibility and joint ownership. We are also seeing this as involving all players and stakeholders within the voluntary, statutory, corporate and health sector and also about the link between those who provide services, initiatives and opportunities and those who use them.

We have defined “Joint Working” to mean services, initiatives and opportunities not operating within in a silo or a closed single organisation, provider or sector environment. We all are interconnected to each other through networks, communities and association and therefore everything should link to each other. The definition of joint working goes wider than just being about statutory professionals interlinking better; it is cross sector, cross agency, inter-agency, cross department and user-provider. It does not just mean how statutory works with voluntary, how health works with statutory, how managerial works with operational, how leadership with delivery, how departments works with each other and how those accessing services interacting with those providing those services. It means all of them. It is how the rich tapestry of services and initiatives and social interventions across the county interlink and how people can navigate within them.

It was identified the key to all this was making joint working the default option, if it is more difficult to work in a joint manner than it is to work as a single provider then simply it won't happen naturally and it won't be the default option. Making joint working the easiest option and the first option is the end objective of this shift. It was decided that shift was not artificially creating joint working, this shift was about giving joint working the best environment for it to develop naturally and organically. Therefore it was about putting in place initiatives and interventions that remove the barriers that currently stops it from being easy and from being the default option.

It has been identified that there are three types of barriers that at present stop or at least make joint work hard and these can be grouped into Cerebral, Systems and Cultural.

Cerebral – The way that we think as individuals and as specific service providers, activists and advocates. It relates to the opinions that we all hold and our attitudes and our approach. It will be both conscious and sub-conscious.

Systems – The structures, rules and procedures that govern and guide our everyday life. Everything is as system and everything is structured with clear functions, pathways, guidance and entry and exit points. Whilst systems exist primarily to make life easier (knowing where the point of entry is) they can themselves become the barrier as they take a regimented and generalised view of life

Cultural – Society has its cultures, its norms and it gives. Deep seated behaviours are cultural because they become part of society, part of our make-up and part of our framework. Culture exists

on many different levels and affects all functions of life. Things are done in certain way and issues are approached in a certain manner because of ingrained cultural conventions and precedents set or adopted over many years. Therefore the recommend actions are grouped into these three areas.

Finally this shift is about leadership and clarity. It is about creating an environment where community activity flourishes, where people are united in a shared vision and a shared belief system.

Actions	
Area (if applicable)	Cerebral
Action	<p>Shared language</p> <ul style="list-style-type: none"> - Start to proactively roll out an end of abbreviation use, gain buy in at senior levels to stop using abbreviations and to start an aggressive cross county eradication of their use - For each area (youth, mental health, physical activity, housing) etc. create cross sector language guides that are owned by agencies across the sectors - Embrace the use of plain English and to provide easy read versions of reports etc. - Create public consultation and awareness campaigns that publicise the use of these languages
Action Status	<p>This action is already happening but on much smaller scale and agency-by-agency. Organisations have their own specific language guides but there is no one Lancashire-wide explanation and agreed usage. Also some organisations champion the use of plain English whilst others, for the sake of time and positioning embrace the use of abbreviations and complex language.</p> <p>In all there is not a universal ownership, understanding and priority that abbreviations and complex language create barriers; it is therefore necessary to expand to a much wider county wide scale. We ask the board to take ownership of the action and commit to implementing it. We also ask the board to specifically Champion Lancashire being part of the plain English campaign.</p>
Next Steps	<p>Board to appoint a board sponsor to take this shift forward. To commit to championing the end of abbreviation speak, the development and adoption of universal shared language and plain English across Lancashire’s statutory, voluntary and health sectors.</p>

Action	<p>Shared Vision</p> <p>Lancashire County council, Lancashire Care Foundation Trust, Healthier Lancashire and One Lancashire to set a shared overarching vision for the county that organisations are asked to buy into via pledge. The key themes will be aspiration, belief and behaviour</p>
Action Status	<p>This action is not being done. There is appetite within Healthier Lancashire for this and also within Lancashire Care Foundation Trust and One Lancashire but the first die must be thrown and a statement of intent must be made. The suggestion is that we are all looking for a safer, fairer and healthier Lancashire and that we need all agencies and sectors to buy into that.</p>
Next Steps	<p>We ask the board to nominate a sponsor for the shift and commit to implementing it. To publically state the need for a shared vision of Lancashire and to invite Healthier Lancashire and One Lancashire to be part of the creation of that vision.</p>
Action	<p>Shared planning.</p> <p>To create structures where all strategies and plans feed up into (and sit under) the universal vision, but are also created via true co-production. This does not mean consultation, this means all stakeholders involved in creation of the plans from the start. Therefore planning itself will require much more careful planning.</p>
Action Status	<p>This action is not being done. Lancashire has strategies, approaches and key plans but they are not interlinked. However, more concerning is that consultation is taken as being a final or end part of the process. Plans and strategies are checked and challenged through consultation rather than created and grown. Responsibility for delivering, seeding and leading needs to be stated to not just lie within the statutory sector and in fact we all have responsibility for the communities we live in.</p>
Next Steps	<p>Board to appoint a sponsor to lead this shift. Champion a complete seed change to planning, where consultation is replaced with proactive co-production and plans and approaches are forged from the inception from a partnership approach. This is a long term aim and the board are asked to also remember that this will not happen tomorrow and is a generational change in ways of thinking.</p>

Action	<p>Across organisational outputs and outcomes.</p> <p>Commissioners should be encouraged to interlink the outputs and outcomes they set, so that commissioned bodies have the same and/or shared targets. Organisations working within specific areas and sectors will be encouraged to interlink their outputs and outcomes. As part of the planning process instead of there being organisation-specific outcomes, ones should be set that are area-specific.</p>
Action Status	<p>This action is already happening but on a much smaller and commissioner by commissioner scale. There is some good practise being undertaken in Blackburn with Darwen and also by the Supporting People Commissioning team (as examples) but it is necessary to expand to a wider scale.</p>
Next Steps	<p>Board to nominate a sponsor for the shift. Board to take a lead in encouraging commissioners to interlink the objectives as standard and to openly communicate that they feel that this is the way that commissioners should operate.</p>
Action	<p>Targets and milestones have shared ownership</p> <p>The need for accountability for targets to become a joint responsibility. This can be achieved if milestones cease to be organisation-specific and start being set and viewed as shared. To achieve this it would a case of memorandum of understandings being signed between organisations to identify that there is a shared responsibility and shared capability for the achievement of targets. This also links back to shared planning.</p>
Action Status	<p>Again this is not being done. There is an appetite for partnership but the needs of organisational survival and territorialism means that organisations from across the sectors view targets as being exclusive rather than be shared. This very different shared and altruistic way of working needs organisations to become organisationally agnostic.</p>
Next Steps	<p>Board to nominate a sponsor to lead this shift. Board openly champions this new way of working and encourages organisations to start operating in this manner</p>

Area (if applicable)	Systems
Action	<p>Shared ICT</p> <p>Clear action for the creation of shared communication, shared database and shared systems. Part of this can be achieved by creating systems that organisations want to buy into but part of this is about organisations being encouraged, asked and expected to use one system. Plan would be:</p> <ul style="list-style-type: none"> - Identify THE Lancashire ICT systems (client management system, communication etc.) - Strategy for migration to that system - Clear obligation (through partnership agreements, funding, commissions etc.)
Action Status	<p>This action is already happening in many different places and from many different angles. Healthier Lancashire are leading on a virtual health network and many voluntary sector second and third tier bodies are looking at single systems (i.e. families, health and wellbeing consortium rolling VIEWS out across East Lancashire). There is also the MASH system and other single entry.</p> <p>But there is no Lancashire-specific approach and there is no county wide ownership for this. Even wi-fi usage seems to be fractured and unfocused. Everything is happening in a fractured, almost knee jerk fashioned. There is a discussion to be had about whether this is one system or lots of individual systems that talk to each other.</p>
Next Steps	<p>Board to nominate sponsor for this shift. Identify person or organisation to co-ordinate actions. Board to express the need for a more joined up approach and to state its clear leadership function in this.</p>
Action	<p>Shared premises</p> <p>This is an age old solution that has never been properly actioned and never been fully integrated. With no level of mapping or of planning, geographic positioning has happened without a level of oversight or pre-determination. Therefore two things need to happen:</p> <ul style="list-style-type: none"> - Audit of where people are, what buildings etc. - Cross organisational strategy for best placing, including statutory, voluntary and health.

Action Status	This action is already happening but on a much smaller scale than needed. It is not being planned or looked at from a county footprint. Shared premises is a solution to rental, communication and capacity issues but is viewed by many from an income generation rather than a joint working perspective.
Next Steps	Board to nominate a sponsor for the shift. Board to openly advocate the need for shared premises and to encourage the key organisations (including voluntary, statutory and health) to actively sit down and explore the possibilities.
Action	Shared operations (back and front of house). Identification of what shared operations could look like, audit of opportunities and the creation of a clear offer to agencies
Action Status	Another simple and easily achieved area that has been overlooked and undervalued. The sectors and the providers and the agencies keep working in their bubbles and see themselves as unconnected single entities which all need to have their own structures and own internal environments. There is currently no mass movement or push for a shared infrastructure. For some organisations this is seen as control and others even a threat to their very existence but the simple fact is that there are mass possible savings available if we didn't all have our own photocopier or administrators or meeting rooms etc. Therefore there is a need to put this on the agenda
Next Steps	Board to nominate a sponsor to lead the shift. To advocate the ideal of shared operations and to proactively encourage organisations to think differently about their infrastructure and operations.
Action	Robust procurement Review of procurement with changes made where needed
Action Status	This action is both already happening and also features as a target within all the other shifts. It is one of the clear cross cutting areas that need to be embraced
Next Steps	Board to nominate sponsor for the shift and work with other shift sponsors on this action.

Area (if applicable)	Cultural Change
Action	<p>Agreement and training on attitudes</p> <ul style="list-style-type: none"> - Agreement on the attitudes we expect to be shared across the county and what are the principals that we expect all services to be based upon. - Then via pledge get all organisations to agree those principals and attitudes - Training the providers on the attitudes expected. <p>Examples of this could be the 'my name is... approach', social model of disability etc.</p>
Action Status	<p>This action is not being done. It links with a shared vision but is about wider and more ingrained shift. Essentially it is about a true equalitarian viewpoint and how this is engrained in all of our attitudes. It is about ensuring the a person centred and social approach is embedded but even before then it is about identifying what are the overlaying attitudes we want Lancashire to have. This moves it away from simply being organisations pushing their own agendas and approaches.</p>
Next Steps	<p>Board to nominate a sponsor for this lead. Clearly articulate and advocate the need for the setting of a clear and explicit set of principles that underpins everything that is done in Lancashire.</p>
Action	<p>Clear shared consistent messages</p> <ul style="list-style-type: none"> - Agreement of messages on specific issues - Integration of communication and marketing teams
Action Status	<p>This again links into shared vision and planning. This is about messages and ensuring that what is said and emphasised and advocated is standard and cohesive. It is about using the expertise that is within the sectors and moving away from a knee jerk blinkered approach or reaction based on a single experience or viewpoint. Again this is something that is happening sector specifically and short term and isolated but not something that is happening across Lancashire in a coordinated manner.</p>
Next Steps	<p>Board to nominate a sponsor for this shift. To advocate and champion the need for the agreement and the adherence to messages. This is as much as influence as it is about teeth. The board has a real role in not</p>

	only pushing the need for shared message but in also persuading agencies to stay on message
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Success metrics

Short term

- Shared ICT in place and operating.
- Shared working arrangements.
- Shared targets

Medium term

- Procurement arrangements, shared target setting and shared strategies, Lancashire wide vision. One mission drive.

Long term

- Attitudes changed, one Lancashire with equality of purpose

Area of Resource Required

- Campaigns, coordination of joint visions
- Audit of operations, facilities, locations, ICT
- New ICT systems – shared usage, client management system

Shift 6 - Work to narrow the gap in health and wellbeing and its determinants

Shift leads - Gill Milward and Donna Gadsby, Lancashire County Council & Paula Hawley-Evans, Public Health England.

The vision of this shift is to enable the public health system in Lancashire to narrow the gap in health and wellbeing i.e. tackle the avoidable and unjust differences in health outcomes between groups and within populations in Lancashire.

We aim to achieve this by developing a Health Equity in All policies approach.

This approach is defined as ‘an approach to public policies across sectors that systematically takes into account the health implications of decision, seeks synergies and avoids harmful health impacts in order to improve health and health equity.’ (WHO 2013) It is based on the rationale that approx. 50% of impacts of health are due to the social determinants of health i.e. the environment, economic development, education etc. This approach builds on the Marmot review and encompasses initiatives such as health cities. It also uses tools such as Health Equity impact assessment and health impact assessment.

Actions

Area (if applicable)	
Action	Stocktake of current activities that use this approach, e.g. healthy streets and identify opportunities to develop this approach further
Action Status	This action is not underway.
Next Steps	Board to nominate sponsor for the shift to take this action forward.
Action	Develop or identify a framework for systematic implementation of an health in all policies approach
Action Status	This action is not underway.
Next Steps	Board to nominate sponsor for the shift to take this action forward
Area (if applicable)	
Action	Work with stakeholders to build capacity to understand the health impacts of action on the wider determinants and the causal pathway of the above inequalities
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale.
Next Steps	Board to nominate sponsor for the shift to take this action forward

Action	Ensure access to inequalities tools and provide training to make sure they are used appropriately e.g. ROI obesity, alcohol, physical activity and tobacco.
Action Status	This action is already happening but on a smaller scale than needed. It is necessary to expand to a wider scale.
Next Steps	Board to nominate sponsor for the shift to take this action forward
Action	Complete a health equity audit of the Six Shifts actions
Action Status	This action is not underway
Next Steps	To commission the Director of Public Health to complete a health equity audit of the Six Shifts actions

Success metrics

These are to be refined but will include

- Health equality actions explicit in all partnerships, plans and strategies
- Number of health impact assessments, health equity audits undertaken
- Health criteria and or additional planning guidance developed within planning processes to systematically consider health issues
- Capacity development such as numbers of people trained in the use of tools such as HIA (Health impact assessment) and HEAT (Health Equity Assessment Tool)

Area of Resource Required

This is a Large Scale Change approach requiring cultural change. Organisations have a legal duty under the Health and Social Care Act 2012 to reduce inequalities. This shift is about ensuring that there is a co-ordinated approach to achieving this across Lancashire. It will involve capacity and capability development to ensure people understand and endorse the approach and also in the use of tools such as HIA (Health impact assessment) and HEAT (Health Equity Assessment Tool)

Identified Partners

The following partners have been identified however the list is not exhaustive. The list is in alphabetical order.

- Academia (including schools, colleges and universities)
- Acute trusts/NHS
- Clinical commissioning groups (CCG)
- Collaboration for Leadership in Applied Health Research and Care (CLAHRC) group
- Communities, neighbourhoods and individuals (not necessarily through the voluntary, community and faith sectors)
- District councils (housing, environmental health)
- Enterprise partnerships
- Fairness commission
- Food bank organisations
- Healthwatch Lancashire
- Healthy Lancashire
- Help Direct (integrated wellbeing)
- Housing associations/social landlords
- Joint strategic needs assessment teams
- Lancashire Care NHS Foundation Trust
- Lancashire County Council (including elected members, internal workforce)
- Lancashire Skills Board
- Lancashire Users Forum
- Lancashire Youth Council
- Marmot Review team/Institute of Health Equity
- Planning (district and county levels)
- Police/fire/ambulance services
- Private/business sector

- Public Health England
- Voluntary sector

Potential Barriers and Threats

Whilst the actions identified above are new opportunities to successfully implement the shifts, there are potential barriers that have been identified. These include:

- Information governance: how to share with individuals, communities and other organisations without compromising data security and confidentiality.
- Reduced budgets: reduced budgets can make people conservative and unwilling to work in new ways. Relinquishing part of a much-reduced budget could be a barrier to smaller organisations.
- Organisational restructures: distraction of restructures, loss of leadership, loss of capacity, networks and knowledge.
- Difficulty of engaging with those considered 'hard to reach' or without a voice. Failure will mean the shifts will not be as successful.
- Political changes: the 2015 general election may result in changes that could affect the whole sector.
- Political factors: potential for short-term focus in political organisations.
- Skill deficit: there could be a mismatch between current skill profile and skills needed.
- Lack of buy-in in both health sector and community.

Recommendations

This report gives the following recommendations to the Health and Wellbeing Board.

- That all board members work to embed the six shifts in their respective organisations
- That the six shifts form part of the business plans of each organisation
- That the Board identifies a board member to act as sponsor for each shift and take the work forward, using the recommended next steps for their shift, taking on board feedback from stakeholders and ensuring synergies highlighted in the report are utilised fully
- That the nominated leads regularly report back to the board on the progress made
- That the board asks the Director of Public Health to undertake a health equity audit of the recommendations in this report in order that the shifts do not inadvertently increase inequalities

Conclusion

The Six Shifts will fundamentally challenge the way that we currently work and are essential to successfully improve the health and wellbeing of the people of Lancashire sustainably and within the resources available. These shifts are long-term and need the involvement of all our partners to make them a reality.

The production of this report has highlighted excellent work that is already being done and that is already contributing to making this vision a reality. It also highlights how far we need to go to make this a Lancashire-wide and consistent reality. Continuing and active engagement and commitment of all partners is essential to the success of these shifts. The outcome of this will be a healthier Lancashire for all.

An equality impact assessment has been completed on this report in order to ensure that the shifts do not inadvertently contribute to inequalities or discrimination. The report also recommends that the board asks the Director of Public Health to undertake a health equity audit of the recommendations in this report in order that the shifts do not inadvertently increase inequalities in health.

The report includes the work and contributions of many colleagues from a wide range of organisations, including local authorities, the NHS and third sector partners. Extensive consultations were held with many stakeholders, who provided invaluable advice, intelligence and guidance.

Crucial strengths identified include the work already ongoing and the willingness of stakeholders so far to give their time and expertise. The barriers and threats identified in the report present a real challenge but are not insurmountable; often they are about changing attitudes and being willing to work in new ways and as such are part of what the Six Shifts addresses.

The Six Shifts are long-term changes in how we work and as such may take some time to implement. However, there are next steps that can be taken immediately and the scale of the changes needed should act as an impetus to start the work, not as a reason to delay.

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