Lancashire Health and Wellbeing Strategy

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1. Purpose of the strategy

This strategy has been developed by Lancashire’s Health and Wellbeing Board, with key stakeholders including the locality health and wellbeing partnerships. Our ambition is to work better together to deliver real improvements and address the inequalities in the health and wellbeing of Lancashire’s citizens and communities.

The strategy aims to promote working together to:

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

2. Health and wellbeing in Lancashire

Lancashire has a diverse population of around 1.2 million people. The landscape ranges from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Urban areas include Preston and Lancaster, former textile towns such as Burnley, coastal resorts and market towns such as Chorley.

There are wide variations in levels of income and wealth, which are not always concentrated in specific parts of the county. In more rural areas, for example, poverty and social exclusion exist alongside affluence. Several districts have small pockets of deprivation, but there are also larger areas of deprivation, particularly in East Lancashire, Morecambe, Skelmersdale and Preston.
The diversity of the county is reflected in the health and wellbeing needs and assets of the population which can have an impact on health, with some groups more susceptible to particular health conditions. As such, there are large inequalities in health and in the causes of poor health between different areas and groups of people in Lancashire.

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

Since the previous strategy was developed in 2013, life expectancy has improved, yet still remains significantly lower than the national average. Infant mortality remains a challenge, especially in particular areas of the county. The Lancashire JSNA Annual Commentary 2017/18 predicts a large increase in those aged over 85 years within the next 25 years, which will have implications for health and social care services.

People are now living longer but many spend their final years in poor health. Males in Lancashire can expect to live for 78.7 years but only 62.5 years is spent in good health. Similarly, females across the county can expect to live to 82.2 years with 63.4 years of this in good health. Therefore, this strategy will focus on improving the levels of healthy
life expectancy across the county by intervening earlier with new and innovative ways to support active ageing and prevent loneliness, ill health and disability among older people.

The shape of households in the county is also changing with an increasing proportion of adults and older people living alone, putting more people at risk of social isolation, particularly in later life. There is evidence that good social relationships protect against a wide range of health problems.

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

Economic and social factors have a large influence on health and wellbeing and in the current economic climate, concerted action is needed across partners to mitigate the negative impacts of poverty and unemployment. Many of the causes of poor health in Lancashire are preventable with improved living conditions, social relationships and support; healthier behaviours and better quality health and social care services.

The availability of affordable and suitable housing makes an important contribution to health. Too many people in Lancashire cannot afford to keep their home warm in the winter. This contributes to a number of health problems including heart disease and stroke, respiratory diseases and poor mental health, placing demand on our services. It is important to work with planners, developers, housing authorities, landlords and health services to improve the quality and availability of suitable housing.

Lancashire has considerable assets including the strengths of people, groups and networks in our communities that can be used for the benefit of the health of local people. The diverse business sector in the county is a significant asset. Local businesses provide employment and services for thousands of people and contribute to improving our communities by providing training and education and contributing to our voluntary, community and faith sector through corporate social responsibility activities. In many of our communities, local businesses are an invaluable part of the social fabric of the area.
Local authority partners in the county have significant regulatory and enforcement powers such as licensing, planning and trading standards that can be used to promote health and wellbeing. Specifically, district councils provide services that make a significant contribution to people's physical and mental health. These services help to keep people well and therefore, prevent costly interventions from health and care services. Services provided include housing, environmental health, community safety and licensing, leisure and greenspaces, welfare and employment support, providing an important role in economic development and community engagement. Development of healthy public policy provides a significant opportunity to improve health and wellbeing outcomes.

Similarly, Lancashire's GPs and wider primary care services have a pivotal role in preventing ill-health and working together with patients to manage long-term health problems.

Lancashire has a strong higher and further education sector with three Universities and several colleges, which attract people to the area, providing a wide range of learning and research opportunities that the county can benefit from.

Lancashire also has a large, vibrant and thriving third sector with even more potential to contribute to protect and improve the health and wellbeing of individuals and communities. As well as prioritising action to meet the important health needs in the county, this strategy will focus on building and utilising these assets for the benefit of the health and wellbeing of our citizens.

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

The report identified key domains for action:

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

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

3. How we can work differently?

We need to make sustainable improvements in health and wellbeing by:

- Moving resources towards interventions that prevent ill-health and promote wellbeing, reduce demand for hospital and residential services and prolong the quality of life;
- Building and utilising the assets, skills and resources of our citizens and communities;
- Promoting and supporting greater individual self-care and responsibility for health; making better use of information technology and advice;
- Delivering accessible services within communities; improving the experience of moving between primary, hospital and social care;
- Making joint working the default option through pooling of budgets and resources to focus on our priorities; evidence-based joint commissioning and shared responsibility for service delivery;
- Working to narrow the gap in health and wellbeing and its determinants.

4. What has changed?

Since development of the last strategy, there have been several significant developments that impact on the Lancashire health and care system. In brief, they include the emergence of the Sustainability and Transformation Partnership (STP) across Lancashire and South Cumbria, local health economy based accountable care systems, locality health and wellbeing partnerships as well as the reduction in the national public health grant; whilst managing the increasing demand on statutory services and the wider public sector. In addition, we have the opportunity to learn from some transformation programmes like the vanguards in Fylde Coast and Morecambe Bay in exploring new models of care, as well as the national troubled families programme and other related government funded programmes. These promote collaboration, allowing further opportunities for organisational integration to drive health and wellbeing improvement.
Sustainability and Transformation Partnership and the NHS Five Year Forward View

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

Better Care Fund

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

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

The BCF is working with the NHS, the county and district councils and the voluntary, community and faith sector to integrate and join up care for patients and the public. The BCF works within the STP framework as a building block towards an integrated health and social care system through pooled funding. BCF spending plans include the
Improved Better Care Fund (iBCF), which is a grant paid to the local authority only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

**Accountable Care Systems**

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

**5. Health and wellbeing outcomes and targets**

Whilst there is still much variation in outcomes between various districts and localities, significant improvement has been made in the following areas at Lancashire level since development of the last strategy:

- Suicide rate for males;
- Under 75s cancer mortality in males;
- Hip fracture in females aged 65 years and above;
- Hospital admissions for alcohol-related conditions in females;
- Percentage of individuals aged 16-64 years in employment;
- Childhood obesity at 4/5 years;
- Cervical cancer screening coverage (decreasing trend);
- Successful completion of drug treatment;
- HIV late diagnosis.

Additionally, an improvement in trends has been made in the following areas at Lancashire level, although there is variation across the districts that still needs to be addressed; and although trends have been improving, in many cases Lancashire remains significantly worse than the England rate.
Several examples are listed below:

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

In order to support the monitoring of progress against the strategy, the national outcomes frameworks defining Public Health, NHS, Adult Social Care and Child and Maternal Health measures have been selected to develop the monitoring and assessment of population health improvement.
6. Key actions to improve health and wellbeing

To improve health and wellbeing outcomes across Lancashire in a targeted and sustainable way, the Board has identified the following key priority groupings and workstreams for action:

Early Years
- School readiness / parenting
- Children and young people’s mental health and wellbeing
- Supporting young people not in education, employment or training (NEET)

Activating Communities for Health and Wellbeing
- Healthy lifestyle behaviours
- Promoting self-care
- Social isolation and loneliness

Early help and Managing Demand
- Management of long term conditions
- Place based integration of services
- Supporting unpaid carers
- Delayed transfers of care

Wider Determinants of Health
- ‘Prevention’ at scale e.g. through health in all policies approach across all agencies
- Supporting independent living

The Board needs to be assured that progress on these priorities is made through the STP and emerging ACSs, as well as through the wider locality health and wellbeing partnerships. Although progress has been made across a number of health indicators, there is still significant variation across the county, and local ownership and delivery will help address this issue.
7. How the strategy will be delivered and managed

In terms of delivery, each area of focus requires actions to be considered and planned in terms of the opportunities afforded through:

- Joint commissioning
- Integrated delivery
- Policy development
- Consistent intelligence & standards
- Workforce development
- Better utilisation of public estate
- Better use of digital technology

The Health and Wellbeing Board has identified Board sponsors to lead activity on the identified workstreams, developing action plans to target activity. Oversight on progress will be provided by the Board, with relevant improvement markers used to measure progress. Wherever possible, existing groups at STP, Lancashire and locality health and wellbeing partnerships levels will be asked to embed the delivery of these priorities in their work plans, with regular feedback established between these groups and the Board.
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