

**JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015**

Theme: Promoting Healthier Lifestyles

Outcome: People lead healthier lives

1. Priorities

We want to make sure people have all the information and support they need to make healthier choices. We think the most important things to do are:

- **Reduce the number of people who smoke by supporting those who want to quit, is encouraging people from taking up smoking and normalising smoke free environments.**
- **Reduce the number of adults who are overweight or obese**
- **Enable people to be more active more often**
- **Enable people to drink alcohol sensibly**
- **Improve people's sense of mental wellbeing**

2. What we will do about this

2015 -16

- Deliver a 5 year Tobacco Control Plan (2013-18) which incorporates a broad partnership approach to tackle Tobacco Control issues, including a procurement of new smoking cessation services and a re-focus on smoking in pregnancy smoking and mental health.
- The maintenance of the NHS Health Check programme throughout Lincolnshire. A priority is to seek to ensure that the eligible population is offered an invitation to attend and uptake of service
- The continuation of locally commissioned health improvement activities, in partnership with district and local providers.
- Clinical Commissioning Groups continue to work to develop and commission a tier 3 adult weight management service. The re-procurement of a tier 2 adult weight management service, from 1st April 2016 onwards.
- Collaborate on bringing further national grants into the county to enable more people to be more active, more often.
- Lincolnshire County Council and Lincolnshire Partnership Foundation Trust continue to develop a constructive mental health promotion framework.
- Develop the community health champion programme, further embracing the growing volunteer – based health improvement workforce.
- Deliver the Substance Misuse Delivery Plan objectives. Undertake a re-procurement exercise for alcohol and drugs treatment services across Lincolnshire, for October 2016.
- Embed the `Making Every Contact Count` learning with partners and enable the development of workplace health through and complementary with health improvement and independence approaches, e.g. the Well-being Service.

2016 -18

- Refresh the tobacco control partnership and the local plan post 2017.
- Seek to integrate public health competencies, including MECC, into the workforce development opportunities across the Lincolnshire Enterprise Programme (LEP) and Lincolnshire Health & Care (LH&C).
- As local austerity measures come into play (post 2015) there will be changes to the locally commissioned schemes. Post 2016, the health improvement landscape will be different, pending both national and local reviews. Work with partners to embed self-care and self-management into common practice.

- Further build on Community Assets including Community HC, along with LHAC Prevention & Early Intervention. Work with partners to ensure prevention and healthy life styles building into disease pathways.

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Reduce the number of people who smoke	Smoking prevalence Smoking status at time of delivery	PH 2.9 PH 2.3
Reduce the number of adults who are overweight or obese	Excess weight in adults	PH 2.12
Support people to be more active more often	Proportion of physically active and inactive adults	PH 2.13

Secondary Measures

Priority	Secondary Measure	Source
Reduce the number of people who smoke	Service quits indicator Mortality from respiratory diseases Smoking attributable mortality	Commissioned services / Tobacco Control profile PH 4.7/ NHS 1.2 TC Profile indicator
Reduce the number of adults who are overweight or obese	Service performance data Mortality from all cardiovascular diseases	Commissioned services PH 4.4/ NHS 1.1
Support people to be more active more often	Service performance Proportion of physically active and inactive adults Utilisation of green space for exercise/health reasons	Local Authority performance / provider statistics PH 2.13 PH 1.16
Support people to drink alcohol sensibly	Treatment services indicator Alcohol-related admissions to hospital Mortality from liver disease	Commissioned services PH 2.18 PH 4.6/ NHS 1.3
Improve people's sense of mental wellbeing	Self-reported wellbeing Carer reported quality of life People who use services who have control over their daily life	PH 2.23 ASC 1D ASC 1B

4. Delivery and Support Mechanisms

Establishment of Theme 1: Partnership

There are various topic orientated networks and partnerships throughout the county which co-ordinate the work, described above. The relationships of these forums with the H&WB Board are tenuous. Future changes for the health improvement require a degree of engagement and consultation with partners and communities that Theme 1 should co-ordinate. To enable this it is proposed that a Theme1: Health Improvement Partnership be formed, in advance of future changes (September 2015).

Interdependencies

Across the respective themes there are interdependencies. The Public Health Theme leads and support officers will endeavour to build on such inter-related components, e.g. supporting people with long-term health conditions physically, economically and socially with health improvement and independence approaches.

**JOINT HEALTH AND WELLBEING STRATEGY
MID-TERM REVIEW JUNE 2015**

Theme: Improve the Health and Wellbeing of Older People

Outcome: Older people are able to live life to the full and feel part of their community

1. Priorities

We want to make sure older people have more choice and control, receive the help they need and are valued and respected within their communities. We think the most important things to do to achieve this are to:

- *Spend a greater proportion of our money on helping older people to stay safe and well at home*
- *Develop a network of services to help older people lead a more healthy and active life and cope with frailty*
- *Increase respect and support for older people within their communities.*

2. What we will do about this

2015 - 16

- Use our established theme work plan to review the commitments of partner agencies and to ensure the JHWS priorities drive the developing LCC commissioning strategies of Wellbeing, Community Assets and Resilience and Older People's Frailty.
- To establish regular officer working groups across the JHWS themes to ensure connectivity, seek joint assurance and provide updates to the HWBB and theme partners.
- With the People's Partnership Older People's strand to establish a coproduced priority list of areas to involve older people in decision making.
- Commission the regular connected performance reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) to the Excellent Ageing Advisory Group.

2016 – 18

- Our long term aspiration is still to see a funding shift from acute to wellbeing support and community health services. The aspirations/outcomes for older people prioritised in the JHWS must be more explicitly aligned to those driving and evaluating Lincolnshire Health and Care.
- Progress has been made to create 'wellbeing' services within statutory services however more work is required to ensure this operates as a functioning network with those services run by communities and voluntary sectors. Future commissioning strategies across partners will need to ensure such groups are supported to sustainably deliver these vital low level prevention services and partners know how to access them.
- Establish regular connected reporting of the three indicator sets relevant to older people (Adult Care, Public Health and NHS) plus integration of additional local partner indicators and reporting from involvement with older people.

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Spend more of our money on helping older people to stay safe and well at home	Permanent admissions to residential and nursing care. Older people still at home 91 days after discharge from hospital	ASC 2A ASC 2B / NHS 3.6i
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Health related quality of life for people with long term conditions	NHS 2
Increase respect and support for older people within their communities	Social Isolation: % of adult social care users and carers who have as much social contact as they would like	PH 1.18i & ii

Secondary Measures

Priority	Secondary Measure	Source
Spend more of our money on helping older people to stay safe and well at home	Injuries due to falls in people aged 65 and over	PH 2.24
	People who use services who say services make them feel safe and secure (65+)	ASC 4B
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Improving people's experience of integrated care	NHS 4.9 / ASC 3E
Increase respect and support for older people within their communities	Older people's perception of community safety Indicator to be established as part of the LCC Volunteer Strategy to document the numbers of people volunteering (older people volunteers and also people volunteering to help older people).	PH 1.19

4. Delivery and Support Mechanisms

Our intention is to continue the established quarterly Excellent Ageing Advisory Group – to ensure Board Sponsors and partners have protected time to discussion relevant items prior and after Health and Wellbeing Boards. The group will need to ensure the established mechanism for highlight reporting at each HWBB is utilised.

A governance route between Lincolnshire Health and Care, Proactive and Urgent Care Boards, lead officers developing commissioning strategies in each partner agency needs coordinating. (Detail of strategies and action plans has been scoped by the Public Health Strategy and Performance Team in 2014).

JOINT HEALTH AND WELLBEING STRATEGY MID-TERM REVIEW JUNE 2015

Theme: Delivering high quality systematic care for major causes of ill health and disability

Outcome: People are prevented from developing long-term health conditions, have them identified early if they do develop them, and are supported to manage them effectively.

1. Priorities

We want to make sure people stay as healthy as possible but when they do develop health conditions they are supported to manage these conditions as effectively as possible. We think the most important things to do are to:

- **Improve the diagnosis and care for people with diabetes**
- **Reduce unplanned hospital admissions and mortality for people with COPD**
- **Reduce mortality rates from CHD, and improve treatment for patients following a heart attack**
- ***Reduce the number of people having a stroke and improve the speed and effectiveness of care provided to people who suffer a stroke (changed slightly from the original)***
- **Reduce mortality rates from cancer, and improve take up of screening programmes**
- **Minimise the impact of long-term conditions on people's mental health**

2. What we will do about this

2015 -16

Many of the key areas in the Clinical Commissioning Group (CCG) 2015/16 Operational Plans support the delivery of the Theme 3 priorities.

Some of the specific actions for 2015-16 are to:

- Provide professional education programmes to support staff to deliver the Theme 3 priorities, for example, diabetes education and the cardiology upskilling programme.
- Support the delivery of the diabetes patient education programme as part of the Health and Wellbeing Grant Fund.
- Continue to commission and provide the NHS Health Check Programme to help identify people at risk of, or with undiagnosed disease and provide appropriate lifestyle interventions.
- Continue to commission and provide annual health checks for people with learning disabilities and serious mental illness.
- Optimise the management of long term conditions, through the delivery of the GP Quality and Outcome Framework (QOF), for example, patients with atrial fibrillation prescribed anticoagulation therapy.
- Ensure the Neighbourhood Team model (as part of the Lincolnshire Health and Care – LHAC) is proactive in supporting people living with long term conditions.
- Commission additional cancer diagnosis and treatment capacity at alternative providers to secure delivery of standards.
- Review some of the cancer pathways to recover performance at United Lincolnshire Hospitals NHS Trust.
- Review cancer screening processes to increase uptake, specifically amongst those groups where the uptake is lower.

Many of the key areas in the CCG Strategic Plans (2014/15- 2018/19) support the delivery of the Theme 3 priorities and some of the 2015-16 plans (above) will be further developed during 2016-18. Some of the specific actions are to:

- Take forward the LHAC Programme - the Neighbourhood Team model and the work from the four care design groups.
- To commission new enhanced diabetes services, incorporating in the diabetes patient education programme as part of the Health and Wellbeing Grant Fund.

3. How we will ensure that things are improving

Leading Measures

Priority	Measure	Source
Diabetes	Recorded diabetes (against expected prevalence).	PH 2.17
COPD	Under 75 mortality from respiratory disease.	PH 4.7 / NHS 1.2
CVD	Under 75 mortality from CVD.	PH 4.4 / NHS 1.1
Cancer	Under 75 mortality from cancer.	PH 4.5 / NHS 1.4
Mental Health	Health related quality of life for people with a long term mental health condition.	CCG Outcome Indicator Set.
	Excess under 75 mortality rate in adults with serious mental illness.	NHS 1.5/ PH 4.9

Secondary Measures

Priority	Measure	Source
Diabetes	Information from the National Diabetes Audit (Eight key processes).	NDA/HQIP
	Diabetes ongoing management indicators (e.g. BP, Cholesterol, HbA1c).	QOF
COPD	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	NHS 2.3
	Ongoing COPD management indicators (e.g. flu immunisation).	QOF
CVD	Take up of the NHS Health Check Programme.	PH 2.22
	Stroke patients spending 90% of their time in hospital on a stroke unit.	CCG Outcome Indicator Set.
	People who have had an acute stroke who receive thrombolysis.	CCG Outcome Indicator Set.
	Ongoing management indicators (e.g. treatment with ACE-1/ ARB/Beta-blockers, AF register that received anti-coagulation and stroke register that had BP reading).	QOF
Cancer	Cancer screening coverage	PH 2.20
	Cancer 2 week waits	NHS Constitution Measures
	Cancer 62 day waits	
Mental Health	Proportion of people feeling supported to manage their condition	NHS 2.1/ CCG Outcome Indicator Set.
	People with severe mental illness who have received a physical health check	CCG Outcome Indicator Set.

4. Delivery and Support Mechanisms

A number of the key areas in the CCG Strategic and Operational Plans relate to the Theme 3 priorities. Some of the other significant strategies are Improving Outcomes in Cancer – A Strategy for Lincolnshire (draft), A Five Year Strategy for Clinical Services at ULHT 2014-2019 and Lincolnshire County Council Business Plan. The Lincolnshire Health and Care programme has a key role delivering Theme 3 outcomes and priorities.

The CCG Governing Body meetings and various other Boards, for example, the Cancer Board and the Joint Commissioning Board have a significant role supporting the delivery of the Theme. The Lincolnshire Carers and Young Carers Partnership also has a role supporting carers who provide support for people with long term health conditions.

A small coordinating group is in place with representatives from each of the CCGs, the Board Sponsors and Theme leads. This will have a role identifying issues that need to be highlight reported at the Health and Wellbeing Board.

JOINT HEALTH AND WELLBEING STRATEGY MID-TERM REVIEW JUNE 2015

Theme: Improve health and social outcomes for children and reduce inequalities.

Outcome: Ensure all children get the best possible start in life and achieve their potential.

1. Priorities

We want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years. We think the most important things to do to achieve this are to:

- **Ensure all children have the best start in life by:**
 - Improving education attainment for all children.
 - Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer.
- **Reduce childhood obesity.**
- **Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.**

2. What we will do about this

Examples of the actions which we feel should be taken between 2015 – 2018 include:

- Agencies will work together to agree and deliver a revised poverty strategy, for all ages, that addresses the need to reduce the number of children living in poverty.
- Develop further integration of service delivery models for children and young people, especially for children and young people requiring health, education and social care support as part of Early Help.
- Ensure services are available to provide families with advice and support about the benefits of immunisation, antenatal and newborn screening and lifestyle or social influences (e.g. stop smoking services, benefits maximisation and housing) on their health and that of their children.
- Ensure more young people have access to appropriate sex and relationship information and to contraception and genito-urinary medicine services.
- Develop a new, evidence based strategy for the prevention and treatment of obesity in children and young people and joint commission the interventions required to deliver it.
- Commission evidence based integrated behavioural and mental health pathways for young people requiring support to achieve good emotional well-being, behaviour and mental health. These should address early years and the challenging years around adolescence.
- Implement, through joint commissioning and joint delivery the agreed outcomes for women and children that arise from Lincolnshire Health and Care.
- Ensure timely and appropriate access to behavioural support and mental health services, particularly for vulnerable young people.
- Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special education needs, teenage parents or children whose parents have mental health conditions, including post natal depression.
- Continue to invest in an integrated early help offer, delivered through Children's Centres so families have access to the support they need in their locality.

- Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive.

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Ensure all children have the best start in life	Foundation Stage Achievement gap between pupils eligible for free school meals and their peers	CS
Improving educational attainment for all children	KS2 Achievement gap between pupils eligible for free school meals and their peers.	CS
Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer	Hospital admissions caused by unintentional and deliberate injuries (0-4 or 0-14).	PH 2.7
Reduce childhood obesity	Percentage of children aged 4-5 classified as overweight or obese.	PH 2.6
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged	The proportion of young people Lincolnshire looked after by the local authority per 100,000.	CS

Secondary Measures

Priority	Secondary Measure	Source
Ensure all children have the best start in life	Breast feeding prevalence at 6-8 weeks after birth.	PH 2.2
Improving educational attainment for all children	KS4 Achievement gap between pupils eligible for free school meals and their peers.	CS
Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer	Foundation: achievement gap between pupils eligible for free school meals and their peers.	CS
Reduce childhood obesity	Percentage of children aged 10-11 classified as overweight or obese.	PH 2.6
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged	Under 18 conception rates.	PH 2.4

4. Delivery and Support Mechanisms

The primary delivery and assurance mechanism for this Strategic Theme should be the Women and Children's Commissioning Board with structured annual input around an 'AGM' of this group from wider stakeholders.

JOINT HEALTH AND WELLBEING STRATEGY MID-TERM REVIEW JUNE 2015

Theme – Tackling the social determinants of health

Outcome – People's health and well-being is improved through addressing wider determining factors of health that affect the whole community.

1. Priorities

We want to ensure that people in Lincolnshire have access to good quality housing and work and have adequate income in order to improve their health and wellbeing. We think the most important things to do are to:

- **Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their need**
- **Support more vulnerable people into good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions)**
- **Ensure public sector policies on getting best value for money include clear reference and judgment criteria about local social impact with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing**

2. What we will do about this

2015 – 16

Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs

- Use Planning and Housing policies to address the current and future housing and support needs of residents, maximise positive health outcomes and protect against environmental hazards such as flooding
- Deliver the Lincolnshire Homelessness Strategy, with a particular focus on addressing the needs of people with complex and mental health needs
- Refresh and deliver the Lincolnshire Affordable Warmth Strategy to address fuel poverty and reduce the fuel poverty gap

Support more vulnerable people into good quality work

- Develop an alliance between commissioners and deliverers of employment support and financial inclusion services to provide strategic direction
- Link employment support with the Greater Lincolnshire Local Enterprise Partnership and its economic growth agenda

2016 – 18

Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their

- Increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard through local housing and planning authorities

needs

Support more vulnerable people into good quality work

- Support people to get into meaningful, sustainable work, and stay in work through education, developing financial skills and employment support programmes such as Fit for Work, particularly where health has been a barrier

Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact

- Develop procurement processes to maximise health and wellbeing by including local social impact within judgment criteria that are used

3. How we will ensure that things are improving

Leading Measures

Priority	Leading Measure	Source
Housing	Fuel poverty and fuel poverty gap	PH 1.17
Support into work	Employment for those with a long term health condition	PH 1.8
	i - Gap in the employment rate between those with a long-term health condition and the overall employment rate ii - Gap in the employment rate between those with a learning disability and the overall employment rate iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	PH 1.08
	Sickness absence rate	PH 1.9

Secondary Measures

Priority	Secondary Measure	Source
Housing	Statutory homelessness	PH 1.15
	Resolution of housing hazards	ELASH
	Average house price to income ratios	DCLG
	Number of affordable homes delivered	DCLG
	Planning and Housing statistical returns	Local data
	Number of empty homes	TBA
Support into work	16-18 year olds not in education, employment or training	PH 1.5
	Adults with learning disabilities/ in contact with mental health services in employment	ASC 1E & 1F
	Proportion of people using social care who receive self-directed support and those receiving direct payments	ASC 1C(2)
	Local data	Families Working Together
	Overall employment rate	NOMIS
	Child poverty	PH 1.01

Local social impact	Number of social value indicators that are included in contracts	Local data - Procurement Lincs or other procurement services
	Number of contracts that have been awarded to local providers	Local data - Procurement Lincs or other procurement services
	Number of days lost due to absence from employment	Employer data

4. Delivery and Support Mechanisms

There are several groups and partnerships across the county and within districts that currently undertake work relating to Theme 5. However, there is a lack of co-ordination, and even of understanding of current progress for Theme 5. No formal relationship exists between these groups and the H&WB Board. To enable this it is proposed that a steering group will be formed to oversee the implementation of actions under Theme 5, and to disseminate through existing relevant strategies, forums and partnership organisations such as:

- Lincolnshire Districts Housing Network
- GLLEP Skills and Employment Board
- Financial Inclusion Partnership
- Development, Infrastructure and Growth Group
- Home Energy Lincs Partnership
- Lincolnshire Homelessness Strategy Working Group
- Families Working Together
- Clinical Commissioning Groups

In addition to this, the Theme sponsor will continue to utilise existing networks such as the District Council Health and Wellbeing Network to disseminate information and share thinking with other District Members.