

Draft Joint Health and Wellbeing Strategy – Executive Summary
28 March 2012

Theme One	Priority	Objectives
<p>Promoting Healthy Lifestyles</p> <p>Our ambition is to:</p> <ul style="list-style-type: none"> • Strengthen self-esteem, confidence and personal responsibility • Positively promote ‘healthier’ behaviours and lifestyles • Adapt the environment to make healthier choices easier 	<p>1.1 Tackling Adult Obesity and Addressing Physical Inactivity</p>	<ul style="list-style-type: none"> • Continue to commission effective life style services for the people of Lincolnshire • Commission an additional 4,000 adult weight management places • Support initiatives which support people to be more active more often
	<p>1.2 Tobacco Control</p>	<ul style="list-style-type: none"> • Prevent the uptake of tobacco use • Support smokers from target groups to quit • Tackle illicit tobacco sales • Normalise smoke free environments
	<p>1.3 Alcohol</p>	<ul style="list-style-type: none"> • Identify a strategic lead for alcohol who will coordinate a multi-agency partnership response to the Alcohol Plan and ensure a joined up approach to alcohol which incorporates prevention , early identification and treatment • Work with partners to ensure systematic early identification and referral • Continue to commission evidence based effective alcohol services
<p>Theme One – Draft Action Plan</p>		
<p>Year one (2013-14)</p> <ol style="list-style-type: none"> 1. Develop a comprehensive Multi-agency Mental Health Promotion Strategy for Lincolnshire which will inform the way forward over the next 5 years. 2. Work with the three main NHS Providers (LCHS, LPFT, ULHT) to develop a systematic ‘Making Every Contact Count’ 	<p>Year’s two to five (2014-18)</p> <ol style="list-style-type: none"> 1. The Mental Health Promotion Plan will act as an over arching plan to which we can be held accountable. This plan will ensure we have a wide range of partners committed to addressing mental wellbeing across the County. 	

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<p>programme based on SHA guidance and use CQUIN to support activity.</p> <ol style="list-style-type: none">3. Map existing community health champion (or similar) activity across the county as part of the volunteering review, in order to inform a Lincolnshire Community Health Champion model which can inform a business case to allow it to be rolled out across the County.4. Review existing healthy life style activity that supports people to eat more healthily, be more active and loose and maintain a healthy weight in order to address any gaps in provision.5. Develop a comprehensive multi-agency Tobacco Control Plan which will maximise partnership approach to tackling tobacco control across the County over the next 5 years.6. Identify a senior Alcohol lead that will ensure a multi-agency approach to addressing Alcohol issues across the county with a strong focus on prevention and early detection	<ol style="list-style-type: none">2. Expand 'Making Every Contact Count' across all front line staff within the three main NHS providers by end of year two and continue to monitor activity and outcomes to ensure effective and equitable delivery.3. Dependent on the review outcomes it is expected that we will have agreed a comprehensive and effective model for community health champions which will be evaluated to ensure it is reaching the 'harder to reach' people within our communities.4. Implement and review partner contributions to the five year Tobacco Plan for Lincolnshire Maintain Lincolnshire's high national profile in Tobacco Control.5. Implementation of the five year Alcohol Plan for Lincolnshire.
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Theme Two	Priority	Objectives
<p>Improve the Health and Wellbeing of Older People in Lincolnshire</p> <p>Our ambition is to achieve a:</p> <ul style="list-style-type: none"> • shift in the Strategic Spend Profile; and • support the further development of a Wellbeing Support Network to improve the health and wellbeing of Older People in Lincolnshire. 	<p>2.1 Shifting the Strategic Spend Profile</p>	<ul style="list-style-type: none"> • Older people have more choice and control, can receive the help they need and are valued and respected within their communities; • Public, private and voluntary sectors work together with communities in a seamless way to ensure service, facilities and resources meet demand and are accessible; • Services and support are locally based, cost-effective and sustainable.
	<p>2.2 Support Development of the Wellbeing Support Network</p>	<ul style="list-style-type: none"> • Increased numbers of people accessing lower level services; and the reduced demand for secondary care; • Diverting people away from secondary care by additional investment into community based wellbeing support services; • In 5 years time; resources re-allocated away from secondary care based on a formula of a 1% reduction per year over 5 years producing savings for re-investment; • More community based preventive services and less secondary based interventions or delayed secondary interventions into later life; • Older people having active and healthier lifestyles with community support and reduced demand for secondary care services; and • Accessible community support networks across the County and reduced demand for all forms of secondary care interventions.

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Theme Two – Draft Action Plan	
Year one (2013-14) <ol style="list-style-type: none">1. Agree 1% from each of the Lincolnshire commissioners per year for a number of years to be agreed in year 1 (CCGs, Adult's Social Care) to be transferred to supporting the development of Wellbeing in the county. (NB: percentage and amount to be confirmed and reviewed annually).2. Agree to a single pot of money with robust governance arrangements.3. Agree a robust plan for distribution of the monies to ensure older people's needs are met.4. Work with organisations across the public, private and voluntary, to map the current provision of services, groups and organisations set up to support Older People across the county by locality and what needs are being met. This should be worked through across the themes of the strategy.5. Using the information established through the mapping described above; scope a long term programme to ensure a community is able to build its own capacity.6. Support the development of the Wellbeing Support Network and its implementation from April 2013.	Year's two to five (2014-18) <ol style="list-style-type: none">1. Continued payment by commissioners of the agreed 1% (or amount as agreed on review), into the single pot agreed in year 1 to support the development of Wellbeing in the county.2. Continued support for the development of the Wellbeing Support Network to ensure it is meeting the needs of the older population through the provision of low threshold, universal and accessible services.

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Theme Three	Priority	Objectives
<p>Delivering High Quality Systematic Care for Major Causes of Ill Health and Disability</p> <p>Our ambition is to: Ensure that everyone who needs it can access evidence based programmes of:</p> <ul style="list-style-type: none"> • Primary prevention • Risk identification and management • Long-term condition management 	3.1(a) Long Term Conditions (Diabetes)	<ul style="list-style-type: none"> • To halt the year on year rise in the proportion of the population who are obese • To increase the proportion of patients with diabetes who are diagnosed, and included on the Register of patients with diabetes maintained by their general practice. • increase the proportion of patients with diabetes who have an HbA1c of 7.5% or lower
	3.1(b) Long Term Conditions (Chronic Obstructive Pulmonary Disease, COPD)	<ul style="list-style-type: none"> • To reduce the proportion of adults who smoke • To reduce the number of unplanned hospital admissions due to COPD
	3.1(c) Long Term Conditions (Coronary Heart Disease, CHD)	<ul style="list-style-type: none"> • To reduce mortality rates from coronary heart disease • To reduce the variation in performance between general practices in the QOF indicator relating to the proportion of patients who following a myocardial infarction receive treatment with aspirin, a statin, an ACE inhibitor and a beta blocker.
	3.1(d) Stroke	<ul style="list-style-type: none"> • To increase the proportion of patients who have a stroke who are admitted to hospital within three hours of the onset of symptoms • To increase the proportion of patients who have a stroke who are treated in a specialist stroke unit
	3.2 Cancer	<ul style="list-style-type: none"> • To reduce mortality rates from cancer • To meet national waiting times targets • To increase uptake rates for the national cancer screening programmes

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Theme Three – Draft Action Plan	
<p>Year one (2013-14)</p> <ol style="list-style-type: none"> 1. Finalise membership of the Lincolnshire Cancer Strategy Group, to include representation from each Clinical Commissioning Group. 2. Produce the Cancer Strategy for Lincolnshire. 3. Ensure that there is a county-wide lead commissioner for cancer. 4. Work with United Lincolnshire Hospitals NHS Trust to ensure that national cancer waiting times targets are met consistently. 5. Ensure engagement within each Clinical Commissioning Group with the Early Presentation of Cancer (EPOC) initiative. 6. Assess Lincolnshire’s performance against the NICE Diabetes in Adults Quality Standards. 7. Review the performance of each general practice in the county against relevant indicators within the Quality and Outcomes Framework. 8. Work with United Lincolnshire Hospitals NHS Trust to increase the proportion of patients with a myocardial infarction who are treated by means of primary angioplasty. 	<p>Year’s two to five (2014-18)</p> <ol style="list-style-type: none"> 1. Implement the Lincolnshire Cancer Strategy. 2. Continue to implement the EPOC programme in Lincolnshire. 3. Ensure implementation and use of the Macmillan referral guidance. 4. Monitor, and thereby improve, uptake within Lincolnshire of the NHS cancer screening programmes. 5. Use the Health Inequalities National Support Team (HINST) tool to develop and implement a plan for delivering the contribution of primary care to the management of diabetes, cardiovascular disease and chronic obstructive pulmonary disease.

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Theme Four	Priority	Objectives
<p>Improving health and social outcomes and reducing inequalities for children</p> <p>Our ambition is to: Ensure all children, young people and their families in Lincolnshire are supported to allow optimum health development, including emotional and mental health. Strong foundations here will increase self-confidence, self-esteem and ultimately help them achieve improved social outcomes.</p>	<p>4.1 Early Years Impact on Health and Social Outcomes</p>	<ul style="list-style-type: none"> • More women and families will have access to support and information from all agencies involved in their care; before, during and after pregnancy to ensure they are fully informed of lifestyle influences on their health and that of their children along with information to tackle the broader social determinants of health such as benefits maximisation, educational opportunities, housing issues, etc. • Agencies and the public will work together to action the Child Poverty Strategy: therefore, reducing the impact of child poverty on children's lives by tackling the underlying causes and mitigating the effects • More women and families will have access to support and information from all agencies involved in their care; before, during and after pregnancy to ensure they are fully informed of the benefits of immunisation and antenatal and newborn screening. • More young people will access appropriate sex and relationship information and will have easy access to contraception and genitourinary medicine services. • More children will have access to good quality education throughout their life course.
	<p>4.2 Social and Emotional Development and Mental Wellbeing</p>	<ul style="list-style-type: none"> • More children and young people will have good mental health • More children and young people with mental health problems will recover • More children and young people with mental health problems will have good mental health

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		<ul style="list-style-type: none"> • More children and young people will have a positive experience of care and support • Fewer children and young people will suffer avoidable harm • Fewer children and young people will experience stigma and discrimination • Build self esteem and improve resilience so that young people are able to make informed and healthy/ safe choices as they move towards independence
	4.3 Obesity	<ul style="list-style-type: none"> • Halt the trend until 2015: stop levels increasing and start to see a small reduction in current obesity and overweight levels until 2015 • Reverse the trend: Reduce rates by 2022 • Reduce rates in the long term (2030 and beyond)
Theme Four – Draft Action Plan		
<p>Year one (2013-14)</p> <ol style="list-style-type: none"> 1. Continue to build the membership of the current multiagency Lincolnshire Childhood Obesity Partnership Group and ensure reporting mechanisms are in place to inform the Health and Wellbeing Board and CYPSP. 2. Launch the Childhood Obesity 5 year strategy, associated Care Pathway, Asset Mapping Report and 2011/12 Annual Report. 3. Continue to support the development of the National Child Measurement Programme (NCMP). 4. Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas 	<p>Year's two to five (2014-18)</p> <ol style="list-style-type: none"> 1. Implement the Childhood Obesity Strategy 2. Analyse the qualitative and quantitative datasets for each of the 3 areas of the theme 4 chapter. 3. Set appropriate targets for 5 years, these should incorporate where possible existing targets set for all partner organisations for example: Public Health trajectories are currently agreed for the next 5 years for - Childhood Obesity, Breastfeeding, Smoking at Time of Delivery, 12 Week Access to Maternity care and Teenage Pregnancy. 4. Develop Annual Reports and combined Strategies where possible for the Early Years and Emotional and Mental Health 	

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<p>and agencies to impact on Childhood Obesity levels in Lincolnshire.</p> <ol style="list-style-type: none"> 5. Develop a multiagency Maternity and Early Years Strategic Forum which will build on the current membership of the Maternity and Infant Feeding Group. Robust reporting mechanisms will be put in place to inform the Health and Wellbeing Board and CYPSP. 6. Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas and agencies to impact on the 'Early Years' for children in Lincolnshire. 7. Form a multiagency Emotional and Mental Health Wellbeing Strategic Forum to support the recommendations for the National Mental Health Strategy 'No Health without Mental Health'. Robust reporting mechanisms will be put in place to inform the Health and Wellbeing Board and CYPSP. 8. Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas and agencies to impact on the Emotional and Mental Health Wellbeing of children and young people in Lincolnshire. 9. Develop evaluated social marketing and community engagement strategies for all areas of Theme 4. 	<p>Wellbeing sections of Theme 4.</p> <ol style="list-style-type: none"> 5. Assess changes in the external environment affecting the themes and priorities (e.g. new national targets, refreshed JSNA evidence, and organisational change). 6. Review how the strategy fits with and responds to the overall strategic direction provided by the Health and Wellbeing Board 7. Report on and react appropriately to outcomes of Social Marketing and Community Development work on all 3 areas of the Theme 4 Chapter.
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Theme Five	Priority	Objectives
<p>Reduce Worklessness</p> <p>Our ambition is to:</p> <ul style="list-style-type: none"> • Give vulnerable people the best chance of securing and maintaining employment that supports their health and wellbeing. • Work with employers to maximise opportunities for inward investment and job creation in Lincolnshire. 	<p>5.1 A joined up approach to improving support into work for vulnerable people</p>	<ul style="list-style-type: none"> • There is an effective coordination mechanism in place that meets the needs of the multiple agencies engaged in supporting people into employment in Lincolnshire. • The delivery plans of these agencies, where their funding or central mandates allow, provide for a targeting approach that maximises the range of people offered support. • The needs of people who have additional barriers to work but who do not have access to support are identified and support commissioned to meet their needs. • More people with enduring mental illness; who are transitioning out of school or have lower levels of barrier are in meaningful and sustainable employment.
	<p>5.2 Maximising work for local people from public expenditure</p>	<ul style="list-style-type: none"> • Public sector policies on getting best value for money include clear reference and judgement criteria about local social impact, with particular reference to protection and promotion of work opportunities. And ensuring suppliers and providers can demonstrate investment to its workforce’s health provision. • More spending from Lincolnshire’s public sector organisations is spent in the County, driving prosperity and creating employment.
<p>Theme Five – Draft Action Plan</p>		

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Year one (2013-14)	Year's two to five (2014-18)
<ol style="list-style-type: none">1. Develop a Lincolnshire Alliance for Employment Support made up of all the commissioners and deliverers of support into employment.2. Develop a Memorandum of Understanding between the agencies to improve targeting of resources within the constraints of each organisations programmes.3. Work with Procurement Lincolnshire on extension of policies on local procurement and 'social gain' criteria in public sector procurement.	<ol style="list-style-type: none">1. Develop work with the voluntary and community sector to provide more work experience and skills development for vulnerable people.2. Introduce more joined up support for young people in transition to adulthood with particular barriers to getting and maintaining employment.3. Introduce more joined up support for people mental health problems with particular barriers to getting and maintaining employment.

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