

Public Health – Pendle Update, February 2015

1.0 Introduction

Since the Health and Social Care Act 2012, and the following health system transformation in April 2013, the responsibility for public health has sat with Lancashire County Council. Approximately £4m worth of public health funding commissions services in Pendle, which include for example sexual health services, NHS health checks, substance misuse services, smoking cessation and healthy lifestyles. But in order to improve Pendle residents wellbeing, and make an impact on the wide range of health issues that the borough experiences, it is important that all partners recognise the important role they play and that partnerships are formed to add value and enable joint working to optimise impact.

The Lancashire Health and Wellbeing Board is a forum for key leaders from the health and care system in Lancashire, including district councils, key providers, CCGs and third sector representatives, to work together to improve the health and wellbeing of the local population and reduce health inequalities. It is the Boards vision that every citizen in Lancashire will enjoy a long and healthy life.

The current mechanism for delivery is from the Lancashire Health and Wellbeing Board to the East Lancashire Health and Wellbeing Partnership, and from this the Pendle Health and Wellbeing Group is the district partnership driving progress in Pendle. Pendle is represented on the East Lancashire Health and Wellbeing Partnership by both an officer (Philip Mousdale) and a member (Cllr Jennifer Purcell) and an action framework has been compiled including shared action, approaches and environments where all partners can add value through working together, not solely capturing individual workstreams.

Lancashire county council is on a journey that will see it transform by April 2016, with big changes both to the services delivered and the ways in which LCC deliver them. The new-look organisation has a focus to create and support the prosperity, health and wellbeing of people across Lancashire. This will impact on how public health is currently structured but will aim to add value to the public health agenda as this remit is embedded and driven by a wider number of teams across the organisation.

A number of new key workstreams have progressed during 2014 and will continue into 2015:

Integrated Wellbeing Framework - there is currently investment in a broad range of well-being and preventative services from different sections of Lancashire County Council. The way these services are commissioned is in general not joined up; in some cases there may be duplication or overlap, or conversely gaps as approaches may not be standardised across Lancashire, and there are multiple providers and contractual arrangements. There are a multitude of pathways, entry points and criteria for access to services and for the people who need them this can result in a complex, disjointed and confusing system. This may result in the people who need help the most not being able to access it very easily, or having to deal with a variety of different agencies each focusing on a single aspect without a holistic approach to the person and the underlying issues that may be at the root of a variety of problems they are facing. This is being rolled out in 2 phases:

1. **Integrated Wellbeing Workers-** The first phase of the re-procurement of public health services is to develop an Integrated Wellbeing Service which will involve the redesign of existing Help Direct and related wellbeing services currently commissioned as public health contracts. This service is currently going through the tendering process with the aim for the new service to be operational in September 2015.

- Following EU legislation the majority of public health commissioned services are undertaking a reprocurement exercise during 2015/16 e.g. lifestyle services, sexual health, tobacco. This presents a valuable opportunity to review and restructure to ensure that services are fit for purpose, Lancashire wide where appropriate and organisations responsible for prevention provide holistic integrated lifestyle services rather than dealing with individual risk factors in isolation as is currently the case.

Pennine Lancs Springboard – this programme is progressing but there are barriers around sharing the necessary data across organisations. Springboard shares data across services (health, social care, fire and rescue etc.) in order to identify people and families within communities who would most benefit from support and interventions. The Fire Service, a trusted brand, then approach and connect with the identified population (in Cheshire this is 20,000 visits a year) to offer a home safety check and signpost on to further support if required. This approach offers the opportunity to proactively, rather than reactively, identify and support people most in need.

Building Resilience with Individuals and Communities - is an East Lancashire specific programme that intends to reduce social isolation and low level mental health problems across the adult population of East Lancashire. The aim is to build strong, connected communities and utilise the assets or strengths of the NHS, LCC and the Community, Voluntary and Faith Sector organisations to enhance the existing assets of individuals and communities. This will include a connected infrastructure incorporating community training and development (5 ways to wellbeing, community builders training), large scale community asset growth and a skills swap/time bank programme to widen collective assets and enable impact to be captured. A cabinet paper is currently being agreed with expected roll out from April 2015.

2.0 The Pendle approach

The Pendle Health and Wellbeing Group aims to support and advance, through collaborative working, the Health and Wellbeing within Pendle, with an emphasis on reducing health inequalities thus supporting the delivery of the Lancashire Health and Wellbeing Strategy.

Below is a summary of progress against the Pendle Workplan to date. A meeting has been arranged for the 16th March where discussions will take place to agree the priorities, aligned to the ELH&Wb Framework, for the Pendle Health and Wellbeing Group for 2015/16.

3.0 The Pendle Public Health Workplan Summary – January 2015

Key Priority	Progress
1. Infant Mortality	<p>2 training sessions delivered in April 2014 to front line community staff to increase awareness of, and the support available to, tackle the higher than average numbers of child deaths due to chromosomal, genetic and congenital anomalies, particularly related to marriage to blood relatives.</p> <p>Genetics service referral pathway clarified and a letter disseminated to GP's for clarification.</p> <p>Pendle's Genetic Outreach Worker (15hpw) appointed and commenced in post October 2014. Post managed by Homestart with clinical supervision provided by the Genetic Counselling Service. The Genetic</p>

	<p>Outreach Worker is linking well with GPs and health professionals to raise awareness of the genetics service. Pendle referrals are now being made into the service.</p> <p>Through the Pennine Lancs Infant Mortality group, considering the roll out of this approach across East Lancs and started discussions with commissioners.</p>
2. Food Poverty	<p>A Sustainable Food East Lancashire event was held on the 15th July and a number of organisations now come together regularly to identify opportunities to impact on this agenda.</p> <p>5 organisations in Pendle received funding from the LCC Food Poverty Grant scheme and a joined up approach is now being led by Together Lancashire.</p> <p>A 'Feeding Lancashire' event was held at Nelson and Colne College on 11th February and an action plan resulting from the day will be disseminated.</p>
3. Physical Activity	<p>Up and Active:</p> <ul style="list-style-type: none"> • 75k LCC funding was allocated for Pendle with the District Council identifying 50% match funding. • The aim is to increase activity levels amongst the 40% of the population who are currently inactive. • This is a district wide approach but also 2 wards have been identified for a targeted community development approach - Vivary Bridge and Bradley. • New activities started with the Up and Active launch held on the 13th Feb 2015 • The Up and Active website is now live: www.upandactive.co.uk/ • A marketing plan has been developed with a dedicated campaign starting mid Feb. • Walk/ run routes linking parks and urban areas identified for Alkincoates, Victoria and Barrowford parks. • Pendle witch inspired trail commissioned for Victoria Park. • Up and Active Parks programme developed. <p>Cycle Hub:</p> <ul style="list-style-type: none"> • Co-ordination and management of the cycle hub currently being determined. Co-management of the cycle circuit has been agreed between Cycle Sport Pendle (CDP)/Cycle Development Pendle Partnership (CDPP) and PBC Parks Department. • The opening ceremony was held on the 28th June 2014 as planned. Post card invitations were distributed along Cravendale Avenue and in Barrowford to encourage new local users. • Initiate community awareness & engagement of the hub. It is hoped to arrange mini cycling events alongside the Tour of Britain on the 7th September 2015 which will raise awareness and encourage new local users. CSP, CDPP and Pendle Leisure Trust will continue to hold activities at the circuit throughout summer. It will be possible to run

	<p>some open days at the circuit to encourage more people to get on a bike followed by longer distance bike rides.</p> <p>Park Run:</p> <ul style="list-style-type: none"> • Launched on the 10th May 2014.
4. Affordable Warmth	<p>£52k allocated to Pendle from the LCC Public Health Affordable Warmth grant. £24k spent to date on interventions such as full central heating and boiler replacement schemes. Increased referrals from frontline staff and contractors.</p> <p>Low uptake of LCC's CHiL scheme due to high numbers of hard to treat properties in Pendle.</p> <p>East Lancashire Affordable Warmth Strategy at final draft for consultation</p>
5. Tobacco Control	<ul style="list-style-type: none"> • Smoke Free Play Areas evaluation exercise completed. • Pendle Borough Council has signed up for the Local Government Declaration on Tobacco Control. • Smoke Free Homes training to Housing Pendle & Pendle Borough Council staff is in progress. • LCC Public Health are looking to review/develop policy regarding smoking/shisha, probably working with Youth Zone and Environmental Health. LCC will further look at training and resources for young people
6. Mental Wellbeing	<ul style="list-style-type: none"> • Over 300 people have attended a Dementia Friends (DF) session delivered by the 2 council officers. They have been delivered to PBC/ Liberata/ PLT staff and Members as well as to St Joseph's school, Morrisons, Southfield Residents Action Group and Colne traders. • Perception Survey identified 77 residents interested in DF. A number of CVS Health Champions are also interested. A Pendle DF database has been established. • Considering ways to engage young people as DF Champions- DF session planned for Police Cadets Feb 10th. • DFS will be promoted to pharmacies and pharmacy staff encouraged to attend DFS complimenting the Health Living Pharmacy Scheme. • 4 training sessions for Dementia Friendly Churches undertaken. • Discussions held about Dementia Friendly Mosques – may produce pilot programme in Burnley / Pendle • Pendle DAA (Dementia Action Alliance) established to help support the roll out of dementia awareness in the wider community

Dianne Gardner, Specialist in Public Health

12th February 2015