

RIBBLE VALLEY BOROUGH COUNCIL REPORT TO HEALTH & HOUSING COMMITTEE

Agenda Item No.

meeting date: THURSDAY, 22 JANUARY 2015
title: HEALTH AND WELLBEING IN RIBBLE VALLEY - UPDATE
submitted by: CHIEF EXECUTIVE
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1 PURPOSE

1.1 To receive an update on the current issues relating to the changes in public health and NHS as they relate to Ribble Valley.

1.2 Relevance to the Council's ambitions and priorities

- Community Objectives – To help make people's lives safer and healthier.
- Corporate Priorities – To be a well managed Council providing services efficiently based on customer needs.
- Other Considerations – None.

2 INFORMATION

2.1 Members will be familiar with the many changes that have taken place in relation to services that support the health and wellbeing of residents in the Ribble Valley. Some of these changes are more embedded, others continue to be moulded as their extent or inter-relationships between differing organisations are developed. Driven by an over-arching desire at government level to change how the National Health Service operates (and can be sustained) together with a desire to approach health and social care in a more closely integrated way, these changes have sought to undertake a transformation in the way that the NHS and Social Care services operate in the country and consequently across the borough.

2.2 The most fundamental change was to move responsibilities for public health from the former Primary Care Trusts to the County Council and to create Clinical Commissioning Groups (CCGs) to direct priorities and manage the commissioning and delivery of patient services at a much more local and clinically led level.

2.3 A consequence of these changes is to have in place a number of new organisations to deliver the change, each of which has needed time to bed in and each of which has a differing range of responsibilities. Broadly these bodies include the County Council with a new role for Public Health, Hospital Trusts delivering acute services, Clinical Commissioning Groups who commission services (but clinically led), NHS England and NHS Lancashire (soon to merge with NHS Manchester) which are respectively responsible for the delivery of NHS services, Locality Commissioning Groups (which are area based and are groups of GP services), a Health and Wellbeing Board with overall responsibility for ensuring services are delivered and priorities identified, and patient representative bodies, which are all expected to blend together to deliver a much more robust and cost effective health and social care service.

- 2.4 The complex nature of the transformation that is taking place and the need to ensure Ribble Valley views are able to be considered and fed into the structures, led to the creation of the Ribble Valley Health and Wellbeing Partnership (previously referred to as a working group), which provides this Committee with a dedicated working group to ensure issues can be considered and the areas interests can be reported through at the various levels of representative bodies the Council works with as well as providing a vehicle with which to facilitate joint working. The terms of reference of the Partnership are attached at Appendix 1. Minutes of the Partnership meetings are regularly reported to this Committee.
- 2.5 The government has recently sought to align more closely the funding for delivery of acute services (through hospitals and GPs) and social care funding (such as Supporting People, elderly care, disabled facilities grants and so on) by requiring a co-ordinated bid to the Better Care Fund, which is intended to provide a more focused delivery of funding through Public Health and NHS combined. The essence of this approach is to shift towards integrated care and aiming to help people stay in their own homes receiving care at or close to home by pooling health and care budgets. The intended impact is significant costs savings, particularly against costs falling on the NHS by keeping people out of hospital as opposed to funding their treatment in hospital. By reducing costs to the NHS in this way, it is anticipated that the NHS will become more cost effective and certainly more sustainable and better care is delivered to the benefit of the patients, ideally more locally.
- 2.6 In Lancashire, the better care fund submission has been overseen by the Lancashire Health and Wellbeing Board which is the body set up to ensure the delivery of appropriate services. The Lancashire Health and Wellbeing Board brings together both the NHS and Public Health agenda. The Board has published its strategy to improve the health and wellbeing of Lancashire, a copy is attached at Appendix 2. What you will see in the strategy are the programmes of work based upon the principles of Starting Well, Living Well and Ageing Well, which embraces the key priorities across all age groups that are to be tackled. This starts to link directly with local issues and also with work areas that the Council, through its duties, roles and services, helps deliver. Funding through the Better Care Fund links with this strategy and can be delivered by passing the money to Ribble Valley to deliver services such as warm homes and disabled facilities grants.
- 2.7 Ribble Valley is complex in the way its area falls across three CCGs. The vast majority of the borough is covered by East Lancashire CCG which includes the Ribblesdale locality. These areas are well integrated and have seen success in service delivery. Part of the borough lies within the Central Lancs CCG (Longridge, Chipping, Ribchester for example) but this has proven more difficult to pursue integration because of its relationship with the Central Lancs area and differing structures. We are aware that in some areas, differing levels of service are available to residents in those parts of the borough. Similarly, areas of Wilpshire and Mellor fall within the Blackburn CCG which is under a different public health authority (Blackburn with Darwen) as well as being a separate CCG. The Ribble Valley Partnership continues to seek to address linkages with these two CCG areas but it is challenging because of the nature of the differing areas. While most of Ribble Valley falls under the East Lancashire team at LCC for Public Health, some areas do not, however the Partnership has enabled the County Team to operate across boundaries, although it has to be recognised that as some of the areas are outside the established public health teams and CCG areas are not coterminous, the situation is not ideal and the partnership continues to monitor issues across these areas to ensure residents of Ribble Valley are not disadvantaged.

- 2.8 The majority of joint working it has to be said has been done with the East Lancashire CCG and Ribble Valley Borough Council is a member of the CCG Board. The East Lancs CCG has created a five year plan to establish a focus and priorities for 2014 to 2019 and a briefing paper to give a flavour of the plan is attached at Appendix 3 for reference. The Ribblesdale Locality which covers the majority of the borough in area, has been identified as a pilot area to deliver an Integrated Neighbourhood Team approach to care, which aims to bring differing services under a single point of management and co-ordination; therefore ensuring there is better delivery at street level. The partnership is working closely with the Ribblesdale Locality to ensure Ribble Valley Borough Council services that support health and wellbeing can be closely integrated wherever possible. A copy of the Locality's annual report and forward plan will be circulated at the meeting.
- 2.9 It will be clear from the information set out, that the delivery of the health and wellbeing agenda in Ribble Valley is complex but continuing to evolve and in some parts of the borough, integration and co-ordination are better than in other areas. It has taken some time for the transformational changes to be established and the delivery of services under the new structures will continue to be shaped. With the structures in place with a little more certainty, it is opportune to ensure that services delivered by RVBC are aligned wherever possible with other bodies to ensure residents can access the best of services and that delivery is cost effective and where possible drawing down funding through the Council to provide those services. It is anticipated that as the wider agenda of health and wellbeing is put into place, it is likely that District Councils will have a stronger role to play in supporting delivery. Whilst it has to be ensured that this is not simply an exercise of shifting a cost burden, the Ribble Valley partnership will look to ensure that plans and strategies can be more closely aligned and it is intended to undertake a review in order to ensure alignment can be strengthened and further opportunities for collaboration identified.

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BACKGROUND PAPERS

Various – see office file.

For further information please ask for Colin Hirst, extension 4503.

REF: CH/EL220115/H&H

HEALTH & WELLBEING PARTNERSHIP

TERMS OF REFERENCE

1. Purpose

1.1 The purpose of the partnership group is:

- To build strong and effective partnership working with the newly established NHS bodies, the County Council, Voluntary and Community Sector and other public bodies to improve the health & wellbeing of the residents of Ribble Valley.
- To influence, support and implement priorities (as Appropriate) of the Lancashire Health & Wellbeing Board.

2. Key Functions

2.1 The Ribble Valley Health & WellBeing Partnership has the following key functions:

- To determine the priorities for health and wellbeing across the Ribble Valley and to agree actions with partners.
- To provide a governance structure for local planning and accountability of health & wellbeing related services.
- To build strong and meaningful partnership working between the Clinical Commissioning Groups and local public sector organisations.
- To promote integration and partnership working between health and social care including public health through joined up commissioning plans across the organisations.
- To represent the views of the public in the Ribble Valley.
- To influence public health commissioning decisions.

3. Structure and Reporting

3.1 The group will be known as The Health & WellBeing Partnership of the Health and Housing Committee.

3.2 The partnership will be chaired by the Chair of the Health and Housing Committee.

3.3 The minutes of the meetings will be reported to the Health and Housing Committee.

4. Membership

4.1 The Membership is made up of key partners involved in the promotion of public health together with the commissioners of health and wellbeing services in Ribble Valley, including Elected Members and representatives of wider stakeholders.

- Chair of Health & Housing Committee
- Vice Chair of Health & Housing committee
- 4 Borough Councillors
- Ribble Valley Chief Executive,
- Ribble Valley Lead officer on Health & WellBeing
- Lancashire County Council Lead officer on Health & WellBeing
- Public Health Specialist (East Lancs)
- Ribble Valley Clinical Commissioning Group Lead representative
- East Lancs CCG (GP)
- Gtr Preston CCG (GP)
- Voluntary Sector representative

4.2 In addition there will be the following co-opted representatives

- East Lancashire Hospital Trust
- Lancashire Care Trust
- Greater Preston Clinical Commissioning Group
- Blackburn with Darwen Clinical Commissioning Group

5. Governance and Accountability

5.1 The partnership will be accountable to its individual member organisations and accountable through their own organisations decision-making processes for the decisions they take.

6. Meeting Arrangements

6.1 The partnership will meet in advance of every Health & Housing committee (5) in order for the minutes to be reported to each one.

6.2 The partnership will endeavour to hold at least one meeting a year with the Ribble Valley, the and Greater Preston Clinical Commissioning Group, and the Blackburn with Darwen Commissioning Group, where it makes sense to do so, to co-ordinate future planning activities.

7. Reporting Mechanisms

7.1 The two-way flow of information between the partnership and Lancashire Health & WellBeing Board will be primarily through the Borough Council representative.

Revised JUNE 2013



Lancashire

Health and Wellbeing Strategy

"Our vision is that every citizen in Lancashire will enjoy a long and healthy life"

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1. Purpose of the strategy

This strategy has been developed by Lancashire's Health and Wellbeing Board. Our ambition for the strategy is that it will enable us to work better together to deliver real improvements to the health and wellbeing of Lancashire's citizens and communities. This strategy sets out the desired goals until the year 2020 with a work programme up to the year 2016.

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

.... getting results that

- Deliver improvements in health and wellbeing' for the people in Lancashire.
- Deliver early wins i.e. specific areas for action that will help deliver key health and wellbeing outcomes whilst 'modelling' desired shifts in the ways that partners work together

2. Health and wellbeing in Lancashire

Lancashire has a diverse population of around 1.2 million people. 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 side by side with affluence. Several districts have small pockets of deprivation, but there are also larger areas of deprivation, particularly in East Lancashire and parts of Preston. Lancashire's population is ethnically diverse. There are parts of the county with very small black and minority ethnic populations while in Preston, Burnley, Pendle and Hyndburn more than one in 10 people of the local population is from a black or minority ethnic group.

Our county's landscape ranges from the high moorland of the South Pennines to the flat expanses of the Fylde Coast and the rolling countryside of the Ribble Valley and Forest of Bowland. Preston and Lancaster are our main urban centres, but there are a range of other important urban settlements from former textile towns such as Burnley to coastal resorts and market towns such as Chorley.

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.

Lancashire's Joint Strategic Needs Assessment paints a picture of health and wellbeing in the county and of its influences. It makes recommendations to partners about the issues that should be prioritised in their commissioning plans. The priorities highlighted through the Joint Strategic Needs Assessments underpin our strategy (if you want more information about the JSNA you can visit its website or click [here](#)).

The population of Lancashire is changing. The number of older people in the county is increasing and is projected to grow further by 2020. While people are living longer, many are spending more years at the end of life in poor health and our strategy should therefore focus on intervening earlier and in new 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.

Lancashire's population of children and young people is becoming increasingly ethnically diverse and too many children are still being born into poverty. Lancashire performs particularly poorly on indicators relating to expectant and new families, such as smoking in pregnancy and breast feeding. Improving the living conditions and physical and mental health of pregnant women and expectant families can prevent poor health for the rest of the new baby's life.

The health behaviour of Lancashire's population is changing. Although overall fewer people are now smoking tobacco, smoking rates among manual social groups remain static. Alcohol consumption and obesity are increasing, putting increasing demands on health and social care services. Patterns of drug use are also changing, with evidence of increases in the proportion of people misusing a combination of different drugs and alcohol within a recreational context.

Inequalities in health in the county are a significant concern. Analysis of health inequalities identified the 10 largest gaps in health outcomes between the least and most deprived areas of the county and the priorities for addressing these inequalities (shown in figure 1).

Figure 1 – Priorities for addressing health inequalities in Lancashire

The ten largest gaps in health and wellbeing outcomes	Priorities for addressing health inequalities
Liver disease Mental health and wellbeing Diabetes Quality of life Infant mortality Lung cancer Coronary heart disease Stroke Children's health and wellbeing Accidents	Reduce unemployment Increase income and reduce child poverty Strengthen communities Develop skills and lifelong learning Reduce alcohol consumption and tobacco use Increase social support

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. 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. Efforts should be made to roll these out more widely so that more people can benefit from them.

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, and places demands on our services. It is important to work with planners, 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 contributes is a significant asset. Local businesses provide employment and services for thousands of people and contribute to improving our communities through 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.

The county has abundant green space and countryside that is already enjoyed by many people for leisure and relaxation. This can be further exploited for health and wellbeing. 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. Lancashire's GPs and wider primary care services have a pivotal role in preventing ill health and in working together with patients to manage long term health problems.

Lancashire has a strong further and higher education sector with three Universities and a number of colleges, which attract people to the area and provide 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, our strategy will focus on building and exploiting these assets further for the benefit of the health and wellbeing of our citizens.

3. How we need to work differently

As members of Lancashire's Health and Wellbeing Board we are committed to making a number of important changes or 'shifts' in the way that we work together for the benefit of our citizens and their communities. We believe that these shifts will fundamentally challenge the way that we currently work, but they are essential if we are to successfully improve health, wellbeing and the determinants of health on a sustainable basis and within the resources that will be available to us in the coming years. We are determined and committed to:

- **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** (for example by pooling our budgets and resources to focus on our priorities; commissioning together on the basis of intelligence about what can make the biggest difference and evidence of what we know works; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk)
- **Work to narrow the gap** in health and wellbeing and its determinants

4. Overarching Goals

The Health & Wellbeing Board has agreed on three overarching goals for the strategy which need to be achieved by the year 2020.

Better health and wellbeing – to increase the time that people in Lancashire can expect to live in good health, and narrow the gap in health and wellbeing for the population of Lancashire

Better Care – to deliver measurable improvements in the people's experience of health and social care services

Better Value – to reduce the cost of health & social care, while at the same time increasing its effectiveness by promoting collaboration and integration between health and wellbeing board partners.

5. Programmes of work

Our JSNA makes it clear that we need to focus our work to deliver the strategy across the whole life course, intervening in a coordinated way in childhood, adulthood and old age.

Three distinctive programmes of work have been identified, reflecting the different support people need at different stages of their life. Below are the work programmes with the desired objective for each of the work programmes:

Programme1: Starting well

- To promote healthy pregnancy
- To reduce infant mortality
- To reduce childhood obesity
- To support children with long term conditions
- To support vulnerable families and children

Programme 2: Living Well

- To promote Healthy settings, healthy workforce and economic participation
- To promote mental wellbeing and healthy lifestyles
- To reduce avoidable deaths
- To improve outcomes for people with learning disabilities

Programme 3 Ageing Well

- To promote greater independence amongst older people
- To reduce social isolation and loneliness
- To better manage long term conditions
- To reduce emergency admissions and direct admissions to residential care
- To support carers and families of those who care for family members

A lot of good work is already happening across Lancashire on all of three programmes; however the health & wellbeing strategy allows the board to focus on areas of collaboration and integration and avoid duplication, at the same time recognises the good work and allows this to be shared across Lancashire.

It is important that the identified shifts mentioned above are weaved into each of the programmes, this will allow innovation and challenge the health system into new ways of working and more importantly achieve the desired goals.

6. Health and Wellbeing Outcomes Dashboard.

In order to support the objectives of the Health and Wellbeing Board Strategy Delivery Plan a number of appropriate outcomes were selected from the Public Health Outcomes Framework, NHS Outcomes Framework and Adult and Social Care Outcomes Framework. These form the Health & Wellbeing Outcomes Dashboard. The Dashboard will document will enable an informed programme of work and will be the mechanism to continually monitor all health and wellbeing outcomes, review the proposed actions and monitor their effectiveness. This work will be available at county, CCG and district level and will be updated on a quarterly basis, in line with national updates.

7. How the Strategy will be delivered & managed across Lancashire

The Health & Wellbeing Board has recognised that Lancashire is a very diverse both geographically and demographically. It also recognises that the Health economy in Lancashire mainly operates on the acute (hospital) settings. It has also been recognised that many partners who make up the health and wellbeing Board commission on different geographical footprints and health boundaries and some who operate across the whole of Lancashire.

A county wide Joint Officer Group (JOG) made up of senior executives from the organisations represented on the Health & Wellbeing Board and Locality Partnerships will take operational leadership and lead on the co-ordination and delivery of the strategy across Lancashire. The Joint Officer group reports directly into the board.

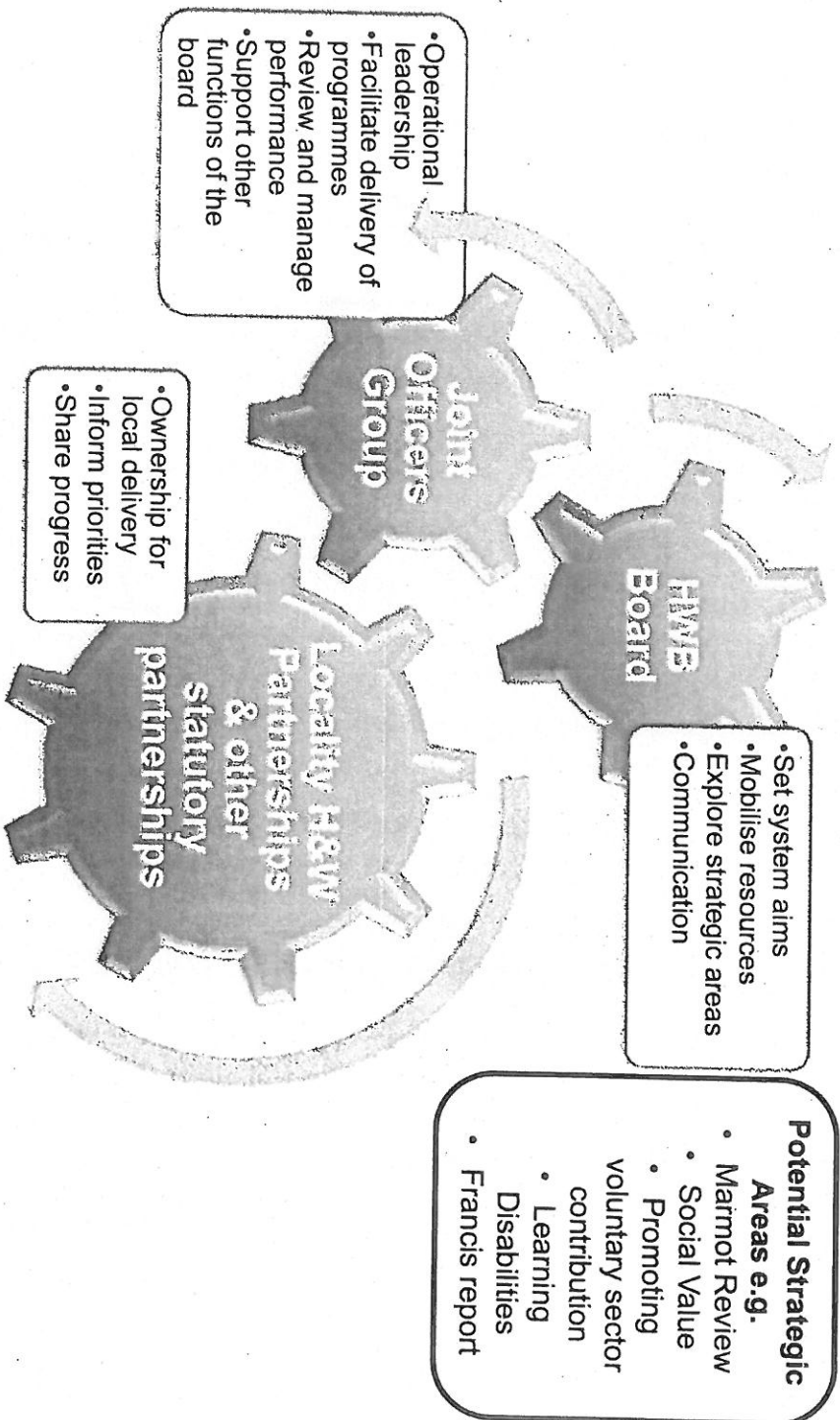
The JOG will manage performance through:

- The 3 programmes of work (Starting well, Living Well, Ageing Well)
- The 6 shifts (identified in how we need to work differently)
- A Lancashire Health & Wellbeing Outcomes Dashboard

JOG will receive progress reports at each meeting with an in-depth report for one of the 3 programmes at each meeting. This will allow challenge, support, and celebration of achievement and the sharing of good practice whilst delivering the strategy.

The Health and Wellbeing Board also recognise that it needs to create links with other strategic partnerships that operate across Lancashire, including statutory and non-statutory partnerships and the two unitary Health and Wellbeing Boards. The Board has therefore agreed a line of communication between the unitary Health & Wellbeing boards and other strategic partnerships by inviting them to board meetings, and allowing issues to be discuss, that require a multi-agency approach beyond the health system, when striving to achieve the desired Goals and Programme objectives. The arrangements will be continually reviewed to ensure that they remain fit for purpose.

Delivering the Strategy



Wider stakeholder conferences twice a year
 Communications plan

"Our vision is that every citizen in Lancashire will enjoy a long and healthy life"

ELCCG - 5 Year Strategic Plan Stakeholder Briefing Paper

An Introduction to our Plan

In April this year all Clinical Commissioning Groups (CCGs), working with partners across the whole health and social care community, submitted a draft five year strategic plan to NHS England. These draft plans were submitted in a mandatory format, following a template provided by NHS England detailing each organisation's focus and priorities for 2014-2019.

We have produced this summary document to provide an overview of the key themes and priorities outlined in the East Lancashire CCG plan, and to offer an opportunity for feedback and questions to be raised at this early stage. We will be publishing our final plan on our website in July 2014.

Our Vision

Following public consultation during 2012 and 2013 we have worked to seek the views of our members, local partners and patient representatives through our local communities in identifying the issues they believe most important to address in the current system. This has set our vision and priorities as a CCG for the next five years.

Our plan is ambitious for patients and the public, and has been designed to deliver health services that are high quality, cost effective and sustainable, ensuring that patients can be seen at the right time, in the right place, by the right professional.

It focuses particularly on improving outcomes for those suffering from health inequalities, people with long term conditions such as cancer or diabetes, supporting people with mental health and learning difficulties and in avoiding unnecessary hospital admissions by providing a joined-up care service as close to home as possible.

Where we are now

We know we face challenges in achieving our vision – continued reductions in public sector budgets mean that we must make the most of our available resources, at a time when the needs of our population are increasing.

East Lancashire has an ageing population, with over 65s estimated to increase by approximately 18% over the next 5 years, and so we know that the number of people with long term conditions is set to rise. We recognise that the best way to manage this rise is to treat people closer to home, and to empower them to treat themselves wherever possible.

Where we want to be in the future

In five years' time we hope that:

- Excellent patient experience will be the norm
- Patients and the public will have access to information they need to know about what services are available, where and when and how to use them
- Patients and communities will be more engaged in local health systems, being valued as co-producers of their health and well-being
- There will be less variation across East Lancashire – patients will receive a consistently high quality service based on their needs, not where they live
- There will be more primary and community care based services, meaning that patients can access more support and advice closer to home
- There will be more integrated and better co-ordinated working between all services – primary, secondary, housing, community, social and voluntary care - people will see one service, seamless care and support, accessible and operational 7 days a week, 365 days a year

What does this mean for me?

To inform our thinking, we have taken into account patient and stakeholder views about the quality of existing healthcare services and the health and social care challenges we are now facing as a community. We have therefore decided to focus on four key priority areas in our strategic plan. These are the areas in which we believe can make the biggest positive impact on patient care and experience over the next five years. We call these our 'cases for change.' These are:

- scheduled care,
- unscheduled care,
- integrated care
- and mental health including dementia and learning disabilities.

Cases for Change

Integrated Community Care

We want to develop our locality community structure to make sure care is delivered closer to home and within a patient's community, unless there is an absolute medical need for them to be in hospital/residential care.

The five localities in East Lancashire are:

- Burnley
- Pendle
- Rossendale
- Hyndburn
- Ribble Valley

Within each locality, we will focus on improving information sharing, giving patients and their carers the information and support necessary to care for themselves wherever appropriate and possible, supported by a strong community infrastructure and assets.

We will also improve co-ordinated working between all services – primary, secondary, housing, and community, social and voluntary care; so that when one service provider takes over an element of care our patients do not feel any variation in quality of service.

In addition, we plan to ensure that a named care co-ordinator will facilitate this system change for our older patients or those with complex needs.

Scheduled care

We are increasing the accessibility of planned care services in the community closer to patients' homes, where it is safe and appropriate to do so – the right kind of care in the right place. The providers we work with are also reducing inefficiencies to streamline treatment processes so care is also provided at the right time. We aim to increase access for patients, improving quality and reducing demand on hospital services and ensuring sustainable and affordable services for our population.

Unscheduled care

We need to ensure that adults and children with an urgent health care problem can access the types of health care services they need, more easily.

We will therefore consider the most appropriate ways to transform accessibility to local health services 24/7, to reduce our current reliance on Accident and Emergency (A&E) as a point of delivery for urgent care services and improve both outcomes and patient experience.

Mental Health, Learning Disabilities and Dementia

We are working to develop our services for patients with mental health problems and learning difficulties. The new service model will treat people with mental health problems in specialist community mental health teams and reduce the need for mental health patients to be treated in hospitals.

We plan to develop a Single Point of Access for people with acute Mental Health problems, providing a single telephone number to access our staff and to make presenting your needs as simple as possible.

We will also work to help people manage and overcome anxiety and depression through high quality psychological therapies. We aim to reduce waiting times for access to psychological services to no more than 4 weeks.

Your Involvement

East Lancashire CCG will continue to gather feedback and experiences from patients and members of the public, in a wide variety of ways, to inform our own decision making and to encourage collaborative thinking and working across the wider health economy.

Examples of how we have done this so far, include

- Face to face CCG "Connect" listening events
- Small locality based forums with clinicians, council representatives and patients
- Two Better Care Fund events to discuss forces for and against integration (One with our partners from providers, councils and voluntary groups, and one with 100+ patients representatives)
- Patient focus groups to discuss our plans for urgent and emergency (unscheduled) care. We used the suggestions from this event, together with what we know about our patient experience information to develop the Think! Campaign

To find out more

We have aimed to summarise the key priorities in our 5 year strategic plan within this document, to tell patients, the public and key stakeholders about the types of key service improvements we are planning to make. If you would like to find out more about this or about other aspects of the CCG's work please visit our website www.eastlancscg.nhs.uk/. Patients and members of the public are also invited to attend our CCG Governing Body meetings. The dates of these meetings are also published on our website.

