AGENDA ITEM 9

HEALTH AND WELLBEING BOARD

TO:	Blackburn with Darwen Health and Well-being Board
FROM:	Director of Public Health
DATE:	23rd June 2014

SUBJECT:

Integrated Strategic Needs Assessment 2014/15

1. PURPOSE

To update the Health and Wellbeing Board on the development of the Integrated Strategic Needs Assessment and

1. Set out a recommended approach for ISNA for 2014-15
2. Highlight the statutory and local processes for developing Integrated Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and Integrated Commissioning
3. Provide a summary of the ISNA work to date along with key recommendations and explicit links with Integrated Commissioning

2. RECOMMENDATIONS

The Health and Wellbeing Board agrees to:

1. The current ISNA content with the Story of Place and the ISNA Summary
2. The priority areas and method for the ISNA for 2014/15

3. BACKGROUND

In July 2011 the Shadow Health and Wellbeing Board approved the development process and broad priorities for the Integrated Strategic Needs Assessment[1] which incorporates the statutory duty of the local authority and the CCG to produce a JSNA along with a governance structure and approach to prioritisation.

The Health and Social Care Act 2012 and the statutory guidance[2] on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (JHWS), sets out clear processes and duties for Health and Wellbeing Boards, CCGs, Local Authorities and NHS CB to develop their commissioning plans. *"CCGs, the NHS CB, and local authorities' plans for commissioning services will be expected to be informed by relevant JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWS, CCGs, the NHS CB and local authorities must be able to explain why".*

[1] Blackburn with Darwen Health and Wellbeing Board, Integrated Strategic Needs Assessment, July 2011
[2] DoH, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, March 2013

4. RATIONALE

In line with the Statutory Duty to produce the JSNA jointly with the CCG it is important for the Health and Wellbeing Board to receive a regular update on the progress and development of the ISNA.

5. KEY ISSUES

For the past four years the approach to ISNA has been to focus on four major priority ISNAs, of which the Dementia ISNA is a good example.

Following this robust approach since 2011 the Blackburn with Darwen ISNA comprises a strong suite of linked documents and processes:

- The ISNA Story of Place
- The ISNA Summary
- ISNAs for key priority areas
    - Children and Families – Families with Complex Needs, Child Poverty Needs Assessment
    - Older People – Dementia, and Loneliness and Isolation
    - Local Economy – Local Economic Assessment
- Other completed ISNAs
    - CVD
    - Cancers
    - Alcohol
    - Sexual Health
    - Children's Dental Health
- ISNAs that are part complete and to be completed by December 2014
    - Gypsies and Travellers
    - Learning Difficulties
    - Substance Misuse
- Priority ISNAs due to be completed during 2014/15
    - Local Economy – worklessness
    - Housing and Health – adults with complex needs in HMOs
    - Children and Families – Children and Young People's Mental Health and Infant and Child Mortality.

Completed ISNA's can be found on the Council Website at
http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx

The approach has drawbacks as not all issues have been covered to the satisfaction of all. ISNAs have taken a long time to produce and the ongoing work has not been available for publication and use until final sign off which has resulted in underuse by commissioners.

The ISNA Leadership group considered a new approach at its meeting in April 2014 and agreed to

recommend that in future ISNA comprise a set of four documents:

1. **Policy and Evidence**, covering
    - Defining the issue
    - Why is this issue highlighted?
    - Who is at risk and why?
    - Good practice
2. **Assets and Engagement**
    - Assets
    - Involving local people and people that use services
3. **Local needs**, covering
    - Level of need in the population
    - Key indicators Spine Chart
4. **Responding to need**, covering
    - Current services / initiatives
    - Gaps –current services and knowledge
    - Value for money
    - Involvement
    - Recommendations.

It is proposed that this process be used for ISNA work on the priorities and other ISNAs for 2014/15

Priorities for 2014/15

Current ISNA work for 2014/15 was covered by the ISNA Leadership Group in April 2014 and this report recommends that it focus on:

- An update of the Story of Place for 2014
- Development of a story of place for localities
- ISNA Summary update in September 2014
- Children and Families – completion of the ISNA for Children's and Young People's Emotional Health and Wellbeing
- Housing and Health –Adults with complex needs
- The economy employment and health – Worklessness
- Older people - Falls

In addition to these priority areas ISNAs are currently being developed for:

- Learning Disabilities
- Aspergers and Autism
- Tuberculosis
- Oral Health promotion
- Domestic Violence.

6. POLICY IMPLICATIONS

Development and publishing the ISNA is the statutory duty of the Health and Wellbeing Board. Approval of this report establishes process and governance for the future development of the ISNA, thus enabling the Board to discharge its statutory duty.

7. FINANCIAL IMPLICATIONS

There are no financial implications of this report for Blackburn with Darwen Borough Council or partners.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 places a duty on Health & Wellbeing Boards to prepare as assessment of relevant needs, through the Joint Strategic Needs Assessments (JSNA). There is also a duty to prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS). Furthermore, there is a duty to provide an opinion as to whether the Commissioning Plan has taken proper account of the JHWS.

9. RESOURCE IMPLICATIONS

There are no resource implications of this report for Blackburn with Darwen Borough Council or partners.

10. EQUALITY AND HEALTH IMPLICATIONS

The report in itself has no direct equality or health implications for Council or partners as ISNAs highlight the needs in the borough. However, the activities in any associated action plans do require EIAs in order to ensure that the activities comply with the Public Sector Equality Duty and do not adversely impact any of the protected characteristics within the Equality Act

11. CONSULTATIONS

VERSION:	**V2.1**

CONTACT OFFICER:	Kenneth Barnsley
DATE:	5th June 2014
BACKGROUND PAPER:	Attached

Integrated Strategic Needs Assessment, the Health and Wellbeing Strategy and Integrated Commissioning

Health and Wellbeing Board – 23rd June 2014

1.Purpose

This report aims to:

1. set out a recommended approach for ISNA for 2014-15
2. highlight the statutory and local processes for developing Integrated Strategic Needs Assessment, the Joint Health and Wellbeing Strategy and Integrated Commissioning
3. provide a summary of the ISNA work to date along with key recommendations and explicit links with Integrated Commissioning

2.Background

- The Executive Joint Commissioning Group has developed commissioning priorities for 2014/15.
- The Health and Social Care Act 2012 and the statutory guidance[1] on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (JHWS), sets out clear processes and duties for Health and Wellbeing Boards, CCGs, Local Authorities and NHS CB to develop their commissioning plans. *"CCGs, the NHS CB, and local authorities' plans for commissioning services will be expected to be informed by relevant JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWS, CCGs, the NHS CB and local authorities must be able to explain why".*
- During 2012 with eventual approval by the Health and Wellbeing Board in January 2013, Blackburn developed its first ever Health and Wellbeing Strategy which incorporated and was informed by the ISNA Story of Place.
- In July 2011 the Shadow Health and Wellbeing Board approved the development process and broad priorities for the Integrated Strategic Needs Assessment[2] which incorporates the statutory duty of the local authority and the CCG to produce a JSNA along with a governance structure and approach to prioritisation.

3 Future ISNA Approach

For the past four years our approach has been to focus on four major priority ISNAs each year which have been organised in the following Chapters.

1. **Defining the issue**
2. **Why is this issue highlighted?**
3. **Who is at risk and why?**
4. **Level of need in the population**
5. **Good practice**
6. **Current services / initiatives**
7. **Gaps**
8. **Value for money**
9. **Involvement**

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[1] DoH, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, March 2013

[2] Blackburn with Darwen Health and Wellbeing Board, Integrated Strategic Needs Assessment, July 2011

10. **Recommendations**
11. **Key Indicators Spine Chart (sometimes)**
12. **Assets**

However this has a number of drawbacks in that it means that key detailed issues have not been covered to the satisfaction of all. Some of the ISNAs have taken a long time to produce and the ongoing work has not been available for publication and use until final sign off which has resulted in underuse by commissioners and perceptions of inactivity. It is also the case that new data is regularly published, so the data analysis has sometimes gone through two or three iterations by the time sign-off is achieved. Each of the data summaries would have been useful and timely when first completed, but all except the final version are destined never to be seen. Added to this issue of the availability and timing of data, those that undertake to write an ISNA for a specific area are not always fully conversant with the range and depth of analysis that is needed and as a result some of the work has been left half completed. An example of this is the Learning Disabilities ISNA which remains in draft form only.

- There is little urgency from the Leadership Group to see completed ISNAs and commissioners are keener to see the results quickly to fit in with commissioning cycles.

The current ISNA summary provides details of a much broader cross-section of key issues for the Borough but in much less depth and it is suggested that this approach could be used in future to add to the summary review.

- It can be pulled together quickly enough to be useful.
- It is short enough for people to take in
- An annual data refresh is still necessary, but it can be done in the knowledge that the previous year's version was seen and used while it was still fresh and relevant.
- We have also moved to an approach that is much more rooted in engagement with residents and the people that use services through engagement and the consideration of local and community assets.

Recommended approach

- Rather than focus on four major priorities each year in great depth, the 'Summary Review' approach would enable the ISNA to cover more topics and to be more flexible in relation to publication
- The suggestion is to produce a set of four documents, each of which runs through a wide range of topics, but just dealing with one broad aspect, i.e.:

1. **Policy and Evidence**, covering
    - Defining the issue
    - Why is this issue highlighted?
    - Who is at risk and why?
    - Good practice

2. **Assets and Engagement**
    - Assets
    - Involving local people and people that use services

3. **Local needs**, covering
    - Level of need in the population
    - Key indicators Spine Chart

4. **Responding to need**, covering
    - Current services / initiatives
    - Gaps –current services and knowledge
    - Value for money
    - Involvement
    - Recommendations

- Each of these would be 'live' documents. Each contribution would be published on the website as soon as it had passed the editing and approval process.

Locality Working

In addition to the above approach the new ISNA will embrace the ideas of locality working. The ISNA will develop suitable stories of place for each of the four localities of West, North and East Blackburn and Darwen and Rural. These will provide key high level analysis of the challenges and opportunities in the Borough for the next five years.

4.Integrated Strategic Needs Assessment

Governance

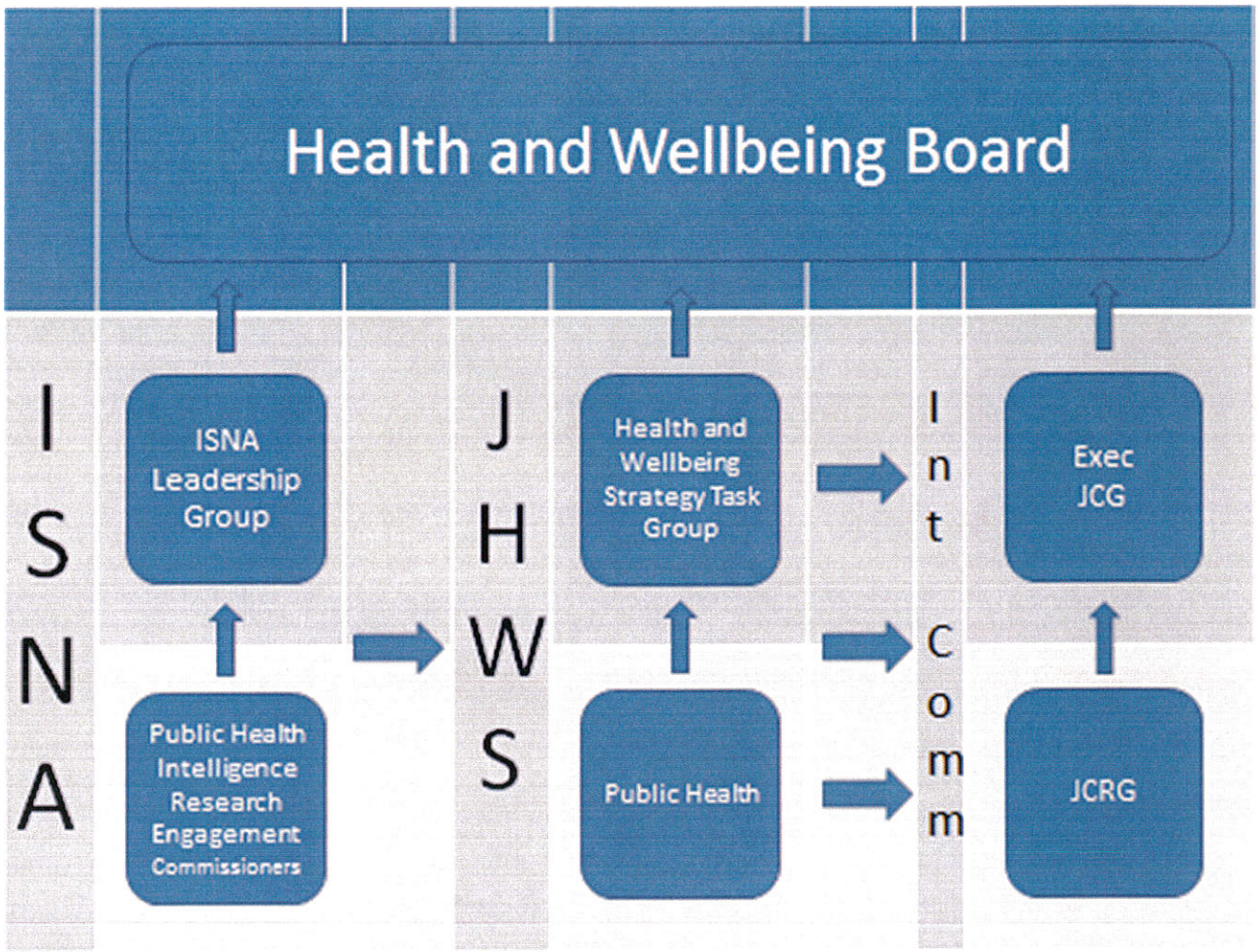
To date the ISNA Leadership Group has met 3 times a year to determine ISNA priorities and content. The group includes the three statutory JSNA Directors of Adult Social Care, Children's Services and Public Health; Council Directors of Education and Schools, Regeneration, and Environment, Neighbourhoods and Housing in addition to the Principal of Blackburn College, Chief Clinical Officer at the CCG, the Lancashire Police Divisional Commander and the Chair of the Community Forum. The Leadership Group is accountable directly to the Health and Wellbeing Board.

Statutory Duties

The act and guidance set out that *"Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs through the health and wellbeing board"*, along with an outline of the issues that the JSNA should take into account where the guidance states that *"JSNAs are assessments of the current and future health and social care needs of the local community. – these are needs that could be met by the local authority, CCGs, or the NHS CB"*

Current Guidance

As the details of the implementation of the act emerged in early 2012 the concept of and JSNA Picture of Place developed. This was interpreted locally as the ISNA Story of Place which, along with ISNA Summary was developed in parallel with the early development of the Health and Wellbeing Strategy. The ISNA Story of Place informed the development of and was then incorporated into the Health and Wellbeing Strategy, and was subject to the same consultation, engagement and scrutiny process as the Strategy. The diagram below shows statutory alignment/dependency and governance



4.1 Priorities Development

In 2011 the LSP and the Health and Wellbeing Board agreed an overall process for developing ISNA for Blackburn with Darwen and agree broad priority areas along with a process for identifying detailed priorities.

The agreed priorities were:

Worklessness – a detailed approach and priority issues to be discussed and agreed through the Prosperous Thematic Group

Health and Housing - a detailed approach and priority issues to be discussed and agreed through the Health and Well Being Board advised by the Health and Housing working group of officers

Children and Families – a detailed approach and priority issues to be discussed and agreed through the Children and Young Persons Trust – with the initial priority as Families with Complex Needs

Older People - a detailed approach and priority issues to be discussed and agreed through the 50+ Partnership – with an initial priority being Dementia.

4.2 Priorities for 2013/14

Having agreed the ISNA story and key priority areas for the Health and Wellbeing Strategy, priorities were agreed for 2013/14 by the ISNA Leadership Group.

HWB Strategy Priority	ISNA Existing Priority	Specific Needs Assessment
Give every child the best start in life	Children and Families	**11/12** Families with Complex Needs **13/14** 1. Children and Young People's Mental Health 2. Infant and Child Mortality
Promote good employment for all	Worklessness	**13/14** Worklessness
Make leisure healthy		**12/13** Alcohol
Improve the quality of homes	Housing and Health	**12/13** Housing and Health
Support independence and social inclusion in old age	Older People	**11/12** Dementia **13/14** Social Isolation

4.3 Current ISNA Scope and Content

Following this robust approach since 2011 the Blackburn with Darwen ISNA comprises a strong suite of linked documents and processes:

- The ISNA Story of Place
- The ISNA Summary
- ISNAs for key priority areas
  - Children and Families – Families with Complex Needs, Child Poverty Needs Assessment
  - Older People – Dementia, and Loneliness and Isolation
  - Local Economy – Local Economic Assessment
- Other completed ISNAs
  - CVD
  - Cancers
  - Alcohol
  - Sexual Health
  - Children's Dental Health
- ISNAs that are part complete and to be completed by December 2013
  - Gypsies and Travellers
  - Learning Difficulties
  - Substance Misuse
- Priority ISNAs due to be completed by March 2014
  - Local Economy – worklessness
  - Housing and Health – adults with complex needs in HMOs
  - Children and Families – Children and Young People's Mental Health and Infant and Child Mortality.

Annex 1 provides a brief summary of the Blackburn with Darwen ISNA all of which is now available through the Council Website at http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx

5 Integrated Commissioning Alignment

The ISNA is multi-faceted with the Story of Place providing the overall story of Blackburn with Darwen, highlighting the big challenges and key priorities areas and individual ISNAs providing an in depth analysis key areas of development. The links with Integrated Commissioning are set out in the guidance and section 116B of the 2007 Act as inserted by section 193 of the Health and Social Care Act 2012 states clearly that

> *"CCGs, the NHS CB, and local authorities' plans for commissioning services will be expected to be informed by relevant JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWS, CCGs, the NHS CB and local authorities must be able to explain why".*

The significant work which has already been completed should directly inform the development of commissioning plans and intentions and the table on the next page shows each part of the ISNA relates directly to the Health and Wellbeing Strategy and provides direct input to Integrated Commissioning Priorities. To do this effectively, the ISNA will need to be aligned to the new locality working approach.

Integrated Commissioning ISNA & JHWS

		Integrated Strategic Needs Assessment and Joint Health and Wellbeing Strategy				
		Best start for children and young people	Health and work	Safe and healthy homes and neighbourhoods	Promoting Health and supporting people when they are unwell	Older people's independence and social inclusion
Strategy Development	0-19 C&YP	Families with complex needs, C&YP mental health, Children's Dental Health, Sexual Health, Child Poverty	Economic Assessment		Sexual Health	
	Carers					Loneliness and Isolation
	Safeguarding					
Integrated commissioning plans	Long Term Conditions		Worklessness		Cancer, CVD	
	Urgent Care					
	Integrated Wellbeing and self care			Drugs	Alcohol, Sexual Health, Drugs	Loneliness and Isolation
	Intermediate Care					
	Dementia				Dementia	Dementia
Integrated delivery plans	Mental health and wellbeing		Worklessness			Dementia
	CAMHS	C&YP mental health				
	Learning Disabilities			Learning Disabilities		
	Complex Packages					

Annex A

ISNA Story of Place

The ISNA Story for Blackburn with Darwen is based on strategic analysis of published data and trends and a sound understanding of the needs and assets of residents and communities developed from a comprehensive programme of engagement and involvement. Its sets out the key challenges and opportunities for Blackburn with Darwen. The story of place identified that:

- the most significant underlying **population factor** that impacts on current and future health and social care and health inequalities is the changing structure of the population and the projected increase in numbers of older people
- the most significant underlying **economic factors** that impact on current and future health and health inequalities are:
    - Continuing poverty and deprivation in our most disadvantaged communities
    - Significant and increasing inequalities in geographic distribution of unemployment and worklessness
    - Continuing business and commercial investment supporting business growth and town centre transformation
- The most significant underlying **social factors** that impact on current and future health and on health inequalities are:
    - Continuing poverty and deprivation in our most disadvantaged communities
    - The increasing impacts of alcohol on the health of residents and communities
    - Continuing contribution of residents and communities through volunteering and community and voluntary activity
- The most significant underlying **environmental factors** that impact on current and future health are:
    - The need to improve the quality and diversity of housing and to reduce levels of unfitness
    - Fuel poverty.

The ISNA goes on to identify the key considerations for Children and Young People and for Adults.

- The Key considerations for **children and young people** were
    - The need to give our children the best start in life should drive development and delivery of care and support in the early years, with improved family support a key priority
    - The need to provide and encourage active and positive choices for children and young people should drive strategic initiatives to support active lifestyles
    - The need to support children and young people to contribute to thriving local communities.
- The Key considerations for **adults** were
    - The need to provide work opportunities for current and future workforce at increasing income levels with high quality support to help all our residents into suitable employment
    - The need to provide and encourage active and positive choices for residents should drive strategic initiatives to support active lifestyles
    - The need to provide flexible packages of care for the increasing numbers of older and very old residents
    - The need to support residents and community and voluntary organisations to contribute to the continuing development of vibrant and thriving communities

The ISNA Summary

The ISNA summary provides a more detailed analysis of the key data and the detailed evidence base for the ISNA Story of Place. It identifies in some detail:

Local needs	What are the most pressing needs locally?
Inequalities	What are the most notable inequalities in health and wellbeing?
Gaps	Where are the greatest gaps in services?
Future need	What patterns of future need are anticipated?
What works	What is the evidence for how the system needs to change to improve outcomes?

The ISNA Summary examines these five for:

Population covering population estimates and projections, deprivation and life expectancy

Local economy covering worklessness, employment, skills and productivity

Housing covering the condition of the housing stock, cold housing and fuel poverty

Environment covering air quality and green space

Safer communities covering crime, violence and road safety

Children and young people covering child poverty, education, NEETs, Families with multiple problems, looked after children and young carers, alcohol and tobacco, teenage pregnancy, emotional wellbeing, obesity, oral health, road accidents, and child and infant mortality

Adults covering obesity, alcohol, smoking, drug misuse, cancer, cardiovascular disease, diabetes, mental health and dementia.

Local Economy

The key documents here:

- the Local Economic Assessment which was completed in 2011 on a Pennine Lancashire footprint
- Worklessness ISNA – currently underdevelopment

Health and Housing

Key documents here are the Strategic Housing Needs Assessment and an ISNA planned for Adults with Complex Needs Living in HMOs

Children and Families

For Children and Families, the detailed areas for ISNA were suggested and agreed through the Children and Young People's Trust:

CF1 Families with Complex Needs

Completed in 2011 and provided the rationale for Think family, supporting the development of the Think Family Pilots

CF2 Children and Young People's Mental Health

A priority for 2013/14 this ISNA will support the development of commissioning strategies for children and young people's emotional health and wellbeing

CF3 Child Poverty Needs Assessment

Completed in July 2010 the |Child Poverty Needs Assessment is a statutory requirement as the precursor to the Child Poverty Strategy.

CF4 Children's Dental Health

Completed in 2012 this provides a comprehensive summary of data, policy context and local provision for Children's Dental Services. The ISNA included detailed recommendations.

3.7 Older People

For Older People, the detailed areas for ISNA have been identified and agreed through the 50+ Partnership.

OP1 Dementia

One of the first detailed ISNAs, this work fed into the Health and Wellbeing Board Dementia Task Group. It provides a comprehensive picture of Dementia in Blackburn with Darwen and prospects for the future, covering standard ISNA issues: definitions, why Dementia, the policy Context, who is at risk, the level of need in the population, good practice, services and gaps, value for money and involvement and engagement. The key recommendations emerged from a Dementia Strategy Workshop, and were agreed by the Health and Wellbeing Board on 17th August 2011:

Immediate actions

a. As a result of work done in autumn 2010, a new Project Manager for dementia and mental health pathways has been recruited, to start early October 2011.
b. Drive forward the work planned to meet the national target to reduce inappropriate use of anti-psychotic drugs in people with dementia by March 2012.
c. Commence a whole-system review of post-diagnosis services.
d. Work across Lancashire to develop and agree the QIPP dementia improvement programme.
e. Work collaboratively with East Lancashire Hospitals NHS Trust on the dementia improvement programme and other local priorities in dementia services.

Commissioning priorities

f. Start to deliver a programme of awareness-raising for the public, and information and advice for patients and carers, to promote earlier diagnosis and associated life planning and provide appropriate and timely advice and information at all stages.
g. Review and develop the Memory Assessment Service, and the pathway to diagnosis, including training health professionals and frontline workers from LSP partner organisations who are in contact with people who may have undiagnosed dementia.
h. Identify funding for local research into the needs of people with dementia from the BME community and lower socio-economic groups, and their access to support and services.
i. Act on the recommendations of the whole-system review of post-diagnosis services (see **Error! Reference source not found.**).
j. Local implementation of the agreed QIPP dementia improvement programme.

OP2 Loneliness and Isolation

The ISNA takes forward the Health and Wellbeing Strategy priority. The work has embraced the new approach to ISNA heralded through the March guidance and previous guidance which places a much higher premium on understanding the views and issues for residents and users of services through involvement and engagement; in addition to evidence review and analysis of key data. Development of the ISNA has involved significant engagement with residents, focus group discussions, road shows and two major conferences. Our

approach has gained recognition from the Campaign to End Loneliness with direct inclusion in the Health and Wellbeing Strategy. The key recommendations for commissioning are:

Strategic

- Explore the potential of mapping analysis, to understand the extent and distribution of living alone and isolation within BwD e.g. to build on local GIS (Geographic Information System) work of Lancashire Fire & Rescue who have added to Mosaic data on household fire safety checks undertaken and location of domestic fires.
- Encourage partners to work together to ensure there is no duplication of local programmes / projects for the support of those who are isolated or lonely.
- Develop and implement a commissioning strategy for prevention and social building initiatives. (2030 Vision)
- Detailed strategic analysis of single person households using census and other relevant data at LSOA level where available to understand the distribution and concentration of single person households in the borough
- To map the agencies within the borough that already provide specific services to alleviate social isolation and loneliness to identify gaps, geographical concentration and barriers to access.
- Carry out a pro-active assessment of the level of need based on the known characteristics of those likely to be socially isolated or lonely. That is, those individuals who are lonely and isolated need to be identified through public records, GPs, Emergency Departments etc.. It would be useful to have a particular emphasis on isolation and identifying those who are isolated and might have needs which are caused by or made worse by isolation.

Neighbourhood

- Produce/ adapt from elsewhere a simple briefing/ practical resource on social isolation for frontline workers, with a few key issues/ sign posting information.
- Develop a training package to support those working with people at risk of isolation and loneliness.
- Develop a Community Navigator scheme where local volunteers help older or vulnerable people find their way to activities or services they would enjoy or find useful.
- Support the development of Good Neighbour Schemes. (2030 Vision)
- Provide support to encourage smaller groups to develop whether new or established. (2030 Vision)
- Ensure that neighbourhood teams and the developing Your Support Your Choice continue to develop initiatives and approaches to reducing social isolation
- Explore links with local schools and colleges for potential intergenerational activities.
- Activities and interventions **for particular groups** such as carers or others who have a "community of interest".

Individual

- Use the opportunity of collecting data for the new ASCOF (Adult Social Care Outcomes Framework) indicator to identify socially isolated service users, offer intervention and track the impact.
- Encourage more people to participate in social activities (bring a friend)
- Develop detailed research and engagement programme to understand local perceptions of social isolation and the initiatives local people consider important

- Social prescribing scheme for those identified by GP and other health services experiencing loneliness and/or social isolation.
- Determined effort to identify individuals who would not normally be included in initiatives to reduce social isolation and loneliness. These might include men, the homeless, people with a disability, carers.
- Develop digital inclusion including going on line, the use of tablets, PCs, smart phones and Skype.

3.8 Other ISNAs

In addition to the four priority areas, ISNAs have been completed following the Health Inequalities Accelerated Delivery Workshops in 2010.

OI1 Cardiovascular Disease

Completed in June 2012 identified seven areas for recommendations for commissioners

1. To contribute to narrowing the significant life expectancy gap between Blackburn with Darwen and both the region and the country as a whole, reduction of CVD mortality should remain a major priority for Blackburn with Darwen's Health and Wellbeing Board (HWB) and Clinical Commissioning Group (CCG).

2. To contribute to increased healthy life expectancy of the population of Blackburn with Darwen, and to achieve more sustainable healthcare, greater emphasis is needed on primary, secondary and tertiary prevention of CVD:

a. **Primary prevention** – reducing the risk of the disease developing in the first place;

b. **Secondary prevention** – management of established disease to decrease the future risk of a heart attack or other major event;

c. **Tertiary prevention** – rehabilitation to maximise functional capacity and ensure the best possible prognosis and quality of life.

3. Action to reduce the current high levels of CVD in Blackburn with Darwen should target population groups and areas in which modifiable risk factors are concentrated and are strongly related to deprivation and disadvantage. Examples include:

a. **targeting** screening and support for behaviour change across the social gradient;

b. increasing the **scale and intensity** of provision in more deprived areas; and

c. developing prevention services that are effective and accessible for particular **high risk groups**, such as people out of work or people with mental health problems or learning disabilities.

4. Stress, particularly in the workplace, is a major risk factor for CVD that particularly contributes to inequality. It has not previously been the focus of local strategies to prevent CVD, and so should now be prioritised. Opportunities include:

a. **stress management** (e.g. by implementing the Health and Safety Executive guidance on management standards[75]);

b. the **effective promotion** of physical and mental wellbeing at work.

5. Reducing tobacco and alcohol consumption and improving the diet and levels of physical activity in the population could lead to rapid reductions in deaths from CVD. It would also have positive, longer term effects on the risk of many other major long-term conditions, including cancer and dementia. Achieving this change should be prioritised and will require a sustainable, properly planned, led, resourced and evaluated multi-sectoral programme, using policy and planning to focus on the places where people live and work to create environments where healthy choices are easier.

6. Following an acute cardiovascular event such as a heart attack, TIA or stroke, we must ensure that our services achieve outcomes for patients comparable with the best in the country; this could also have a significant impact on levels of premature death and disability in the population.

7. Continuing priority should be given to developing local rehabilitation services. Rehabilitation should:

a. be **available** for all CVD conditions in which it is cost-effective;

b. be **accessible** to all patients who could derive benefit, particularly those from BME communities, deprived areas and hard-to-reach groups;

c. take a **holistic** bio-psycho-social approach, which is the most effective model

OI2 Cancer

Completed in June 2013 this ISNA set key priorities and recommendations across five areas for commissioners and was developed jointly with the Pennine Lancashire Cancer Steering Group.

The **key priorities** for cancer for Pennine Lancashire Cancer Steering Group, Blackburn with Darwen Clinical Commissioning Group and Blackburn with Darwen Health and Wellbeing Board should be:

- **To reduce premature mortality from cancer in Blackburn with Darwen.**
- **To reduce inequalities in cancer mortality within Blackburn with Darwen, and between Blackburn with Darwen and England.**

Recommendations

To achieve these priorities the following **recommendations** should be taken into account:

1. Overarching Recommendation

1.1. An overarching end-to-end pathway should be put in place, incorporating the prevention of cancer and raising awareness of the signs and symptoms of cancer, through to survivorship and end-of-life care, with clear outcomes and effective monitoring.

2. Risk Factors

2.1. All provider services across Blackburn with Darwen that work with individuals around lifestyle and generic risk factors should be engaged to ensure key lifestyle messages in relation to cancer and cancer awareness are given to the local population, making every contact count.

2.2. Stop smoking services, physical activity and alcohol services should be commissioned across the borough to ensure equal access for all individuals in a variety of settings, but targeting those most at risk of developing cancer.

2.3. Primary Care, including Healthy Living Pharmacies, the third sector and other partners such as Jobcentre Plus, should be engaged to ensure they are raising key lifestyle issues, giving consistent, agreed messages and signposting individuals to a range of services provided across the borough.

2.4. Cancer prevention programmes should be delivered in collaboration with other programmes which address health-related behaviours as well as wider determinants, including education and the environment where people live, work and socialise. This can be done in conjunction with external organisations as well as internal provider services, e.g. re:fresh, Healthy Living Centre.

3. Primary Care

3.1. The CCG should ensure that there is clear GP leadership across the borough, within each GP practice and in other primary care settings, with improved GP access for patients and improved access for GPs to diagnostics.

3.2. Initiatives should be put in place to encourage uptake of cancer screening programmes, including text messaging, letters and phone calls.

3.3. Each GP practice within the borough should have an action plan in place to identify areas on which to focus to improve outcomes for their patients, including the use of emerging tools, e.g. the local risk assessment tool.*

4. NHS Population Cancer Screening: bowel; cervical; breast

4.1. The recommendations from the three-yearly North West Quality Assurance visit for each cancer screening programme should be fully implemented within the given timescales, with reporting subject to appropriate escalation.

4.2. Coverage of all three cancer screening programmes should be improved across the borough, with minimum national standards being met, increasing coverage for each screening programme by 5-20% dependent on the screening programme. There should be a focus on the population groups who are least

likely to attend, including those with learning disabilities, from BME population groups or living in disadvantaged areas, young people (for cervical screening), and other protected groups.

4.3. A focused piece of work should be undertaken to look at reasons why individuals across the borough are not complying with the national screening programmes. In particular a key focus is required on initial invite and informed consent. This work needs to be fully evaluated and its findings should guide future planning on promotion of screening programmes.

5. Emergency Presentation

5.1. The proportion of emergency presentations should be reduced by raising awareness of the signs and symptoms of cancer within the general population and within targeted population groups, and by working with primary care.

5.2. Work should be undertaken within secondary care around individuals who present as an emergency admission and are diagnosed with cancer.

OI3 Alcohol

Almost complete this ISNA has been developed in conjunction with the DAAT and includes draft recommendation for commissioners.

1. Information and awareness campaigns should be coordinated among partners to ensure a strategic approach and maximum impact.

2. The Recovery Community should be supported to build on existing mutual aid and self-help initiatives to sustain recovery and promote social integration.

3. An action plan should be developed to aid the implementation of the Young People's Pledges (see page 15).

4. Efforts should be made to cultivate a better understanding of alcohol-related harm in later life, develop appropriate interventions, and ensure that services are aware of and respond to the alcohol-related needs of older people.

5. In order for Public Health to carry out its role as a 'responsible authority' for licensing applications, including assessing harm and cumulative impact, a robust system of local data gathering and analysis will be required.

6. Work should continue to be coordinated with the Community Safety Partnership, for whom substance misuse remains a strategic priority.

OI4 Sexual Health

Recently completed to include the most recent data, this needs assessment endorses the recommendations set out in the Department of Health's *Framework for Sexual Health Improvement in England.*