**Cumbria Health and Wellbeing Strategy 2016 – 2019**

**Delivery Plan 2016/17**

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| **Outcome 1: Every child has the best start in life** | | | | | | | | |
| **Key area of activity** | **Measure** | **Baseline** | **Milestone/1 Year Measure/Target3–year Measure(s) or Target(s)** | **Frequency of performance reporting** | **Programme(s) of activity** | **Lead Organisation and Lead Officer** | | **Dataset** |
| Promoting Breastfeeding | Initiation of breastfeeding at 6-8 weeks  % of all mothers who breastfed their babies in the first 48hrs after delivery | Data processes improved during 2016.  Cumbria: 64.9%  National: 74.3%  Allerdale: 64.8%  Barrow: 50.1%  Carlisle: 63.2%  Copeland: 59.2%  Eden: 76.2%  SL: 78.9%  (PHOF, 2015) | To achieve England average rates by 2017/18  Increase rate in line with England (over 3 years)  Increase rates in the districts with the lowest levels in line with England | Quarterly  Annual | County-wide Implementation of WHO Baby Friendly Initiative  Implementation will take place across the County through progress towards accreditation of different stages of BFI. | Cumbria County Council/John Barrett  Involves North Cumbria Acute Hospitals Trust  Morecambe Bay Hospitals Trust  Cumbria Partnership Foundation Trust – Health Visitors  Children’s Centres | | 0-5 Healthy Child Programme Contract Management |
| Tackling childhood obesity | % of reception age (4-5 yrs) with excess weight  % of children aged 10-11 (Year 6) classified as overweight or obese  % of children aged 5 with decayed, missing or filled teeth  % of children achieving physical literacy standards (KPI 4 in Govt Strategy)  % of Looked after Children classified as overweight or obese | Cumbria: 25.1%  England: 22.5%  Allerdale: 26.2%  Barrow: 30.6%  Carlisle: 20.4%  Copeland: 26.1%  Eden: 23.3%  SL: 20.4%  (PHOF, 2013/14)  Cumbria: 33.4%  England: 33.5%  Allerdale: 35.4%  Barrow: 33.5%  Carlisle: 32.7%  Copeland: 34.0%  Eden: 33.9%  SL: 31.4%  (PHOF, 2013/14)  32.1% for Cumbria  New measure, baseline not yet established  (data capture method not confirmed)  New measure, baseline not yet established  (data capture method not confirmed) | To reduce the rate of excess weight in 4-5 year olds to 23% by 2020/21  Reduce rates in the districts with the highest levels in line with England  Reduce rate in line with England  Establish a Year 1 baseline (later in the year when data is made available)  Establish a Year 1 baseline (later in the year when data is made available) | Annual  Annual  Annual (time lag of data)  Annual  Annual | Implement all aspects of the National Child Measurement Programme – including timely notification of results  Active Cumbria Early Years Programme  National Lottery Sport Programmes (Sportivate and Satellite Sports Clubs  A specific children’s weight management service may be included in the new 0-19 HCP contract due start in April 2017  Continuation of Smile4Life within Children’s Centres | Cumbria County Council/John Barrett  Cumbria County Council/Colin Cox  Cumbria County Council/John Barrett  Cumbria County Council/Colin Cox | | HSCIC  National Child Measurement Programme  HSCIC |
| Improving mental wellbeing of children and young people | Percentage of inappropriate referrals to specialist services  Part of national project to develop common measures for mental wellbeing, led by CORC and Anna Freud/UCL  National Programme Outcome – socially significant improvement in the mental wellbeing of at risk young people  (range of measures pre and post exposure to commence in September 2016)  % mothers who received an assessment following a Maternal Mood review, in line with local pathway by the time the infant is aged 6 to 8 weeks of age  Self-Harm:  Young people hospital admissions for self-harm: rate per 100,000 aged 10 – 24  (PHOF, 2010/11-12/13)  Hospital admissions due to substance misuse (15-24 yrs)  (PHOF, 2011/12-13/14) | 33%  Measures to be agreed in 2016  Baseline to be established – new local measure  Cumbria: 461.2  England: 352.3  Cumbria: 118.1  England: 81.3 | Reduce by 5% (to 31%)  Reduce rate in line with England by 2020-22  Reduce rate in line with England | Quarterly | Implementation of Cumbria multi-agency whole system model.  Improving access to specialist services Tier 3 Programme and expand Tier 2 Services  Involvement of parents and carers in service design and delivery  Implementation of Cumbria’s Transforming Services plan   * Development of community eating disorder service * Closer collaboration with schools * Improved response to young people in crisis   Implementation of Primary Mental Health Early Intervention Service  HeadStart Phase 3 Strategy and Implementation Plan   * Building resilience promoting environments * Building capacity in the CYP workforce * Equipping 10 to 16 year olds with skills and resources to have the ability and confidence to cope with life’s inevitable ups and downs   Development of a multi-agency maternal mental health pathway – Health Visiting service  Community participation in Sport Project  Introduce fast-track access to Child and Adolescent Mental Health Services (CAMHS) for Looked After Children | CCG/CCC  Colin Cox/John Barrett  CCG  CCG/CCC  CCG/CCC  CCG/CCC  Cumbria County Council/Colin Cox/John Barrett  County Council/Colin Cox  Cumbria County Council/Colin Cox  Cumbria County Council/CCG | | Emotional Wellbeing and Mental Health Partnership  0-5 Healthy Child Programme Contract Management |
| **Outcome 2: Adults lead healthy and fulfilling lives** | | | | | | | | |  |  | Reduce rate to ???? |
| **Key area of activity** | **Measure** | **Baseline** | **Milestone/1 Year Measure/Target3–year Measure(s) or Target(s)** | **Frequency of performance reporting** | **Programme(s) of activity** | **Lead Organisation and Lead Officer** | | **Dataset** |
| Reducing unhealthy levels of alcohol consumption | Alcohol specific hospital admissions (persons) directly age standardised rate per 100,000 population  (PHOF, 2013/14)  Rate of alcohol related crime (Cumbria Constabularly, 2014/15)  Alcohol related Anti-Social Behaviour (Cumbria Constabulary, 2014/15) | Cumbria: 425  England: 374  Allerdale: 388  Barrow: 619  Carlisle: 459  Copeland: 518  Eden: 228  SL: 334  Cumbria: 14.3%  Allerdale: 12.1%  Barrow: 19.3%  Carlisle: 12.8%  Copeland: 16.1%  Eden: 9.2%  SL: 14.9%  Cumbria: 14.0%  Allerdale: 13.8%  Barrow: 13.0%  Carlisle: 14.9%  Copeland: 14.4%  Eden: 11.5%  SL: 14.6% | Reduce in line with England  Reduce to 12%;  Reduce rates in the districts with the highest levels in line with the county average  Reduce to 12%;  Reduce rates in the districts with the highest levels in line with the county average | Annual  Annual  Annual | Deliver the Cumbria Alcohol Strategy  Develop alcohol harm reduction plans through the 6 Locality HWB Forums  Develop an alcohol related harm pathway through The Health and Social Wellbeing System  Develop structured communications plan to tie in with National campaigns aimed at reducing alcohol related harm  Increase the amount of hazardous and harmful drinkers accessing our substance misuse services (Unity) | Cumbria County Council/Colin Cox  PHA/Local Health and Wellbeing Forums  Cumbria County Council/Colin Cox  Cumbria County Council/Colin Cox  Cumbria County Council/Colin Cox | |  |
| Reducing the prevalence of smoking; tackle inequality by reducing the percentage of people who smoke in districts currently above the county average | Smoking prevalence (persons 18+)  (PHOF, 2014; Integrated Household Survey) | Cumbria: 19.1%  England: 18.0%  Allerdale: 18.4%  Barrow: 23.5%  Carlisle: 22.2%  Copeland: 28.7%  Eden: 11.3%  SL: 12.1% | To reduce smoking prevalence to 12% by 2019 across the population as a whole and to 17.5% in routine and manual groups. | Annual | Develop smoking cessation activity through the 6 Local Health and Wellbeing Forums  Promote and deliver community pharmacy based smoking cessation services throughout Cumbria as part of the Health and Social Wellbeing System  Develop structured communications plans to maximise National Campaigns aimed at reducing smoking prevalence | PHA/Local Health and Wellbeing Forums  Cumbria County Council/Colin Cox  Cumbria County Council/Colin Cox | |  |
| Tackling obesity | % of people who have a BMI over 30 (GP Register)  % of people in Cumbria registered with diabetes (GP Register)  % of people physically inactive (Active Lives Survey) (KPI 2 in Govt Strategy) | Cumbria CCG: 9.72%  England: 9.03%  (QOF, 2014-15)  Cumbria CCG: 7.14%  England: 6.37%  (QOF, 2014-15)  New measure, baseline not yet established | Reduce in line with England; and reduce rates in the districts with the highest levels in line with the county average  Reduce in line with England; and reduce rates in the districts with the highest levels in line with the county average  Establish a Year 1 baseline (later in the year when data is made available) | Annual  Annual  Annual | Deliver weight management programme as part of Health and Social Wellbeing System  Develop actions targeted at reducing obesity through the 6 Local Health and Wellbeing Forums  Develop structured communications plans to maximise National Campaigns aimed at reducing obesity  Physical Activity Care Pathway for adults to include previously operated Exercise on Referral Scheme. This pathway supports the Cumbria Health and Social Wellbeing System.  Active Workplaceto encourage employees of targeted businesses to become more physically active and healthy. This programme is aligned to CCC’s Better Health At Work Award | Cumbria County Council/Colin Cox  PHA/Local Health and Wellbeing Forums  Cumbria County Council/Colin Cox  Cumbria County Council/Colin Cox  Cumbria County Council/Colin Cox | |  |
| Improving the mental health and wellbeing of adults | Reduction in use of S136 detentions  (Cumbria Constabulary)  No children/adults in custody suites as a place of safety under MHA  (Cumbria Constabulary)  Reduce waiting times for Mental Health Act (MHA) Assessments  (ASC?)  Suicide rate (per 100,000 persons) | 128 (April – September 2014)  (21 per month )  33 adults; 1 child (April – September 2014)  Baseline to be finalised  Cumbria: 11.3  England: 8.9  (PHOF, 2012-14) | 50% reduction (10 per month)  Reduce to 0  50% reduction (currently between 2 – 15 hours)  Reduce in line with England by 2018 | Monthly  To be finalised  To be finalised  Annual | Mental Health Transformation Programme – delivered through the implementation of the Cumbria Mental Health Strategy “Better Mental Health for all”.  The 5 year strategy is made up of 3 sections:  -Vision to achieve parity of esteem and improved mental health and well being  -Model of care development – that describes the delivery of a seamless service to achieve the vision.  -Commissioning strategy – the mechanism to ensure delivery of the model of care.  Support people with low level mental health problems through the Health and Social Wellbeing System  Improve access to mental health assessment and support for people experiencing a mental health | Mental Health programme board and JCB  Cumbria County Council/Colin Cox  Mental Health programme board and JCB | | Development of a needs assessment analysis will provide a new mental health reporting framework.  MH performance dashboard (in early stages of development) |
| **Outcome 3: Older people are enabled to live independent and healthy lives** | | | | | | | | |
| **Key area of activity** | **Measure** | **Baseline** | **Milestone/1 Year Measure/Target3–year Measure(s) or Target(s)** | **Frequency of performance reporting** | **Programme(s) of activity** | **Lead Organisation and Lead Officer** | | **Dataset** |
| Reducing the number of falls | Reduced conveyance of care home residents to hospital.  Injuries due to falls in people aged 65 and over (Persons) per 100,000 | To be established prior to commencement of project.  Cumbria: 1,695  England: 2,064  (PHOF, 2013-14) | To be established prior to commencement of project.  Retain levels below England and continue to reduce | Monthly | North Cumbria Falls – establish current state with regard to falls services in North Cumbria and identify gaps in support offered to care homes.  Develop a plan for the delivery of a comprehensive care home scheme to reduce and manage falls.  This will be closely linked with the systems described below  Active Cumbria Older Adults Programme is a ‘pilot’ project to increase levels of participation in Physical Activity for Older Adults (65+ years) in order to improve the life quality and independence of participants through increasing confidence, self-esteem and mobility  Health and Social Wellbeing system to establish clear pathways for falls prevention for vulnerable groups | Cumbria Clinical Commissioning Group – Andy Airey – Deputy Network Director Carlisle and Eden  Cumbria County Council/Colin Cox  Cumbria County Council/Colin Cox | | NWAS – Conveyancing from care homes to hospital. |
| Tackling social isolation | % of Adult Social Care users who have as much social contact as they would like | Cumbria: 47.9%  England: 54.4%  (PHOF, Adult Social Care Users Survey, 2013-14) | Increase in line with England | Annual | Health and Social Wellbeing System working with wider third sector to identify at risk individuals and ensure appropriate social support |  | |  |
| **Outcome 4: The people of Cumbria receive the quality of care they are entitled to** | | | | | | | | |
| **Key area of activity** | **Measure** | **Baseline** | **Milestone/1 Year Measure/Target3–year Measure(s) or Target(s)** | **Frequency of performance reporting** | **Programme(s) of activity** | **Lead Organisation and Lead Officer** | | **Dataset** |
| Ensuring that people who are at high risk of needing social care receive the care they need in time | To be confirmed  Reduced non-elective admissions  Local measure to be devised re. coverage and efficacy of Integrated Care Communities  Delivery of Extra Care Housing in Cumbria | To be confirmed  As featured in the Better Care Fund plan for Cumbria (2016/17)  To be confirmed  As outlined in the Extra Care Housing Strategy | To be confirmed  As outlined in the Better Care Fund plan for Cumbria (2016/17)( draft ready early February)  To be confirmed  As outlined in delivery plan for the Extra Care Housing Strategy | Quarterly  Quarterly  To be confirmed  As set out in the Strategy | Delivery of Family Nurse Partnership  Delivery will be supported by implementation of the Better Care Fund Plan (BCF) –to aid the establishment of an integrated health and social care system that is: more efficient; reduces avoidable hospital admissions and facilitates early hospital discharge.  Establishment of Integrated Care Communities  Transformation of ‘landscape of care’ as outlined in Commissioning Strategy for Care and Support (2015/2020)  Extra Care and Supported Living Housing to be developed in Cumbria | Cumbria County Council/John Barrett  Jo Atkinson | | 0-5 Healthy Child Programme Contract Management  Better Care Fund data |
| Working to ensure that the focus of services for people with learning disabilities, physical disabilities and mental health services is on recovery and independence | To be defined | To be identified. | Delivery of a sustainable and suitably commissioned learning disability services across Cumbria. |  | Delivery of the learning disability transformation programme as a Transforming Care Partnership (TCP).  Implementation of findings and recommendations from Joint Health and Social Care Self-Assessment Framework and Autism SAF 2014 to continue to improve services for people who have a learning disability and/or autism.  Commencement of development of a Cumbria Learning Disability strategy. | CCC/CCG  Janice Horrocks – Deputy Director Mental Health and Learning Disability | |  |
| Delivering patient rights as set out in the NHS Constitution | All expected rights and pledges:   * Referral to Treatment (RTT) * Ambulance * Accident & Emergency (A&E) * Cancer   Non-elective admissions.  Delayed transfers of care.  Permanent admissions into care homes – aged 65+  Patient/service user experience  Effectiveness of reablement. | As set out in the NHS Constitution  As detailed in the BCF plan 2015/16 | National standards in place  1-year targets detailed in the BCF plan 2016/17 | RTT, A&E,  Ambulance – Monthly;  Cancer and  Community Psychiatric Assessment – Quartely.  Monthly via the Cumbria Joint Commissioning Board | 8 High Impact changes -Through the Success Regime in North Cumbria, Better Care Together (Vanguard) Programme in South Cumbria and the System Resilience Groups in North Cumbria and North Lancashire and South Cumbria, development and delivery of specific programmes of work to achieve and maintain the constitutional standards.  Delivery will be supported by implementation of the Better Care Fund Plan (BCF) –to aid the establishment of an integrated health and social care system that is: more efficient; reduces avoidable hospital admissions and facilitates early hospital discharge. | Cumbria Clinical Commissioning Group  Peter Rooney, Interim Chief Operating Officer  Cumbria County Council and Cumbria Clinical Commissioning Group – Sally Burton, Interim Corporate Director, Health and Care Services; Peter Rooney, Interim Chief Operating Officer | | Expected Rights and Pledges/ Constitutional Standards  Cumbria Adult Population |
| Developing services for the most frail and vulnerable that enable them to lead independent lives for longer | Reduced non-elective admissions  Fewer permanent admissions to residential care  Reduced length of stay  Additional measure to be agreed | As featured in the Better Care Fund plan for Cumbria (2016/17) (draft ready early February)  To be established | To be established  To be established | Monthly  Quarterly reports on BCF will be received by the HWB Board | Development of a frailty service and end to end pathway – North Cumbria  Delivery will be supported by implementation of the Better Care Fund Plan (BCF) – to aid the establishment of an integrated health and social care system that is: more efficient; reduces avoidable hospital admissions and facilitates early hospital discharge.  Establishment of Integrated Care Communities  Transformation of ‘landscape of care’ as outlined in Commissioning Strategy for Care and Support (2015/2020)  Extra Care and Supported Living Housing to be developed in Cumbria. | Cumbria Clinical Commissioning Group – Andy Airey: Deputy Network Director, Carlisle and Eden | | Better Care Fund data |
| **Outcome 5: The system is put on a sustainable footing** | | | | | | | | |
| **Key area of activity** | **Measure** | **Baseline** | **Milestone/1 Year Measure/Target3–year Measure(s) or Target(s** | **Frequency of performance reporting** | **Programme(s) of activity** | | **Lead Organisation and Lead Officer** | **Dataset** |
| Ensuring that the capacity of the formal and informal workforce within the health and wellbeing system is sufficient to meet needs | To be established paragraph 4.3 from covering report | To be established paragraph 4.3 from covering report | Will be agreed in May 2016 | To be established | HeadStart Capacity Building – making Emotional Resilience everybody’s business  Workforce development element of Cumbria Transformation Plan  BCT  Success Regime | | JM/AS  Greg Everatt/Anne Sheppard |  |
| Reducing the deficits and pressures within the health and care system | To be established paragraph 4.3 from covering report  Cumbria County Council make budgeted savings to meet budget pressures | To be established paragraph 4.3 from covering report  Savings of £5million required in Health and Care Services | To be established paragraph 4.3 from covering report  Savings made | To be established paragraph 4.3 from covering report  Monthly | BCT  Success Regime  Adult Commissioning Strategy  Development of a 0-19 Integrated Healthy Child Programme for commencement April 2017 | | BCT  Success Regime  CCC/Jo Atkinson |  |

**Key:**

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| BCF | Better Care Fund |
| BCT | Better Care Together |
| CAMHS | Child and Adolescent Mental Health Services |
| CCG | Clinical Commissioning Group |
| CPFT | Cumbria Partnership Foundation Trust |
| HCP | Health Child Programme |
| HSCIC | Health & Social Care Information Centre |
| HWB | Health and Wellbeing Board |
| JCB | Joint Commissioning Board |
| LAC | Looked After Children |
| MHA | Mental Health Act |
| NWAS | North West Ambulance Service |
| PHA | Public Health Alliance |
| PHOF | Public Health Outcomes Framework |
| QOF | Quality Outcomes Framework |
| RTT | Referral to Treatment |
| TCP | Transforming Care Partnership |
| WHO | World Health Organisation |