**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 2017/18Increase rate in line with England (over 3 years)Increase rates in the districts with the lowest levels in line with England | QuarterlyAnnual | County-wide Implementation of WHO Baby Friendly InitiativeImplementation will take place across the County through progress towards accreditation of different stages of BFI. | Cumbria County Council/John BarrettInvolves North Cumbria Acute Hospitals TrustMorecambe Bay Hospitals TrustCumbria Partnership Foundation Trust – Health VisitorsChildren’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 CumbriaNew 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 2020/21Reduce rates in the districts with the highest levels in line with EnglandReduce rate in line with EnglandEstablish 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) | AnnualAnnualAnnual (time lag of data)AnnualAnnual | Implement all aspects of the National Child Measurement Programme – including timely notification of resultsActive Cumbria Early Years ProgrammeNational Lottery Sport Programmes (Sportivate and Satellite Sports ClubsA 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 BarrettCumbria County Council/Colin CoxCumbria County Council/John BarrettCumbria County Council/Colin Cox | HSCIC National Child Measurement ProgrammeHSCIC |
| 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 ageSelf-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 2016Baseline to be established – new local measureCumbria: 461.2England: 352.3Cumbria: 118.1England: 81.3 | Reduce by 5% (to 31%)Reduce rate in line with England by 2020-22Reduce 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 ServicesInvolvement of parents and carers in service design and deliveryImplementation 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 ServiceHeadStart 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 serviceCommunity participation in Sport Project Introduce fast-track access to Child and Adolescent Mental Health Services (CAMHS) for Looked After Children | CCG/CCCColin Cox/John BarrettCCGCCG/CCCCCG/CCCCCG/CCCCumbria County Council/Colin Cox/John BarrettCounty Council/Colin CoxCumbria County Council/Colin CoxCumbria County Council/CCG | Emotional Wellbeing and Mental Health Partnership0-5 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: 425England: 374Allerdale: 388Barrow: 619Carlisle: 459Copeland: 518Eden: 228SL: 334Cumbria: 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 EnglandReduce to 12%; Reduce rates in the districts with the highest levels in line with the county averageReduce to 12%; Reduce rates in the districts with the highest levels in line with the county average | Annual AnnualAnnual | Deliver the Cumbria Alcohol StrategyDevelop alcohol harm reduction plans through the 6 Locality HWB ForumsDevelop an alcohol related harm pathway through The Health and Social Wellbeing SystemDevelop structured communications plan to tie in with National campaigns aimed at reducing alcohol related harmIncrease the amount of hazardous and harmful drinkers accessing our substance misuse services (Unity) | Cumbria County Council/Colin CoxPHA/Local Health and Wellbeing ForumsCumbria County Council/Colin CoxCumbria County Council/Colin CoxCumbria 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 ForumsPromote and deliver community pharmacy based smoking cessation services throughout Cumbria as part of the Health and Social Wellbeing SystemDevelop structured communications plans to maximise National Campaigns aimed at reducing smoking prevalence | PHA/Local Health and Wellbeing Forums Cumbria County Council/Colin CoxCumbria 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 averageReduce in line with England; and reduce rates in the districts with the highest levels in line with the county averageEstablish a Year 1 baseline (later in the year when data is made available)  | AnnualAnnualAnnual | Deliver weight management programme as part of Health and Social Wellbeing SystemDevelop actions targeted at reducing obesity through the 6 Local Health and Wellbeing ForumsDevelop 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 CoxPHA/Local Health and Wellbeing Forums Cumbria County Council/Colin CoxCumbria County Council/Colin CoxCumbria 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 finalisedCumbria: 11.3England: 8.9(PHOF, 2012-14) | 50% reduction (10 per month)Reduce to 050% reduction (currently between 2 – 15 hours)Reduce in line with England by 2018 | MonthlyTo be finalisedTo be finalisedAnnual | 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 SystemImprove access to mental health assessment and support for people experiencing a mental health | Mental Health programme board and JCBCumbria County Council/Colin CoxMental 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: 1,695England: 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 belowActive 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 mobilityHealth 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 EdenCumbria County Council/Colin CoxCumbria 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 confirmedReduced non-elective admissionsLocal measure to be devised re. coverage and efficacy of Integrated Care CommunitiesDelivery of Extra Care Housing in Cumbria | To be confirmedAs featured in the Better Care Fund plan for Cumbria (2016/17)To be confirmedAs 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 confirmedAs outlined in delivery plan for the Extra Care Housing Strategy | QuarterlyQuarterly To be confirmedAs set out in the Strategy | Delivery of Family Nurse PartnershipDelivery 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 BarrettJo Atkinson | 0-5 Healthy Child Programme Contract ManagementBetter 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/CCGJanice 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 experienceEffectiveness of reablement. | As set out in the NHS Constitution As detailed in the BCF plan 2015/16 | National standards in place1-year targets detailed in the BCF plan 2016/17 | RTT, A&E, Ambulance – Monthly;Cancer andCommunity 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 GroupPeter Rooney, Interim Chief Operating OfficerCumbria 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 StandardsCumbria Adult Population |
| Developing services for the most frail and vulnerable that enable them to lead independent lives for longer | Reduced non-elective admissionsFewer permanent admissions to residential care Reduced length of stayAdditional 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 establishedTo be established | MonthlyQuarterly reports on BCF will be received by the HWB Board | Development of a frailty service and end to end pathway – North CumbriaDelivery 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 businessWorkforce development element of Cumbria Transformation PlanBCT Success Regime | JM/ASGreg 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 reportSavings of £5million required in Health and Care Services | To be established paragraph 4.3 from covering reportSavings made | To be established paragraph 4.3 from covering reportMonthly | BCTSuccess RegimeAdult Commissioning StrategyDevelopment of a 0-19 Integrated Healthy Child Programme for commencement April 2017 | BCTSuccess RegimeCCC/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 |