

**Barrow in Furness
Health Improvement and Health Inequalities strategy
2008 – 2010**

Action Plan



May

2008

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1 INTRODUCTION

1.1 Purpose and scope of this plan

This plan sets out our approach to improving the health of the people of Barrow. Actions to achieve the most important health improvement targets (set out in Section 1.2 below), for the period January 2008 to December 2010 are outlined. Though the plan's development has been led by the Primary Care Trust (PCT), its successful implementation can not be achieved without the full participation of partners. Consequently each action identifies a lead organisation and key partners, all of whom have contributed to the development of this plan and its actions.

The plan supports the delivery of the Cumbria PCT Public Health Strategy and Closer to Home initiative, Furness Partnership's Community Plan, Neighbourhood Renewal and Cumbria Local Area Agreement Health Improvement Targets.

Two companion documents are available:-

- A Baseline Assessment of health needs in Barrow.
- A Background document outlining the plan's approach to improving health, key initiatives and services in Barrow and the evidence base for key actions.

Both documents can be found on the Barrow Borough website – Healthy Communities and Older People page.

1.2 Targets for health

Priority actions in this plan are identified to address the following national targets to improve the health of the population, and reduce health inequalities.

PSA 1: Life Expectancy

By 2010, increase the average life expectancy at birth in England to 78.6 years for men and 82.5 years for women (PSA1).

Specifically:

- Reduce the mortality rate for heart disease, stroke and related diseases by at least 40% in people under 75 years, with a reduction in the inequalities gap by at least 40% (that is between the fifth of areas with the worst health and deprivation indicators and the population as a whole).

This is subject to a further stretch target in the Cumbria Local Area Agreement.

- Reduce the mortality rate for cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6%.
- Reduce the mortality rate from suicide and injury of undetermined intent by at least 20%.
- Reduce the mortality rate from accidents by at least 20%.

PSA 2: Health Inequalities

Reduce health inequalities by 10% by 2010, as measured by infant mortality and life expectancy at birth.

- Starting with children under one year, reduce by at least 10% the gap in mortality between 'routine and manual' groups and the population as whole.
- Starting with local authorities, reduce by at least 10% the gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

PSA 3: Teenage pregnancy

Reduce by at least 50% the conception rate among under 18's in the worst 20% of wards, by 2010.

- Reducing the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health (target shared by Department of Health and Department of Education and Skills)

Although the priority actions aim to have the biggest impact in the short term, they will also involve a reorientation of mainstream health promotion activities and primary care services for Barrow that will need to be sustained to meet future health needs. The plan will be a dynamic document and subject to ongoing review and adaptation.

Other longer term actions are also important for improving health in Barrow. These have been identified in the plan at section 5. Since many factors influence health, a variety of actions are required in order to produce the cumulative impact on health outcomes that we are seeking to achieve in the longer term.

2 HEALTH IN BARROW

2.1 Baseline Assessment - Summary of key findings

A detailed assessment of the health of Barrow is provided in a separate companion document "Health Improvement and Health Inequalities Strategy 2008 – 2010 Baseline Assessment" Available at:

<http://www.barrowbc.gov.uk/pdf/Furness%20Health%20Baseline%20Assessment%20Feb%2008.pdf>

This document is the basis on which the priority actions for this health improvement plan have been determined. The key findings of the report show that:

The Health of people living in Barrow in Furness

- Life expectancy for men in Barrow is on average 2 years less than for England as a whole. At current trends Barrow will not meet the national health inequalities target by 2010. Bringing life expectancy in Barrow up to the target level would mean preventing about 70 premature deaths each year.
- The main causes of the low level of life expectancy in Barrow are deaths from circulatory diseases, cancers, suicides and accidents, which are all significantly higher than the national average. If the rate that people are dying from these conditions in Barrow was reduced to the national average, this would reduce the gap in life expectancy for men from 2 years to just 6 months and for women from 8 months to 3 months.
- The number of suicides in 15-44 year old men in Barrow has been rapidly increasing in recent years.
- Mortality from accidents in Barrow is 50% higher than the national average and has been increasing over the last 10 year. If this trend continues the 2010 target will not be met.
- Although infant mortality is not higher than the national average, there has been an increasing trend in Barrow since 1998. Nationally infant mortality was decreasing during this time.

The causes of ill health

- Indicators of the level of smoking, healthy eating, misuse of alcohol, and physical activity are all slightly worse for Barrow than the national average.
- In the neighbourhood management area, just over a third of people smoke and only 14% of people eat the recommended 5 portions of fruit and vegetables per day.
- In 2007 only 1 in 5 of babies born to mothers living in Hindpool were being breastfed by the time they left hospital.
- Although the teenage pregnancy rate is similar to the England average it affects young women disproportionately in the less affluent communities.

The potential impact of interventions

- Reducing smoking prevalence by 2% each year would prevent about 40 deaths over the next 4 years.
- Identifying people at risk and ensuring that people with circulatory disease are given optimum treatment could result in 20 fewer deaths per year.

Priority areas for action.

- To improve life expectancy in Barrow there will need to be action to reduce the number of deaths from circulatory disease, cancer, suicides and accidents. In terms of cancer and accidents this will require action to alter the current trend.
- These improvements will need to occur across all areas in Barrow, but be most pronounced in the most deprived areas and particularly focused on men.
- In the short term priority actions will need to focus on:
 - Improving the early diagnosis and treatment of cancer and circulatory disease.
 - Reducing smoking, improving diet, increasing physical activity and reducing excessive alcohol consumption.
 - Preventing accidents particularly in young men
 - Improving mental health and preventing suicides
 - Helping people with disabilities and chronic ill health into work.

2.2 Partners in the delivery of the Action Plan.

Health issues cross both departmental and agency boundaries. There are shared roles and responsibilities across a range of partners to promote and improve health.

Key partners include:

- Cumbria PCT
- Barrow Borough Council
- Cumbria County Council
- Morecambe Bay University Hospitals Trust
- The Cumbria Partnership Trust
- Barrow Council for Voluntary Service
- Connexions and youth providers
- Voluntary and community organisations
- Primary Care Service Providers e.g. GPs, pharmacists
- The Barrow Local Strategic Partnership (Furness Partnership) and its subgroups
- Cumbria Constabulary
- Cumbria Fire and Rescue Service
- The Health Protection Agency
- Schools and Colleges
- Social Care

In Barrow, the Local Strategic Partnership, the Furness Partnership, is well established and has a central role in tackling health inequalities through coordinating action and ensuring effective targeting of resources to the neediest communities. The

partnership has a major focus on regeneration through delivering Barrow's Neighbourhood Renewal Strategy. The Partnership operates a number of subgroups, all of which make an important contribution to improving health. The Barrow Healthy Communities and Older People Group have a key responsibility for coordinating the planning and delivery of Health Improvement action in Barrow, and monitoring its progress. This group will ensure that the health improvement planning and delivery system is well co-ordinated to link across the county and district and neighbourhood levels.

3 Setting Local Health Targets

In order to increase life expectancy in Barrow to the target level there will need to be approximately 70 fewer deaths each year in 2009-2011 as compared to 2004-2006. This will reduce the mortality rates for men and women to the target levels in the Cumbria Local Area Agreement and increase life expectancy in line with the national health inequalities target.

However just meeting each of the four national mortality targets for circulatory disease, cancer, suicides and accidents would in total mean only about 34 fewer deaths per year in Barrow. This would not be sufficient to achieve the reductions in life expectancy required, a further 36 deaths would need to be prevented. This indicates that either mortality from these 4 conditions will need to be reduced beyond these targets or there will need to be reductions in deaths from other causes if the life expectancy target is to be reached.

Circulatory Disease.

It is likely that reductions beyond the target number of deaths will be achievable for circulatory diseases. This is because deaths from circulatory disease in Barrow have already been falling rapidly; just continuing at the current trend would mean approximately 28 fewer under 75 deaths from circulatory disease each year between 2009 and 2011 as compared to 2004-2006. Although this is nearly three times the number of deaths that would need to be prevented to meet the LAA target, it is potentially achievable in this time frame as there are several interventions that are likely to be effective. For example identifying people at risk and ensuring that people with circulatory disease are effectively treated could result in 20 fewer deaths per year. Reducing smoking prevalence by 2% each year from 2008 to 2010 would save approximately 10 deaths per year, about 3 of which would be from circulatory disease (see Baseline assessment for detailed explanation)

Cancer.

Deaths from cancer in Barrow are 20% higher than the average for England. They have remained static over the past couple of years whilst elsewhere they have been declining. Cancer mortality in the most deprived 20% of areas of Barrow remains higher than the rate for Barrow as a whole with no evidence of the gap closing. Consequently in order to address the national target work will need to focus on the earlier diagnosis and treatment of cancers with especial attention on the more deprived areas.

Suicide.

The 2004-2006 mortality rate from suicide in Barrow was actually lower than the 2009-2011 target, therefore it has been assumed that it should be possible to maintain this low rate in 2009-2011.

Accidents.

Accidents account for on average 20 deaths per year in Barrow, about 50% higher than the national mortality rate. 70% of these are due to road traffic accidents or falls in the elderly many with an alcohol component. The trend is increasing and will need to be reversed if the national target is to be met.

Infant Deaths.

In the period 2004-2006, there were 10 infant deaths. Although this gave a rate that was below the England average, it was higher than infant mortality had been in Barrow in 1998-2000. Returning to the 1998-2000 rate, would mean preventing on average 1 infant death per year, and would have a marked effect on life expectancy.

Based on these calculations local targets have been set, these are the same as those given nationally, except for circulatory disease, suicide and infant mortality, for which targets have been set in this plan that are lower than the national targets, for the reasons given above (see Table 1 below).

Indicator	2004-2006 Baseline	Approximate number of deaths that will need to be prevented each year in 2009-2011 to meet target, (Male, female)	2009-2011 Target	On track	Current trend
Male Life expectancy	75.4	42		NO	↑
Female life expectancy	80.7	28		YES	↑
Male all age all cause mortality	856	42	769	NO	↓
Female all age all cause mortality	552	28	503	YES	↓
Under 75 Circulatory disease	99	28 (18,10)	87	YES	↓
Under 75 Cancer	146	14 (7,7)	130	NO	→
Suicides	9	0	13	YES	↓
Accidents	24	12 (7,5)	15	NO	↑
Infant Mortality rate	4.3	1	2.5	NO	↑

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Table 1 Mortality targets for Barrow Health Improvement Plan, all rates are per 100,000 populations and are directly age standardised, except the infant mortality rate (per 1000 live births) and life expectancy(years)

Outcome indicators and targets have been set for each of the major risk factors that contribute to these causes of mortality and partner organisations are setting targets for the levels of activity and service provision over the next 3 years, (See section 7).

4 ONGOING HEALTH AND WELL-BEING IMPROVEMENT ACTIONS

Many areas that improve health are being addressed by other agencies and task groups, and the Healthy Communities and Older people's group will identify the areas where important links need to be made to progress the health improvement agenda.

Key areas include:

- Children and young people's plan – includes the range of the Every Child Matters "Be Healthy" - including Child obesity
- Housing-home improvements and warm homes, access to housing benefits
- Maximising income for older people and vulnerable groups
- Increasing employment rate
- Reducing no of people claiming incapacity benefit
- Reducing domestic violence
- Reducing fire related deaths and injuries
- Improving public realm- parks and open spaces
- Reducing illicit drug use and drug related deaths
- Social inclusion and social capital

(for further information see section 7.5).

5 OVERSEEING THE PLAN AND MEASURING PROGRESS

A revised Healthy Communities Task Group has been established to oversee the development and delivery of the Health Improvement agenda in Barrow in Furness, with a specific focus on delivering priority health improvement Targets in Barrow. This group will have a strategic focus, and representatives will be expected to have the ability to direct resources towards achieving agreed health improvement objectives.

The group will ensure co-ordinated partnership working across statutory and voluntary organisations in order to plan and deliver the health improvement plan.

Membership will include

- Public Health, Cumbria PCT
- Primary Care Clinical Lead, Cumbria PCT
- Locality Commissioning Lead, Cumbria PCT
- Barrow Borough Council
- Cumbria County Council, Area Manager
- Cumbria County Council, Adult Social Services
- Barrow CVS
- Disability Association
- Age Concern
- Job Centre Plus

- PCT Children's Services Manager
- Cumbria Partnership Trust representative

The task group will also oversee performance in relation to the progress made towards the national targets, by establishing and monitoring local trajectories where possible. It will also monitor the achievement of specific work programmes, which will be tracked using a range of outcome and activity indicators. The Group will also take stock and plan further work programmes where there is failure to deliver on achieving targets.

6 MAKING IT HAPPEN

- This Plan will be agreed through PCT (Barrow Locality Executive), partner agencies and partnership structures. HCOP will guide it through the framework of the Local Strategic Partnership. The PCT Barrow Locality Executive will also endorse the plan.
- The performance management framework will link directly to Community Strategy Targets and the supplementary local targets and indicators that have been established.
- The strategy will be formally launched in Sept 2008.
- The HCOP (Health Improvement and Health Inequalities Group) will monitor the targets and indicators, review the action plan quarterly and report on progress to the Furness Partnership and Cumbria HCOP on quarterly basis

SECTION 7

ACTION PLAN 2008-2010



This action plan focuses on the key actions that we need to take in Barrow in relation to achieving the national 2010 health inequalities targets:

- Life expectancy (section 7.1)
- Health Inequalities as measured by Infant Mortality (section 7.2)
- Teenage pregnancy (section 7.3)

In addition section 7.4 highlights actions to enable and support change and section 7.5 identifies ongoing health and wellbeing areas which contribute but are not directly included in the main Action Plan.

Many of the programmes identified in the plan will be implemented across the whole of Barrow Borough, but some will focus on “risk groups” who are vulnerable to suffering the worst health outcomes, for example:

- Areas of greater disadvantage ie wards already identified through the baseline assessment (eg Hindpool and Central) and others which emerge through targeted work.
- People with learning disabilities
- People with mental health problems
- Men over the age of 40

In focussing on the priority actions required to achieve targets, it is recognised that the plan does not set out all the actions that will improve health in Barrow over the longer term. Some of these areas are identified in Section 7.5 of the Plan and work will be conducted under the oversight of the Healthy Communities and Older People Task Group (HCOP) to ensure these areas of work are taken forward.

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Actions highlighted in bold are agreed in principle but may still be in development.

ACTION PLAN

SECTION 7.1 LIFE EXPECTANCY AND MORTALITY GOALS

Goal	Indicator	Baseline 2004-2006	Target 2009-2011	
Increased life expectancy	Life expectancy	Male-75.4 Female-80.7	Male 76.8 Female 81.5	Office of National statistics
	All age all cause mortality per 100,000 population	Male-856 Female-552	Male-769 Female 503	National clinical health outcomes database
Reduced premature mortality from circulatory disease	Under 75 year old mortality from circulatory disease per 100,000 population	99	67	National clinical health outcomes database
Reduced premature mortality from cancer	Under 75 year old mortality from cancer per 100000 population	146	130	National clinical health outcomes database
Reduced mortality from accidents	Accident mort per 100000 population	24	15	National clinical health outcomes database
Reduced mortality from Suicides	Suicide mortality rate per 100000 population	9	9	National clinical health outcomes database

OUTCOMES - EARLY DIAGNOSIS, TREATMENT AND SUPPORT FOR SPECIFIC GROUPS AT HIGHER RISK

Outcome	Indicator	Baseline	Target 2010	Data source
Improved survival of people diagnosed with lung cancer	5 year survival from Lung cancer	To be developed	To be developed	Cancer registry
Improved survival of people diagnosed with Colorectal cancer	5 year survival from Colorectal cancer	To be developed	To be developed	Cancer registry
Identification and management of people with hypertension	Proportion of people with hypertension ¹ on GP registers	52% (2006-07)	80%	QMAS
	Proportion of hypertensive's with controlled hypertension	80%(2006-07)	90%	QMAS

¹ Denominator estimated from Health Survey for England 2003

ACTION PLAN

Outcome	Indicator	Baseline	Target 2010	Data source
Identification of people at risk of CVD and provision of lifestyle advice and appropriate treatment	Proportion of people with 10 year CVD risk >20% ¹ on GP registers	0	50%	QMAS
	Proportion of people on risk register who have had assessment and health check	0	90%	QMAS

7.1.1 ACTIONS TO INCREASE CASE FINDING AND EARLY INTERVENTION

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Explore and further develop the opportunities to reduce the incidence and mortality from cancer in Barrow	High rates of specific cancers in men and women of Barrow Borough	Cumbria PCT-Health Improvement Team (South Cumbria)	Locality GPs	Assessment of cancer incidence and mortality	Cumbria PCT
Raise awareness and encourage uptake of Bowel cancer screening program	Men and women aged 60-69	Cumbria PCT	Agencies having contact with target group (men and women 60-69)	Screening uptake	Cumbria PCT
Raise awareness and early identification of at risk patients in the community via targeted and focussed first line health checks (40-75 year olds) – innovative targeting with partner organisations	40-75 year olds, with priority on most disadvantaged wards	Cumbria PCT-Health Improvement Team (South Cumbria)	Job Centre Plus Sure Start Neighbourhood Management Team Environmental Health Team Locality GPs and primary care Community pharmacies	No of community / first line life check assessments in 40-75 year olds Potential to pilot in 2008	PCT Neighbourhood Management Team Possible bid to Working Neighbourhood fund
Develop programmes to increase access to health promoting interventions through partnerships with 'Routes to Work', Job Centre Plus etc.	Working age adults	Cumbria PCT-Health Improvement Team (South Cumbria)	Job Centre Plus	Scoping of current position Interventions identified	Possible bid to Working Neighbourhood fund, plus other sources to be identified

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Explore and develop a Cardiovascular Disease Risk Programme to increase the number of patients identified and managed to improve their risk levels	Borough Wide	Cumbria PCT- Health Improvement Team, Long Term Conditions Board, locality commissioning group	PCT Neighbourhood Management Team, Community Nurses (Cardiac Rehab Intervention) Primary care providers	To be developed	PCT LAA pump prime funding Neighbourhood Management Team

7.1.2 ACTIONS TO SUPPORT PEOPLE IN ADOPTING HEALTHYLIFESTYLES(staying healthy)

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Reduce "lifestyle" risk factors - supporting activity included in 'Smoking, alcohol food, physical activity and obesity' sections	See sections 1.3, 1.4 and 1.5				
Establish a Healthy Living Partnership which co-ordinates and supports activity to promote healthy lifestyles in Barrow (subgroup of HCOP)	Borough-wide	Cumbria PCT	Various statutory, non-statutory and voluntary organisations	Group established with full membership and TOR	Support and co-ordination PCT (Public Health)
Healthy living centre to deliver interventions targeting vulnerable groups Expand referral links to include those with long term conditions as well as preventative interventions. Delivery of HLC BIG Lottery funded well being project to expand and develop activities Provide signposting to Expert Patient and other structured patient education programmes – identify gaps in provision.	Communities, groups and individuals who are at risk of poor health outcomes.	Primary Care Trust <ul style="list-style-type: none"> Integrated Services Health Improvement Team 	Various statutory, non-statutory and voluntary organisations	No of clients referred 300 referrals from a variety of sources including GPs, Primary Care and mental Health (2008)	Cumbria Primary Care Trust <ul style="list-style-type: none"> Integrated services Pump Prime Funding BIG Lottery funding

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Establish a network of Accredited Health Trainers across partner organisations	Priority on adults in priority wards and targeted risk groups	Cumbria PCT	Sure Start, Age Concern, Healthy Living Centre, GP Practices, Pharmacies, Park Leisure Centre and Cumbria Partnership Trust	Increase in the number of Health Trainer contacts Number of organisations participating	PCT
To provide accredited Health Trainer training	Priority on adults in priority communities and targeted risk groups	Cumbria PCT Furness College University of Cumbria	As above	Number of people trained as accredited Health Trainers 15 people trained during 08-09 15 people trained during 09-10	NRF 2007-08 Cumbria and Lancashire Public health network funding and Choosing Health
Establish local Self Care for You Courses as part of regional pilot	Adults in priority communities and targeted risk groups	North West SHA and Cumbria PCT	Healthy Living Centre Age Concern Neighbourhood management team	No of people trained as trainers No of people participating in courses	SHA pilot resources neighbourhood management team
Improve the health of people with a learning disability	1) Increase the number of people with learning disabilities over 18 who have health action plans. 2) explore QOF data to find multiple risk factors e.g. cross ref Reed codes to find Learning Disability clients who are also obese	Cumbria Primary Care Trust As above	Cumbria County Council Community Learning Disabilities Team GPs As above	% of people with Learning Disabilities, over 18, who have health action plans. % of targeted interventions at multiple risk factor clients In 2006/7, 10% or 130 of 1275 people with learning disabilities supported by local authority and primary care services 2008/09 LAA target: 70% 2009/10 LAA target 90% N.B. County wide target. No data at borough level.	Primary Care Trust Cumbria County Council Primary Care Trust Cumbria County Council
Improve the Health of employed staff	Morecambe Bay Acute Hospitals Trust	Morecambe Bay Acute Hospitals Trust		No Staff engaged with the Vie Life programme	

ACTION PLAN

7.1.3 TO REDUCE SMOKING PREVALENCE AND EXPOSURE TO SECOND HAND SMOKING

OUTCOMES

Outcome	Indicator	Baseline	Target- 2010	Data source
Reduced smoking prevalence	% of people currently smoking	25% (2006)	19%	Cumbria quality of life survey
	Number of people quitting smoking	356 (2006-07)	800	NHS stop smoking service
Reduced exposure to second hand smoke	Number of homes becoming Smoke Free	To be developed	To be developed	?

ACTIONS

ACTION PLAN Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Review and further develop stop smoking services in Barrow, targeting the most disadvantaged groups	Priority wards/communities	Stop Smoking Service, Cumbria Primary Care Trust	Various referral and signposting agencies	Number of clinic sessions provided	Primary Care Trust Local Area Agreement
Increase awareness of Stop Smoking Service Telephone Number	Professionals from varied agencies working with priority target groups	Public Health	Environmental Health Officers Age Concern Sure Start Connexions Youth Agencies Fire Service Furness Multicultural Forum Neighbourhood Wardens Police Community Support Officers Education Staff Extended Schools Midwifery Service School Nurses	Number of organisations displaying SSS phone line stickers 500 stickers advertising phone number in public venues 50 Bars 20 Restaurants	Need money to fund materials

ACTION PLAN Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Raise awareness of health consequences of smoking through campaign work around annual No Smoking Day	All smokers Various agencies and organisations	Public Health	Environmental Health Officers Chronic Obstructive Pulmonary Disease Staff Job Centre Plus Youth Agencies Neighbourhood Wardens Police Community Support Officers Education Staff Extended Schools	Increase in number of calls to SSS No campaigns both structured and Ad Hoc No Smoking Day Campaign Involving at least 10 organisations	National No Smoking Day Materials
Promote Smoke Free Environments for Children - Promote smoke free homes.	Parents of children from deprived homes	Public Health	Health Visitors School Nurses Sure Start Schools	To be developed	To <u>be identified</u>
Continued Enforcement of Smoke Free Legislation	All licensed premises	Environmental Health (Barrow Borough Council)	Stop Smoking Service - Cumbria Primary Care Trust	No of complaints received either directly or via the compliance line. No of inspections undertaken To respond to reported non-compliances within three days.	Environmental Health Officer's

ACTION PLAN

7.1.4 REDUCING ALCOHOL MISUSE

OUTCOMES

Outcome	Indicator	Baseline	Target	Data source
Reduced levels of harmful alcohol consumption	% of men and women drinking over the recommended limit each week	10% (2006)	5%	Cumbria Quality of Life Survey
Reduction in alcohol related hospital admissions	Alcohol specific hospital admissions under 18s	139 per 100,000 (2003-05)	98	NWPHO local alcohol profiles
	Alcohol specific hospital admissions -Males	605 per 100,000 (2003-05)	536	NWPHO local alcohol profiles
	Alcohol specific hospital admissions-females	304 per 100,000 (2003-05)	270	NWPHO local alcohol profiles

ACTIONS

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Increase and sustain participation in key Crime & Disorder Reduction Partnership initiatives aimed at supply control, demand reduction and harm reduction, such as Barwatch, Streetsafe, Best Bar None etc	Borough-wide: Licensees Night club staff Offenders General Population	Barrow Crime & Disorder Reduction Partnership Barrow Healthy Communities & Older People Task Group	Police Barrow Borough Council Environmental Health (Licensing) Trading Standards Accident & Emergency	Joint membership of Barrow CDRP, Barrow Healthy Communities & Older People Task Group Data sharing systems in place and greater agency participation Numbers of local pubs/bars/clubs participating e.g. in Barwatch	
Support the implementation of the County Wide Alcohol strategy	Borough wide	Cumbria county Council	Crime and Disorder Partnership	Key actions implemented	

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Provide brief intervention training to front-line professionals within primary care, statutory and third sector organisations	Front-line staff working with priority target groups	Cumbria PCT Drug/Alcohol Team CADAS	Barrow Borough Council Environmental Health (Licensing) Police Housing GPs Pharmacists Health Visitors	Number of people receiving training Number of positive evaluations Number of brief interventions recorded by each agency 120 people trained in 2008 300 trained 2010	External funding needed to provide training by PCT Drug/Alcohol Team
Provide training for the licensing trade (Serve Wise, BII accredited training)	Borough-wide: Bar staff Off-license & supermarket staff Night club staff	Serve Wise/BII trainers Licensing Authority, Barrow Borough Council Environmental Health	Barwatch Police	Number of staff receiving training	Currently funded through Crime & Disorder Reduction Partnership monies
Provide support to young people to prevent alcohol misuse via effective and appropriate education and services	Borough-wide: Young people Parents/carers	Cumbria Healthy Schools Straightline Cumbria Alcohol & Drug Advisory Service SureStart Police Fire Service	Young Cumbria Connexions Drop Zone Youth Offending Service Social Care Further Education Colleges Extended schools	-numbers of schools delivering high quality alcohol/substance misuse education - Personal Social Health Education (PSHE) accredited teachers	Various sources Resources for specific initiatives to be identified

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Increase public awareness and understanding of the key health issues around alcohol misuse by linking into (and linking up) national and local campaigns, and disseminating information widely across Barrow	Whole population of Barrow	Barrow Crime & Disorder Reduction Partnership Barrow Healthy Communities & Older People Task Group Primary Care Trust Alcohol Steering Group	Police Fire Service Licensees Night Club staff Supermarket staff etc.	Number of awareness raising activities implemented. To be developed	Regional –Our Life Campaign Other local resources

ACTION PLAN

7.1.5 TO IMPROVE NUTRITION, INCREASE PHYSICAL ACTIVITY AND REDUCE OBESITY

OUTCOMES

Outcome	Indicator	baseline	Target	Data source
Increased levels of physical activity	% people engaging in moderate activity at least 3 times/week (for 30mins).	19.8% (2006)	20.3% (increase of 2.6% by 2010)	Active People Survey
Increased levels of healthy eating	Increase % of the population eating 3 or more portions of fruit and vegetables each day.	County baseline at 68% (Cumbria Quality of Life Survey, 2006).	75%	Cumbria Quality of Life survey
Identify over 16 with BMI>30 on GP QOF registers	Number of adults over 16 with BMI >30 identified on GP QOF registers.	Baseline / targets to be established 2008		Cumbria Primary Care Trust (Intelligence / Data Set)

ACTIONS

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Continuation of Barrow Sport and Physical Activity Alliance (SPAA) and its delivery plan to promote opportunities for sport and physical activity, through partnership approaches:	Barrow Borough	Barrow Sport & Physical Activity Alliance (Linked to Cumbria Sport Board)	All SPA members	Numbers of people attending activities on a regular basis SPAA annual report	Sport England and various other sources Cumbria County Council Additional resources required to ensure sustainability

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
To train local people to deliver accredited introductory sport and physical activities	Trainers to target residents from the most deprived wards of Barrow Borough	SPAA Active Living For All	Sport & Physical Activity Alliance Barrow Borough Council	Number of people trained-30 trainers to be trained per year Number of residents from the most deprived areas engaged - 300 new participants to commence activity per year	Sport & Physical Activity Alliance (SPAA) Barrow Borough Council Primary Care Trust
Develop a range of exercise options for individuals with long term conditions in association with Expert Patient and other disease specific educational input.	Individuals with longterm conditions eg. COPD, CHD, Diabetes, those at risk and those obese or overweight	Cumbria PCT-Health Improvement Team (South Cumbria) Long Term Conditions Board, locality commissioning group	Sport & Physical Activity Alliance Barrow Borough Council	Exercise options developed and incorporated in long term condition pathways	Funding of exercise sessions
Continued development of school holiday activity programmes targeting deprived wards	Priority Wards	Cumbria PCT-Health Improvement Team, Long Term Conditions Board, locality commissioning group	Primary Care Trust Borough Council Sport & Physical Activity Alliance	Number of young people participating	Funded until Sept 2008
Sustain the Feet First in Furness - Walking the way to health scheme-and develop referral links with primary care.	Borough-wdie	Barrow CVS.	British Heart Foundation, Northern Rock. Neighbourhood Renewal Funding	Number of walks. Numbers attending. Register keeping and demographic analysis. 2500 walk attendances. 30 trained walk leaders. Increased walker numbers. New walks developed. 12 new leaders trained. 100 new walkers registered.	Active Living For All, Sport & Physical Activity Alliance, Barrow Sports Council, Cumbria CVS (long term sustainable funding needed)

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
All large organisations adopting Commissioning Healthier Catering and Hospitality Guidelines	Key large organisations Caterers	Public Health & Cumbria County Council	Barrow Food Forum Cumbria County Council Barrow Borough Council	Number of staff responsible for ordering food trained in how to use guidelines Number of organisations using guidelines to provide catering Number of Caterers supplying food following the guidelines	Training Funding for training
Publicity and ongoing support and distribution of 5&5 diaries	Professionals from varied agencies working with priority target groups	5ive & 5ive Steering Group	Barrow Food Forum Public Health, Active Living For All, Area Support CCC, Disability Sport Coordinator CCC, Active Living For All, Feet First in Furness, Workplaces, Barrow Leisure Centre, Youth Providers Furness College	1000 diaries already given out At least another 1000 diaries given out in 2008 5ive and 5ive evaluations returned	Funding to print more diaries

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Developing/expanding the Food and Fitness project	Professionals from varied agencies working with priority target groups	Food and Fitness Project Steering group	Barrow Food Forum Public Health, Area Support CCC, Children's Services, Hindpool Association, Bram Longstaffe Nursery, Neighbourhood Management Team	Number of people accessing these sessions Food and Fitness sessions currently running at Hindpool and Barrow Island wards At least one Food and Fitness (Cook and Eat and Exercise to Music/ walking) session running in each of the 6 priority wards	Funding required to run sessions (rent, ingredients, instructors) and purchase any equipment
Develop an infrastructure to sustain and develop cooking & growing schemes	Various community agencies and organisations	Barrow Food Forum	Public Health Development Barrow Healthy Living Centre Furness College School Food Project Officer March St Arches & Garden project (MSAG)	Accredited training Course running – number of people on course Number of Cook and Eats running Community members involved with growing produce at garden	Funding Training programme Funding received from Big Lottery to train Health Trainers and Volunteers at the HLC – to train others and support cook and eat delivery

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Provide sustainable cook and eat opportunities particularly for young people in most need	Professionals from varied agencies working with priority target groups	School Food Project Officer	Furness College Barrow Food Forum Public Health Development Cumbria County Council Extended Services	Cook and Eat happening in each ward At least one school holiday cooking club At least 50 young people and 50 young parents participate in cook and eat activities in each ward every year	Training and funding to skill up, employ and support deliverers of cook and eat
Continue the National Child Measurement programme and develop local pathways to support development of healthy weight for obese children	Children and families	PCT	Various: Schools – through Healthy Schools programme Barrow Fire Service Barrow Borough Council	To be developed	Potential for Lottery funding for MEND programme+other resource contributions needed, to be identified

ACTION PLAN

7.1.6 TO REDUCE THE NUMBER OF ACCIDENTS

OUTCOMES

Outcome	Indicator	Baseline	Target	Data source
To reduce the number of road traffic accidents in young men	No of injuries and fatalities due to RTA's	76 killed and injured in 2007	To reduce all killed and serious casualties by 4% over the next 12 months.	CRASH group
To reduce the number of falls in the elderly	Rate of admissions to hospital for falls in the elderly	To be developed	To be developed	Hospital Episode Statistics
To reduce accidents in children	No and types of childhood accidents and injuries presenting at A & E.	To be developed	To be developed	A&E

ACTIONS

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Audit of accidental injuries and deaths in young men to identify potential areas of risk.	Young Men	Cumbria PCT.	Safer roads for Cumbria. CRASH Group. A&E	Audit carried and reported	PCT Public Health
Education, engineering and enforcement action to improve road safety in line with South Cumbria CRASH group assessment and priorities	Young people	CRASH Group (Chaired Cumbria County Council)	All Young Cumbria. Safer roads for Cumbria	Regular data supplied by South Cumbria CRASH Group	Cumbria County Council

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Providing advice and brief interventions to people attending Accident and Emergency following alcohol related accidents	Attendees of A&E departments	Cumbria PCT	Accident and emergency department	Number of A&E staff trained to provide intervention	
Activities to prevent accidents in children: Improved data collection and sharing about the causes of childhood accidents Education for parents/carers about accident prevention	Children in priority wards	PCT Sure Start Acute Trust	All	Improved data reported Education activities carried out.	
Provide support to young people to prevent alcohol misuse via effective and appropriate education and services	See Alcohol Section:				

7.1.7 TO PREVENT SUICIDES AND PROMOTE MENTAL HEALTH

OUTCOMES

Outcome	Indicator	Baseline	Target	Data source
Decrease the number of deaths from suicide and undetermined injury for Cumbria residents by 20%	No of deaths from suicide and undetermined injury	29 suicides (males and females) between 2003-2005	20% reduction by 2010 equates to 10% reduction/ annum from 2008-2010 (2.6 less deaths per annum)	Cumbria Primary Care Trust
Improve mental health and well-being	% of people of working age on incapacity benefits because of a mental health problem	5.2% (2007)	4.3% (2010)	DWP

ACTION PLAN

7.1.7 ACTIONS TO PREVENT SUICIDES AND PROMOTE MENTAL HEALTH

Key action	Focus for key action	Lead	Partners	Activity indicator	Resources
The Cumbria Suicide Working Group re-established to summarise evidence base for suicide prevention and use of suicide audit to identify specific local actions	Cumbria wide	To be agreed	various	Group established, action plan agreed and delivered	To be identified
Mental health support and awareness activities including promoting information and sources of help available : Barrow Library "Well Read Scheme" Annual well-being day Dissemination of Headspace DVD and education pack to schools, clubs etc	Residents of the borough who have mild to moderate mental health problems	Cumbria County Council And Cumbria PCT	Cumbria Primary Care Trust Partnership Trust (Primary Care mental Health)	No loans from library self-help collection County baseline (local data pending) 2008/09 target: 1782 2009/10 target 2178 (for the whole of Cumbria (Barrow data pending)	Cumbria County Council
Develop resource to support primary mental health services in referring and supporting people with common mental health problems	Barrow Borough	Primary Care Mental health Team (including Graduate Primary Care Mental Health Workers)	Cumbria PCT Voluntary sector and local government	Up to date resource available, promoted and disseminated	Cumbria Partnership Trust. Existing capacity in Cumbria PCT team.

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity indicator	Resources
Improved media reporting on mental health as part of the wider public health communication strategy	Barrow Borough	Cumbria PCT Public health communication lead	Various stakeholders with interest in mental health		Existing capacity in Cumbria PCT PH team
Improve access for people with mental health problems to employment, social activity, housing and benefits	Barrow Borough	Cumbria Partnership trust Cumbria PCT	Various voluntary sector and local government partners	To be developed	

7.2 REDUCING INFANT MORTALITY

Goal	Indicator	Baseline	Target	Data Source
To reduce infant mortality	Infant mortality rate	2004/6 4.3 per 1,000 live births as in baseline assessment	2009/11 2.5 per 1,000 live births	National Clinical and Health Outcomes Database

OUTCOMES

Outcome	Indicator	Baseline	Target	Data source
The number of pregnant women smoking reduced	The proportion of pregnant women smoking at time of delivery	TBA	TBA	Maternity Unit Furness General Hospital
	Number of pregnant women quitting smoking	TBA	TBA	NHS stop smoking service
Increased breast feeding rate	Proportion of women initiating breast feeding	51% (2007)	60%	Maternity Unit Furness General Hospital
	Proportion of women breastfeeding at primary visit	27%(2007)	40%	Maternity Unit Furness General Hospital

ACTION PLAN

ACTIONS

Key action	Focus for key action	Lead	Partners	Activity indicators	Resources
<p>Improving the quality and accessibility of antenatal care and early years support in disadvantaged areas,</p> <p>Improve flexibility in both time and location for booking ante natal appointments to improve ante and neonatal screening</p>	Parents in Barrow Borough – particularly those in priority wards	Children and Families care stream board	Children's Centres	No of parents to be (mums & dads) attending appointments and earlier booking	Morecambe bay Hospitals Trust
Reducing smoking in pregnancy	Smoking Cessation Support offered to pregnant smokers and their partners	Midwifery Service, Morecambe Bay Hospitals trust Smoking Cessation midwife Sure Start	Children's Centres Dads groups Health Visitors Primary Care All	No of pregnant women attending smoking cessation session.	PCT and Morecambe Bay Hospitals Trust
<p>To improve the proportion of mothers who breastfeed through Barrow breastfeeding support programme</p> <p>Improved data collection and feedback about breast feeding initiation and continuation</p>	Mothers and families in Barrow particularly those in priority wards	Cumbria PCT and Health Visitors	Community Midwives and various community partners		Cumbria PCT MB Hospitals Trust

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
<p>Preventing teenage pregnancy and supporting teenage parents, by ensuring that all pregnant teenagers receive early support and advice via The Virtual Team</p> <p>See also section 7.3</p>	Designated Teenage pregnancy Liaison Midwife	Acute Trust Connexions Sure Start		Number of pregnant teenagers to have referral form completed at booking and data collected by County Risk Taking Coordinator	
<p>Improving housing conditions for children All teenage parents to have floating support.</p> <p>Increase the availability of move on accommodation for teenage parents by having Foyer provision</p> <p>To continue to improve the housing provision across Barrow</p>	Barrow Borough	Barrow Borough Council	Project John	<p>Number of teenage parents housed and receiving floating support</p> <p>Number of additional units provided for pregnant and parenting teenagers</p> <p>Number of young families living in decent housing in Barrow</p>	

ACTION PLAN

7.3 REDUCING TEENAGE PREGNANCIES

GOAL	Indicator	Baseline	Target	Data source
To reduce the conception rate amongst under 18 year olds	Teenage pregnancy rate	1998. 62.0 under 18 conceptions per 1000 females	2010. 30.9 under 18 conceptions per 1,000 females	Teenage Pregnancy Unit

ACTIONS

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Increase the provision of Young people focussed sexual health services trusted by teenagers and well known by professionals working with them.	Increased multi agency working to improve sexual health provision targeting priority groups	Cumbria PCT	Sure Start Healthy Schools, Colleges Social Care All	No of additional clinics No of young people seen and gender breakdown 1 Community clinic in Ormsgill 2 in Further Education colleges	PCT staff and resources
Roll out of condom distribution training	Young people in Barrow	CADAS Risk Taking Behaviour Partnership	Youth Work in Cumbria (YWiC) Youth Offending Services(YOS) All	Total no of condom distributors No of young people seen and gender No of training sessions and attendees 9 Condom distribution points in Barrow 100% increase in condom distributors	Funding required
To ensure that all Teenage parents receive post natal contraceptive advice	Teenage parents	MBHT Cumbria PCT	Connexions Sure Start Education Welfare Project John	No of teenage parents receiving post natal contraceptive advice	MBHT PCT

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
To ensure that all young people have rapid access to Termination of Pregnancy (TOP) services if requested and receive good contraception And emotional support post procedure	Improve access to Termination of Pregnancy services locally	PCT MBHT	Primary Care Child and Adolescent Mental Health Services	Improved access to Termination of Pregnancy services in Barrow All young people receive contraception advice and support as part of TOP commissioning No of Termination of Pregnancy performed	Cumbria PCT
Sex and Relationships Education training to become a key element of all agencies working with young people	Young people in Barrow	Cumbria County Council-led Risk taking behaviour Partnership	all	No of agencies receiving training and mainstreaming basic SRE` awareness All Connexions workers receive Level 1&2 SRE Teenage Pregnancy and SRE part of TRAC training for Youth workers	Trainers and resources
Strong delivery of SRE/PSHE by schools	Young people in Barrow	National Healthy Schools		All Barrow Schools to receive National healthy Schools accreditation All Barrow schools to deliver enhanced PSHE/SRE either Within school or the local community No of teachers and Community Nurses with PSHE Accreditation No of governors receiving training about SRE	Healthy Schools Programme
Increase the number of parents receiving Speakeasy training	Young people in Barrow	Sure Start Extended Schools Personal Support Advisors	YOS School Health	No of trainers No of training sessions No of parents attending and accredited 7 trainers in Barrow 1 training session delivered in 2007 and 10 parents accredited X to be trained in 2008	
Young people have increased knowledge of harm caused by risk taking behaviour(Raise the aspirations of young people)	Young people in Barrow	Community Outreach workers Youth Work in Cumbria	All those in contact with young people	No of young people in contact with Youth providers and Community Outreach Workers	

ACTION PLAN

Key action	Focus for key action	Lead	Partners	Activity Indicator	Resources
Increase the number of teenage parents in Education, Employment or Training(EET) Increase the uptake of Care to Learn	Young people in Barrow	Connexions Education Welfare Learning Skills Council (LSC)	Sure Start Furness College All education providers	No's attending courses such as Young Mums to Be (YMTB) and Parents with Prospects No of young parents in receipt of Care to Learn 26 In Employment or Training (EET) 27 Not in Employment or Training (NEET)S	

7.4 KEY ACTIONS TO ENABLE AND SUPPORT CHANGE

Key action	Focus for Key Action	Lead	Partners	Activity Indicator	Resources
Progress health and social care reconfiguration, progressing Closer to Home alongside defined clinical care pathways to maximise access to health and social care and ensure clinical safety for people in Barrow	Whole population	Cumbria PCT	All agencies and communities	Consultation on proposals for health and social care services Consultation to begin March 2008 Development plans in place	Cumbria PCT
Develop social marketing techniques to better support people in improving their own health	Focussed on specific priority communities	PCT Health Improvement Team	All delivery partners	Techniques identified and relevant delivery staff trained Social marketing plan in place	PCT Health Improvement Team

ACTION PLAN

Key action	Focus for Key Action	Lead	Partners	Activity Indicator	Resources
Support Acute Trust to implement a public health strategy	Staff and patients using Furness General	University Hospitals of Morecambe Bay	PCT	Public Health strategy adopted and implemented	
Establish Healthy City approach for Barrow (linked to World Health Organisation Programme) to strengthen leadership and capacity in local government and key partners	Whole population	Joint leadership from PCT/ Barrow Borough Council	All agencies in Barrow	Dedicated staff in post to lead No staff resource In post by June 2008	Staff resources under negotiation PCT/ Barrow Borough Council
Develop a practice development unit (PDU), supported by research and intelligence activities to support health improvement work in Barrow	Specific target groups identified in action plan e.g. people on incapacity benefit, people at greater CHD risk	Cumbria PCT, Lancaster University, University of Cumbria	Various agencies and communities depending on priority area of action research work to be identified	Research questions identified Model for practice development Unit defined PDU established with research focus defined by Dec 2008	Cumbria PCT Lancaster University (plus additional support if Academic Health Centre bid successful)

ACTION PLAN

7.5 ONGOING HEALTH AND WELL – BEING AREAS – contributing to but not included in the main Action Plan

Key area relating to improving health in Barrow	Status	Lead agency and link to Barrow HCOP
Health, social care and other support services for older people	Group formed to oversee priority setting and co-ordination of planning services for older people in Barrow	Paul Smith Chairs multi agency Planning Group for Barrow with links to CCC and County HCOP
Social inclusion and social capital	Building stronger communities is a key part of the Barrow Crime and Disorder Reduction Partnership (CDRP), and contributions to this are made by many agencies, Police, neighbourhood management, CVS and Barrow Borough Council, sports and cultural activities etc	No lead agency – key partners liaise via CDRP, neighbourhood management, sports council and other community development activities
Children and young people’s plan – includes the range of Every Child Matters “Be Healthy” - including Child obesity	Barrow Children’s services delivery platform which links to Childrens Trust Board, focuses on priority issues. This does not have a wider remit around public health issues such as child obesity	Cumbria County Council leads the co-ordination of the local delivery platform group PCT Barrow Locality to discuss what additional mechanism is needed to tackle wider issues 5 June 2008
Housing-home improvements and warm homes, access to housing benefits	Housing Task Group	Barrow Borough Council chairs this group- Affordable warmth/fuel poverty subject of LAA target Link though Furness Partnership (FP) co-ordinating Group – need to explore if more explicit link needs to be established

ACTION PLAN

Key area relating to improving health in Barrow	Status	Lead agency and link to Barrow HCOP
Maximising income for older people and vulnerable groups	Voluntary sector and pensions agency Subject of LAA target	Link through County HCOP (Carole Wood)
Increasing employment rate Reducing no of people claiming incapacity benefit	Employment Task Group- specific programme to look at Health and worklessness being established in partnership	Furness Enterprise and Employment Task Group – only informal links at present and through FP co-ordinating group
Reducing domestic violence	Crime and disorder reduction partnership	CDRP – PCT reps attend CDRP and violent crime task group Links to alcohol xxxxxxxxxx
Reducing fire related deaths and injuries	Fire Service very proactive in this area and adopting wider community safety remit	Links through CDRP- but need a more explicit link to HCOP
Improving public realm- parks and open spaces	Part of regeneration planning and local development framework	Barrow Borough Council Link through HCOP
Reducing illicit drug use and drug related deaths	Cumbria Drug and Alcohol Action Team CDRP	Need to determine how we link into this from locality perspective
Sexual health	New clinic in Barrow at FGH-but development needed to widen access Sexual health commissioning and service developments on agenda of PCT	Cumbria PCT and provider services Link through HCOP
Environmental health	Wide ranging remit covered by Barrow Borough Council Environmental Health Team – and potential for strengthening role in supporting health improvement eg. promoting food standards identified in Health Improvement Plan	Barrow Borough – on HCOP Is more involvement of EH needed in Task Group

