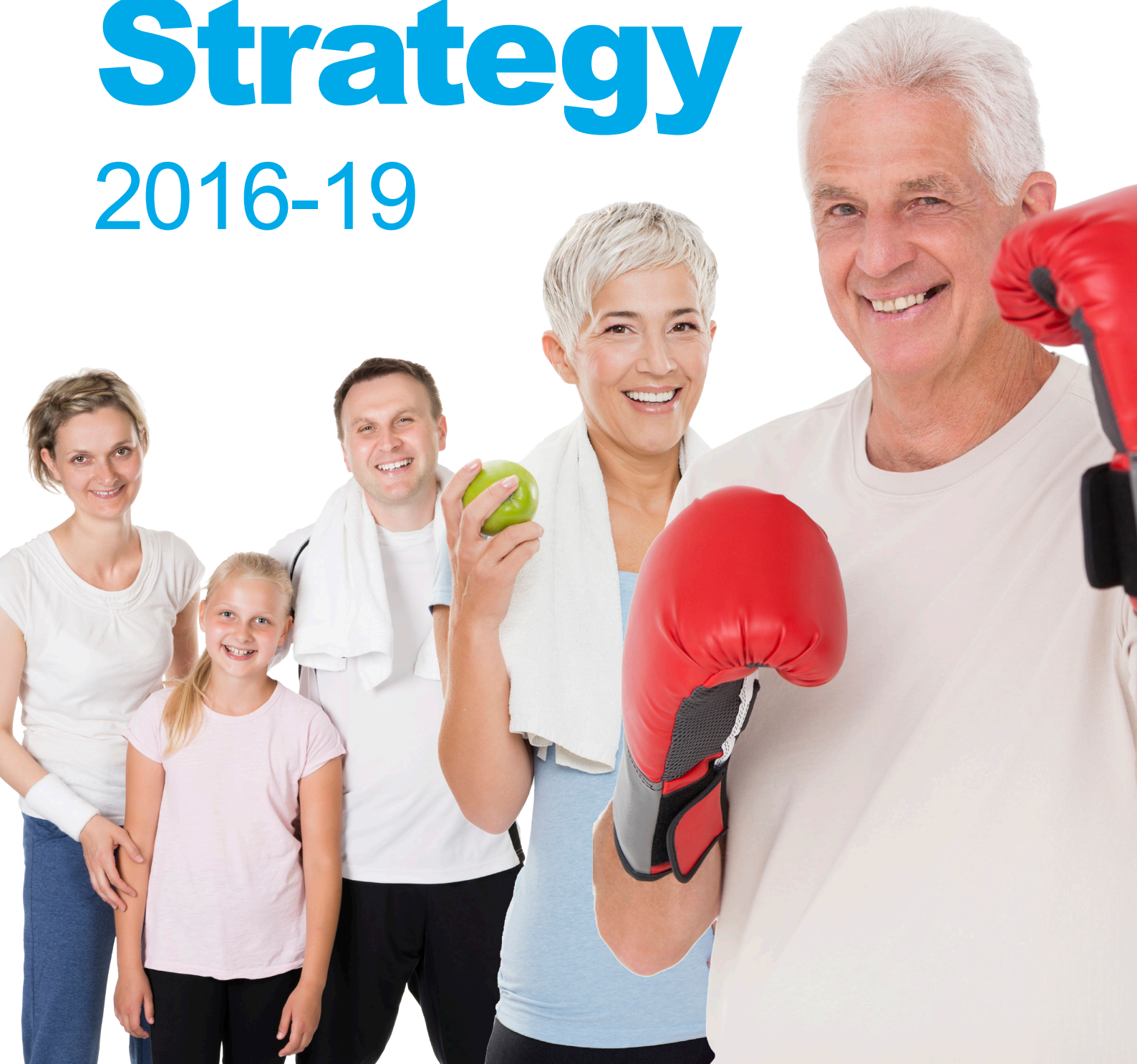


Health & Wellbeing Strategy 2016-19



1. Introduction

Our vision is that everyone in Cumbria will have improved health and wellbeing and that inequalities across the county are reduced.

To achieve this, this strategy, builds on existing work and sets the direction of travel and provides a framework for future decisions. This strategy aims to influence all services that have an impact on health, such as housing, environment, leisure and education.

That means that this Strategy has to be owned and delivered by all partners: the County Council; the Cumbria Clinical Commissioning; the NHS Trusts, District Councils; the third sector; the independent care sector; the private sector; and, most importantly, the communities and people of Cumbria.

Only by working together can the health and wellbeing challenges facing Cumbria be addressed.

Nationally, three potential challenge have been identified by the NHS and they require urgent action. These are:

The health and wellbeing gap: if the nation fails to get serious about prevention then health and wellbeing as a problem will continue to grow, inequalities across the country will widen and we will continue to spend billions of pounds on avoidable treatment which will also, as a result, limit our ability to fund new research and treatments.

The care and quality gap: unless we reshape how we deliver care including the use of new technology and drive down variations in quality and safety then people's changing needs will go unmet and unacceptable variations in care will continue.

The funding and efficiency gap: if we fail to make wide-ranging and sometimes controversial efficiencies then we will not balance the books and deliver services within the money available.

In order to meet these challenges, the strategy identifies four priorities. We will:

- Tackle population health issues where Cumbria is performing poorly
- Tackle health inequalities
- Improve the quality of health and care provision
- Create a health and wellbeing system fit for the future

In order to meet these priorities, we will encourage people to take responsibility for their own health prevention and mobilise individuals and communities to help each other. We will look at the social conditions that affect health and wellbeing, work with the people who are at high risk of needing social care; and encourage even more integrated working.

Together this will result in a better quality of life and improved health and wellbeing including mental wellbeing for the people of Cumbria.



2. The case for change

The three gaps referred to in the introduction will not be addressed unless new ways of working are introduced. In each of these three areas Cumbria is already facing significant challenges.

Evidence shows that although some past interventions have improved the health of the population, these improvements are not happening fast enough. In Cumbria inequalities still persist, the quality of care received is not consistently high enough and the whole health and care system is in danger of being unsustainable in the long-term.

HEALTH & WELLBEING GAP ¹

The Joint Strategic Needs Assessment (JSNA)² for Cumbria highlights poor performing areas and inequalities across different groups. The main areas of concern are:

- Life expectancy of males and females is lower in Cumbria than the English average.
- The gap in life expectancy levels between the most and least deprived areas in Cumbria is 9.5 years for men and 7.3 years for women and are not decreasing.
- Mothers smoking at time of delivery in Cumbria is significantly higher.
- A significantly smaller proportion of mothers breastfeed.
- The rate of hospital admissions for substance misuse for 15 to 24 year olds is higher than the English average.
- Hospital admissions for those under 18 related to alcohol is almost 70% higher
- 25.1% of reception children in Cumbria are overweight compared to 22.5% nationally.
- Cumbria had a higher rate of children in need than the national average - 413.9 compared to 346.4 per 10,000.
- There is a higher rate of children looked after than the national average - 71 compared to 60 per 10,000.
- Hospital admissions for 0-14 year olds are higher for unintentional and deliberate injuries than they are nationally.
- Only of 4.6% adults with learning disabilities in Cumbria are in employment compared to 6% in England.
- Hospital admission for self-harm in those aged 10-24 years in 2013/14 was almost 15% higher in Cumbria than rest of England
- People with specific long-term conditions, which should not normally require hospitalisation, are more likely to be admitted to hospital in an emergency
- Attendances at A&E for a psychiatric disorder are 45% higher in Cumbria compared to England.
- Cumbria has a significantly higher rate of suicide than England.
- Excess death in those under 75 with serious mental illness is almost 30% higher than the English average
- Almost half of people who use social care services report that they did not have as much social contact as they would like - for carers this increases to almost 60%
- In 2013/14 1932 persons over 65 were injured due to falls in Cumbria.

¹Sources: PHOF; General health profiles; Child health profiles; JSNA; ASCOF; NHS England

²<http://www.cumbriaobservatory.org.uk/health/JSNA/2015/homepage.asp>

Wider Factors Affecting Health

Contributing to these poor outcomes are a set of wider factors that affect health. For example, poverty and poor income are key drivers on poor health and living in poverty is closely related to other factors that influence health such as education, living environment, employment and lifestyle.

Out of 152 (upper tier) local authorities nationally Cumbria ranks 86th for overall deprivation (where 1 is the most deprived).

Of Cumbria's districts, Barrow-in-Furness has the highest level of overall deprivation falling within the 10% most deprived nationally for overall deprivation and is the 5th most deprived district nationally for health deprivation & disability. In 2012, 11.6% of households were considered to be living in fuel poverty compared to 10.4% nationally with wide variations between districts.

There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. There are 10 wards in Cumbria which fall within the bottom 10% nationally for levels of child poverty, these wards are: Central (Barrow); Sandwith (Copeland); Moss Bay (Allerdale); Hindpool (Barrow); Upperby (Carlisle); Barrow Island (Barrow); Mirehouse (Copeland); Ewanrigg, Moorclose (Allerdale); Risedale (Barrow).

Excessive weight is known to lead to conditions such as type 2 diabetes, coronary heart disease, stroke and some types of cancer. Cumbria has a vast expanse of natural environment which is a great health and wellbeing asset, offering a variety of active recreation opportunities. Despite this, in 2013, the proportion of inactive adults in Cumbria was 31.3% compared to 28.9% in England – with an upward trend.

Alcohol misuse is an area of significant concern in Cumbria. Cumbria has a 15% higher rate of hospital admission for alcohol related conditions compared to England.

Educational attainment significantly affects future life chances and, in 2014, 56.8% of children in Cumbria obtained five or more Key Stage 4 exams (GCSE) with grades A*-C– including English and Mathematics. However, there are significant variations across the county with just 21.1% of children living in the ward of Upperby in Carlisle compared to 91.7% of children living in the ward of Ulverston West in South Lakeland.



THE CARE & QUALITY GAP

In Cumbria patients are not having their basic NHS Constitution Rights and Pledges met. These include:

- Cancelled Operations
- Eliminating Mixed Sex Accommodation
- Ambulance response times
- 12 hr trolley waits
- Cancer waiting times following referral
- Admissions during referral to treatment times for Cancer

The Clinical Commissioning Group's (CCG) plan for 2014-19 highlighted that standards are not reliably delivered which inevitably compromises patient outcomes and can cause a level of risk that is not acceptable.

However, variable standards are not limited to NHS services. In 2014/15 the rate of delayed transfer of care per 100,000 population attributable to Social Care was 3.7 in England but 4.2 in Cumbria.

There is also evidence of the variability in care identified at older adults' residential care homes in Cumbria. Of those that have been inspected by the CQC 66% have a good rating which is higher than England (58%). However 11% of care homes in Cumbria were rated as inadequate - higher than England (5%).

People with disabilities have less access to health care services and therefore experience unmet health care needs and are particularly vulnerable to deficiencies in health care services. This may result persons with disabilities experiencing greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviours and higher rates of premature death.

Ofsted raised concerns about the support provided to Children Looked After with regards to health. This included: health assessments; services to meet the emotional, mental health and behavioural needs of Children Looked After; and care leavers receiving their health passports.

For young people with health and social care needs, their move from children's to adult services complicates their overall transition into adulthood. Transitions between care settings and services are significant points at which people are particularly vulnerable to losing continuity in the care they receive. Although there are agreed principles of good transitional care, there is evidence that these principles are often not reflected in practice, and that transition support is often patchy and inconsistent.

THE FUNDING AND EFFICIENCY GAP

The health system in Cumbria is considered to have a funding gap of approximately £80 million. The system is spending far more money than it is allocated. This is an issue for all three of Cumbria's NHS Trusts. The care system, as it operates under a different financial system, does not run a deficit but is facing increasing pressures.

In addition to the financial pressures facing the system, there are also serious issues with recruitment and retention of staff across the health and care system with a major overreliance on temporary staff. This over reliance is a risk the financial sustainability of services, and is a clear risk to continuity of service and quality. Within the Care sector there are also difficulties in recruiting sufficient nursing staff to ensure the continuation of nursing home provision.

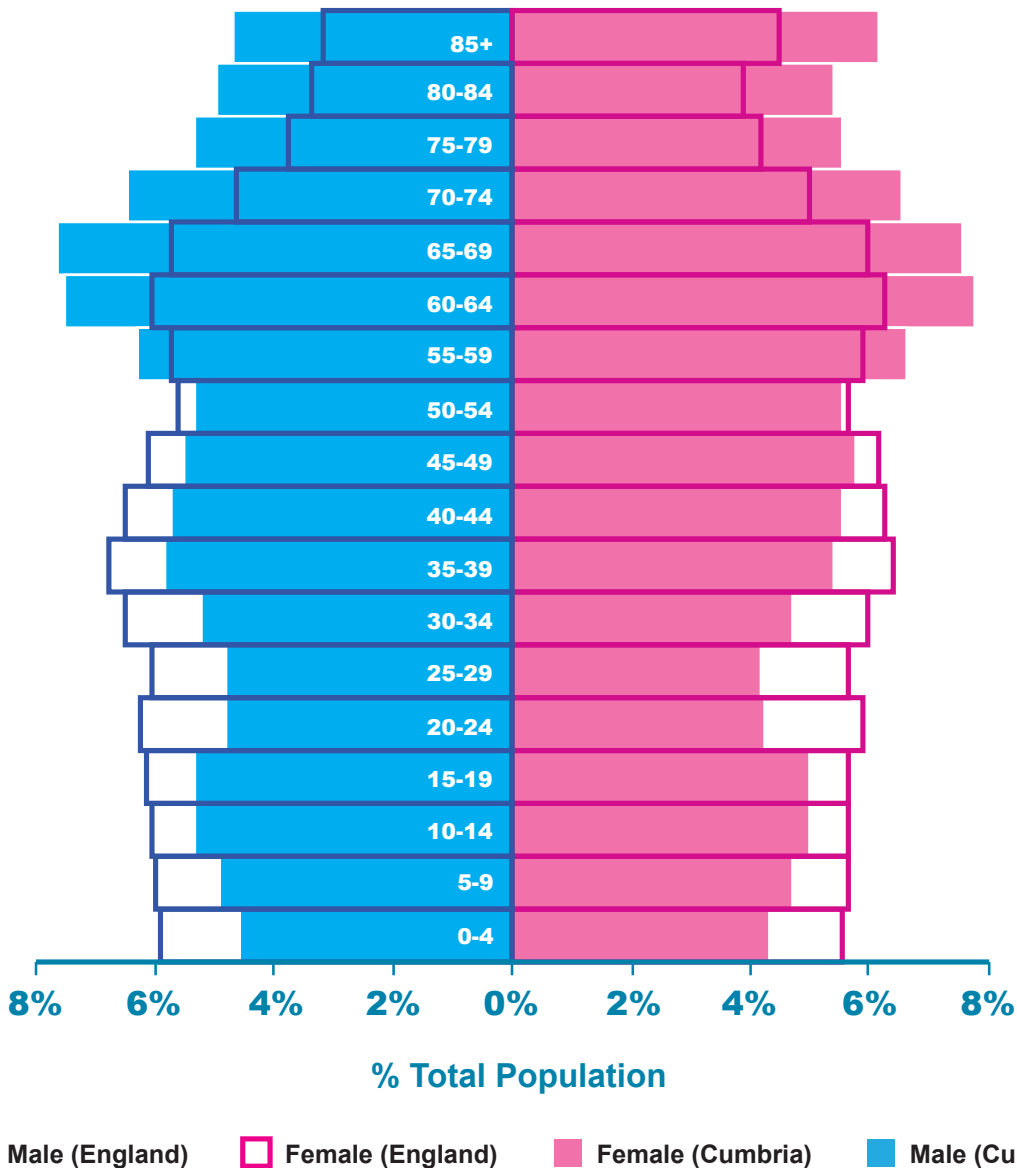
These cost pressures are increased by the additional costs associated with running services for small numbers of people across distant multiple sites in rural locations and working within a tightening budget.

LOOKING TO THE FUTURE

In Cumbria the challenges to the health and wellbeing system only likely to get worse.

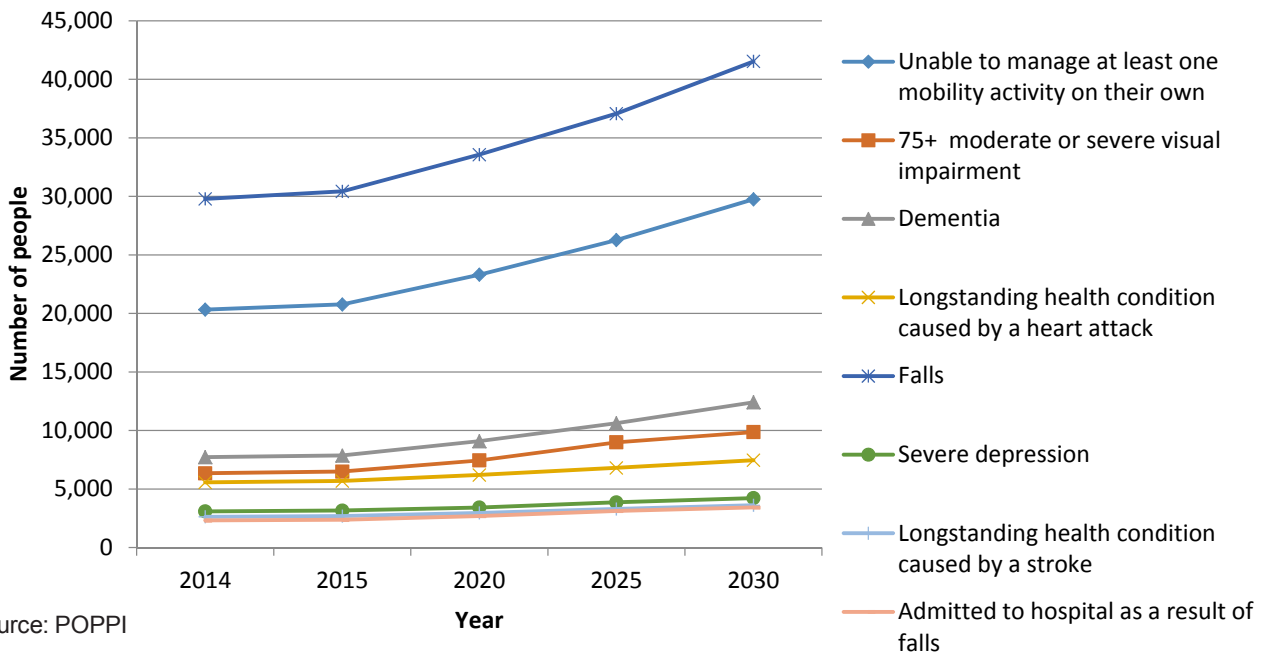
In Cumbria the current age profile is older than the national average and this is set to increase. The county is also projected to experience a decrease in numbers of younger residents living here. By 2037 the proportion of residents aged 65+ is projected to increase to 32.9% across Cumbria; this is the third greatest projected proportion of all counties in England and much higher than the projected national proportion (24%). So despite a projected reduction in the general population of Cumbria by 1.2% over the next 25 years, the pressure on health and wellbeing services will get worse, as the population living in Cumbria will be 'older'. (see fig 1).

Figure 1 Projected population by gender & age, Cumbria V England, 2030



The projections around some conditions as a result of our ageing population are highlighted in figure 2.

Figure 2 **Cumbria: Health projections
(65+ years population)**



Source: POPPI

The increase of older adults and the projected increase in the need for services coupled with a decrease in the working age population will exacerbate the recruitment and retention issues outlined above. In addition, this will place increasing financial pressures on the system.

In addition, there is a projected increase in adults aged 65+ with a learning disability of 25% by 2030. Coupled with this, there is an anticipated increased in the needs of service users and the complexity of their care.

Children and young people face a number of growing challenges. These include higher incidence of family breakdown, as well as a growth in childhood obesity, and increasing diagnoses of Autism and Asperger's Syndrome. More recently there has been increase in numbers of children in care, and growing demand for fostering and adoption.

Several consultations and surveys undertaken with and by young people in Cumbria since 2013 have highlighted the presence of high levels of anxiety

and distress caused by issues such as cyber bullying, body image, and social isolation. This is also evidenced by the higher than national rate of admissions to hospital for self-harm. Increased pressure in terms of educational attainment and future economic security are impacting on the life chances of young people who enter the labour market.

The proposed construction of a new generation of nuclear power stations at Moorside could result in temporary increase in population of about 6000 additional workers and therefore an increase in demand for health services.

These additional pressures mean that the system is not sustainable in the medium to long-term. Unless radical action is taken to redesign the system the result will be some combination of worse services, fewer staff, larger deficits, and restrictions on new treatments.

What is needed is a fresh approach to tackling the issues.

3. A new approach

Across Cumbria there is recognition from partners that making improvements in isolation will not provide the level of change required - that there is a need to address the problems jointly. Only by taking a whole system approach will the pace and scale of change be sufficient to meet the needs of the population of Cumbria in a sustainable way.

That shift has already started. For example, work being done through Better Care Together, the Success Regime, the GP Development Programme, the Local Transformation Plan for Children and Young People's Mental Wellbeing Services, the Better Care Fund, Integrated Care Communities and the Neighbourhood Care Independence Programme, is beginning to make a difference.³

Making this change will require collaboration across a range of stakeholders – between local authorities, NHS organisations, the third sector and other local partners, as well as patients and the public working together as a population health system.

POPULATION HEALTH SYSTEM

Thinking about this shift in relation to systems rather than organisations is crucial because of the complex range of influences on people's health and wellbeing.

While integrating services is important, this must be part of a broader focus on promoting health and reducing health inequalities across the whole county.

In Cumbria, our ambition is to build a population health system which consists of integrated health and care provision; communities mobilised for health and wellbeing; all operating within a new set of system incentives and behaviours.

Integrated Health and Care Service
+
Aligned Incentives and Behaviours
+
Mobilised Community, Place and Individual Resources
=
New Population Health System

This new system will have a greater focus on helping people take responsibility for their own health; on prevention; on the social conditions that affect health and wellbeing; on people who are at high risk of needing social care; and more integrated working between all parts of the health and wellbeing system.

INTEGRATING SERVICES AND ALIGNING SYSTEMS

At the moment efforts to integrate services across health and care have been difficult and the system has acted as a barrier to change.

As a result, initiatives can 'peter out' and there is a tendency to default back to single organisational approaches.

Issues such as: lack of clarity or conflict about aims; differing organisational or professional values; trust issues; fluid relationships between partners; and increased complexity can all reduce the chance of successful collaboration.

External factors such as: short term contracts regulators who focus on organisations rather than the system; and a complicated payment system all act as barriers to change.

This needs to change.

Some work has already started. In the South of Cumbria Better Care Together and in the North the Success Regime are both beginning to address these issues.

³Appendix 1 sets out the activities being undertaken by some of the key programmes

New models of delivering health and social care are also being developed. Models that will create the right incentives to keep individuals, families and communities healthy, and to develop and grow capacity in community based services, while maintaining services for those with more complex needs. If successful, this would lead to the establishment of new models of care with commissioning based on a shared health and care budget.

However, incentives and behaviours also need to change and change in every bit of the system - primary care, social care, care homes, specialist hospital based teams, community teams, public health, third sector, back office functions and system leadership.

MOBILISING INDIVIDUALS, COMMUNITIES AND PLACES

However, changing the way health and care organisations work is not, by itself, enough. The health of the population of Cumbria will not improve, inequalities will not narrow and services will not be sustainable if the system focuses only on investing in early intervention and prevention.

As part of a radical service re-design, activity needs to move towards services that support people to help themselves – for example developing life skills, confidence and self-esteem, and the ability to take control of their own lives.

This requires enabling a fundamental cultural shift away from public services being seen as delivery agents to a passive population, to the creation of a system where everyone ‘does their bit’. Where everyone plays their part in looking after their own health and are good neighbours to people who are struggling and need their help.

This will require development of the wider locality based public realm and civic society and a new way of working based on four complementary concepts:

- Asset-based – starts with a glass half full and builds on existing assets that are both tangible and intangible.
- Place-based – works in the neighbourhood as the space where people and networks with shared interests can come together.
- Relationship-based – creates conditions that provide mutually beneficial outputs
- Citizen-led, community-driven – empowers individuals and communities to take control of their lives

Figure 4



By increasing resilience and self-help in our communities we can reduce demands on the formal health and care system.

4. Our priorities

Our vision for health and wellbeing in Cumbria is:

**Everyone in Cumbria will have improved health and wellbeing
and
Inequalities in health and wellbeing across the county will be reduced**

In order deliver this vision and meet the challenges identified by the three gaps identified in the introduction, and building on the existing programmes identified earlier, four priority areas of activity have been identified. We will:

- Tackle health issues where Cumbria is performing poorly
- Tackle health inequalities
- Improve the quality of health and care provision
- Create a health and wellbeing system fit for the future

The delivery of the strategy will ensure the following five outcomes.

- Every child has the best start in life
- Adults lead healthy and fulfilling lives
- Older people are enabled to live independent and healthy lives
- The people of Cumbria receive the quality of care they are entitled to
- The system is put on a sustainable footing

Figure 5



Within each of the outcomes, key areas of activity for the next three years of the Strategy have been identified through the engagement process - in particular by the Public Health Alliance using evidence drawn from the JSNA.

In order to meet the priority on tackling health inequalities it is the intention that the delivery plan will ensure that the activity is focused on those areas which will have the greatest impact on health and wellbeing inequalities.

For each of the outcomes, the key areas of activity are:

Outcome 1: Key areas of Activity	Every child has the best start in life Promoting breastfeeding; Tackling childhood obesity; and Improve mental wellbeing of children and young people.
Outcome 2: Key areas of Activity	Adults lead healthy and fulfilling lives Reducing unhealthy levels of alcohol consumption; Reducing the prevalence of smoking; Tackling obesity; and Improving the mental health and wellbeing of adults.
Outcome 3: Key areas of Activity	Older people are enabled to live independent and healthy lives Reducing the number of falls. Tackling social isolation.
Outcome 4: Key areas of Activity	The people of Cumbria receive the quality of care they are entitled to Ensuring that people who are at high risk of needing social care receive the care they need in time. Working to ensure that the focus of services for people with learning disabilities, physical disabilities and mental health services is on recovery and independence. Delivering patient rights as set out in the NHS Constitution. Developing services for the most frail and vulnerable that enable them to lead independent lives for longer.
Outcome 5: Key areas of Activity	The system is put on a sustainable footing Ensuring that the capacity of the formal and informal workforce within the health and wellbeing system is sufficient to meet needs. Reducing the deficits and pressures within the health and care system.

The annual delivery plan, agreed and monitored by the Health and Wellbeing Board, will set out activities that will ensure that the outcomes are achieved.

5. Delivering the strategy

The Cumbria Health and Wellbeing Strategy sets out high-level, medium term priorities for the improvement of health and care in Cumbria.

This strategy is not intended to sit upon the shelf. Cumbria Clinical Commissioning Group, NHS England, and the County Council's plans for commissioning services will be expected to be informed by this Strategy. Where plans are not in line with it commissioners must be able to explain why.

In addition, in order to address the priorities, Cumbria's Health and Wellbeing Board will identify a series of activities where partners can contribute to achieving the outcomes. These will be set out in an annual delivery plan and the Board will establish appropriate monitoring mechanisms to ensure the delivery of the strategy. Where possible, and to avoid unnecessary duplication, these will build on the monitoring mechanism contained in the main work programmes that contribute to the identified priorities.

The Health and Wellbeing Strategy is not a separate programme - there is no separate funding stream for the strategy. Instead it is intended that the activities that are required to achieve its priorities build on key improvement programmes already being established and form part of the mainstream work of partner organisations.

In addition, the Health and Wellbeing Board will work with organisations outside of the traditional 'health sector' and with communities to ensure a shared understanding of the factors affecting health and wellbeing and the activities required to achieve the necessary improvements.

Some of the key strategies and programmes which the Health and Wellbeing Board will seek to ensure are "*Health and Wellbeing Proofed*" are:

- A new Children's Plan for Cumbria setting out health and other priorities specifically in relation to children and young people in the county
- The GP Development programme
- The Cumbria Housing Strategy, and the development of strategies for Extra Care Housing in the county
- The Strategic Economic Plan which sets priorities for economic growth, skills, and employment for the county through the Cumbria Local Enterprise Partnership
- The Community Safety Agreement, produced by the Safer Cumbria Partnership
- Strategies aimed at tackling poverty and approaches to supporting individuals and families facing multiple and complex challenges
- Strategies aimed at building resilience in communities and mobilising communities to own, design and deliver services
- District Council Policies, including planning environmental health and licensing – to ensure that the built environment, transport and green spaces play an active part in promoting good health

The Board will also make ensure that the monitoring reports are made available to the key partner organisations to ensure that they are aware whether they are delivering the agreed actions.

APPENDIX 1

BETTER CARE TOGETHER

Better Care Together is a strategy for the future healthcare provision in the Morecambe Bay area – aiming to deliver a better future for our health and well-being, enabling our communities to be as healthy as they can be. It aims to:

- Improve the sustainability of services to meet the current and future health and wellbeing needs of our local Communities
- Improve the care, quality, safety and experience of patients and clients using local health and care services
- Reduce the financial deficit in the system and work more efficiently

The Better Care Together care model includes exploring a new health system which enables a shift of activity to help people maintain their health and independence. The programme achieved national 'vanguard' status in 2015 which has resulted in additional financial support from national bodies to accelerate the implementation of the programme by developing a new care model.

SUCCESS REGIME

The Success' regime is part of the Five Year Forward View and provides national support for the most challenged health areas.. This additional support will be used to deliver the programme to achieve short-term improvements against quality, performance and financial targets, support longer-term transformation and the development of appropriate new care models, and to develop leadership capacity and capability across the health. Building on the Together for a Healthier Future programme it has six priorities:

- Producing an ambitious service strategy
- Improving service delivery in the short-term
- Addressing workforce issues
- Achieving the fusion of NCUHT and Northumbria
- Exploring and securing additional freedoms
- Engaging with staff, stakeholder and the people and communities of Cumbria.

PUBLIC HEALTH PROGRAMME

Plans are in place to ensure that public health works with those services that have an impact on people's health and wellbeing. To this end, ongoing activities include:

- Promoting action to improve the health, resilience and wellbeing of children by integrating public health into Children's Services, include establishing a strategic approach to working with schools, so that they can become health promoting environments for children and young people;
- Develop a new lifestyle and wellbeing service to support residents to improve overall health and wellbeing;
- Integrating public health into Locality Teams to promote an increasing emphasis on community resilience and asset-based community development;
- Providing Public Health support to District Councils to help them shape their public health programmes;
- Working with Local Committees and Public Health Fora to support the identification of local health priorities and funding that through the ring-fenced grant from government;
- Undertaking strategic public health campaigns, to address key topics;
- Raise the profile of the behaviour change through the Council's communications strategy and ensure that this reflects the priority given to behaviour change campaigns; and
- Ensure that home safety visits include an element on health precautions.

In addition, around 40% of the annual Public Health budget is taken up through the specialist services that are commissioned. These fall into three specific areas of service provision:

- Sexual Health and HIV Services;
- Substance Misuse Services; and
- NHS Health Check Programme – with GP surgeries and Pharmacies.

REFRESHED MENTAL HEALTH STRATEGY

A joint Mental Health Strategy is also under development to improve the mental health of people in Cumbria and ensure that people have access to the services they need when they need them. This will be a critical mechanism for achieving better health outcomes for people across the county. The Strategy will develop a comprehensive primary care treatment service as part of the development of Integrated Care Communities and integrated delivery between health and social care. This will lead to improvements in:

- Patient and Public engagement and experience
- The performance of our local recovery & rehabilitation services
- The consistency of service standards
- Our approach to improving the physical health of people with mental illnesses
- The relationship between resources and needs.

CUMBRIA DEAL HIGH LEVEL PROPOSITION

Partner organisations in Cumbria are working with government and other bodies nationally to make the changes necessary to tackle Cumbria's health system challenges.

Health and care organisations in the county have come together to progress with the government changes to regulation and payment mechanisms to give Cumbria the freedoms and flexibilities it needs to deliver the transformation to health and care services as set out in both North Cumbria and in the Morecambe Bay area. Partners also want to talk to government about the recruitment and retention of health and care professionals in the county, the future model for the commissioning of health and care services, and for additional resources.

COMMISSIONING STRATEGY

The draft Commissioning strategy sets out high level proposals for how Cumbria County Council proposes to shift the balance of care to meet the growing needs of local people with reduced levels of funding.

The draft strategy proposes a clear steer on how the social care workforce needs to operate to ensure that the right care is provided at the right time in an affordable manner.

It therefore proposes that this additional demand should be managed by doing three key things.

1) Firstly, by investing in services which prevent, reduce or divert demand, keeping people at the heart of families and communities for as long as possible and stimulating communities to provide more support themselves. This includes everyone playing their part in looking after their own health and being good neighbours to people who are struggling.

2) Secondly, by promoting the independence and self-reliance of people who do need a service so that we can minimise the costs over the lifetime of the service. This means we will invest in new technologies, rehabilitation and supportive Extra Care housing to keep people out of high cost services for longer.

3) Thirdly, for those people who do need high level, residential or nursing-level service or other complex services, we will develop sufficient high quality provision where the environment and care meets their needs, reduces the need to send people a long way from home, and reduces the risk of hospital admissions.

These three approaches are all interrelated, and that by re-balancing the way care and support is organised we can make the money go further and support more people with lower level support while having enough money to care for people with the highest levels of needs.

