

# Cumbria Joint Health and Wellbeing Strategy 2012 - 2015

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# Contents

1. **Foreword**
2. **Introduction**
3. **About Cumbria and its communities**
4. **The national, regional and local context**
5. **Considerations for decision-makers**
6. **Working together**
  - Health Inequalities
  - Children and Young People
  - Mental Health and Wellbeing
  - Ageing Population
7. **Performance managing and reviewing the Strategy**

# I. Foreword

This Joint Health and Wellbeing Strategy is the first agreed by the Cumbria Health and Wellbeing Board.

The Board includes representatives from all the key public sector organisations including NHS Cumbria, Cumbria County Council, the six District Councils, Cumbria Association of Local Councils and the Third Sector Network. It sets out the strategic direction of health, social care and wellbeing of communities in Cumbria and provides a framework of priorities for commissioners of health and social care services and other related services. It is based on the findings of the enhanced Joint Strategic Needs Assessment (JSNA) 2012/15. The Strategy builds on the four key challenges set out in the JSNA.

These key challenges for Cumbria are:-

- Inequalities;
- Children and Young People;
- Mental Health and Wellbeing; and
- Ageing Population.

Financially, the coming years will be the most challenging in the history of the NHS and Social Care, with rising costs associated with long term conditions, our ageing population and a need to address behaviours such as smoking and obesity which lead to poorer health. Cumbria is one of the most rural parts of England and we recognise the added challenge of delivering sustainable services in remote rural areas. We aim to address this challenge by listening, working together and learning from best practice.

The Strategy supports the Health and Social Care Act (2012), which reaffirms a national commitment to tackling persistent health inequalities, meeting the needs of seldom heard and vulnerable groups more effectively, and making sure that decisions are taken as close to local people as possible.

A sustainable health and social care system for the future can only be achieved if professionals and communities work together to improve health, place a greater emphasis on making sure our children get the best start in life and on helping people to stay healthier for longer, and ensuring individuals are equipped with the skills to make the right health choices and supported to take more ownership of their own care where appropriate.

The differing social, economic and environmental conditions in Cumbrian communities are powerful determinants of future health. If we are to reduce our health inequalities we need to build capacity and create strong local partnerships that give more people better life chances.

The key to capacity building, particularly at a time of austerity and fewer resources, is the leverage provided by working together towards a set of common goals. We have this in abundance in Cumbria; the challenges and devastating incidents that we have faced as a county over recent years have demonstrated enormous community spirit and resilience in times of adversity. The community and professional response to events including the Cumbrian floods (November 2009), the Keswick School bus crash (May 2010), and the shootings in West Cumbria (June 2010) have reinforced the

value of community and the importance of individuals and services coming together to help and support each other.

Cumbria will build on this spirit to ensure that we work together to face the challenges of the future, improve health outcomes and give everyone in our community the opportunity to enjoy a long and healthy life. A wide range of organisations, from councils and NHS organisations to industry and local voluntary groups will play their part in supporting people and communities.

Our long-term vision and strategic direction is for a Cumbria where people have bright prospects and abundant opportunities, where shared decision making will become the norm. This Strategy sets out a clear direction for the community and services to contribute towards better outcomes for everyone.

**James Airey**

**Chair – Shadow Cumbria Health and Wellbeing Board**

## 2. Introduction

The Health and Social Care Act (2012) places a duty on Local Authorities and Clinical Commissioning Groups to develop a Joint Health and Wellbeing Strategy that focuses on the needs identified in the Joint Strategic Needs Assessment (JSNA).

Cumbria's Joint Health and Wellbeing Strategy is based on the four key challenges that were identified in the JSNA and approved by the Shadow Health and Wellbeing Board. Its purpose is to provide strategic direction for decision makers in health and social care services and also to influence the commissioning of services related to the wider determinants of health, such as housing, environment, leisure and education. It also promotes closer integration and partnerships between health and social care services, and other health related services.

This Strategy has been approved by the Cumbria Shadow Health and Wellbeing Board and as such is a partnership Strategy developed and owned jointly by all the constituent organisations represented on the Board. There will be a key link between this Strategy, the Cumbria Clinical Commissioning Group's Commissioning Plan, Adult Social Care and Cumbria Children's Trust Board Children and Young Person's Plan and the Joint Housing Strategy.

## 3. About Cumbria and its communities

### Geography

Cumbria is located in the North West region of England. The County is bound by the Irish Sea to the West and borders Scotland to the North. Cumbria also borders Northumberland to the North-East, County Durham to the East, North Yorkshire to the South-East, and Lancashire to the South.

Cumbria is the second largest county in England. It is made up of six districts; Allerdale, Barrow-in-Furness, Carlisle, Copeland, Eden, and South Lakeland. Carlisle is the only city in Cumbria. The largest town Barrow-in-Furness, which is between two and three times larger than the second largest town (Kendal).

Cumbria is a predominantly rural county and much of its terrain is mountainous. All of the territory in England that is over 3,000 feet above sea level is located in Cumbria, including England's highest point, Scafell Pike, which stands at 978m (3210 feet).

Cumbria is home to England's largest National Park, the Lake District National Park, which is considered to be one of the most beautiful areas of the United Kingdom and has provided inspiration to generations of artists, writers and musicians. The World Heritage Site of Hadrian's Wall runs across the northernmost reaches of the county. Parts of the Yorkshire Dales National Park are also within the County and districts.

### Population

With a population of 494,000 Cumbria is the second least densely populated County in England. Cumbria's population is an 'ageing' population; the number and proportion of citizens within older age groups is increasing. While this trend is similar to trends seen at a regional and national level it is more exaggerated in Cumbria. Furthermore, the trend is forecast to continue into the future driven by, to a large extent, in-migration of people aged 45 and over and out-migration of younger adults. The ethnic profile of Cumbria is changing to become more representative of the rest of the UK with rapid increases in most minority ethnic groups.

Over the coming years cumbrian communities will be faced by key changing demographics creating an older and more culturally diverse population. There will be an increased need to provide high quality personalised services that meet the needs of the changing demographic and a need to ensure that there is equality across the county and its distinct communities for residents to access to these services.

## **Deprivation**

Perhaps the biggest issue for Cumbria is tackling the gap between the 'best' and the 'worst'. Overall, Cumbria appears to be relatively affluent; levels of deprivation in Cumbria as a whole are low and some of the county's residents live in areas where the quality of life is amongst the best in the UK. However, this masks significant pockets of deprivation. There are some areas of Cumbria where deprivation is similar to that found in the most deprived inner city areas of the UK. As a result, there are inequalities across communities in relation to, for example, levels of educational attainment, crime rates, life expectancy, and household income.

## **Economy**

Employment in Cumbria is mainly based in the manufacturing and tourism sectors. The workforce in Cumbria has internationally renowned skills in hospitality, nuclear, naval shipbuilding and specialist engineering; expertise which the national 'Britain's Energy Coast' initiative aims to capitalise upon.

Over the last 10 years of relatively buoyant national economic growth Cumbria's economic productivity has lagged behind the rest of the UK, particularly in West Cumbria. Levels of unemployment are below the national average but there are sharp contrasts with high unemployment levels in the urban areas of Barrow and Copeland.

## **Children and Young People**

Cumbria is home to approximately 111,200 children and young people aged between 0 and 19 years. This age group accounts just under a quarter of Cumbria's total population; which is marginally lower than regional and national proportions.

Cumbria has 273 primary schools (including 7 academies), 37 secondary schools (including 17 academies) and five special schools. Educational attainment is similar to, or slightly above, the national average. In 2011, 76.3 per cent of pupils at Key Stage 2 achieved the target level of 4 or above in both English and Mathematics; this compared to 74 per cent of pupils at a national level. In the same year 56.6 per cent of pupils at Key Stage 4 achieved five or more GCSEs at grades A\*-C (including English and Mathematics); this compared to 57.9 per cent of pupils nationally.

Across primary and secondary schools, attendance in Cumbrian schools is also slightly better than the national average. In the 2010-2011 school year, Cumbria had an overall pupil absence rate in primary schools of 5 per cent (national equivalent of 5 per cent) and in secondary schools of 6.8 per cent (national equivalent 6.5 per cent).

In the last 10 years the number of 0-19 year olds has fallen by around 4,600 (-4 per cent). This trend is forecast to continue over the next 10 years. As is the case with many areas that are predominantly rural, one of the biggest challenges facing Cumbria is the number of young people who are leaving the county to seek opportunities, in employment and lifestyle, that they do not yet see being offered within their locality. Reversing this trend is important for the future of ensuring sustainable communities. Work with the University of Cumbria and work-based training providers will help tackle this issue in the coming years.

## 4. The national, regional and local context

The Joint Health and Wellbeing Strategy is a national requirement of the Health and Social Care Act (2012). All organisations face the challenges of providing high quality, joined-up and accessible services that reflect the needs of the population, offer choice and improve health and wellbeing. These challenges are faced elsewhere; however the scale and nature of the challenge here is compounded by our geography, a rapidly ageing population and the expected pressure on future resources. Meeting these challenges requires radical change.

### Strategic Context

The Shadow Cumbria Health and Wellbeing Board is committed to improving the health of local people by setting the strategic direction that will enable the delivery of good quality services that are responsive to local needs and expectations.

The Board seeks to ensure that resources of partner organisations are focused in the best ways possible to support the health and social care needs of the people of Cumbria through the promotion of joined-up services and partnerships with local communities. It is also important to listen to local people and make sure that those in more isolated and rural communities have access to support as close to home as possible.

## 5. Considerations for decision-makers

Through analysis of the data within the JSNA, a number of key considerations for decision-makers from the Joint Strategic Needs Assessment (JSNA - 2012-15) were highlighted:

### Challenge 1 - Inequalities

- **Build a health and social care system based on good intelligence.** The JSNA is an ongoing process. A robust intelligence service, joined up across all public sector organisations and accessible to all, can provide an evidence based system for

identifying improvements, establishing options and targeting services that lead to better health and social care systems.

- **Use all available resources.** All public and private organisations must work together to build capacity and improve health and wellbeing. In particular, given that smoking is a major factor in premature mortality and health inequalities, all public, private and third sector organisations should play a part in helping people to stop smoking.
- **Involve our communities and the voluntary sector.** There must be a strong emphasis on public health initiatives, public engagement, self management and a continuation of the commitment to orientate services closer to home to enable our citizens and communities to self manage and be in control of their own health outcomes. There is also a need for more systematic engagement with the voluntary sector which can be a real engine for innovation.
- **Recognise inequalities in all work programmes.** By explicitly recognising the impact that factors such as employment and skills, transport, recruitment, procurement, community engagement, facilities management, economic development and regeneration have on health – the public sector can begin to address inequalities and improve health and wellbeing.

## Challenge 2 – Children and Young People

- **Ensure children get the best start in life.** Experience, life chances and habits developed in the early years shape future health outcomes later in life. Continued support needs to be given to maternal health and maternal behaviours, especially smoking and nutrition before, during and after pregnancy, and nutrition in early years, including breastfeeding.
- **Prioritise lifestyle improvement, particularly around obesity.** Lifestyle and behaviours such as smoking, alcohol and substance misuse in children all have a significant influence on later health outcomes and life chances. In particular, given that obesity is a risk factor for so many diseases, action to reduce childhood obesity will prevent significant ill health in the Cumbrian population in the future, as well as avoiding the financial costs associated with treating conditions linked to obesity.
- **Integrated services and partnership working.** Given the impact of the social and economic determinants on children's health, improved partnership working between the NHS, Local Authorities, voluntary sector and other partners to tackle these determinants and improve the health of children in Cumbria is necessary. The effective integration of services for safeguarding children and young people and promoting the mental health and wellbeing of children looked after is of significant importance. Robust integrated safeguarding processes are a key priority for all partners.
- **Promote mental and emotional wellbeing.** Improving the mental health and wellbeing of young people is crucial to their long term life prospects. A holistic, life-course approach to creating opportunities for children and young people to positively



engage in a broad range of activities both in and outside of school throughout childhood and adolescence is essential.

### Challenge 3 – Mental Health and Wellbeing

- **Good mental health is more than just the absence of mental illness.** Screening programmes, such as the NHS Health Checks programme, offer an ideal opportunity to emphasise wellbeing and the need for self management. All public sector staff should be encouraged to make “Every Contact Count” by providing information about the ‘Five Ways to Wellbeing’ – connect, be active, take notice, keep learning and give – and help people build them into their everyday lives.
- **Mental health and physical health problems often coexist.** Health and wellbeing would be improved by increasing access to psychological therapies for people with physical health problems; improving pathways for people with a ‘dual diagnosis’ of mental illness and drug and alcohol problems; and ensuring that people with learning disabilities have access to appropriate information related to their health.
- **Improve services and contain mental health related costs.** The impact of investment in mental health prevention and continued work to develop mental health services within Cumbria to avoid costly out of county placements and to reduce hospital admissions for mental health should improve outcomes and show a cost benefit.

### Challenge 4 – Ageing Population

- **Increasing numbers of people will live to a greater age with a number of long term conditions.** Historically, investment in long term conditions has been on treatment and prevention of further deterioration, future investment should be focused on preventing or delaying the onset of long term conditions. People will need to be supported to self-manage their conditions through better patient education and enhanced care pathways, and the current middle aged population of Cumbria should be encouraged to take greater preventative action (e.g. stopping smoking and adopting healthier lifestyles including taking part in more physical activity for longer) to promote healthy ageing and reduce the incidence of long term conditions.
- **Support communities to remain independent.** As people generally prefer to remain in their own homes as long as possible, developing services to enable them to do this will be particularly important. Developments in telecare, assistive technology, improved housing and personal budgets will be needed to support this, as well as preventative services to reduce risks from problems such as falls and a review into end of life care.
- **Many more will suffer from dementia.** Delivery of national and local dementia strategies in partnership with local authorities will be a key issue as the prevalence of dementia increases. Cumbria is going to see growing numbers of people with dementia in addition to other long term conditions. This will make management far

more challenging.

- **Build capacity through partnership working.** An increasingly ageing population will create demand on health and social care service. Mobilising community assets and increasing joined-up working between the NHS, Local Authority, and voluntary sector will be needed, and further integration across health and social care will be a key issue across all care pathways.

## 6. Working together

### 1. Health Inequalities

Standards of living have improved greatly over the last 100 years in the UK and Cumbria, with life expectancy at an all time high. However the benefits have not been experienced equally across our population. Cumbria remains a county of great contrasts. There are huge variations between different groups and areas. Babies born in the wealthiest districts live 20 years longer than those born in the poorest districts. Tackling these health inequalities is key to improving the overall health of the population.

Improving health and wellbeing and reducing health inequalities will mean mobilising all the resources available for health. As well as health facilities this would include libraries, schools, adult education centres, churches, leisure centres and the numerous voluntary organisations. It also includes using Cumbria's greatest natural assets – our national parks, lakes, mountains and fells to improve the mental and physical health of the Cumbrian population.

The public sector in Cumbria employs thousands of people. This is a great resource for health and wellbeing. Extending the roles and developing the health skills of people within or outside the NHS, will be a key strategy for improving population health. This could include pharmacists, opticians, health visitors, social workers, environmental health officers and many others without health in their titles. There needs to be widespread access to information and a process for developing the health skills of the public. Children leaving school need to have the mental and physical health skills to carry themselves through everyday health threats, and school teachers should have the skills to support them. Families should be able to handle common conditions with the assistance of the local pharmacist only turning to their GP when it is appropriate.

By explicitly recognising the impact that factors such as employment and skills, transport, recruitment, procurement, community engagement, housing, economic development and regeneration have on health – the public sector can begin to address inequalities and improve health.

Good public health intelligence is essential for identifying these determinants of health inequalities. Further development of the Cumbria Intelligence Observatory can begin to organise all the information we have systematically and make sure it is widely available to provide timely intelligence to inform policy and commissioning and drive health improvement.

Health Inequalities Priority	Target	Measure of Success
<b>Capacity Building/Service Integration enabler</b>	Improve information sharing between agencies and enhance the work of the Cumbria Intelligence Observatory	Commission two areas of health and wellbeing analysis to be completed through the Cumbria Intelligence Observatory.
<b>Healthy People Action</b>	Reduce Smoking levels and tobacco consumption in Cumbria.	Increase the number of smoking quitters
		Reduce the number of women who smoke during Pregnancy
		Reduce the number of premature cancer deaths
		Reduce the number of deaths from cardiovascular disease
		Decrease the number of low birth weight babies born in Cumbria
		Increase the number of smoke free playgrounds

## 2. Children and Young People

A partnership approach between Midwives, Health Visitors, GPs, Speech and Language therapists, other health professionals and the Early Years teams, Children’s Centre providers, Social Care and the Private and Voluntary Sector is at the heart of ensuring children get the best start in life.

The development of interventions and programmes for expectant families at higher risk e.g. the expansion of the Family Nurse Partnership and the increased number of Health Visitors is already underway. We need to consider effective ways of reducing the numbers of women who smoke during pregnancy and after delivery. Vulnerable groups such as young parents who are or have been looked after need to be more effectively targeted. In addition the implementation of the Perinatal Mental Health pathways and the development of both the mental health and children’s workforce, via specific training provided to mental health workers, health visitors, social care workers and schools staff, to support a better integrated service.

To improve outcomes and lower the incidence of smoking, alcohol and substance misuse in children and young people, commissioners need to work together more so that work in this area is better integrated and there is better recognition of how risk taking behaviours are linked. There should be a more seamless transition between support services for children and young people and those for adults. Consideration needs to be given to the potential of closer working between health trainers and youth service providers. The development of early interventions supported by peer mentoring and peer education programmes needs to be further explored, building on examples of good practice e.g. the Cumbria Youth Alliance based ‘Journey of Youth’ projects.

The improvement of multi-agency care pathways aims to integrate children and young people's health care across the Health System and Local Authority's Pathways will be implemented by pathway and locality to be phased as follows in relation to the management of:-

- Constipation – From July 2012;
- Fever –From October 2012;
- Coughs and Colds– From October 2012;
- Emotional wellbeing – From Spring 2013;
- Attention Deficit Hyperactivity Disorder – From Spring 2013;
- Autistic Spectrum Disorders – From Spring 2013

Children and Young People Priority	Target	Measure of Success
Capacity Building/Service Integration enabler	Improve the Safeguarding of Children	Successful implementation of the Ofsted Improvement plan with evidence of quality services based on the experiences of children and young people
		Lessons learned from serious case reviews and good practice are embedded in safeguarding practice with CYP at the centre of decisions concerning them
		Families receive co-ordinated support according to level of need
		Community Health Teams have capacity to undertake early intervention and prevention
		Effective use of Common Assessment Framework
Healthy People Action	Healthy Lifestyles and Healthy Weight – reduction in obesity in children	Reduce childhood obesity in Year 6
		Increase the number of Children participating in sport each week
		Increase the number of women breastfeeding at 6 weeks
		Reduce the number of children living in poverty
		Reduce the number of alcohol-related teenage hospital admissions

### 3. Mental Health and Wellbeing

The JSNA refresh has highlighted the growing demand upon specialist Child and Adolescent Mental Health Services (CAMHS) in Cumbria. It has become more challenging for providers of all mental health support services to give sufficient focus to mental health promotion and support for universal settings. Commissioners need to be mindful of the less directly attributable benefits of widely available and good quality emotional and mental health promotion and advice. The link to the start of life and optimised development of emotional resilience in children, and in families, is now widely recognised, but not yet accessible to every family unit. Commissioners are considering how health outcomes in this area can be improved through workforce development and training needs and this important work needs to be developed further. This will bring opportunities for new partnerships between mental health professionals and others, (e.g. third sector providers) widening access and improving outcomes.

The review of CAMHS aims to improve access, capacity and quality in the CAMHS but there is also a need to develop commissioning plans for better support in terms of advice, consultation and training for schools, children's centres and other community settings. The numbers of children in public care in Cumbria are increasing and as we know that nearly half of those who are 'looked after' have a clinically-diagnosable mental health disorder, it is imperative that the needs of these children are specifically targeted and addressed alongside other vulnerable groups e.g. children with identified physical and learning disabilities.

Young people have repeatedly raised the importance of good emotional and mental health to their overall wellbeing in consultation exercises and feedback about services. Commissioners and providers still have more to do in terms of hearing the links young people make between mental and emotional wellbeing and social isolation, particularly in our rural communities and opportunities to take part in work related and rewarding activities as they make the increasingly challenging journey towards adulthood and economic productivity. We need to develop a more diverse range of services to meet the needs of our children and young people and encourage their use in a way that is young people friendly.

A recent action plan to raise awareness in the children's workforce in relation to suicide risk and monitoring the effectiveness of this should be built in to future commissioning plans alongside related areas such as bullying and the current high incidence of self-harm amongst young people.

One way to empower more Cumbrians to take control over their own wellbeing is to raise public awareness of what constitutes wellbeing and how to improve it. The NHS Health Checks screening programme offers an ideal opportunity to assess, and recommend action to improve, wellbeing. Consideration should be given to including questions about wellbeing and mental health in the Health Check programme, and training staff to integrate wellbeing into brief interventions. As part of the drive to make 'Every Contact Count', staff should be encouraged to provide information about the 'Five Ways to Wellbeing' - connect, be active, take notice, keep learning, give - and help people to build them into their daily lives.

While some of the factors that influence our wellbeing and mental health are written into our DNA, we need to focus on the many other risk and protective factors that are potentially modifiable. We must ensure that inequalities are identified and addressed. As with many other conditions, we know that levels of wellbeing and mental health are closely associated with social inequalities and disadvantage.

<b>Mental Health and Wellbeing Priority</b>	<b>Target</b>	<b>Measure of Success</b>
<b>Capacity Building/Service Integration enabler</b>	Reduce the impact of the recession on people living in Cumbria	Reduce the number of adults who are unemployed
		Increase number of people with mental health problems in employment
		Reduce the number of homeless people
		Raise awareness in communities of options to alleviate debt and poverty
		Maximise people's incomes through comprehensive and targeted benefit take up campaigns and prompt, sensitive and accurate distribution of benefits
		Benefit claimants rates – Mental disorder and any other mental behavioural disorder
<b>Healthy People Action</b>	Improve mental health and wellbeing in Cumbria	Increase case finding for depression in people with diabetes and/or heart disease (QOF indicator)
		Reduce suicide rates
		Reduce excess under 75 mortality for people with serious mental illness
		Reduce the number of number of adults drinking alcohol to hazardous level
		Increase numbers of people supported by mental health preventative schemes
		Increase the percentage of people with anxiety disorders and depression, who have 2 or more contacts with First Step, and recover completely
		Reduce hospital admissions for self-harm
		Increase the number of people who feel they belong to the area

## 4. Ageing Population

Historically investment in long-term conditions has been on treatment and prevention of further deterioration. Future investment should be focused on preventing or delaying the onset of long-term conditions. People need to be supported to self-manage their conditions through better education and enhanced care pathways. The current middle aged population of Cumbria should be encouraged to take greater preventative action (e.g. stopping smoking and adopting healthier lifestyles) to promote healthy ageing and reduce the incidence of long-term conditions.

The increasing ageing population will continue to challenge our capacity to support older people's care and wellbeing in the future. As family structures change many older people will live alone and live away from their families. Many more people with disabilities and learning disabilities will live longer into old age. Future demand for intensive health and social care will be driven by people's expectations, the quality of community based services and the range of housing options available locally.

However, there is a wealth of assets within the ageing population with many people acting as volunteers and informal carers. As far as possible people should be encouraged and supported to manage their own health conditions. The wider use of personalised approaches can help people increase choice and control in order to achieve this. An inclusive 'Ageing Well' approach will assist in ensuring Cumbria is a good place for all people to grow older.

As more people live for longer with one or more long-term conditions a fully integrated health and social care model is needed to improve public awareness, develop and promote education programmes, shift the focus of care from a diseased based model to care co-ordination for a person regardless of the condition and the use of telecare and telehealth to improve quality and access to care. It should be recognised that more people will also be affected by sight or hearing loss or both and this will impact on their quality of life.

People generally prefer to remain in their own homes as long as possible, so developing services to enable them to do this will be particularly important. Developments in a range of assistive technologies, improved housing and personal budgets will be needed to support this. Effective preventative services to reduce risks from problems such as depression, strokes and falls will reduce the need for care. Social and physical activity programmes in communities can play a role in reducing these risks. End of life care will also need to be reviewed.

Good quality information, advice and straightforward access to health, care and support services are needed. Information for current and potential consumers of health, care and support should be given in a way, and at a time, when it can be best used. This will ensure that older people can make more realistic and effective choices based on their own specific needs.

Active and engaged citizens of all ages will contribute positively to our communities and ensure that older people are not marginalised. Preventative community and voluntary provision should not become a first step on a pathway to more intensive care services but actively works to promote independence and well being.

Stronger community engagement and public health programmes can help reduce social isolation and the overall demand for acute and long-term care. Partnerships in localities should promote an active and healthy old age and sustain people in their communities. Initiatives such as the Carlisle

Healthy City, Ageing Well Digital Exchange, Cockermouth Centre for the Third Age, Arts engagement, Homeshare schemes and the Cumbria Support Directory can all assist in supporting communities to be independent and older people to remain active and included.

The joint delivery of the Cumbria Dementia Strategy by statutory and third sector partners will be a key issue as the prevalence of dementia increases across the county. Cumbria will see growing numbers of people with dementia in addition to other long-term conditions. Therefore adequate plans and resources should be in place to meet this need.

More Extra Care Housing is needed which can support people with dementia. People with dementia and their families will need support from a trained workforce, with the right knowledge, skills and understanding of the condition and its impact. Health and social care staff from all sectors will receive training on all aspects of dementia care, including physical care; person centred care and End of Life Care, in order that they can provide the best quality of care in the roles and settings in which they work.

Good quality information for people with dementia and their Carers including the availability of respite is particularly important to reduce stress and decrease the need for institutional support.

<b>Ageing Population Priority</b>	<b>Target</b>	<b>Measure of Success</b>
<b>Capacity Building/Service Integration enabler</b>	Improve joint commissioning and encourage the integration of services for older people	Increase the number of older people supported to live independently
		Reduce the number of excess winter deaths
		Reduce the number of falls in the over 65s
		Increase the number of people dying at a place of their choice.
		Reduce admissions to Residential Care
		Improve access to Disabled Facilities Grants
<b>Healthy People Action</b>	Implement the dementia strategy and ensure all organisations are working towards a dementia friendly approach	Reduce the number of dementia patients who need to be prescribed antipsychotics
		Increase the number of people with diagnosis of dementia
		Increase the number of Carers' assessments
		Increase the number of NHS Health checks completed
		Improve dementia care environments in residential care homes
		Increase use of Telecare and Assistive Technology
		Increase number of Extra Care Housing places



## 7. Performance managing and review

It is intended that the Joint Health and Wellbeing Strategy will evolve to provide the basis for health and social care commissioning in Cumbria, as set out in the Health and Social Care Act (2012).

The Health and Wellbeing Board will play a role in promoting integrated commissioning and provision of services and joining up social care, public health and NHS services.

The actions required to ensure that the priorities set out in this Strategy are met will be contained in commissioning plans and strategic documents and action plans produced by the Cumbria Clinical Commissioning Group, County Council, Cumbria Children's Trust Board, District Councils and other key partners and members of the Health and Well Being Board. These plans will involve partners, stakeholders and voluntary groups in development and implementation, to ensure that we have a whole system approach to tackling health inequalities and delivering on key targets.

The Health and Wellbeing Board will receive performance reports on a regular basis on progress against key issues outlined in this strategy. As the JSNA is updated, the Joint Health and Wellbeing Strategy will be reviewed and updated to ensure that the strategy remains relevant to improving the health and wellbeing of people and communities in Cumbria.

### **Peer Review and Challenge**

The successful delivery of the Health and Well Being Strategy is dependant on high levels of cooperation and on an increased joint focus on the delivery of those activities that can demonstrate effectiveness in addressing the agreed shared priorities. It has been noted that much of this activity is in place already and is being delivered through existing strategies and plans of the partner organisations. However an opportunity now exists for constructive and facilitated peer review and challenge which could improve outcomes through greater alignment, reduced duplication and increased effectiveness of delivery. This could be through changes in delivery methodology, improved access to data and/or new evidence bases or even through ceasing certain activities altogether by mutual agreement.

The Health and Wellbeing Board and Working Group will continue to look at different ways in which this review and challenge can be undertaken to help organisations to work more effectively together, champion integration and improve delivery systems and arrangements.



