

Appendix A: Cambridgeshire Health and Wellbeing Strategy: Initial Action Plan

Priorities 1-5: Focus Areas	Priority 6: work together more effectively - Initial actions	Lead partnership/ post	Timescale
Priority 1: Ensure a positive start to life for children, young people and their families			
Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.	Within Early Support (joint commissioning across children services and health for 0-5 year olds with acute needs), further develop multi-agency coordinated person centred, needs led planning with performance monitoring and review.	Jo Sharman	October 2013
1.2 Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.	Build understanding, awareness and agreement for a joint commissioning unit across County Council children's services and the Clinical Commissioning Group, To include: agreed strategic framework for children's health services and agreement of operating and governance model by April 2013.	Eva Alexandratou	April 2013
1.3 Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.	Work across the public sector to deliver the Troubled Families ambition of reducing significant absenteeism, antisocial behaviour and worklessness in the identified families for the TF cohort.	Sarah Ferguson	October 2014 (Oct 2013 mid point with first evaluative report)
1.4 Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.	Work with the Young Lives consortium to increase citizenship and volunteering opportunities through the National Citizenship Service. Improve take up of 16-19 apprenticeships across the County	Steve White Andy Sanders	October 2013
1.5 Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment	Deliver a fully funded place for every 2 year old from a vulnerable or deprived family who wants one	Graham Arnold	Sept 2013
Priority 2: Support older people to be independent safe and well			
2.1 Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.	Work across agencies to maximise impact of piloted preventive projects: Community navigators GP information officers Multi-disciplinary team case-workers. Set up a task and finish group to map the current remit of these programmes and to share robust evaluation.	HWB Priority 2 steering group	February 2013

Appendix A: Cambridgeshire Health and Wellbeing Strategy: Initial Action Plan

<p>2.2 Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the needs of older people, which enable them to improve their quality of life and minimize the need for long stays in hospitals, care homes or other institutional care.</p> <p>2.3 Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.</p>	<p>Strategic leadership to develop and realise a whole system shift to preventative, integrated approaches, through, for example:</p> <ul style="list-style-type: none"> • Integrated pathways wrapped around the whole person/family • Multi-disciplinary teams • Personal health budgets for people with long term conditions • Integrated communications and information • Joint commissioning of key voluntary sector services • More effective hospital discharge processes, especially involving housing providers • Quantify the need for intermediate care beds, to enable hospital discharge and some support, before person returns home full-time 	<p>CCG led Older people's programme Board</p>	<p>Ongoing</p>
<p>2.4 Ensure appropriate and person-centred end of life care for residents and their families and informal carers.</p>	<p>13. Work with local partners to ensure effective information, support and services for end of life care</p>	<p>CCG led End of Life Programme Board</p>	<p>Ongoing</p>
<p>Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices</p>			
<p>3.1 Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.</p>	<p>Develop the Making Every Contact Count behavioural change strategy, focussing on services where a commitment has already been made to staff training and supportive organisational policy changes</p> <p>Increase the integration of organisations that provide information, support, and signpost or refer individuals and communities to make behavioural changes. Projects such as Health Trainers, Community Hubs and Community Navigators provide similar services which could be enhanced through collaborative cost-effective commissioning arrangements that would avoid duplication and ensure that patients/clients receive the most appropriate services to meet their needs. Immediate focus on establishing pathways and referral systems across the different initiatives</p>	<p>Val Thomas</p>	<p>March 2013</p> <p>March 2013 (Pathways and Referral systems)</p>

Appendix A: Cambridgeshire Health and Wellbeing Strategy: Initial Action Plan

3.2 Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.	<p>Making Every Contact Count applies in terms of behavioural change training and supportive organisational policy change in relation to physical activity, healthy eating, embedding into children and family services and long term condition pathways and initiatives that support older people's independence</p> <p>Establish a countywide physical activity strategy that encompasses existing strategies and plans and ensures that physical activity is embedded into the planning process</p>	Countywide Obesity Strategy Group	<p>March 2014</p> <p>September 2013</p>
3.3 Reduce the numbers of people who smoke.	Making every contact count behavioural change strategy applies.	Ellen Nicholson	September 2013
3.4 Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.	<p>Making Every Contact Count behavioural change strategy applies</p> <p>Develop suicide prevention strategy for the county, building on the national strategy</p>	<p>Claire Hodgson</p> <p>Sara Godward</p>	March 2013
3.5 Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.	Strengthen the current Alcohol Identification and Brief Advice behavioural change intervention for alcohol in appropriate service contracts e.g. sexual health services	Drug and Alcohol Commissioning Group	June 2013
Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.	<p>Making every contact count behavioural change strategy applies.</p> <p>Target initiatives on vulnerable young people and adults</p>	County Sexual Health Network	September 2013
Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health			
4.1 Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalized groups.	Explore further integrating mental health commissioning and service provision with the community safety and criminal justice services to reduce service gaps/grey areas where vulnerable people may become inappropriately criminalised. Early dialogue with Community Safety Partnerships and the Police Commissioner.	District Community Safety Partnerships, CCG Mental Health Commissioning Group, working with Police and Crime Commissioner	June 2013
4.2 Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.	Develop the current Domestic Abuse and Sexual Violence action plan further to use available resources effectively to minimise the risk; reduce the rate of repeat domestic violence/abuse in Cambs.	Cambridgeshire Domestic Violence Partnership	April 2013

Appendix A: Cambridgeshire Health and Wellbeing Strategy: Initial Action Plan

4.3 Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing. Linked to 3.5	Establish use of Alcohol Screening tool for young people accessing appropriate services e.g. sexual health services [as in 3.5 above]	DAAT	June 2013
4.4 Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.	Continue to assess the impact of welfare reforms on vulnerable groups/individuals and where necessary/appropriate devise interventions to minimise negative impacts.	CPSB	Ongoing
Priority 5: Create a sustainable environment in which communities can flourish			
5.1 Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.	Explore potential for better co-ordination of service provision by the health sector, local authorities and transport providers by bringing stakeholders together. Change approach to stakeholder involvement in the Road Safety Partnership and Strategy, to create improved community support and involvement.	Priority 5 task group CPRSP	Ongoing
5.2 Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term	Focus on embedding health and the prevention of health in the planning process. Provide a local countywide event to focus on this issue with planners and also to bring in new health organisations.	Priority 5 task group	September 2013
5.3 Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling	Greater Cambridgeshire Local Nature Partnership to be launched January 10 2013. Ensure linkage with Health and Wellbeing Strategy from the start.	GCLNP	January 2013
5.4 Seek the views of local people and build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.	We need to plan in discussions with voluntary sector and local community representatives regarding the implementation of the Health & Wellbeing Strategy and the working of the Health & Wellbeing Network. Voluntary and community sector representatives to be invited to stakeholder planning events for the Strategy and Action Plan.	Health and wellbeing support group	February 2013