

Copeland Borough Council

Draft Health Strategy

Background

The Health Act 1999 places a statutory duty on Local Authorities to work together with the NHS and other organisations working in field to improve the health of Communities. The recent White Paper, *Choosing Health 'Making Healthier Choices Easier'* states that 'real progress' towards improved health outcomes for local people depends on effective partnerships across communities including Local Government, the NHS and business. The most recent health White Paper *Our Health, Our Care, Our Say: A new direction for community services* (2006) has also recognised local government's key leadership role in delivering health, health improvement and social care, advocating partnership working in localities between Councils and Primary Care Trusts and building on Local Area Agreements as a key mechanism for joint planning and delivery.

The people of Copeland are subject to health inequalities when compared with the National Average across a wide range of indicators, some of which are reproduced below:

Life expectancy at birth (years), 2001-2003

(based on place of residency not place of birth)

	Copeland	North West	England and Wales
Life Expectancy at Birth, Males ^{1 2}	75.20	74.80	76.14
Life Expectancy at Birth, Females ¹	79.60	79.50	80.65

Health status

The 2001 Census asked people to describe their health over the preceding 12 months as 'good', 'fairly good' or 'not good'. People were also asked if they had any limiting long-term illness, health problem or disability that restricted their daily activities or the work they could do.

Percentage of resident population in each group, April 2001

	Copeland	North West	England and Wales
General health: Good ¹	66.73	66.88	68.55
General health: Fairly good ¹	22.93	22.16	22.23
General health: Not good ¹	10.33	10.95	9.22
People with a limiting long-term illness ¹	20.36	20.72	18.23
People of working age with a limiting long-term illness ¹	16.10	16.40	13.56
Households with one or more person with a limiting long-term illness ¹	37.54	38.37	34.05

Carers

The 2001 Census also asked about any voluntary care provided to look after, help or support family members, friends, neighbours or others affected by long-term physical or mental ill-health or disability, or problems relating to old age. In Copeland, the percentage of the resident population provided unpaid care was the same as the average in England and Wales (10%). But of the people providing unpaid care, 24 per cent gave 50 hours or more per week; this compared with 21 per cent in England and Wales.

Long Term Vision for Copeland

This document sets out what Copeland Borough Council wants to achieve in terms of the improvement of residents' health and wellbeing. It supports the objectives outlined in the Corporate plan and should play a significant and active contribution in the longer term in aiming for healthier individuals, and healthier, safer, sustainable and more inclusive communities. Through its own services such as housing, leisure, parks, arts and sports and grant giving activities the Council can directly influence peoples health, through its community leadership role it also has an important function in ensuring other agencies also provide for the people of the borough. This strategy seeks to support the Primary Care Trusts Aims of reducing health inequalities, adding years to life and adding (quality of) life to years. It is accepted that needs and priorities will change over time depending on political initiatives, changes in the makeup of the local population and developments in care and social welfare. This strategy is intended to be sufficiently flexible so as to be able to be adapted to a changing environment over time.

Health and Wellbeing Local Need

This Health Strategy also reflects the objectives outlined in national and regional priorities but concentrates on the local needs identified in the Community Plan and Corporate Strategies.

The Government's Health Strategy highlights six key priorities for delivery based upon more people making more healthy choices:-

- **Tackling Health Inequalities**
- **Reducing the numbers of people who smoke**
- **Tackling obesity**
- **Improving sexual health**
- **Improving mental health and well being**
- **Reducing harm and encouraging sensible drinking**

Chapter 4 of the Choosing Health White Paper focuses on local communities leading for health. It sets out action to maximise the positive impact of the local community setting including: supporting communities' own actions; tackling health inequalities; investment and new initiatives in deprived communities; responding to what people want/need and prioritising action where it will make most difference, issues that are particularly relevant in the Copeland context

Copeland Borough Council's Health Strategy is therefore structured to reflect the national strategy, whilst focusing on local priorities.

Health Inequalities

The Council will directly or through work with partners to ensure that:

- Household incomes are improved (the evidence base tells us that this is a key factor in reducing inequalities)
- All Council services are accessible to all members of the community, particularly those with disabilities or those that are economically, socially, geographically or otherwise disadvantaged, young people, older people, and those on low incomes or receiving benefits. We recognise that access to services such as employment, housing and financial security are an integral part of their ability to lead a healthy life. Similarly we recognise that location, language, and physical barriers have an influence of people's ability to access services and will seek to do everything we can to ensure such factors do not prevent access to any individual or group.
- We seek to support: vulnerable groups within the community, particularly younger and older people, those with disabilities, minority ethnic groups, financially disadvantaged and those living in rural parts of the borough.
- All residents have access to information which promotes good health and wellbeing.
- Arts and leisure activities are available to all sections of the community, supporting physical and mental health improvements.

- We enable social housing provision within the districts to meet identified housing need including vulnerable groups.
- Where possible we provide grant support for initiatives which encourage equality of access
- We will continue to use our influence to ensure positive impacts for the community arise from any changes in health service provision, both in ill health prevention and ill health treatment.

Reducing the numbers of people who smoke

The Council will directly or through work with partners to ensure that:

- We actively support smoking cessation programmes.
- We encourage the establishment of smoke free environments, particularly those where we provide grant assistance.
- We will make our own building no smoking zones.
- We will encourage and support our staff to give up smoking.
- Through our outreach activities we will encourage healthy lifestyles reducing dependency on smoking, alcohol and other drugs.

Tackling Obesity

The Council will directly or through work with partners to ensure that:

- We encourage residents to become more physically active, particularly the young and those with weight related ill-health.
- We support partners to encourage healthy eating.
- Make our services accessible so that those with weight related disorders feel comfortable in approaching new lifestyle choices
- We will seek to develop a GP referral option with the PCT for as a alternative to medical interventions for those with ill-health, particularly weight related.
- We will lead by example encouraging our own employees to adopt an active lifestyle.

Improving Sexual Health & Mental Health & Wellbeing

The Borough Council will work with partners to seek to:

- Use its influence to ensure young people in particular able to take responsible birth control choices.
- Through its community services, particularly arts and sports development, make people aware of how to deal with sexual and mental issues in a non-confrontational environment.

- Offer work placements for those with mental health problems to help prepare them to enter or re-enter the workplace.
- Improve the quality of life of those with sexual or mental health problems wherever possible.
- Work with specialist groups in the County to ensure that where appropriate, we support actions that will improve the sexual health and mental health and wellbeing of local people.

Reduce the Death Rate and Serious Injury Rate from Accidents

The Council will directly or through working with partners:

- Will encourage private and social landlords, home owners and the fire service take active measures to prevent accidents in the home.
- Will encourage the County Council and Highways agency to take practical measures to reduce the causes of road traffic accidents
- Will through its Environmental Health Section's workplace health and safety inspections ensure local businesses provide safe places of work.
- Will for its own employees and visitors ensure the Council's own workplace is a safe one.

Reducing Harm from drugs and Encouraging Sensible Drinking

The Council directly or through working with partners will:

- Develop a Drug and Alcohol or Substance Misuse Policy by June 2007 as a subsidiary to this strategy.
- Promote diversionary activities for young people including some that help them to learn to manage risk in a safe environment eg sports or arts activities etc - or similar prevention initiatives
- Arrange for the removal of used needles discretely to reduce harm from discarded sharps.
- Train its own staff to safely manage sharps.
- Work to control drugs and alcohol abuse in public spaces
- Through its community services encourage healthy lifestyles independent of reliance on drugs and alcohol

Delivery of this Strategy

It is intended that the delivery mechanism for this strategy will be through the Council's own service plans and by influencing the service plans of partner organisations and through the Community Plan. Monitoring of outcomes for the Council's own activities will be by mainstreaming the process into the Council's normal performance monitoring systems.

This strategy also has key links to the Community Plan, Council's Corporate Strategy and Equality and Diversity Strategy.