

Report from the Member Development Session

Promoting healthy communities and tackling health inequalities

Copeland Borough Council
28 July 2010

Welcome and scene setting

Councillor George Clements, the Deputy Leader of Copeland Council, welcomed Members to both the morning and afternoon workshops and introduced the speakers Trevor Hopkins from Local Government Improvement and Development and Kate Mahone from NHS Cumbria. Local Government Improvement and Development Peer Members Susan Dungworth (am) and Glen Sanderson (pm) were also present.

In his opening comments Councillor Clements emphasised that health, along with the economy are both big priorities for Copeland. Health and the economy are linked. History tells us that health suffers in times of recession – especially mental health – which means we must work extra hard in the current climate. He emphasised that the Council needs to work in partnership, especially with the National Health Service, in order to improve health, but we need to maximise the impact the Council can have in ensuring Copeland is a place where people can live, flourish and enjoy good health

Local individuals, families and communities have demonstrated how resilient they can be in the face of a series of recent devastating events – resilience is one of the features that creates healthy communities – we need to build on these positives when we can.

What is good health? – Members used appreciative discussions in pairs and small groups to ask, ‘what is good health?’ The discussions included: a story of a time when you made a positive step forward in improving your own wellbeing and what made this significant; the single most important thing that positively influences your own health and wellbeing; what you are most proud of in your work on healthy communities and an example of that; what does being in a healthy community mean; and imagining your community – your friends, your family and wider community – telling stories about how you can all realistically achieve your dreams of a healthy community. What would these stories be?

What is health of our communities like in Copeland?

Kate Mahone – Public Health Specialist from Cumbria Primary Care Trust gave a very informative presentation on health in Copeland and compared Copeland with other parts of Cumbria as well as the national picture.

Copeland in line with the rest of Cumbria will have an older population by 2031. It’s not the oldest in Cumbria but it will present us with different health issues if we do nothing to address this. There are more young people leaving the district than coming in and that those that are coming in. We expect Copeland to have just short of 10,000 more <65s than we do now and approximately 1,000 fewer >65s.

The Index of Multiple Deprivation ranks Cumbria 84th out of the 149 county councils in England. Of the 354 local authorities, when ranked in order of deprivation, four of Cumbria’s councils fall below the national average: Barrow in Furness is ranked as the 29th most deprived district council in the country, Copeland at 74th, Allerdale 105th and Carlisle 108th.

Life expectancy is lower than the England Average for men and women

Life expectancy in men is 77.2 years in Copeland compared with 77.9 years in England. In women it is 79.8 years in Copeland, compared with 82 years in England (ONS 2009).

The general fertility rate for Copeland is above the Cumbria average meaning people get pregnant with less complications and interventions. We have more babies being born in Copeland than the Cumbrian average

In 2004–06 only 6% of babies born in Copeland had a low birth weight, which is lower than the Cumbrian (7%), NW (7.9%) and England (7.8%) average.

Infant mortality has long been an indicator of population health, fortunately it is on the downward trend. Copeland has the lowest perinatal (gestation to 28 days) mortality rate in Cumbria.

We are above the England average for breastfeeding initiation in Copeland. However these figures are for those mothers whose feeding status at birth is recorded. Feeding at 6–8 weeks is more reliable data and show that 26% of babies are either fully or partially breastfed.

Countywide we have a problem with the smoking in pregnancy. What we do know is that 70% of pregnant women who were referred to the Stop Smoking Service who set a quit date actually quit.

Copeland has a poor rate of alcohol admissions to hospital for young people, with nearly 3 times as many as the NW average. Copeland males 279.83 per 100,000 and females 266.7 per 100,000. NW male 88.6 female 108.65.

Copeland has seen a decline in the Teenage Pregnancy rate in the last couple of years. While still above the England and Cumbria averages this is encouraging. The latest figures for 2008 show that 43% of conceptions to teenagers resulted in abortion.

Vaccination rates in Copeland for Whooping cough and MMR are excellent at 83% and 95% respectively at age 5. Less of our children are involved in road traffic accidents than national average. We have fewer children who are living in lone parent households and fewer who are looked after or subject to child protection orders. We also know that Copeland gets a green light for children who are physically active.

It is estimated that 29.7% of adults in Copeland smoke compared with 24.1% in England. Of the 1200 people from Copeland who set a quit date with the Stop Smoking Service 67% were still quit after 4 weeks.

Admissions to hospital related to alcohol are highest for those aged 40–49, 37 bed days are permanently occupied by someone being treated with an alcohol related problem. At 24% binge drinking within Copeland is significantly higher than the Cumbria average as are hospital stays for alcohol related harm. However Copeland is showing a decreasing trend for hospital admissions through alcohol.

Healthy eating is also a concern for adults in Copeland but again levels of physical activity for adults are also quite high. Figures currently show that 1/5 of the Copeland population is on an obesity register for having a BMI over 25.

The number of people being diagnosed with diabetes is above the national average. Adult road traffic accident deaths and injuries are high but not significantly different from the national average.

5% of the population suffers from Coronary Heart Disease
15% suffers from hypertension (High Blood Pressure)
5% suffer from diabetes
3% suffer from Chronic Obstructive Pulmonary Disease

The two biggest killers in Copeland are cancer and circulatory disease. The greatest numbers of cancer deaths are from colorectal, breast and lung cancers. Circulatory disease includes conditions such as coronary heart disease, heart attack and congestive heart failure.

The challenge of tackling health inequalities

Trevor Hopkins talked about the challenges of tackling health inequalities. Both the causes (and the causes of the causes) and the solutions to the problems of poor health and widening health inequalities

are complex and interrelated. Often one well-intended intervention unintentionally makes something else worse.

The key to driving work to challenge these health problems and inequalities and promote healthy communities is the leadership of Elected Members. Councillors were reminded that their authority to lead is based on their position, knowledge and wisdom and these qualities were given, acquired and earned and often overlap.

Following discussions Trevor outlined what good leaders do:

- Be curious – questioning
- Network – how do others do it?
- Walk about – be seen and heard
- Get others to decide – setting the framework
- Strike deals – creating dependencies
- Show clear values and priorities
- Focus on outcomes
- And probably, by being boring and repetitive

The role of Elected Members is to create a vision and strategy for healthier communities and to lead and engage in partnerships to achieve this. Councillors were encouraged to work strategically to achieve real benefits for local people by:

- Focusing on outcomes and co-producing them
- Using your influence, authority and accountability skilfully
- Understanding your own and other's organisations better
- Improving collaboration and partnerships
- Leading through action and problem solving, place shaping and community leadership
- Recognising the need for your survival and growth

What next?

The final session looked at the health headlines Members wanted to see in 2015 and their priorities for action to realise these.

Health Headlines

Copeland Council in partnership with others has achieved a 10% drop in local drinkers

Massive improvement in rural healthy communities

New hospital exceeds all expectations with Copeland Council as an influential partner

Obesity rates reduced

Copeland's mental health improvements exceed national expectations

Unemployment down to 4.6%

Copeland fight for better health for the community

Enjoy your life in Copeland

Awards for new hospital – all departments local

Copeland's kids less chubby

Maximum employment, premium facilities, priority healthcare

The six priorities for action on improving health chosen by Members are:

- Use all of our licensing powers more effectively and actively (and all planning functions)
- Increase youth engagement and provision in Copeland
- Increase the level and effectiveness of 'Locality Working'

- Continue to improve levels of educational attainment
- Work to ensure full employment
- A new hospital for the area

Attendance List

Morning Session

Councillor Keith Hitchen
Councillor Alan Holliday
Councillor George Clements
Councillor Gilbert Scurrah
Councillor Norman Williams
Councillor Margaret Woodburn
Trevor Hopkins – Principal Consultant, Local Government Improvement & Development
Kate Mahone – Public Health Specialist, Cumbria Primary Care Trust
Susan Dungworth – Peer Member, Local Government Improvement & Development

Afternoon Session

Councillor John Bowman
Councillor Hugh Branney
Councillor Yvonne Clarkson
Councillor Margarita Docherty
Councillor Dorothy Anne Faichney
Councillor Joan Hully
Councillor John Kane
Councillor William Southward
Councillor Peter Tyson
Councillor Jeanette Williams
Councillor Henry Wormstrup
Trevor Hopkins – Principal Consultant, Local Government Improvement & Development
Kate Mahone – Public Health Specialist, Cumbria Primary Care Trust
Glen Sanderson – Peer Member, Local Government Improvement & Development

Flip Chart Notes from Sessions

Morning Session – What do good leaders do?

- Be consistent
- Inspire
- Non-biased
- Communicate and articulate
- Have a sense of humour
- Have vision
- Knowledge
- Lead by example
- Steal good ideas
- Stand up and be counted
- Team work
- Work with your people
- Treat all people as equal
- Consult
- Listen and learn

Afternoon Session – What do good leaders do?

- Listen appropriately
- Set goals
- Respect people
- Lead from the front
- Use everybody's talents
- Get rid of lazy people
- Be strong in difficulties
- Be inclusive and involve people
- Empower people
- Keep in touch – have an open door
- Delegate
- Be approachable
- Be role models
- Lead through action

Morning Session – Headlines and Actions

Headlines

Enjoy your life in Copeland

New hospital exceeds all expectations with Copeland Council as an influential partner

Copeland Council in partnership with others has achieved a 10% drop in local drinkers

Massive improvement in rural healthy communities

Actions (top 3)

Use all of our licensing powers more effectively and actively (and all planning functions)
Increase youth engagement and provision in Copeland
Increase the level and effectiveness of 'Locality Working'

Afternoon Session – Headlines and Actions

Headlines

Obesity rates reduced
Copeland's mental health improvements exceed national expectations
Unemployment down to 4.6%
Copeland fight for better health for the community
Awards for new hospital – all departments local
Copeland's kids less chubby
Maximum employment, premium facilities, priority healthcare

Actions (top 3)

Improve educational attainment
Full employment
New hospital

Other actions

Free membership to sports centres for under 14s
Organising forums and spell it out – the importance of healthier living
Meet and consult with people and advertise seminars in the media
Promote breast feeding
Encourage mothers to breast feed and healthier eating
Sports for all funded
Further improve Blueskies (for stress, anxiety & depression)
Offering more activities in partnership with local groups – including physical health
Lobby government and health officials in conjunction with the community to pool resources to enable a streamlined service
Improve community life
Council out-reach into the community
Energy coast master plan
Powe Beck development
New hospital, health regime
Mental health a priority