

West Cumbria



Health Improvement Plan

2008-2010



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CONTENTS

| | Page |
|--|-------------|
| 1 INTRODUCTION | 4 |
| 1.1 Purpose and scope of this plan | 4 |
| 1.2 Overall approach to improving health | 4 |
| 1.3 What are health inequalities? | 5 |
| 1.4 Planning focus and process | 5 |
| 1.5 Partners in health improvement and health inequalities | 6 |
| 2 POLICY CONTEXT | 6 |
| 2.1 National, Regional, County and Local Contexts | 6 |
| 2.1.1 National Context | 6 |
| 2.1.2 Regional | 7 |
| 2.1.3 Local (County & District) | 7 |
| 2.2 Key Initiatives and Services in West Cumbria | 9 |
| 2.2.1 Cumbria Healthy Schools | 9 |
| 2.2.2 Health Trainers | 9 |
| 2.2.3 Routes to Work | 9 |
| 2.2.4 Neighbourhood Management | 9 |
| 2.2.5 Sport and Physical Activity Alliances (SPAA's) | 10 |
| 2.2.6 Self Care for You | 10 |
| 2.2.7 NHS Stop Smoking Service | 10 |
| 2.2.8 Health Services and Closer to Home | 11 |
| 2.2.9 Healthy Stadia | 11 |
| 2.2.10 Older People | 11 |
| 2.3 Targets for Health | 12 |
| 3 HEALTH IN WEST CUMBRIA | 13 |
| 3.1 Baseline Assessment – Summary of key findings | 13 |
| 3.2 Setting Local Health Targets | 14 |
| 4 PRIORITY ACTIONS TO ADDRESS HEALTH IMPROVEMENT – EVIDENCE BASE | 14 |
| 4.1 Targeting the most disadvantaged areas | 14 |
| 4.2 Life expectancy | 15 |
| 4.2.1 Improving early diagnosis and treatment for specific groups at higher risk | 15 |
| 4.2.2 Smoking | 16 |
| 4.2.3 Alcohol Misuse | 17 |
| 4.2.4 Nutrition, physical activity and obesity | 19 |
| 4.2.5 Accidents | 20 |
| 4.2.6 Suicide and mental health | 21 |
| 4.2.7 Infant Mortality | 23 |
| 4.2.8 Teenage Pregnancy | 24 |
| 4.2.9 Worklessness | 25 |
| 4.2.10 Activities which support and enable change | 26 |

| | | |
|----------|--|-----------|
| 5 | CORE ON-GOING HEALTH AND WELL-BEING IMPROVEMENT ACTIONS | 28 |
| 6 | OVERSEEING THE PLAN AND MEASURING PROGRESS | 28 |
| | REFERENCES | 29 |

1. INTRODUCTION

1.1 Purpose and scope of this plan

This plan sets out our approach for improving health in West Cumbria, with actions to achieve the most important health improvement targets within the period of 2008 -2010. The plan supports the delivery of the West Cumbria Strategic Partnership's Sustainable Communities Plan (Future Generations) (West Cumbria Strategic Partnership, 2007), Cumbria Local Area Agreement and NHS Cumbria's Health Improvement targets.

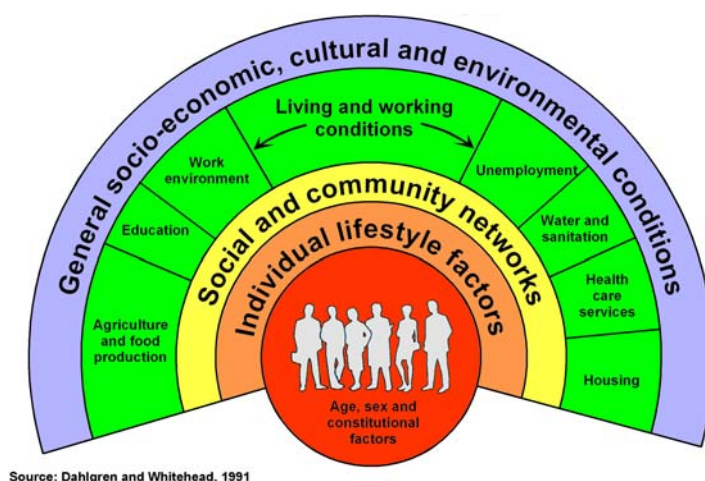
Health improvement is concerned with:

- ✓ **Improving the health status and life expectancy of the local population**
- ✓ **Narrowing the gap between health status and life expectancy of the advantaged and disadvantaged in the local population**
- ✓ **Developing modern health and social care by providing fast and convenient services of a consistently higher standard**
- ✓ **Looking at the factors that affect the health and well being of our local population in order to determine the most important health needs, and identifying how services should be developed to meet these needs and the range, location and investment required**
- ✓ **Action to influence the range of social, economic and environmental factors that influence health**

A recent Health Impact Assessment conducted by Durham University (Blackman & Jennings, 2007) of the two Neighbourhood Management areas recommended three key actions to improve health: economic regeneration, targeting of resources to address growing gap in health outcomes, and improvement to the living environment.

1.2 Overall approach to improving health

Health is an outcome of all the various factors affecting our lives. Major improvements in community and individual health and a reduction in health inequalities can only be achieved by improving people's, social, economic and environmental health and quality of life. Additionally health and social care support and action to encourage positive health behaviour is required if we are to see major improvements in health.



The rainbow model above is a way of looking systematically at the factors affecting health. The individual is at the centre of the model, with factors affecting their behaviour radiating outwards into wider policy areas (Whitehead & Dahlgren, 1991).

Biological factors include physical and psychological factors, for instance genetic factors and allergies. Lifestyle includes the range of personal behaviours such as smoking, exercise and alcohol consumption. Social and community networks include families, friends and community networks. Living and working conditions include a number of structural factors such as air quality, land use and the availability of open spaces.

1.3 What are health inequalities?

Inequalities are unnecessary differences between people that often have an impact on health. Some of these differences can be decreased and these are the inequalities this plan will address. Because a range of factors influence health, action is needed across a range of areas to have an impact for health improvement. This plan is based on an assessment of the health of West Cumbria and gives priority to actions which can make the greatest impact on reducing health inequalities in West Cumbria.

1.4 Planning focus and process

In the longer term we aim to see an improvement in life expectancy and a narrowing of the gap in life expectancy between the most deprived and least deprived communities. This plan aims to set out priority actions over the next two years that will make the biggest contribution to achieving national 2010 health improvement targets. The plan also sets out core, ongoing actions that are important for improving health in the longer term

Although the priority actions aim to have the biggest impact in the short term, they will also involve a reorientation of mainstream health promotion activities and primary care services for West Cumbria that will be sustained to meet future health needs. These will be commissioned by NHS Cumbria's Locality Commissioning Boards.

Other longer term actions are also important for improving health in West Cumbria over the longer term, and these are also identified in the plan. Because many factors influence health, a variety of actions are needed to produce the cumulative impact on health outcomes that we are seeking to achieve

1.5 Partners in health improvement and health inequalities

Health issues cross both departmental and agency boundaries. There are shared roles and responsibilities across a range of partners to promote and improve health. Key partners include:

- NHS Cumbria (Locality Commissioning Boards and Public Health)
- Allerdale Borough Council
- Copeland Borough Council
- Cumbria County Council
- Cumbria Healthy Schools
- North Cumbria Acute Hospitals Trust
- Cumbria Partnership Trust
- West Cumbria Council for Voluntary Service
- Connexions and Youth providers
- Voluntary and community organisations
- Primary Care Service Providers e.g. Gp's, pharmacists
- West Cumbria Local Strategic Partnership and its sub-groups
- Cumbria Constabulary
- Cumbria Fire and Rescue Service
- Health Protection Agency
- Schools and Colleges
- Social Care
- Jobcentreplus

2. POLICY CONTEXT

2.1 National, Regional, County and Local Contexts

The development of this plan is informed by planning processes and guidance from national, regional, county and local levels.

2.1.1 National context

Nationally the health improvement agenda is set through the establishment of a number of key targets, including the National Health Inequalities Targets for 2010 (section 2.3). In 2003, the government produced its blueprint for

addressing health inequalities – a programme of action (Department of Health, 2003) which sets out the evidence base for the actions that need to be prioritised at national and local level to have the biggest impact on health inequalities

The White Paper, *Choosing Health: Making Healthier Choices Easier* (Department of Health, 2004) provides a national policy framework for health improvement. It is underpinned by three principles:

- Informed choice for all
- Personalisation of support to make healthy choices
- Working in partnership to make health everyone's business

In addition there are National Service Frameworks for specific health conditions such as coronary heart disease and mental health which set out an evidence based approach to achieving defined standards. These particularly focus on clinical practice in order to get the best outcomes for patients. The National Institute for Clinical Excellence (NICE) also provides evidence based guidance on a range of specific health conditions and topics.

The NHS Plan in 2000 (Department of Health, 2000) heralded the development of a new delivery system for the NHS as well as changes between health and social services, changes for NHS doctors, nurse, midwives, therapists and other NHS staff. The plan also outlined changes for patients and in the relationship between the NHS and the private sector and stress the importance of the NHS working with partners to achieve improvements in health.

2.1.2 Regional

At a regional level, the Government Office North West (GONW) and the North West Strategic Health Authority (SHA), play a specific role in overseeing the performance of health improvement actions delivered at Primary Care Trust and Local Government levels. They also play a role in influencing health factors that operate at the regional level and support the local delivery process in a number of ways e.g. facilitating and co-ordinating actions and ensuring best practice is disseminated.

2.1.3 Local (County and District)

As a County, Cumbria has a two tier local government system, involving Cumbria County Council and six local district councils which include Allerdale and Copeland.

NHS Cumbria is coterminous with Cumbria County Council and has established a structure which ensures a locality focus in the organisation to aid delivery of health services and support for health improvement planning, co-ordination and delivery. NHS Cumbria is strengthening commissioning through locality based GP's heading up teams that are empowered to deliver

health care in primary and community settings to improve the health of the population.

NHS Cumbria is monitored in relation to a number of performance targets set down in its Local Delivery Plan and is required to comply with various standards (e.g. Health Care Commission). Many of the targets and standards relate to improving health at the population level.

Multi-agency partnerships operate at both County and District levels. A Local Strategic Partnership is a single body that brings together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together.

The Cumbria Strategic Partnership is the countywide partnership in Cumbria, and is responsible on behalf of Cumbria County Council, for developing a Sustainable Community Strategy and for developing and implementing the Local Area Agreement. The Cumbria Local Area Agreement (LAA) is a three year agreement that sets out the priorities for a local area agreed between central government and the local area, represented by the local authority and Local Strategic Partnership. The agreement is made up of outcomes, indicators and targets aimed at delivery a better quality of life for people through improving performance on a range of national and local priorities. The Local Area Agreement in Cumbria is an important mechanism for bringing health inequalities and public health into the forefront of local community planning and demonstrating the co-delivery role described for local government in Choosing Health. The existing Cumbria LAA includes a range of actions that are designed to impact on health and health inequalities, including locally specific health improvement targets. A new Agreement will be in place from 2008 and is being negotiated to include a continued focus on health improvement targets across all thematic blocks.

In West Cumbria, the Local Strategic Partnership, is well established and has a central role in tackling health inequalities through coordinating action and ensuring effective targeting of resources to the neediest communities. The Partnership has a major focus on regeneration through delivering its Sustainable Communities Strategy - Future Generations (West Cumbria Strategic Partnership), 2007). The Partnership operates a number of subgroups, all of which make an important contribution to improving health. The West Cumbria Healthy Communities Group has a key responsibility for coordinating the planning and delivery of health improvement action in West Cumbria, and monitoring its progress. This group will ensure that the health improvement planning and delivery system is well co-ordinated to link across the County, District and neighbourhood levels.

In developing a co-ordinated approach the West Cumbria Local Strategic Partnership has identified priority localities in which efforts will be concentrated on narrowing the gaps between target locality populations and the district average. The priority localities include: Cleator Moor, Maryport, Whitehaven and Workington

2.2 Key Initiatives and Services in West Cumbria

There are a wide range of initiatives in West Cumbria which provide important mechanisms for improving health. These are provided as examples and are not meant to represent an exhaustive list

2.2.1 Cumbria Healthy Schools

The National Healthy Schools Programme is a Government initiative that provides a support and accreditation framework for schools, focused around the four key areas of Personal, Social and Health Education (PSHE), including sex and relationships education and drug education; Healthy Eating; Physical Activity and Emotional Health and Well Being. Each County in England has a local programme and achieving National Healthy School Status supports individual schools to make a significant contribution in helping its children and young people achieve the five national outcomes of Every Child Matters.

Cumbria Healthy Schools are working with all State Primary and Secondary schools in West Cumbria. As of June 2008, 9 secondary schools and 51 primary schools have achieved National Healthy School status.

2.2.2 Health Trainers

The Health Trainer programme is a Department of Health initiative in which people in existing jobs or voluntary roles offer support and advice to individuals who wish to make lifestyle changes to improve their health and wellbeing. The Scheme is due to be rolled out in Autumn 2008, and participants will be targeted from key areas in West Cumbria. The City and Guilds Level 3 award leads to accredited Health Trainer status.

2.2.3 Routes to Work

Routes to Work are a people based Regeneration Project established in 2005 to assist people disadvantaged by address and unemployment make the transition from unemployment to work. Routes to Work offer a bespoke package of support to assist individuals, who have been in receipt of Incapacity Benefit for over six months, to overcome their personal barrier to securing employment. Since starting out they have assisted over 2000 people into employment in a wide and varied range of jobs e.g. construction, care, retail and hospitality. Links are being further developed between Routes to Work and Public Health to roll out the Self Care for You Pilot Project

2.2.4 Neighbourhood Management

The two Neighbourhood Management areas of South Whitehaven and South Workington cover the most disadvantaged wards in the area. This initiative aims to improve the resident's quality of life. Allerdale and Copeland Councils, Cumbria Police, Cumbria Fire and Rescue and the Primary Care

Trust work in partnership along with a number of other key agencies to address issues that residents consider important, with the objective of making South Whitehaven and South Workington cleaner and safer places to live.

2.2.5 Sport and Physical Activity Alliances (SPAA's)

Sport and Physical Activity Alliances (SPAA) are a key component of the delivery system for sport and physical activity; they are the strategy and delivery groups of national, regional and local targets.

The key functions of SPAA's are to:

- Increase participation in sport and physical activity
- Widen access to sport and physical activity
- Bring together and align partners existing priorities and targets within one joined up delivery plan for support and active recreation within the SPAA area, based upon the needs of the local communities and ensuring clarity in roles and responsibilities

In West Cumbria both Allerdale and Copeland Councils have submitted independent SPAA bids. Both Councils are in the second stage of the process and have completed their visioning document. Allerdale has proposed 4 projects and Copeland has proposed 5 projects. The projects and bids are being developed with the support of a local partnership group and Sport England. Projects in development vary in focus but include: employment of sports activity workers, Copeland coaches, healthy lifestyles, passport to outdoors.

2.2.6 Self Care For You

Self Care for You is a new self care skills course currently being piloted in Cumbria. The programme developed by the Working in Partnership Programme (WiPP), aims to motivate and empowers individuals to improve their lifestyle and make informed choices about their own and their family's health. The flexible, modular training enables participants to understand the relationship between health and behaviour and learn how to change unhealthy behaviours.

2.2.7 NHS Stop Smoking Service

There are currently 8 advisors provided by NHS Cumbria as part of the NHS Stop Smoking Service for West Cumbria, 4 run sessions in Allerdale and 4 run sessions in Copeland. These people provide 25 sessions per week to support people to give up smoking. These sessions are provided in a variety of settings around West Cumbria. In 2006-7 nearly 800 people in Cumbria used this service and set a quit date. 46% of these people had successfully given up smoking at 4 weeks. These services are currently being reviewed to reflect the need to target disadvantaged areas.

2.2.8 Health Services and Closer to Home

There are currently 28 GP Practices in West Cumbria, 18 in Allerdale and 10 in Copeland served by a total of 128 principal GP's, 81 in Allerdale and 47 in Copeland. The main hospital is West Cumberland General Hospital, which is part of North Cumbria Acute Hospitals NHS Trust. This is a 300 bedded hospital providing a comprehensive range of elective and emergency services. Mental Health services are provided by Cumbria Partnerships NHS Trust. A consultation on mental health services in Cumbria took place in Summer 2008.

NHS Cumbria recently consulted with local people and service providers on proposals to reconfigure the delivery of health and social care to meet our future needs. The proposals aim to respond to changing patterns of health, making health and social care services more specifically tailored to the needs of local people. Within this consultation, it will be determined what new or updated facilities are needed to provide services which give better access and support more personalised high quality care and treatment in the home of local community setting.

2.2.9 Healthy Stadia

'A Healthy Stadium is ... one that promotes the health of visitors, fans and the local community (Crabb & Ratinckx, 2005)

The Healthy Stadia initiative aims is to:

- Create supportive and healthy working and living environments
- Integrate health promotion into the daily activities of the setting
- Develop links with other settings and with the wider community

The Healthy Stadia initiative presents a further opportunity to improve health, tackle health inequalities and reduce social exclusion in West Cumbria. Improvement to the health and wellbeing of people who do not traditionally access health services, such as men, can be secured by raising awareness of issues such as smoking, healthy eating, physical activity, environmental issues and positive mental health in a comfortable social setting. In addition community stadia facilities may be used for activities like health screening or the promotion of healthy lifestyles.

2.1.10 Older People

Age Concern in West Cumbria is involved in a wide variety of work that supports older people.

Promoting Independence and Prevention Project (PIPP)

This offers a comprehensive information and advice service aimed at supporting people over 50 to maintain or regain independent living in their

own homes. It has an information resource centre at Whitehaven which supplies basic information and signposting. It also has trained workers who visit people in their homes if necessary to carry out a full assessment of their needs.

Other projects include: community development and volunteering; day care in 15 venues in West Cumbria; foot care including a nail cutting service; Money Wise – information, advice and support on a wide range of financial issues; accident prevention; befriending scheme and Winter Warmth Campaigns.

Allerdale Borough Council and Age Concern Case Worker Service

When homeowners ask the Council for help or advice on problems with their homes, the Council may not always be able to provide a direct solution. For circumstances like these Allerdale has teamed up with Age Concern West Cumbria to provide a case worker service. This 6 month pilot provides a case worker who will visit people in their own home and talk through their concerns. The advice and support given includes, helping to ensure people are receiving all the financial benefits they are entitled to, identifying any sources of assistance or charitable funding they may be able to apply for, helping to complete forms, work as an advocate for people in dealing with organisations they need to have contact with.

2.3 Targets for Health

Priority actions in this plan are identified to address the following national targets to improve the health of the population, and reduce health inequalities.

PSA1: Life Expectancy

By 2010 increase life expectancy at birth in England to 78.6 years for men and 82.5 years for women with the following specific targets:

- To reduce mortality from heart disease and stroke and related diseases by at least 40% in people under 75 years
- To reduce mortality from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of the areas with the worst health and deprivation indicators and the population as a whole
- To reduce mortality from suicide and undetermined injury by at least 20% by 2010.
- To reduce mortality from accidents by at least 20% by 2010

PSA2: Health Inequalities

Reduce the level of inequality by 10% by 2010, as measured by infant mortality and life expectancy at birth, between the most deprived areas by tackling the wider determinants of health inequalities:

PSA3: Tackle underlying determinant of health and health inequalities:

- Reducing adult smoking rates to 20% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less
- Halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole
- Reduce by at least 50% the conception rate among under 18's in the worst 20% of wards by 2010. This target is addressed by the Children & Young People's Sub-Group (Westlink) of the West Cumbria Local Strategic Partnership.

3. HEALTH IN WEST CUMBRIA

3.1 Baseline Assessment – Summary of key findings

A detailed assessment of the health of West Cumbria has previously been provided through the development of the Floor Target Action Plan. However, this document is a refresh and will highlight priority actions for health improvement.

Key findings show that:

- ✓ **Life expectancy for men and women in West Cumbria is still lower than the England and Wales average figure**
- ✓ **All age all cause mortality rates in Allerdale and Copeland have fallen compared to England and Wales and although the gap has closed slightly, it is still not enough**
- ✓ **Allerdale and Copeland are predicted to achieve the Local Area Agreement (LAA) targets for premature circulatory disease and cancer rates. However, the most deprived areas of Allerdale and Copeland are predicted not to reach their LAA targets**
- ✓ **The main causes of the low level of life expectancy in West Cumbria are deaths from circulatory diseases, cancer, respiratory disease and accidents and suicides**
- ✓ **Overall, Allerdale and Copeland have experienced a decline in premature deaths from cancer, but the gaps in cancer rates is starting to increase between the most deprived areas of Allerdale and Copeland and each district as a whole**

A Progress Report on the Health Floor Target Action Plan (FTAP) 2007-2010(REF) together with the findings from a recently conducted Health Impact Assessment (Blackman & Jennings-Peel, 2007) of the two Neighbourhood Management Areas identified further priority actions for this health improvement plan have been determined. The main trends show:

The key findings from these reports show that:

- **Actions need to be taken to address the widening health gaps between districts and those in the 20% most deprived areas**
- **There needs to be an accelerated rate of health improvement in the most deprived areas**
- **Further work to tackle economic inactivity needs to be developed**

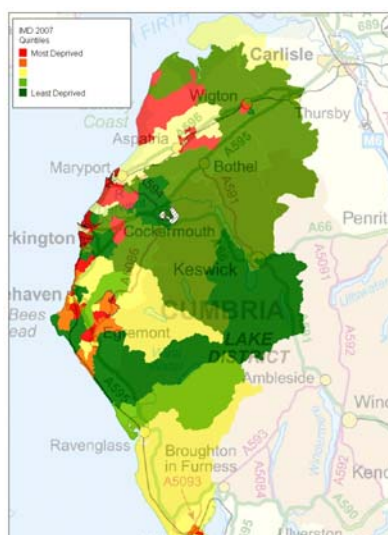
3.2 Setting Local Health Targets

Local health targets have been previously set as part of the baseline assessment for the Floor Target Action Plan. This newly revised Health Improvement Plan has an agreed action plan which reflects the issues highlighted in the baseline assessment.

4. PRIORITY ACTIONS TO ADDRESS HEALTH IMPROVEMENT – EVIDENCE BASE

4.1 Targeting the most disadvantaged areas

Areas with the worst economic, housing, crime, education and environmental indicators tend to have the worst health. Mortality in the most deprived 20% areas in West Cumbria (shown in red on map below). Therefore, in order to have the most impact on health in West Cumbria, services and interventions will need to be targeted at these areas.



4.2 Life expectancy

Deaths from heart disease, cancers and respiratory diseases are high in West Cumbria and the biggest contribution towards achieving the targets will be to drive down premature deaths from these conditions by:

- Improving the early diagnosis and treatment for specific groups at higher risk
- Reducing the risk factors that lead to disease and exacerbate existing conditions, especially cigarette smoking, obesity and alcohol misuse

4.2.1 Improving early diagnosis and treatment for specific groups at higher risk

A key step in achieving the national target of reducing the death rate from cardiovascular disease and stroke in people under 75 by at least 40% by 2010 is to identify those at risk of cardiovascular disease who have not developed symptoms and offer appropriate lifestyle advice and treatment to reduce their risk. This is reflected in standard 4 in the National Service Framework for Coronary Heart Disease (Department of Health, 2000)

GPs, primary care health teams and community interventions play a pivotal role in the primary prevention of cardiovascular disease. The Joint British Societies guides and the Healthy Communities Collaborative (British Cardiac Society, 2005), highlight the need for a seamless interface between basic self-assessment in the community (e.g. with health trainers) and a pathway for those at risk to be entitled to a more detailed risk assessment in primary care. This could lead to real improvements in life expectancy by giving those 'at risk' lifestyle advice and/or medication before they are diseased. Development of at risk registers will encompass potential partnerships with community based statutory, non-statutory and voluntary services, including health trainers, the Neighbourhood Management Teams, the Environmental Health Team, community pharmacists, practice support pharmacists, general practices, Jobcentreplus, Route to Work.

We know that many people with circulatory disease are not currently receiving optimum treatment. Identifying these people and reviewing their treatment according to current guidance also has a high potential to prevent premature deaths (Capewell et al, 2006). The Quality and Outcomes Framework (QOF) has the potential to engage general practitioners in achieving this goal.

As well as improvements in lifestyle factors, the early identification and treatment of people with cancer, will contribute to reducing cancer mortality. Early diagnosis and treatment of cancer will be facilitated by high uptake of screening programmes and raising awareness in the population of signs and symptoms of common cancers

Key Actions for Early Intervention

- ♥ **Contribute to the development of at risk registers for cardiovascular disease in GP practices**
- ♥ **Work with locality partnerships in the most deprived areas to implement outreach activities to identify people at risk**
- ♥ **Build capacity for partner organisations, including primary care to deliver healthy living lifestyle support (e.g. decreasing fuel poverty, stop smoking)**
- ♥ **Deliver the 'Self Care for You' programme in West Cumbria which supports hard to reach groups to make healthy lifestyle changes**

4.2.2 Smoking

Smoking is the single greatest cause of preventable illness and premature death in the UK. Approximately 106,000 deaths per year are attributed to smoking, related to the following causes: cancers of the lung, mouth, oesophagus, larynx, pancreas and bladder; chronic obstructive pulmonary disease and circulatory disease. Regular exposure to second-hand smoking also increases the risk of circulatory disease by 25% (Association of Public Health Observatories, 2004). However, smokers who quit before the age of 35 years lose almost all their excess risk and those quitting later still receive a proportionate reduction in risk (Association of Public Health Observatories, 2004).

Smoking is also one of the key reasons for social class and health inequalities in death rates. Current government policy places considerable emphasis on tackling smoking among lower socio-economic groups, with a target to reduce adult smoking rates to 20% or less by 2010 (from 26% in 2002) and a reduction in prevalence among routine and manual groups to 26% (31% in 2002).

Effective interventions have been summarised by the Health Development Agency (Health Development Agency, 2004) as:

- Primary prevention of smoking amongst young people (school and community interventions)
- Helping all smokers quit (brief interventions, cigarette pricing, mass media campaigns)
- Helping pregnant smokers quit (as part of routine ante-natal care)

Brief interventions (screening, advice and signposting where appropriate) by health and social care professionals have been shown to be effective in increasing quit rates, particularly when combined with nicotine replacement therapy.

Although a whole population-based approach is needed, interventions should be targeted primarily at disadvantaged communities and the highest smoking prevalence wards in order to reduce inequalities.

NHS Cumbria is in the process of improving the delivery of smoking cessation support services, following a review by the Department of Health's national support team. A county-wide primary and secondary prevention manager has been appointed to lead service development, and a priority focus will be given to West Cumbria.

Key Actions to Reduce Smoking

- ♥ **Work with partners to reduce the availability of cheap tobacco products**
- ♥ **Build community capacity to support wider provision of smoking cessation (e.g. through pharmacies)**
- ♥ **Promote peer support in smoking cessation – through Self Care for You and Health Trainers Programmes**

4.2.3 Alcohol Misuse

Alcohol is the most widely used recreational drug in the UK, and is an important part of the local economy in Cumbria.

However, alcohol misuse also causes significant health, social and economic harm. It is linked to increased morbidity and mortality from cardiovascular disease and some cancers, as well as an increase in crime, accidents and violence (including domestic violence (Hughes, 2004)). It is estimated that ?? of adults in West Cumbria binge drink, as compared to 18% of adults nationally.

There has been a general increase in alcohol consumption over the last 15 years, and changes in the patterns of drinking. More people are drinking over the recommended daily limits at least once a week (risky drinking, and there is also a significant increase in the numbers of people (particularly young women) drinking more than double the recommended daily limits at least once a week (binge drinking). Binge drinking is more common in those living in disadvantaged communities, and they are disproportionately represented in alcohol related hospital admissions.

It is estimated that in 2003-2005, 22.5% of adults in Allerdale and 24.4% of adults in Copeland binge drink. This is significantly higher than the national average of 18% (Neighbourhood Statistics, 2006).

Effective interventions A national Alcohol Harm Reduction Strategy was launched in 2004, which clearly stated that interventions around the prevention of alcohol misuse are likely to be more effective if a multi-faceted approach is adopted which includes both treatment and enforcement, and focuses on supply control, demand reduction and harm reduction. The following recommendations were made in the Strategy:

- Improved and better targeted education and communication
- Early identification and treatment
- Greater use of enforcement powers
- Encouraging greater responsibility in the drink industry

The Cumbria Drug and Alcohol Action Team have the strategic lead and have recently published an Alcohol Strategy for Cumbria (Cumbria Drug & Alcohol Action Team, 2008).

Brief interventions around alcohol by health and social care professionals have been shown to have the best chance of changing the behaviour of hazardous or harmful drinkers and could make an effective contribution to reducing alcohol-related harm in West Cumbria. Early identification and referral to treatment will help to reduce the numbers of harmful drinkers developing moderate and severe patterns of dependence (Health Development Agency, 2005).

The West Cumbria Crime and Disorder Reduction Partnership co-ordinates a range of partnership initiatives focused on greater use of enforcement powers, encouraging greater responsibility in the drinks industry and education and communication, including Pubwatch.

Key Actions to Reduce Alcohol Misuse

- ♥ **Work with partners to reduce the number of children who drink alcohol, and the amounts of alcohol drunk**
- ♥ **Work with partners to increase knowledge of how much is too much, and of alcohol related harms**
- ♥ **Equip people with better coping skills and also tackle stress producing conditions in the first place**
- ♥ **Work with partners to distribute and use Calling Time materials in all licensed premises**

4.2.4 Nutrition, physical activity and obesity

Both Type II diabetes and obesity are independent risk factors for cardiovascular disease which can be reduced by regular physical activity and healthy eating. Being physically active can halve the risk of cardiovascular disease compared to those who are sedentary and providing support for socially excluded and disadvantaged groups to be physically active is an important strategy (Health Education Authority, 2003). Further benefits of regular physical activity highlighted by The Association of Public Health Observatories include reduced risk of hypertension (blood pressure), stroke and some types of cancer (Association of Public Health Observatories, 2004). There are also associated benefits to mental health and musculoskeletal health by improved bone density and muscle tone, while also aiding falls prevention (National Institute for Health & Clinical Excellence, 2005). A range of activities should be offered as an alternative to sport so that people can make physical activity part of their daily lives e.g. cycling, gardening, dancing and other recreational activities.

The recommendation to consume at least 5 servings of vegetables and fruit per day is supported by a diverse and convincing body of evidence. Vegetables and fruit are important sources of several essential nutrients and vitamins, and they also provide dietary fibre. A large majority of relevant expert reviews have concluded that higher consumption of vegetables and fruit will reduce chronic disease risks (National Cancer Institute, 2006).

Key Actions to Improve Nutrition, Increase Physical Activity and Reduce Obesity

- ♥ **Support the local implementation and development of the National Child Measurement Programme (NCMP)**
- ♥ **Support partner agencies in developing healthy eating policies and adopting healthy catering guidelines**
- ♥ **Contribute to the development of Healthy Weight Healthy Lives Strategy**
- ♥ **Contribute to the development of a Healthy Stadia Programme**

4.2.5 Accidents

Deaths from accidents are a cause of low life expectancy in West Cumbria and there has been an increasing trend over recent year. Nationally young men are more likely to be involved in road traffic accidents attributable to alcohol than any other age group (Thomas & Oakley, 2007). Falls were however, the most common cause of accidental death. Actions to prevent accident deaths in young people will need to target alcohol and drug misuse, road injuries and drink driving (Thomas & Oakley, 2007). Preventing accidents in older people will need to focus on identifying those at risk and providing individual assessment and support.

Evidence of systematic interventions

A systematic review by the Department of Health in 1995 concluded that the most effective measures at reducing accidents in young men were regulatory and legislative controls (Munro et al, 1995). There is little evidence that purely educational measures have much effect (Thomas & Oakley, 2007).

Environmental engineering measures (crash barriers, speed bumps, traffic calming measures etc.) reduce accidents in all age groups (Munro et al, 1995). Enforcement regarding speeding (e.g. speed cameras) has been shown to be effective in reducing accidents (Wilson et al, 2006). Actions to promote the use of motorcycle and bicycle helmets are likely to be effective (Thomas & Oakley, 2007), as is legislation and enforcement on drink driving. Training programmes for servers and mass media campaigns have been shown to be effective in certain circumstances in reducing alcohol related accidents (Task Force on Community Preventative Services, 2005). Education or behaviour change interventions alone are not effective in reducing alcohol related accidents (Thomas & Oakley, 2007).

Implementation of guidance from the National Institute for Clinical Excellence (NICE) on interventions to reduce substance misuse among vulnerable and disadvantaged young people (National Institute for Clinical Excellence, 2007)

is likely to contribute to reducing deaths from accidents in young people. Another study found that attempts to reduce alcohol related injuries using motivational interviews in Accident and Emergency departments were more effective than information hand outs (Thomas & Oakley, 2007). Ensuring the implementation of NICE guidance on school based interventions on alcohol will also help contribute to preventing accidents in young people (National Institute for Clinical Excellence, 2007). This involves integrating alcohol education into the school curriculum, taking a whole school approach and providing brief advice as necessary.

A trial of a community wide alcohol reduction campaign, including enforcement, alcohol free areas, parental involvement, diversionary activities, training for bar staff etc. has been shown to reduce alcohol related accidents and underage sales in one study (Holder et al, 1997).

Implementation of NICE guidance on the prevention of falls in the elderly will reduce deaths from falls in older people. This requires that older people with recurrent falls, or assessed as being at increased risk of falling are considered for an individualised multifactorial intervention. This includes strength and balance training, home hazard assessment, vision assessment and medication review (National Institute for Clinical Excellence, 2007).

Key Actions to Reduce Deaths from Accidents

- ♥ **Contribute to the development of multi-agency Cumbria-wide Child Accident Prevention Strategy**
- ♥ **Support the development of safer walking and cycling**
- ♥ **Work with a range of agencies to reduce slips, trip and falls in older people**
- ♥ **Identify opportunities to work with the agriculture and construction industries to reduce accidents**
- ♥ **Use data collected from Accident and Emergency Departments to inform commissioning processes**

4.2.6 Suicide and mental health

Suicide is a major public health issue. In the last 20 years or so, suicide rates have fallen in older men and women, but risen in young men (Department of Health, 2002). Suicide levels in Cumbria are consistently higher than England and Wales with male suicides outnumbering female suicides by almost four to one.

There are many contributing factors that cause suicide. Many of the risk factors for suicide are known from research – being male, living alone, unemployment, alcohol or drug misuse, mental illness (Department of Health,

2002). This trend is reflected in Cumbria, as there is a higher rate of suicides in the most deprived areas (Clay, 2007).

It is important to note that suicide is a possible outcome for any mental illness, but most people with a mental health problem do not commit suicide. Suicide rates will be influenced by many social factors outside health service control such as employment levels. Changes in suicide rates may therefore reflect changes in these factors rather than the success of any health service interventions.

Effective interventions

The National Suicide Prevention Strategy for England was launched in 2002 designed to support the Saving Lives: Our Healthier Nation target of reducing the death rate from suicide by at least 20% by 2010. It is an ongoing, co-ordinated set of activities which will evolve over several years. It sets out six clear goals:

- To reduce the risk in key high risk groups
- To promote mental well-being in the wider population
- To reduce the availability and lethality of suicide methods
- To improve the reporting of suicidal behaviour in the media
- To promote research on suicide and suicide prevention
- To improve monitoring of progress towards the Saving Lives: Our Healthier Nation target for reducing suicide

Health promotion activities concerning exercise and sensible alcohol consumption may also be helpful. Drug and alcohol dependency programmes may be helpful as may stress reduction programmes, both in the workplace and primary care.

Suicide prevention is not the exclusive responsibility of any one sector of society, or of health services alone. This is particularly important in mental health services. People with mental illness are at high risk and mental health services have a vital part to play; however, around three quarters of people who commit suicide are not in contact with mental health services (Department of Health, 2002)

Key Actions to Reduce Suicide and Improve Mental Health

- ♥ **Contribute to the development of a multi-agency implementation plan for suicide prevention strategy**
- ♥ **Undertake health needs assessment in Haverigg Prison in partnership with prison staff and locality commissioners**

4.2.7 Infant Mortality

Young children are the group most affected by adverse social and environmental conditions. They are sensitive not only to conditions in their immediate environment after birth, but also to the pre and post natal health of their mother. Reducing infant mortality is part of the Government's national health inequalities target and evidence suggests that local action can reduce the risk factors associated with infant mortality (Department of Health, 2003)

Infant mortality rates can be up to six times higher in more deprived areas of the country and in more vulnerable and disadvantaged groups. Babies born to teenage mothers have a 60% higher mortality rate plus teenage parents are more likely to have premature births, accidental injuries, development delays and poor levels of nutrition (Teenage Pregnancy Unit, 2004)

Women in disadvantaged groups are less likely to access maternity services early or maintain contact throughout their pregnancies, therefore in line with the National Service Framework (NSF) Standard 11 for Maternity Services, NICE Guideline 6 for Antenatal Care and Every Child Matters: Change for Children more accessible services will improve outcomes for parents and children (Department of Health, 2007, National Institute for Clinical Excellence, 2003 & Department for Family, Education & Skills, 2004).

While a healthy pregnancy and delivery is important there are two areas where intervention is important to improve outcomes for infants. One area is reducing the number of parents smoking during and after pregnancy, this has been shown to be effective in reducing low birth weight babies and has positive long term health outcomes for parents. Another area is increased uptake of mothers' breastfeeding as this improves infant nutrition and protects against a range of health problems in childhood.

The NSF and Every Child Matters: Change for Children (Department of Health, 2007; Department for Family, Education & Skills, 2004) together with PSA targets, highlights that supportive and high quality care during pregnancy not only improves birth outcomes but also equips mothers and fathers with the skills to be more confident and caring parents

Key Actions to Reduce Infant Mortality

- ♥ **Support the roll out a programme to increase breastfeeding rates**
- ♥ **Work with partners to improve access to ante-natal care**
- ♥ **Work with partners to reduce smoking rates in pregnant women**

4.2.8 Teenage Pregnancy

Teenage pregnancy is strongly associated with the most deprived and socially excluded young people. Difficulties in young people's lives such as family relationships, low self esteem and dislike of school contribute to young people's risk.

Evidence shows that having children at a young age can damage young women's mental and physical health and wellbeing and severely limit their education and career prospects. Longitudinal studies show that the children of teenagers are more likely to experience negative outcomes in later life (REF). Tackling teenage pregnancy can, therefore, contribute to tackling the Local Strategic Partnerships key outcomes, in particular education and worklessness.

Since the launch of the Teenage Pregnancy Strategy in 1999 (Social Exclusion Unit, 1999). England has seen a steady downhill trend in the under 18 conception rate: the rate has fallen by 11.8% and the under 16 rate has fallen by 12.1%. However, the UK rate remains much higher than comparable EU countries (Department for Family, Education & Skills & Department of Health, 2007). Rates of teenage conceptions in Allerdale are better than the national average, however, in Copeland they are higher than the national average. If the current trend in Copeland continues then the 2010 target will not be achieved. If this trend is to be reversed then effective partnership work needs to continue.

Evidence shows that there should be active engagement of all key mainstream delivery partners, availability of detailed data and effective communication to deliver integrated programmes. These programmes should include: provision of young person focussed contraceptive and sexual health services; a strong delivery of Sex and Relationships Education (SRE)/Personal, Social and Health Education (PSHE); workforce training on SRE; targeted work with at risk groups of young people; a well resourced youth service with a clear remit to tackle big issues; work on raising aspirations of young people and work with parents.

Key Actions to Reduce Teenage Pregnancy

- ♥ **Work with partners to improve access to sexual health services for young people**
- ♥ **Support the development of integrated contraceptive and sexual health services in localities**
- ♥ **Work with partners to pilot primary care led sexual health services**
- ♥ **Develop links with worklessness agenda – improving jobs, higher education, raising aspirations**

4.2.9 Worklessness

There is strong evidence that work is generally good for physical and mental health (Wadell & Burton, 2006). We know that people out of work have:

- higher consultations, higher medication consumption and higher hospital admissions
- 2 to 3 times increased risk of poor general health
- 2 to 3 times increased risk of mental health problems
- 20% increase in mortality

Getting working age people into employment has been shown to improve their health. This is true whether they are generally healthy, disabled or have common health problems (Wadell & Burton, 2006). The beneficial health effects of work however depend on its nature and quality.

Most sickness absence and long term incapacity from work is not the result of severe disability but is caused by less severe mental health, musculoskeletal and cardio-respiratory conditions (Wadell et al, 2004). The evidence shows that the best time for effective rehabilitation is 1 to 6 months following an initial absence from work (Wadell & Burton, 2006).

There is also reasonably strong evidence indicating which intervention work to keep people with health problems in work and help those out of work return to employment. The evidence is stronger for interventions that occur soon after the initial absence.

Key Actions to Support Worklessness

- ♥ **Support the development of the role of primary mental health care teams in tackling worklessness**
- ♥ **Contribute to the development of a healthy workplace programme with major local employers including the NHS and local authorities**
- ♥ **Ensure that health improvement activities are accessible to and reflect the needs of the workless population**
- ♥ **Increase employers' awareness of mental health issues with regard to employment**

4.2.10 Activities which support and enable change

Improving health will require the development of a positive health culture for West Cumbria, which spans across all agencies and encourages and enables people to take care of their own health. The World Health Organisation's Healthy Cities Programme (REF) offers a useful framework for West Cumbrian partners to consider.

The Healthy Cities Approach seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at a local level. The four elements for action are characterized below:

| | |
|--|--|
| A Explicit political commitment at the highest level to the principles and strategies of the Healthy Cities project | C Commitment to developing a shared vision for the city, with a health development plan and work on specific themes |
| B Establishment of new organisational structures to manage change | D Investment in formal and informal networking and cooperation |

A range of communication and marketing techniques are available to be deployed to ensure people gain access to information and resources for health. Social marketing is a technique that is particularly suitable for supporting communities with changing health behaviour and can be adapted to different groups and circumstances.

Through NHS Cumbria's Closer to Home Programme, there will be important opportunities to develop health and social care infrastructure and design new ways of delivering clinical programmes for key health conditions such as heart disease, diabetes, cancer and mental health.

NHS Cumbria has recently published a Public Health Strategy (NHS Cumbria, 2007), which sets out three major challenges to achieving a reduction in socio-economic inequalities in Cumbria. These challenges are the demographic challenge – in which the ageing population profile and the decreasing proportion of young people have implications on future service provision; reducing social inequalities that contribute to inequalities in health; and taking into account the size and considerable rural population of Cumbria in the provision of services that are appropriate and accessible.

The priorities for action are to:

- ✓ **Re-orientate the health system in Cumbria to that it is focused 'up-stream' on the causes of ill health and so that people can have ease of access to high quality services**
- ✓ **Develop a health system based on good intelligence by measuring health outcomes and determinants of health**
- ✓ **Build capacity by promoting and maintaining health in partnership, with individuals, neighbourhoods, employers and other agencies both local and national**

A large emphasis will be given to organisational development and capacity building for health improvement. Many staff and volunteers who work across a variety of agencies in West Cumbria are in an important position to support others in improving their health. This is not just the obvious roles such as NHS hospitals or community based health professionals, but includes people such as Age Concern volunteers, Jobcentre Plus advisors, Leisure Services staff, and housing and environmental health officers.

Key Actions to Support and Enable Change

- ♥ **Support the development of a Healthy City approach for West Cumbria to strengthen leadership and capacity for health improvement delivery in local government and key partners (including employers)**
- ♥ **Contribute to the development of social marketing techniques to better support people in improving their own health**
- ♥ **Develop a network of health trainers across West Cumbria**

5. CORE ON-GOING HEALTH AND WELL-BEING IMPROVEMENT ACTIONS

Many areas that improve health are being addressed by other agencies and task groups, and the Healthy Communities Group will identify the areas where important links need to be made to progress the health improvement agenda.

Key areas include:

- Children and Young People's Plan (includes the Every Child Matters Be Healthy outcomes)
- Housing - home improvement, warm homes, access to housing benefits, fuel poverty
- Maximising income for older people and vulnerable groups
- Increasing employment rate
- Reducing the number of people claiming incapacity benefit
- Reducing domestic violence
- Reducing fire related deaths and injuries
- Improving the environment – parks and open spaces including green flag status for parks by local authorities
- Reducing illicit drug use and drug related deaths
- Maximising income via benefits
- Core environmental health actions to prevent ill health
- Provision of leisure facilities and activity schemes by local authorities
- Social inclusion and social capital

6. OVERSEEING THE PLAN AND MEASURING PROGRESS

The Healthy Communities Group has been established to oversee the development and delivery of the Health Improvement Agenda in West Cumbria, with a specific focus on delivering priority health improvement targets. This group will have a strategic focus and will ensure co-ordinated partnership working across statutory and voluntary organisations in order to plan and deliver the health improvement plan. Membership includes:

- ✓ Age Concern
- ✓ Allerdale Borough Council
- ✓ Citizens Advice Bureau
- ✓ Copeland Borough Council
- ✓ Cumbria County Council
- ✓ Cumbria Council for Voluntary Service
- ✓ Cumbria Partnership NHS Trust
- ✓ Jobcentre Plus
- ✓ Lakes College West Cumbria
- ✓ Parish Councils
- ✓ Public Health, NHS Cumbria
- ✓ Voluntary and Community Sector

The Healthy Communities Group will also oversee performance in relation to progress made towards the national targets, by establishing and monitoring local trajectories where possible. It will also monitor the achievement of specific work programmes, which will be tracked using a range of outcome and activity indicators. The Group will also take stock and plan further work programmes where there is failure to deliver on achieving targets.

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