Cumbria NHS
Primary Care Trust

A Public Health Strategy

For Cumbria Primary Care Trust

Our Vision for Cumbria

This first public health strategy for Cumbria marks the beginning of a journey. We hope this journey will take us somewhere that our grandparents could only dream of – a place where we live our lives and achieve our dreams without the threat of ill health to blight us. And when our individual journey is over, we can spend our final days in comfort and dignity in one of the most beautiful parts of the country in the company of those we love without unnecessary medical intervention.

Health means different things to different people. If you ask people what it is to be healthy you may get many different answers:

"Not being ill"
"Having a long life"
"Being able to plan to do things"
"Feeling that you are making a contribution"
"Having good relationships"

The World Health Organisation has defined health as "a positive concept emphasizing social and personal resources, as well as physical capacities". It is "a state in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a positive contribution to his or her society."

Our vision is for Cumbria to be a place where all people can have:

- **A good start in life**
- **A long and healthy life, adding life to years and years to life**
- **The opportunity to play a full and active part in their community**
- **Control over their own lives, to live as independently as possible**

The Challenge for Cumbria

Whilst there are good levels of health in Cumbria as a whole , there are significant inequalities between different groups and areas within Cumbria . These are mainly related to socioeconomic inequalities. By working to reduce differences in health between disadvantaged and more advantaged areas, we can hope to eliminate inequalities arising due to socio-economic or other factors. This promotion of social equity in health is sometimes called "levelling up", where health is "levelled up" to match the health of those groups enjoying the best health status.

There are three major challenges to achieving this goal in Cumbria:

- **The demographic challenge.**

  The aging population profile in Cumbria and the decreasing proportion of young people has implications on future service provision.

- **Health inequalities**

  The reduction of social inequalities that contribute to inequalities in health are an important impetus to achieving a fair distribution of health across Cumbria.

- **Geography**

  Cumbria's size and considerable rural population must be taken into account in providing services that are appropriate and accessible.

The three priority areas for action in this strategy are a response to these three challenges. To achieve good health we will need to:

- **Re-orientate the health system in Cumbria**, so 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.

This report reflects the initial response of Cumbria PCT to these challenges; it will form the basis for the development of a multi-agency Public Health and Wellbeing Strategy that will be developed during the following year though engagement with the County Council and local authorities, voluntary organisations and other groups in Cumbria, as well as local people .

Background

What do we know about the health and wellbeing of people in Cumbria?

Each year about 5000 children are born in Cumbria. The health of babies is improving, with the number dying in their first year of life falling over the last 20 years. Although infant mortality rates in Cumbria are now below the average for England and Wales, there are some differences within Cumbria itself. If the best infant mortality rate in Copeland (3.2 per 1000 live births) could be achieved in each district, we would expect to reduce the number of infant deaths in Cumbria by 20 over a three year period (2004 to 2006).

Collectively, the people of Cumbria are healthier now than at any other point in history. We are living longer and have more years of good health than ever before. However out of the 5,384 deaths that were registered in Cumbria last year, just under a third died prematurely (under the age of 75). Two thirds of these deaths were from heart disease, strokes and cancers. In 2006 there were thirteen deaths of young people between the ages of nine and eighteen years. Tragically, car accidents accounted for five of these, with infections as the second major cause of death. There were 68 deaths between the ages of 19 and 34, mainly due to accidents, suicides, drugs and alcohol. The latest figures show that deaths from suicides and accidents in Cumbria are markedly above the national average.

The chances of dying prematurely in Cumbria depend in part on where and how you live. Based on figures released in 2006 a child born in Moss Bay ward, Allerdale could expect to live to the age of 72 years whilst a child born in Greystoke ward, Eden could expect to live to the age of 91 years. Despite increasing standards of living across Cumbria, we still have huge variations in life expectancy. Recent government policy has concentrated on trying to close the gap in life expectancy between the 20% of local authorities with the highest levels of deprivation and the population as a whole. The spearhead areas of Carlisle and Barrow are both amongst the most deprived 20% of local authorities in England. While all six county districts in Cumbria are improving, the best districts, Eden and South Lakeland, are improving at a much quicker rate. As a result, the gap between the best performing districts and the two spearhead areas, Carlisle and Barrow, appears to be widening.

Being healthy is not just about having a long life. People's quality of life and their ability to engage in society can be affected by illness. 10% of Cumbrians reported that they were not in good health in the last census; this ranged from 13% in Barrow to 8% in Eden. 7% of working age Cumbrians are on incapacity benefit and this is as high as 14% in Barrow. Mental Health problems make up a large part of chronic ill health in Cumbria, with about 40% of the people on incapacity benefit not working for mental health reasons.

What are the main determinants of health and health inequalities in Cumbria?

Health is a result of a complicated interaction of many factors including genetics, lifestyle choices and environment. Some, like genetic factors, cannot easily be changed. Others are related to lifestyle factors such as smoking, diet, physical activity and alcohol. But an individual's health is not solely determined through their lifestyle choices. It will also be related to the quality of family life, educational attainment, employment, workplace conditions and housing. The diagram below shows the links between these determinants of health.

Figure 1 – Determinants of Health

After Dahlgren and Whitehead

A large proportion of the deaths in Cumbria result from cancers and circulatory disease and a large proportion of these deaths will be related to smoking. An estimated 25% of Cumbrians smoke with Carlisle having the highest estimated prevalence of smokers in Cumbria at 29%. Other important determinants will be diet, physical activity and obesity. If the level of obesity was reduced in all areas in Cumbria, so that it was at the level found in South Lakeland there would be 10,000 fewer obese adults in Cumbria. As well as affecting life expectancy these factors will have an impact on the levels of disability and disease in Cumbria and the quality of people's lives.

A Public Health approach for Cumbria.

The Fully Engaged Scenario

In 2001, Sir Derek Wanless was asked by the Government to carry out a review of National Health Service funding to see if increases were justified to bring it up to comparative levels with other Western countries. His response was that the future of the NHS depended on the development of a "fully engaged scenario". In this scenario, citizens in partnership with health professionals would work to optimise good health and "avoid the avoidable", freeing up resources to treat illness that cannot (yet) be prevented. Strong partnerships between the public and the health service, local authorities and many others would be the norm and people would have health skills and expertise to help them through life. The Fully Engaged Scenario highlights the importance of a more productive and flexible workforce, more effective use of technology, policies to promote better disease prevention and putting in place improved incentives to ensure more efficient use of resources.

Arrangements for Public Health in Cumbria

For the first time since 1974, Cumbria has public health leadership which is firmly rooted in its local authorities as well as in the National Health Service, with the creation of the post of Director of Public Health and County Medical Officer. The Cumbria Strategic Partnership (CSP) is the countywide partnership in Cumbria which brings together the public, private and third sector organisations in Cumbria. It is responsible for developing and delivering a Sustainable Community Strategy and implementing the Local Area Agreement. The Health and Wellbeing Board of the CSP co-ordinates strategic partnership arrangements for the delivery of health and social care within Cumbria.

The public health directorate of Cumbria PCT works with a host of other statutory and voluntary organisations to promote health improvement. Broadly speaking there are three main strands of work:

- Raising levels of wellbeing across the whole population
- Addressing specific, known issues affecting groups within the population
- Ensuring that the health needs of those who are already ill are equitably met.

The Three challenges to health and wellbeing in Cumbria

The Demographic Challenge

The first demographic transition was characterised by explosive population growth fuelled by high birth rates and reducing infant mortality rates. The discovery of the oral contraceptive pill has meant that women can make real choices about how to live their lives. Family size has collapsed. Nearly one in five women in their 40's in Cumbria is childless. Although more people die in Cumbria each year than are born, our population is still increasing. This is because of two things, the number of older people who retire to Cumbria from elsewhere and the number of older people in Cumbria living to an even older age once here. If the projections are correct Cumbria will have a greater proportion of older people aged over 65 than the national average. Current predictions are that by 2029, there will be 64,000 more people over 65 and 14,000 more people over 85 years old. During the same time period there will be a decrease of 29,000 people under 65 and 16,000 fewer under 16.

An aging population will mean that there will be a dramatic rise in some long term conditions, for example, we need to plan for 50% more people with dementia in the coming years. This will result in much greater demand for personal health and social care, in terms of both quantity and quality. However fewer people will be available to provide these services and public services are going to have difficulties in maintaining their workforce. More people are going to want to live independent and active lives in their old age and services will need to adapt to support this. It will be essential that services promote health and independence in old age, so that the impact of the aging population on health services is minimised. The fully engaged scenario will be achieved not only by people living longer, but also by them spending a smaller proportion of their lives in ill health.

Health in old age is closely linked with inequalities; those areas with the highest life expectancy are those that are more affluent. Increasing numbers of older people in these areas may increase the demand for services. It will be essential to promote health and independence in old age as well as to increase life expectancy in the most disadvantaged areas.

When it comes to the end of our life, we want a dignified death in a place of our choice. At present in Cumbria one in five deaths occur at home, while the vast majority of the remainder die in some type of institution, be it a hospital or nursing home. With more people dying at older ages and remaining independent we need to ensure that services are available to support people who want to spend their last days in their own homes.

The Challenge to Reduce Health Inequalities

There is a large variation in levels of health between areas in Cumbria. However when we look at all areas in Cumbria we see that it is not just that the most disadvantaged areas that have poorer health compared to the rest of Cumbria, but that there is gradient in health across all areas from the most deprived to the most affluent (see 2). This gradient in health outcomes has been demonstrated to occur nationally across socio-economic groups as well as across areas.

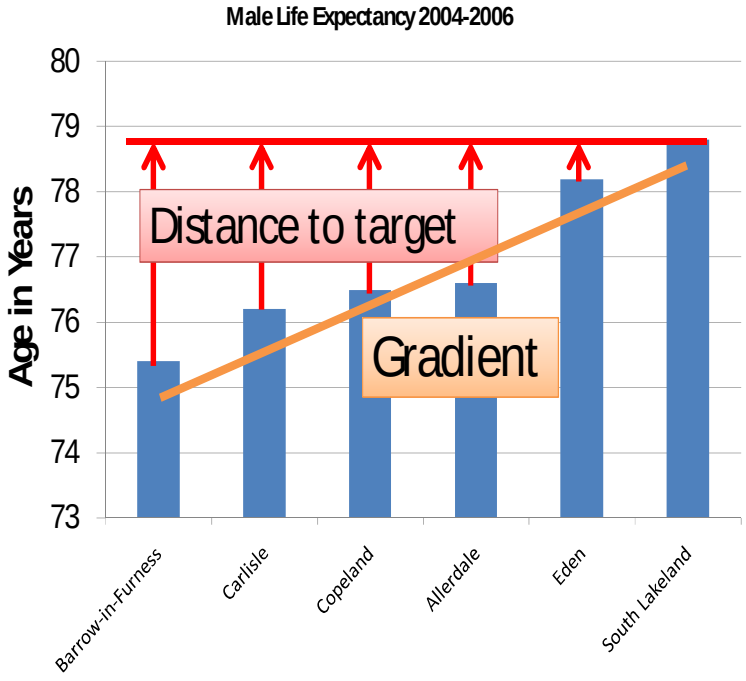

Figure 2 The social gradient in health in Cumbria.

Whilst national policy has focused on narrowing the gap, another approach is to reduce the gradient by levelling up all groups and areas to the level of the best. For example by increasing the life expectancy of all the districts in Cumbria as shown in Figure 2 to the level of the best district, we would save about 700 premature deaths per year. Social inequalities in health affect all social groups not just the disadvantaged. Although the most disadvantaged are the most affected, some measures will need to affect all areas in Cumbria.

Improvements in health and life expectancy will have a limit, and there is some evidence that high levels of obesity, mental disorders, and alcohol intake, that are concentrated among disadvantaged groups of young people, could mean that older generations are healthier than their grandchildren. Healthy children are more likely to grow up into healthy adults. So it is crucial that actions to reduce inequalities focus on children.

There are multiple mechanisms that result in this social gradient in health, that need to be understood if progress is going to be made. These are shown in Figure3. To put it simply, a person living in disadvantaged circumstances is likely to have fewer opportunities to lead a healthy life, they will be subject to more risks to their health which will build up throughout their life, the impact of these risks will be greater, when they do fall ill, this will potentially have more severe social and economic consequences.

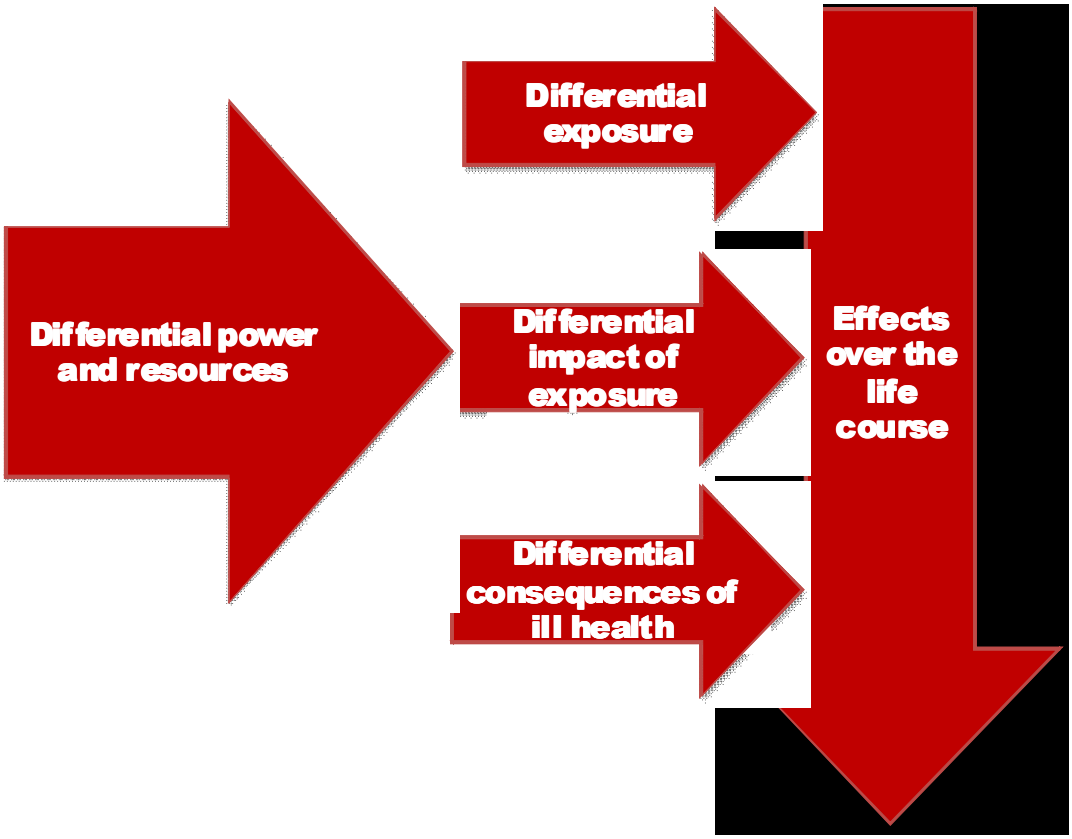

Figure 3.

Mechanisms that produce health inequalities (after Whitehead and Dahlgren 2007)

Michael Marmots book "the Solid Facts on Inequalities" identifies ten areas which potentially have a significant effect on inequalities in a population such as Cumbria, these emphasise the need to address the root causes of health inequalities.

One particular issue in Cumbria is the impact of work and worklessness on health. Increasing the opportunities for employment, improving working conditions, improving health at work, and reducing stress in workplaces will all contribute to reducing health inequalities. Preventing the consequences of ill health through employment, by helping people stay in work, and to return to work following illness will also help reduce health inequalities. Other areas of action to address the root causes of health inequalities will include, improving the opportunities for education by working in partnership with schools and the University of Cumbria, and involving people from disadvantaged areas in developing services to meet their needs.

The evidence suggests that to have an impact on the gradient of health inequalities, services and interventions need to be targeted according to levels of need, rather than being provided at the same level across an area.

Box 1. Ten priority areas to reduce health inequalities:

1 The need for policies to prevent people from falling into long term disadvantage

2 How the social and psychological environment affects health

3 The importance of ensuring a good environment in early childhood

4 The impact of work on health

5 The problems of unemployment and job insecurity

6 The role of friendship and social cohesion

7 The dangers of friendship and social cohesion

8 The effects of alcohol and other drugs

9 The need to ensure access to supplies of healthy food for everyone

10 The need for healthier transport systems

The Challenge of Geography

The Cumbrian Landscape is perhaps its greatest asset, potentially a great resource for Public Health. Just over 50% of the population of Cumbria live in rural areas, in villages or on the edge of towns. The average distance that people have to travel to see a GP in Cumbria is twice the national average, with some places being as much as 16 Km away from a GP practice. The average distance to a supermarket or convenience store is 3.4 kilometres as compared to 1.6 km nationally, with some areas being as much as 20 kilometres away from such facilities.

Poverty in rural areas is often underestimated as it is not spatially concentrated. Whilst a lot of the deprivation in Cumbria is concentrated in urban areas, it should be noted that 38% of all people on low income in Cumbria live in rural areas, a total of about 20,000 people. The combination of low income, isolated location and poor access to transport can have a major impact on health. With an aging population it will be a major challenge to maintain people's independence in old age in isolated rural settings.

Rural populations face different threats to health. The higher rates of mortality from suicides and accidents found in Cumbria have also been reported in other rural areas. Lower survival rates from some cancers have also been reported for people living in rural areas suggesting problems with access to services.

The challenge of rurality is one of developing accessible services and identifying people in need. Many rural areas both within the UK and internationally have developed approaches to meet this challenge. These have included supporting and extending the roles of health practitioners, developing community based health facilities, training local people such as in community first responders and developing transport infrastructure.

Priorities for Action

These three main challenges cannot be tackled by the NHS alone. If we are to make a difference we need to work closely with our partners in local authorities, independent and voluntary sectors, as well as the community themselves. In this way, we can ensure that people are able to choose healthy lifestyles in environments conducive to health, whilst having access to appropriate services when they need them.

The actions that the health service can take are at three levels:

- What the health service can do itself
- The influence the health service can exert on others, through local partnership working
- What the health service can advocate and campaign for, in terms of changes in policy at a regional or national level.

To meet the three challenges we need to:-

- Re-orientate existing health services and systems in Cumbria to ensure that, not only do they provide high quality care close to home, but that they actively support individuals and their families to maintain and improve their own health, with particular support for those members of the community who may be most vulnerable to ill health.
- Develop a health system based on good intelligence, which uses the most up to date information to target the causes of ill health, provides interventions that are know to work, and measures the outcomes so that we can monitor our progress.
- Build the capacity of partners, individuals, families, neighbourhoods, employers and other agencies at local and national levels to: raise awareness of health; develop healthy policies, and work together to tackle the causes of poor health .

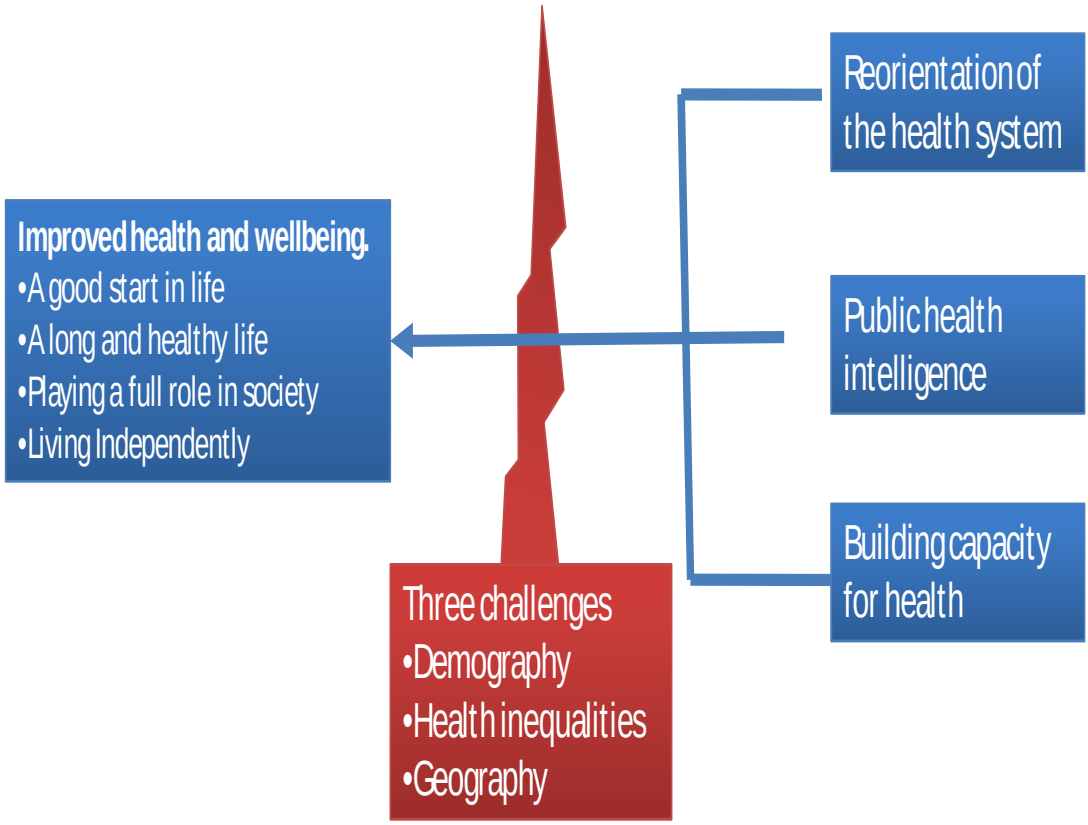

Figure 4 The approach to improving health and wellbeing in Cumbria, taking account of the demography, health inequalities and geography.

Re-orientating the health system – Closer to Home

Achieving the fully engaged scenario in Cumbria will require changes in the health system on three levels; firstly a move from hospital care to more community based care as outlined in the closer to home strategy; secondly to focus more on tackling the causes of ill health instead of just treating the ill health when it arises, and thirdly from the equal provision of standard services for all, to more targeting of services towards those communities and high risk groups that need them most.

The Closer to Home strategy is a priority for Cumbria PCT . Closer to Home will mean that in the future people who need health care across Cumbria will get the best possible treatment and support as close as possible to home. When people do need to go to hospital, hospitals will be able to provide faster access to first class specialised care and services. New and updated facilities in the community will be easier to access and more people will spend less time in hospital. This will also mean a shift of some activity away from GPs and outpatients to other providers such as pharmacies as more people use self-care.

To complement the re-orientation towards primary care and effective interventions, action needs to be taken to refocus more on preventing ill health. The fully engaged scenario depends on there being improvements in the social conditions (housing, employment, education, the environment and mental wellbeing) as well as personal and group risk factors such as diet, nutrition, exercise, smoking, substance misuse and sexual health. As well as working to reduce these risk factors the PCT protects the population from health risks through providing immunisation and screening programs, ensuring patient safety, and having a planned and prepared response to incidents and emergency situations

These reductions in risk factors and improvements in community services need to be greatest where the need is currently highest, among people in the most deprived areas and high risk groups of people. This means that resources and services are targeted to match the level of poorest health across Cumbria.

Our priorities for action to re-orientate the health system include:

- Developing world class commissioning, based on the assessment of the needs on the population, taking into account current evidence and focused on outcomes.
- Ensuring that interventions and services are commissioned to achieve the greatest health improvement in the most disadvantaged areas
- Developing a modern and collaborative community health and social care infrastructure.
- Increasing access to health and prevention services for those most in need, for example increasing the uptake of cardiovascular risk factor modification (lifestyle change, blood pressure and lipid lowering therapy) in primary care.
- Developing training for staff in primary and secondary care services to ensure that all patients can access appropriate lifestyle advice and brief interventions, including referral to appropriate support services e.g stop smoking services.
- Improving access to sexual health services and reducing the levels of teenage pregnancy in Cumbria.
- Improving mental health and reducing suicides and the number of drug related deaths. For example this will involve improving access to psychological therapies and developing other innovative approaches to mental health promotion.
- Reducing the level of accidents.
- Ensuring a good environment in early childhood for all children in Cumbria.

Developing Services Based on Public Health Intelligence

Good public health intelligence will be at the forefront of improving health. It will be essential for identifying the determinants of health inequalities in Cumbria. Some risk factors for health have a steeper social gradient than others; identifying and targeting these will reduce health inequalities. By assessing population need and using equity audits, services can be targeted so that they serve those who need them most. Monitoring the use of services according to socioeconomic groups will facilitate this.

In the past there has been a preoccupation in the health service with process measures of clinical activity such as waiting lists and waiting times for hospitals. This has distracted attention from measuring the health gained from medical and social care interventions or the determinants of health.

Good public health intelligence can be used to identify those most at risk, so that proactive action can be taken. There is much we can learn from the model of anticipatory care and preventative medicine pioneered by Dr Tudor Hart, a GP in a disadvantaged industrial village in South Wales. In 1968, he began a programme of active search for health needs in his practice, followed by preventative interventions, regular follow-up and audit. Statistics show that health outcomes, including death rates, were dramatically improved in his community compared to other neighbouring communities.

With the introduction of the Quality and Outcomes Framework (QOF) in general practice, for the first time public health has access to population based data on 17 disease areas, including information on smoking, obesity, cholesterol and blood pressure.

If we are serious about commissioning more effective services, we need to have a good understanding of what really matters to patients, the public and staff. Health intelligence, analysis and research are vital to support effective commissioning, monitor health trends and develop health improvement programmes and policies. We need to start capturing high quality, accurate and timely information about health in Cumbria. We have already brought together our key partners to establish The Cumbria Intelligence Observatory which will ensure that a wealth of information on all aspects relevant to health in Cumbria is readily available.

Our priorities for action to develop a health system based on good intelligence include:

- Supporting the development of Cumbria Intelligence Observatory to collate information about health in Cumbria at a county and locality level
- Developing in-house information systems to provide population based information to target prevention at the most disadvantaged.
- Ensuring that commissioning systems are built around the use of public health intelligence.
- Developing a programme of health equity audit to support the re-orientation of services to meet the needs of the less advantaged
- Promoting the use of health impact assessment to ensure that policies and interventions carried out by the PCT and local authorities improve health and reduce health inequalities.
- Developing the measurement of health outcomes to ensure that services and interventions achieve the greatest health improvement in the most disadvantaged areas.
- Working in collaboration with local and regional universities to develop, carry out and disseminate research on local health priorities.

Building capacity to improve health

The fully engaged scenario brings with it the implication that promoting and maintaining health is a partnership at every level. This includes the connections within families, neighbourhoods and communities that are vital for health and well being. It also includes the relationships within work places and between employers as well as with and between local, national and international public and voluntary organisations. It implies a regeneration of the relationship between the citizen and the professional from one that is paternalistic to one that recognises that health rights sit beside health responsibilities. Building capacity to improve health in Cumbria will involve, building on effective partnerships, developing and extending the roles of people working in health and social care, engaging the public and making use of the assets that Cumbria possesses.

Tackling the determinants of health involves each sector identifying its impact on health to enhance the positive effects and mitigate negative effects. It is essential that the health service works effectively with partners in order to improve the conditions that result in poor health and inequalities across Cumbria.

The NHS in Cumbria employs around 40,000 people. This is a great resource for health improvement. Extending the roles and developing the health skills of people within or outside the NHS, will be a key strategy for improving population health. This could include pharmacists, opticians, health visitors, social workers, environmental health officers and many others without health in their titles. An example of this is the additional training Job Centre Plus employment advisers in Barrow have had so that they can offer health advice to people who are out of work. Our aging population will mean that we will have to ensure that the skills of people in Cumbria are developed to meet the workforce needs for health and social care in the future, to ensure that health and social care services attract high quality staff.

The fully engaged scenario is underpinned by widespread access to information and developing the health skills of the public and self care. Children leaving school need to have the mental and physical health skills to carry themselves through everyday health threats, and school teachers should have the skills to support them. Families should be able to handle common conditions with the assistance of the local pharmacist only turning to their GP when it is appropriate.

The Local Government white paper *Strong and Prosperous Communities* emphasises that citizens and communities know what they want from services and what needs to be done. Services are more likely to be effective and appropriate if they involve local communities in identifying needs, deciding on priorities, designing services and assessing performance in their development.

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

Our priority areas for action to build capacity for health include:

1. Developing a communications strategy for delivering the fully engaged scenario with both partnerships and the public
2. Working closely with local partnerships to identify and enhance the contribution of each member to improve health and reduce health inequalities.
3. Support the local authority in the development of health promoting policies e.g. active transport, the promotion of physical activity, the provision of recreational and green spaces.
4. Commissioning training for partners in the provision of brief lifestyle interventions in workplace and community settings.
5. Developing a network of health trainers to provide lifestyle advice in local communities
6. Working with local partnerships to promote independence in old age through housing solutions, effective public transport, integrated urban and rural planning.
7. Bring about improvements in employment and worklessness, through, workplace based health promotion, and working with partners to develop return to work programmes for individuals with long term ill health.
8. Improving educational opportunities and developing the health skills of children and young people. For example through the healthy schools program.
9. Supporting the development of active communities and citizenship involving local people in the development of services that have an impact on their lives.
10. Planning for the future workforce needs for health and social care in Cumbria and developing training and career opportunities for people in Cumbria

Working together to achieve health gain for Cumbria

This Public Health Strategy commits the PCT a range of actions to improve health for all the citizens of Cumbria, and to working to make the best health outcomes available to all.

However, the achievement of the best of health for all will depend on engaging a wide range of partners in this endeavour, and over the coming months the PCT will be working closely with key partners including the County Council, the six District Councils, the Police, the Hospital Trusts and the Partnership Trust, neighbourhoods and communities, and voluntary and private sector organisations, to develop a Health Strategy for Cumbria that has the full commitment of all who can contribute to improving health for Cumbria.

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