Cumbria 2010
The Annual Report of the Director of Public Health

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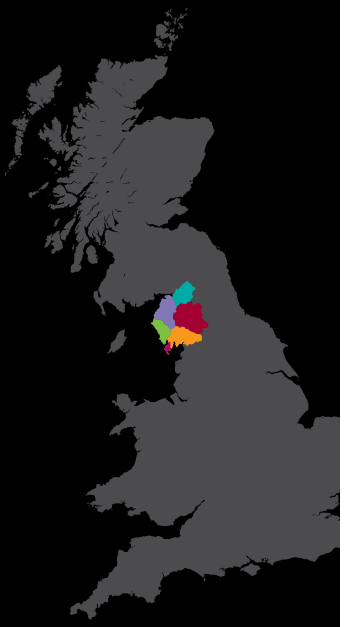

Cumbria County Council

NHS Cumbria

Foreword

This is my third annual report on the health of people in Cumbria. This year I will take a closer look at a fundamental aspect of health that is too often overlooked and shrouded in stigma: mental health. Echoing the words of the UN Secretary General, Ban Ki-moon: 'There can be no health without mental health'. The focus on emotional and mental health and wellbeing is particularly relevant at this time.

As health has improved through better standards of living, safer environments, behaviour change and improved medical care, the overall trend is for people to live longer, healthier lives. As physical health problems have been pushed back to the later stages of life, mental health issues have been growing in prominence and significance. In addition, the demographic challenges underway mean that greater numbers of people will be living in Cumbria with conditions such as dementia, and other forms of brain failure, which in turn can put great stress on the emotional health of carers and relatives. Inequalities in mental ill health, and in particular in rates of self harm and suicide, are a particular focus of concern.

The recent flooding in Cumbria is an example of the stress and emotional strain which can be placed on individuals and communities and further evidence that services and communities need to work closely together to harness the skills and assets within Cumbria which can promote good emotional and mental health.

Dr John R Ashton CBE
Director of Public Health
and County Medical Officer,
Cumbria

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Cumbria in Numbers

- Cumbria is England's second largest county, representing 48 per cent of the land mass in the North West, with an estimated population of 496,900.
- 51 per cent of the total population in Cumbria live in rural communities, compared with 19 per cent in England.
- Cumbria has 24 communities that are in the 10 per cent most deprived in England and Wales, of which seven are in the 3 per cent most deprived.
- Approximately 16 per cent of the Cumbria population lives in areas which officially rate as among the most deprived in the country.
- There were 5,508 deaths and 5,116 live births in 2008.
- In 2009 the average house price in Cumbria was £152,245 compared to the national average of £161,783.
- In 2008 the average household income in Cumbria was £30,637, compared with the national average of £32,779.
- There are approximately 15,000 children under 16 years old (16 per cent of the population), living in income deprived households. This is lower than the national average of 21 per cent.
- 276 people were killed or seriously injured in road traffic accidents in Cumbria during 2008.
- In December 2009, the rate of unemployment in Cumbria was 2.7 per cent (8,011 claimants) compared to the national rate of 4.1 per cent. The claimant count fell by two between November and December 2009.
- Around 9 per cent of 4/5 year olds and 20 per cent of 10/11 year olds in Cumbria were classed as being obese in 2008/09.
- There were 1,537 deaths from all causes of cancer in 2008. This gives a rate of 179 deaths per 100,000 people, compared to a national average of 172 deaths.
- In 2007/08 the alcohol-harm related hospital admissions rate was 1795.7 per 1000,000 population, which was higher than the rate for England at 1472.5.
- The current conception rate of 41.1 girls per 1000 under 18 years of age is above the national average age of 40.6 per 1,000.
- The life expectancy for males is 77.8 years which is only 0.1 year less that the national average.
- The life expectancy for females is 81.4 years which is 0.8 years less than the national average.
- There were 20,032 patients included on the GP diabetes registers in 2007/08, accounting for 3.9 per cent of the Cumbria population. This is the same as the national average.
- In 2008 there were 27 deaths in children under one year old in Cumbria, an infant mortality rate of 5.3 deaths per 1,000 births compared to a national average of 7.6 deaths.
- In 2007/08 there were just over 3,000 people registered with a GP with a diagnosis of dementia.

These countywide statistics hide variations between the different communities of Cumbria.

Introduction

My first annual report on the health of the people of Cumbria in 2008 set a baseline for health improvement. It identified five key challenges:

- **inequalities in health**
- **demographic issues**
- **re-orienting health and social care closer to home**
- **a health system based on good intelligence**
- **capacity building**

Progress has been made in addressing these challenges and is outlined in this report, however there is still much more to be achieved.

Last years report focused on one of these challenges: health inequalities in Cumbria. The report highlighted the issues facing such a large rural county and the difference in health status between communities. These differences include disparity in mortality between people from different social backgrounds and areas of the county.

This report focuses on mental health and psychological wellbeing, from infancy to adulthood and into old age. I will outline what is known about mental health and wellbeing in Cumbria, what can affect a person's mental health, and what we can do to improve the psychological wellbeing of our communities.

In this section I will set out some of the wider determinants of mental health and the recent challenges faced by our county.

Health Inequalities

Inequalities in people's experience of health still present significant challenges in Cumbria, with people in the most affluent areas living up to 20 years longer than those in more disadvantaged circumstances. These unfair and avoidable differences in health between social groups are what we mean by health inequalities. In Cumbria there are a number of areas of concern, including;

- Relatively large numbers of people living in housing that is in poor condition
- High levels of fuel poverty
- A low proportion of the workforce educated to degree level or higher
- Low employment levels amongst people with disabilities
- On average men in Cumbria lose 10 months of life, and women 4.5 months, directly attributable to alcohol
- 50-60 suicides each year

Even where Cumbria is performing well on reducing inequality in health, this masks some important differences, with some areas experiencing conditions that are comparable to the worst in England.

During 2009, a visit to Cumbria from the Department of Health's National Support Team for Health Inequalities recognised some of these challenges, as well as some of the achievements we have made. Examples of good practice highlighted include;

- 'Your Health Counts' - a new initiative from NHS Cumbria with the remit to encourage everyone across the county to think more about their health and the small steps we can all take to improve the way we and the people around us live.

- A team of Family Support Workers who have been commissioned to support stroke patients and also target possible high-risk groups with blood pressure checks.
- Cumbria has one of the highest uptakes in the North West by 18-19 year old young women of the HPV (Human Papilloma Virus) vaccine which will help to prevent cervical cancers in the future.
- 'Time to call Time' Cumbria's Alcohol strategy, which clearly sets out how agencies across the county will reduce the harm caused by alcohol.
- NHS Cumbria's 'Be a Star' campaign, featuring young mothers, launched in November to remind young women how important it is to consider breastfeeding their babies. Posters starring two real-life young Cumbrian mothers are now visible across Barrow and Carlisle.

Another success in tackling health inequalities in Cumbria is that Carlisle has been successful in its application to achieve World Health Organisation (WHO) Healthy City status.

Healthy City Status shows a willingness to work towards improving the health of residents in Carlisle by ensuring that the health impact of all aspects of city council policy and work is influenced by considerations of health and wellbeing. It means that Carlisle will have to put health at the centre of decision-making in areas such as planning, housing, recreation and transport.

Demographic issues

The most recent population projections show that by 2031 Cumbria's population will have grown by 13 per cent to 560,200. Projections show that there will be an increase of 69,800 people aged 65 years and over and a decrease of 5,600 in those aged below 65. The majority of this decrease will be amongst people under 19 years old.

This population growth will not be evenly spread across the county. Projections predict that as a result of these migration patterns, some areas in Cumbria will experience some of the highest levels of over 65 year old households in the country. A much larger and older population will create a greater demand for personal health and social care at a time when there are less people of working age to provide it.

As we get older we are more likely to become frail and affected by disability. The prevalence of dementia also increases rapidly with age and will therefore become more common.

Whilst the number of premature deaths from chronic disease is likely to decline in the future, the numbers of people living with long term conditions and disability is likely to increase considerably. This is partly because there will be a greater number of older people in the future, but also because some risk factors, such as obesity and alcohol misuse, are increasing.

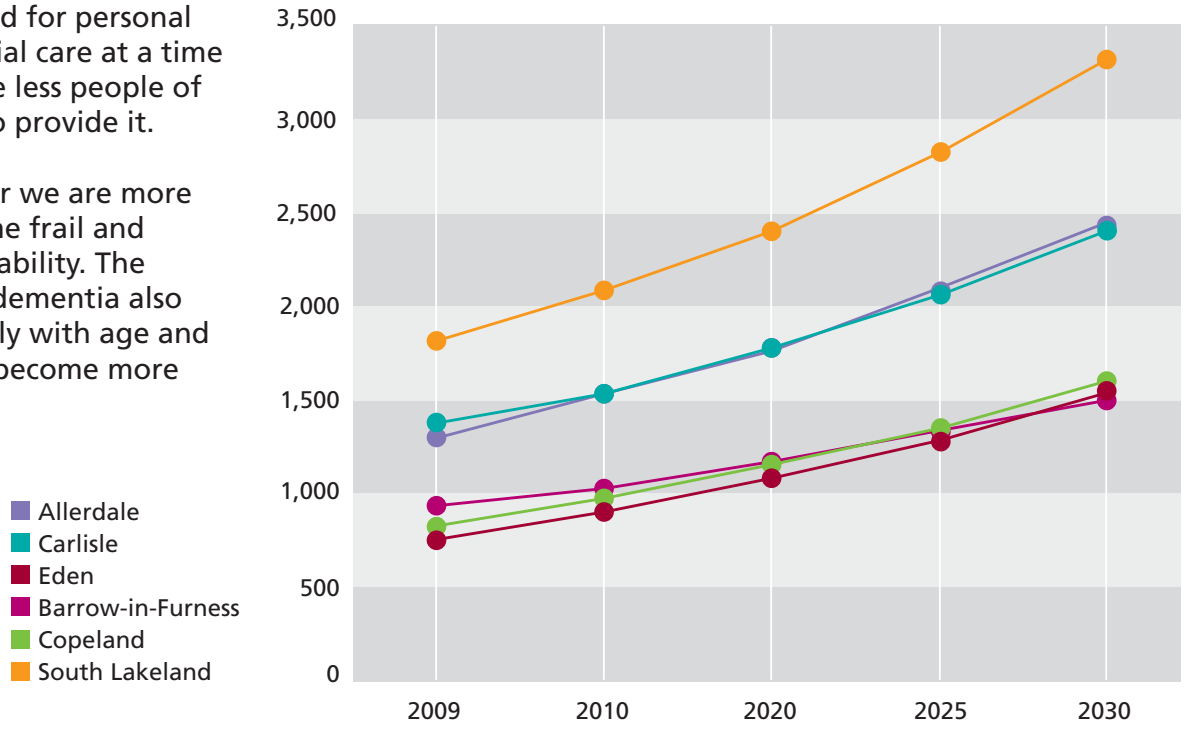
The prospect for the future is of increasing numbers of people living to a greater age and dying with disease such as cancer rather than from them.

An ageing population also brings with it a wealth of assets such as knowledge as well as the contribution that able bodied elderly are able to make for example through volunteering. The challenge will be to make the most of these assets as well as meeting some of the challenges presented by the demographic changes ahead.

Our ambition has to be to reduce the burden of avoidable ill health late in life so that we can all die as old as possible.

The graph below depicts the projected rise in the number of people living in Cumbria who will be affected by dementia between now and 2020.

All People in Cumbria aged 65+ predicted to have dementia, by district, projected to 2030. Source: POPPI



Intelligence

Improving health and wellbeing and tackling inequalities in Cumbria involves action from many different organisations and sectors. A good understanding of population need is required if we are to create a fairer and more just society and to give all people the opportunity for a long and healthy life.

The Joint Strategic Needs Assessment (JSNA) builds on some of the comprehensive needs assessment work already carried out in Cumbria. This needs assessment as an information resource is part of the work programme of the Cumbria Intelligence Observatory and aims to provide comprehensive, integrated intelligence on health and wellbeing for Cumbria and its districts. High quality information such as this is essential if we are to fully understand and respond to the pattern of inequalities and the changing populations in Cumbria.

Capacity building

Combining new ways of thinking about delivering services with the best possible intelligence on health will ensure we are in the best position to respond to the challenges ahead. To complement services from across the public sector, we also need to assess how our workforce can best use their skills and assets alongside those of communities, to improve health and wellbeing.

Institutions such as Local Authorities and the NHS are part of the community to which we all belong, and are just as much an asset to that community as the people and community groups within it. Our institutions have a crucial role in supporting the communities which they serve, but a different relationship with them needs to be developed.

Recent visitors to the county, Professors John McKnight and Chris Gates, who are internationally aclaimed authorities on the relationship between community empowerment, active citizenship and health and wellbeing, have challenged the way we view our communities and propose a different way of working with them. They do not suggest a simple checklist of actions, rather a philosophy that emphasises the strengths of communities and their ability to be engaged in finding their own solutions. Their work is backed up by a systematic approach to community asset mapping and the assessment of the vitality of civic life. The workshops which they conducted in Cumbria in 2009 were very highly acclaimed and we intend to build on the lessons learned from them in the years ahead.

Other challenges in 2009

As well as continually working to anticipate and respond to emerging challenges to health and wellbeing in Cumbria, there have been a number of times throughout the year where communities in Cumbria and the services which support them have shown themselves to be strong, resilient and able to respond quickly to threats to health.

Swine flu

In April 2009, Swine flu arrived in the UK and soon afterwards the WHO (World Health Organisation) declared a global pandemic. At this time it was unclear to what extent the infection would spread and how serious it would prove to be. Organisations and staff from the health and social care sector, as well as partners from the voluntary sector, made huge efforts to mobilise quickly and respond to this emerging threat. As a result anti viral medication and later vaccination were made available quickly to all who required them in Cumbria, helping to ensure that the impact of the H1N1 infection was contained. Five years planning for a flu outbreak like this paid off and the partnerships in place responded well to the challenge.

Flooding

Described as a once in a thousand year event, the Cumbria floods of November 2009 destroyed two GP surgeries in Cockermouth and displaced hundreds of people from their homes.

Thousands of people north of the River Derwent were also cut off from essential primary care services following the collapse of Northside Bridge in Workington.

Again, staff from across the health and social care sector responded quickly and worked tirelessly to minimise the risks to health presented by flooding and ensure that essential services were maintained.

A series of measures were undertaken by NHS Cumbria to keep community services in place and provide extra support for residents. These include:

- Temporary accommodation for GP practices in Cockermouth.
- New health clinics for communities' cut-off from the centre of Workington by road.
- Additional GP and community nursing cover for flood-hit areas.
- Extra travel costs were provided to community health teams whose journeys to and from patients' homes quadrupled in some places due to road and bridge closures.

Family doctors and health managers in Cockermouth are also working to fast-track existing plans for a new community hospital in the town which will provide a permanent home for GP and health services.

The effects of a major incident like this are not just to property and infrastructure. As well as the huge investment in time and money to clean up flood damaged homes and businesses, many residents will also have to overcome the challenges of this catastrophic event. Many will suffer stress and depression caused by the trauma of being displaced and losing possessions, homes and livelihoods and the many months it will take to return their homes to normal.

It is this subject, mental health and psychological wellbeing, which provides the focus for this report.

Section 1:

Children in Cumbria: A healthy start to mental health and psychological wellbeing.

In this chapter I will describe the factors that can affect the mental health and psychological wellbeing of children and what NHS Cumbria, along with our key partners, needs to do to ensure each child in Cumbria gets the best start in life.

There are many different definitions of mental health and emotional wellbeing, the following definition is helpful.

"Being able to develop psychologically, emotionally, intellectually and spiritually; initiate, develop and sustain mutually satisfying personal relationships; use and enjoy solitude; become aware of others and empathise with them; play and learn; develop a sense of right or wrong; resolve (face) problems and setbacks and learn from them." (Mental Health Foundation 1999)

Closer to Home for Children and Families in Cumbria

NHS Cumbria is leading a programme of change in commissioning the provision of children's health services. The changes are based on the recommendations of a recent external review, which identified a number of ways in which children's health services could be more effective in improving outcomes for children and families. The Closer to Home programme will:

- Provide services as close to home as possible
- Place greater emphasis on prevention and early intervention
- Target additional support for more vulnerable children
- Ensure more consistent ways of working among teams of health professionals
- Establish more joined up working across acute and community health services
- Establish stronger working with partner agencies.

Children and young people in Cumbria

In Cumbria there are 112,400 children up to the age of 19, representing about one fifth of the total population of the county. Currently about 5,000 babies are born every year, and we want each of them to have the very best start in life.

A healthy start in life brings the best chance of having a happy childhood and enabling our children to fulfil their potential.

As with other population groups, the life experience and health outcomes for children varies greatly across Cumbria. Deprivation remains the most significant factor linked to poor health outcomes for children. The percentage of 0-15 year old children living in income deprived households within Cumbria is 16 per cent (15,000 children), which is lower than the national average of 21 per cent. However, as the table on page 14 illustrates, variations at district level can range from 9 per cent in the more affluent districts, to 23 per cent in Barrow-in-Furness, one of the least affluent.

Number of children living in low income households per district (2009)

District	Number of children in low income households	Precent
Barrow-in-Furness	3,100	23 per cent
Copeland	2,600	21 per cent
Allerdale	2,930	18 per cent
Carlisle	3,220	18 per cent
South Lakeland	1,570	9 per cent
Eden	790	9 per cent

Source: Cumbria Intelligence Observatory

Tackling these health inequalities requires action from a range of organisations and sectors, not just health services. Children's health services play a major role in this through the delivery of universal and targetted services which support children and families who are more vulnerable.

Psychological wellbeing and mental health

For children and young people, their emotional wellbeing is a fundamental element of a good childhood and healthy start in life, and can also set the foundations for future mental health.

Children and young people who are emotionally or mentally healthy achieve more, participate more fully with their peers and their community, engage in fewer risk-taking behaviors and cope better with the adversities they may face from time to time. Research also shows that emotional health in childhood has important implications for health, social and material outcomes in adult life. Equally, children and young people with emotional health problems have a diminished capacity to learn and benefit from opportunities. Such problems can also adversely affect social and learning environments for others.

What affects a child's psychological wellbeing and mental health

One way of understanding emotional and psychological wellbeing of children is to look at the relationship between "risk factors" and "protective factors" which may be present in a child's life. In general, as the number of these risk factors increases so does the likelihood of a child experiencing mental health problems. However, not all children facing the same risk factors will develop problems; some will be more resilient than others because of other protective factors in their life. As illustrated in the diagram on page 15, children's psychological wellbeing and mental health is very dependant upon the environment into which they are born and grow up. Several social factors have been found to be closely associated with increased risk of developing emotional and mental health problems. These include the makeup of the family, the employment situation and education of parents, their income and the characteristics of the neighbourhood in which they live.

Emotional and behavioural disorders are more closely associated with socioeconomic conditions such as parental employment, household income, education and neighbourhood characteristics, than other disorders. Some disorders such as autism are more common in more affluent groups. Mental disorders also tend to become more common as children get older and boys are more likely to suffer from problems than girls.

Risk and protective factors associated with mental health

Source: National CAMHS Review, 2008

What do we know about the psychological wellbeing and mental health of children in Cumbria?

NHS Cumbria and Cumbria County Council recently conducted a Joint Strategic Needs Assessment (JSNA) on the Psychological wellbeing and Mental Health of Children in Cumbria. This work is providing the basis for developing services.

Key findings from the recent needs assessment, reflect patterns of deprivation and show that:

- Approximately 18,000-30,000 children (0-19 years) will be at risk of poor mental health due to social, economic and family conditions.
- An estimated 10,700 will have a diagnosable mental disorder
- At least 3,600 of these will be living in the most deprived areas in the county.
- Alcohol use amongst children in Cumbria is a particular problem
- There are high levels of children being admitted to hospital for deliberate self-harm, particularly in Barrow-in-Furness.

Key Facts

The determinants of children and young people's psychological wellbeing and mental health in Cumbria

	Compared to national average
Number of children and births	
5,000 births each year	**Lower**
111,200 children under 20 years old in Cumbria (22 per cent)	**Lower**
Children at risk	
18,000 living in low income households [1]	**Lower**
15,000 living in workless households [2]	**Lower**
8,500 children eligible for free school meals (9 per cent) [3]	**Similar**
15,500 children in lone parent families (14 per cent) [2]	**Lower**
5,000 children who feel there are no adults they can trust (~4-5 per cent) [4]	**Similar**
5,000 children with low self esteem (~4-5 per cent) [4]	**Similar**
740 16-18 years olds not in education, employment of training [5]	**Lower**
2,500 young offenders in Cumbria [6]	**Comparator data not available**
365 teenage girls becoming pregnant each year [7]	**Lower**
4,700 primary school children drinking alcohol each week (12 per cent) [4]	**Higher**
125 children admitted to hospital each year because of excessive alcohol misuse [7]	**Higher**
189 children undergoing treatment for alcohol dependency [8]	**Comparator data not available**
70 children undergoing treatment for drug dependency [8]	**Comparator data not available**
Between 2000-4800 children with disabilities (2.5-4.5 per cent) [9]	**Comparator data not available**
182 homeless households	**Lower**
480 looked after children [10]	**Similar**
225 children subject to a child protection plan [10]	**Lower**
160 children with life threatening conditions (145/100,000) [11]	**Comparator data not available**

[1] IMD 2007
[2] 2001 Census ONS
[3] School Census 2007
[4] 2008 HRBQ SHEU
[5] Connections July 2008
[6] NW CAMHS needs assessment 2008
[7] NHS Cumbria 2006-09
[8] DAAT 08-09
[9] Based on SEN statements and claims for Disability Living Allowance in children under 18
[10] DCSF 2008
[11] Estimated from national prevalence rates

Our approach to improving psychological wellbeing and mental health

In Cumbria, the Children's Trust draws together all partnership activity to achieve the best possible outcomes for children and young people. A central driver for the partnership is the National Every Child Matters Framework, under which the aim is for every child, no matter what their background or circumstances, have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

The Children's Trust Board establishes the Children and Young People's Plan for Cumbria, which sets out how partners will work together to improve outcomes for children, young people and their families. This plan establishes targets relating to children within the Local Area Agreement for Cumbria. The county plan is then driven locally, through locality planning and delivery groups, which ensure the 'Best Fit' of the Cumbria plan in their area.

NHS Cumbria, as a member of Cumbria Children's Trust, is driving forward a programme to change the way childrens' health services are commissioned and provided, known as **Closer to Home for Children and Families**. This will help to meet the requirements of *Every Child Matters*, and also the national child health strategy *Healthy Lives, Brighter Futures.*

The Children's Trust Board has established psychological wellbeing and mental health as one of the key priority issues for children in Cumbria. Assessment of local needs, service provision, evidence base and outcomes for children and young people in Cumbria is an important part of determining the way forward.

It is crucial that services work together to promote psychological wellbeing and mental health, not just because of the long term benefits for children and young people but also because of the correlation between mental health and social inclusion, school attainment, bullying and violence, teenage pregnancy, substance misuse and participation in education, employment and training.

The Children's Trust is working to organise services across a range of settings in a different way to improve psychological wellbeing and mental health of children.
Under NHS Cumbria's *Closer to Home for Children and Families* commissioning programme, all health professionals, whether a school nurse, health visitor, paediatrician or specialist nurse, will play a part in contributing to the psychological wellbeing and mental health of all children.

Some programmes aim to support all children and young people in developing skills and capabilities for psychological wellbeing and mental health. Such programmes will be delivered to all children and young people in Cumbria.

SOCIAL EMOTIONAL ASPECTS OF LEARNING (SEAL)

SEAL is a curriculum resource for schools that recognises the social and emotional aspects of children's lives are key to them learning effectively and helping them manage life. Areas covered are self awareness, managing feelings, motivation, empathy and social skills.

A recent development is Family SEAL, which is designed to highlight links between home and school for social, emotional and behavioural skills.

Some children will experience emotional and mental health problems at a level where they need the support of specialised services. The new approach in Cumbria will be able to respond to those needs earlier. It will also ensure that specialist Child and Adolescent services are redesigned and delivered in a more consistent way across Cumbria.

The new ways of working are being developed in Furness, through the Transformation Project.

THE FURNESS TRANSFORMATION PROJECT

This project, based in Furness, will develop new ways of integrated working and a new model for the delivery of specialised Child and Adolescent Mental Health services.

The project is jointly commissioned by Health and Children's services.

The project aims to build upon existing services and partnerships, streamlining referral and assessment processes to ensure that children receive the right level of intervention at the right time, with the minimum of disruption.

The learning from this project will inform the shape of future workforce and service delivery across Cumbria.

Some children will be at risk due to a variety of factors in their family and life circumstances for example living in a home with domestic violence or having a parent with a serious mental ill-health problem. This will require a targeted approach, within a context of co-ordinated working. The Common Assessment Framework is being implemented as a means of ensuring integrated working at the level of individual children and their families.

COMMON ASSESSMENT FRAMEWORK (CAF)

The Common Assessment Framework (CAF), a key component of Every Child Matters, provides a national, multi-agency, standardised approach to assessing children, young people and their families' needs. The aim is to identify children whose needs are not being met by universal services. The assessment helps practitioners, in partnership with families to identify a plan of support. Professionals will work with each other and with families, a 'lead professional' will be identified whose role is to ensure a, coordinated approach is being taken to meet the families needs.

FAMILY NURSE PARTNERSHIP PILOT

The Family Nurse Partnership (FNP) is a community health programme, which has been successfully running in America for a number of years. The Department of Health is running a research programme to determine if the programme is effective in the UK context. Cumbria is one of the demonstration sites. In the pilot, registered nurses, mostly from a midwifery or health visiting background, hold a small caseload of around 25 families. First time, low-income young mothers voluntarily register with the FNP during pregnancy and are subsequently partnered with a Family Nurse and receive intensive home visiting from them until the baby's second birthday – potentially receiving around 64 visits.

The programme focuses on improving antenatal health, child development and school readiness while also linking the family to wider social networks and employment.

Follow-up studies in America have demonstrated that this approach has achieved benefits for the child, family and community.

It is too early to say whether this American initiative which has been developed in a country with no national health service will prove compatible with the integrated model of primary care which is at the heart of closer to home in Cumbria.

Recommendations

I recommend that:

- The Children's Trust Board continues to provide the strategic leadership of commissioning services and interventions to improve the wellbeing and mental health of Children and Young People from birth to adulthood.

- Strategic linkages should be made within the Cumbria Community Strategy between the improvement of the psychological wellbeing and mental health of Children and Young People, and issues relating to health inequalities, in particular, the reduction of child poverty, reducing social isolation, improving educational attainment and tackling unemployment.

- The commissioning process for health services in Cumbria ensures that all opportunities are taken to maximise the wellbeing and mental health of children, especially across the range of universal, targeted and specialist services provided by the new Children's Health Service Provider in Cumbria.

- Child and Adolescent Mental Health Services should be redesigned as a priority within each locality, applying the learning from the Furness Transformation Project.

- Children and young people should have the best start in life by developing an appropriate curriculum to ensure that all children develop mental health coping skills. This is a priority. Parents should also be supported in their parenting role and have access to services that meet their wellbeing and mental health needs.

Section 2:
Mental health and psychological wellbeing

In the previous section, I discussed the importance of children having the right start in life to develop good mental health. I will now look at mental health and psychological wellbeing for the whole community, with a focus on adults and older people. I will conclude with recommendations to bring improved levels of wellbeing and help prevent mental ill-health in Cumbria.

Mental health is a fundamental aspect of health that is too often shrouded in stigma and overlooked, yet no other health condition is comparable when we consider together its prevalence, persistence and wide ranging personal and economic impacts.
Enjoyment of good mental, as well as physical health, is fundamental to our daily functioning and our ability to lead full lives and realise our potential. Good mental health is also intimately linked to feeling good about ourselves. Both the ability to function well and feeling good are important components of being healthy, or the feeling of wellbeing. As previously discussed, many of the foundations of mental health and psychological wellbeing are influenced by our experiences and life circumstances in childhood.

In December 2009, the Department of Health published *New Horizons: a shared vision for mental health*. This outlines a cross-government programme of action to improve the mental health and wellbeing of the population, and to improve the quality and accessibility of services for people with poor mental health.
New Horizons makes an important distinction between wellbeing and mental illness. Someone can have symptoms of a mental illness and still experience wellbeing, just as a person with a physical illness or long term disability can. Conversely, someone can have poor mental wellbeing, but have no clinically identifiable mental illness.

What do we know about levels of psychological wellbeing in Cumbria?

England's 'Place Survey 2008' provides information for each local authority area on people's perceptions of their community and services they receive. Several questions give an indication of levels of wellbeing in our communities: perceptions about how well people from different backgrounds get on together and whether they treat each other with respect, how satisfied they are with their local area, and whether they feel they can influence decisions and 'belong'.

Overall, Cumbria tends to do better than England on these measures. However within Cumbria there are large differences. The more socially disadvantaged areas tend to fare less well compared to Eden and South Lakeland. Barrow-in-Furness is a noticeable

Some of the factors affecting mental health and key issues for people in Cumbria over 20 years of age (385,500 people)

Socio-economic determinants of mental health in Cumbria (adult population: 385,500 people aged ≥20	Compared to England
Employment and income	
30,000 people out of work claiming benefits	Same
10,000 people claiming incapacity benefits for a mental health reason	Same
3,000 additional people out of work in the last year	Lower
63,000 people on low incomes	Lower
Education	
32,000 people with no qualifications	Lower
Family and care	
40,000 people living alone	Same
4,100 lone parents claining benefits	Lower
30,000 people providing unpaid care	Same
Crime	
12,000 offenders and 20,000 victims in contact with the criminal justice system	Comparator data not available
Housing	
105 homeless families	Same
Mental Health Problems	
Estimated 45-66,000 people with a common mental disorder, 60 per cent of whom are women	Same
Estimated 4,000 people diagnosed with psychosis, schizophrenia and bipolar affective disorder	Same
Estimated 6,800 people over 65 with dementia	Higher
50-60 suicides each year	Higher
860 admissions for self harm each year	Higher
2,200 attendances at A&E departments for self harm each year	Comparator data not available
799 men and 570 women in alcohol treatment	Comparator data not available
1,242 men and 558 women in drug treatment	Comparator data not available
1,630 admissions to hospital for alcohol specific causes	Higher

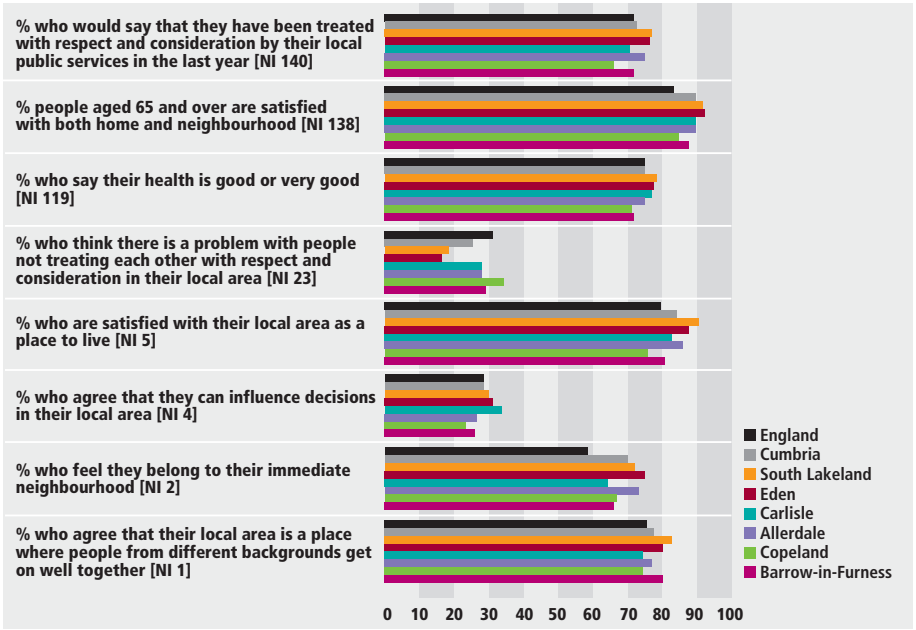
exception. Considering it has the highest level of deprivation in Cumbria, Barrow scores relatively well on most measures. Residents and visitors to Barrow often comment on the strength of the local community. Copeland has the lowest reported levels for several indicators including whether people of different backgrounds get on together, whether people feel they can influence decisions, whether people treat each other with respect and overall satisfaction.

Measuring wellbeing

One very important development in helping us to understand and take action to improve wellbeing is a new Wellbeing Survey, undertaken for the first time in 2009 across the North West of England using the Warwick Edinburgh Mental Wellbeing scale (WEMWBS). This scale covers two dimensions of mental wellbeing: how people feel (pleasure) and being able to function positively.

The survey not only provides a population measure of wellbeing, but also captures information on some of the major determinants of mental wellbeing such as financial, employment and education situations, where people live, their feelings and relationships, lifestyle and physical and mental health.

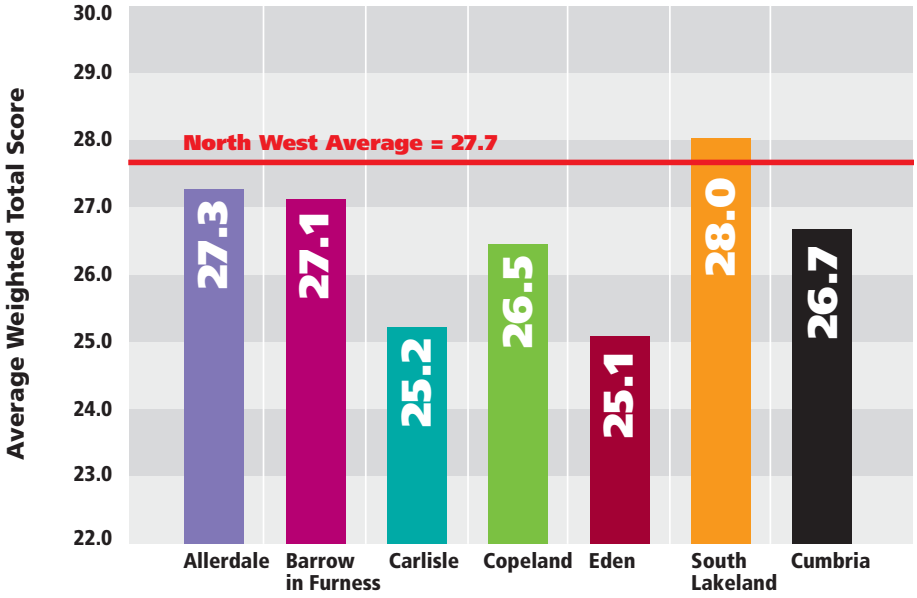
Findings of Place Survey by district (2008)



The results provide us with a new baseline allowing us to compare wellbeing across Cumbria's districts and with other local authorities in the region.
The survey revealed a mean WEMWBS score for the North West of 27.7 out of a maximum possible score of 35. Cumbria's mean score of 26.7 placed it just below the regional average. 13.9 per cent of Cumbria's population had high levels of mental wellbeing, 61.9 per cent had moderate and 24.2 per cent had low levels of mental wellbeing. Given the relevant affluence of the Eden district, the low scores on mental wellbeing may be a surprise to some. The survey results also gave some important indications about the determinants of wellbeing across the North West:

- People who are in full-time employment or education or who are self-employed are significantly more likely to have higher levels of wellbeing
- People who are finding it difficult or very difficult to live on their present income are more likely to have lower levels of wellbeing
- People with more qualifications have higher levels of wellbeing
- People with a stronger sense of belonging to their immediate neighbourhood, a stronger agreement they can affect decisions about their area, and people who feel safe in their local area tend to have higher levels of wellbeing
- People with strong networks have higher levels of wellbeing

Warwick-Edinburgh mental Wellbeing Scale: Average Weighted Total Score (2009)



- People who are permanently sick or disabled are significantly more likely to have lower levels of wellbeing
- wellbeing was significantly associated with good physical and mental health.

Mental health problems and mental illness in Cumbria

Mental health problems generally refer to difficulties we may experience with our mental health that affect our everyday lives. Mental health problems can affect the way we feel, the way we think and the way we function.

Mental illness refers to more serious mental health problems that often require treatment. The most common mental illnesses are depression and anxiety. They can cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.

Psychoses are less common but potentially very severe and enduring mental illnesses that produce disturbances in thinking and perception which can distort perception of reality. Personality disorders are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. Organic disorders such as dementia are also classified as mental illnesses.

Mental health problems are very common, affecting one in six adults at any one time.

Mental illness accounts for a fifth of the total burden of disease in the UK, higher that either cardiovascular diseases (16.2 per cent) or cancer (15.6 per cent). Mental illness begins early, with 10 per cent of children having a diagnosable mental disorder and 50 per cent of lifetime mental illness present by the age of 14.

The proportion of NHS resource spent on mental health is 11 per cent or £7.8 billion, but because the impacts of mental illness on individuals, families, communities and the economy are so wide-ranging, total costs to society are much higher, estimated at £77 billion. Common mental health problems account for a third of days lost from work due to illness and a fifth of all GP consultations in the UK.

It has been calculated that optimal treatment with optimal coverage could avert 28 per cent of the burden of mental illness.

There is also ample evidence available to show that measures to prevent mental illness can be very effective.

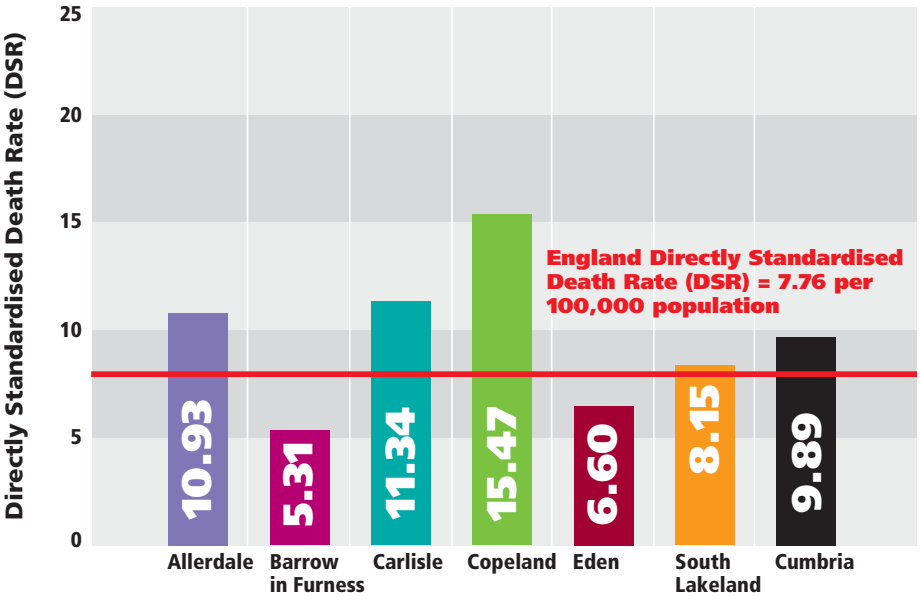
Suicide in Cumbria

Suicide deserves a special mention as it is, for many people, the worst possible outcome for those with mental health problems. More than 50 people die through suicide each year in Cumbria. Our suicide death rate is significantly higher than the average for England, with about 15 more suicides a year in Cumbria than expected. As in the rest of England, three times as many men die through suicide in Cumbria as women. Suicide rates are also falling more slowly in Cumbria than in the rest of England. This is particularly poignant in such a beautiful county where the social cohesion of its communities is so prized.

A proportion of deaths through suicide are preventable. Social and economic factors, as well as individual factors and access to health and other services can increase people's vulnerability, or conversely, increase their resilience to adverse life events.

Although deaths through suicide represent only 1 per cent of all deaths in Cumbria, they account for about 6 per cent of years of life lost to premature death. This is because suicide rates are highest in younger people.

Death Rate from Suicide and injury of undetermined intent in Cumbria districts. All persons 2006-2008. England average shown by red line.



Because the reasons for suicide are complex, its prevention requires concerted action at many levels. This is why a wide range of agencies, as well as service users and carers, were brought together in January 2009 to form the Cumbria Suicide Prevention Reference Group.
We now have the basis for making a real difference and saving the lives of people whose deaths are a waste in themselves, and so often blight the remainder of the lives of those surrounding them.

The aim of the Cumbria Suicide Prevention Strategy is to prevent avoidable loss of life through suicide.
In its first year, Reference Group members have worked hard to prevent suicide in Cumbria. Notable achievements include joint work to improve media reporting of suicide, to identify and take appropriate measures at suicide 'hotspots', and to develop a 'trigger tool' to enable members of the public as well as professionals to save lives by identifying and signposting people at risk. Through ongoing audit work, we now know much more about why people die through suicide in Cumbria and what more can be done to save lives.

In particular the in-depth review of recent suicides in Cumbria has highlighted the role that alcohol plays at several levels: as a risk factor for suicide; as a catalyst, often used as self medication but

invariably making other problems worse; and as a 'disinhibitor' in the final suicidal act. We also know that alcohol plays a significant part in violence and crime, both of which have detrimental effects on mental health. Cumbria's Alcohol Harm Reduction Strategy, Drinkwise Cumbria, is working alongside partners across the North West of England to raise public awareness of the potential negative effects of alcohol on mental health through social marketing initiatives.

Raising the profile of suicide prevention has been welcomed in particular by people with mental health problems, their families and carers. To quote a member of Cumbria Mental Health Group, which brings together users of mental health services, their families and carers:

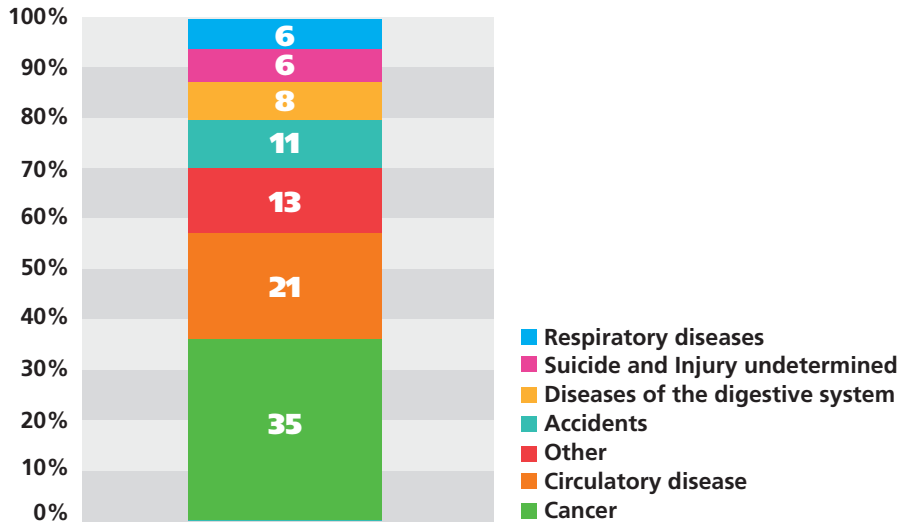
"I wish we could talk about it more"

Health inequalities and mental health

We know that one of the most significant impediments both to physical and mental health is poverty.

The enduring perception that mental illness is a random misfortune is belied by the ample evidence that the poorest and most deprived individuals and families bear the main burden of mental distress. For example, lone parents, people with physical illnesses and the unemployed make up a fifth of the UK's population but account for over a half of people with disabling mental disorders. The map on page 29 illustrates the estimated prevalence of common mental health disorders by ward in Cumbria. Higher estimated prevalence occurs in the more urban deprived parts of Cumbria. Modelling suggests that prevalence by GP practice is likely to vary between 10 per cent and 20 per cent.

Proportion of years of life lost by cause of death in Cumbria (2006-2008)



Several factors have been shown to contribute to the strong social gradient in mental health. These include material factors (income, employment, housing, and crime), psychosocial factors (self-efficacy, sense of powerlessness, control of work, relationships, social support and life events), life style factors (physical exercise, smoking) and physical health (*Friedli, 2009*). To make things worse, poor mental health can in turn contribute to unfair differences not only in physical health but also difficulties in other important aspects of life, from finding employment to getting a mortgage, or even securing holiday insurance. People with mental health problems tend to have significantly worse physical health, a phenomenon that is only recently beginning to appear on the radar screen of service providers.

Research undertaken by the Mental Health Foundation found that 47 per cent of people who had experienced mental distress said that they had experienced discrimination in the workplace, and 37 per cent had experienced discrimination when seeking employment

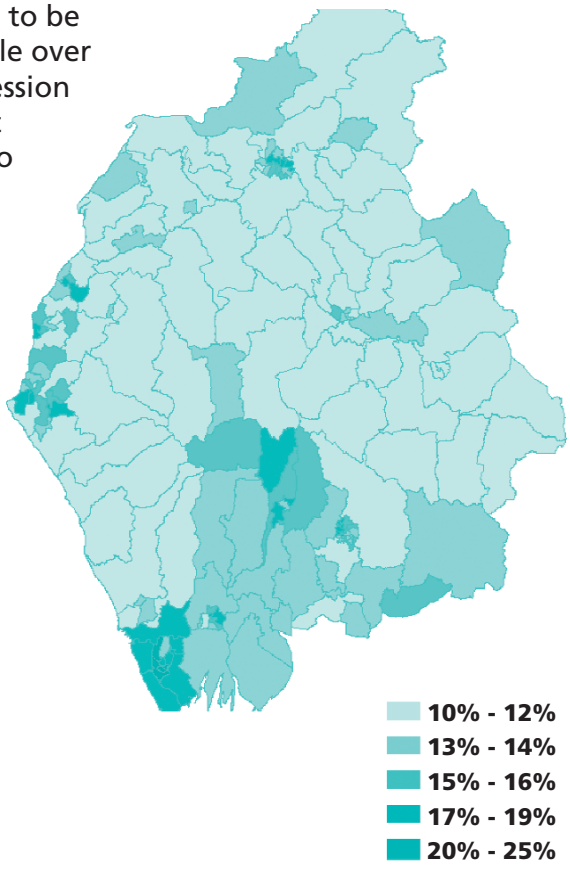
The demographic challenge and mental health

The number of people in Cumbria with dementia is predicted to rise over the next 15 years from about 7,000 at present to nearly 11,000 in 2025.

Dementia is not the only mental health condition affecting older people. About 12 per cent of women and 6 per cent of men aged over 75 are estimated to have a common mental disorder, and these conditions are frequently undiagnosed and therefore untreated in primary care. By 2025 there are predicted to be 4,700 – 7,100 more people over the age of 65 with depression than in 2008. The largest increases are predicted to occur in South Lakeland which is likely to see an additional 1,200 – 1,800 over 65 year olds with depression.

Although suicide rates are highest in young men both across the UK and in Cumbria, too many older people also end their lives in this tragic way. Several recent reports have highlighted the need for better mental health and wellbeing and non-discriminatory care for older people. Financial security, dignity, companionship, meaning and relief from physical and mental illness are important contributors to the psychological wellbeing of older people.

Estimated prevalence of any Common Mental Disorder by ward in Cumbria adults aged 16-74 (Source: NEPHO)



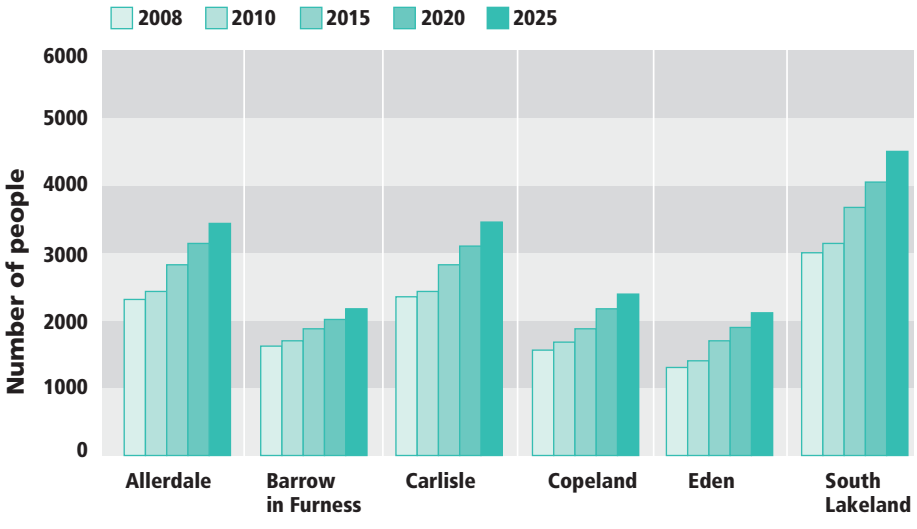
Good intelligence and mental health

During 2009, Cumbria's Joint Strategic Needs Assessment Programme has included an assessment of the psychological wellbeing of children and adolescents up to the age of 19 and a needs assessment of adult mental health and wellbeing in Cumbria.

These needs assessments are providing the intelligence required to bring about improvements in the health of Cumbria's population and reduce inequalities. This new intelligence about wellbeing and mental health will inform a forthcoming multi-agency *Strategy for Mental Health and wellbeing in Cumbria*, which in turn will support World Class Commissioning, service development and evaluation of practice.

Meaningful engagement of the public is central to the success of this strategy. Better engagement will improve the quality of services, build skills and cohesion in communities and can, when communities are empowered, enhance health and reduce health inequalities. Issues affecting mental health are so common that a response based solely on professional intervention will never be enough. Better mental health literacy, skills at a population level and the dissemination of mental health first aid in the workplace and community setting has to be the foundation for an appropriate response. The role of specialist mental health services is to be on tap, not on top, supporting the public and frontline health and social workers to maintain and protect the publics' mental health. Through public engagement, we are laying down the foundations for a shared understanding of community assets as well as a shared vision for mental health and wellbeing. Ultimately our aim is to enable people to make choices about the lives they want to lead.

People aged 65 and over predicted to have depression



What more can we do to enhance wellbeing and prevent mental illness from occurring?

Mental health and wellbeing is clearly not the sole responsibility of the NHS but is everybody's business. It is by improving the conditions of daily life in which people are born, grow, live, work, play and age that we will make a real difference.

Working collaboratively across sectors, much is already being done to build resilience in individuals and families and to create flourishing, connected and sustainable communities.

A public health approach to wellbeing and mental health requires a three pronged strategy. Firstly addressing the whole population, beginning in childhood to ensure that young adults have developed coping skills to deal with whatever life throws at them. There is an emerging agenda for mental resilience which needs to be developed in conjunction with schools, classroom teachers and parents, as well as health and

social care professionals whose work brings them into contact with young people. Reinventing and reinvigorating school health services is a priority for Cumbria. Secondly, people who are at risk of psychological destabilisation, often because of family and social factors, and those who are experiencing life events such as divorce or bereavement which makes them vulnerable, require robust and accessible primary and community care services. In Cumbria, we have a long way to go before we can be satisfied about what is on offer. Thirdly, specialist mental health services for those with serious mental illness and severe and enduring mental health problems are needed. These are conditions which require flexible, timely and high quality services, provided in the spirit of NHS Cumbria's Closer to Home strategy.

Recommendations

I recommend that:

- Work be undertaken so that the public becomes more aware of wellbeing issues and is engaged in activities that increase individual and collective wellbeing, such as the five ways to wellbeing outlined at the end of this report.
- The existing skills and capabilities in our communities are developed to increase levels of resilience in Cumbria (our "Resilience Capital") for example through development of peer support networks, electronic resources and support through 'new media'. Community asset mapping should routinely be used alongside needs assessments to inform health and mental health commissioning.
- Health impact assessments of new developments in Cumbria should include a mental health impact assessment and the evaluation of mental health services should include equity impacts.
- Further partnerships should be developed between health and other sectors to address the socio-economic problems that are the catalyst for mental ill-health.
- A database of initiatives and resources for mental health and wellbeing in Cumbria should be created, for use by the general public and professionals.
- Social marketing initiatives about alcohol should include messages about its potential negative effects on mental health.
- Existing mental health services should be further developed, based on a model centred around the person, fully integrated into primary care and focused on mental health promotion, public mental health and recovery.

Section 3:
District Profiles: The Demographic Challenge

// Allerdale

District overview

- Allerdale lies at the northern end of west Cumbria and has a population of 94,500. The main centres of population are Cockermouth, Keswick, Maryport, Wigton and Workington.
- Almost 20 per cent of Allerdale's population is made up of those over 65 years old.
- Allerdale encompasses the Solway Coast Area of Outstanding Natural Beauty which stretches from the Scottish Border to just north of the historic harbour town of Maryport.

Health characteristics

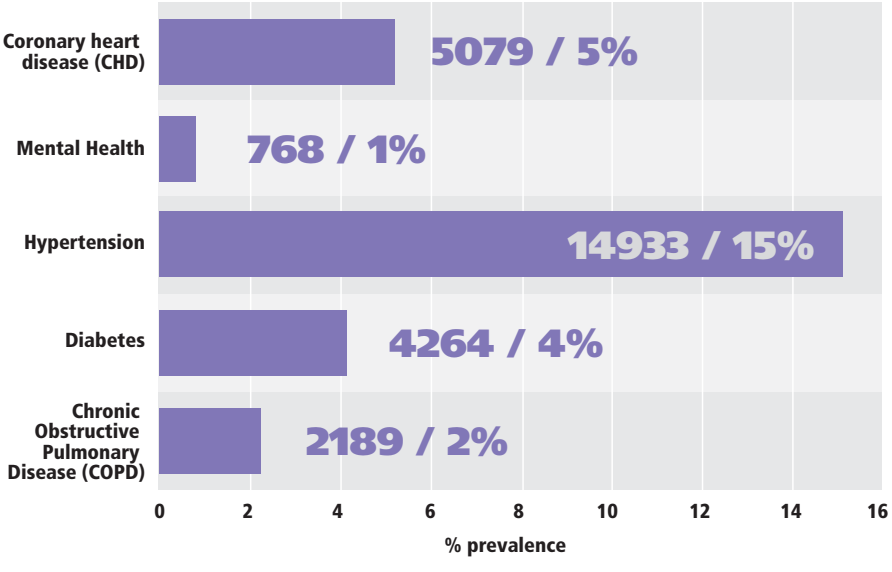
- Life expectancy for males is 76.9 years and for females 80.7 years.
- 8.5 per cent of households have no central heating.
- 36 per cent of people claiming incapacity benefit have mental health issues.
- Some health indicators for children are significantly below average including, the percentage of children who are physically active and the percentage of those who are breastfed.

Improving health in Allerdale

Public Health Cumbria is a key partner within Allerdale and sits on the Allerdale Locality Commissioning Board, Local Strategic Partnership, Crime Disorder and Reduction Partnership, Maryport Partnership and more recently the Flood Recovery Group for Workington.

Public Health also plays a key role in the Healthy Communities Thematic Sub-Group of the Local Strategic Partnership. The function of the Group is to review progress towards the local health improvement plan and to review the health focus of the sustainable community plan for West Cumbria.

Prevalence for selected health conditions. Allerdale 2008/2009



Source: Quality and outcomes framework

Case study: Self Care for You

In 2009 NHS Cumbria took part in a North West Pilot running a new 'Self Care for You' programme. The course is designed to deliver training on general health and lifestyle issues to hard to reach groups or communities.
The Locality Health Improvement Specialist worked closely with Home North West, a local housing provider, to identify a group of potential participants in Ewanrigg, Maryport.

The course, which took place over six weeks and was delivered by members of the Public Health team, had nine participants, the majority of whom were unemployed. The course covered:

- Understanding the relationship between health and behaviour
- Learning how to change unhealthy behaviours
- Increasing confidence and self-esteem
- Learning different ways to manage stress and anxiety
- Recognising the importance of healthy eating and exercise
- Managing minor illnesses more effectively

Individual self care, self esteem and anxiety scores were completed by the participants as part of the course. The course also included a 12 week follow up session where participants calculated their scores again see if there was any change. All participants on the course managed to improve their scores.

The participants were asked if they had made any changes since coming on the Self Care course. Here are some of their comments:

I try to do more walking

I now smoke less

I have learnt so much about how much control you have of your own health

The course made you look at yourself

It has helped me to feel more confident about myself

Lessons learnt from this pilot need to inform how this type of initiative can be scaled up on an industrial level to reach large numbers of people as is happening with the DESMOND programme for new patients with diabetes. This needs to be done in partnership with community health activists.

Elaine Simpson, Neighbourhood Regeneration Officer, Home North West said:

"The feedback I got from the attendees was excellent. It was attended by a group that may not normally engage in training. They enjoyed the course and felt that they had really benefited from what they had learned.

Working in partnership on this project meant that tenants on one of our estates became better informed on health issues so they could choose a healthier lifestyle. This is important in a ward that is classed as one of the poorest in Europe. This work can only be done in partnership as housing and health have different skills and knowledge that benefit the public. We have the ability to engage with hard to reach groups and the partnership has enhanced our service to residents. As a result we have improved the service we can give, the health professionals have been able to pass on health education and this is all to the benefit of the public that we both serve".

// Carlisle

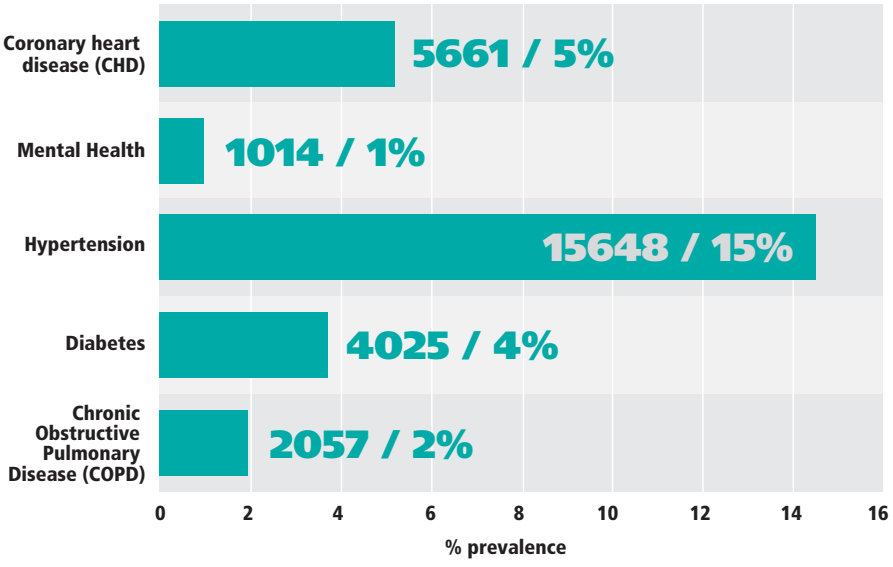
District overview

- Carlisle is the most northerly city in England, and the only city in Cumbria. Carlisle has the smallest population of any English city but is the largest in land area.
- As well as the city of Carlisle, the urbanised areas of the city council include the towns of Brampton and Longtown. The remaining area is rural.
- Carlisle's proportion of residents over the age of 65 is 19 per cent, similar to the rest of England. However the population of older people is projected to rise to 29.4 per cent by 2014 and to 39.4 per cent by 2029, compared to 18 per cent and 22 per cent respectively for the rest of England and Wales.
- Carlisle City Council is in the lowest one fifth of local authorities in England for four of five given health indicators and as such is a designated Spearhead authority, with targets to see faster progress towards reducing inequalities in the health of the local population.

Health characteristics

- Overall life expectancy of men and women living in Carlisle is improving
- There are large inequalities in the health of the population within Carlisle with men in the least deprived areas living seven years longer than those in the most deprived areas.
- Some indicators are significantly worse than the England average, including:
  - A male suicide rate that is almost twice the national average and a female suicide rate above the national average.
  - Teenage conceptions well above the national average
  - A significantly lower number of mothers breastfeeding their babies
  - A significantly higher number of adults who smoke than average for England

Prevalence for selected health conditions. Carlisle 2008/2009



Source: Quality and outcomes framework

Improving health in Carlisle

The Carlisle Locality Public Health Team has formed strong links with the Carlisle Local Strategic Partnership. This close working relationship has been recognised by the World Health Organisation and has resulted in Carlisle being awarded the designation of a World Health Organisation Healthy City. This is in recognition of the efforts being made to improve the health of Carlisle's citizens.

During 2009 the Department of Public Health produced a baseline assessment and population profile of Carlisle. This has informed the development of a Health Improvement Plan which has been endorsed by Carlisle City Council.

Priorities for Health Improvement in Carlisle include increasing healthy life expectancy, reducing alcohol consumption, reducing excess winter deaths, and increasing the number of mothers who breastfeed.

Case study: Community Empowerment in Carlisle

Community empowerment is the development of strong, active and empowered communities, in which communities are able to define the problems they face and tackle them in partnership with public bodies.

A pilot project entitled 'Harraby Together We Can' aims to ensure that local people are fully involved in decisions that affect them and the place where they live.

The long term aim of this pilot project is to develop a model for engaging and empowering local communities that may be rolled out across Carlisle. Harraby was selected for the pilot as an area that had historically experienced little consistent community engagement and empowerment. A number of residents have attended participatory budgeting training. They have used the skills learned from this training to present a case to Carlisle City Council highlighting the lack of a safe crossing area on London Road, the main thoroughfare from Harraby into the city centre and where the local bus stop is located. This has resulted in agreement from the City Council to install a pedestrian refuge island to address this. Residents have also secured £50,000 to upgrade the parks and play areas and have lobbied for a BMX track. A popular temporary track has now been installed with work shortly to commence on the permanent track.

Residents also voted for a summer gala and 2009 saw the first Harraby Summer Gala for many years. The event was well attended by the community and plans are now under way for the 2010 Gala.

// Copeland

District overview

- Copeland lies at the southern end of west Cumbria and has a population of 70,300. The main centres of population are Cleator Moor, Egremont, Millom and Whitehaven.
- Copeland is also home to the West Cumberland Hospital, which is the main acute hospital for west Cumbria and a nuclear facility at Sellafield.

Health characteristics

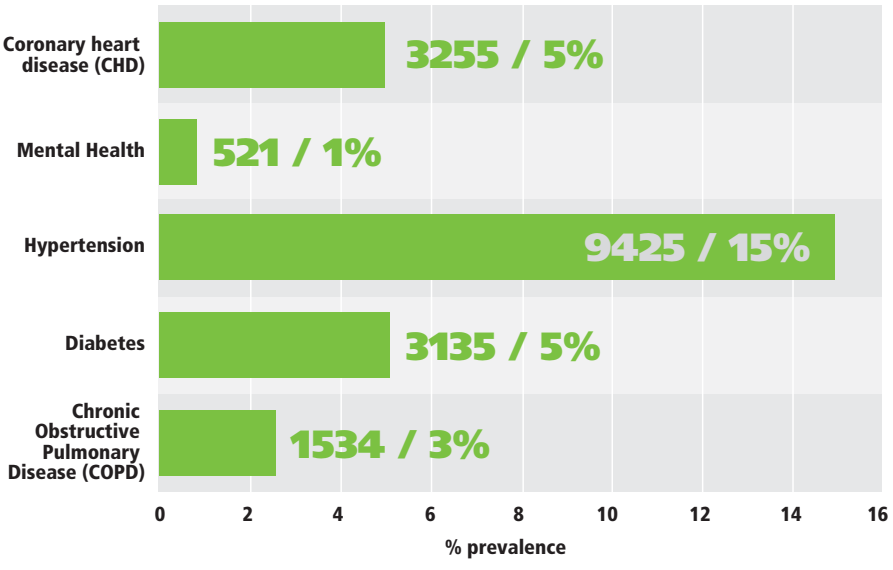
- Life expectancy for males is 76.6 years and for females is 80.7 years
- Copeland has the highest rate of alcohol-related hospital admissions in the county. This is linked to binge drinking levels which are estimated to affect 24 per cent of the adult population.
- Over the last ten years there have been decreases in death rates from all causes and in early death rates from heart disease, stroke and cancer.
- The health of people in Copeland is varied. The health inducators for obesity in adults is the sixth worst rate in England, however the percentage of physically active children is significantly better then average

Improving health in Copeland

Public Health Cumbria is a key partner in Copeland and sits on the Copeland Locality Commissioning Board, Local Strategic Partnership, the Crime Disorder and Reduction Partnership and North Country Leisure.

Public Health has supported and facilitated health improvement work around child poverty, stop smoking, sexual health, alcohol, obesity, breastfeeding and reducing inequalities particularly around hard to reach groups.

Prevalence for selected health conditions. Copeland 2008/2009



Source: Quality and outcomes framework

Case study: Health Improvement Officer with Copeland Borough Council

In 2009 the Improvement and Development Agency for Local Government (IDeA) conducted a healthy communities peer review with Copeland Borough Council and its partners. The review gave a number of recommendations for the Council to consider to strengthen its role in addressing health inequalities and the wellbeing agenda for the people of Copeland. As a result of the review, Copeland Borough Council and NHS Cumbria have jointly funded a Health Improvement Officer post, initially for a two year period, to take the recommendations forward.

The Health Improvement Officer will be working closely with council members, staff and the wider community to promote wellbeing and reduce health inequalities. This will primarily include a focus on the key themes of smoking, alcohol, exercise and healthy eating.

The Health Improvement Officer will also support Copeland Borough Council to ensure that health improvement targets, priorities and actions are embedded within council policy. This will include:

- Developing healthy catering guidelines for all Copeland Borough Council controlled venues
- Reviewing and implementing a policy to tackle alcohol and substance misuse
- Working with the local smoking cessation service to provide in-house stop smoking advice to council employees
- Using Health Impact Assessments to ensure maximum health gains from new developments and policies

// Eden

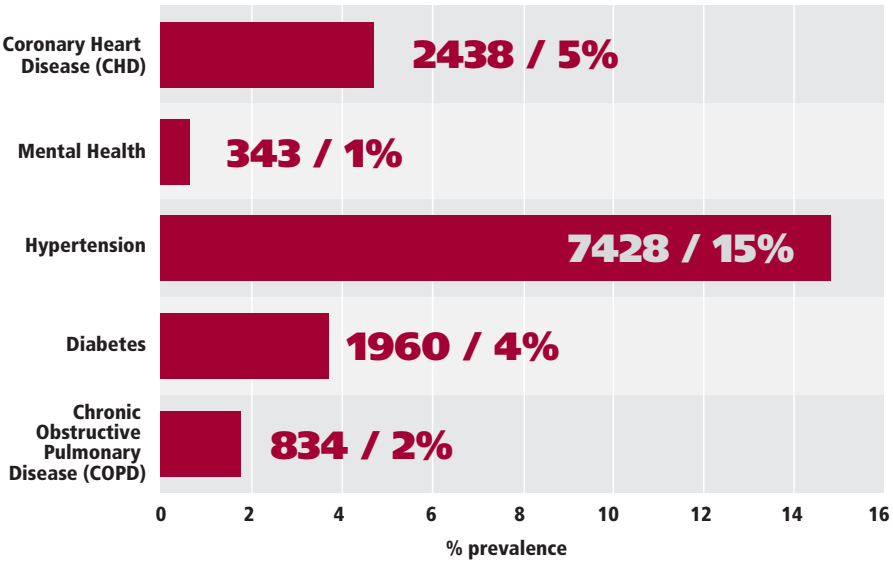
District overview

- Eden is the most sparsely populated district in England and Wales. It has a population of approximately 52,000 people are mostly living in small villages. There are four main centres of population: Penrith, Appleby, Alston Moor and Kirkby Stephen.
- Eden has the second highest percentage of people aged 65 and over in Cumbria and an increasing number of older people are moving into the area on retirement.
- Whilst the district as a whole appears relatively affluent, there are significant areas of deprivation.
- According to the National Indices of Deprivation, Eden is the most deprived district for 'geographical barriers' in mainland England. Access to mainstream services and facilities is difficult and costly for those living in more remote areas, particularly if they lack private transport.
- Other social factors that impact on health in Eden include: lower than average wage levels; high cost of housing; predominantly old housing stock that is hard to heat.

Health characteristics

- Eden is characterised by relatively good health status, although a number of wards have high deprivation and mortality rates. For example, men in the least deprived areas can expect to live nearly nine years longer than men in the most deprived areas of Eden.
- Residents in Eden report better health on the whole than elsewhere in the county, however, some indicators are significantly worse than the England average:
  - Lower percentage of physically active children.
  - Higher percentage of obese adults.
  - Higher percentage of binge drinking adults.
  - The second worst rate of road injuries and deaths in the country.

Prevalence for selected health conditions. Eden 2008/2009



Source: Quality and outcomes framework

Improving health in Eden

Public Health Cumbria continues to be a key partner within Eden Local Strategic Partnership (LSP) and Eden Locality Executive. Eden LSP agreed in 2009 to focus more on prevention and sustainability to improve health in Eden.

The Eden Valley Public Health Partnership (EVPHP), chaired and coordinated by Public Health Cumbria, is a task group of Eden LSP and leads on the Healthy Communities and Older People strand of the Local Area Agreement.

In 2008/9, this partnership carried out a review of its priorities and agreed to focus resources primarily on the health needs of older people in Eden.

Case study: 'Winter Warmth' in Eden

The combination of rising fuel prices, rural isolation, poor housing stock and an increasingly ageing population means that a significant number of people in Eden suffer from fuel poverty and are vulnerable to the effects of cold weather, as the winter of 2008/9 clearly demonstrated. In August 2009, Public Health Cumbria, via The Eden Valley Public Health Partnership (EVPHP), agreed to a plan to support the most vulnerable community members, including older people, families with young children and people with disabilities. The following actions were taken forward during autumn 2009:

- The production of an information summary sheet for front-line workers to ensure that professionals (particularly those working directly with the most vulnerable) have ready access to that information in a concise form.
- The production of targeted information packs containing local, regional and national information and advice about keeping warm and well and reducing fuel costs. Supported by Eden District Council, these packs have been distributed widely to older people, families with young children and people with disabilities.
- A bid to Scottish Power Energy People Trust to employ a winter warmth/energy efficiency coordinator for two years in Eden (starting spring 2010) in order to:
  - Improvements in the energy efficiency of homes.
  - Increase the take up of relevant benefits to maximise individual incomes.

Furness

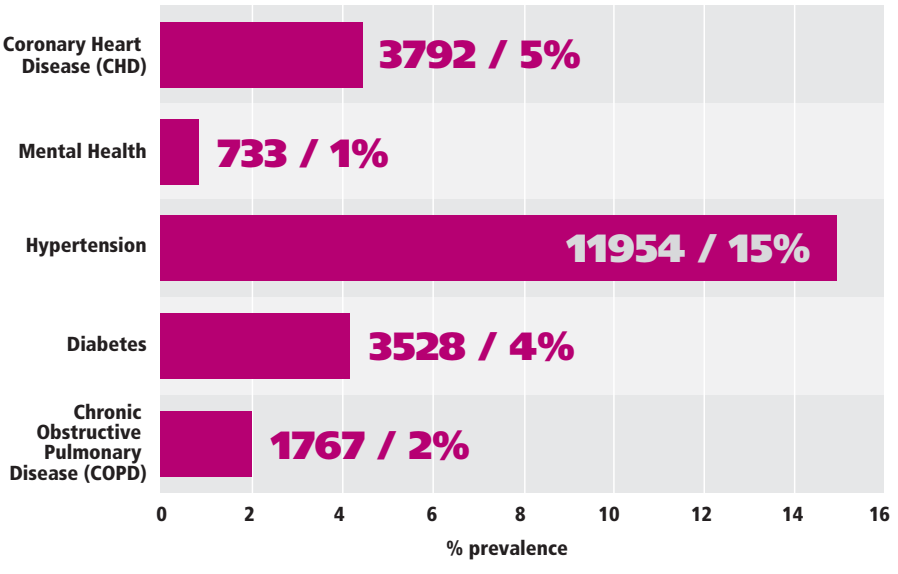
District overview

- Furness locality comprises Barrow, Dalton and the surrounding villages and the Millom area of South Copeland. Most of Furness falls within the Barrow Borough Council area, which is the most densely populated district in Cumbria.
- A highly skilled workforce of over 4,500 is currently employed at the Barrow shipyard.
- The percentage of people aged over 65 in Barrow is expected to rise by more than 40 per cent by 2030; at the same time, the percentage of people in younger age groups is expected to fall.
- Of the 18 electoral wards in Furness, 14 are among the 50 most deprived wards in Cumbria.
- The average (mean) household income in Barrow is £27,972, which is the lowest of all six districts in Cumbria.

Health characteristics

- Health in Furness is, in general, improving. Although life expectancy at birth is lower in Barrow's priority wards than in the more affluent areas. Life expectancy in Furness ranges from 81 years in Haverigg to 73 years in Barrow's Central ward.
- Life expectancy for both men and women in Barrow is lower than the national average.
- In terms of chronic ill-health, 45 per cent of Barrow households include at least one person with a limiting long term illness compared to 34 per cent nationally.
- Eight per cent of Barrow's population aged 16 and over claim incapacity benefit.
- Premature mortality from cancer in Barrow is decreasing especially in the priority wards, but premature mortality rates for mesothelioma and colorectal cancer are significantly higher than the national average.

Prevalence for selected health conditions. Furness 2008/2009



Source: Quality and outcomes framework

- Levels of smoking and alcohol misuse in Barrow are slightly worse than the national average, though levels of physical activity among children and adults are significantly higher than the national average.

Improving health in Furness

Strong partnership working is vital to securing improvements to health in Furness. The Furness Local Strategic Partnership and the Healthy Communities and Older People's Task Group, which is lead by Public Health Cumbria, work together to support key actions to improve health and reduce health inequalities. The following are examples of current health improvement initiatives in the Furness area:

Stop Smoking in Barrow

More people smoke in Barrow than in England as a whole, and there is an even higher proportion of smokers in Barrow's less affluent wards. As smoking is the single biggest cause of preventable illness and death, NHS Cumbria's Stop Smoking Service offers a range of services in Barrow including advice sessions at the Park Leisure Centre, the Quit and Win scheme and stop smoking brief intervention training for partner agencies.

Breastfeeding and the Be A Star campaign

Sarah, 20, lives in Barrow with her baby son Kian. She chose to breastfeed because she recognises the health benefits both for her and for Kian and because she finds breastfeeding very convenient. Sarah was one of two local mums chosen to feature in the South Cumbria Be A Star social marketing campaign which promotes breastfeeding to mothers under 25. Sarah and other young mothers in Barrow are supported by a Breastfeeding Peer Support Service and a local helpline.

NHS LifeCheck

Department of Health funding has allowed NHS LifeCheck, an online health assessment which helps people to assess and manage their own health and lifestyle, to be rolled out across Barrow. Barrow Borough Council's Health Improvement Officer has taken the lead in promoting both Baby and Teen LifeCheck at events in the town and has supported a number of local initiatives aimed at improving the health of those in these age groups.

Opportunistic Blood Pressure Checks

A pilot is currently underway in Barrow to determine the effectiveness of opportunistic blood pressure checks in identifying people who may be at risk of hypertension. NHS Cumbria has teamed up with Cumbria Fire and Rescue Service and BAE Systems Occupational Health Team to offer checks at community venues including the Furness Railway pub and Holker Street football stadium. Of 48 people who have had their blood pressure checked to date, 21 have been referred to their GP for further advice.

South Lakeland

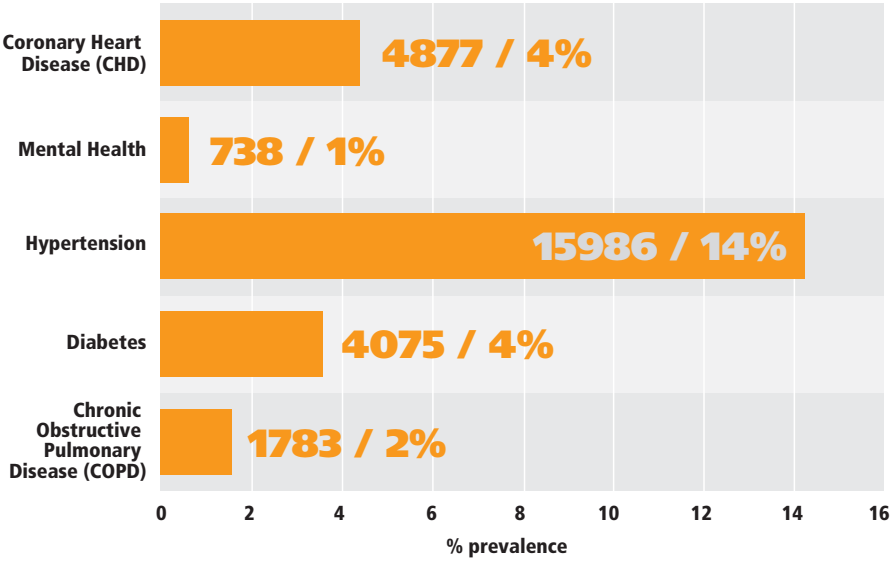
District overview

- South Lakeland is the second largest district in Cumbria with a population of approximately 105,000. It is a predominantly rural area centred on Kendal, Ulverston and Cartmel peninsula, and the areas within the Lake District and Yorkshire Dales National Parks.
- South Lakeland has the highest percentage of people aged 65 and over in Cumbria, and the lowest percentage of young people and people of working age in the county. The population of South Lakeland is expected to grow by 10-15 per cent in the next 20 years.
- South Lakeland is a relatively prosperous area with low unemployment; over three-quarters of the working age population are economically active. Over a third of the workforce is employed in the tourist industry which is characterised by transient work patterns and low wage levels.
- Other social factors that impact on health in South Lakeland include: high cost of housing; low earnings; limited employment options; loss of rural services; lack of rural transport.

Health characteristics

- The health of people in South Lakeland is better than the England average. However, there are significant areas of deprivation. People living in the least deprived areas of South Lakeland can expect to live six years longer than those living in the most deprived areas.
- Over the last ten years the death rates from all causes have decreased. There are significantly more over-65s in South Lakeland 'in good health' compared to the England average.
- Some health indicators are significantly worse than the national average including:
  - Higher percentage of binge-drinking adults.
  - Higher percentage of road injuries and deaths.

Prevalence for selected health conditions. South Lakeland 2008/2009



Source: Quality and outcomes framework

Improving health in South Lakeland

Public Health Cumbria continues to be a key partner within South Lakeland Strategic Partnership and South Lakeland Locality Commissioning Executive.

The Health and wellbeing Local Strategic Partnership Task Group is chaired by Public Health and continues to lead and support key actions for improving health in South Lakeland.

In recognition of the ageing demographic and consequent increasing demands on health and social care services, the Health and wellbeing Task Group agreed to concentrate its resources primarily on the health needs of older people across South Lakeland.

Case study: Older people programme

Since May 2008, Public Health representatives involved in the Local Strategic Partnership have led work to define a programme of activities that support the health and wellbeing of older people under the broad theme of 'Successful Ageing'.

Working with focus groups of older people in South Lakeland, the District Council, NHS Cumbria, Cumbria County Council, Cumbria Fire and Rescue Service, Cumbria Police, Age Concern and the Pension Service undertook a needs assessment to understand the issues and priorities for older people in the area, and what support is currently available to meet identified need.

Whilst a wide range of services were identified as providing support for older people, access to these services represented a real problem. A lack of information sharing systems and protocols meant that access to these services required working through approximately 100 leaflets, 44 application forms, leading to 63 entitlement checks and 56 assessments. 95 per cent of all the information required was captured in just two of the most commonly used forms. The benefit of joining up services and sharing information based on the needs of older people are clear.

The Older People Programme is currently working to join up services for older people and improve advice and take up of appropriate services, benefits and support.

The following initiatives for older people have been established in South Lakeland:

- South Lakes Healthy Homes Action Group. This group continues to focus on coordinating information, advice and support about warm homes and fuel efficiency. As well as organising a second successful 'Quick Steps to Energy Efficiency' Tea Dance in Kendal in 2009, members from the group have also participated in many local events across the district providing resource packs, advice and referrals where required.
- A "Community Exchange" Development Programme has enabled three rural communities in South Lakeland to meet and access local community services.
- Age Concern (South Lakeland) successfully established a network of 'Village Agents'. Village Agents are trained local people recruited to help residents aged 50 and over, but with an emphasis on supporting the retired and older people in their own communities and close to where they live. Their role is to provide a range of practical help and advice, and signpost older people to services available to them. So far, eight Village Agents have been recruited.

Section 4:

Reorientating services closer to home

The times we live in now call for a refocusing of the health service's priorities to meet the needs of a rapidly ageing population and a new generation accustomed to being given more and more choice in nearly every area of their lives.

The demand for more choice, and ultimately more convenience, in a county as large and diverse as Cumbria has led to nothing short of a revolution in healthcare thinking.

In recent years NHS Cumbria has taken forward an ambitious programme of change. NHS Cumbria promises that people who need health care receive the best possible treatment and support as close as possible to where they live. Services which were previously available only from the big acute hospitals are being moved into GP surgeries, community hospitals and, where appropriate, people's homes – allowing the acute hospitals to focus on providing a higher level of care for those who need it.

Moving services away from acute hospitals and into the community not only offers a better patient experience but also means we can make better use of the resources available for healthcare in Cumbria.

To succeed we will need the right partnerships with our other public sector colleagues. Our most important partners are the people of Cumbria.

Integrating the future

The future of our Closer to Home plan relies on three principles.

- Giving money and autonomy to our GPs to shape services efficiently and effectively.
- Allowing health and social care services to operate under one system joined up and focussed on patients.
- Enabling patients to take charge of their condition and stay as healthy as possible.

In Cumbria, GP's are already working in new ways to adapt health care to local needs, district nurses have set up rapid response teams to allow people to stay out of hospital and at home longer; and hospital nurses now work out in the community, following their patient's needs as they return to their homes.

In the future, GPs across Cumbria will be given the chance to run their own community health services based around a single town, or a wider geographical area. This approach, called Integrated Care Organisations, is currently being developed in South Lakeland, Maryport and Cockermouth as part of a national pilot.

Developing capacity to improve services for mental health

Developing capacity to improve services for mental health Primary and community care services are the first port of call for people with mental health, as well as physical health, problems. Ninety percent of people with mental health problems are cared for entirely in primary care. General

practitioners, in partnership with more specialist mental health services and third sector organisations, are central to the delivery of flexible, non-stigmatising, recovery focused care that people with mental health problems and their carers want and need. However there is a step before this that has already been referred to earlier in this report, that of mental health promotion.

Mental health promotion is in its infancy in this country. It has been given a boost by the recent publication of the Department of Health document New Horizons.

The development of mental health promotion and of public mental health will require a seismic shift in thinking and a refocusing upstream, as has been happening with more general aspects of public health over the last 25 years.

A great deal is now known about those factors which contribute to a healthy, fully functioning adult life. Most actions lie outwith the clinical setting of the NHS, and are found in the everyday settings of the home, school and workplace. The role of those with specialist mental health expertise is to support communities in dealing with mental health disturbance and work with professionals who come into contact with vulnerable people on a daily basis.

The refocusing of the school curriculum to steer mental health resilience, and the reorganisation of school health services to enhance emotional support through classroom teachers and improved involvement of parents is a big part of the recipe, but so too is the vision that by the age of 18 every Cumbrian has been instilled with a passion to realise their full potential.

In addition to tackling mental health promotion at a local level, GPs are also ideally placed to ensure that when mental and physical health problems co-exist, as they often do, both are properly diagnosed and managed. 13-57 per cent of people with cancer and 30-50 per cent of people who have heart attacks develop depression. Mental disorders can increase death rates, for example:

- The risk of depressed patients with coronary heart disease dying in the two years after the initial assessment is twice as high as it is for non-depressed patients
- People with Chronic Obstructive Pulmonary Disease (COPD) and depression have an increased rate of mortality and when faced with end-of-life decisions, they are more likely to opt for 'do not resuscitate'
- Depression in stroke patients is associated with increased disability and mortality.

Some Cumbrian GPs have already developed a special interest in mental health. There are also plans to increase GP training concerning mental health and suicide prevention.

If we are to see a real shift in improved health outcomes – especially as national expenditure reduces – we need people to take control of their own health, be it taking more exercise, eating healthily, managing their long term conditions or their oral health. As a county, we believe we are ahead of the nation in tackling the major issues confronting the NHS in the second decade of the 21st century.

To succeed we will need the right partnerships with our other public sector colleagues and seek innovative solutions to perennial problems. Our most important partners are the people of Cumbria who must decide for themselves how to make the most of their lives and their health service.

Section 5:

Improving Public Health and Health Protection

The skill and professionalism of teams within NHS Cumbria and those of partner agencies, as well as the leadership role given to GPs by NHS Cumbria has been invaluable in enabling us to take the decisions necessary to help keep services running and put in place the measures that will see primary care play a key role in helping to overcome some of these challenges.

Swine Flu

Influenza or 'flu' is a respiratory illness that can lead to more serious illnesses such as bronchitis and pneumonia that may need treatment in hospital and can be life threatening especially in the elderly, people with asthma or bronchitis and those in poor health. Flu occurs most often in winter and usually peaks between December and March in the northern hemisphere.
After several years of planning for an influenza pandemic (a pandemic is a large outbreak of an infectious disease that has spread across a national boundary), in April 2009 we saw the first cases of swine influenza in North America. The pandemic is thought to have started in Mexico, but by early May cases had spread to the UK and on 14 June the UK had its first swine flu death. Since July 2009, around 346,400 people in the North West (approximately 8,500 in Cumbria) contacted the National Pandemic Flu Service with suspected swine flu. Around 400 people in the UK, including 50 children, have died as a result of the virus. Age groups most at risk of infection have been under 15's as people older than this have some level of immunity from exposure to similar viruses that have been circulating in the past.

To combat the potential threat to public health in the UK, the following approaches were taken. In Cumbria these were implemented through a weekly strategic meeting and through strong links with other agencies in the county.

- The public were encouraged to practise good hand hygiene and to follow the "Catch It, Bin It, Kill It" media campaign.
- In order to reduce pressure on primary care services, the government set up the National Pandemic Flu Service to reduce pressure on primary care.
- PCTs across the country set up a network of antiviral collection centres, and advice was given out regarding the appropriate use of personal protective equipment.
- A little over six months after the virus first emerged, an effective and safe vaccine was made available. Initially the vaccine was offered to members of the public who fell into established risk factors for influenza; in December 2009 healthy under 5's were included in the programme.

Cumbria saw high levels of flu-like illness during the summer of 2009 and again in the autumn when schools returned. Levels tailed off as the winter progressed.

Flooding

On 19th November, following a long spell of wet weather, there were major floods affecting several parts of Cumbria, wiping out local medical services for 15,000 people in Cockermouth, as well as cutting off services for a whole community in Workington. Other towns including Keswick, Kendal, Ulverston, Egremont and Crosby-on-Eden were also affected. Cockermouth saw 885 homes flooded, Keswick 240 and Workington 66.

Particular issues for NHS Cumbria, as well as public health concerns, focussed on disruption to community services in Cockermouth where two general practices were flooded out. Incredibly, all 14 doctors who were based in the two practices relocated to the Cottage Hospital, moving from 29 rooms into just four. A suite of over 20 temporary buildings were then quickly established at Cockermouth Hospital enabling normal outpatient clinics and other services to begin again.

GP services were also affected in Workington, with patients unable to access their usual services due to the collapse of the town's major bridges. Extra GP clinics were set up in Seaton for people who were unable to get to their own GP Surgery.

Damage to a number of bridges in flood areas continue major disruption to travel. Cumbria has now started its recovery and restoration plan, with a multi-agency recovery coordinating group overseeing the recovery work.

NHS Cumbria worked closely with Cumbria Partnership NHS Foundation Trust to boost access to mental health support services.

Immunisation

Immunisation is one of the most important weapons for protecting individuals and the community from serious diseases. I will highlight three key areas – measles, tuberculosis and influenza.

MMR	Children under 2 years 1 dose	Children under 5 years 2 doses
2008	90.0 per cent	87.5 per cent
2009	93.5 per cent	90.8 per cent

Measles

Measles is a highly infectious viral illness. If we stopped being immunised against measles, then almost everyone would catch it. We know that we need at least 90 per cent of children to be immune to stop the disease being spread. If 95 per cent of children are protected by the MMR vaccine, then we can eliminate not only measles, but mumps and rubella as well. This has already been achieved in Finland.

Nationally there has been an increase in the percentage of children receiving both doses of MMR between the ages of two and five years to 78 per cent. In Cumbria the uptake of MMR vaccine is good and has been getting better every year but has still not reached 95 per cent consistently.

Uptake of all other routine childhood immunisations reach their WHO targets although the uptake is relatively low in some hard to reach groups such as travellers and asylum seekers and efforts are being made to make immunisation easier for everyone to access.

Tuberculosis (TB)

The incidence of tuberculosis (TB) in Cumbria is low; the average number of cases a year is 12. In 2005, following a continued decline in TB rates in the indigenous UK population the School's TB Immunisation Programme was stopped nationally and the programme now targets the most at risk.

The most important and effective way to prevent TB spreading in this country is to diagnose people with the disease as soon as possible and make sure they have a full course of correct treatment. Early in 2009 it was decided to increase the number of TB specialist nurses in Cumbria to three, with the aim of delivering an integrated TB service in Cumbria to include neonatal screening, identification of unvaccinated children, and BCG and Mantoux immunisation for individuals exposed to TB.

Seasonal Influenza Vaccination rates in Cumbria 2008-09

2008			
	People eligible	Number vaccinated	% vaccinated
Over 65	101223	75976	75 per cent
Under 65 at risk	47825	23863	50 per cent

2009			
	People eligible	Number vaccinated	% vaccinated
Over 65	93923	69545	74 per cent*
Under 65 at risk	44034	24066	55 per cent

* (figures still incomplete, data from 8 practices missing)

Seasonal Influenza

The flu virus is unstable and new strains are constantly emerging, which is one of the reasons why the flu vaccine needs to be given each year. Seasonal flu vaccine is offered every year to all those the age of 65 and all those under 65 who are considered to be most at risk.

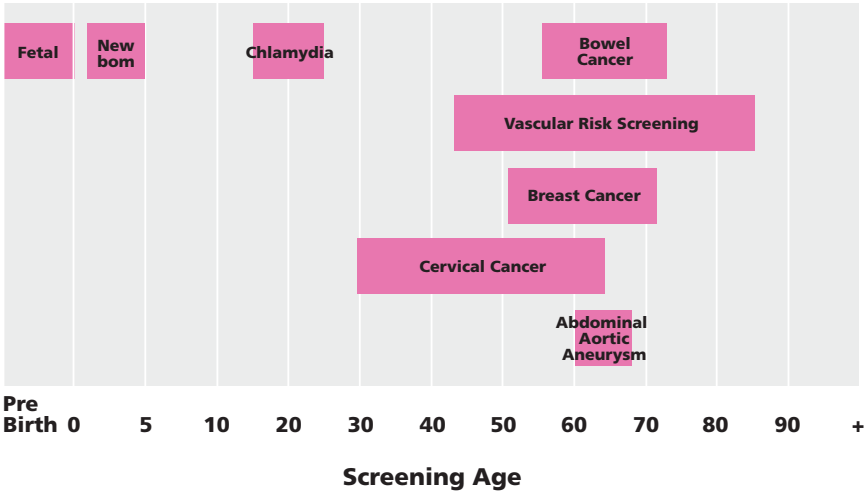
The uptake of flu vaccination in Cumbria has reached the WHO 75.0 per cent target for patients over 65 years for several years.

Screening

Screening is an important pubic health service which has the potential to save lives, to reduce risk to health and to prevent illness and disease. For example regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16 per cent.

Individual screening programmes are staffed and delivered by a wide range of health and other professionals including doctors, nurses, laboratory staff, public health specialists, communications specialists and health promotion practitioners Screening programmes are supported by a range of other organisations including local authority, social care, independent / private sector organisations and voluntary agencies.

Lifetime Screening Pathway



Screening in Cumbria is offered via a number of distinct screening programmes at different stages in life from before birth to old age. All screening programs rely on the support and participation of the public, patients and their families.

NHS Cumbria is working hard to ensure there is a coordinated approach to screening and that the different screening programmes offered to people in Cumbria can be seen as a 'lifetime pathway' of screening opportunities.

Overall screening programmes in Cumbria are performing well, with high levels of uptake of screening offers and a good coverage of the populations at risk. For example, the bowel cancer screening programme was launched in Cumbria in 2008, and a total of 42 cancers have been detected by the programme.

In some screening programmes and for some localities or population groups however, uptake of screening is below what is expected, which presents opportunities for improvement.

In 2007/08, 42,700 Cumbrian women aged between 50 to 70 years old were invited for breast screening and 79 per cent attended. This means that around 9,000 women in the county missed out on breast screening that year. Improving the coverage and uptake of screening programmes in Cumbria presents an excellent opportunity to reduce health inequalities and meet the following strategic aims of NHS Cumbria:

- Reduce premature mortality in **cancer**
- Reduce premature mortality in **circulatory diseases**
- Reduce **health inequalities**

In recent years, we have developed comprehensive multi-agency emergency plans to deal with a range of potential threats. This year we saw the plans for pandemic influenza and flooding tested by real events. NHS Cumbria worked most effectively with partners in the Cumbria Resilience Forum to mount an effective response.

Immunisation rates in Cumbria are amongst the highest in the country and we have a chance to build on these high levels of immunisation and achieve herd immunity for all infections in the county, including measles, mumps and rubella.

Screening programmes are running well in the county and we will work with other organisations to promote continued high uptake and to implement new screening programmes in line with national developments.

Section 6:
Partnership working

NHS Cumbria and in particular Public Health Cumbria, has developed partnerships across the county to engage other organisations, communities and the third sector in health improvement.

At a strategic level, partnerships between the county council and NHS Cumbria are strengthened by the joint appointment of the Director for Public Health, and at District Council level, with the Associate Directors of Public Health who play lead roles in locality service provision.

The key to capacity building, particularly at a time of austerity and short resources, is the leverage provided by synergy and effective joint working. This joint working has to be multidisciplinary, inter-agency and above all a partnership with the public in the driving seat as active citizens taking responsibility for their own health destiny, mobilising the abundant assets and resources found in all communities no matter how disadvantaged. This message, which was underlined so clearly by Professors John McKnight and Chris Gates on their visit to Cumbria in 2009 is driving the Public Health teams contribution to partnership working in Cumbria.

NHS Cumbria's well developed partnership structure includes the countywide health and wellbeing partnership, children's trust partners, local strategic partnerships and links with local community groups. These partnerships develop and deliver a number of plans such as the local area agreement, local strategic plans and locality health improvement plans.

Active partnerships support strategic development and help to delivery improvement in health at a local level, for example with Cumbria Tobacco Alliance, the Cumbria Alcohol Strategy Steering Group, the Cumbria Health Weight Steering Group and the Risk Taking Behaviour Board; including Sexual Health and Teenage Pregnancy.
Public Health Cumbria also contributes to other partnerships addressing issues such as domestic violence, climate change, physical activity and road safety. All of these partnerships and work streams also contribute to psychological wellbeing.

Over the last ten years mental health services in Cumbria have been transformed. The National Service Framework (NSF) for mental health was a key document that resulted in the development of a number of comprehensive services including Assertive Outreach Teams, Crisis Resolution Home Treatments, and Early Intervention in Psychosis. In addition a significant investment in primary care mental health has been developed locally via Improving Access to Psychological Therapies (IAPT).

The National Service Framework (NSF) has now been replaced with New Horizons which sets out key areas for investment and action at a cross government and locality level – it addresses public mental health and acknowledges the need for

partnership working to ensure delivery.

It also has recommendations for future mental health services based on the foundations laid by the NSF for Mental Health.

NHS Cumbria is developing a strategy for mental health and wellbeing. This strategy will target gaps in services, some of which lead to patients going out of the area to receive treatment a long way from their community, and will identify areas for joint working.

Access to psychological therapies in Cumbria is already expanding rapidly with the development of the new 'First Step' Primary Care Mental Health Service. This provides evidence-based interventions for people with common mental health problems across Cumbria.

As localities begin to take local control of resources for their area, GPs will begin to have explicit responsibilities for developing new forms of partnerships with local people and agencies to deliver key health outcomes. Localities will also take responsibility for commissioning local mental health services and working with groups to improve access to counselling ad intervention services.

NHS Cumbria will continue to work closely with the County Council, District Councils and the third Sector to ensure that the recommendations outlined in this report are delivered.

Section 7:

Review of last years recommendations

Progress has been made during 2009 to address some of the health inequalities faced by Cumbria. Below I provide a brief update on the progress made to achieve the recommendations that were made in 2009.

1. I recommend that the local authorities in Cumbria investigate making greater use of their wellbeing powers and assess the extent to which they could make imaginative local legislation through bylaws to improve health and wellbeing.

NHS Cumbria and the Cumbria Planners Training Group, held a county-wide "Planning for Health" conference in November 2009 in Barrow. This gave representatives from local authorities, NHS, community agencies and elected members the opportunity to consider use of local authority planning and legislative powers to support health. The conference was supported by good practice case studies and expert advice.

2. I recommend that at the next refresh of the Cumbria LAA, the Cumbria Strategic Partnership should ensure that partners build in targets and actions which clearly show, for the key determinants of health inequalities, how we will 'level-up' the outcomes in deprived areas to those of the best in the county. They should also make explicit crosscutting actions that are needed to make real progress (getting out of silos).

The need to address inequalities is at the heart of public health policy and partnership working in Cumbria. NHS Cumbria's Strategic Plan focuses on transforming community services to address inequalities, enabling access to fast, high quality health and social care for our communities. NHS Cumbria has a strengthened role on the Cumbria Strategic Partnership, and has set foundations for developing a Single Community Strategy for Cumbria that will develop locality based programmes. Refreshed Local Area Agreements also outline enhanced targets for health improvement. Partnerships led by Public Health Cumbria continue to tackle inequalities around obesity, alcohol, domestic violence and smoking.

3. I recommend that the housing authorities in Cumbria take urgent steps to ensure that a comprehensive and consistent private sector housing conditions survey is carried out on a regular basis and linked more effectively to strategic planning (eg for "lifetime homes" planning for future needs and an ageing population; transport planning; and for supporting integration of services at supra-parish or local area partnership level).

A private sector house condition survey for Cumbria, commissioned jointly by the District Councils, will be undertaken later this year. This survey will assess the deterioration of the housing stock by District and establish those that do not meet the Decent Homes standard. It will help

to establish the unmet need in helping people maintain their homes, and assist the development of better coordinated housing services for the county.

4. I recommend that NHS Cumbria and the county council, working through the Cumbria Information Observatory, set up systems to assess whether there is an adverse impact on health among BME groups in Cumbria and, if so, to give positive recommendations on the issues to be addressed.

A Health Needs Assessment of Gypsy and travellers was conducted with the help of the traveller community. It was published and launched to an audience of health professionals, local authority and voluntary sector staff in December 2009.

5. I recommend that the Cumbria Strategic Partnership takes the lead in bringing partners together to pilot innovative approaches to reducing the impact of inequalities on children. A concrete example is organised activities for children and young people in holidays which are entertaining, can build social and other skills and can divert them from possible anti-social behaviour.

NHS Cumbria plays a key role in partnerships that work to reduce inequalities for children in Cumbria, particularly through Cumbria's Children's Trust. Working with schools, community groups, the Lake District National Park Authority and partners in art, culture and sport, NHS Cumbria is working to widen opportunities and access to activities for young people of all ages. Many activity programmes have been delivered, including a wide programme of sport activities delivered through district councils in the run up to the 2012 Olympics, and after-school cookery clubs that are now delivered in over 60 schools through the healthy schools initiative. Public health also continues to lead preventive work to reduce alcohol harm, drug use and teenage pregnancy, and improve sexual health.

6. I would like to see positive approaches to tackling fuel poverty which also give the opportunity for job creation through greater harnessing of renewable energy for heating homes.

The fuel poverty task group, with representation from Public Health Cumbria, provides a coordinated, multiagency response to fuel poverty across Cumbria. The group liaises with utility companies to provide insulation assistance, target energy inefficient homes and the vulnerable, and provides access to advice and information on fuel efficiency. The public health team has also delivered winter well-being and warmth campaigns for older across the county.

7. A capacity building strategy based on mapping community assets should be explored with some urgency by public, private and third sectors, co-ordinated through the Cumbria Strategic Partnership.

Development of asset-based community development methodology has been progressed through seminars and workshops and through discussion with key partners at Cumbria Strategic Partnership and Local Strategic Partnership meetings. This has resulted in community asset mapping pilots being established in Barrow, Workington and Carlisle that will be rolled out with partners over the coming year.

8. I recommend that NHS Cumbria continues to deliver on the Closer to Home agenda, with a strong emphasis on upfront public health initiatives

and public engagement and self management.

Engaging people in taking responsibility for their own health and engaging communities in the shaping of the services is at the heart of the Closer to Home approach. A number of public health initiatives have been developed to address this, and are outlined in this report. In addition, communications and public engagement continues to be an integral part of new service developments. Engagement activities including Health Impact Assessments, social networking, Equity Impact Assessments and closer links to community groups give increasing opportunities to listen to the community voice and allowing them to shape solutions.

9. I recommend that a suite of registers be established focusing on health issues such as low birth weight babies, children with disabilities and dementia. The registers will help us to target our services more effectively and improve wider partnership planning.

Registers and intelligence on children with disabilities, dementia and low birth weight babies are in development and available on the Cumbria Intelligence Observatory website at www.cumbriaobservatory.org.uk.

10. I recommend that we establish a network of a healthy city, towns and villages across Cumbria in order to engage stakeholders and residents in improving the health of their communities.

The designation of World Health Organisation (WHO) Healthy City status has been achieved for Carlisle. This award recognises the work to reduce the inequalities in the health of the community and places public health high on the agenda for the city. The learning and approach in Carlisle is being rolled out across the county through the development of a local healthy Cumbria network, which will link into the national healthy city network that is currently being established.

Section 8:
Conclusions and recommendations

This year's annual report is able to show moderate progress across an ambitious programme of health protection and improvement for the people of Cumbria.

This years report has focused on mental health and wellbeing and has identified additional areas which need to be prioritised over the next 12 months.

We are entering a period of economic adversity and constraint unprecedented in this country in recent years, and public service budgets are most likely to be reduced for the foreseeable future.

Ever since Public Health was removed from Local Government in 1974, it has struggled to secure adequate resourcing from the National Health Service. Here in Cumbria there has been no dedicated public health budget since the establishment of NHS Cumbria in 2006. Even in the recent good times, Public Health did not experience its appropriate share of NHS resources. In this sense, the future looks bleak.

On the other hand, over the past three years we have seen Cumbria County Council and many other agencies and bodies in Cumbria embrace the Public Health agenda, often with passion and sometimes with the commitment of their own resources. The establishment of the post of Director of Public Health for Cumbria as a joint appointment between NHS Cumbria and Cumbria County Council has undoubtedly helped, and has had the enormous benefit of a very high quality Public Health team, backed up in particular by the increasing provision of timely and high quality intelligence from the Cumbria Public Health Observatory and what must be one of the most effective Communications Teams in the NHS.

The work which we have done so far must now be consolidated, and there is a need to grow the resource for intelligence, creating a proper base for the Observatory and securing sustainable funds. To date we have made little progress on the establishment of a joint Public Health Unit for the county, although this year we have made the appointment of a Public Health Network Coordinator. For Public Health to thrive in Cumbria, the joint Public Health Unit must now become a reality.

The debate about whether Public Health is appropriately situated in the NHS is set to be revived as we go into a general election this year; in effect this debate has never gone away in the 36 years since Public Health was taken out of Local Authorities. I hope that we can resolve this issue in the near future and once again create a robust, responsive, sustainable and adequately resourced system which is fit for purpose for the 21st century, commensurate with a system that the Victorians established in the 1840's and which endured for well over 100 years.

Irrespective of the issues raised above, the challenges of the next few years will be to reconnect public services to the citizens who fund them; to recognise that public services can never be adequately funded to meet all of the needs and demands that could be placed on them if the public is placed in a client position. The insights provided to Cumbria by Professors John McKnight and Chris Gates in the past 12 months give clear guidance as to the way ahead.

Cumbria is a county full of resources and assets, both natural, human and man made. This is a county which is half full, not half empty; it is not a bag of needs which need to be met by legions of professionals coming along to fix them. The formula of mapping and mobilising assets allied to

active citizens and supported by professionals, public bodies and other manifestations of the organised efforts of society is the way we can obtain the synergy and the leverage necessary to face the challenge ahead.

Summary of recommendations

To improve the outcomes for mental health and wellbeing for the communities of Cumbria, I recommend that:

1. The Children's Trust Board continues to provide the strategic leadership of commissioning services and interventions to improve the wellbeing and mental health of Children and Young People from birth to adulthood.

2. Strategic linkages should be made within the Cumbria Community Strategy between the improvement of the psychological wellbeing and mental health of Children and Young People, and issues relating to health inequalities, in particular, the reduction of child poverty, reducing social isolation, improving educational attainment and tackling unemployment.

3. The commissioning process for health services in Cumbria ensures that all opportunities are taken to maximise the wellbeing and mental health of children, especially across the range of universal, targeted and specialist services provided by the new Children's Health Service Provider in Cumbria.

4. Child and Adolescent Mental Health Services should be redesigned as a priority within each locality, applying the learning from the Furness Transformation Project.

5. Children and young people should have the best start in life by developing an appropriate curriculum to ensure that all children develop mental health coping skills. This is a priority. Parents should also be supported in their parenting role and have access to services that meet their wellbeing and mental health needs.

6. Work be undertaken so that the public becomes more aware of wellbeing issues and is engaged in activities that increase individual and collective wellbeing, such as the five ways to wellbeing outlined at the end of this report.

7. The existing skills and capabilities in our communities are developed to increase levels of resilience in Cumbria (our "resilience Capital") for example through development of peer support networks, electronic resources and support through 'new media'. Community asset mapping should routinely be used alongside needs assessments to inform health and mental health commissioning.

8. Health impact assessments of new developments in Cumbria should include a mental health impact assessment and the evaluation of mental health services should include equity impacts.

9. Further partnerships should be developed between health and other sectors to address the socio-economic problems that are the catalyst for mental ill-health.

10. A database of initiatives and resources for mental health and wellbeing in Cumbria should be created, for use by the general public and professionals.

11. Social marketing initiatives about alcohol should include messages about its potential negative effects on mental health.

12. Existing mental health services should be further developed, based on a model centred around the person, fully integrated into primary care and focused on mental health promotion, public mental health and recovery.

A guide to looking after and promoting your personal mental health

We can all improve our wellbeing by building small actions which make us feel good into our daily lives. As well as the recommendations throughout this report, that will build to improve service and prevention in Cumbria, I also advocate following the 'five ways to wellbeing' suggested below. These are based on evidence gathered by the Foresight Project on Mental Capital and Wellbeing. Evidence suggests that building these actions into your daily routine can add 7.5 years to your life.

Connect...

with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. As well as being fun, learning new things will make you more confident.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

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