Healthcare Public Health
Public Health Annual Report
2017
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>The Health Care System in Cumbria</td>
<td>4</td>
</tr>
<tr>
<td>Bay Health and Care Partners (Morecambe Bay)</td>
<td>8</td>
</tr>
<tr>
<td>North Cumbria Integrated Health and Care System</td>
<td>12</td>
</tr>
<tr>
<td>The Life-course approach</td>
<td>16</td>
</tr>
<tr>
<td>Starting Well</td>
<td>18</td>
</tr>
<tr>
<td>Living Well</td>
<td>26</td>
</tr>
<tr>
<td>Ageing Well</td>
<td>34</td>
</tr>
<tr>
<td>Dying Well</td>
<td>39</td>
</tr>
<tr>
<td>Summary of Recommendations</td>
<td>43</td>
</tr>
<tr>
<td>Review of Recommendations from 2017</td>
<td>44</td>
</tr>
<tr>
<td>References</td>
<td>45</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>48</td>
</tr>
</tbody>
</table>
Foreword

Public health can be seen as having three main strands: health improvement, health protection, and healthcare public health. I have considered aspects of the first two in previous annual reports, so this year the focus is on how public health relates to healthcare.

This is a particularly important time for healthcare in Cumbria, with services undergoing the biggest process of transformation for many years. For all practical purposes Cumbria is separating into two systems, with services in the North of the County looking towards the North East for their networks of specialist provision, while services in the South are aligning much more closely to Lancashire. Both, however, are working towards ever greater integration with social care, a greater focus on community based services, and, I am glad to say, an emphasis on improving the health of their populations as a whole, not just on providing treatment services.

This report therefore aims to highlight both the public health role in supporting the health and social care system, and the role that system can play in promoting wider public health. The first part of the report describes the emerging Integrated Care Partnerships covering Morecambe Bay and North Cumbria, and highlights some of the work they are doing to promote public health.

The second part of the report focuses on the public health role of health services across the life-course. The life-course is an important framework through which to design and deliver health and care services, enabling targeted work that can promote wellbeing and also support the most vulnerable, across each of four life-course stages:

Starting well  Giving every child the best start in life is a public health imperative and a healthy childhood can set a trajectory for a healthier adulthood. This chapter describes the work undertaken to support every Cumbrian child to have a happy and healthy childhood.

Living well is an important stage for interventions to reduce medium term demand on health and social care services. Prevention, early diagnosis and intervention, plus high quality treatment can reduce the burden on services.

Aging well describes the two main public health issues in Cumbria’s older residents; falls and dementia, highlighting how these are not an inevitable part of aging and how communities can provide support.

Dying well has a different tone and aims to generate debate about how, as a society, we talk about and experience death. There can be a good way to die, and achieving that is dependent on us all being able to discuss and plan for our own deaths and those of people close to us.

In addition, this report introduces a lifecourse-based “pathway to healthy life expectancy” — a set of data that runs from infancy to old age that describes key health indicators (see page 17). I’ve taken this style of presenting the data from the public health team in Sheffield, and I’m grateful to them for allowing me to copy it so blatantly. I will return to this data set in future reports so we can track progress over the coming years.

Health care services have a critical part to play in public health. In Cumbria, health services have undoubtedly taken that on board and are working positively towards a new population health approach.

Colin Cox
Director of Public Health, Cumbria
The Health Care System in Cumbria

Integrated Care Partnerships

The Health and Social Care Act (2012) began the process of forming a new health and care system, consisting of multiple organisations with varied responsibilities at a national and local level. In order to achieve effective health and social care, these organisations are now forming stronger partnerships to deliver integrated services to local populations.

Figure 1: The Health and Social Care System 2013

The NHS Five Year Forward View’ highlighted challenges to the sustainability of the NHS. The national Vanguard programme made funding available for new models of care to deliver more integrated services, closer to people’s homes, with the aim of tackling the many challenges facing the NHS. There is now an increased emphasis on population health, which includes disease prevention and management to improve wellbeing and reduce demand on services in the future. The 5 Year Forward View also emphasised the need to shift power to patients and citizens. Across Cumbria, work is underway with and for communities with the aim of facilitating increased public involvement in wellbeing.

In addition to the Vanguard programmes, the Sustainability and Transformation Partnerships (STPs) are also responsible for achieving the ambitions of the 5 Year Forward View. In 2017, two STPs covered Cumbria: the Lancashire and South Cumbria STP, and The West, North and East Cumbria (WNE) STP. Integrated Care Partnerships (ICPs) are forming within each of the STPs in Cumbria: one coterminous with North Cumbria CCG, North Cumbria Health and Care; and the other coterminous with Morecambe Bay CCG, Bay Health and Care Partners.
An ICP consists of an alliance of organisations working within a designated budget for a population, aiming to achieve objectives and outcomes over several years. A longer term view of service delivery provides opportunities to develop extended partnerships, working with local authorities and non-statutory partners to address the wider determinants of health. These systems will use population level data and budgets to align financial incentives across partners, driving integration. High value (population outcomes/cost), equitable interventions using best available evidence will be prioritised - emphasising a preventive approach to reduce treatment needs.

Integrated Care Communities (ICCs) are in place to co-ordinate care for local populations, joining up health and care services and supporting people to better manage their conditions. ICCs are working...
across primary and secondary care, integrating services and providing more support closer to home. Early intervention, case management and increased co-ordination aim to improve the quality of life for patients and reduce demand on acute services. ICCs use and understand information regarding local communities to enable the alignment of services to meet the specific needs of their populations.

Figure 3: ICC boundaries including primary and secondary care sites

Healthcare Public Health

The Health and Social Care Act (2012) places a statutory requirement on Local Authorities to provide specialist healthcare public health advice to NHS partners. This aims to support the commissioning and delivery of high quality, evidence based services. Healthcare public health provides an understanding of intelligence to ensure that local services are good value and designed to meet the specific needs of the local population, while aiming to reduce inequalities in health outcomes.
This report outlines the role of Healthcare Public Health in the developing ICPs, and the future priorities that will contribute to reducing the care, quality and finance gaps that are evident across the system. Commissioned public health services are described in the context of their role in preventing, diverting and delaying access to more complex healthcare services.

The report describes activity across the life-course, an important framework when considering the prevention and management of disease. A life-course framework can guide the delivery of high quality services across life stages and facilitate the identification of risk factors to support disease prevention and management. This report applies this framework to describe risk within and across life stages.

The report begins by describing the healthcare public health specialist advice into Bay Health and Care Partners and North Cumbria Health and Care.
Bay Health and Care Partners

Bay Health and Care Partners (BHCP) is a partnership of 10 organisations with a shared vision to see “a network of communities across Morecambe Bay enjoying great physical, mental and emotional wellbeing, supported by a health and care system providing care that is recognised as being as good as it gets”.

Recent Achievements

There have been several areas of work that have been progressed over the past twelve months.

Social Movements for Health

BHCP are committed to developing a system and delivering services that reflect people’s aspirations and lived experience, particularly the day-to-day reality of the most vulnerable. Engagement with the diverse communities across Morecambe Bay is vital to the collective efforts to improve wellbeing and reduce inequalities in health. It holds the potential for a new culture, where citizens are empowered to lead healthier lives. Individuals and communities are more resilient and the power of volunteering to support the health and care system is unlocked. The Morecambe Bay Health Community is one of six national ‘social movement’ exemplars: aiming to support communities to become mobilised at scale for health and wellbeing, and for these communities to be integrated into the local leadership structure. Engaging with local people as equal partners, BHCP are committed to supporting the birth and growth of social movements for health.

Stroke Prevention Programme

Stroke presents a sizeable challenge to BHCP. There are a high number of strokes each year and the number is increasing annually: there were 545 strokes in the local population 2016-17. Data shows that there is also higher than average rates of premature death and of hospital mortality from stroke (death within 30 days). Over 8,000 stroke survivors are known to be living in the BHCP area, many living full lives. However, many are also facing challenges such as disability, mental health issues and loss of employment. The impact on the role of carers associated with stroke is considerable.

Ten common risk factors are thought to be responsible for 9 out of every 10 strokes. Some of these factors can be changed for the better, such as stopping smoking, a healthy diet, blood pressure and activity levels. As many of the risk factors for stroke are the same as those for heart disease, kidney disease, diabetes and dementia, it is possible that interventions to address the risk factors for stroke will also have a positive impact on the effects of other conditions.

A model for stroke care with five phases of the stroke pathway has been co-produced with people with lived experience (Fig 5). The programme ultimately aims to address the whole stroke pathway, ‘end to end’.
A key focus of the PREVENT work stream will be reducing the prevalence of smoking across the Bay population. A reduction in smoking prevalence could result in significantly fewer stroke deaths per year, particularly in the medium to long term. Leading by example BHCP will play a key role in achieving the national target of a smoking prevalence of 12% or less by 2022.

**Smoking and stroke.**

Being a smoker is estimated to triple the risk of having a stroke.

Smoking contributes to one in every seven deaths from stroke.

The good news is that when people stop smoking their risk of having a stroke reduces very rapidly.

Two to four years after stopping, an ex-smoker’s risk of a stroke is almost the same as that of someone who has never smoked.
Alcohol Care Pathways
Alcohol liaison and diversion has been prioritised for implementation across Cumbria and Lancashire. Rates of hospital admissions due to alcohol are higher than the national average in Barrow and a recent audit showed that specialist nurse support while in hospital and pathways into community services may be effective in reducing admissions due to alcohol. For every £1 spent on providing support for people misusing substances, the return on investment is £5 across health, social care and criminal justice services⁴.

Figure 7: Admission episodes for alcohol related conditions
A pilot is underway to assess the impact of an in-reach service delivered by The Well. The Well, a not-for-profit community company supporting people to recover from drug and alcohol addiction, is providing psychosocial support to patients and facilitating their access to community services on discharge. Staff training to aid the identification of alcohol misuse, provide advice to patients and refer into community substance misuse services will support the delivery of the CQUIN.

The Unity substance misuse service is commissioned by Public Health to support adults across Cumbria who are experiencing issues with substance misuse. Unity services are able to provide support through medicines and therapy, tailored to the specific needs of the individual. Unity and The Well work in partnership, aiming to support patients to recover from addiction and live productive lives, with suitable housing and employment and strong positive relationships. Successful outcomes from alcohol treatment in Cumbria are higher than the national average, as shown in figure 8.

Future priorities

- To implement the NHS-wide Commissioning for Quality and Innovation (CQUIN) scheme ‘Preventing ill health by risky behaviours – alcohol and tobacco’ across University Hospitals of Morecambe Bay Trust from April 2018. This will encourage NHS trust staff to identify people who smoke or drink harmful levels of alcohol, and where required offer advice and onward referral to community services for continued support.

- To work with and for the local population to facilitate the shift of power to people and citizens by:
  - supporting patients through health coaching to self-care and manage their conditions. Patient participation groups will be supported to co-produce and design services and interventions
  - ensuring that staff health and wellbeing is a priority
  - targeting community development within areas with the highest levels of deprivation and need, working closely with established infrastructures and schools.
North Cumbria Integrated Health and Care System

In 2017, North Cumbria Health & Care (population 323,000) formed the smallest STP in England.

A revised vision for the system is currently being developed jointly with local people. The aims are:

- Everyone in North Cumbria having improved health and wellbeing and that there will be reduced health and wellbeing inequalities across our communities.
- Recognised service excellence for people living in rural, remote & dispersed communities with outstanding provision of integrated services.
- A range of safe and sustainable local services linked into vibrant wider regional networks.
- An economically viable health and social care community with a track record of delivery.

Health services in North Cumbria have faced significant challenges in the recent past around quality, finance and sustainability of services, and during 2016 the area was one of the three national Success Regime areas, bringing enhanced outside support into the local health economy. However recent developments now emerging are much more positive and exciting. All Health and Care partners are working together with local people to develop a sustainable, integrated population health system built around three layers. This system represents the developing integrated health and care system, which will be responsible for delivering the priorities of the STP, including the development of Integrated Care Communities (ICCs).

Figure 9: The developing North Cumbria Population Health and Wellbeing System
Co-production

Central to the development of the integrated health and care system is co-production. Health and Care partners do not have all the answers and they want to harness the energy, ideas and enthusiasm of the communities in North Cumbria to help tackle the issues that are challenging services. Services are better when the voice of the residents, the community and the staff help shape the delivery of health and care.

System leaders have promised to work with communities to implement changes and improve and develop services. It is open to everyone who cares about health and care services and wants to work constructively to develop them. Examples include the three Community Alliances that have been established in Alston, Maryport and Wigton to develop alternative health and care service plans when community beds are closed there, and the involvement of the West Cumbria Maternity Voices Partnership and many others in the development of maternity services.

Involving local people in decision-making encourages them to feel valued, which in turn is good for health and wellbeing. The strong emphasis on co-production in North Cumbria provides an ideal starting point for further community engagement work that not only helps to develop healthcare services, but also helps people within communities to help each other and themselves to be well. Public Health Locality Managers manage teams of Community Development Officers and Community Support Officers in each of the six districts in Cumbria. These County Council teams are actively contributing to the development of ICCs, ensuring that community development is a key component of health and care integration. One example of work already taking place is community activity and asset mapping, which will help link isolated residents into community groups.

North Cumbria - Health and Wellbeing priorities

Health and wellbeing is a specific workstream within the Integrated Health and Care System programme, with all partners acknowledging that people need to be empowered to live well.

North Cumbria’s overall performance on a range of health and wellbeing indicators disguises significant inequalities at district, lower layer super output area (LSOA) and ward level. Copeland is the second most deprived district in the county; it falls within the 30% most deprived nationally in terms of overall deprivation, and within the 10% most deprived nationally in terms of health deprivation & disability. People with specific long-term conditions, which should not normally require hospitalisation, are more likely to be admitted to hospital in North Cumbria as an emergency.

There are comparatively high levels of ill-health prevalence rates within the population. For example, the prevalence of hypertension is 17% higher than national average, for depression 4% higher than national average, and for dementia 12% above the national average. Copeland has more than twice the prevalence rate for smoking compared to Eden. In addition North Cumbria performs poorly against national benchmarks for a number of disease prevalence and prevention indicators as highlighted in Figure 10.
Figure 10: North Cumbria performance relative to national average across key care pathways

Performance relative to national average: Better, In-Line, Worse. Outcomes within +/-5% of the national average are considered in-line. Number represents the quantity of indicators.

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Prevalence</th>
<th>Prevention</th>
<th>Diagnosis/Identification</th>
<th>Treatment</th>
<th>Cure</th>
<th>Ongoing Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CVD</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>COPD</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Asthma</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Priorities therefore include the need to tackle primary prevention and address lifestyle risks, particularly in the more deprived pockets across North Cumbria.

**Recent achievements**

In North Cumbria, a Health and Wellbeing Framework has been developed to support the work of the integrated health and care system.

The purpose of the framework is twofold:

- Deliver a countywide system that supports people of all ages to live well, by addressing factors that influence health & wellbeing and build on their capacity to be independent, resilient and maintain good health for themselves and those around them.
- Prevent, delay, deter and/or reduce the need for individuals to access primary and acute health services and Adult Social Care. This is achieved by providing early access to effective prevention services that address the holistic needs of individuals and as a result reduce or avoid the need to access specialist services.

The Framework sets out the prevention activity that will take place across community, pharmacy, primary care and acute settings to support the delivery of clinical pathways. The Framework has been developed through a needs assessment based on the JSNA.

Examples of activity included in the framework and agreed across the health and wellbeing system include:

- An overall commitment to tackling health inequalities
- A system wide commitment to make 2018 the year when all partners work towards making North Cumbria ‘Smoke Free’
  - North Cumbria University Hospital Trust (NCUHT) has established a smoke free group to improve the support given to help patients stop smoking and work towards achieving ‘smoke free sites’ by the end of 2018
- Joint working between Health, Care, Cumbria County Council’s Public Health & Communities team and third sector partners to encourage local to people help shape services, access self-care resources and community-based activities that promote wellbeing and social contact.
- Developing a public health strategy for maternity services as part of the ‘Better Births’ work in North Cumbria.
**Future Priorities**

- The North Cumbria Health and Care Partners health and wellbeing framework is due to be refreshed in early 2018. Work will focus on building wellbeing support and prevention activity into a range of clinical pathways and services.
- As in Morecombe Bay, Public Health will continue to work with Trusts to support the achievement of the ‘Preventing Ill Health’ CQUIN between 2017 and 2019.
- During 2017-2018, work with health and care partners to develop person-centred integrated pathways for the prevention, detection and treatment of mental health and long term conditions. For example, during 2018, with funding from the Northern Cancer Alliance, promote cancer screening with an aim to improve cancer screening uptake rates.

Health and care partnerships in North and South Cumbria are developing with a focus on integration and communities, with the aim of improving wellbeing across Cumbria. Early intervention through effective risk identification and management can support reductions in the local burden of disease. The next section describes how public health supports this across the life-course.
The Life-Course Approach

The life-course approach is concerned with the long term effects of life long exposures to physical or social risk factors for disease. Differing levels of exposure to risk factors is considered from gestation and childhood, through adolescence and young adulthood until later adult life. These risk factors can independently, cumulatively and interactively influence the health and disease in later life. It acknowledges the importance of childhood environments and adult risk factors in their contribution to health outcomes.

Figure 11 (overleaf) illustrates some important indicators that contribute to healthy life expectancy across the life-course. The picture for Cumbria in comparison to the national average is illustrated. These indicators highlight the importance of integrating services to address these diverse areas, and also the need to address education and employment outcomes, particularly in children and young people, when considering healthy life expectancy.

This data will be referred to in future Annual Reports in order to maintain oversight of these indicators. Co-ordinated action across multiple organisations in Cumbria will support the local population to achieve a long healthy life expectancy.
Figure 11: Path to Healthy Life Expectancy

The Path to Healthy Life Expectancy

Healthy life expectancy for males
62.6 years in Cumbria, 63.4 years in England.

Healthy life expectancy for females
64.7 years in Cumbria, 64.1 years in England.

Social contact
48.9% of adult social care users have as much social contact as they would like, compared to 45.4% nationally.

Good mental wellbeing
81.7% of people in Cumbria were satisfied with their lives, 81.2% nationally.

Accessing care
892.8 per 100,000 registered patients are admitted to hospital for long term or chronic conditions. This compares to 821.2 nationally.

Employed
Long term unemployment is 3.6% in Cumbria, 3.7% nationally.

Young adults in education, training or employment
5.0% of young people aged 16-18 are NEET, compared to 10.4% in England.

Maintain a healthy weight
60.1% of adults in Cumbria are overweight or obese, 61.3% nationally.

Eating 5 portions of fruit and vegetables a day
58.0% in Cumbria, 56.8% in England.

Doing well at school
GCSE attainment of 65.2% in Cumbria, 63.5% in England.*

Physically active
62.6% in Cumbria, compared to 60.9% nationally.

Not smoking
15.9% adults smoke, 15.5% nationally.

Not regularly drinking alcohol
31.7% of adults in Cumbria drink over 14 units of alcohol a week, 25.7% nationally.

Healthy weight for 10-11 year olds in Year 6
35.5% of children in Year 6 in Cumbria are overweight or obese, 34.2% nationally.

Breastfeed your baby
64.9% mums in Cumbria breastfeed their babies within 48 hours of delivery, compared to 74.3% in England.
29.8% of Cumbrian mothers breastfeed their babies at 6-8 weeks.**

Healthy weight for 4-5 year olds in reception class
28.2% of children in reception in Cumbria are overweight or obese, compared to 22.6% nationally.

Healthy birthweight babies
3.0% of babies are of low birthweight, compared to 2.8% nationally.

Ready for school
68.5% of children in Cumbria are ready for school, 70.7% in England.

Not smoking during pregnancy
12.4% of mothers smoke at delivery, compared to 10.7% nationally.

* 2017 attainment data is currently provisional and is therefore subject to change.
** Data is collected locally and not comparable to national figures.

Reproduced with kind permission from Public Health Intelligence, Sheffield City Council.
Starting Well

Good health, wellbeing and resilience are vital for all children and for the future of society. Cumbria is home to 103,000 children and young people aged 0-19, which equates to 21.1% of the total population of the county. If Cumbria was made up of 100 children, then Figure 12 describes what the population would look like.

The following public health priorities have been identified from these data.

Smoking in Pregnancy
Smoking in pregnancy is the main contributing factor to low birth weights and infant mortality. Cumbria has one of the higher rates of smoking in pregnancy in the North West with 12.1% of mums smoking at time of delivery, which is above the national average for England (10.7%).
Healthy Weight

Cumbria’s National Child Measurement Programme (NCMP) has been running since 2008, and is able to follow cohorts of children who were measured in Reception and are now in Year 6. Figure 13 shows that there is an average 44% increase in the number of children who are overweight from Reception to Year 6, as illustrated by the green arrows. In addition, there has been a recent upward trend in the percentage of overweight Reception children in Cumbria, in comparison to relative stability in the England average. If these trends continue, Cumbria may be faced with an increasing proportion of children who are overweight when they start senior school.

Figure 13: National Child Measurement Programme Data (Reception and year 6)

Figure 14 shows that all districts except South Lakeland have a lower than average percentage of children free from dental decay. Barrow-in-Furness, Carlisle and Copeland all have a significantly lower percentage and Barrow-in-Furness has a significantly higher than average rate of dental extractions in children. Children’s diet is contributing to short term and potentially long term preventable disease and service utilisation.
The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Being obese can increase the risk of developing a range of serious diseases, including hypertension, type 2 diabetes, cardiovascular diseases, some cancers, obstructive sleep apnoea and musculoskeletal problems. Obese children and adolescents are also more likely to become obese adults. Local priorities to increase the proportion of healthy weight children will follow a life-course approach, focusing on healthy weight in pregnancy, initiating and maintaining breastfeeding, and ensuring healthy food choices and physical activity throughout childhood.

**Emotional Wellbeing and Mental Health:**
9 children in 100 have a diagnosable mental health disorder. Poor mental health affects all aspects of a child’s development including their cognitive abilities and social skills as well as their emotional wellbeing. With good mental health, children and young people do better in every way. They enjoy their childhoods, are able to deal with stress and difficult times, do better at school, can manage the online world and enjoy friendships and new experiences. The foundations of good mental health are developed during childhood and teenage years, so a child with good mental health is much more likely to have good mental wellbeing as an adult.

**Adverse Childhood Experiences:**
The term Adverse Childhood Experiences (ACEs) is used to describe a wide range of stressful or traumatic experiences that children can be exposed to while growing up. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration).

ACEs can have a negative impact on development in childhood and this can in turn give rise to harmful behaviours, social issues and health problems in adulthood. There is now a great deal of research demonstrating that ACEs can negatively affect lifelong mental and physical health by disrupting brain and organ development and by damaging the body’s system for defending against diseases. The risk of health and/or social
problems later in life increases with the number of ACEs in a child’s life. ACE research shows that there is a strong dose-response relationship between ACEs and poor physical and mental health, chronic disease, increased levels of violence and lower academic success both in childhood and adulthood.

Early intervention and collaborative working are essential in preventing and reducing the impact of ACEs and as such it is essential to work closely with stakeholders to raise the awareness and understanding of ACEs amongst professionals, communities, families, children and young people.

Cumbria Healthy Child Programme
The 0-19 Healthy Child Programme (HCP) is a Department of Health universal public health programme available to all children, young people and their families. The principle aims of the programme are to:

- reduce health inequalities;
- ensure that every child gets the good start they need; and
- to lay the foundations of a healthy life.

The local ambition is for children and families to have the support they need to access the information, advice and resources required to improve and maintain their health and wellbeing. This supports families to develop toolkits of knowledge, skills and resilience to prevent situations escalating into a crisis.

With the right interventions, children and families can be empowered to look after their own health, supported by access to health and social care services when needed.

Emotional resilience and wellbeing provide the bedrock for a healthy life. The HCP aims to support emotional resilience and wellbeing in parallel to ensuring that children get the right support at the right time. Building resilience and wellbeing focusses on supporting children to develop these attributes:

- The ability to build and sustain positive personal relationships
- A continuous progress of psychological development
- An ability to play and to learn appropriately for their age and intellectual level
- A developing moral sense of right and wrong
- The capacity to cope with a degree of emotional challenge
- A clear sense of identity and self-worth

The Thrive Framework (see Figure 15) is now used locally to support families. It is an asset based, family centred model that aims to respond to the needs of local children. It replaces the previous tiered structure with a whole system approach, bringing a clear distinction between treatment and support. It has an emphasis on using data to drive delivery to meet local needs and ensures that children, young people and their families are active decision makers.

Healthy Child Programme Partnership
Children’s Services
Education
Children’s Centres
Acute services and hospitals
Community health services
Clinical Commissioning Groups
The Voluntary and Community Sector
As part of the Thrive Framework, Kooth.com is now commissioned Countywide. Kooth.com is a safe, confidential and non-stigmatizing way for young people to access information, counselling, advice and support online regarding emotional well-being and mental health. It addresses both low level needs as well as responding to higher level need and has shown uptake in some key harder to reach children and young people including boys, Black and Minority Ethnic groups and those living in rural areas. Kooth.com is also part of the referral process to mental health services to help ensure children and young people have access to support while waiting for further services. At present it is heavily over-subscribed and additional resources are required to ensure that it continues to be readily accessible to all who need it.

Recent Achievements

**UNICEF Baby Friendly Initiative**

The Baby Friendly Initiative (BFI) is a staged accreditation programme that trains professionals in hospitals, health visiting services and children’s centres to support mothers to breastfeed and help all parents to build a close and loving relationship with their baby irrespective of feeding method. The programme helps to ensure that professionals can provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face.

Over the past 12 months there has been continued investment in the programme to increase breastfeeding rates in Cumbria. Training has been delivered to over 200 Children Centre staff across the County. North Cumbria Hospitals Trust has achieved Stage 2 in one site and Cumbria Partnership Foundation Trust has achieved Stage 1 accreditation. Morecambe Bay Hospitals Trust is developing an Infant Feeding Strategy.

**0-19 Healthy Child Programme Redesign**

A significant focus of the last 12 months has been the redesign and recommissioning of 0-19 Healthy Child Programme. A local partnership has developed a new model of working in which there are 3 main elements:

**0-5 Universal Health Visiting Service**

The Universal Health Visiting Service includes 5 mandated Universal contacts with
all parents/carers and their children (unborn to age 5). The family may receive further support based on the outcomes from the Universal contacts in the form of:

<table>
<thead>
<tr>
<th>Community</th>
<th>Promoting and signposting to resources available through children centres and self-help groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Plus</td>
<td>Gives families a rapid response when specific expert help is needed, for example: with issues such as postnatal depression, weaning, sleepless baby or answering any concerns about parenting</td>
</tr>
<tr>
<td>Partnership Plus (Strengthening Families)</td>
<td>Providing on-going support, playing a key role in bringing together relevant local services, to help families with continuing complex needs, for example: on-going medical issues, disabilities - early support, mental health issues, drug &amp; alcohol related issues, learning disabilities, school readiness</td>
</tr>
</tbody>
</table>

The co-location of Health Visitors within Children Centres has encouraged joined up working across services and avoided duplication. The Universal Health Visiting Service has adopted a Making Every Contact Count (MECC) approach, to ensure that every opportunity is taken to support families.

**MECC aims to:**
- Provide brief or very brief interventions in routine appointments
- Enable individuals to engage in healthy conversations
- Support individuals in making positive changes to physical health and emotional wellbeing
- Provide the opportunity for delivery of consistent and concise healthy lifestyle information
- Enables conversations about health to take place at scale across populations and organisations

The next step is to provide training for Midwives and Health Visitors to support them to have healthy and sometimes difficult conversations specifically around smoking in pregnancy and healthy weight. These conversations can respond to individual need and can also provide information and advice about maternal and infant mental health, breastfeeding, oral health, wellbeing and the development of the child aged 2 - 2.5 year old so that they are ‘ready for school’.

**5-19 Public Health Service:**

Public Health Nurse Practitioners are specialist nurses based within each locality, who work with schools and their communities to identify and address health and wellbeing needs. The service is aimed at lifestyle improvement, through maintaining and promoting mental, emotional and physical wellbeing. Key priorities include healthy weight, emotional health, digital wellbeing and risk taking behaviour, all of which impact on the health of the children in Cumbria.

The service offers support and advice to schools and other organisations to address health and wellbeing needs identified from local data and school specific reviews. This can include pathway development, staff training, website resources, group work and support with public health campaigns and signposting.

The team helps to identify, initiate and actively support the development of interagency working and contribute towards
the strategic development of specific areas of work within these localities in accordance with identified and agreed priorities.

Ten pathways have been developed to support schools and other services across a range of health and wellbeing issues such as emotional wellbeing and mental health, healthy weight and asthma. A website is available, which includes health profiles, links to youth mental health first aid training, national health promotional campaigns and a wealth of free online resources and videos (www.cumbria.gov.uk/ph5to19).

**Strengthening Families**

This holistic health service is part of a whole system approach for families including parents/carers, children and young people that require a statutory intervention (Child Protection, Child In Need or Child Looked After) according to the Cumbria Local Safeguarding Children Board multi-agency threshold guidance. The service brings together the following three areas:

- Health Expertise contribution to the Multi-agency Safeguarding Hub which acts as the first point of contact for professionals and members of the public who are raising safeguarding concerns about a child
- The Partnership Plus element of the 0-19 Healthy Child Programme
- Children Looked After Specialist Health Service

Integration of these services provides an opportunity to improve health outcomes for children and families by taking a holistic approach to support the whole family. Each eligible family has a named health worker, who is able to flexibly respond to the families’ needs and support their transition into other services. The service works in partnership across localities, providing integrated health support to the Cumbria Safeguarding Hub and supporting the strategic development of ICCs.

**Future priorities**

**Service Commissioning**

Cumbria County Council plans to re-commission services for 0-19 year olds, aligning Public Health services with Early Help services to improve outcomes for children, young people and their families. Elements of the HCP fit into all aspects of the Early Help Strategy and need to be considered as part of the holistic approach to ensure better services for children, young people and their families.

**Integrated Care Partnerships**

Across both North and South Cumbria there are plans in place regarding integrated systems across acute and primary care which Public Health will support to ensure joined up and more effective working in the future.

North Cumbria Health and Care has established a ‘Public Health in Maternity Services’ group to focus on wellbeing before, during and after pregnancy. Priorities include breastfeeding, smoking during pregnancy and perinatal mental health. The Women and Children’s strategic group in Morecambe Bay has adopted a population health focus, embedding the commitment to reduce inequalities in health. Priorities include mental health, healthy weight and ACEs. There is the opportunity to strengthen the wellbeing advice given to women and their partners before, during and after pregnancy by developing a robust ‘Making Every Contact Count’ programme that addresses lifestyle factors, as well as the wider determinants of health. These groups will continue to link with key drivers around Better Births and Local Maternity System Plans.

Health and care providers from across all sectors including health, social care, voluntary, community and education have a role to play in improving outcomes for children and families, both now and in adulthood.
**Recommendations**

Bay Health and Care Partners and North Cumbria Health and Care should routinely monitor smoking at time of delivery and breastfeeding status as key performance metrics in order to give priority to improving these areas.

A clear weight management pathway for children and young people should be developed and commissioned, with an emphasis on preventing overweight in early years and on supporting weight loss at primary school age.

Given the importance of early intervention for mental and emotional health and wellbeing, and the substantial pressures being faced in the current early intervention provision (Kooth.com and My Time Cumbria), commissioners should identify ways of working differently that enable greater investment in such services in future.

Bay Health and Care Partners and North Cumbria Health and Care should incorporate emerging evidence and practice regarding Adverse Child Experiences to support children, young people and their families.
In Cumbria, the average healthy life expectancy for males and females is less than the current pension age. However, life expectancy is over 78 years for males and 82 years for females (Figure 16). This means that on average, people’s health begins to deteriorate during working age, and people live for several years with a health condition that requires long term support from health and social care services.

Long term conditions now account for 50% of GP, 64% of out-patient and 70% of inpatient stays and are estimated to cost £7 out of every £10 of health and social care expenditure. Patients may have multiple conditions, which makes their care more complex and it may be that the number of conditions, rather than the type of condition, influences the demand of health and social care services. The prevalence of multi-morbidity is socially patterned, with the most deprived groups developing multiple health conditions 10-15 years earlier than the most affluent groups.

This section describes the commissioned Public Health services that have an important role to play in preventing and supporting the management of long term conditions.
Stop Smoking

Reducing smoking prevalence is a priority for action in both North Cumbria Health and Care and Bay Health and Care Partners. Smoking is a major contributor to premature mortality and has the largest impact on health inequalities. Figure 17 shows that the nationally, 15.5% of adults smoked in 2016, but this percentage increased to 26.5% when considering routine and manual workers (Figure 18). Interestingly in Cumbria, Eden a more affluent area in the County, is showing an increase in smoking prevalence, bucking the national downward trend. However, Eden’s prevalence is not significantly different to England and all areas in Cumbria have a similar smoking prevalence to the England average.

![Figure 17: Smoking prevalence in adults](image)

![Figure 18: Smoking prevalence in adults in routine and manual occupations](image)
Smoke Free Cumbria aims to provide smoke free spaces, including NHS trust sites, in order to reduce exposure to second hand smoke, particularly in the most vulnerable. All front line staff can access e-learning in order to offer very brief advice to the public to support people to quit. The work can align closely with the ‘Preventing Ill Health’ CQUIN and healthcare partners have committed to supporting Smoke Free Cumbria.

What do we know about Smoking in Cumbria? 

- 22.1% of people in Cumbria in routine and manual jobs smoke.
- Estimated annual cost of smoking to the Cumbria Economy: £6.7 million.
- 64,000 people (15.5% of the population) over the age of 16 smoke in Cumbria.
- 12.3% of mothers in Cumbria say they smoke when asked about their smoking habits at the time of giving birth (national average 10.6%).
- Smoking contributes towards approximately 2,800 deaths in Cumbria each year in people aged 35+.
- Every year, around 74,000 GP appointments in Cumbria are thought to be due to smoking.
- Annual days sickness from work due to smoking – over 80,000 days.
- Smoking causes over 3,500 hospital admissions each year in Cumbria.

8 fingertips.phe.org.uk/profile/tobacco-control/data#page/1/ali/102/ano/E10000006
9 www.nice.org.uk/about/what-we-do/into-practice/return-on-investment-tools/tobacco-return-on-investment-tool
Public Health commissioned Stop Smoking services are able to support individuals to quit. 86 community pharmacies across Cumbria currently provide Stop Smoking Support for people aged over 16. The services are self-referral and are able to provide support over 7 sessions to all Cumbria residents motivated to quit.

**The NHS Health Check Programme**

The NHS Health Check Programme is a national initiative which aims to prevent cardiovascular disease by systematically assessing a range of risk factors across the population and within high risk and vulnerable groups. Delivery of the NHS Health Check Programme has been a statutory requirement since 2013.

In Cumbria, the County Council commission GP practices to make the programme available to their registered practice populations. Each year, practices invite up to 20% of their patients aged 40-74 for an individual health check. The NHS Health Check is made up of three components: risk assessment, risk awareness and risk management. During the risk assessment, standardised tests are used to measure key risk factors and to calculate an individuals’ risk of developing CVD. The outcome of this assessment is then used to raise awareness of CVD risk as well as to inform a discussion on, and agreement of, the lifestyle and medical approaches best suited to managing the individual’s health risk.

Around 160,000 people in Cumbria are eligible for an NHS health check. Between April 2013 and March 2017, a total of 142,171 people were invited for a NHS Health Check. At 88.9% of the eligible population, this was significantly higher than the England and North West averages. In the same period, 61,412 people received a health check. Again, at 38.3% of the eligible population, this was higher than England and North West averages.

<table>
<thead>
<tr>
<th>Area</th>
<th>Total eligible population</th>
<th>People offered a health check April 2013 - March 2017</th>
<th>People receiving a health check April 2013 - March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% eligible population</td>
<td>Number</td>
</tr>
<tr>
<td>England</td>
<td>15,402,612</td>
<td>11,414,435</td>
<td>74.1%</td>
</tr>
<tr>
<td>North West</td>
<td>2,056,732</td>
<td>1,485,067</td>
<td>72.2%</td>
</tr>
<tr>
<td>Cumbria</td>
<td>160,514</td>
<td>142,741</td>
<td>88.9%</td>
</tr>
</tbody>
</table>

An audit of the programme shows that since the NHS Health Check was introduced in Cumbria, over 8,000 people have been identified to be at high risk of having a heart attack or stroke within the next ten years. Many have benefitted from a prescription for statins or blood pressure medication to lower their risk. Others have received support to change their lifestyles such as losing weight, increasing their physical activity levels or stopping smoking. In addition, around 2,500 people have been diagnosed with a CVD following their health check, allowing them to receive treatment considerably earlier than may have been the case without the health check.
Future priorities for the NHS Health Check programme in Cumbria include:

- Working with CCG and primary care partners to consider ways of promoting more equitable access to health checks across localities.
- Further development of treatment pathways following the health check, including the introduction of digital support.
- Closer integration of the NHS Health Check programme with the National Diabetes Prevention Programme.

The National Diabetes Prevention Programme (NDPP)

The prevalence of diabetes (Type 1 and 2) is increasing in all districts across Cumbria (Figure 20). The majority of patients are diagnosed with Type 2 diabetes, which can be prevented through lifestyle changes and structured education.

In 2015, Cumbria County Council, working in partnership with Cumbria Clinical Commissioning Group (CCG), submitted an expression of interest to participate in the first wave of the NDPP. This was successful and, following appointment of a programme provider, Reed Momenta, the first referrals were made to the local programme in July 2016.

The NDPP in Cumbria is open to individuals who are identified by their GP to be at risk of developing Type 2 diabetes, using a simple blood test. Following referral, individuals are invited to attend fifteen face to face meetings, held over a nine month period, in which they are supported to make changes to their lifestyle such as losing weight, taking more exercise, and eating a balanced diet.

During the first 15 months of delivery a total of 2,536 eligible individuals were referred into the programme. Outcome data is collated by NHS England and is expected in early 2018.

In 2016, neighbouring local authorities in Lancashire, Blackpool and Blackburn with Darwen submitted a successful bid with CCGs in Lancashire to be included in the second wave of the NDPP roll out. In the
future the two programmes will work closely together to develop activity across Bay Health and Care Partners and North Cumbria Health and Care.

In April 2017, the CCG boundaries in Cumbria changed so that the County is now covered by two CCGs: North Cumbria CCG and Morecambe Bay CCG. North Cumbria CCG has now taken on the role of lead organisation for developing the NDPP across Cumbria. Cumbria County Council will continue to be an active partner in developing and evaluating the local programme.

Healthy Weight

Obesity accounts for over 80% of the risk for developing Type 2 diabetes. The prevalence of adult obesity in Cumbria has almost trebled over the last 20 years. 66.9% of the adult population (16+) is classed as overweight or obese which is significantly higher than the England average (64.8%) and is one the highest across the North West. The prevalence of obesity varies across Cumbria, with Barrow-in-Furness and Allerdale having significantly higher levels (Figure 21).

Figure 21: Prevalence of adult overweight and obesity in Cumbria districts

![Graph showing prevalence of adult overweight and obesity in Cumbria districts](image)

Slimming World on Referral – Cumbria Community Weight Management Programme

In June 2017 Cumbria County Council reprocured their evidence based 7,8 Community Adult Weight Management Programme delivered by Slimming World. The service focuses on long term lifestyle change to support clients to achieve a realistic target weight (usually a reduction of 5/10% of current weight).

The programme is accessed via GP referral for people over the age of 16 with a BMI over 28. Those who are eligible to the programme receive a twelve week referral to Slimming World free of charge. The programme is accessible with 100 groups throughout the county, 176 different sessions in 59 different venues.

Between April 2016 and November 2017 there have been 3226 referrals with the total
weight loss of 16.6 tons; an average of 5 kgs per referral. Of the Slimming World on Referral members:

- 2178 (68%) achieved 3% weight loss
- 1525 (47%) achieved 5% weight loss
- 295 (9%) achieved 10% weight loss
- 1323 (41%) of members attended all 12 weeks
- 2097 (65%) of members attended 10 or more weeks

Health and Wellbeing Service

The Health and Social Wellbeing System (HSWBS) is a county wide prevention programme that aims to prevent, divert or delay a person’s need to access health and care services and improves the overall health and wellbeing of the people of Cumbria. The HSWBS is a countywide workforce of 28 Health and Wellbeing Coaches (H&WCs), who are aligned geographically to each of the 13 Integrated Care Communities across the county. It is able to support people who are in, or heading towards, crises that may otherwise require support from a range of health and care services. By coaching (rather than just ‘doing for’), H&WCs aim to empower people to build longer lasting resilience and coping techniques and live a good life.

The team became operational in February 2017. The initial focus was on developing effective relationships with Adult Social Care colleagues and third sector partners, and during the second half of the year the H&WCs established greater links with primary care and the ICCs.

The H&WCs have developed into an effective service valued by residents, colleagues and partners. The team supports many people who face ongoing challenges, often in crises. During the first 3 quarters of 2017/18, the H&WCs have supported over 1000 people who report that they face daily challenges because of living with mental health issues, physical and learning disabilities and complex family dynamics. As such, the team often works with individuals or families adopting a ‘slow fix’ approach, developing new skills, integrating individuals within their local community and building effective relationships.

Outcomes

Through the development of the Health & Social Wellbeing System, the team adopted the ‘Compass in Cumbria’ developed by Age UK South Lakeland. This is an innovative means of linking the third sector, social care and health together, providing a connected and holistic services for Cumbrian residents. Compass was introduced by the team in May 2017 to capture and record individual’s presenting issues and needs. This tool provides accurate and timely data that indicates the effectiveness of the service, focusing on the overall improvements in a person’s health and wellbeing.

At the end of the first reporting period Compass will be able to provide data on a wide variety of health and wellbeing outcomes, though the first six months data (May - October 2017) already shows:

- 25% overall improvement within a very short timeline for people facing anxiety and depression, loneliness and general wellbeing.
- 182% improvement in people’s social engagement, that includes overall increase in the frequency of contact with family and friends, leaving the home to attend social engagements and the number of activities attended

All these public health services have a role to play in supporting Cumbrian residents to live well, by providing support to address risk factors and contributing to an infrastructure that enables early identification and management of long term conditions.
Recommendations

A comprehensive adult weight management pathway should be designed and commissioned across Cumbria.

Invest to save interventions should be implemented to improve patient outcomes and reduce hospital admissions due to alcohol. This can build on the work already in progress in Bay Health and Care Partners and should support all of Cumbria’s residents.

The ‘Preventing ill health by risky behaviours – alcohol and tobacco’ CQUIN work should be expanded to improve MECC delivery across health and social care workforces, building on the work already described under Starting Well.

The fight against smoking tobacco appears to be in its end-game: society is on the verge of creating smoke free generations. All agencies across Cumbria should therefore commit to making 2018 the year they really tackle tobacco in whatever way they can.
Ageing Well

The Cumbrian population is ‘Super-ageing’. This means that the population of Cumbria is ageing faster than the rest of the UK population and the number of people of working age is reducing. By 2020, nearly 25% of the Cumbrian population will be aged over 65. Figure 22 illustrates the projected impact of these population figures on the prevalence of disease.

Figure 22: Health impact of the super aging population in Cumbria

As people grow older, their health needs become more complex with physical and mental health needs impacting on each other. Two major issues facing the local health and care system in the County are the number of people living with dementia and the number of older people who fall and are injured.

There are an estimated 7,721 people living with dementia in Cumbria, with around 1,800 people being diagnosed each year. As our population ages, this number is expected to rise substantially to 12,410 by 2030.

There are approximately 2,000 emergency hospital admissions for falls each year in people aged 65 and over in Cumbria. Data from the North West Ambulance Service (NWAS) indicates that falls comprise approximately 88% of all injuries serious enough to warrant an ambulance call out for people aged 50 years and over.

Reducing the number of falls and improving the wellbeing of patients and carers with dementia are objectives in the North Cumbria Health and Wellbeing Framework. Cumbria wide activity aims to support both North Cumbria Health and Care and Bay Health and Care Partners in reducing demand and supporting the older population to maintain independence.
Falls Prevention

A Cumbria wide multi-agency Falls Prevention Steering Group was established in 2016 and aims to reduce the number of falls in the County, initially focusing on falls in the community.

Falls Prevention – who is involved?

Social housing providers, private landlords, Local Authorities, GPs, District Nurses, Physiotherapists, Occupational Therapists, Ambulance Services, Opticians, Fire and Rescue Services, Voluntary Sector, Residential care and nursing homes, trauma and orthopaedics departments, A&E, Public Health teams, leisure providers, Royal Society for the Prevention of Accidents, Age UK, National Osteoporosis Society, Health and Wellbeing Coaches, pharmacists.

Falls prevention is everyone’s business!

While there appears to be fairly widespread awareness of many public health issues, there seems to be far less knowledge about the risk of falls in the elderly and the injuries that can result from these falls.

Understanding risk factors and falls prevention.

There are a large number of falls and fracture risk factors:

- Significant factors include muscle weakness and poor balance, visual impairment, taking a number of medicines (polypharmacy) and environmental hazards.
- Two key health related behaviours for healthy ageing are maintaining adequate nutrition and physical activity (aerobic, strength and balance).

Increasing awareness that falls do not need to be an inevitable part of ageing is a public health issue.

Unfortunately, there are relatively few evidence based interventions for reducing falls amongst older people living in the community. Stand Up Stay Up is the name of the Department of Health funded Royal Society for the Prevention of Accidents (ROSPA) falls prevention programme. Cumbria was successful in applying to be one of ROSPA’s ten pilot areas to look at new ways to prevent the first fall in the community.
**Recent achievements**

Cumbria held its first Cumbria Falls Prevention Week on September 22nd to the 29th 2017 and launched a campaign to reduce the number of falls in Cumbria. Many events were delivered in partnership with health services, such as health MOTs and ‘Sloppy Slipper Swaps’. The campaign received extensive media publicity.

Community Falls Prevention Workers have been funded through Public Health Locality Grants and employed by Age UK. These posts are funded part time for three years in Carlisle, Eden, Allerdale and South Lakeland. Developed in partnership with ROSPA, the focus of the programme is to deliver a proactive falls awareness and prevention programme targeting older people living in the community. The key objective is to increase awareness that falls can be prevented and are not an inevitable part of ageing. The Community Falls Prevention Workers will be attending community events to deliver awareness raising sessions to the public. People will also be shown the Chartered Society of Physiotherapy recommended six strength and balance exercises.

Cumbria Fire and Rescue Service launched “Safe and Well” visits in April 2017. This is an ambitious programme to visit 10,000 people in their homes each year to carry out a home safety check. Homes are now assessed for fall hazards and advice from the Chartered Society of Physiotherapy’s Get up and Go document is given to residents. Referrals are made to the Compass service provided by Age UK for people who require more support. The Health and Well Being Coaches and Compass also consider falls prevention as part of their assessment and provide advice.

**Slipper Swaps**

Slipper swaps are an early intervention to help reduce falls due to ill-fitting footwear. A slipper swap is an event that allows members of the public to come along and swap their old slippers for a free new pair of non-slip slippers. Primarily this is aimed at reducing the number of falls in older people, but they are also a way of getting members of the local community together and disseminating useful health and wellbeing information.
Dementia

There are an estimated 7,721 people living with dementia in Cumbria, with around 1,800 people being diagnosed each year. As our population ages, this number is expected to rise substantially to 12,410 by 2030.

Figure 23: Estimated dementia diagnosis.

<table>
<thead>
<tr>
<th>Dementia Action Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspatria</td>
</tr>
<tr>
<td>Barrow in Furness</td>
</tr>
<tr>
<td>Carlisle</td>
</tr>
<tr>
<td>Kendal</td>
</tr>
<tr>
<td>Keswick</td>
</tr>
<tr>
<td>Penrith</td>
</tr>
<tr>
<td>Sedbergh and district</td>
</tr>
<tr>
<td>Ulverston</td>
</tr>
<tr>
<td>Walney</td>
</tr>
<tr>
<td>Workington</td>
</tr>
</tbody>
</table>

People affected by dementia can face many difficulties. The Alzheimer’s Society has established Dementia Friendly Communities to ensure that everyone, no matter who and where they are, share the responsibility to ensure that people with dementia feel understood, valued and able to contribute to their community. Increasing the number of local partnerships aimed at supporting people who live with dementia is key to maintaining quality of life and independence. Dementia Action Alliances, partnerships of local organisations and businesses that come together to look at ways they can become more dementia friendly, have been set up across Cumbria to enable the development of Dementia Friendly Communities.

Recent achievements
Ten Dementia Action Alliances are now established in Cumbria, the majority set up over the last twelve months. Alliances are active in the following communities, with launches having taken place in Aspatria, Carlisle, Keswick, Penrith and Workington:

Future priorities
We will continue to support the development of the Alliances and work with new communities who wish to become more dementia friendly. Communities that are working towards or are considering setting up Dementia Action Alliances include:
Over 7000 people in Cumbria have been trained to be Dementia Friends. The aim is to ensure that this number increases year on year.

**Recommendations**

**Falls prevention:** Bay Health and Care Partners and North Cumbria Health and Care should continue to work with RightCare to ensure integrated pathways are available following a fall. This pathway should include primary prevention referral routes and ensure that all services are evidence based and compliant with NICE guidelines.

**Dementia:** Bay Health and Care Partners and North Cumbria Health and Care should increase the number of dementia champions and friends across organisations to ensure high quality care and improve outcomes for patients with dementia. Dementia Design standards should be considered for implementation within appropriate settings, especially during the course of refurbishments.

Ageing Well describes the potential impact of frailty and dementia on the independence of older people. This is not inevitable, and people can live productive lives in their later years. Unfortunately, death is inevitable, and the concept of dying well is discussed in the next chapter.
Dying Well

Introduction*

It may seem somewhat counter-intuitive to talk about a public health approach to dying. After all, once death becomes inevitable, is it not too late for public health? But in fact public health has a place at all stages of life, and the final days and months is no exception. Public health, like medicine, is concerned not simply with extending life (though it is true that life expectancy is a key outcome measure); it is as much focused on the quality of that life and the extent to which people are empowered to live the life they want to live. Many people are never more disempowered than when they are at the end of their lives. However, while medicine attempts to consider what is best for the individual patient, public health needs to look at the wider ways in which death and dying are dealt with in society, and to challenge social attitudes to this essential subject.

“Dying well” is here placed after “ageing well” in the life-course framework, as it is, of course, when most people will die. However, many of the principles outlined are relevant at all ages.

A brief history of death

For most of human history, death has generally been close to home. Natural death (as opposed to deaths occurring through violence) tended to be the result of infection or, for women, childbirth, and such deaths generally occurred at home. After death, bodies remained in the home until burial.

Death was very much a part of life. Death happened routinely at all ages – infancy being particularly dangerous, but disease could strike at any age. Indeed, death in old age was somewhat unusual; in 1580 the French essayist Michel de Montaigne could write “To die of old age is a death rare, extraordinary, and singular, and, therefore, so much less natural than the others; ’tis the last and extremest sort of dying: and the more remote, the less to be hoped for.”

Today things are very different. Over the last 100 years or so the pattern of death has been transformed. Public health advances such as better sanitation and vaccinations, together with medical treatments such as antibiotics, have significantly reduced the mortality associated with infectious disease in particular. This has led to many more people living to a much older age, and often experiencing a lengthy period of slow decline rather than a short illness followed by death. People can face many years living with several chronic conditions, cognitive decline, and increased general frailty. Even when an illness is clearly terminal, modern medicine can often delay the inevitable for months or even years. The process of dying has therefore got more professional input now than it has had at any point in our history, with the full power of medical technology arrayed against it. One consequence of this is that roughly half of all deaths now happen in hospital, and a fifth in care homes (see figure 24). And once death has occurred, the subsequent processes are immediately handed to professionals: bodies are removed, stored, and presented for burial or cremation not by family members but by undertakers and others within the funeral industry.

* This chapter was strongly influenced by Atul Gawande’s book Being Mortal: Illness, Medicine, and What Matters in the End. It is a powerful call for society in general, and health and care professionals in particular, to think very differently about the care of older people and those who are dying. This chapter can only scratch the surface of what Gawande covers in Being Mortal, which should be required reading for everyone involved in the provision of health and care services.
culturally distant, and something that many people find difficult to talk about. Despite the fact that many people have direct experience of death, grief and loss, society as a whole no longer has a healthy relationship with death.

**Figure 24: Summary of the place of death in Cumbria**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual residence (Home + Care Home)</td>
<td>45.0%</td>
<td>46.0%</td>
<td>45.0%</td>
<td>44.0%</td>
<td>47.0%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Hospital</td>
<td>20.0%</td>
<td>19.0%</td>
<td>18.0%</td>
<td>17.0%</td>
<td>17.0%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Hospice</td>
<td>10.0%</td>
<td>11.0%</td>
<td>10.0%</td>
<td>9.0%</td>
<td>9.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Care Home</td>
<td>10.0%</td>
<td>10.0%</td>
<td>9.0%</td>
<td>9.0%</td>
<td>8.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>OCE or elsewhere</td>
<td>20.0%</td>
<td>16.0%</td>
<td>14.0%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

**What is a good death?**

So what constitutes a good death? Obviously the answer will depend on individual views; some may want to be surrounded by friends and family, others would prefer something quieter. However, most people could probably agree that a good death would be as free as possible from physical and emotional pain, and that it would take place somewhere that the person could be supported in whatever way worked best for them. To this could be added the element of control; while it may not be possible to choose the moment of death, ensuring that a dying person has as much control as possible over their final days, weeks or months is surely part of a public health approach to dying.

It is this final element, control, that appears all too often to be lacking in death. On the assumption that what people want is longer life, health services work tirelessly to treat everything that goes wrong with the ageing and dying body. The question is whether this is actually what people would want. One recent literature review of studies into attitudes to death and dying noted that “a number of concerns about dying were identified across all these studies. These included leaving families behind, fear of the unknown, not wanting to be kept alive at all costs, not wanting to die alone, pain control, and the importance of quality of life over length of life when there was no hope of recovery.”

Of course, as good as medicine can be, ultimately everyone will die. Treatment will fail eventually, or a conclusion reached between doctors, patients and families that it should be stopped and that care should become palliative – focused on making an inevitable death as comfortable as possible. In many ways the question of when this point is reached is at the heart of dying well.
The World Health Organization defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. When medicine can no longer cure the disease or correct the infirmity, the goal must become improving quality of life. What that means – and consequently what the right treatment option is – will depend on each individual’s perception of what makes life worth living. It is therefore the responsibility of health and care professionals not necessarily to do everything possible to keep people alive, but to do everything possible to enable people to be in control, to live a life that has meaning for them, and then once that is no longer possible, to die with dignity. For some people this may mean that palliative care starts earlier, and even that some people die earlier than they might otherwise, but for them this would be preferable to a longer life that they do not feel is worth living.

**A public health approach to dying well**

Medical professionals know this, of course, but achieving it can be difficult. There is significant social pressure to “do everything possible” and improving medical technology means that there is always something new to try. Being able to take the time really getting to understand what it is a person wants from their life is increasingly hard in an NHS under pressure. And these conversations can be difficult: people may have given little thought to what really gives their life meaning, or there may be differences in view between patients and their families – who will often push for more aggressive treatment than patients themselves do. Clinicians therefore need to be supported with a public health approach to promoting a good death.

The public health approach is characterised by action across at many levels. Within the health and care system it works to help improve services through supporting policy and practice change. At a community level it seeks to engage the public more in local action through community development approaches, particularly in partnership with third sector organisations. More broadly, it aims to create sustainable social change in attitudes and behaviours, partly through community development approaches and partly through advocacy and communications. All of these are relevant to dying well.

At the level of the health and care system, in recent years the concept of “person-centred care” has begun to emerge in healthcare circles. While not specifically focused on the end of life, the principles of person-centred care are very much in line with the perspective described in this chapter (see figure 25). At its heart is a partnership between patient and professional, in which both work together to understand what is important to the person, what goals they would like to achieve, and what treatment options would enable achievement of these goals. Adopting this approach across health and care services in Cumbria would go a long way to achieving a good death for more people.
It is notable that in Figure 24, the proportion of deaths in hospital has been reducing very slightly in recent years. This is welcome, as in a world in which palliative care was genuinely person-centred, it is likely that more deaths would happen at home or in a hospice-type setting, and this is something that local services could work to improve.

If more people are to be supported to live the life they want to live and to die at home, action is also needed at the community level – this cannot simply be the responsibility of health and care services. Public health approaches can seek to mobilise communities to develop action in this area, bringing together wide ranging partners to build their capacity to respond to issues around death and dying, care and support.

Fundamentally, however, this is an issue that needs broader social change. It needs everyone to be more open about death and dying; more honest about its inevitability; and more explicit about how they would like to live and the point at which they would not wish for further medical intervention. This may be a challenging debate but it is one that is urgently needed. If this report can add to that debate in some small way it will have served some purpose.

**Recommendations**

Bay Health and Care Partners and North Cumbria Health and Care should actively promote the model of person-centred care as being at the heart of the new approach to delivering health and cares services in the County.

The data on place of death should be actively monitored and consideration given to setting a goal of increasing the proportion of people dying at home or in a hospice setting.
Summary of Report Recommendations

1. Bay Health and Care Partners and North Cumbria Health and Care should routinely monitor smoking at time of delivery and breastfeeding status as key performance metrics in order to give priority to improving these areas.

2. A clear weight management pathway for children and young people should be developed and commissioned, with an emphasis on preventing overweight in early years and on supporting weight loss at primary school age.

3. Bay Health and Care Partners and North Cumbria Health and Care should incorporate emerging evidence and practice regarding Adverse Child Experiences to support children, young people and their families.

4. A comprehensive adult weight management pathway should be designed and commissioned across Cumbria.

5. The fight against smoking tobacco appears to be in its end-game: we are on the verge of creating smoke free generations. All agencies across Cumbria should therefore commit to making 2018 the year they really tackle tobacco in whatever way they can.

6. Invest to save interventions should be implemented to improve patient outcomes and reduce hospital admissions due to alcohol. This can build on the work already in progress in Bay Health and Care Partners and should support all of Cumbria’s residents.

7. ‘Preventing ill health by risky behaviours – alcohol and tobacco’ should be expanded to improve MECC delivery across health and social care workforces, building on the work already described in Starting Well.

8. Bay Health and Care Partners and North Cumbria Health and Care should continue to work with RightCare to ensure integrated pathways are available following a fall. This pathway should include primary prevention referral routes and ensure that all services are evidence based and compliant with NICE guidelines.

9. Bay Health and Care Partners and North Cumbria Health and Care should increase the number of dementia champions and friends across organisations to ensure high quality care and improve outcomes for patients with dementia. Dementia Design standards should be considered for implementation within appropriate settings, especially during the course of refurbishments.

10. Bay Health and Care Partners and North Cumbria Health and Care should actively promote the model of person-centred care as being at the heart of the new approach to delivering health and cares services in the County.

11. The data on place of death should be actively monitored and consideration given to setting a goal of increasing the proportion of people dying at home or in a hospice setting.
Review of Recommendations from the 2016 Annual Report

1. **The Cumbria Health and Wellbeing Board should consider establishing a Health Protection Oversight Group to maintain a county-wide focus on performance against health protection objectives.**

   The Cumbria Health and Wellbeing Board recognises the variety of agencies involved in health protection and the need to ensure that there is local oversight and coordination in order to minimise threats to the health of the local population and to deal with these promptly. The Health Protection Oversight Group was established in September 2017, aiming to provide this local oversight and coordination. The membership consists of key stakeholders, including commissioners and providers and also those with a relationship to relevant regulators.

   The role of the Cumbria Health Protection Oversight Group is to provide a framework for health protection assurance across Cumbria. The purpose of the forum is to inform, advise and update the Health and Wellbeing Board through the Director of Public Health who serves as the accountable officer for health protection in the County.

2. **The NHS England Area Teams for the North East and Cumbria and for Greater Manchester and Lancashire should establish mechanisms for coordinating the commissioning of vaccination and screening services in Cumbria to ensure equity of access to these services across the county.**

   Ensuring that screening and immunisation services are equitable across Cumbria is essential to the health and wellbeing of our population. From April 2017 the responsibility for commissioning of NHS screening and immunisation services in Cumbria has split. Services in the localities of North, East and West Cumbria are commissioned by NHS England Cumbria and the North East while Services in South Lakeland and Furness are now commissioned by NHS England Lancashire and South Cumbria. As anticipated, this has resulted in some differences to the way services are delivered in some areas. Cumbria County Council is working together with the two NHS England screening and immunisation teams to address these issues and to develop ways of working that are consistent across the county.

3. **All health and care organisations should increase their focus on raising uptake of flu vaccination in all three target groups and also among health and social care staff, in order both to protect health and to reduce demand on services over the winter.**

   Cumbria County Council works closely with NHS England and Public Health England to maximise the uptake of ‘flu vaccine in at risk groups. During the 2016-17 ‘flu season there was a 3% increase in uptake of the vaccine in the under 65 at risk groups, and in pregnant women. For children there was a 3.6% increase in uptake. However for older adults in the 65+ age groups there was very little change. For the 2017-18 ‘flu season the children’s vaccination programme has been extended to include all children.
aged between 2 years and 8 years of age. This year Cumbria County Council has promoted uptake of ‘flu vaccine through the "Stay Well This Winter" Campaign and through in-house provision of the vaccine for our staff. We have increased our staff uptake from 200 Cumbria County Council employees receiving the vaccine in 2015-16 to 1,327 in 2017.

4. Health care organisations should be aware of the major risk factors for the development of Clostridium difficile infection. Each case of Clostridium difficile infection in their care should be reviewed to identify if there were any lapses in the quality of the care provided. Where issues are identified organisations should take appropriate steps to address these issues.

For each case of Clostridium difficile infection (CDI) organisations are encouraged to undertake an assessment in order to establish if the cause of the infection was as a result of a lapse in the quality of the care provided. Each year NHS England publish objectives for the maximum number of cases of CDI they expect to see in both acute trusts and clinical commissioning groups (CCGs). In the case of acute trusts, commissioners are encouraged to consider applying contractual sanctions where the provider exceeds the aggregate number of cases. For CCGs and Community NHS Trusts there are currently no financial sanctions. Both our acute trusts in Cumbria examine each of identified cases of CDI through a process of root cause analysis (RCA). The RCA identifies if the infection is associated with a lapse in the care of the patient. This process allows organisations to identify which organisation involved in the care of the patient is best placed to learn any lessons to continuously improve the care of patients. Our CCGs do not have teams of infection prevention and control nurses, and therefore they do not have the capacity to undertake a RCA on each of their cases of CDI. They therefore undertake a RCA of a sample of their cases in order to identify common themes and to learn lessons to improve the care of their patients.

5. In order to slow down the development of antimicrobial resistance locally, providers of healthcare should follow their local prescribing policy to ensure prudent prescribing of antibiotics. Where antibiotics are necessary, antibiotics with a narrow spectrum of activity should be chosen over broad spectrum antibiotics.

Antibiotics are precious drugs and it is everyone’s responsibility to protect them for the future. Reducing antimicrobial resistance requires close partnership working. In Cumbria there is a multi-agency group of health professionals who are working together to slow down the development of resistance to antibiotics. One of the areas of work is the development of a comprehensive antibiotic stewardship programme for primary and community care. Key elements of the programme include the provision of antibiotic prescribing guidelines, public and professional awareness raising and the use of educational resources for both professionals and the public. Antibiotic prescribing in both Morecambe Bay CCG and North Cumbria CCG is higher than the national average.

6. The public health team and NHS England should jointly further investigate patterns of breast and cervical cancer mortality in Cumbria to understand whether there is any underlying reason behind higher death rates in some parts of the county.

This work has not been undertaken to date, but will be during 2018 and reported on in the next annual report.
7. Further work should be undertaken to encourage greater uptake of HIV testing in order to reduce the rate of late diagnosis locally.

Cumbria County Council is working closely with sexual health service providers, local Lesbian, Gay, Bisexual and Transgender organisations and the local men’s sauna to promote HIV testing. The sexual health clinical lead is working to raise awareness of symptoms which may indicate a need for HIV testing amongst wider health professional colleagues. The public communications strategy helps to increase awareness of the range of options for HIV testing i.e. through sexual health clinics, GP surgeries and online testing. There is also a particular emphasis on the pilot to offer rapid HIV testing via community pharmacies in Cumbria. The pilot is currently being evaluated with a view to exploring a sustainable future delivery model. Pre-exposure prophylaxis (PrEP) is now available for high risk individuals via our local sexual health clinics.
References

Acknowledgements

I would like to thank everyone who has contributed to the annual report this year, including:

**Julie Batsford**
Health and Wellbeing Service Manager
Cumbria County Council

**Julie Clayton**
Head of Communications and Engagement
NHS North Cumbria Clinical Commissioning Group

**Jackie Dodd**
Public Health Locality Manager
Cumbria County Council

**Mike Graham**
Public Health Manager
Cumbria County Council

**Claire King**
Consultant in Public Health
Cumbria County Council

**Jane Mathieson**
Consultant in Public Health
Cumbria County Council

**Fiona McCredie**
Head of Health Protection
Cumbria County Council

**Lindsey Ormesher**
Children and Families Public Health Lead
Cumbria County Council

**Sophy Stewart**
Head of Engagement and Communications
Better Care Together

**Katherine Taylor**
Public Health Project Officer
Cumbria County Council

**Ali Wilson**
Senior Analyst
Performance and Intelligence
Cumbria County Council

And in particular, **Vicky Hepworth-Putt**, Public Health Specialty Registrar, who has led the development of the report and acted as editor-in-chief.