

Executive Summary Joint Strategic Needs Assessment (JSNA)

November 2017

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1 Overview of key health issues in Cumbria

Key health issues for Cumbria are summarised in Table 1. It should be noted that comparisons have been made over a three year period to tie into the start of the JSNA programme. There has been no movement into the red “What in Cumbria is not good” section from categories included within the previous JSNA Executive Summary (2016).

Table 1: Key health issues in Cumbria

AREA OF HEALTH DATA: HEALTH OUTCOMES		
What in Cumbria is not good	What in Cumbria is at risk of becoming worse	What in Cumbria is improving
<ul style="list-style-type: none"> ➤ Killed or seriously injured (KSI) on Cumbrian roads ➤ Child injury related hospital admissions ➤ Drug misuse deaths* ➤ Chlamydia detection ➤ Late stage HIV diagnosis ➤ Child tooth decay ➤ Mortality from preventable causes ➤ Female mortality under 75 from preventable cardiovascular diseases ➤ Mortality under 75 in adults with serious mental illness ➤ Preventable sight loss ➤ Child developmental assessment at 2-2.5 years* ➤ Antibiotic prescribing levels 	<ul style="list-style-type: none"> ➤ Female gap in life expectancy ➤ Under 18 conceptions ➤ Diabetes ➤ Population requiring secondary mental health services* ➤ Suicides 	<ul style="list-style-type: none"> ➤ Life expectancy (all) ➤ Male gap in life expectancy ➤ Injury related hospital admissions in young people ➤ Self-harm hospital admissions* ➤ Alcohol related hospital admissions ➤ Infant mortality ➤ Dementia diagnosis
AREA OF HEALTH DATA: DETERMINANTS OF HEALTH		
What in Cumbria is not good	What in Cumbria is at risk of becoming worse	What in Cumbria is improving
<ul style="list-style-type: none"> ➤ Adults with learning disabilities in employment* ➤ Fuel poverty ➤ Breastfeeding ➤ Child excess weight and obesity (4-5 year olds) ➤ Healthy eating (“5-a-day”)* ➤ Adult excess weight and obesity ➤ NHS health check take up 	<ul style="list-style-type: none"> ➤ Social isolation* ➤ Child excess weight and obesity (10-11 year olds) ➤ Inactive adults ➤ ‘Flu vaccination coverage 	<ul style="list-style-type: none"> ➤ School readiness ➤ Expectant mothers smoking* ➤ Adult smoking*

**not included in previous JSNA Executive Summary; included here as reflect priorities of the Health and Wellbeing Board.*

Poor lifestyle choices, as reflected in the 'determinants of health' section in Table 1, have an impact on a range of conditions. Levels of coronary heart disease, hypertension and diabetes in the county are higher than national (England) proportions reflecting county factors such as excess weight and obesity levels, adult inactivity and smoking. Cumbria has a higher than national proportions of patients with rheumatoid arthritis and osteoporosis, reflecting the larger than national proportion of older people within the county.

2 Introduction

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

The purpose of the Joint Strategic Needs Assessment (JSNA) is to provide a thorough picture of current and future health and social care needs of Cumbria's local communities at different life stages; needs that could be met by the local authority, Clinical Commissioning Groups (CCGs) or NHS England.

This JSNA Executive Summary provides an overview of the key findings and trends from recent JSNA chapters, an outline of current health outcomes and determinants of health, and the current level of need and gaps in Cumbria.

Cumbria's JSNA is a living document with topics updated at different times across a three year rolling programme. Topics and timings are continually reviewed by the Health and Wellbeing Board. It is available as a web-based resource via the Cumbria Intelligence Observatory website. The JSNA should be read alongside Cumbria's Joint Health and Wellbeing Strategy 2016-19 as the outputs from the JSNA inform the strategy's identified aims and priority areas.

3 Priorities of the Health and Wellbeing Strategy

The vision for health and wellbeing in Cumbria, as set out in the Health and Wellbeing Strategy 2016-19, is to ensure that all Cumbrian residents will have improved health and wellbeing and to reduce inequalities across the county.

In order to achieve this vision, urgent action is required in three main areas. These areas, or gaps, have been identified at a national level, and are as follows:

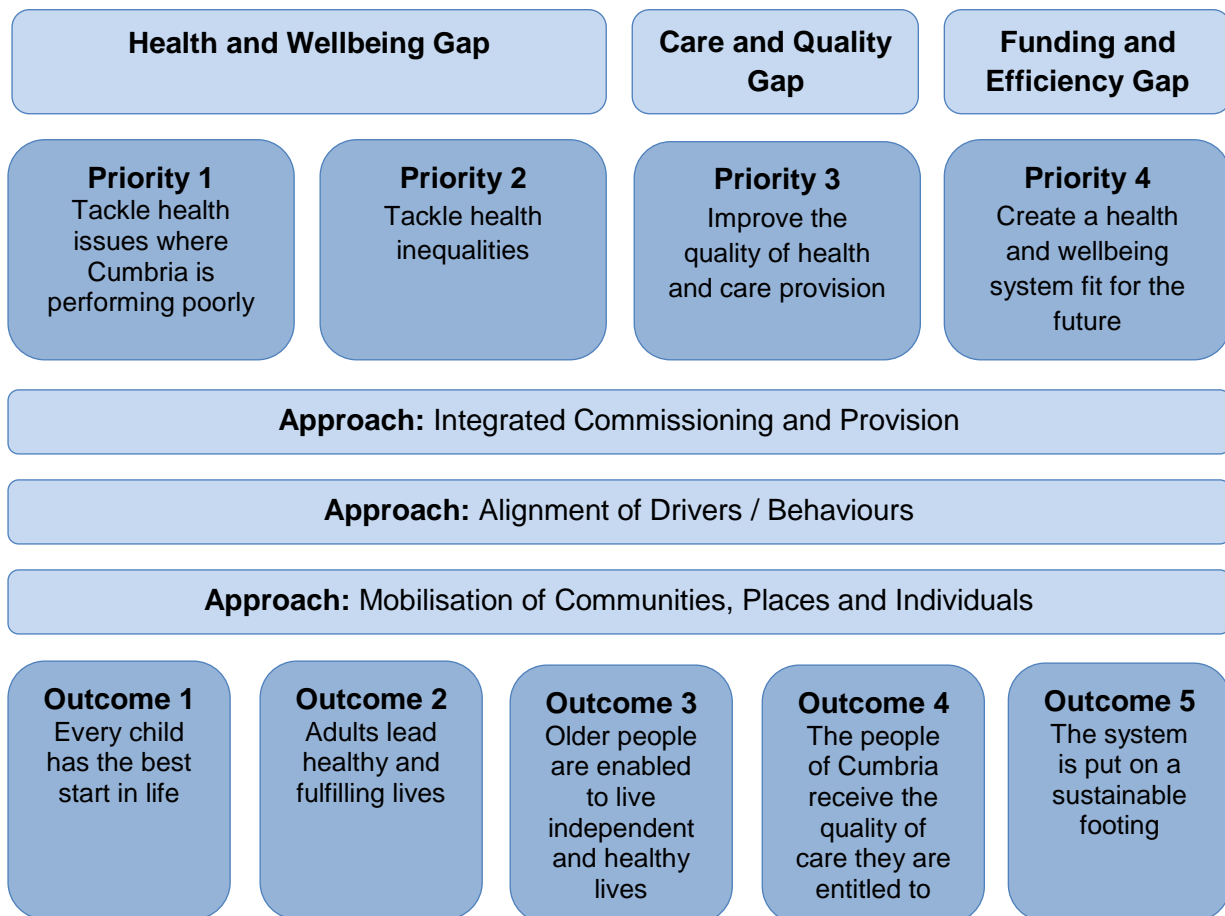
- Health and wellbeing gap: preventive health care is required to reduce health and wellbeing problems and inequalities for the population, and to reduce the amount of funding required for avoidable treatment which can limit investment in new research and treatments;
- Care and quality gap: the way in which care is delivered needs to be reshaped to ensure variations in quality and safety are minimised;
- Funding and efficiency gap: services need to become more efficient in order to ensure that services are delivered within budget.

In order to tackle the challenges faced by the gaps in health and wellbeing, care and quality, and funding and efficiency, four priorities are set out in the Health and Wellbeing Strategy: to tackle population health issues where Cumbria is performing poorly; tackle health inequalities; improve the quality of health and care provision; and create a health and wellbeing system fit for the future.

The approach to delivering these priorities involves taking a whole system approach with collaboration across a range of stakeholders (both those delivering services and those receiving services) to deliver integrated health and care provision.

Successful delivery of the priorities is expected to ensure children have the best start in life, adults lead healthy and fulfilling lives, older people can live independent and healthy lives, Cumbrian residents receive appropriate quality of care, and the health and care system is put on a sustainable footing. The relationship between the priorities and outcomes is illustrated in Figure 1.

Figure 1: Health and Wellbeing Strategy priorities



Source: Health and Wellbeing Strategy 2016-19

The Health and Wellbeing Strategy 2016-19 is available via Cumbria County Council's website <http://www.cumbria.gov.uk/eLibrary/view.asp?ID=92470>

Cumbria's JSNA highlights poor performing areas and inequalities across populations; the outputs from the JSNA inform the Health and Wellbeing Strategy aims and priority areas. Key findings and trends from recent JSNA chapters are set out within Section 3 *Current JSNA headlines*.

4 Current JSNA headlines

4.1 Progress update

Since the previous JSNA executive summary was published in 2016, four further JSNA chapters have been updated, approved and published as follows:

- Staying Safe (published August 2016)
- Mental Health (December 2016)
- Refugees (April 2017)
- Economy, Skills and Employment (June 2017)

Full versions of the above chapters can be accessed via the link to the Cumbria Intelligence Observatory website: <https://www.cumbriaobservatory.org.uk/jsna/>

One further chapter is currently in development:

- Environment and Sustainability

Two further topic areas will be covered during 2017:

- Autism and Learning Disabilities (Autumn 2017)
- Military Veterans (Autumn 2017)

4.2 Key findings and trends from recent JSNA chapters

4.2.1 Engagement feedback

Published JSNA chapters (Staying Safe, Mental Health, Refugees, Economy Skills & Employment) have been subject to a structured consultation process. The same process is being applied to the Environment and Sustainability chapter currently in draft.

Consultee feedback highlights the need for information that would illustrate health inequalities and differences in need across geographical areas, including exploring the impact of rurality. Prevention is considered important; highlighting areas where there is scope to make an impact on health and wellbeing would be beneficial.

Longer term trend information is also considered useful, as is comparison to similar local authorities or national averages.

It is considered beneficial to provide more detailed information about available support services, assets and resources, and also to include service user views to understand need and how services are being utilised. Comments were also received around making greater links to contributory factors to the chapter subject areas (eg the impact of flooding).

To aid understanding, a balance between text and visual aids is considered useful. For clarity, recommendations should link to services that the Health and Wellbeing Board would commission.

Respondents indicated there was a need for further information over a variety of topic areas including: the procurement of support services; benefits of volunteering; communities with protected characteristics; impact of mental health on police services; workplace based health initiatives; visitor health needs; planning and place making; childcare availability; and the 'gig' economy. Information, where available, was either added into the appropriate JSNA chapter or will be included within future chapters.

4.2.2 Common themes across recent JSNA chapters

The four most recent JSNA chapters have covered very different topic areas. However, there are common themes and cross cutting issues between them:

- The impact of a variety of protected characteristics on health and wellbeing;
- Continued evidence that health outcomes are poorer for those in deprived areas;
- The need to consider the relationship between mental health, physical health and wellbeing, crime and community safety
- Increasing older population.

There are a number of elements associated with each of these common themes, as outlined in the paragraphs below.

Inequalities experienced by people with protected characteristics

Protected characteristics are set out in the Equality Act 2010 and cover: age; disability; gender; gender reassignment; sexual orientation; marriage and civil partnership; pregnancy and maternity; race; religion and belief. All four recent JSNA chapters outline inequalities experienced by those with a variety of protected characteristics. Inequalities have an impact on the wider determinants of health and wellbeing, for example employment opportunities and low income. Rates of unemployment are highest among those with some protected characteristics, whilst those in work are likely to be in low-paid, poor quality jobs with few advancement opportunities, often working in conditions that are harmful to health. Other

vulnerable people are also at risk of not finding good quality work, such as those with no or low skill levels, carers, lone parents, ex-offenders, refugees and those who are homeless or at risk of homelessness.

Vulnerable people and those with protected characteristics are more likely to be victims of crime.

National data suggests that mental health problems affect people from Black and Minority Ethnic (BME) groups disproportionately. Whilst nationally some groups are more likely to receive treatment, for example those classified as White British, female, or in mid-life, people in the Black ethnic group had particularly low treatment rates. Refugees have been identified as likely to have higher than average mental health problems and also physical health problems. For refugees, culture and language barriers may inhibit their ability to access a range of services and integrate fully into society; being able to communicate effectively is known to be a major determinant of health and wellbeing.

There is general agreement that inequalities exist in the health and healthcare experiences of BME groups. In general, the chapters have highlighted that there is limited data regarding BME populations and their access to, and experience of, healthcare and other services in Cumbria, making it challenging to understand the extent of unmet need in the county. Qualitative data around ethnicity and access to health services may be available from AWAZ Cumbria; this could be a useful resource and is to be investigated.

Inequalities between communities and the impact on health and wellbeing

Inequalities between wealthy and deprived communities are experienced across the county. Cumbria ranks 86th nationally out of 152 local authorities in England, both unitary and county councils (1 is the most deprived). Barrow is the most deprived district in the county, ranking 29th most deprived out of 326 in England, falling within the 10% most deprived districts. Of Cumbria's 321 Lower Super Output Areas (LSOAs), one in 11 (29; 9%) rank within the 10% most deprived LSOAs in England (located in Allerdale, Barrow-in-Furness, Carlisle and Copeland) with the most deprived LSOA in the county falling within Central ward in Barrow-in-Furness.

People living in deprived areas are likely to have higher levels of mental health conditions and higher needs for services. Almost one in five (19.8%) of people living in Cumbria have a long term health problem or disability; this is above the England average of 17.2%, with those in the poorest communities having a 60% higher prevalence of long-term conditions

than those in the wealthiest communities. Areas in Cumbria which experience the highest rates of health deprivation are frequently also those which experience the highest rates of claimant unemployment, the lowest levels of qualifications and the highest levels of economic inactivity; unemployed people are more than twice as likely as employed people to report having a limiting long term condition. In terms of crime and community safety, over half of the wards identified as being least safe contain LSOAs that rank within the 10% most deprived in England.

Low income and persistent poverty have been identified as among the greatest drivers of poor health and health inequalities. People on low incomes often lack the resources and opportunities to make choices that promote good health.

Mental health, crime and community safety

The JSNA Mental Health and Staying Safe chapters make it clear that there is a relationship between mental health, crime, community safety and health and wellbeing. It is clear that good mental health underpins health and wellbeing, and that one affects the other. Persistent offending behaviour is often linked to physical and mental health and wellbeing, and the impact on crime is considered to be significant, with increasing numbers of incidents reported to Cumbria Constabulary involving a person who has, or appears to be suffering from, a mental disorder or mental impairment including learning difficulties. Mental health problems are common among people needing treatment for alcohol and drug misuse; alcohol dependency is almost twice as high among people diagnosed with a psychiatric condition. It is estimated that 90% of all prisoners are likely to have a diagnosable mental health problem (including personality disorder) and / or a substance misuse problem. Drug and alcohol dependency in turn have an impact on crime levels, for example domestic abuse.

For many flood victims, the significant long-term health, mental health and wellbeing implications following flooding events are acknowledged in the JSNA Mental Health chapter. This is an issue that is ongoing with the advent of winter and successive weather events affecting the county.

Increasing older population

Issues surrounding Cumbria's ageing population are raised within the JSNA. At a national level the older population is increasing, but in Cumbria, not only is the population ageing and growing at a faster rate than the average for the rest of the UK, the number of people of working age is also predicted to decline in Cumbria. There are associated challenges facing Cumbria with an older population: complex and long term health conditions and an increase in the number of people living with dementia are likely to increase the demand for services. The shrinking working age population and increasingly ageing workforce may constrain future economic growth, providing further challenges for the future.

5 Trends in the Public Health Outcomes Framework

Table 2 overleaf provides a snapshot of data in relation to the health of Cumbria's population. It should be noted that where trend data are available, comparisons have been made over a three year period to tie into the start of the JSNA programme.

Table 2 indicates that Cumbria's overall population is estimated to have remained relatively steady in mid-2015 compared to mid-2013. However, the proportion of the population aged 65 and over has increased across all districts, reflecting the national picture.

Some significant changes can be seen in life expectancy at birth in the Public Health Outcomes Framework (PHOF) data for 2013-15 compared to 2011-13. On a positive note, life expectancy for males in Cumbria as a whole (79.2 years) is now similar to England (79.5 years) having previously been significantly worse. Similarly, life expectancy for females in Cumbria (82.9 years) is also similar to that of England (83.1 years) having previously been significantly worse. Improvements have also been seen in female life expectancy in Carlisle (83.8 years) which is now similar to that of England.

However, life expectancy for males in Barrow-in-Furness and Copeland (76.9 and 78.3 years respectively) remains significantly worse than England, as does life expectancy for females in Allerdale, Barrow-in-Furness and Copeland (82.3, 81.2 and 81.3 years respectively). Female life expectancy in Barrow has seen a decrease compared to 2011-13, the only district to do so.

Sections 5.1 [Trends in health outcomes](#) and 5.2 [Trends in determinants of health](#) provide a snapshot of current trends in health outcomes and determinants of health in Cumbria reflecting Health and Wellbeing Board priorities. It is acknowledged that wider determinants have an impact on health, such as the environment, housing and water supplies. These topics will be covered in the JSNA Environment chapter.

Other data regarding trends in health outcomes and determinants of health are available via the PHOF website:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Table 2: Population overview data

Indicator	Cumbria	England	Allerdale	Barrow-in-Furness	Carlisle	Copeland	Eden	South Lakeland	Source
Population number ¹	497,996 →	57,885,413 (England & Wales) ↑↑	96,660 ↑	67,515 ↓	108,155 ↑	69,647 ↓	52,565 →	103,454 →	ONS, mid-2015 population estimates
Proportion of persons 65+ years ¹	23.1% ↑	17.9% ↑	23.3% ↑	20.9% ↑	20.5% ↑	21.4% ↑	25.1% ↑	27.4% ↑	ONS, mid-2015 estimates
Male life expectancy at birth ²	79.2 ↑	79.5 ↑	78.9 ↑	76.9 ↑	79.1 ↑	78.3 ↑	80.8 ↑	80.7 →	PHOF 2013-15 (Indicator 0.1ii)
Female life expectancy at birth ²	82.9 ↑	83.1 ↑	82.3 ↑	81.2 ↓	82.8 ↑	81.3 ↑	85.1 ↑	84.7 ↑	PHOF 2013-15 (Indicator 0.1ii)
Mortality rate per 100,000 from preventable causes (persons) ²	194.3 ↓	184.5 ↓	206.9 ↓	245.3 →	197.7 ↓	225.0 ↓	159.5 ↑	151.4 ↓	PHOF 2013-15 (Indicator 4.03)
% bad or very bad health ³	6	5.6 (England & Wales)	6.3	8.4	6	6.8	4.5	4.5	Census 2011
% day to day activities limited ³	20.3	17.9 (England & Wales)	20.8	24.6	19.2	21.3	18	18.8	Census 2011
% providing any unpaid care ³	11.3	10.3 (England & Wales)	11.2	11.9	10.5	11.3	11.3	11.8	Census 2011

Key:

- significantly worse than England
- similar to England
- significantly better than England

- increase
- no change
- decrease

- life expectancy worse than 2011-13
- life expectancy improvement from 2011-13

Notes:

¹trend compared to ONS mid-2013 population estimates

²trend compared to PHOF data for 2011-13

³Census data is relatively dated but remains the most reliable data source for these categories

5.1 Trends in health outcomes

5.1.1 What in Cumbria is not good

Killed or seriously injured (KSI) on Cumbrian roads (PHOF 1.10)

During 2013-15, 701 people were killed or seriously injured on Cumbria's roads. This represents a rate of 46.9 per 100,000 people, significantly worse than the rate for England and the North West region (38.5 and 39.4 respectively). Whilst the rate for England has been declining slightly since 2011-13, Cumbria's rate has actually increased slightly from a rate of 45.7 per 100,000 in 2011-13. The North West rate has remained relatively constant. Further details regarding KSIs and road type can be found within the *JSNA Staying Safe* chapter.

Proportion of children aged 2-2½ years offered ASQ-3 as part of the Healthy Child Programme or developmental review (PHOF 2.05ii)

The Ages and Stages Questionnaire (ASQ) is part of the Department of Health programme to develop an outcome measure of child development at age 2-2½ years in order to monitor child development across England. Data will be used to observe changes in population health from year to year and will also potentially be used to track children's outcomes as they grow up. In 2015-16, two thirds of children in Cumbria aged 2-2½ were offered a developmental assessment (69.5%; 2,478) significant lower than the proportion in England and the North West (81.3% and 91.8% respectively).

Injury related hospital admissions in children (PHOF 2.07i)

Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in Cumbria remained significantly worse than England in 2015-16 at 188.2 per 10,000 (472 injuries) compared to 129.6 for England, and similar to the North West (182.0). The rate in Cumbria reduced slightly from 189.6 in 2013-14, mirroring the trend in England. The rate was highest in Barrow-in-Furness (255.7 per 10,000; 95 injuries) higher than the 2013-14 rate for the district (231.7).

Admissions in children aged 0-14 years were also significantly worse in Cumbria in 2015-16 (134.9 per 10,000; 1,031 injuries) than in England (104.2 per 10,000), and similar to the North West (139.2). However, in 2013-14 Cumbria was significantly better than the North West. Unlike England where the rate has declined over a three year reporting period, the rate in Cumbria has increased slightly over the same time period from 133.7 in 2013-14 to 134.9 in 2015-16. Rates in Allerdale, Barrow-in-Furness, Carlisle and South Lakeland were

all significantly worse than England, with the highest rates found in Barrow-in-Furness (176.4; 196 injuries). Copeland and Eden were similar to England in 2015-16 at 122.6 (134) and 119.9 (90) respectively.

Deaths from drug misuse (PHOF 2.15iv)

Drug misuse is a significant cause of premature mortality in the UK, with drug use disorders now the third ranked cause of death in the 15 to 49 year age group in England. Deaths from drug misuse have increased steadily in Cumbria from a directly standardised rate of 4.2 per 100,000 in 2011-13 to 5.1 per 100,000 in 2013-15 (70 deaths), in line with the trend in England over the same time period (3.1 to 3.9) and the North West (4.6 to 5.6). Rates in Cumbria remain significantly worse than those in England, although similar to those in the North West. In Carlisle district, 26 cases were seen in 2015-16, a rate of 8.3 per 100,000. Small numbers within the other five districts mean that the rate cannot be calculated.

Chlamydia detection (PHOF 3.02)

Cumbria continues to fall short of the national target to detect chlamydia in at least 2,300 per 100,000 population. The chlamydia detection rate is a measure of chlamydia control activities, and is dependent on the screening services offered to the population. The detection rate represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). The target is to reach 2,300 detections per 100,000 of the 15-24 year old population. This target is aimed at encouraging high volume screening and diagnoses.

Cumbria's rate in 2016 was 1,800 per 100,000 population (960 people aged 15-24), significantly worse than the England rate of 1,882 per 100,000 and the North West region rate of 2,247. Rates in all districts, with the exception of Barrow-in-Furness and Carlisle, are significantly worse than both England and the North West. Barrow-in-Furness and Carlisle are significantly better than both England and the North West at 2,425 per 100,000 (188 cases) and 2,436 (308) respectively. South Lakeland had the lowest detection rate (1,219; 122), significantly worse than England.

Late stage HIV diagnosis (PHOF 3.04)

HIV key strategic priorities are to reduce the proportion of late HIV diagnoses and to increase the proportion of HIV infections diagnosed. Late diagnosis refers to a state of health at diagnosis; a CD4 cell count of fewer than 350 cells per mm³ rather than a particular time frame. The proportion of late stage diagnoses has been increasing steadily in Cumbria since 2010-12. However the trend in both England and the North West has been steadily

decreasing, and the gap between Cumbria and the others is consequently widening. The proportion of late diagnoses in Cumbria has increased from 58.8% (20 cases) in 2011-13 to 66.7% (12 cases) in 2013-15. Cumbria remains significantly worse than England and North West 2013-15 proportions of 40.1% and 46.3% respectively.

Antibiotic prescribing (PHOF 3.08)

Reduction in antibiotic consumption is a well-recognised target in antimicrobial resistance policies across Public Health England, the NHS, Department of Health and the World Health Organisation. In total 359,159 antibiotics were prescribed in Cumbria in 2016, a rate of 1.21 per person (when adjusted for age and sex to take into consideration the demographic characteristics of the population). Cumbria's rate is significantly worse than that of England (1.08). Differences can be seen across the districts, with rates in Eden and South Lakeland significant better than England (0.95 and 0.98 respectively). The worst rate was found in Carlisle (1.52).

Tooth decay (PHOF 4.02)

Tooth decay is largely a preventable disease. Across the country, significant levels of tooth decay are prevalent in children, resulting in pain, sleep loss, school absence and sometimes treatment under general anaesthetic. Of the number of five year olds examined within Cumbria, the proportion free from obvious dental decay has remained relatively stable from 67.9% (1,049) in 2011-12 to 67.8% (1,207) in 2013-14. However, the proportion remains significantly worse than England (75.2%), and is now similar to the North West (66.6%) having previously been better than the North West in 2011-12. Within England, of the number of five year olds examined, the proportion without tooth decay has increased at a greater rate, therefore widening the gap. Differences can be seen across the districts with children in South Lakeland more likely than five year olds in other districts to have decay-free teeth (78.4%; 179); the proportion is lowest in Barrow-in-Furness (58.3%; 260).

Mortality from causes considered preventable (PHOF 4.03)

In 2013-15 a total of 3,194 people died in Cumbria from underlying causes that could, potentially, have been avoided by public health interventions in the broadest sense. The rate of 194.3 per 100,000 for Cumbria remains significantly worse than the rate for England (184.5), although is better than the North West rate (224.9). The highest rate was in Barrow-in-Furness (245.3; 522), the lowest in South Lakeland (151.4; 565).

Female mortality under 75 from preventable cardiovascular diseases (PHOF 4.04ii)

Cardiovascular disease is one of the major causes of death in under 75s in England. Preventable female cardiovascular related mortality among 75 year old Cumbrian females has fallen slightly from 32.0 per 100,000 in 2011-13 (239 women) to 30.5 per 100,000 in 2013-15 (233) in line with the trend in England. Cumbria remains significantly worse than the England 2013-15 rate of 25.0 per 100,000, although similar to the North West (32.0).

Mortality under 75 in adults with serious mental illness (PHOF 4.09i)

Published evidence shows that life expectancy can be reduced for people with severe mental illnesses. People with severe mental illnesses are likely to die between 15 and 25 years earlier than the average for the general population.

Within Cumbria, the indirectly standardised ratio (the calculation of a ratio to compare mortality in adults under 75 with serious mental illness to mortality rates in the general population under 75) for excess death in those aged under 75 with serious mental illness in 2014-15 was 427.2, higher than that of England (370.0) and the North West (401.2). The rate in Cumbria has remained relatively unchanged from 430.1 in 2010-11.

Preventable sight loss (PHOF 4.12iv)

Sight loss prevention can help people to maintain independent lives as far and helps to reduce the need for social care support, which is likely to be necessary if sight was lost permanently. Research carried out by the Royal National Institute for Blind People (RNIB) suggests that half of all cases of blindness and serious sight loss could be prevented if detected and treated in time. The research implies that low take-up rates of sight tests have an impact; low take-up is more likely in areas of social deprivation. Risk of sight loss is influenced by health inequalities, ethnicity, deprivation and age. Sight loss can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty.

The gap in sight loss between Cumbria and England has narrowed since 2012-13 with the rate falling slightly in Cumbria from 56.7 per 100,000 in 2012-13 (283 people) to 53.0 (264) in 2014-15, whilst the rate in England has remained relatively stable (from 42.3 to 42.4). However, Cumbria's rate remains significantly worse than that of England (42.4) and that of the North West (45.7).

5.1.2 What in Cumbria is at risk of becoming worse

Gap in life expectancy (female) (PHOF 0.2iii)

The difference in life expectancy between the most and least deprived areas in Cumbria was 7.9 years for females in 2013-15, an increase of +0.8 years compared to 2011-13. Across the districts, the greatest difference between the most and least deprived areas for women is 9.9 years in Copeland, an increase of +3.4 years over the same time period. The smallest gap was found in Eden, at 1.3 years. However, the gap in Eden has also been increasing, and has seen a rise of +1.4 years compared to 2011-13.

Under 18 conceptions (PHOF 2.04)

Teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers.

Under 18 conceptions had been falling in Cumbria since a peak of 41.4 per 1,000 in 2008 (390) to 20.2 in 2013 (173). However, the rate for 2015 is higher than the low of 2013, at 20.8 per 1,000 (166). Over the same time period, the rates for both England and the North West have continued to fall. Although the rate for Cumbria is still better than that for the North West (24.7) it is now similar to England (20.8) having previously been better than England in 2013.

Some differences can be seen across the districts. The rates for both Eden and South Lakeland have risen since 2013, and stand at 12.8 (11 conceptions) and 13.8 per 1,000 (22) respectively in 2015; this is now similar to that for England having been significantly better in 2013. Rates have also risen in Carlisle from 23.7 (43) in 2013 to 26.5 (45) in 2015. Barrow-in-Furness had the highest rate in 2015 (29.3 per 1,000; 34), with the lowest found in Eden (12.8; 11). The highest number of teenage pregnancies occurred in Carlisle, with 45 in total in 2015.

Diabetes (PHOF 2.17)

Within England, the percentage of patients diagnosed with diabetes (all types) has increased to 6.4% in 2014-15 from 6.0% in 2012-13. Similarly, the North West region has seen an increase from 6.3% to 6.7%. This is an age-specific register which is cumulative count of all patients aged 17 years or over who have been diagnosed with the condition. The proportion of patients with diabetes has also risen in Cumbria, from 6.1% (26,052 patients) in 2012-13 to 7.2% (30,349) in 2014-15, higher than the rate for both England and the North West.

Proportions have risen across all of Cumbria's districts, with the highest found in Copeland (8.4%, 4,878) and the lowest in South Lakeland (6.3%; 5,932) in 2014-15. South Lakeland is now similar to England, having been lower in 2012-13. The proportion in Barrow-in-Furness (7.6%; 4,318) is now higher than that for England, having been similar in 2012-13. Carlisle (6.8%; 6,094) and Eden (6.8%; 2,970) are also now higher than England, having been lower in 2012-13.

As Type 1 diabetes (approximately 10% of diagnosed cases) is an autoimmune condition and not influenced by diet or lifestyle, it has been assumed that the rate would remain approximately the same. This indicator is therefore a proxy indicator for the increase in Type 2 diabetes. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable; it can be prevented or delayed by making lifestyle changes such as taking up exercise, losing weight and eating more healthily.

People in contact with Secondary Mental Health Services (PHOF 4.09ii)

People with serious mental illness can experience inequalities in terms of reduced life expectancy; they are estimated to be twice as likely to die from coronary heart disease and four times more likely to die from respiratory disease than the general population. In Cumbria, the proportion of people aged between 18 to 74 years referred to secondary mental health services has risen from 4.9% (17,347 people) in 2013-14 to 5.4% (19,111) in 2014-15. This is now similar to the proportion for England (5.4%) having previously been better than England in 2013-14.

Suicide rate (PHOF 4.10)

Suicide rates in Cumbria over 2013-15 for the whole population were similar to England, 11.9 and 10.1 per 100,000 population respectively (age-standardised rate), having previously been significantly worse. During 2013-15, 153 people took their own lives in Cumbria, a decrease of -5.6% (-9) compared to 2011-13. However, more recent data released in September 2017 by the Office for National Statistics indicates a rise in suicides in Cumbria with 168 suicides in 2014-16, an increase of 9.8% (+15), providing a rate of 12.6 per 100,000 population, higher than the rate for England (9.9 per 100,000).

5.1.3 What in Cumbria is getting better?

Life expectancy (all) and gap in life expectancy (male) (PHOF 0.1ii and 0.2iii)

Life expectancy at birth for both males and females has improved in 2013-15 compared to 2011-13. Male life expectancy now stands at 79.2 years, female at 82.9 years, both now similar to England (79.5 and 83.1 years) having been significantly worse in 2011-13.

The difference in life expectancy between the most and least deprived areas in Cumbria is 8.7 years for males, an improvement of -0.3 years compared to 2011-13. Across the districts, the greatest difference between the most and least deprived areas for men is Barrow-in-Furness at 12.9 years (an improvement of -0.3 years); the least is Eden at 3.0 years.

Injury related hospital admissions in young people (PHOF 2.07ii)

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. Hospital admissions caused by unintentional and deliberate injuries in young people aged 15 to 24 years have decreased in 2015-16 compared to 2013-14 with rates now similar to those in England, having previously been significantly worse, and are now significantly better than the North West, having previously been similar. During 2015-16 there were 704 injury related hospital admissions in Cumbria, -176 fewer than in 2013-14, giving a rate of 132.0 per 10,000 people aged 15 to 24 (England 134.1; North West 153.5). Barrow-in-Furness has the highest rate of all the districts (193.5; 150 injuries); Carlisle the lowest (89.4; 113).

Emergency hospital admissions for intentional self-harm (PHOF 2.10ii)

Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% of which are emergency admissions. Self-harm is an indication of personal distress, and there are varied reasons why a person might harm themselves. In the longer term, future suicide is a significant and continuing risk following an episode of self-harm.

In 2015-16 there were 1,047 recorded instances of self-harm in Cumbria requiring hospital admission, -204 fewer than in 2013-14, a reduction of -16.3%. The rate in Cumbria of 227.0 per 100,000 population, is now significantly better than the North West region (250.4) having previously been similar to the North West in 2013-14. However, it should be noted that whilst there have been improvements, there is still cause for concern as the rate remains significantly worse than that of England (196.5). The highest rate in 2015-16 was found in Barrow-in-Furness (407.3 per 100,000; 266 incidents) and the lowest in Eden (111.0 per 100,000; 51 incidents). It is acknowledged that self-harmers may not attend

hospital; therefore the rate both locally, regionally and nationally is therefore likely to be higher.

Alcohol related hospital admissions (all ages) (PHOF 2.18)

Alcohol consumption is a contributing factor to hospital admissions and deaths from a wide range of conditions. Alcohol misuse is estimated to cost the National Health Service in the region of £3.5billion annually.

Alcohol-related hospital admissions fell by -7.2% in Cumbria during 2015-16 to 3,494 incidents, equating to a rate of 674 per 100,000 population. This is now significantly better than the North West region (737 per 100,000) having previously been similar in 2013-14. Although improving, it should be noted that Cumbria's rate remains significantly worse than that of England (647 per 100,000) and remains a cause for concern. Differences can be seen across Cumbria's districts. Rates are higher than that of England within Barrow-in-Furness, Carlisle and Copeland, with the highest rate found in Barrow-in-Furness (771 per 100,000; 518 admissions). Eden and South Lakeland are both significantly better than England at 564 per 100,000 (329 admissions) and 588 (660 admissions) respectively.

Infant mortality (PHOF 4.01)

Infant mortality rates under one year of age in Cumbria in 2013-15 continue to be similar to the rate for England (3.9) and the North West (4.2). However infant mortality rates fell slightly in Cumbria in 2013-15 compared to 2011-13 from 3.6 per 1,000 live births (53 deaths) to 3.3 per 1,000 (48 deaths). Locations are based on the residential area of the mother. The highest rate was in Barrow-in-Furness at 4.9 (11 deaths) where the rate has been rising since 2010-12; the lowest was in Eden at 0.8 (1 death) where the rate has been steadily falling since 2010-12.

Dementia CCG (QOF)

It should be noted that CCG organisational boundaries changed in March 2017. The former Cumbria CCG is now divided between the new Morecambe Bay CCG and North Cumbria CCG. The data below pre-dates this boundary change.

It is estimated that there are 650,000 people with dementia in England costing society around £20bn each year. The number of people with dementia is expected to double in the next 30 years (PHOF). There has been an increase in the proportion of GP patients diagnosed with dementia within Cumbria CCG from 0.88% (4,602 patients) in 2013-14 to 0.98% (5,118 patients) in 2015-16, an increase of +0.1 percentage points. The proportion of

Cumbria's patients with the condition (0.98%) is higher than that of England (0.76%), and is ranked within the upper quartile of all England's CCGs (177 out of 209 CCGs).

The proportion of patients diagnosed with the condition in around two fifths (39.7%; 31) of Cumbria's GP surgeries in 2015-16 was higher than the Cumbria CCG average, and three quarters (75.6%; 59) were higher than national proportions. Three GP surgeries had proportions more than twice the Cumbria CCG percentage, ranging from 2.06% to 2.27%, with 262 patients affected. All three of these GP surgeries are located in South Lakeland and can be found within the wards of Arnside and Beetham, Milnthorpe and Grange North.

The increase in the proportion of patients with dementia is likely to be linked to the increase in Cumbria's older population and the proportion of older people in the county. The number of people in Cumbria aged 65+ increased by +1.7% from mid-2015 to mid-2016; Cumbria also had a higher proportion of people aged 65+ than the England and Wales average (23.5% compared to 18.0%). The proportion aged 65+ is highest in South Lakeland (27.7%), where the three GP surgeries with the highest proportion of people with dementia are based. Of these three GP surgeries, more than one third of people registered with the surgery were aged 65+.

Early diagnosis of dementia can help patients obtain the right treatment and support, and can help to slow progression of the condition. It can therefore be seen as positive that more cases are being diagnosed in Cumbria, reflecting an increasingly older population.

5.2 Trends in determinants of health

5.2.1 What in Cumbria is not good

Proportion of adults with learning disabilities in employment (PHOF 1.08ii)

It is widely accepted that being in work is generally good for both physical and mental health and wellbeing. Within Cumbria there is a gap in the employment rate between those with a learning disability and the overall employment rate. The gap in Cumbria for people aged 18 to 64 years in 2015-16 (72.3%) has increased by +2.7 percentage points compared to 2013-14, and was significantly worse than the gap in both England (68.1%) and the North West region (67.3%) for 2015-16. Whilst this provides an indication of the situation in Cumbria, the data for the county is based on a small sample size and should be treated with a little caution.

Fuel poverty (PHOF 1.17)

Evidence shows that the drivers of fuel poverty, such as low income, poor energy efficiency and energy prices are strongly linked to living at low temperatures, which in turn are associated with a range of adverse health outcomes. In 2014, an estimated one in eight Cumbrian households (12.5%; 28,176) were living in fuel poverty, an increase of +0.9 percentage points compared to 2012. The proportion in Cumbria is significantly worse than the proportion found in both England (10.6%) and the North West region (11.2%). The highest proportions can be seen in Eden (16.4%; 3,837), an increase of +3.4 percentage points compared to 2012. The lowest proportion is found in Copeland (11.2%; 3,476); however this is now significantly worse than England, having been similar in 2012.

Breastfeeding (PHOF 2.02i)

In Cumbria, breastfeeding was initiated in the first 48 hours after delivery in 64.9% (3,044) of maternities during 2014-15, similar to the North West (64.6%) but worse than England (74.3%). The best rates were found in South Lakeland and Eden, 78.9% (649) and 76.2% (310) respectively. The lowest rate is in Barrow-in-Furness, at 50.1% (345). All districts, with the exception of Allerdale, show a downward trend in 2014-15 compared to 2013-14. The proportion in Allerdale has increased to 64.8% (573) in 2014-15, from 62.9% (547) in 2013-14. Carlisle has seen the largest decrease, down to 63.2% (760) in 2014-15 from 66.9% (779) in 2013-14.

Health visitor monitoring data for Cumbria for Quarter 1 2017 (April to June) indicates that less than a quarter of mothers across the county are breastfeeding their babies at 6-8 weeks. The rate is highest in Allerdale (23.8%; 54) and South Lakeland (23.8%; 50), and lowest in Barrow-in-Furness (13.9%; 26).

Child excess weight and obesity (4-5 year olds) (PHOF 2.06i)

One in four children in Cumbria, aged 4-5 years old, were classified as either overweight or obese in 2015-16 (26.6%; 1,263 children), significantly worse than proportions in England (22.1%) and the North West region (23.2%). The gap between the regional and national level has increased since 2013-14 as the proportion of overweight or obese 4-5 year olds has increased in Cumbria, while the proportion has decreased slightly at a regional and national level. Differences can be seen across the districts, with the highest rate found in Barrow-in-Furness (28.9%; 194) and the lowest in South Lakeland (21.0%; 156). Proportions have increased across all districts with the exception of Barrow-in-Furness, where the proportion, although still significantly worse than England and the North West, has decreased by -1.5 percentage points compared to 2013-14.

Healthy eating - meeting the recommended “5 -a-day” at age 15 (PHOF 2.11iv)

Diet and nutrition are important for health. Poor diet is a major risk factor for ill-health and premature death. Responses from Cumbrian 15 year olds to the 2014-15 “What About YOUth” survey suggests that just under half (49.2%) are eating five portions of fruit or vegetables each day, significantly worse than England (52.4%) and similar to the North West region (48.7%).

Adult excess weight and obesity (PHOF 2.12)

Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health, and is consequently a cause for concern. In 2013-15, two thirds (66.9%) of Cumbrian adults (those aged 16 years and over) were estimated to be either overweight or obese, a slight decrease of -0.4% compared to 2012-14. However, this remains significantly worse than the proportion in England (64.8%). Cumbria’s proportion is now similar to the North West (66.6%) having previously been worse in 2012-14. The highest rates in 2013-15 were found in Allerdale (71.2%). The lowest was found in in South Lakeland (61.3%), the only district to be significantly better than England.

NHS health check take up (PHOF 2.22iii and 2.22iv)

The NHS Health Check programme commenced in 2013. The programme aims, over each five year period, to offer a health check to everyone aged 40 to 74 years to help prevent heart disease, stroke, diabetes and kidney disease. Offers are generally sent out by letter. Over the three year period between 2013-14 and 2015-16, a total of 110,374 (65.8%) of Cumbria’s eligible population were offered a health check, slightly ahead of the 20.0% required per year to complete the programme over a five year period. This is significantly better than the proportion in both England (56.4%) and the North West region (52.2%).

However, cumulative figures for the same three year period show that only 43.6% (48,090) of Cumbria’s population aged 40 to 74 who were offered an NHS health check actually went on to receive a health check. This is significantly worse than levels in England and the North West at 48.6% and 53.4% respectively. A high take up of the NHS Health Check is important in order to identify early signs of poor health and opportunities for early interventions.

5.2.2 What in Cumbria is at risk of becoming worse

Social isolation (PHOF 1.18i)

There is a clear link between loneliness and poor mental and physical health. The Adult Social Care Users Survey has highlighted that 44.3% of adult social care users in Cumbria felt they had as much social contact as they would like, a decline of -3.6 percentage points compared to 2013-14. Although this is similar to England (45.4%) and the North West (46.1%) the proportion of people in these areas who have as much social contact as they would like has been increasing slightly over the same time period.

Child excess weight and obesity (10-11 year olds) (PHOF 2.06ii)

Over a third (35.0%; 1,659) of Cumbrian children aged 10-11 years were classified as overweight or obese in 2015-16, similar to the proportion in England (34.2%) and the North West (35.2%). Although the proportion fell from 37.7% 2012-13 to 33.4% 2013-14, the rate has been increasing steadily for the past three years, mirroring the national and regional trend. This trend may well continue as the proportion of overweight or obese 4-5 year olds in Cumbria is also increasing.

Variations can be seen across the districts, with the highest proportion found in Copeland (40.1%; 252) and the lowest in Eden (31.0%; 145). Barrow-in-Furness (38.6%; 286) and Copeland are both now significantly worse than England, having previously been similar.

Inactive adults (PHOF 2.13i and 2.13ii)

In 2015, the proportion of inactive adults was 30.1%, an increase of +0.6 percentage points compared to 2013, and similar to the proportion in England (28.7%). Proportions have also risen nationally and regionally. Proportions of inactive adults vary across the districts from 32.8% in Allerdale to 27.6% in Carlisle. One district has seen significant improvement however: the proportion has decreased in Barrow-in-Furness by -5.3 percentage points from 37.1% in 2013 to 31.8% in 2015, and is now similar to England, having previously been significantly worse.

The Active People Survey by Sport England estimates that 55.9% of Cumbrian adults achieve the recommended 150 minutes of physical activity per week similar to the proportion for England (57.0%). This is a decrease of -1.5 percentage points compared to 2013. Physical inactivity can have a negative effect on health. It is the fourth leading risk factor for global mortality, accounting for 6% of deaths globally. An active lifestyle can reduce the risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

'Flu vaccination coverage (PHOF 3.03xiv, xv and xviii)

Immunisation is one of the most effective healthcare interventions available, and 'flu vaccines can prevent illness and hospital admissions.

The proportion of immunised 2-4 year olds in Cumbria has dropped to 33.2% (5,179) in 2015-16 from 39.9% (6,512) in 2014-15. This is lower than England and the North West (both 34.4%), and remains below the national minimum target of 40.0%.

There has been a decline in Cumbria of -1.8 percentage points between 2013-14 and 2015-16 in the update of the 'flu vaccination for eligible adults aged 65 years and over, from 75.4% (85,433) to 73.6% (85,768). Uptake in England and the North West was 71.0% and 73.7% respectively. The decline in the uptake mirrors the trend in England and the North West. The uptake in Cumbria is now below the national target of 75.0%, having previously been higher.

'Flu vaccination uptake amongst at risk individuals has also declined from 59.1% (31,524) in 2013-14 to 51.7% (33,062) in 2015-16. This mirrors the trend nationally and regionally. Coverage is now below the national target of 55.0%, having previously been higher.

5.2.3 What in Cumbria is getting better?

School readiness (PHOF 1.02i)

The proportion of all children in Cumbria achieving a good level of development at the end of the reception year has improved by +6.4 percentage points between 2013-14 and 2015-16, and now stands at 65.0% (3,345). However, it should be noted that although this shows an improvement there is still cause for concern as the proportion remains significantly worse than England (69.3%) as the national proportion has improved at a similar rate.

Expectant mothers smoking (PHOF 2.03)

Smoking in pregnancy has detrimental effects for the growth and development of the baby and health of the mother. The proportion of mothers smoking at the time of delivery has decreased by -1.5 percentage points from 13.8% (655) in 2013-14 to 12.3% (585) in 2015-16. However, it should be noted that although there have been improvements, further progress is required as the proportion remains significantly worse than that in England (10.6%) as the national proportion has improved at a similar rate. Cumbria is however, significantly better than the North West region (13.7%).

Smoking prevalence (PHOF 2.14)

Smoking is the most important cause of preventable ill-health and premature mortality in the UK, and is a major risk factor for many diseases including cancer and heart disease. It is estimated that 15.5% of Cumbrian adults (those aged 18 years and over) were current smokers in 2016, a decrease of -2.9 percentage points compared to 2014. This county proportion is similar to England (15.5%) and the North West (16.8%), where proportions have been decreasing at a similar rate. Decreases have been seen in all districts, with the exception of Eden and South Lakeland.

The most notable improvement was found in Copeland (16.1%) where the proportion of current smokers has decreased by -10.1 percentage points compared to 2014. Copeland's proportion is now similar to England, having been significantly worse in 2014. South Lakeland had the smallest proportion of smokers (12.5%) but has seen a small rise of +1.0 since 2014. The largest proportion and largest increase was seen in Eden (18.6%; +7.0 percentage points). Proportions in both Eden and South Lakeland are now similar to England, having previously been significantly better than England in 2014.

However, it should be noted that the proportions above are based on data from the Annual Population Survey. The data is reliant on persons aged 18+ self-reporting as smokers, and is therefore likely to be subject to variation.

6 Trends in the Quality Outcomes Framework

Other data regarding health outcomes are available from the Health and Social Care Information Centre *Quality and Outcomes Framework* (QOF), the annual reward and incentive programme detailing General Practice (GP) achievement results, via the following website: <http://tools.england.nhs.uk/ccgoutcomes/html/atlas.html>

As the data is based on patients who attend their General Practice, rather than the population as a whole, it is difficult to categorise the results as either good or bad. However, the available data remains relevant in providing an insight into the health and wellbeing of Cumbria's population. Relevant QOF indicators are covered in the following paragraphs.

As mentioned previously, it should be noted that CCG organisational boundaries changed in March 2017. The data below pre-dates this boundary change.

Coronary heart disease CCG (QOF)

Coronary heart disease is the leading cause of death, both in the UK and worldwide. It was the registered cause of 60,818 deaths in the UK in 2015 (NHS, 2016).

Cumbria CCG has seen a slight decrease in the proportion of GP patients diagnosed with coronary heart disease from 4.75% (24,716 individuals) in 2013-14 to 4.64% (24,231) in 2015-16, a decrease of -0.11 percentage points. However, the proportion of Cumbria's patients with the condition (4.64%) remains higher than the national (England) percentage (3.20%), and is ranked within the upper quartile of all England's CCGs (201 out of 209 CCGs).

The proportion of patients diagnosed with the condition in almost half (48.7%; 38) of Cumbria's GP surgeries in 2015-16 was higher than the Cumbria CCG average, and all but five were higher than national proportions. Two GP surgeries had proportions of more than 6.0% affecting 511 patients, one situated within Longtown and Rockcliffe ward in Carlisle (6.11%) and the highest proportion (6.96%) within Silloth Ward in Allerdale.

Hypertension CCG (QOF)

Hypertension, more simply known as high blood pressure, increases the chances of having a heart attack or stroke. At a national (England) level, hypertension had the highest prevalence proportion of any condition in 2015-16; 13.8% affecting an estimated 7.9 million people. Based on patients who attend their General Practice, the prevalence of

hypertension in Cumbria and the North East was higher than that of any other region (NHS, 2016).

The number of patients diagnosed with hypertension has increased by +0.25 percentage points from 15.67% (81,497) in 2013-14 to 15.92% (83,081) in 2015-16. Hypertension prevalence within Cumbria CCG is higher than that of England, and is ranked within the upper quartile of all England's CCGs (166 out of 209 CCGs).

The proportion of patients diagnosed with the condition in three fifths (60.3%; 47) of Cumbria's GP surgeries in 2015-16 was higher than the Cumbria CCG average, and 84.6% (66) were higher than national proportions. Five GP surgeries had proportions of more than 20.0%, ranging from 21.0% to 23.1%, affecting 3,762. Three of these five surgeries are located in South Lakeland, one within the ward of Arnside and Beetham and two within Grange North ward. One surgery is within Silloth ward in Allerdale, and one in Harbour ward, Copeland.

Rheumatoid arthritis CCG (QOF)

This is a long term condition which causes pain, swelling and stiffness in the joints. Long term conditions can have a significant impact on an individual's life and on the health system. Although there is currently no cure for rheumatoid arthritis, early diagnosis and appropriate treatment can help patients to lead relatively normal lives (NHS, 2016).

The proportion of patients diagnosed with rheumatoid arthritis in Cumbria has increased very slightly, from 0.92% (4,025 people) in 2013-14 to 0.97% (4,251) in 2015-16, an increase of +0.05 percentage points. Cumbria has a higher proportion than that of England (0.74%); Cumbria's proportion of people with this condition is ranked 197th highest out of England's 209 CCGs. Half (50.0%; 39) of GP surgeries had proportions of patients registered with rheumatoid arthritis that were above the Cumbria CCG average of 0.97%; three quarters (75.6%; 59) were above the national average. Three surgeries had proportions more than 1.5 times the CCG average ranging from 1.55% to 1.72% affecting 115 people. Two of these surgeries are located in Harbour ward, Copeland; the other is situated within Hindpool ward, Barrow-in-Furness. The GP surgery with the lowest proportion was found within Hawkshead ward in South Lakeland (0.37%).

Asthma CCG (QOF)

Asthma is predominantly a long term health condition that can have a significant impact not only on the lives of individuals but also on the health system. Asthma can cause coughing, wheezing, chest tightness and breathlessness. In 2014-15 there were more than 69,800 admissions to hospital where the main diagnosis was asthma, but in total asthma was part of the diagnosis in more than 1.3 million hospital cases nationally. More than 1,300 deaths were registered in England and Wales in 2015 with a primary cause of asthma. At a national (England) level, asthma had the fifth highest prevalence proportion of any condition in 2015-16 (5.91%) (NHS, 2016); this proportion is based on patients who attend their General Practice.

In 2015-16, the proportion of people with asthma who had been prescribed medication in the last 12 months decreased very slightly (-0.05 percentage points) to 6.63% (34,613 people) from 6.69% (34,775) in 2013-14. The proportion in Cumbria is higher than that of England (5.91%) and is ranked within the upper quartile of all England's CCGs (181 out of 209).

In half of Cumbria's GP surgeries (50.0%; 39) in 2015-16, the proportion of patients prescribed medication in the previous 12 months was higher than the CCG average. The proportion was higher than the England average in almost three quarters of GP surgeries (73.1%; 57). Six GP surgeries had proportions of more than 8.0%, ranging from 8.09% to 8.37%. Four of these were in Copeland, with the wards of Harbour, Egremont South, Distington and Newtown; one was in South Lakeland (Grange North); and one in Carlisle (Longtown and Rockcliffe).

As the register is a count of those who have asthma, but excludes those who have not been prescribed any asthma-related medication within the last 12 months, the proportion of people with asthma is likely to be higher.

Diabetes mellitus CCG (QOF)

Diabetes is a high dependency, long term (often lifelong) condition. Hospital admissions with a main diagnosis of diabetes totalled 48,581 nationally in 2014-15 and there were 5,582 registered deaths attributable to this condition in 2015. At a national (England) level, diabetes had the fourth highest prevalence proportion of any condition in 2015-16 (6.55%) (NHS, 2016) based on patients who attend their General Practice.

Within Cumbria, the proportion of patients diagnosed with diabetes (all types) has increased by +0.67 percentage points to 7.27% (31,467) in 2015-16 from 6.61% (28,432) in 2013-14.

Cumbria's proportion is higher than that of England, and Cumbria is ranked within the upper quartile of all England's CCGs (161 out of 209). Two thirds (65.4%; 51) of Cumbria's GP practices have proportions of patients diagnosed with diabetes that are greater than the proportion in England. Three surgeries have particularly high proportions, more than 9.5%, ranging from 9.76% to 10.33%, affecting 1,657 patients. Two of these are within Copeland in the wards of Harbour and Distington, whilst the third is situated within Ewanrigg ward in Allerdale. The GP surgery with the smallest proportion was found in the Broughton ward in South Lakeland (4.33%).

As Type 1 diabetes is genetic, it has been assumed that the rate would remain approximately the same. This indicator is therefore a proxy indicator for the increase in Type 2 diabetes. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable; it can be prevented or delayed by making lifestyle changes such as taking up exercise, losing weight and eating more healthily.

Depression CCG (QOF)

Depressive episodes were the main diagnosis in 12,289 hospital admissions in England in 2014-15. At a national (England) level, depression had the third highest prevalence proportion of any condition in 2015-16 (8.26%) based on patients who attend their General Practice, with 3.8 million people affected, an increase of +470,168 people compared to 2014-15 (NHS, 2016).

The proportion of patients in Cumbria (aged 18 and over) who were registered with depression in 2015-16 increased by +2.46 percentage points to 9.61% (41,018) from 7.15% (30,338) in 2013-14. The proportion of patients diagnosed with the condition in around two fifths (41.0%; 32) of Cumbria's GP surgeries in 2015-16 was higher than the Cumbria CCG average (9.61%), and over half (56.4%; 44) were higher than national proportions (8.26%). Two GP surgeries had proportions that were more than twice the Cumbria CCG percentage. Both are situated within Castle ward in Carlisle, with proportions of 21.18% and 19.75%. The smallest proportion (2.26%) was found within a GP surgery within Coniston and Crake Valley ward, South Lakeland.

Osteoporosis CCG (QOF)

Osteoporosis is a condition that weakens bones, making them fragile and more likely to break. Whilst the majority of patients are post-menopausal women, it is possible for men, younger women and children to be affected by the condition. Nationally osteoporosis was the main diagnosis in more than 27,000 hospital admissions in 2014-15. Across England 954 deaths were attributed to osteoporosis in 2015, with the majority (77.4%; 738) female (NHS, 2016).

In Cumbria, 0.34% (792) of people aged 50+ on GP registers were registered in 2015-16 as diagnosed with Osteoporosis, a slight decrease of -0.8 percentage points compared to 2013-14 (0.42%; 946). Cumbria CCG has a slightly higher proportion with the condition than nationally (0.32%).

The proportion of patients diagnosed with the condition in just under one third (30.8%; 24) of Cumbria's GP surgeries in 2015-16 was higher than the Cumbria CCG average. Two GP surgeries had proportions more than three times the Cumbria CCG percentage affecting 88 people: one GP surgery is based within Harbour ward, Copeland (1.43%); the other within Castle ward, Carlisle (1.10%).

7 What is the level of need and gaps?

Recently published JSNA chapters have raised a number of key health and wellbeing needs for Cumbria's population. Common themes across the chapters have highlighted issues around: the impact of a variety of protected characteristics on health and wellbeing; continued evidence that health outcomes are poorer for those in deprived areas; the need to consider the relationship between mental health, physical health and wellbeing, crime and community safety; and an increasing older population.

The overarching vision in the Health and Wellbeing Strategy is to ensure that all Cumbrian residents will have improved health and wellbeing, and that inequalities are reduced across the county.

To ensure that every child has the best start in life, a priority identified within the Health and Wellbeing Strategy, there is a need to address unhealthy lifestyles that can lead to childhood excess weight and obesity and preventable conditions such as tooth decay. Injury related hospital admissions, higher than the national rate, also need to be addressed to ensure the health and wellbeing of Cumbria's children. Other avoidable behaviours have been identified that could be detrimental to the health of infants, such as levels of smoking in expectant mothers and low levels of breastfeeding.

Ensuring that adults lead healthy and fulfilling lives is identified within the Health and Wellbeing Strategy. There is a need to address the issue of unhealthy lifestyles, a factor that can lead to the development of a range of preventable health conditions. Across the county there are high proportions of inactive adults and decreasing proportions of active adults; levels of healthy eating are worse than the national (England) proportion. The risk of developing some conditions can be reduced by making some simple lifestyle changes, such as taking up exercise, losing weight and eating more healthily. Adult excess weight and obesity are currently high in Cumbria and the proportion of GP patients diagnosed with diabetes is increasing. Proportions of GP patients with coronary heart disease and hypertension are higher than that of England. Drinking to harmful levels has resulted in high levels of alcohol related hospital admissions and is leading to a wide range of detrimental health conditions. Deaths from drug misuse are increasing. The rate of deaths from underlying causes that could potentially have been avoided by public health interventions in the broadest sense is higher in Cumbria than nationally. There is a need to focus on prevention: NHS health check take up rates are worse in Cumbria than in England; health

checks are important to identify early signs of poor health and opportunities for early interventions. 'Flu vaccination coverage is also declining.

It is recognised that people living within deprived areas are more likely to have poorer health outcomes; they are more likely to experience mental health and long term health conditions than wealthier communities. Evidence suggests that people in deprived areas are less likely to take up health checks, for example sight checks; checks are important to identify signs of conditions that could be prevented with appropriate intervention. Gaps in life expectancy are clear between the most and least deprived areas, and although there have been improvements in life expectancy at a county level, life expectancy for males and females in Barrow-in-Furness and Copeland and for females in Allerdale is significantly worse than nationally. People in deprived areas are more likely to experience unemployment, and feel least safe in terms of crime and community safety, both factors having the potential to impact negatively on health and wellbeing. It is acknowledged that there are various degrees of deprivation, and that it is not just those that are the most deprived who will experience inequalities; health outcomes vary across different income levels. There are factors that have a wider impact on the health and wellbeing of people with recognised protected characteristics: fewer employment opportunities; the gap in the proportion of adults with learning disabilities in employment is worse than regionally and nationally; and those with protected characteristics are more likely to become victims of crime. People with protected characteristics may find it more difficult to access services. There is a data gap concerning inequalities facing Cumbria's diverse BME populations and their access to, and experience of, healthcare services in Cumbria.

There is a need to promote mental wellbeing and emotional resilience; people with serious mental illness can experience reduced life expectancy. The proportion of people registered with GP practices with depression has increased and is higher than the national proportion and levels of self-harm, although improving, are worse than that of England. The rate of people under 75 dying earlier than the average for the general population is higher in Cumbria than regionally and nationally, and the proportion of referrals to secondary mental health services is rising in Cumbria. There are links between mental health and drug and alcohol misuse. People living within deprived areas are more likely to have higher levels of mental condition conditions. Victims of flooding may well experience long-term health, mental health and wellbeing impacts.

Enabling older people to live independent and healthy lives is identified as a priority within the Health and Wellbeing Strategy. The increasing number of older people within the county

poses a challenge. Across the county there has been a rise in complex and long term health conditions that could be attributable to the needs of an ageing population. The proportion of patients with rheumatoid arthritis and dementia has increased. As Cumbria's ageing population is growing at a faster rate than nationally, there could be a significant increase in the number of people with age related health conditions, leading to increased demand for services.

Further needs and gaps were identified within the two previous JSNA executive summaries published in early 2015 and mid 2016 that have not, as yet, been addressed:

- Health needs assessment for military veterans – an assessment is recommended to ensure that veteran servicemen and women and their families do not face disadvantage compared to the rest of the population in relation to accessing services;
- Alcohol related hospital admissions in the under 18 age group – work to understand the need around alcohol-related hospital admissions in the under 18 age group;
- Adult excess weight – work to understand why Cumbria, particularly Allerdale and Copeland, has levels of adult excess weight significantly worse than England;
- Mental health – develop an understanding of mental health issues in Cumbria at a lower geographical level.
- 'Popgroup' population forecasts – to consider the potential population impacts of major developments as soon as details of potential developments become available (eg nuclear new build and other nuclear related projects within Cumbria; high speed rail construction outside Cumbria);
- Health needs at a local level – carry out JSNA work at a local level to include qualitative data to gain local knowledge about the experiences of the local community;
- Health needs of Lesbian, Gay, Bisexual and Transgendered, Black and Minority Ethnic Groups or other groups with protected characteristics – explore how to fill local data gaps;
- Health needs of single homeless people – conduct a Homelessness Health Need Audit to address health inequalities and establish the health needs of single homeless people in each local authority area;
- Older population risk groups – identify risk groups and prioritise prevention.

8 Summary

The key health and wellbeing needs identified in Cumbria from the JSNA chapters published since the last Executive Summary in 2016 are summarised as follows:

- In order to ensure that every child has the best possible start in life, children and their families require support to ensure that preventable health conditions and poor lifestyle choices are addressed; better monitoring and action is required to support an increase in breastfeeding rates.
- There is a need to ensure that the positive progress in ensuring that children are “school ready” is continued.
- Child injury related hospital admissions need to be reduced; children and their families require support to recognise potential danger areas.
- Unhealthy lifestyles and inactivity are leading to the development of a range of preventable health conditions. The risk of developing some conditions can be reduced by making some simple lifestyle changes. Support is required to promote the benefits of taking up exercise, losing weight, eating more healthily and reducing alcohol consumption to enable adults to lead healthy and fulfilling lives.
- There is a need to reduce the rate of premature mortality and increase healthy life expectancy by understanding and addressing the underlying causes.
- Prevention activities are effective in minimising the risk of people developing long term health conditions; there is a need to encourage the take up of health checks and relevant vaccinations.
- There is a need to address the health inequalities between the least and most deprived communities and the subsequent impact on health and wellbeing.
- People with protected characteristics can find it more difficult to access services. There is a need to understand and address the underlying causes.
- Poor mental health has a detrimental impact on health and life expectancy. There is a need to support and promote mental wellbeing and emotional resilience. There is a need to be mindful of the ongoing impacts of flooding on mental health and wellbeing as successive weather events affect the county.
- Complex and long term health conditions that could be attributable to the needs of an ageing population are increasing and increasing demand for services. There is a need to ensure prevention, early intervention and support and management of long term conditions is in place to enable older people to live independent and healthy lives.

9 Data sources and references

Links to data sources

Census 2011 https://www.ons.gov.uk/census/2011census
Clinical Commissioning Group demographic data / disease prevalence (NHS England) http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html
Health and Social Care Information Centre, Quality Outcomes Framework (QOF) (NHS England) http://www.hscic.gov.uk/qof
Office for National Statistics suicide data https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority
Population estimates mid-2015 (Office for National Statistics) https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates
Public Health Outcomes Framework (PHOF) http://www.phoutcomes.info/

References

Cumbria County Council and Cumbria Clinical Commissioning Group. (2015). <i>Health and Wellbeing Strategy 2016-19</i> . Location: http://www.cumbria.gov.uk/eLibrary/view.asp?ID=92470 [accessed: 26/06/2017]
NHS England. (2016). <i>Quality and Outcomes Framework – Prevalence, Achievements and Exceptions Report, England 2015-16</i> . Location: http://content.digital.nhs.uk/qof [accessed 01/06/2017]

Key contact

Catherine White, Senior Analyst, Performance & Risk Unit, Cumbria County Council
Email: info@cumbriaobservatory.org.uk