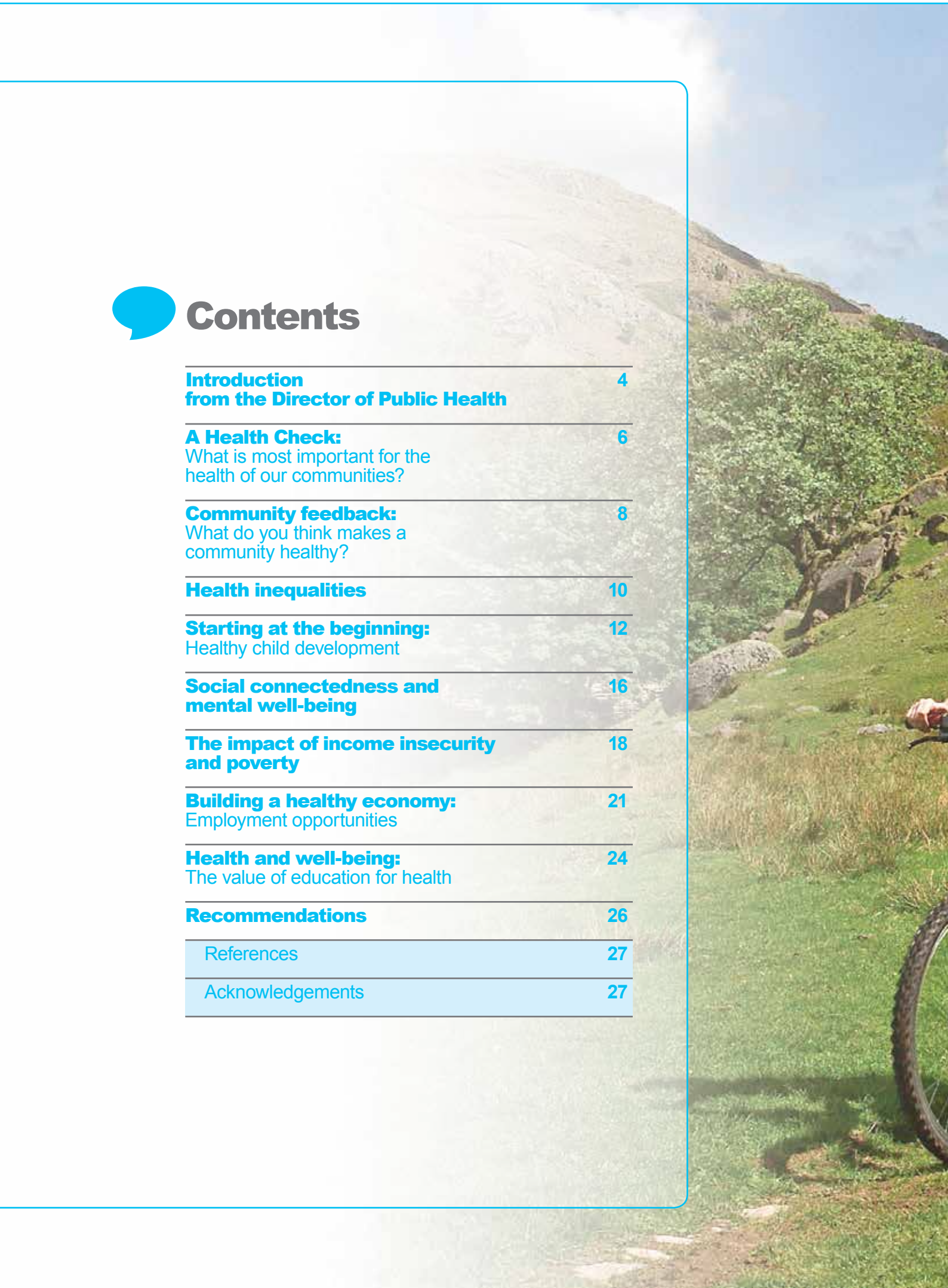
What makes Cumbria healthy?

Annual Public Health Report 2014

Contents



Introduction from the Director of Public Health

What is Public Health?

Public health is defined as all of the organised measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. A few examples of public health practice include:

- Identifying and supporting policies that will improve the health of communities
- Developing, implementing and commissioning health promotion and preventative activities for communities
- Responding to outbreaks of communicable diseases
- Developing programmes to reduce the effects of poverty
- Protecting the environment
- Informing and partnering with the community to address existing and emerging health problems
- Monitoring and reporting on health information about populations

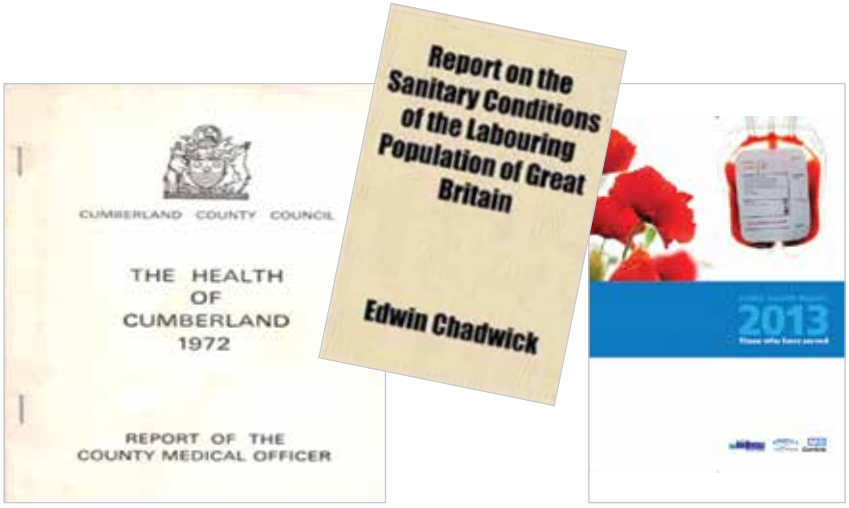
I am delighted to be able to introduce my first Annual Report as Director of Public Health for Cumbria. Such reports have a history stretching back to the dawn of modern public health: the first ones were written by local authority Medical Officers for Health in the 1850s.

The practice and priorities of public health have changed significantly since those early days. Indeed it is possible to see public health as progressing in four "waves". The first wave, from the mid 1800s to the early 1900s, focused on sanitary reform. This resulted in considerable health improvement, with improved sewerage and clean water systems largely defeating the outbreaks of cholera, typhoid and dysentery that we today tend to think of as diseases of developing countries. The second wave, in the early part of the 20th century, was linked to the rise of scientific medicine, with antibiotics, vaccines and improved healthcare again making a huge difference in reducing communicable diseases and treating infections. The third wave, starting around the end of the Second World War, was the era of the Welfare State, with political action to lift people out of poverty and to ensure, through the establishment of the NHS, that there was good access to healthcare for all. And finally, the fourth wave, covering the latter part of the 20th century through to today, has focused on individual risk factors, particularly around lifestyles and behaviours.

Each of these four waves has used different tools and techniques to bring about considerable improvements in health, and we still see the benefits of them today. But every wave peaks, and the rate of improvement slows down as the gains to be made from each technique are realised and embedded in society. It feels to me as if we may be at that point today. The major public health challenges we face – particularly around rising obesity, rising levels of poor mental health and wellbeing, and rising inequalities – need a "fifth wave" of public health. While the key features of this fifth wave will probably only be obvious to future historians, my sense is that one of them is likely to be a significant focus on empowering individuals and communities, alongside a radical shift of power and resources. The community sector is therefore likely to be an ever more important part of the public health system in future, and we are fortunate to have a very strong community sector in Cumbria.

Cumbria – celebrating 40 years

This need for a new era in public health comes along at a time when the profession has been going through significant change – not for the first time. 2014 marks the 40th birthday of the modern County of Cumbria. The 1974 local government reorganisation that gave birth to Cumbria also saw significant changes to the organisation of health services. Among these was a move of the public health function out of its local government home, and into the NHS. In his 1972 report to Cumberland County Council, the County Medical Officer John Leiper, reflected that the structural changes that were due to be implemented in 1974 would "bring opportunity for an even better service…a system that will meet contemporary community



needs better…and where positive health can be attained for the Cumbrian." Forty years on, the 2014 Public Health Annual Report is Cumbria's first since the public health function returned to local government in 2013. Part of the rationale for this return was to give public health a greater influence on all of the different parts of local government and on those services beyond formal health care that affect our health and well-being. In an echo of Dr Leiper's words, this change is viewed as an opportunity for Cumbria County Council to become a public health council where public health and well-being are at the heart of decision making and services.

About this year's Annual Public Health Report

The theme of this year's report is what makes Cumbria healthy. In fact, if the County were a person, having just turned 40 Cumbria would now be eligible for the NHS Health Check. During a Health Check, your vascular and circulatory health are checked and you are provided with your risk of developing some of the most disabling – but preventable – illnesses. This information is used to provide you with advice on how you can improve your health. This report does something similar for Cumbria – considering first what the major risk factors for public health are, then going on to look at some of those in more detail and to make some recommendations for future action.

Usually the Public Health Annual Report also follows up on progress against any recommendations made the previous year. As the 2013 report was the last to be written from within the NHS, my predecessor in this role, Professor John Ashton, chose not to make formal recommendations. However I would like to end this introduction by paying tribute to him and to all the work to improve health and wellbeing that was done during the time that public health was led within the NHS. Professor Ashton was instrumental in bringing thinking about Asset Based Community Development into Cumbria, and this remains a central plank of the work we need to do in future. My commitment is to build on what has gone before to help address the challenges of today, as Cumbria moves towards a fifth wave of improving public health and wellbeing.

Colin Cox
Director of Public Health, Cumbria.

A Health Check:
What is most important for the health of our communities?

Our health and well-being is influenced by a wide range of social, economic and environmental factors. As individuals, we do not have control over many of these factors yet they influence both our life opportunities and the choices we make. At a higher level, these factors influence the health and well-being of entire populations such as neighbourhoods, cities and countries.

It is important to understand what these social, economic and environmental factors are in order to promote well-being and build healthy communities. A key message we wish to communicate in this report is that although access to quality health care services is important for our health, much of what affects our health comes from other influences. For example, think about the following questions about your own life and your community:

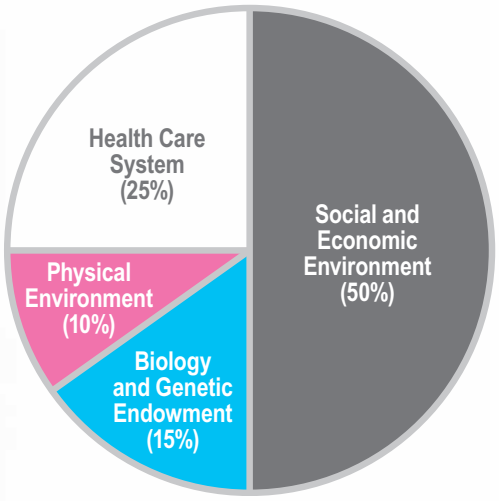
- Are there enough education and training opportunities in your community?
- Do you have someone to turn to for support if you experience a crisis or even if you just need to talk about a problem?
- Do children in your community have access to quality and affordable child care?
- Are there enough employment opportunities in your community?
- Do you have access to affordable recreation facilities and greenspace?
- What level of education do you have?
- Is your housing safe, affordable and warm in winter?

The responses to these questions have significant implications on your own health and well-being, as well as that of your community. These questions highlight some examples of what are often referred to as the social determinants of health. As seen in Figure 1, some examples of these social determinants include education, income, employment opportunities and social supports.

Figure 1: Model of wider determinants of health & wellbeing[1]

How important are these social determinants of health? If you look at a population, research tells us that these social and economic conditions can affect health a great deal more than health care services. Studies have found that social and economic factors account for about half of our health, with health care accounting for about 15-25% (See Figure 2). This does not mean that access to health care services is not important. What it means is that we have an opportunity to protect and improve the health of our communities through a number of different ways. By acting on these social determinants, not only can we build a healthier population, we can also reduce pressure on our health care system. In this report, we will explore these determinants and some of the ways to improve health beyond health care services.

Figure 2: What contributes to population health and well-being?[2]



Community feedback: What do you think makes a community healthy?

Research tells us about all of the social and economic conditions that can affect our health, but we wanted to know what different groups think are important for their own health.

Age UK RespectAbility Programme in Barrow-in-Furness

We asked participants and volunteers from Age UK's RespectAbility service in Barrow-in-Furness about what makes them healthy and what they feel is important for a healthy community. The programme promotes social inclusion by providing access to a range of social and physical activities. It also signposts participants to other health promotion and prevention services in the community. RespectAbility is Big Lottery funded and is entirely free to clients.

- A healthy community is living in a clean area.
- A healthy community is having places to come and be active and classes to be able to keep fit.
- A healthy community is having the opportunity to help people which is what I enjoy and makes me feel good.
- Helping my neighbours.
- People who will do little jobs for you to make life easier.
- Keeping active and getting out walking.
- Having personal contact with other people.

Carlisle Youth Council

We asked the Carlisle Youth Council about what they felt are most important for their own health and the health of their community. The Youth Council aims to be inclusive and empower all young people to influence decision making and act upon issues that concern people in the Carlisle District.

Keeping Active

- Being fit and going to the gym because it makes me feel full of energy.
- Doing everything in moderation...staying healthy but still enjoying yourself.

Having good mental health

- It is important to have both good physical and mental health.
- There is more pressure on teenagers than there used to be. These are pressures from exams, social media and other things. There might not be enough of a support system in place.
- Although family and friends are important for support, sometimes there is a need for trained professionals.
- If there are waiting lists, then that could be an indication of the need for more services.

Having employment opportunities

- There's a lot of people around Carlisle who are jobless who want to work, but maybe can't.
- If you're jobless, it can lead to a downward spiral and you could become depressed.

Keeping kids healthy

- For kids, it's important to eat well, be active. It's important to eat the right things and right amount of calories while you're still growing.
- Having safe places to play and the opportunity to get involved in groups like cubs and brownies.

Health Inequalities

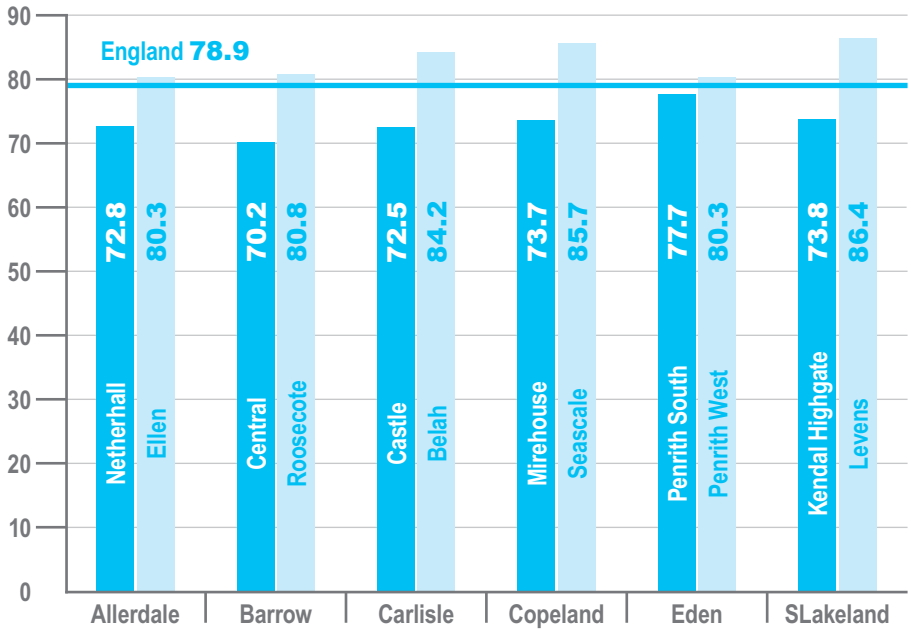
Health inequalities refer to avoidable differences in health and well-being that exist between communities or groups of people. These inequalities are due to significant differences in the social and economic conditions in which people live. The impact of these different conditions on health and well-being can be easily seen by looking at different measures we have of health in our communities.

A key example is life expectancy which is the average number of years that a person can expect to live. Life expectancy can tell us about the health and well-being of a neighbourhood, county, city or country. Over the last century, life expectancy has increased dramatically with improvements in sanitation, nutrition, social security programmes, access to primary care and the development of vaccines against communicable diseases.

Today, the average life expectancy in Cumbria is 82.4 years for females and 78.8 years for males. However, this varies substantially depending on where you live. Consider the examples below from different districts in Cumbria.

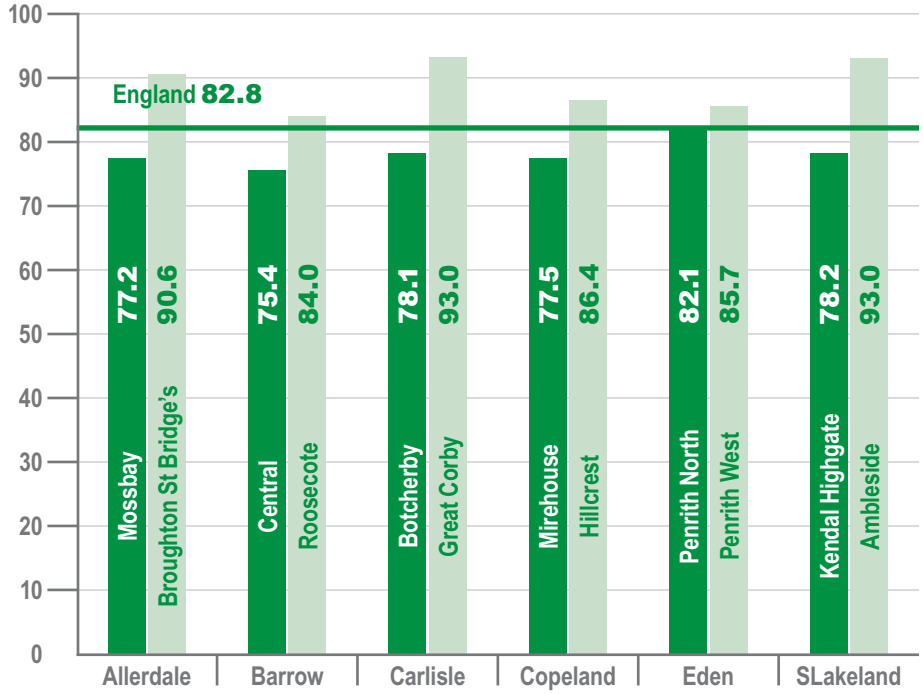
- Figure 3 shows the wards with the lowest and highest life expectancies for males in all 6 districts in Cumbria. Note the significant differences in life expectancy that exist between these areas. As an example, in the Copeland district a male living in Seascale could, on average, expect to live 12 years longer than a male living in Mirehouse.

Figure 3:
Life expectancy in years (males) - lowest and highest wards by district



- Figure 4 shows the wards with the lowest and highest life expectancies for females in all 6 districts in Cumbria. Note the significant differences in life expectancy that exist between these areas. As an example, in South Lakeland a female living in Ambleside could, on average, expect to live almost 15 years longer than a female living in Kendal Highgate.

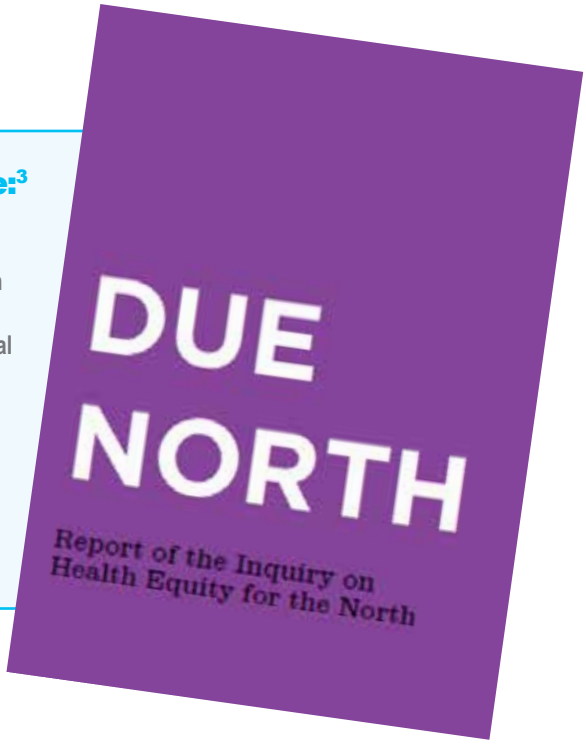
Figure 4:
Life expectancy in years (females) - lowest and highest wards by district



The causes of these inequalities in life expectancy (and other health and social outcomes) have been highlighted in public health reports across the UK, Europe and the globe. Most recently, the **Panel on Health Equity for the North of England** released their findings which identify the primary causes (see Due North panel) of health inequalities and opportunities to improve the wider determinants of health. This report builds on this call to action by exploring Cumbria's determinants of health and the opportunities to create a healthier, more prosperous Cumbria.

The main causes of health inequalities are:[3]

- Differences in poverty, power and resources needed for health.
- Differences in exposure to health damaging environments, such as poorer living and working conditions and unemployment.
- Differences in the chronic disease and disability left by the historical legacy of heavy industry and its decline.
- Differences in opportunities to enjoy positive health factors and protective conditions that help maintain health, such as good quality early years education; economic and food security, control over decisions that affect your life; social support and feeling part of the society in which you live.



Starting at the beginning: healthy child development

More than 20% of Cumbria's population is between 0-19 years meaning that there is an opportunity to promote the best beginnings in life for 108,500 of our youngest residents. Indeed, healthy child development has been identified as one of the most important social determinants of health. Children who grow up in poverty do less well at school, have poorer physical and mental health and have to cope with dangerous or unhealthy physical environments. The impacts continue into adulthood with higher risks of job insecurity, underemployment and poor working conditions. Creating healthier conditions for children, particular those who are most vulnerable, is a key strategy for improving the health of our communities and reducing health inequalities.

The repercussions of not providing high quality support early in children's lives are severe, not just for the health of children, but also for the sustainability of public services in the future. Tackling many of life's inequalities at the earliest age yields improvements across the life-course, which in turn can result in large financial savings.

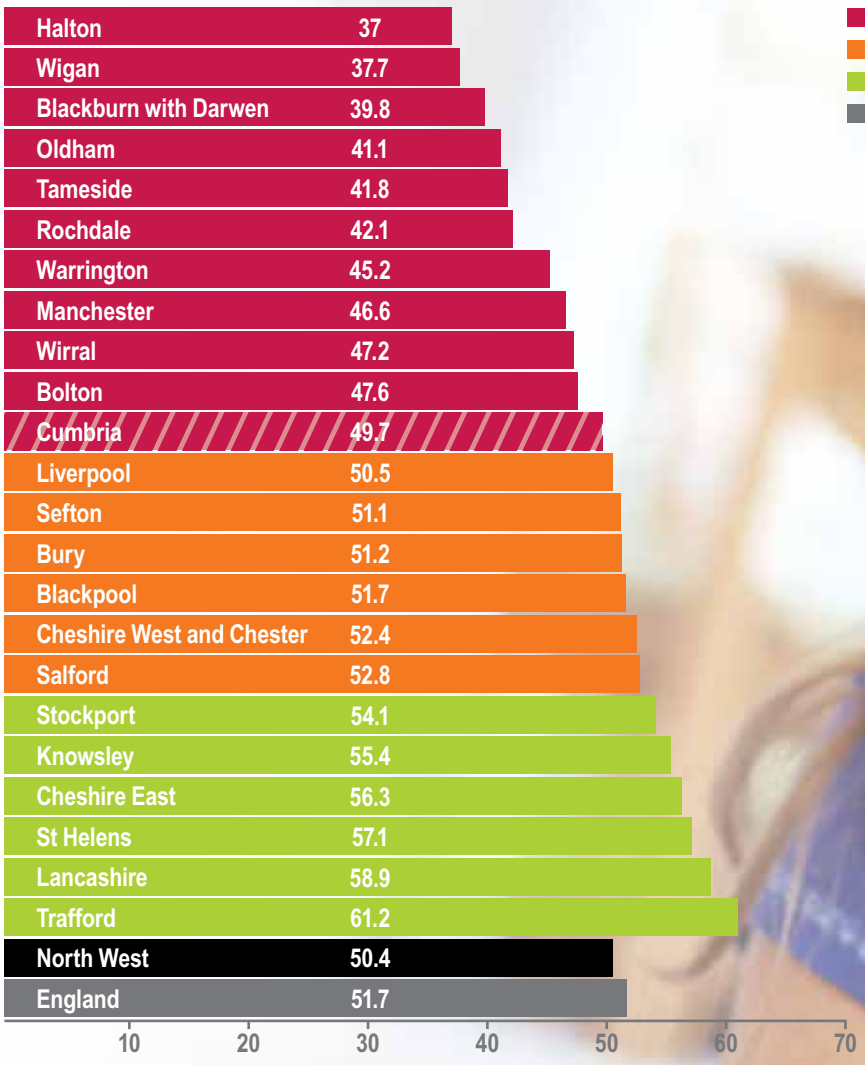
(From Due North: The report of the Inquiry on Health Equity for the North)[3]

School Readiness: One of the ways that we can understand how children are doing in Cumbria is by looking at the number of children who are ready for school at the end of the reception year. This is often referred to as school readiness. School readiness can be defined as children having the skills, knowledge, and attitudes necessary for success in school and for later learning and life. School readiness provides a measure of development in:

- physical abilities
- language and communication
- personal, social and emotional development

In Cumbria, only 49.7% of children are achieving a good level of development for school readiness (See Figure 5 to compare Cumbria to other areas of NW England). Although this is similar to the average for North West England, many areas have been able to achieve much higher levels. If we want to improve in Cumbria, we need to look at the factors that are affecting children's health and development.

Figure 5: School Readiness across NW England

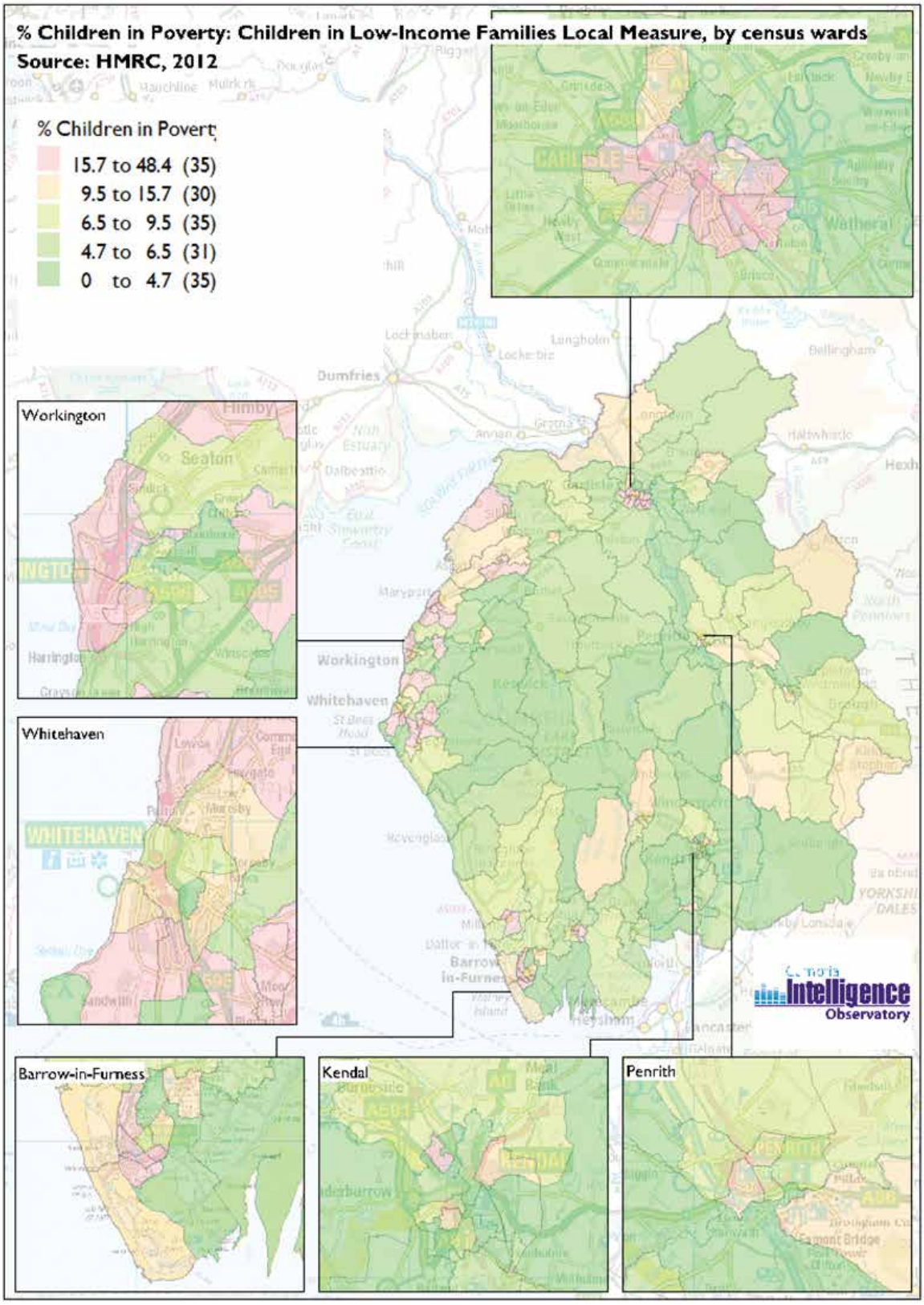


Child Poverty: As we know that children from poorer backgrounds are at higher risk for poorer development, one of the key ways to improve school readiness is to address poverty. Growing up in poverty has a dramatic impact on all aspects of health and development for children. Children who grow up in poverty do less well in school, have poor physical and mental health and have to cope with dangerous or unhealthy physical environments. The impacts continue into adulthood with higher risks of job insecurity, underemployment and poor working conditions.

Across Cumbria, there are currently 14,485 children aged 0-19 years in Cumbria living in poverty (14.9%). Although poverty exists across Cumbria (See Figure 6), there are some areas with very high rates. In Central ward in Barrow, for example, almost half of all children (47.5%) are living in poverty with a number of other wards ranked within the bottom 10% nationally.

Children in Care: Children in state care also face serious threats to meeting their developmental goals and face numerous health risks. In Cumbria, there were 686 children looked after by the local authority (July 2014).

Figure 6: Level of Child Poverty in Cumbria (by census wards)



How can we promote healthy child development?

Safeguarding children and ensuring that Cumbria is a great place to grow up are priorities for Cumbria County Council. Poverty reduction strategies and programmes to reduce the impact of poverty on children are examples of work being undertaken by Cumbria County Council. For example, from September 2014 all pupils in reception, year 1 and year 2 in state-funded schools in England are offered a free school meal (FSM). In Cumbria this year, 5310* children claimed a free school meal equating to a 69.7% take-up rate.

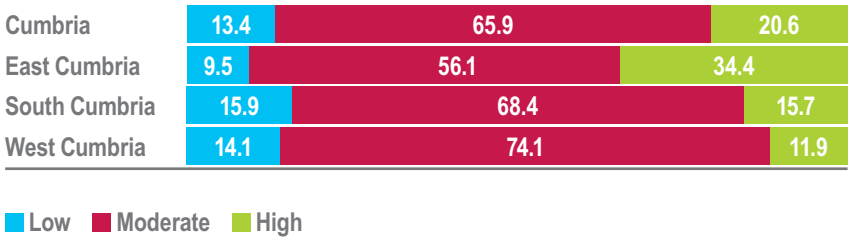
At a broader level, the Council is working on a 0-19 strategy to ensure we get the best possible outcomes for our children and young people. The Council will need to work closely with our partners to ensure that early help and prevention continue to be a key strategic priority. This will help us to ensure that there is equal access to children's services across Cumbria.

*Totals do not include academies.

Social connectedness and mental well-being

Mental health and well-being focus on positive aspects of a person's attitude and situation[4]. These contribute to positive functioning and feeling happy and healthy. Across Cumbria, 13.4% reported low mental health well-being scores and 20.6% reported high mental well-being scores (See Figure 7)[4]. This rate varied across the county with East Cumbria reporting the highest levels of moderate and high mental well-being. Across NW England, the average proportion reporting low mental well-being was 16.1% with rates varying from 5.2% in Manchester to 35.6% in Heywood, Middleton and Rochdale.

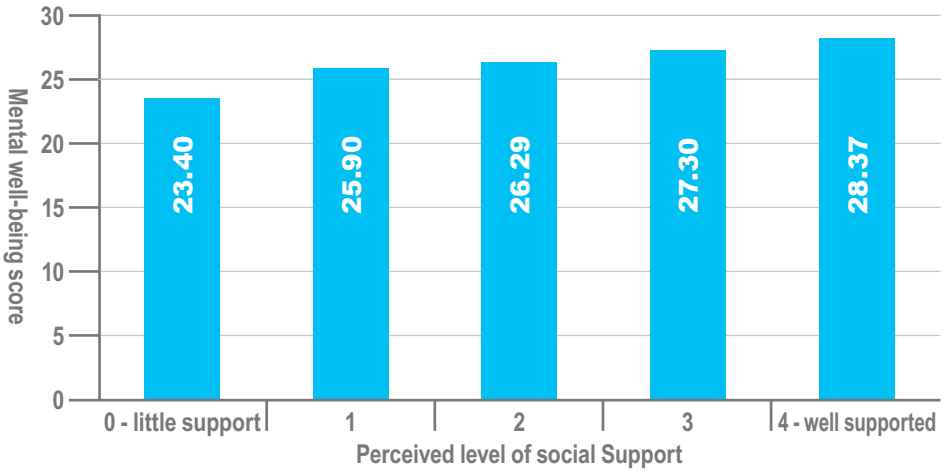
Figure 7: Self-Reported Mental Well-Being Scores in Cumbria[4]



Research has shown that having support from families, friends and communities is associated with better health and mental well-being. Having social support may mean having someone to turn to in a time of crisis, the availability of practical help when needed, or just having someone to talk to on a regular basis. Overall, having social support in our lives enhances our quality of life and provides a buffer against adverse life events and health problems.

A recent study from NW England explored the link between perceived social support and mental well-being. As seen in Figure 8, there was a clear relationship between perceived social support and mental well-being. Higher scores of mental well-being were reported in those with higher levels of social support[4].

Figure 8: Mean Mental Well-Being by Level of Social Support (2012/13)[4]



Facilitating opportunities for social support is an efficient tool for improving the health and well-being or our communities, particularly against mental health problems. For example, befriending services have been estimated to pay back around £3.75 in reduced mental health service spending and improvements in health for every £1 spent[2].

People who get less social and emotional support from others are more likely to experience less well-being, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases.

(From World Health Organisation)[5]

Creating opportunities for people to be included in their communities and access social support are important tools for promoting both physical and mental health and well-being. One way to accomplish this is to create and utilise public spaces to encourage meeting, physical activity and social interaction in communities. Libraries, Children's Centres, cafes, churches, leisure facilities and even pubs are examples of public spaces that can bring people together and are used for holding health promoting activities.

The Council Plan is looking at developing locally based hubs which would provide access to core services, but at the same time create opportunities for increasing social interaction. As poverty can also contribute to social exclusion, poverty reduction is another approach we can use to increase social inclusion in our communities.

The impact of income insecurity and poverty

Lower wages, higher levels of unemployment, disability and economic inactivity in the North all result in higher levels of poverty. Rates of poverty are higher in the North for both people in and out of work.

(From Due North: The report of the Inquiry on Health Equity for the North)[3]

Low income and persistent poverty have been identified as one of the greatest barriers to health and well-being. The links between poverty and poor health are wide ranging and well-documented with lower income being associated with higher risk of both behavioural risks and negative health outcomes. People on low incomes often lack the resources and opportunities to make choices that promote good health compared to those with higher incomes. These income inequalities contribute to differences in health between those who have sufficient resources to lead a healthy life and those who do not. Income inequalities have also been found to be a detriment to society as a whole, with higher rates of crime and other negative social outcomes.

In Cumbria, overall household incomes tend to be lower than the national level. In 2013, the median household income in Cumbria was £25,0436. This represents a fall in income of 7% since 2009. This decrease in household incomes can be seen in every district in Cumbria (See Table 1).

Table 1: Fall in household income 2009-2013[6]

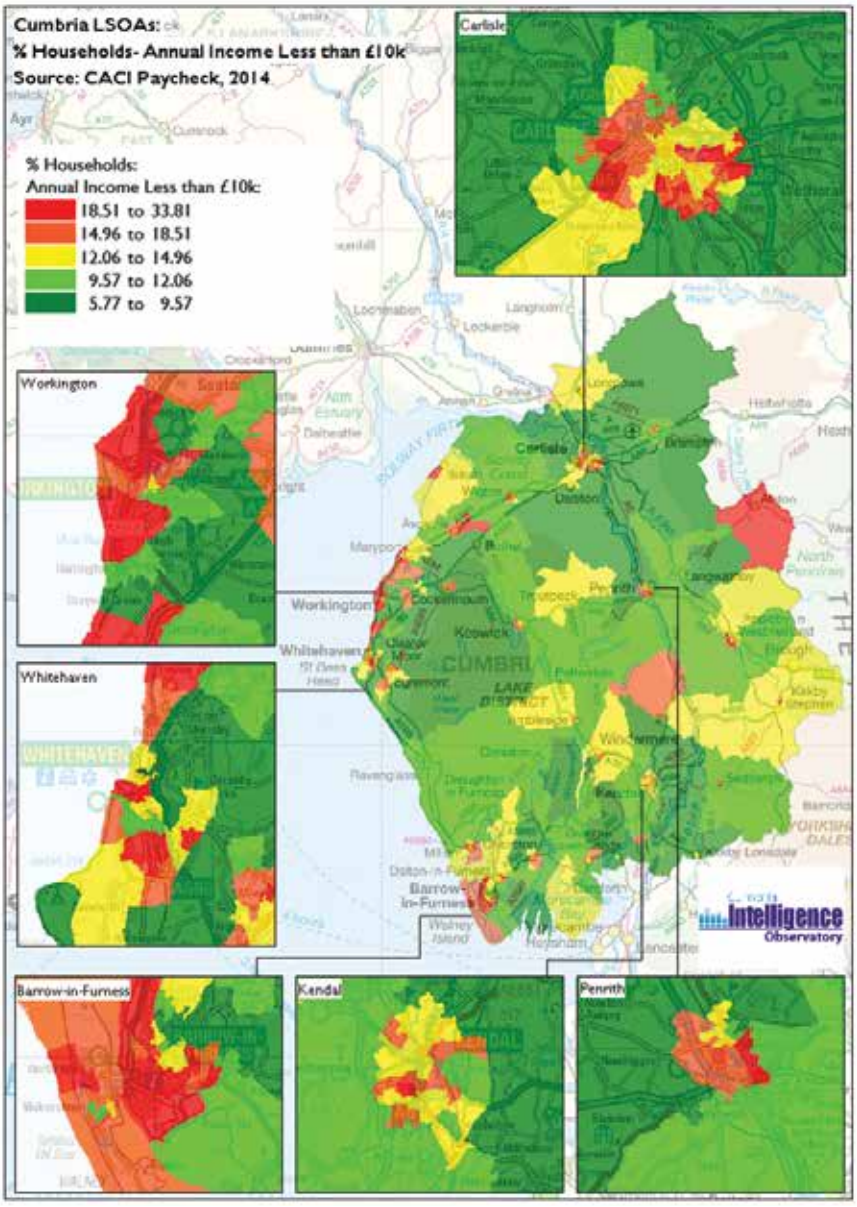
Area	2009 median household income	2013median household income	% fall in median household income
National	£29,363	£28,024	-5%
Cumbria	£27,029	£25,043	-7%
Allerdale	£26,661	£24,389	-9%
Barrow	£24,405	£22,685	-7%
Carlisle	£27,102	£26,017	-4%
Copeland	£27,054	£25,813	-5%
Eden	£28,008	£25,458	-9%
South Lakeland	£28,582	£25,780	-10%

In addition, there has been a rise in every district in the proportion of households with an income below £10,000 since 2009 (See Table 2 and Figure 9)[6]. There are also a number of wards with high proportions of very low incomes in Barrow, West Cumbria and Carlisle district. These are some of the most deprived areas in England.

Table 2: Rise in proportion of households with an income below £10,000 (2009-2013)[6]

Area	2009 % of households with income below £10,000	2013 % of households with income below £10,000
National	7.3%	12.8%
Cumbria	8.5%	14.8%
Allerdale	8.7%	15.3%
Barrow	10.4%	17.3%
Carlisle	8.5%	14%
Copeland	8.6%	14.2%
Eden	7.6%	14.2%
South Lakeland	7.4%	14%

Figure 9: Proportion of Households with Annual Income less than 10K



Building a healthy economy: Employment opportunities

From a public health perspective, there is a strong relationship between involuntary unemployment/ underemployment and negative health outcomes. Research tells us that job security increases health, well-being and job satisfaction. Having appropriate and supportive employment opportunities can also help to promote health and well-being in vulnerable populations such as persons with learning disabilities or those who have physical and/or mental health issues. Further, poor health – including poor mental health – is a significant barrier to employment: many people on out of work benefits are out of work because of a health condition.

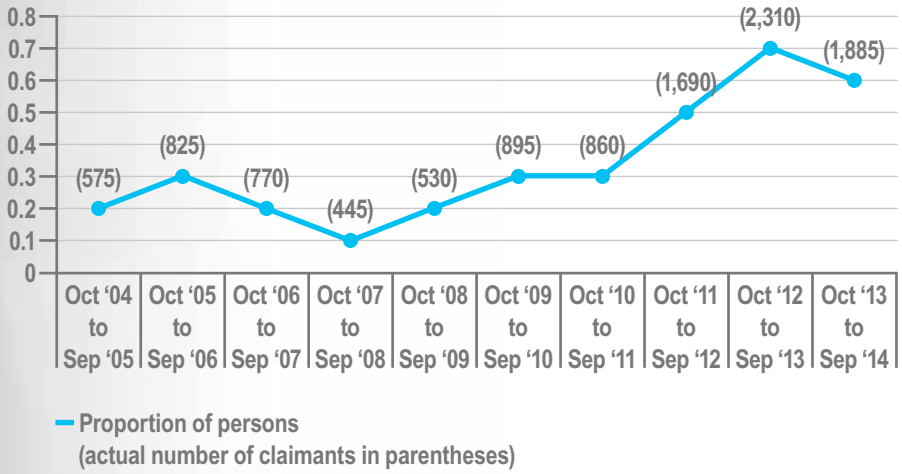
Underemployment: In Cumbria, there is a higher proportion of part-time positions than the national average. 16.1% of economically active people in Cumbria are in part-time employment compared to 13.7% for England[6]. Nationally, underemployment is an issue with a recent increase in the number of people wanting to work more hours. Lack of substantial employment (hours and earnings) impact heavily on poverty and child poverty levels.

Long-term Unemployment: In Cumbria, there are indications of an increase in long-term unemployment. As seen in Figure 10, there were 1885 persons who had been on job seekers allowance for more than 12 months between October 2013 and September 2014. The general increase over the past few years likely reflects the continuing impact of the economic downturn.

It is crucial that economic growth generates good employment for all. An important mechanism to achieve this is to ensure that the money spent by the public sector on services in the North of England is used to achieve social benefits including a skilled and strong labour market. Procurement processes can be used for this purpose and the Social Value Act provides some mechanisms to support this.

(From Due North: The report of the Inquiry on Health Equity for the North)[3]

Figure 10: Rate of Cumbria Population Claiming Seekers Allowance for more than 12 months



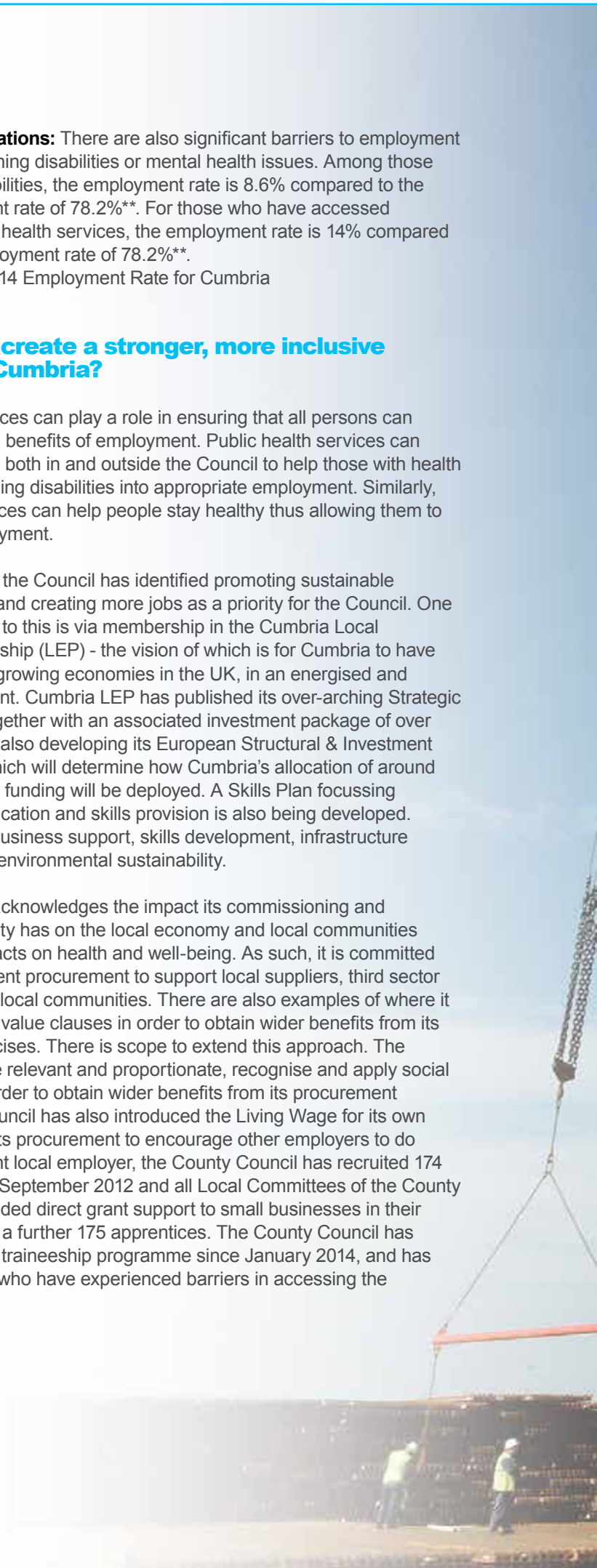
Vulnerable Populations: There are also significant barriers to employment for those with learning disabilities or mental health issues. Among those with learning disabilities, the employment rate is 8.6% compared to the overall employment rate of 78.2%**. For those who have accessed secondary mental health services, the employment rate is 14% compared to the overall employment rate of 78.2%**.
** Based on 2013-14 Employment Rate for Cumbria

How can we create a stronger, more inclusive economy in Cumbria?

Public health services can play a role in ensuring that all persons can share in the health benefits of employment. Public health services can work with services both in and outside the Council to help those with health conditions or learning disabilities into appropriate employment. Similarly, public health services can help people stay healthy thus allowing them to stay in their employment.

At a broader level, the Council has identified promoting sustainable economic growth and creating more jobs as a priority for the Council. One of the approaches to this is via membership in the Cumbria Local Enterprise Partnership (LEP) - the vision of which is for Cumbria to have one of the fastest growing economies in the UK, in an energised and healthy environment. Cumbria LEP has published its over-arching Strategic Economic Plan together with an associated investment package of over £75m. The LEP is also developing its European Structural & Investment Funds Strategy which will determine how Cumbria's allocation of around £78m in European funding will be deployed. A Skills Plan focussing specifically on education and skills provision is also being developed. Priorities include business support, skills development, infrastructure improvement and environmental sustainability.

The Council fully acknowledges the impact its commissioning and procurement activity has on the local economy and local communities which in turn, impacts on health and well-being. As such, it is committed to applying intelligent procurement to support local suppliers, third sector organisations and local communities. There are also examples of where it has applied social value clauses in order to obtain wider benefits from its procurement exercises. There is scope to extend this approach. The Council will, where relevant and proportionate, recognise and apply social value clauses in order to obtain wider benefits from its procurement exercises. The Council has also introduced the Living Wage for its own staff and is using its procurement to encourage other employers to do so. As an important local employer, the County Council has recruited 174 apprentices since September 2012 and all Local Committees of the County Council have provided direct grant support to small businesses in their districts to take on a further 175 apprentices. The County Council has also developed its traineeship programme since January 2014, and has recruited trainees who have experienced barriers in accessing the labour market.




NELCON

Health and well-being: The value of education for health

Reducing educational inequalities involves understanding the interactions between the social determinants of educational outcomes including family background, neighbourhood, and relationship with peers, and what goes on in schools.

(The Marmot Review)[7]

Education is another determinant of health and well-being. Our levels of education affect our physical and mental health, our income, our employment opportunities and our quality of life. Both quality education for children and lifelong learning for adults are key contributors to health, well-being and prosperity for individuals and communities.

A key measure of educational attainment used in public health is GCSE attainment for students at age 16. In Cumbria, the summer 2014 results for GCSE exams show overall improvement compared to the national picture and attainment is now broadly in line with the national average (55.8% in Cumbria vs 55.9% in England). Cumbria also compares well with similar local shire authorities where we are above average. There are however some inequalities in educational attainment between districts with a 17.3% difference in GSCE achievement between the highest performing district (South Lakeland) and the lowest performing district (Carlisle) (See Table 3).

Table 3: Proportion of Students Achieving GCSE (5A*-C inc. Eng & maths) by District Area

District council area	GCSE achieved (5A*-C inc English and maths) by district area
Allerdale	60.7%
Barrow	49.4%
Carlisle	46.2%
Copeland	54.5%
Eden	59.1%
South Lakeland	63.5%
Cumbria	**55.8%**
England	**55.9%**

How can we improve educational outcomes and promote lifelong learning?

Recognising the link between education and lifelong health and social outcomes, the Learning Improvement Service (LIS) within Cumbria County Council works to improve learning provision and outcomes for all children and young people. This area of work is now conducted in partnership with the Cumbria Alliance of System Leaders (CASL). Over the last 2 years, officers of the local authority and representatives from the Cumbria Association of Secondary Headteachers, Primary Headteachers Association, School Leaders, University of Cumbria, Local Leaders in Education (LLEs), National Leaders in Education (NLEs) and the two Diocese and our National

College Associate, have worked together to establish a truly integrated system to support schools.

For families and children needing more support, Cumbria County Council has worked with parent/carer groups and children and young people to produce the Cumbria Local Offer. This is a signposting service for parents/carers and their children with special educational needs and/or disabilities (SEND), to information about provision that they expect to be available across education, health and social care for children and young people with SEND. This service will also be used to better understand which provision and services are needed.

There are multiple benefits from lifelong learning and opportunities for learning are promoted through Cumbria Adult Education. There are courses offered for people at all ages, levels and interests in a wide range of subjects. Last year almost 9000 people took courses in over 150 outreach locations across Cumbria.

Recommendations

Addressing all the social and economic determinants of health identified in this report is of course a significant long term challenge, and one that is the responsibility of a very wide range of agencies across the public, private and community sectors. The following recommendations do not attempt to cover all the determinants, but draw out a few key points arising from this report.

1 The County Council, CCG and service providers should work together to establish a clear and co-ordinated programme of early intervention to support the health and wellbeing of children and young people, based on systematic implementation of the national Healthy Child Programme.

2 While recognising shrinking budgets and the pressure to deliver vocational qualifications, Cumbria Adult Education should continue to seek ways to support people who wish to learn new skills for their own sake, as a way of promoting positive mental wellbeing.

3 The County Council should consider ways of extending the use of social value clauses in their commissioning arrangements to support improvements in health and wellbeing.

4 In seeking to promote sustainable employment opportunities, the Local Enterprise Partnership should consider quality as well as quantity of employment. Generally speaking it is better for health to have a job than not to have one; however if the job is insecure, with uncertain or low hours, if there is little opportunity to exercise control over the work done, and if people don't feel that they are treated fairly at work, the health benefits of having a job are significantly reduced.

5 The County Council, District Councils and local NHS should work together to maximise opportunities for local communities to exercise an increasing degree of influence and control over decision making and service provision.

6 Finally, in this era of ever diminishing budgets and ever increasing pressures, there is a very real risk of rising tensions between public service organisations. Tensions could arise between commissioners as the service reductions by one impact on the services commissioned by another; between commissioners and providers, as reduced resources affect the quality and quantity of services provided; and between providers, competing for a shrinking resource. In these circumstances it is ever more important to recognise that we are all part of "Team Cumbria" and that everyone is working as best they can towards the same broad objectives of improving wellbeing and quality of life in the County. The next few years are going to be tough; while we should challenge each other to do better, we should also be understanding of each other's constraints.

References

1 Cambridgeshire Insight. Homes for Well-Being. [cited 15 November 2014]. Available from: **cambridgeshireinsight.org.uk/housing/homes-wellbeing**

2 The King's Fund. Broader determinants of health. [Cited 15 July 2014]. Available from: **kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health**

3 Inquiry Panel on Health Equity for the North of England. Due North: Report of the Inquiry on Health Equity for the North. [cited 13 November 2014]. Available from: **cles.org.uk/wp-content/uploads/2014/09/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final1.pdf**

4 Jones A, Perkins C, Stansfield J, Mason J, O'Keefe M, McHale P, Leckenby N & Bellis M. NW Mental Wellbeing Survey 2012/13. [cited 15 November]. Available from **nwph.net/nwpho/Publications/NW%20MWB_PHE_Final_28.11.13.pdf**

5 Wilkinson R & Marmot M Social Determinants of Health: The Solid Facts. [cited 29 July 2014]. Available from: **euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf**

6 Cumbria County Council. Anti-Poverty Strategy 2014-17. [cited 1 November 2014]. Available from: **cumbria.gov.uk/eLibrary/Content/Internet/535/4177311347.pdf**

7 Marmot M Fair society, healthy lives. 2010. [Cited: 22 November 2014]. Available from: **instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review**

Acknowledgements

I would like to thank all those who have contributed to the preparation of this report.

- **Darryl Quantz**
  Registrar –
  Public Health
- **Emma Graham**
  Team Leader –
  Information & Intelligence
- **Christine Clark**
  Senior Public Health
  Improvement Specialist –
  Public Health
- **Julie Batsford**
  Service Manager –
  Health and Well-Being
- **Claire King**
  Registrar –
  Public Health
- **Ginny Murphy**
  Economic Intelligence Officer –
  Performance & Intelligence
- **Alan Linsday**
  Senior Manager –
  Learning Improvement
  Schools and Learning
- **Paul Musgrave**
  Public Health Network Manager –
  Public Health
- **Charlotte Chorlton**
  Health Improvement Specialist –
  Public Health
- **Special Thanks to:**
  - Carlisle Youth Council
  - Age UK RespectAbility Programme in Barrow-in-Furness
  - Emma Dixon –
    Carlisle Partnership Manager /
    Carlisle Partnership