Carlisle and District
Health Improvement and Health Inequalities Strategy
2008 – 2010

ACTION PLAN

CONTENTS.

Introduction.

Public health is concerned with the health or physical wellbeing of a whole community. It is defined as:

"The science and art of preventing disease, prolonging life and promoting health through organised efforts of society" (Acheson 1988).

Carlisle City Council is in the lowest one fifth of local authorities in England for four of five given health and deprivation indicators. Local authorities identified as such are designated Spearhead Local Authorities, linked to the appropriate Primary Care Trust and have targets to see faster progress compared to the average towards reducing inequalities in the health of the local population.

The purpose of a Health Improvement Plan is to outline and co-ordinate activity to improve health and reduce inequalities within a local population.

This plan will outline the actions proposed to improve the health of the people of Carlisle and District Local Authority and to reduce the inequalities within the health of our population.

The plan supports the delivery of the Cumbria Primary Care Trust (PCT) Public Health Strategy, the PCT Closer to Home Strategy, the objectives of Carlisle Renaissance, the themes prioritised to promote Carlisle as a Learning City, Carlisle City Council's Community Plan, and the Health Improvement Targets set out in the Cumbria Local Area Agreement.

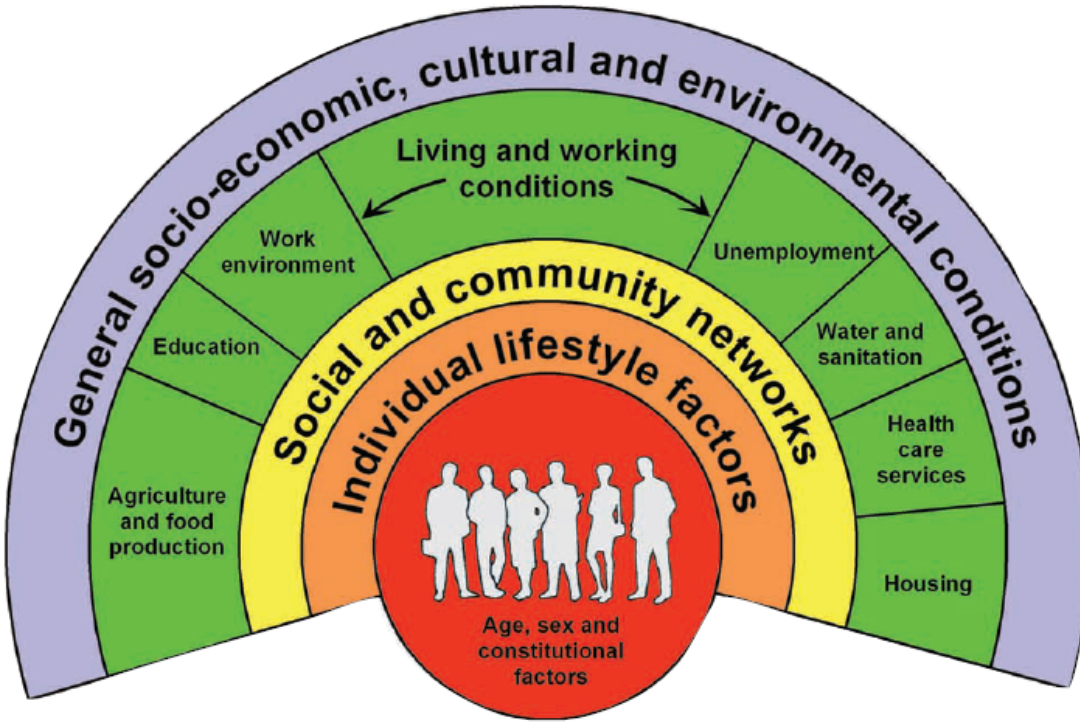
This Health Improvement Plan has been informed by the Carlisle Baseline Assessment and City Profile document which can be found on:
http://www.cumbria.nhs.uk/publichealth/Carlisle%20and%20District%20HIMP.pdf

Factors Affecting Health.

Health is affected by a wide range of factors. These are known as the "determinants of health".
Many of these key determinants of health, for example income, education and living environment lie beyond the direct influence of health services.
Therefore it is well recognised that improving the health of a population can not be achieved through the action of health services alone, but is dependant upon a range of organisations working together in partnership.

Figure One shows Dahlgren and Whitehead's (1991) Rainbow Model. It illustrates in layers, how health is affected by these broader determinants of health. At the lowest layer is the individual with those factors which can not be modified, such as age and sex. However, surrounding the individual are those factors that it may be possible to modify, such as employment, education and housing.

Figure One: Factors Affecting Health



Source: Dahlgren and Whitehead, 1991

National Targets.

The Government has established a number of national Public Service Agreement health targets which focus specifically on the most deprived areas. Rather than being judged on averages, departments are judged on the areas where they are doing worst. These Public Service Agreements are outlined below.

1. **Life Expectancy**.

By 2010, increase the average life expectancy at birth in England to 78.6 years for men and 82.5 years for women.

Substantially reduce mortality rates by 2010:

- from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole;

- from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole; and
- from suicide and undetermined injury by at least 20%.

2. **Health Inequalities.**

Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth.

- Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole.
- Starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole.

3. **Tackle the underlying determinants of health and health inequalities by:**

- Reducing adult smoking rates to 21% or less by 2010 with a reduction in prevalence among routine and manual groups to 26% or less.
- Halting the year on year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole.

4. **Teenage Pregnancy.**

Reducing the under - 18 conception rates by 50% by 2010, as part of a broader strategy to improve sexual health.

Health in Carlisle – summary of key findings.

A full and detailed assessment of the health of the population of Carlisle, as well as the wider determinants that affect the health of the population, is provided in a separate document – "Carlisle and District Health Improvement and Health Inequalities Strategy 2008 -10, Baseline Assessment and City Profile." This document has informed the priorities for action within this Health Improvement Plan.

The key findings of the report are outlined below.

The Health of People Living in Carlisle and District.

- Within twenty years Carlisle is projected to have a much higher proportion of older residents than the average for the rest of England.
- Life expectancy for men in Carlisle is similar to that of men for the rest of England, while for women it is around one year shorter.

- There are large inequalities in the health of our population. People living in Castle and Upperby wards can expect to live for 75 years and spend around ten years or 13% of their lives in poor health. Residents of Wetheral can expect to live for around 81 years and spend just five years or 6% of their lives in poor health.
- A boy growing up in Botcherby ward in Carlisle can expect to die nine years earlier than a boy growing up in Burgh ward.
- On average residents of Carlisle can expect to spend $7^{1}/_{2}$ years or 10% of their lives in poor health.

Causes of Ill Health in Carlisle.

- The main causes of early mortality in Carlisle are circulatory diseases, particularly coronary heart disease, and suicide.
- There is a steady decreasing trend in early mortality from circulatory diseases. If this trend continues it is likely that the 2010 PSA target will be met.
- This is not the case for suicide. While there has been a small drop in the suicide rate since 2004, the mortality rate remains almost twice the national average. If the current trend continues Carlisle will fail to reach its target by 2010.
- In relation to cancer, three Carlisle wards – Morton, Currock and Denton Holme have a mortality rate significantly higher than the national average. Most notably, residents of Denton Holme have a mortality rate from cancers around 52% higher than nationally.
- Teenage conceptions remain well above the national average and more than twice the target set to be achieved by 2010.
- 32% of residents have no qualifications compared to the average for Cumbria which is 21%. Carlisle has the highest proportion of children in Cumbria who have receive no passes at GCSE level, and fewer 16 year olds stay on in education than in the rest of Cumbria and England.
- Carlisle is in the worst 25% of districts in England for air quality relating to CO2 emissions.
- Carlisle has an excess winter deaths index of 17% compared to 14% for Cumbria and 13.4% for the North West region.
- In relation to lifestyles, only 42% of Carlisle residents are a healthy weight. 42% of men are overweight compared to 29% of women.
- Less than 54% of residents are taking the recommended amount of exercise.
- Only 16.6% of Carlisle residents eat the recommended five portions of fruit and vegetables daily.
- 39% of people living in Botcherby ward smoke tobacco, compared to 19% in Stanwix Urban ward.
- 27% of men are drinking more than the recommended units of alcohol.
- There is a lack of available data relating to breastfeeding of babies.

Priority Areas for Action.

- To improve healthy life expectancy for both men and women across the district but to focus actions more specifically on the most deprived areas.
- New actions need to be identified to reduce the suicide rate, particularly in young men in our population.
- New actions need to be identified to address the teenage conception rate.
- Strategies need to be identified to maximise the potential of young people in the district.
- Short term priorities should focus on:
    - Reducing smoking
    - Improving diet
    - Reducing alcohol consumption
    - Increasing physical activity
    - Improving recording and initiating of breastfeeding.

Partnership Working for Health.

Each of the local authorities in Cumbria leads a multi-agency Local Strategic Partnership (LSP). Such partnerships have senior level representation from the statutory organisations, such as health, police and fire services, as well as representation from the voluntary, community and private sectors.
Our LSP is known as the Carlisle Partnership.

The Carlisle Partnership has established four thematic groups whose purpose is to progress the priorities identified by the LSP.
The four groups are:

1. Children and Young People

The priorities are issues in education, training, employment, leisure, health and community integration. Learning City is a key priority for Carlisle City Council. Three themes have been identified in the Corporate Improvement Plan. These are: promoting access to learning, developing skills to support, nurture and attract business and leading by example.

2. Healthy Communities and Older People

The priorities are enabling positive lifestyle choices for all and closing the gaps in health inequalities

3. Safer and Stronger Communities

This group is known as the Crime and Disorder Reduction Partnership. The priorities are reducing crime, accidents and fear of crime, as well as fostering community involvement and pride.

4. Economic Priority Group

This group is known as Carlisle Renaissance. Its priorities are economic development, regeneration, business and employment opportunities.

From each of the thematic groups have evolved a number of task groups whose work is to deliver the outcomes identified by the Carlisle Partnership.

Cumbria Primary Care Trust Public Health Strategy.

Cumbria PCT recognises that while there are good levels of health in Cumbria as a whole there are significant inequalities between different groups and areas within Cumbria.

These inequalities are particularly evident in Carlisle which is a Spearhead local authority.
The Spearhead group of local authorities are those that are in the bottom fifth nationally for three or more of the following five indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in under 75s
- Cardio vascular disease mortality rate in the under 75s
- Index of Multiple Deprivation (Local Authority summary), average score.

Carlisle has been given Spearhead status for all four of the given health indicators.

The PCT identifies three major challenges to eliminating health inequalities in Cumbria:

- The demographic challenge, due to the ageing population and decreasing proportion of young people
- Health Inequalities and the reduction of social inequalities
- Geography. The size and rurality of Cumbria, means there are difficulties in ensuring equality of access to services.

The PCT proposes to take action at three levels:

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

In order to achieve this, three key strategies are identified:

- Re-orientate existing health services and systems in Cumbria to provide high quality care closer to home and actively support individuals and their families to maintain and improve their own health, with particular support for people who are most vulnerable to ill health.
- Develop a health system based on good intelligence using the most up to date information to target the causes of ill health, provide

interventions that are known to work and measure outcomes to monitor progress

- Build the capacity of partners, individuals, families, neighbourhoods, employers and other agencies at local and national levels to raise awareness of health, develop healthy policies and work together to tackle the causes of poor health. (Cumbria PCT 2008)

Setting Local Health Targets.

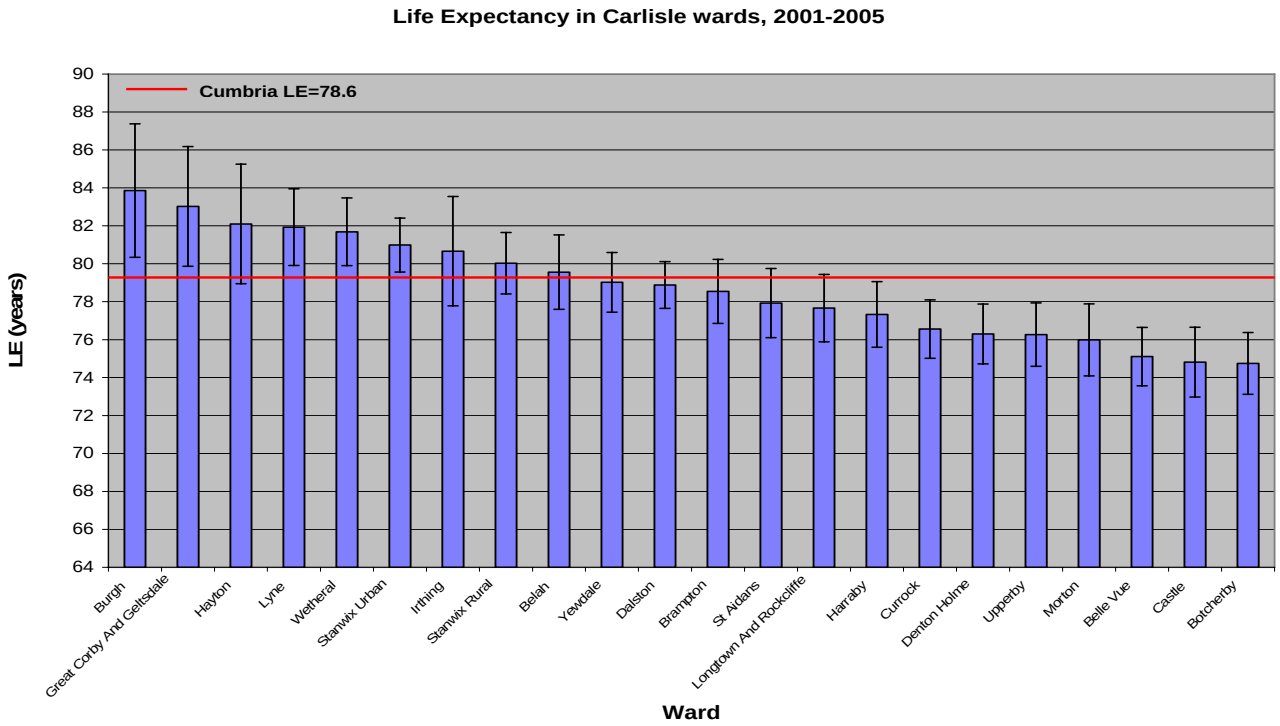
Life Expectancy

Life Expectancy is a measure of the average age a person can be expected to live if current mortality trends were to continue for the rest of that person's life.

Total Life expectancy gives an estimate of the average years of life expectancy of individuals within a population. It has traditionally been used as an indicator to measure health inequality.

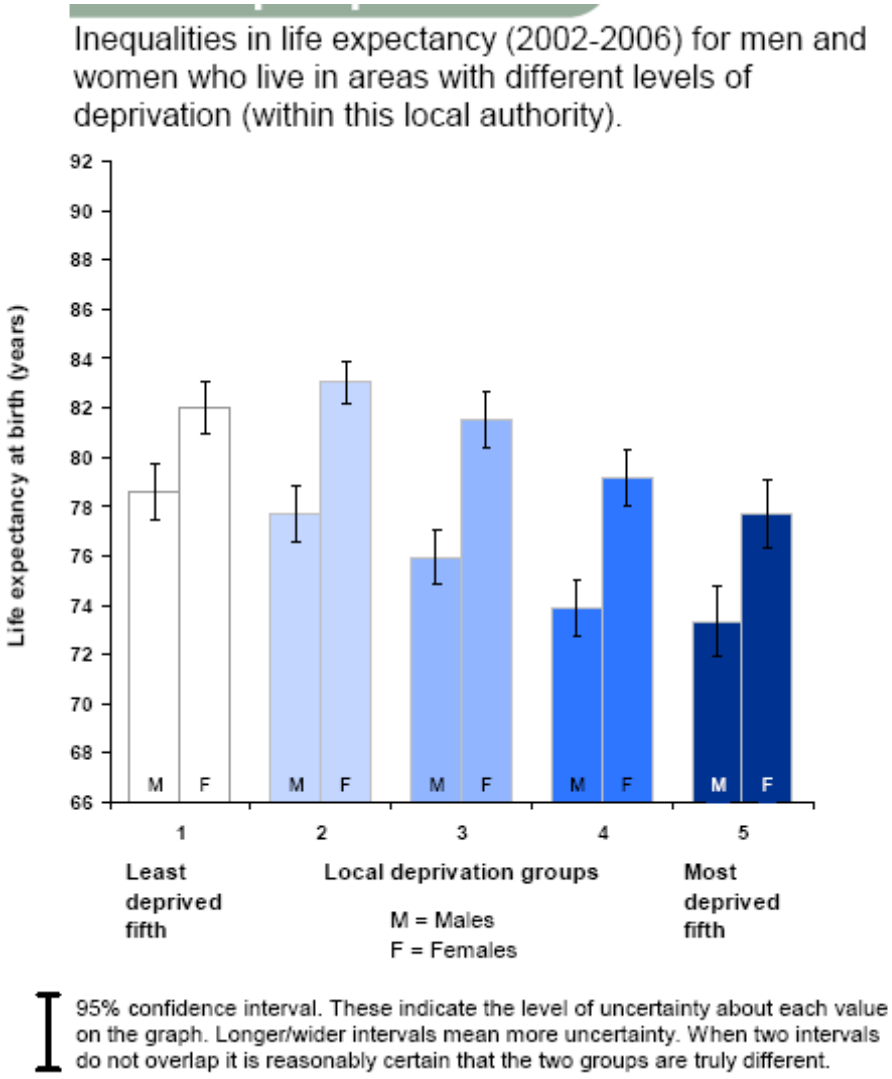
Total life expectancy in Carlisle during the period 2004 – 2006 was 76.2 years for men and 81.1 years for women. If we are to increase life expectancy to the target of 78.6 for men and 82.5 for women by 2010 there will need to be approximately 63 fewer male deaths and 29 fewer female deaths each year.
It should be noted however that there are wide inconsistencies in life expectancy between different areas of Carlisle and District.
For example residents of Botcherby ward have an average life expectancy of 74.8 years compared to residents of Burgh ward whose life expectancy is 83.9 – almost nine years longer (Figure Two)

Figure Two: Life Expectancy Carlisle



Therefore, if we are really to reduce the inequalities in the health of our residents, strategies aimed at increasing life expectancy will need to recognise this discrepancy and target interventions appropriately.
Figure Three compares the difference in life expectancy for men and women living in the least deprived areas of Carlisle with men and women living in the most deprived areas. We can see that men in the most deprived one fifth of areas live on average 5.2 years less than men living in the least deprived fifth of areas. While women in the most disadvantaged areas are living around 4.3 years less than women in the least disadvantaged areas.

Figure Three: Inequalities in life expectancy by deprivation quintile.



Life expectancy for men in Carlisle LA is around six months shorter than for men in the rest of England. For women, life expectancy is more than one year shorter than the average for women in England.

Figure Four shows the percentage difference in life expectancy for Carlisle residents living in the most deprived population quintile for a range of conditions, compared to the average for England.
We can see that for men in Carlisle's most disadvantaged areas, 47% of the difference in life expectancy compared to the national average is due to

circulatory diseases. For women 31.5% of the difference in life expectancy is due to cancer.

Figure Four: Breakdown of life expectancy gap between the Most Deprived Quintile (MDQ) of Carlisle CD and the England average by cause of death

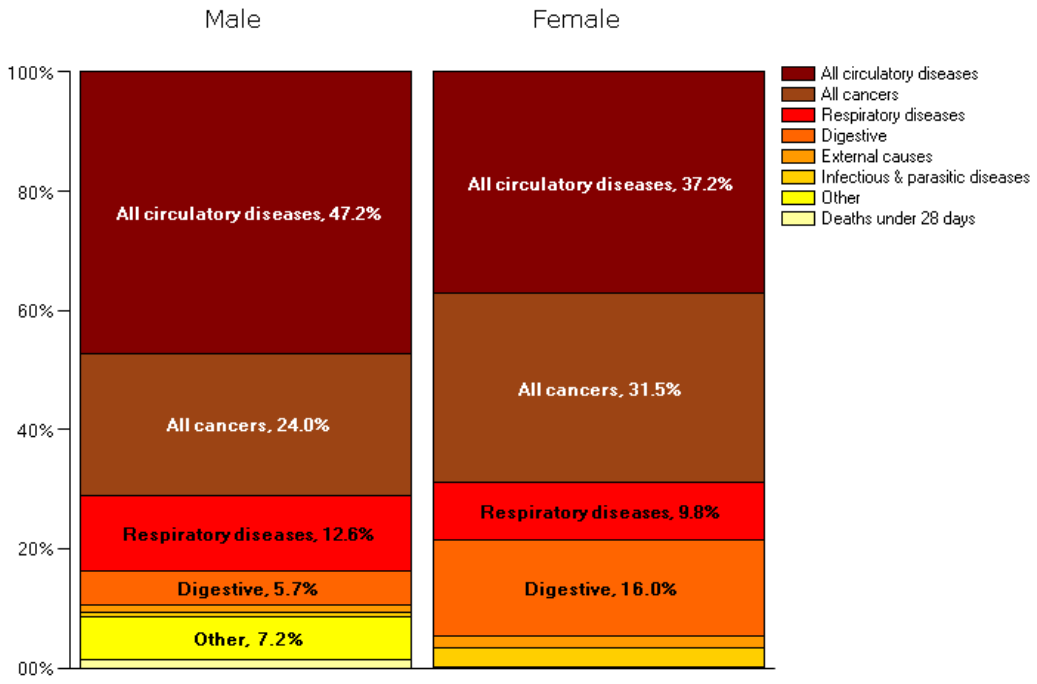
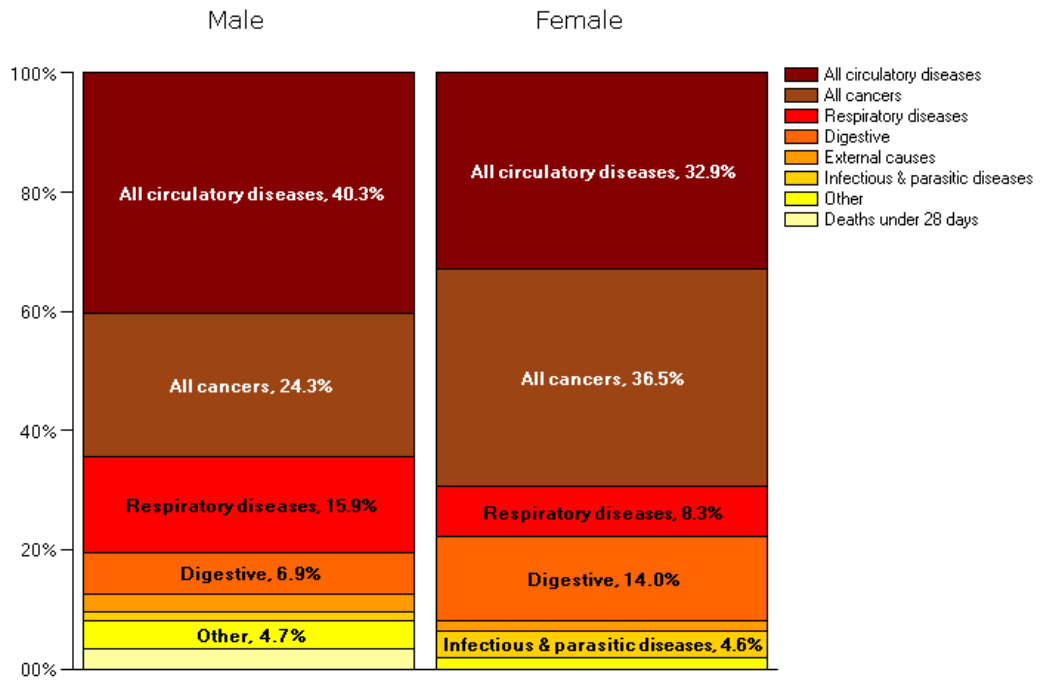


Figure Five shows the percentage difference in life expectancy for residents of the most disadvantaged areas of Carlisle compared to the average for our local authority by cause of death.

We can see that for men, around 40% of the excess deaths in the most deprived areas are due to circulatory diseases. While the diseases responsible for the most excess deaths in women in the most disadvantaged areas of Carlisle are cancers which cause 36.5% of excess deaths.

Figure Five: Breakdown of life expectancy gap between the Most Deprived Quintile (MDQ) of Carlisle CD and the local authority average by cause of death



Circulatory Disease.

The overall mortality rate in Carlisle for circulatory diseases in the under 75 age group is 25% above the national average. There has been a relatively steady decreasing trend in deaths from these conditions in Carlisle since 1993 such that if the current mortality rate continues we should achieve the target of a 40% reduction in mortalities (98 fewer deaths each year 2009 -11).
However, again there are large inequalities within Carlisle and District with Castle ward having an under 75 mortality rate almost twice the national average while Great Corby and Geltsdale residents have a mortality rate for circulatory diseases significantly lower than nationally. It follows therefore that consideration should be given to the different needs of our various populations when planning services.

Cancer.

The Standardised Mortality Ratio for cancer in Carlisle is 102. This is 2% above the national average.
There has been a steady decrease in premature deaths from cancer in Carlisle between 1999 and 2003; however more recently the trend appears to be increasing. In 2006 the death rate was 135 per 100,000 population compared to 110 in 2003.
The PSA target of a 20% reduction in deaths from cancer in people under the age of 75 indicates that we need to achieve a reduction to 124.7 deaths from cancer by 2010. If the current trend continues we will not meet this target.

Suicide.
In Carlisle during 2003 -05 there were thirty three suicides in total. Of these 23 were male and ten female.
Carlisle's male suicide rate is almost twice the national average and the female suicide rate is above the national average.
The current suicide rate in Carlisle is 16.23 per 100,000 population.
The target figure for Carlisle by 2010 is a rate of 9.28 suicides.
If the current situation continues we are not going to meet this target.

Health Inequalities.

Infant Mortality.
The infant mortality rate in Carlisle in 2005 was 6.3 per 1,000 live births. This compares to the national average of 3.4 and makes Carlisle the only local authority in Cumbria with a figure above the national average.
However, when looking at the average infant mortality rate for Carlisle over the five year period 2001-2005, the figure is lower than the national average at 2.6 compared to 3.5.

Health and Deprivation.
There are recognised inequalities within Carlisle and District in relation to deprivation and associated lower life expectancy.
Residents of Castle, Botcherby and Upperby wards experience the highest levels of deprivation and the lowest years of life expectancy, while residents of the least deprived wards such as Stanwix Urban and Wetheral have considerably longer life expectancy. (Figure Two). If we are to narrow the gap in life expectancy between the most and least disadvantaged sections of our local population there will need to be appropriate targeting of services and initiatives.

Smoking.
Current national smoking prevalence is reported as being 22% (ASH 2008).
In Carlisle this represents 10,440 men and 9,900 women.
Under the Local Area Agreement, Carlisle agreed a target of 779 people stopping smoking during 2007 / 08 and remaining stopped at the four week follow up. The actual figure achieved was 371 successful quitters. The target for 2009 / 09 has increased to 825 individuals.
Unless new measures are introduced we are unlikely to meet this target.

Obesity.
In order to tackle the current year on year rise in obesity in children under the age of 11 the Department of Health has introduced a national strategy to record the heights and weights of all reception (age 4-5) and Year 6 (age10-11) year old children.
In Carlisle 14% of reception year boys are recorded as being obese compared to 10.7% of boys in England, while 9.8% of girls in Carlisle in the same cohort are recorded as obese compared to the national figure of 9%. It is therefore essential that strategies to improve the nutritional status and physical activity of the community are a priority.

Teenage Pregnancy.
In Cumbria the overall rates of teenage pregnancy are lower than the national average and there is a general downward trend in teenage conceptions. However, more specifically in Carlisle and District Local Authority, this is not the case. Here teenage conceptions are well above the national average at a rate of 48.1 compared to 41.3 nationally. Furthermore this is a 0.2% increase on the baseline rate. The actual number of teenage conceptions during 2004 - 6 in Carlisle was 272 pregnancies.
If we are to reduce this figure by 50% by 2010, we will need to see 136 fewer pregnancies and reduction in the under 18 conception rate to 24 per 1,000.

Table One summarises the number of events that will need to be prevented and the current state of progress if we are to reach the PSA targets set for 2010.

Table One: Targets for Carlisle Health Improvement Plan. All rates are per 100,000 population and are directly age standardised, except Life Expectancy (years) and Under 18 Conceptions (Crude Rate per 1,000 girls aged 15-17).

Indicator	2004-06 Baseline	Approx no. of deaths need to be prevented each year 2009-11	2009-11 target	On Track
Male Life Expectancy	76.2	63	78.6	NO
Female Life Expectancy	81.1	29	82.5	YES
Male All Age all Cause Mortality	811	63	719	YES
Female All Age all Cause Mortality	534	29	507	YES
Under 75 Circulatory Disease	98	2	96	YES
Under 75 Cancer	130	6	125	YES
Suicides	16.27	7	9.28	NO
Accidents	12.43	3	9.9	YES
Under 18 Conceptions	48.1	136 fewer conceptions	24	NO

Local Priorities for Health.

While the Public Service Agreement Targets are nationally agreed priorities for health improvement, there are a number of local priorities which have been identified through the Baseline Assessment. If we are truly to make a long term impact on the health of the residents of Carlisle and District Local Authority, we will need to address these issues.

These further areas for action are outlined below.

Healthy Life Expectancy.

Healthy Life Expectancy represents the number of years that an individual can expect to live in good health and provides a useful means of reflecting morbidity within a population. Data relating to the period 1999 -2003 (experimental statistics) indicate that life expectancy for this period is 77.4 years in Carlisle while healthy life expectancy is 69.9 years. This means that Carlisle residents are spending around seven and a half years of their lives in poor health.

There are also wide inequalities in Healthy Life Expectancy within Carlisle. For example residents of Castle ward can expect to live for around 75 years, but about ten of these years or 13% of their lives will be in poor health. In contrast residents of Wetheral ward can expect to live for 81 years and spend just five years or 6% of their lives in poor health.

If we are to make a real impact in the inequalities in the health of our population we will need to recognise these differences and take action to address them.

Excess Winter Deaths.

Excess Winter Deaths are defined as the difference between the number of deaths during the four winter months (December – March) and the average number of deaths during preceding Autumn (August – November) and the following Summer (April – July). The number of extra deaths occurring in winter varies depending upon the temperature and level of disease (particularly 'flu) in the population as well as other factors. The elderly experience the greatest increase in deaths each winter.

In Carlisle during 2005 / 06 there were a total of 60 excess winter deaths. This gives an excess winter death index of 17%. This is 3% higher than the average for Cumbria.

Reduce Alcohol Consumption.

Data from the 2003 Cumbria Health and Lifestyle Survey indicate that 27% of men and 18% of women are drinking over the recommended units of alcohol each week.

Drinking excessive amounts of alcohol is associated with both physical and mental health problems.

Local strategies need to recognise that the reduction in alcohol consumption is a local priority.

Breastfeeding.

It is widely acknowledged that babies who are breast fed are less likely to develop a number of both childhood and adult illnesses. (NICE 2005). Breast

feeding provides protection against infections such as gastroenteritis and respiratory conditions and offers further protection against conditions such as obesity and diabetes as well as atopic diseases. Breast feeding also has a positive effect on the health of the mother, providing a defence against breast and ovarian cancer.

Current information indicates that around 61% of women in Cumbria initiate breast feeding (DoH 2008). Synthetic estimates indicate that just 32.5% of women will maintain breast feeding for 6-8 weeks. This ranks Cumbria at 33 out of 152 Primary Care Trusts in Cumbria. (Rank 1 being the lowest).
Such data are not available at Local Authority level.

A local priority therefore within this Health Improvement Plan is the improving of recording and initiating and maintenance of breastfeeding.

Further Health Improvement Measures.

The four thematic groups of the Carlisle Partnership have identified a number of priorities for action through the Local Area Agreement. Many of these are linked to the Health Improvement Agenda and are being addressed through multi-agency task groups. The following areas have been identified as priorities by the Carlisle Partnership in the refreshed Community Plan for Carlisle. Many other areas overlap with the previously identified local priorities and are therefore not outlined here.

- Children and Young Peoples' Plan, includes homelessness, reducing numbers of young people not in education, training or employment, reducing bullying and raising aspirations.
- Healthy Communities and Older People Priority Group include maximising income for older people.
- Safer, Stronger Communities Priority Group include reducing anti-social behaviour, violent crime and criminal damage and community empowerment.
- Economic Development and Enterprise Priority Group (Carlisle Renaissance) include reducing worklessness, improving workforce skills and business growth and support.
- Minimise the impact of climate change by reducing CO_2 emissions

Strategies for Health Improvement.

The High Risk Approach.

This approach seeks to target those individuals who are at a high risk of developing a particular condition.
The High Risk Approach is cost effective in that resources are concentrated on those individuals who will most benefit from them. Furthermore there is a high ratio of benefit to risk in that the cost of surveillance and treatment will outweigh the overall risks.

However, in singling out only those individuals who are classed as being in the highest risk category, we are failing to tackle the underlying cause of this trend. This may mean that if we choose to restrict activity to treating high risk individuals we will have to sustain and even increase this level of activity if the trend in the given condition rises.
A further disadvantage of this approach is that we cannot accurately predict if an individual identified as being in a high risk group will in fact develop any of the conditions of concern. Neither can we rule out the development of these conditions in those people deemed to be at low risk.

The Population Approach.
This approach aims to remove the broad underlying risk factors for a condition in order to change the distribution of the condition within a population.
Therefore the Population Approach has the potential to impact on a large number of people. It is also behaviourally appropriate in that it seeks to encourage low risk behaviour as the norm within a population. A major advantage of the population approach is that if a large number of people within a population make a small change, the overall outcome can be considerable.

It is proposed therefore that if we are to reach both our local and national targets for reducing inequalities within the health of the population of Carlisle we must adopt both the High Risk and the Population Approaches to health improvement.

Overseeing the Plan and Measuring Progress.

The Carlisle Partnership will lead the strategic development of this Health Improvement Plan. The Partnership is composed of senior managers who have the authority within their organisations to allocate time and resources to ensure delivery of the plan.
The Healthy Communities and Older People thematic partnership will provide the dedicated network to steer the work of the Plan.
Membership of the Partnership will include:

- Public Health Cumbria PCT
- Carlisle City Council
- Cumbria County Council
- Carlisle Housing Association
- Carlisle Leisure
- Cumbria Council for Voluntary Services
- Age Concern Carlisle
- Energy Efficiency Advice Centre
- Job Centre Plus
- Carlisle Federation of Community Organisations

Action Plan 2008-2010

This Action Plan outlines the measures proposed in order to achieve the national PSA targets in Carlisle and District Local authority area in relation to the following:

- Increase life expectancy
- Substantially reduce mortality rates from heart disease , cancer and suicide
- Reduce health inequalities
- Reduce smoking rates
- Halt the rise in obesity
- Reduce teenage pregnancy

The plan also identifies the actions proposed to address those local priorities identified through the Baseline Assessment:

- Healthy Life Expectancy
- Excess winter deaths
- Reduce alcohol consumption
- Improvement in recording, initiation and maintenance of breast feeding.

While many of the strategies will be implemented across Carlisle and District, some programmes will specifically target those areas where the need is identified as being greatest, i.e. those areas where there is evidence that the health of the local population is worse than the overall Carlisle population. Such areas have been identified at electoral ward level through the baseline assessment and city profile.

It is recognised that in order to achieve the national targets to improve health, and to effectively reduce the inequalities in the health and wellbeing of our citizens it will be necessary for a range of agencies to agree and endorse this Health Improvement Plan.

Section 1: National Targets.

Goal	Indicator	Baseline 2004- 2006	Target 2009-2011	Data Source
Increase Life Expectancy	Life Expectancy	Male: 76.2 Female 81.1	Male: 78.6 Female: 82.5	Office for National Statistics
	All age all cause mortality per 100,000 population	Male: 811 Female: 534	Male: 719 Female: 507	National Clinical Health Outcomes Database
Reduce premature mortality from circulatory disease	Under 75 year old mortality from circulatory disease per 100,000 population	98	96	National Clinical Health Outcomes Database
Reduce premature mortality from cancer	Under 75 year old mortality from cancer per 100,000 population	130	125	National Clinical Health Outcomes Database
Reduced Mortality from accidents	Mortality from accidents per 100,000 population	12.43	9.9	National Clinical Health Outcomes Database
Reduced mortality from suicide and undetermined injury	Suicide mortality rate per 100,000 population	16.27	9.28	National Clinical Health Outcomes Database

Section 1.1: Outcomes of Increased Case Finding.

Outcome	Indicator	Baseline	Target 2010	Data Source
Identification and management of people with hypertension	Proportion of people on GP registers	14%	16%	QMAS
Increase uptake of cervical screening	Proportion of Carlisle practices achieving 80% coverage of the eligible population	73%	100%	QMAS
Increase uptake of breast screening	Proportion of women eligible attending for breast screening	68%	70%	

Outcome	Indicator	Baseline	Target 2010	Data Source
Raise awareness and promote uptake of bowel cancer screening programme in Carlisle	Proportion of eligible population screened for bowel cancer	0	60%	

Section 1.2: Cardiovascular Disease.

Outcome	Strategy	Population	Action	Partners
High Risk Approach: Hypertension detection	Targeted case finding of high risk groups	• Age group 50+ • Patients who are overweight and obese • Patients who have diabetes • Patients from ethnic minority groups • Patients with a family history of hypertension	• Provide teams with actual and expected number of hypertensive patients in their practices • Annual Blood pressure checks for at risk patients • Protocols for case finding in primary care • Training for primary care staff • Recall systems for patients identified with elevated blood pressure	PCT PCT Public Health GP practices Acute Trust
Population Approach: Lowering average blood pressure across the whole population	Prevention of hypertension: • Control weight to achieve 10% weight loss in overweight /obese people	Population of Carlisle and District	Modification of risk factors: • Development of local obesity strategy • 75% of schools in	PCT Education and Schools Healthy Schools Team Carlisle City Council

Population Approach: Lowering average blood pressure across the whole population	• Reduce population average intake of salt • Increase potassium intake		Carlisle and District achieve Healthy School status by 2009. • Awareness raising campaign to inform, support and empower parents in making changes to their children's diet. • Development of healthy eating programmes • Set standards for school and NHS catering service regarding salt content of food and the appropriate use of salt in food preparation • Local Public Health awareness raising campaign of effects of salt and interventions to reduce intake in food • Re launch promotion of five pieces of fruit and vegetables daily campaign	Cumbria County Council PCT Education and Schools Healthy Schools Teams Acute Trust Adult Social Care Supermarkets PCT Carlisle City Council Healthy Schools Teams Education and Schools Supermarkets

	• Increase habitual physical activity • Keep alcohol intake within recommended levels		• Physical activity plan to be incorporated into local obesity strategy • Promotion of local active living campaigns (e.g. walking / cycling) • Brief advice from primary care staff supported by written materials • Local Alcohol Strategy developed	PCT Leisure and recreation Services Environment, Transport and Planning services Voluntary groups

Section 1.3: Cancer.

Outcome	Strategy	Population	Action	Partners
1. Cervical Cancer **Population Approach:** • Early detection and intervention • Prevention of HPV infection	Population screening programme Human Papilloma Virus (HPV) Immunisation Programme	• Women aged 25–64 • Girls aged 12 – 18 years	• Social marketing campaigns to improve uptake and raise awareness of benefits of screening and immunisation • Delivery of HPV vaccine through school immunisation programmes • Promotion of HPV vaccine as a means of preventing cancer • Both bivalent and quadrivalent vaccines available • Brief personalised interventions by Primary Care Staff	• PCT • Community Pharmacies • Local media • Primary Care Staff • School Nursing Service • Schools and Education
2. Breast Cancer • Early detection and intervention	Population screening programme	• Women aged 50–70 • Men and Women aged 60-69		
3. Bowel Cancer • Early detection and intervention	Population screening programme			

Section 1.4 Suicide.

Outcome	Strategy	Population	Action	Partners
A reduction in the rate of suicides and undetermined injury by 20% by 2010	Identification of individuals at risk of suicide	**High Risk Approach:** Previous suicide attempts History of self harm Long term Mental Health problems in particular: depression, Substance misuse, schizophrenia Recent bereavement / divorce Unemployed	• Development of suicide risk protocols for identified at risk groups in Primary Care, secondary Care and Mental Health services • Use of social marketing strategies to raise awareness of available services • Improved access to employment for people on long term disability allowance • Development of improved mental health services for young people providing better access and early intervention • Development of programmes for people who have already had suicidal	Cumbria Partnership Trust Cumbria PCT North Cumbria Acute Hospitals NHS Trust Community Pharmacists Job Centre Plus University of Cumbria Carlisle Housing Association Local Media outlets CADAS

			ideation or attempts	
			• Use of local media to promote mental wellness and raise awareness of how to access services	Cumbria Partnership Trust Cumbria PCT North Cumbria Acute Hospitals NHS Trust Community Pharmacists Job Centre Plus Carlisle Housing Association Local Media outlets
	Population Approach: Reduce risk among the population of Carlisle		• Develop multi agency approach to deliver Cumbria suicide prevention strategy locally in Carlisle • Enhanced programmes of mental health education • Training for Primary Care, Accident and Emergency and Mental Health staff for identification of individuals at risk of suicide	Cumbria Partnership Trust Cumbria PCT North Cumbria Acute Hospitals NHS Trust Community Pharmacists Job Centre Plus University of Cumbria Carlisle Housing Association Local Media outlets

			• Development of community network support systems • Development of strategies to reduce the stigma of help seeking behaviours	

Section 1.5: Accidents.

Outcome	Strategy	Population	Action	Partners
A reduction in mortality from accidents by 20% by 2010	Identification of groups most at risk of accidental injury	**High Risk Approach:** • Young adults (Particular focus on young men) . • Older adults.	• Road awareness training targeting young people just learning to drive • Presentations at Carlisle College / University of Cumbria hard hitting messages re road traffic collisions to students • Brief intervention training for A&E staff re: alcohol related accidents • Implementation of multi – agency falls management pathway.	Police Fire service Carlisle City Council Cumbria County Council Acute Trust PCT Education PCT Acute Trust Adult Social care Age Concern

		Children living in identified priority wards	• Direct referral routes to falls prevention programmes for older people at risk of or who have fallen • Education for parents / carers about accident prevention • Local child pedestrian training schemes and safe travel plans	Carlisle City Council Sure Start Police Fire Service PCT
	Population Approach: Awareness raising of accident risk and prevention	Residents of Carlisle and district	• Local media campaign highlighting accident risk and prevention • Provision of cycle training courses • 3 car seat safety check days each year	Local media Carlisle City Council Cumbria County Council PCT Sure Start

Section 1.6: Teenage Pregnancy.

Outcome	Strategy	Population	Action	Partners
Reduce the teenage conception rate by 50% by 2010	Targeting of groups at greatest risk of teenage pregnancy	**High risk approach:** Targeted outreach is undertaken with young people living in priority wards with a particular emphasis on: • Young men • Children Looked After • Young people who have been excluded from schools • Young offenders	• Sexual health nurses to provide case tracking and deliver sex and relationship education programmes to young people in care. • Provision of intensive support, aspiration and self esteem raising activities to young women at high risk of teenage pregnancy • Engage with non-health professionals so that they are clear about where to refer young people at risk who need advice and support	PCT Acute Trust Education Children's services Youth service Voluntary sector Carlisle Housing Association Impact Housing Association Sure Start
	• Comprehensive contraception provision	**Population approach:** Children and young people resident in Carlisle and	• Provide year round, well publicised contraceptive services for young	PCT Acute Trust Education Children's services Youth service

		District	people • Provision of contraceptive services in young people friendly venues • Provision of nursing time to promote take up of Long Acting Reversible Contraception in line with best practice guidance • Provision of multi agency training for all staff working with children and young people to enable competence and confidence in addressing sexual health and relationships	Voluntary sector Carlisle Housing Association Impact Housing Association Sure Start
	Promote and increase the role of parents in reducing rates of teenage pregnancy	**Population approach:** Parents of children resident in Carlisle	Use of social marketing strategies with parents to engage them in participating in sex and relationships education with their children.	

Section 2: Local Priorities for Health.

Section 2.1: Healthy Life Expectancy.

Outcome	Strategy	Population	Action	Partners
Reduction of modifiable risk factors: smoking, obesity, alcohol, physical activity, nutrition	See sections			
2.1.1: Narrow the gap between years of healthy life expectancy between the most disadvantaged and most affluent wards in Carlisle	Promotion of Healthy Lifestyles in high risk populations	**High Risk Approach:** Adults living in identified priority wards in Carlisle & District. Target = total 14 individuals 10 of these from hard to reach groups	Provide Self Care for You training course to motivate and empower individuals to improve their lifestyle and make informed choices about their own and their families health	Cumbria PCT Carlisle City Council Job Centre Plus Voluntary Sector Botcherby Healthy Living Initiative Sure Start Carlisle Housing Association
	Population approach: Capacity building in Self Care for You	Target = 6 individuals from partner organisations	Provide Self Care for You course to train trainers to role out this course as part of their role within their organisation	PCT University of Cumbria Travellers Project Voluntary Sector
	Deliver accredited Health Trainer Programme	Priority given to high risk groups	Provide accredited Health Trainer programme locally within Carlisle	Sure Start
2.1.2: Improve long term health, reduce inequalities, increase social inclusion and raise achievement for all.	Support children and young people in developing healthy behaviours around four themes: Personal, social and Health Education Healthy eating	**Population approach:** Target by 2009: All schools in Carlisle and District participating in National Healthy Schools programme 75% of schools in Carlisle	• Develop the Whole School Approach to physical and emotional wellbeing	Healthy Schools LEA School Staff Parents Children and Young People

	Physical activity Emotional health and wellbeing	and District will have achieved Healthy schools status.		
2.1.3: Ensure that decision making at all levels considers the potential impact on health and health inequalities	Use of Health Impact Assessment to judge the potential effects of policies and programmes on the health of the population	**Population Approach:** Residents of Carlisle and District	Conduct Health Impact Assessment prior to decision making regarding major policy or programme changes	Carlisle City Council Cumbria County Council Residents of Carlisle and District PCT Voluntary Sector

Section 2.2: Reduce Prevalence of Smoking and Exposure to Second Hand Smoke.

Outcome	Strategy	Population	Action	Partners
2.2.1 Reach target of 825 individuals quitting smoking during 2008 /09	Redesign of Stop Smoking Service to include:	**Population Approach:** Residents of Carlisle and District	• The appointment of a dedicated stop smoking co-ordinator for Carlisle Local Authority Area • Provision of Local Rate centralised self – referral telephone number and immediate appointment booking system • Targeted marketing in the media and a public re-launch of the Service • Brief intervention training, e.g. fire	Stop Smoking Service PCT Public Health Primary Care Teams Local Media Fire service Connexions

		High Risk Approach: Residents in identified priority wards	fighters, health visitors, school nurses • Appointment of one 0.5 whole time equivalent Stop Smoking Advisor for Carlisle locality to provide additional stop smoking support • Refocusing clinics community venues in highest areas of need, identified as Botcherby, Castle, Upperby and Denton Holme	
2.2.2 Reduction in children's access to tobacco	Prevent young people under age 18 from purchasing cigarettes / tobacco	**Population Approach:** Young people under age 18	• Test purchase enforcement activity targeting retailers, licensed premises and vending machines	Trading Standards CDRP Police
2.2.3 Reduction in population exposure to environmental tobacco smoke	Create smoke free environments for children Raise awareness of damage from passive smoking to children	**Population approach:** Households with children under 16 years **High Risk Approach:** Routine and manual workers Pregnant women,	• Evaluate the Smoke Free Homes schemes and ascertain viability of establishing a scheme across Carlisle and District • Campaign materials developed in line	PCT Carlisle City Council Cumbria County Council Sure Start BHLI

		Hard to reach groups	with Social Marketing principles • Promotion of 'Smoke Free Vehicles'.	
2.2.4 Reduction in use of counterfeit and illegal tobacco	Raise awareness of social damage resulting from illegal tobacco	**High Risk Approach:** Focus on areas of deprivation	• Social marketing campaign to include how to reduce the sale of illegal tobacco	PCT Customs and Excise Police Trading Standards

Section 2.3: Reduce the Harm to Health from Alcohol

Outcome	**Strategy**	**Population**	**Action**	**Partners**
2.3.1: A measurable reduction in alcohol related hospital admissions	Promote wider wellbeing and address causal factors for alcohol misuse	**Population Approach:** Residents of Carlisle and District	• Public information campaigns and social marketing	DAAT Adult Social Care Cumbria PCT University of Cumbria
2.3.2: Increase in the number of people receiving alcohol related brief intervention, behaviour modification and structured treatment services	A clear focus on those experiencing the most harm to health	**High Risk Approach:** Individuals identified as drinking over the recommended levels	• Develop assessment and brief Intervention capacity in a wide range of NHS and non- NHS services • Deliver evidence based behaviour modification support and treatment services	Public Health Cumbria PCT PCT Provider arm University of Cumbria DAAT Partnership Trust CADAS
2.3.3: An increase in public knowledge of sensible drinking	Deliver evidence based approaches to influencing public and community attitudes to alcohol and the harm it can cause.	**Population Approach:** Residents of Carlisle and District	• Public information campaigns and social marketing	Public Health Cumbria PCT PCT Provider arm DAAT Partnership Trust Fire Service

				Police Licensing Trade
2.3.4: Reduce the number of young people drinking in ways that are damaging their health and relationships	Reduce young peoples' access to alcohol, including from parents Increase young peoples' knowledge of the detrimental effects of alcohol	**Population Approach:** Young people under age 18 Parents and Carers.	• Increase number of schools delivering high quality education, advice and information programmes for young people and parents • Measurable increase in number of schools with PSHE accredited teachers • Ensure the delivery of effective screening and treatment services	Public Health Cumbria PCT PCT Provider arm DAAT Partnership Trust Children's Trust Board Healthy Schools
2.3.5: Reduce the negative impact alcohol use has on the local economy in relation to sickness, absenteeism, reduced efficiency and accidents.	A measurable increase in the number of employers with effective alcohol policies	**Population Approach:** Large and small employers within Carlisle and District	• Develop workplace alcohol policy toolkits, training programmes and pathways for employers to access appropriate support services for their employees	Cumbria DAAT Chamber of Commerce Business Link Northwest Voluntary Sector
2.3.6: Reduction in alcohol related anti-social behaviour	Promoting responsible management and operation of alcohol licensed premises	**Population Approach:** Licensees in Carlisle and District	• Increase the number of establishments accredited with Best Bar None status • Increase licensed premises participating in Bar	CDRP Public Health Licensed Trade Voluntary Sector Police Environmental Health

			Watch schemes • Increase number of individuals from partner organisations accredited to perform Best Bar None Assessments	
2.3.7: Reduce alcohol related homelessness	An increase in the number of alcohol misusers obtaining and sustaining appropriate accommodation	**High Risk Approach:** Individuals dependant upon alcohol	• Development of more supported accommodation for harmful and dependant drinkers • Increase levels of support to enable people to sustain their own accommodation	Carlisle City Council Cumbria DAAT Cumbria PCT Public Health Supporting People CADAS Voluntary Sector.

Section 2.4: Improve Nutrition and Reduce Overweight and Obesity.

Outcome	Strategy	Population	Action	Partners
2.4.1: Local information of prevalence of overweight and obesity in children	Develop systems to measure height and weight of all children in school reception class and year 6 Establish electronic database to record children's height and weight	**Population Approach:** All children aged 4/5 and 10/11	• Training of all individuals with the responsibility for weighing and measuring children within agreed local protocols • Establish electronic systems for transferring data	School nursing team LEA Healthy Schools Public Health PCT Primary Care teams

2.4.2: Robust practice level data of prevalence of obesity in local population to map trends and make projections for service planning	GP practice registers of all patients aged 16 and over with a Body Mass Index greater than or equal to 30	**High risk approach:** Adults with BMI of 30 or greater	• Training for practice staff in measuring and recording BMI • Establish electronic systems for transferring data	PCT Primary Care teams Public Health
2.4.3: Healthy eating environment in schools	Make healthy choices the easier option by removing barriers	**Population Approach:** All school age children	• Development of healthy eating policies in schools • Fruit tuck shops • Healthy catering guidelines written into catering contract • Plentiful drinking water • Teaching the principles of healthy eating • Absence of vending machines dispensing sugary drinks and fatty, sugary or salty snacks • Breakfast Clubs	Public Health Healthy Schools Team LEA Schools Parents Children and Young People
2.4.4: A measurable and sustained reduction in childhood overweight and obesity levels	Advice and support for overweight / obese children and their families	**High Risk Strategy:** Children aged 7-13 identified as overweight or obese.	• Agreed protocols for providing client appropriate advice and support • School nursing teams able to support children and parents and refer on	Carlisle Leisure Primary Care Teams Public Health Schools School Nursing Teams

			to relevant specialist services when needed • Implementation of care pathways for obese children • Referral to Mind Exercise, Nutrition (MEND) programme	
2.4.5: A measurable and sustained reduction in adult overweight and obesity levels	Systematic advice and support in management of adult overweight / obesity	**High Risk Strategy:** Adults identified as overweight / obese	• Agreed protocols and pathways for managing overweight / obese people in Primary Care using a chronic disease template	Primary Care Teams PCT Public Health Cumbria PCT Carlisle City Council
2.4.6: Increase in public knowledge of healthy eating and risks associated with overweight / obesity	Deliver evidence based approaches to influencing public and community attitudes to risk factors associated with poor diet and obesity	**Population Approach:** Residents of Carlisle and District	• Public Information campaigns and Social Marketing • Promotion of local health days, healthy cook-ins, sports events	Local mass media Public Health PCT Voluntary sector University of Cumbria
2.4.7: Improve uptake of healthy diet in identified at risk population	Increase knowledge and influence attitudes and uptake of healthy eating	**High Risk Strategy:** Residents of Botcherby ward Carlisle	• Deliver Eat Well Enjoy Life 4 week course locally within Botcherby • Deliver group sport and cookery combined programme	Botcherby Healthy Living Initiative St Cuthbert's School Botcherby

Section 2.5: Physical Exercise.

Outcome	Strategy	Population	Action	Partners
2.5.1: Increase the number of people engaging in moderate activity at least three times a week by 2%	Support and expand the physical activity infrastructure	**Population approach:** Residents of Carlisle and District	Plan the provision of sporting facilities to optimise the use of existing facilities and maximise access to them	Sport and Physical Activity Alliance (SPAA) Carlisle City Council Cumbria County Council Carlisle Leisure Public Health LEA Healthy Schools
2.5.2: A decrease in car use and increase in more sustainable forms of transport	Promote and facilitate cycling and walking as a means of transport	**Population Approach:** Residents of Carlisle	Healthy urban planning: • Develop safer environments for walkers and cyclists • Develop an urban cycling network which can be used safely for both commuter and recreational use • Develop cycle parking provision at NHS sites, Local Authority buildings, shops and public transport interchanges	Carlisle City Council Cumbria County Council SPAA PCT Acute Trust Partnership Trust
2.5.3: Improved health outcomes for people diagnosed with a long term condition	Increase physical activity in people with long term conditions	**High Risk strategy:** Individuals diagnosed with long term conditions e.g. COPD, diabetes, CHD, obese.	Exercise programmes developed for inclusion in care pathways for individuals with long term conditions	PCT Primary care teams Carlisle City Council SPAA Job Centre Plus Carlisle Leisure

2.5.4: Increased uptake of recreational walking	Sustain and further develop the Carlisle and District Walk Your way to Health and Doorstep Walks programmes.	**Population Strategy:** Residents of Carlisle and District **High Risk Strategy:** Older adults and people diagnosed with long term conditions	• Social marketing to raise awareness of benefits and availability of local group walks • Pilot project to introduce walks appropriate for less able bodied adults • Increase number of active volunteer walk leaders from baseline of 4 to 10	Local media Carlisle City Council Age Concern SPAA
2.5.5: Increased uptake of physical activity within disadvantaged wards	Develop opportunities for targeted inclusive participation in sport	**High Risk strategy:** People living in priority wards in Carlisle and District	• Use available data from Sport England Active Living Survey to identify areas of low physical activity • Development of 'Go for it Get Active' Scheme in local community centres within identified priority areas	SPAA Carlisle City Council Sport England County Council Neighbourhood Development Neighbourhood Forums
2.5.6: Increase uptake of recreational cycling	Develop opportunities for recreational cycling	**Population strategy:** Residents of Carlisle and District **High Risk Strategy:** Specific groups identified as 'hard to reach': People with learning disabilities, mental illness, ex-offenders, young people at risk, teenage parents,	• Development of 1km cycle track at Sheepmount sports ground • Further development of workplace based bike loan schemes in line with current Carlisle City Council model	British Cycling Carlisle City Council SPAA Local Employers

		Victims of domestic abuse, substance misuse, single homeless, frail elderly	• Impact Housing Association 'On Your Bike' project: programme of cycle rides, supervised bike loan and bike mechanics instruction	

2.5.7: Increase uptake of physical activity in rural areas	Targeted local schemes within rural communities	**High Risk Strategy:** Families in rural locations	• Development of weekly 'Sports For All' sessions within village halls in Brough, Roadhead, Dalston and Longtown	Carlisle City Council SPAA Village Halls Advisor CVS Local communities
2.5.8: Provide increased opportunities for uptake of active lifestyle	Development of workplace based exercise programmes within major Carlisle employer	**Population strategy:** Employees of Carlisle City Council	• Development of workforce health group within the City Council • Provision of yoga and pilates sessions within the workplace	Carlisle City Council SPAA
2.5.9: Increased number of young people participating in sport	Targeted local schemes	**High Risk Strategy:** Target priority wards	• Continued development of school holiday activity programmes	Carlisle Leisure SPAA Carlisle City Council PCT Local Communities

Section 2.6: Breastfeeding.

Outcome	Strategy	Population	Action	Partners
2.6.1: Accurate dataset relating to breast feeding rates at 6 weeks	GPs to collect breast feeding data at 6 week child surveillance check Target is 85% from baseline of 37%	**Population Strategy:** All babies at 6 weeks	• Primary Care staff and PCT to actively work to improve data collection on breast feeding • Agreement through PCT Professional Executive Committee to endorse and monitor GP data collection	PCT PEC Primary Care GPs Public health Intelligence
2.6.2: Increase breast feeding initiation and continuation to 6 months of life	Promote breast feeding through local peer support programme	**Population Strategy:** All new mothers and babies **High Risk Strategy:** Specific targeted intervention within priority wards	• Consolidate and further develop breast feeding peer support programme • Provision of breast feeding support groups in Raffles, Belah and Botcherby wards • NHS trusts to demonstrate how they are working in partnership with local voluntary organisations	Infant feeding Co-ordinator Community midwives Acute Trust Community Health Visitors Public health
2.6.3: All NHS trusts within Carlisle to achieve Baby Friendly Status by 2010	Health organisations to work towards achieving baby friendly status	Population Strategy: All NHS Trusts	• Commitment of all NHS trusts to demonstrate they are working towards	PCT Acute Trust Partnership Trust Midwifery Services University of Cumbria

			Baby Friendly Status • Higher education establishments to include UNICEF Baby Friendly standards in Midwifery and Nurse training • Training programmes to be developed for all staff who come into contact with parents about the promotion of breast feeding	

Section 2.7: Excess Winter Deaths.

Outcome	Strategy	Population	Action	Partners
2.7.1: Reduce Excess Winter Deaths Index by 3% on the baseline 17%	• Target to increase uptake of flu vaccine to 80% of people over age 65 • Further targeting of all people in at risk groups	**Population Strategy:** All adults over aged 65 **High Risk Strategy:** Individuals in identified risk groups: Chronic respiratory disease Chronic heart disease Chronic renal disease Chronic liver disease Diabetes	• Social Marketing Campaign. • Community Pharmacist Public Health Campaign • Letters to identified individuals from practice registers	Community Pharmacists Local media PCT Primary Care Teams Public Health
2.7.2: Decrease the effects of cold weather on health	Increase uptake of free energy efficiency measures in the elderly	High Risk Strategy: People over aged 70	• Social marketing campaign to highlight availability of free insulation measures in over 70 age group	Energy Efficiency Advice Centre Public Health Local Media Cumbria County Council