Cumbria
Joint Strategic Needs Assessment
2009

Cumbria County Council

Cumbria Intelligence Observatory

CUMBRIA STRATEGIC PARTNERSHIP
THE PARTNERSHIP VOICE FOR CUMBRIA

NHS Cumbria

Cumbria Joint Strategic Needs Assessment

June 2009

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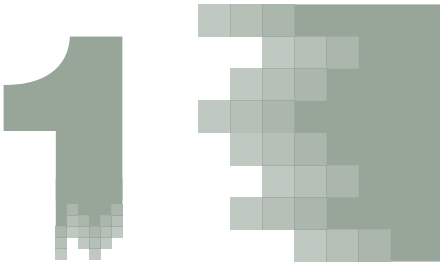
“We need a good understanding of the needs of people in Cumbria and the challenges of the future”



Foreword

A sustainable health and social care system for the future will need to reflect the fully engaged scenario outlined by Derek Wanless. This is where citizens work in partnership with health and social care professionals to optimise good health and avoid the avoidable[1]. To achieve this we need a good understanding of the needs of people in Cumbria and the challenges of the future.

The Joint Strategic Needs Assessment (JSNA) builds on some of the comprehensive needs assessment work already carried out in Cumbria, particularly in relation to the Community Strategy, the Children and Young People's Plan and various strategies and plans for the local NHS and Adult Social Care.

This report and the JSNA Information Resource are part of the work programme of the Cumbria Intelligence Observatory. This partnership initiative involves Cumbria County Council, NHS Cumbria, Local Authorities, Police, Fire and Rescue Service, Cumbria Vision and the University of Cumbria in providing comprehensive, integrated intelligence on health and wellbeing in Cumbria and its districts.

This first report on the JSNA has a strong focus on current data and evidence on the health and wellbeing needs of people in Cumbria. Over time the programme of work will become increasingly integrated into commissioning mechanisms at the county and locality levels. It will provide tailored intelligence and support to enable the use of that intelligence in making better commissioning decisions.

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

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2 Executive summary

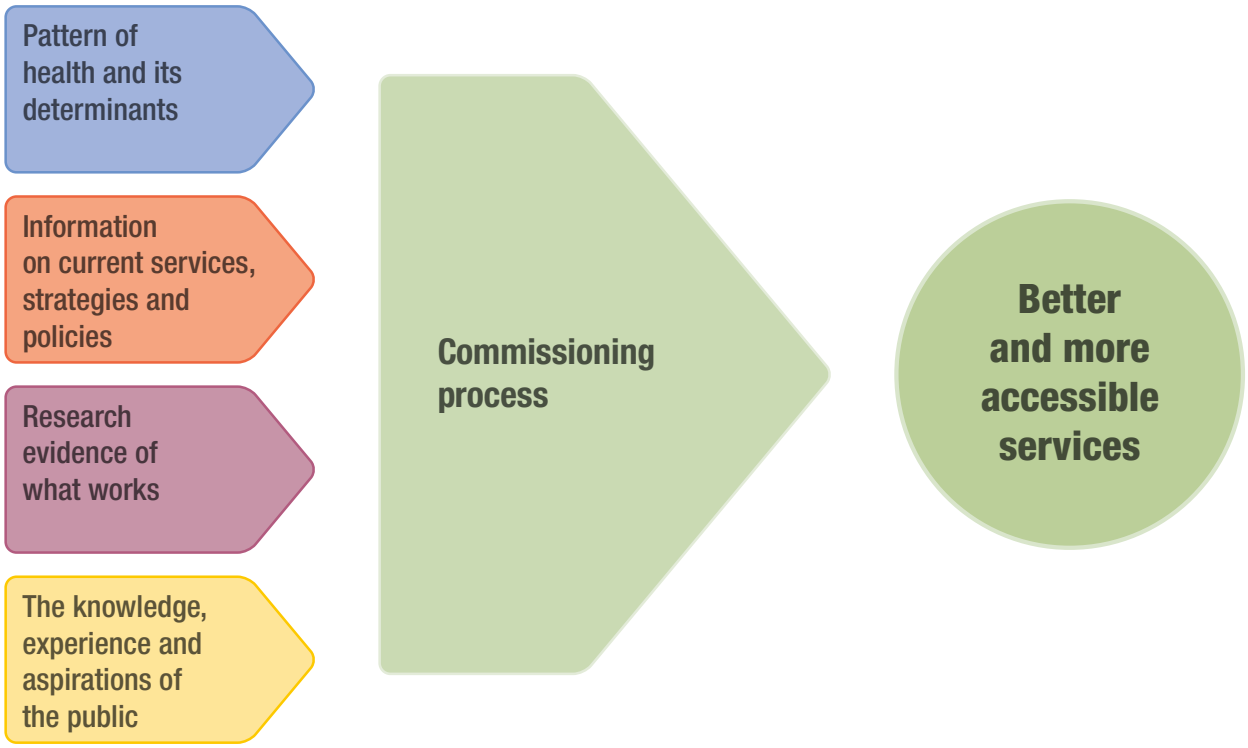
2.1 Background

The Joint Strategic Needs Assessment (JSNA) describes the health and wellbeing of the people of Cumbria and the strategic direction of service delivery to meet these needs. This ongoing work programme is the responsibility of NHS Cumbria and Cumbria County Council. It brings together a variety of information that can be used to inform decisions about the planning and commissioning of health and social care services.

This information falls into four main areas, as shown in Figure 1. Public Service Organisations such as NHS Cumbria and Cumbria County Council need to use each of these four types of information when commissioning and planning services. This will ensure that services are effective, accessible and appropriate to the current and future needs of the population. ***See figure 1***.

The JSNA programme started in April 2008. This has involved bringing together

Figure 1
Types of information used in commissioning services



2

these four types of information as part of the JSNA information resource at the Cumbria Intelligence Observatory. Detailed reports on each of these areas are available from the Observatory website at ***www.cumbriaobservatory.org.uk***.

A steering group for the JSNA has been established, with representatives from Children's Services, Adult Social Care, NHS Cumbria and the Cumbria Intelligence Observatory. The steering group and colleagues from the respective departments and organisations have produced the JSNA information resource and have overseen the production of this report.

> *"We are now working...to promote the use of this information to improve services"*

We are now working with the organisations and partnerships that commission health and social care in Cumbria to promote the use of this information to improve services. This report summarises what we currently know in these four areas and identifies the implications of this for the commissioners of services.

The first chapter of the report outlines some general information about the people of Cumbria and how the population is likely to change in the future. The following chapters look at four areas that have implications for the services commissioned by Cumbria County Council and NHS Cumbria. These are:

- Long term conditions, chronic illness and disability
- Mental health
- Living conditions and health inequalities
- Lifestyle and behaviours

Based on this evidence, commissioners need to take into account the recommendations which have been made for developing new services. These are outlined at section 2.3.

2.2 Summary of key findings

In many ways Cumbria mirrors the country as a whole, with many indicators of health and social care comparable with the average for England. However there are some issues which are of particular concern for Cumbria and, even where the county is comparable to the average, this masks stark inequalities between areas and communities within Cumbria. These inequalities need to be recognised and challenged. This report identifies four major challenges for Cumbria:

Challenge 1

The ageing population and the declining number of young people

Services and housing will need to be planned to take into account the growing number of older people in Cumbria. Services will need to be expanded for the increasing numbers of older people with long term chronic health conditions, dementia, mental illness and learning disabilities. Prevention and early intervention strategies will be essential if health and social care services are going to cope with this increased demand.

Opportunities will also need to be created to retain and attract younger people to Cumbria.

Challenge 2

Mental health and alcohol misuse

There are some trends in Cumbria, related to alcohol misuse and mental health, which are of concern.

Alcohol related admissions to hospital are higher than the national average and increasing. Recent surveys also indicate that alcohol consumption amongst school children is higher in Cumbria than in England as a whole.

It is recognised that in parts of the county large numbers of people are out of work because of poor mental health.

Each year between 50 and 60 people commit suicide, a level that is higher than the national average and closely associated with unemployment. The current economic downturn may exacerbate these trends.

Challenge 3

The health of children

Recent data shows that in Cumbria one in five 10 year olds are obese. This is an increasing trend and higher than the national rate. The frequency with which children in the county are breast fed is also low and there are high numbers of women who continue to smoke during pregnancy.

These factors all have consequences for the health of children, particularly those in the most disadvantaged areas. They will need to be addressed if children in Cumbria are going to have the best start in life.

Challenge 4

Health inequalities

The place in which we live, and the community of which we are a part, has a significant impact on our health and wellbeing. Our neighbourhood and the attitudes of those around us can shape the choices we make and affect our life chances.

2

These differences in living conditions mean that people in the most affluent areas of Cumbria are living up to 20 years longer than those in more disadvantaged circumstances. These unfair and avoidable differences in health between social groups are what we mean by health inequalities.

Tackling these inequalities in Cumbria will require action to improve support for parents and children, narrow the gap in educational attainment, improve housing conditions and break the link between poor health and unemployment.

2.3 Recommendations

Most of the issues identified above have been recognised as priorities in several current strategies in Cumbria. These include:

- The Cumbria Community Strategy
- The Commissioning Strategy for Older People and their Carers
- The Children and Young People's Plan
- NHS Cumbria Strategic Plan
- Time to Call Time – Cumbria Alcohol Strategy
- Supporting People Strategy
- The Anti Poverty Strategy
- The Strategy for People with Physical Disabilities or Sensory Impairment and their Carers
- Cumbria Learning Disabilities Partnership Board Commissioning Strategy

These strategies and the evidence summarised in this report indicate the approach commissioners need to take to enable Cumbria to meet the challenges. The following tables set out the recommendations in the following areas:

Table 1 The ageing population and the declining number of young people

Table 2 Long term conditions and disabilities

Table 3 Mental health and wellbeing

Table 4 Living conditions and health inequalities

Table 5 Lifestyle and behaviours

Table 1

The ageing population and the declining number of young people

What approach do commissioners need to take?

Children	Older People	Other Groups
▪ Develop opportunities and access to higher education to retain and attract young people to Cumbria. ▪ Provide employment and training opportunities for young people to establish themselves in their communities. ▪ Narrow the gap between the educational attainment of children from deprived backgrounds and all Cumbrian children to enable all young people to contribute fully to the county's economy. ▪ Help young people make the transition from home to independence by providing affordable homes for rent and to buy.	▪ Enhance the contribution of people over 60 to the economy and cultural life of Cumbria by promoting healthy living, wellbeing and community participation for this group. ▪ Expand services to cope with the growing number of over 75 year olds. ▪ Promote positive strategies for older people across all public sector agencies to enable access to mainstream services. ▪ Enable older people to be as independent as possible for as long as possible. ▪ Support older people to have choice and control over services tailored to meet their individual needs. ▪ Ensure access to social care services of the right quality in the right place and at the right time. ▪ Provide integrated health and social care support in a seamless manner. ▪ Encourage older people and those retiring into Cumbria to prepare for old age by adapting their homes to lifetime standards before the need arises through disability.	▪ Set up systems to assess access to services and whether there is an adverse impact on health among Black and Minority Ethnic (BME) groups, migrants, people with disabilities and lesbian and gay people in Cumbria and give positive recommendations on the issues to be addressed. ▪ Increase the number of extra care housing units and lifetime homes that adapt to the individual's changing needs. ▪ Increase access to primary care for new migrants.

All

- Planning of services should take into account the future needs of an ageing population, supporting the integration of services, adequate transport and housing support.
- Decisions in planning and place shaping should take account of their impact on people and existing services.
- New and existing service provision should be assessed to ensure that disadvantaged groups and those who historically have had a low take up are reached.
- Cultures or attitudes which lead to people not seeking the help they need should be challenged and services should proactively work with these groups, to reduce negative outcomes.

Table 2

Long term conditions and disabilities

What approach do commissioners need to take?

Children	Older People	Other Groups
▪ Develop a single referral and joint assessment process in each locality. ▪ Increase the range and choice of specialist and community activities for disabled children. ▪ Develop integrated services for disabled children, including appropriate childcare and short break provision for children and young people. ▪ Involve parents in the design of short breaks services. ▪ Ensure timely assessment and provision of community equipment. ▪ Establish registers for low birth weight babies and children with disabilities. ▪ Increase support for parents whose children do not meet severe disabled children's criteria. ▪ Implement effective transitional planning for children with special educational needs.	▪ Modernise home care and day services to make them more flexible and promote independence. ▪ Increase the availability of assistive technologies. ▪ Invest in falls prevention schemes. ▪ Provide a targeted adaptations service so people can stay in their own homes as long as possible. ▪ Expand effective support for the increasing numbers of people with dementia and learning disabilities. ▪ Raise awareness of dementia and encourage people to seek help. ▪ Improve support for family and carers of people with dementia. ▪ Improve training and awareness for the health and social care workforce to ensure the early diagnosis of dementia. ▪ Ensure seamless transition and coordination between learning disability and older people's services.	▪ Ensure good access to health services for people with disabilities. ▪ Enable access to normal everyday activities for people with disabilities. ▪ Ensure all providers of services for people with disabilities promote healthy living and provide help that prevents more intensive health or social care interventions. ▪ Develop self assessment tools and improve community equipment services for people with disabilities. ▪ Improve employment services, helping people with disabilities and carers to get into work. ▪ Continue to develop self-directed support and individualised budgets, including identifying models of service provision and, where necessary, brokers and advocates. ▪ Improve GP practice registers for people with learning disabilities. ▪ Make health action plans and health records available for all people with learning disabilities. ▪ Agree quality standards with community and hospital NHS services for people with learning disabilities. ▪ Increase the availability and quality of supported living placements for people with learning disabilities.

All

- Improve end of life services.
- Increase self-management of care to promote independence for as long as possible.
- Increase prevention and public awareness programmes to help individuals identify early signs and symptoms of cancer and to encourage early presentation to primary care.
- Ensure cancer screening services use equity audits to assess and improve equity of service provision.
- Continue to deliver the Closer to Home agenda with a strong emphasis on upfront public health initiatives, public engagement and self management.
- Establish registers focusing on health issues such as low birth weight babies, children with disabilities and dementia to target services more effectively and improve partnership planning.
- Continue to develop programmes for people with long term conditions that build multidisciplinary teams and coordinate services across community and hospital, health and social care settings.

Table 3

Mental health and wellbeing

What approach do commissioners need to take?

Children

- Conduct a comprehensive assessment of the mental health and emotional wellbeing needs of children and young people, leading to a strategy and approach that develops resilience.
- Develop a parenting and behaviour strategy.
- Improve equitable access to comprehensive Child and Adolescent Mental Health Services (CAMHS) through the implementation of a countywide CAMHS strategy and the development of improved care pathways.
- Improve the integration of CAMHS services with other areas of service.
- Further increase the number of young people with non-acute mental health needs offered a CAMHS assessment.
- Develop mental health awareness targeted at young people working in conjunction with education and third sector bodies.

Older People

- Develop and expand services for the increasing number of older people with mental health problems.
- Provide education and training so that health and social care staff can more effectively support people with mental health problems.
- Improve access to wellbeing services for older people, including psychological therapies, physical exercise, social engagement and bereavement counselling.

Other Groups

- Target mental health support to people affected by unemployment.
- Provide support to help people with severe mental illness to engage with mainstream services, including the provision of tailor made services for people who find it particularly difficult to use mainstream services.
- Provide regular physical health checks to people with severe mental illness.
- Improve access to psychological therapies for people with chronic physical illnesses.

All

- Conduct a comprehensive assessment of the mental health and wellbeing needs in Cumbria, leading to a mental health and wellbeing strategy
- Continue to improve access to psychological therapies
- Develop a wide range of community-based, non-medical sources of mental health support, including those that strengthen psychosocial skills, increase social interaction and provide advice and support to overcome problems related to income, employment, violence, housing and education.
- Set up mechanisms for linking people with mental ill health to these sources of support.
- Develop and coordinate evidence based services that focus on improving the employment outcomes of people with mental ill health, using health and social care services.
- Employers in Cumbria including the NHS and local authorities, should support staff to maintain their mental wellbeing and support employees if they develop a problem.
- Engage and inform employers to change recruitment and retention practices of people with mental ill health.
- Understand the link between poor or unsuitable housing and deteriorating mental health outcomes.
- Implement the Cumbria Suicide Strategy to:
  - Restrict access to the means to suicide.
  - Use social marketing programmes to promote the mental health of people at increased risk of suicide, especially young men.
  - Raise awareness of mental health and suicide and train community 'gatekeepers', frontline workers and specialist staff to identify, assess, refer and manage people at risk of suicide.
  - Ensure that all people with mental health problems and those at risk of suicide, especially people who self harm, are identified and diagnosed early and have equitable access to services that meet their health, social and material needs.
  - Ensure all partners have appropriate access to complete, accurate, relevant and timely intelligence concerning suicide, 'near misses' and deliberate self harm.

Table 4

Living conditions and health inequalities

What approach do commissioners need to take?

Children	Older People	Other Groups
▪ Target children in unemployed households who may be at greater risk of alcohol/drugs misuse and suicide. ▪ Commission programmes that help to raise levels of aspirations for children and young people. ▪ Narrow the gap between the educational attainment of children from deprived backgrounds and all Cumbrian children to enable all young people to contribute fully. ▪ Work with education providers and others to promote careers in the caring professions to young people. ▪ Ensure that children and young people affected by homelessness have access to age-appropriate services. ▪ Improve information for all young people about sexual health and contraceptive services, targeting those most at risk of pregnancy.	▪ Develop approaches to tackling fuel poverty which also give the opportunity for job creation through greater harnessing of renewable energy for heating homes. ▪ Support over-50s getting into work. ▪ Provide advice on fuel poverty through all existing service contact points. ▪ Encourage older people and those retiring into Cumbria to prepare for old age by adapting their homes before the need arises. ▪ Reduce reliance on residential care through increasing the availability of extra care housing.	▪ Increase the employment of people with mental illness through supported employment programmes. ▪ Commission services to help people with chronic illness and disabilities to return to and stay in employment. ▪ Increase access to appropriate tenancy support services for vulnerable people.

All

- Decisions in planning and place shaping should take account of their impact on people and existing services.
- Develop interventions to help prevent short-term sickness absence from progressing to long-term sickness absence and, ultimately, worklessness.
- Work with employers to encourage them to invest in workplace initiatives to promote health and wellbeing.
- Maximise the health benefits of economic regeneration programmes using Health Impact Assessment.
- Increase support so that the housing stock meets the 'Decent Homes' standard.
- Ensure that people on low incomes are involved and can influence the development of services.
- Commission the Cumbria Intelligence Observatory to evaluate and keep under review the nature and extent of poverty in Cumbria.
- Develop and deliver affordable and accessible key services for people with low incomes.
- Maximise people's incomes through comprehensive and targeted benefits take up campaigns and advice.
- Maximise employment opportunities and long-term training opportunities in the NHS and Cumbria County Council for people on low incomes.
- Develop a capacity building strategy based on mapping community assets.
- Use local legislation through byelaws to improve health and wellbeing.
- Build in targets for the key determinants of health inequalities which show how we will 'level-up' in deprived areas to those of the best in the county.
- Ensure that a comprehensive and consistent private sector housing conditions survey is carried out on a regular basis and linked to strategic planning.

Table 5

Lifestyle and behaviours

What approach do commissioners need to take?

Children	Older People	Other Groups
▪ Organise activities for children and young people in holidays which are entertaining, can build social and other skills and help divert them from anti-social behaviour. ▪ Implement the Cumbria Alcohol Strategy action plan for young people. ▪ Provide targeted and specialist drug and alcohol services to priority groups. ▪ Develop referral pathways from Accident & Emergency as an alternative to hospital admissions for children with alcohol related issues. ▪ Target training for teachers and other professionals to deliver drug and alcohol education. ▪ Increase the capacity and choice of weight management programmes for children and families. ▪ Continue to work with all schools on effective personal social and health education. ▪ Develop and coordinate locality strategies across all agencies to halt the rise in obesity amongst children, including family and community based programmes. ▪ Develop effective approaches to reduce smoking amongst pregnant women. ▪ Implement the North West Breast Feeding Framework and delivery of tailored support programmes for breast and infant feeding among pregnant women and mothers.	▪ Promote new methods of supporting smoking cessation, reducing alcohol misuse and promoting physical activity and healthy eating for older people. ▪ Work with the voluntary sector to support older people to maintain an active role in their communities and prevent social isolation.	▪ Ensure all providers of services for people with disabilities promote healthy living. ▪ Ensure access to alcohol treatment services for the homeless and ex-offenders.

All

- Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion.
- Develop prevention programmes for families, and improve food skills through school and community initiatives.
- Ensure that interventions to promote healthier behaviours are targeted at the most at-risk groups and involve people on low incomes and deprived communities in their development.
- Ensure workforce knowledge and skills development on weight management, particularly for front-line workers in primary care.
- Ensure that tobacco control legislation is complied with, focusing particularly on smoke-free public places and access to smuggled or counterfeit tobacco.
- Establish a network of healthy city, towns and villages across Cumbria in order to engage stakeholders and residents in improving the health of their communities.
- Implement the Cumbria Alcohol Strategy to:
  - Reduce the harm to health caused by alcohol
  - Reduce alcohol related crime and anti-social behaviour
  - Safeguard children and young people
  - Reduce economic and social harm from alcohol misuse

3

The people of Cumbria

There are 496,900 people living in Cumbria. Sixteen percent (80,100) of these people are under 15 years old and 19% (96,000) are aged over 65. Cumbria has an older population than the national average with approximately 16,600 more people over 65 years of age than one would expect given the England age profile. ***See figure 2***.

The most recent population projections show that by 2031 Cumbria's population will have grown by 13% to 560,200. ***See figure 3***. Projections show that there will be an increase of 69,800 people aged 65 years and over and a decrease of 5,600 in those aged below 65. The majority of this decrease will be amongst people under 19 years old. This population growth will not be evenly spread across the county. An 18% increase is predicted for Carlisle and only a 6% increase in Barrow-in-Furness. The increase is largely a result of retirees entering the county and people living longer once here.

Research carried out by the Department of Communities and Local Government

Figure 2
Cumbria and England mid-2007 population estimates

Source: ONS

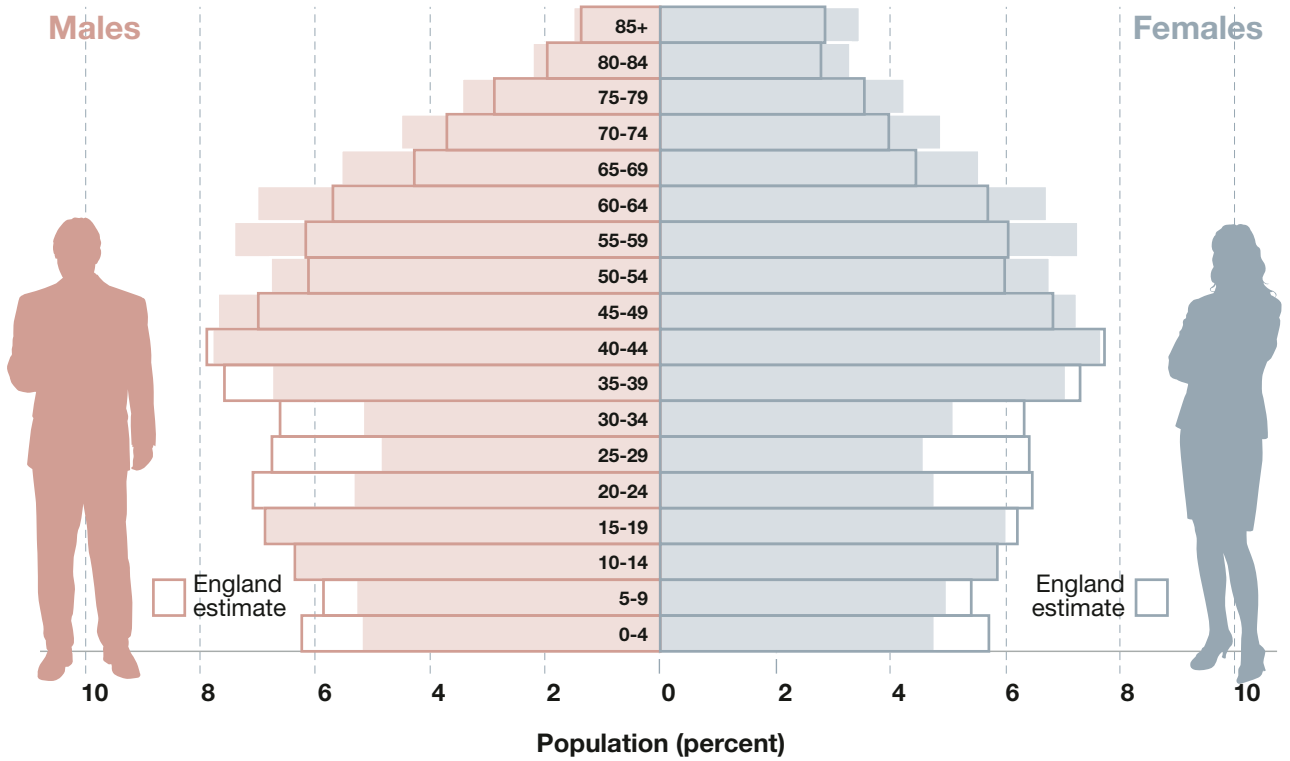
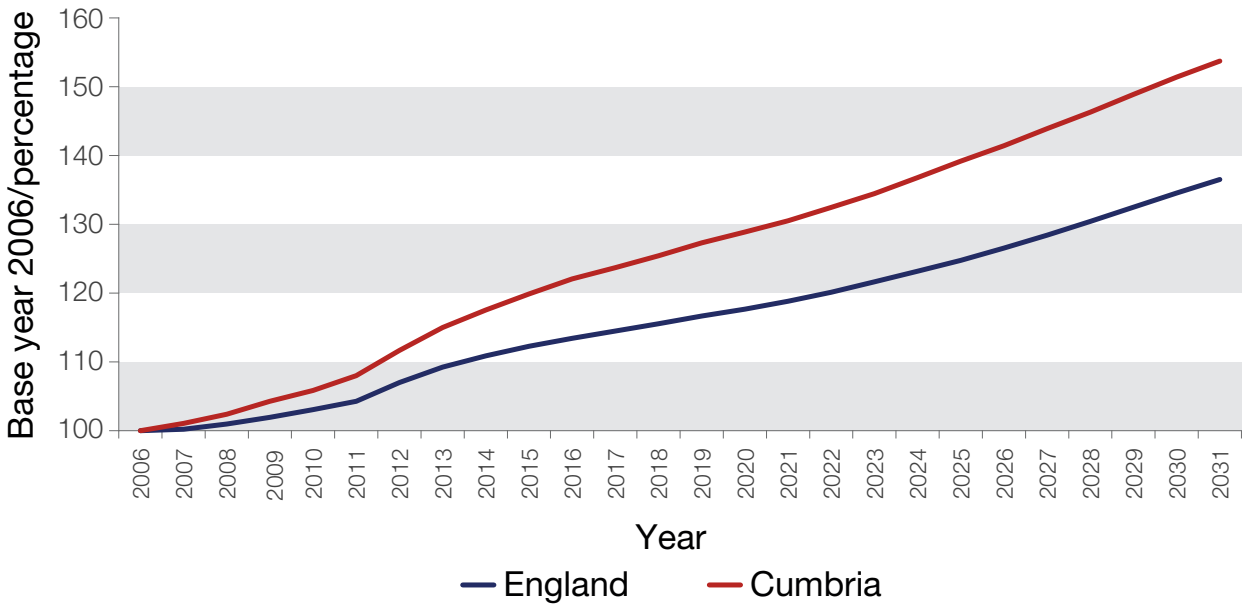


Figure 3

Predicted population growth of people aged 65 and over, 2006 to 2031

Source: ONS



has predicted that, due to these migration patterns, areas in Cumbria will experience some of the highest levels of the creation of over 65 year old households in the country. A much larger and older population will create a greater demand for personal health and social care at a time when there are less people of working age to provide it.

There are an estimated 3,500 people from Black and Minority Ethnic (BME) groups in Cumbria (0.7%). Whilst this is much lower than the average for England and Wales, it is still a factor that health and social care services need to take into account.

There has also been significant immigration into Cumbria from other countries, particularly those in Eastern Europe. Between 2002 and 2007 there were 8,320 applications for National Insurance numbers from Eastern European migrants in Cumbria. This immigration is predominantly associated with the tourist sector in the Lake District, agriculture in rural areas and the sea food industry on the coast.

We know that at a national level migrants and people from BME groups often experience difficulties in accessing health and social care services. In some

cases they may also have poorer health than the rest of the population. Other groups such as lesbian and gay people and people with disabilities are also likely to face discrimination in using services.

Further information is needed on how these groups are using services. Commissioners need to be aware of the needs of these groups to ensure that services are appropriate and do not have an adverse impact.

Long term conditions, chronic illness and disability

4

This chapter considers the implications of the changing pattern of long-term conditions, chronic illness and disability, on health and social care services in Cumbria.

By long-term conditions and chronic illness we mean those conditions that people have to live with over a period of time such as cancer, Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart disease, stroke and dementia.

Physical impairments can affect people's ability to carry out day to day activities, so causing disability. A learning disability is when a person's capacity to learn is affected.

> *"Gaps in current service provision will need to be addressed by evidenced based approaches..."*

This section outlines the information used to decide on the need for services. These include:

- The level of disease and disability in the population
- Information about services provided
- Research evidence
- The views of people in Cumbria

Commissioners need to understand which groups are affected by these conditions and the predicted increase in the numbers of people requiring services that will result from the ageing population. Gaps in current service provision will need to be addressed by evidenced based approaches that align with the preferences and aspirations of the people affected.

4.1 The pattern of long term conditions and disability

Cancer and circulatory disease are the leading causes of premature mortality in Cumbria and are important reasons for the differences in life expectancy between areas. ***See figure 4***. The good news is that deaths from both of these causes are falling. Nevertheless there is a significant gap in premature deaths from cancer and circulatory disease between the most deprived communities and the rest of Cumbria. For circulatory diseases this gap has started to narrow in recent years.

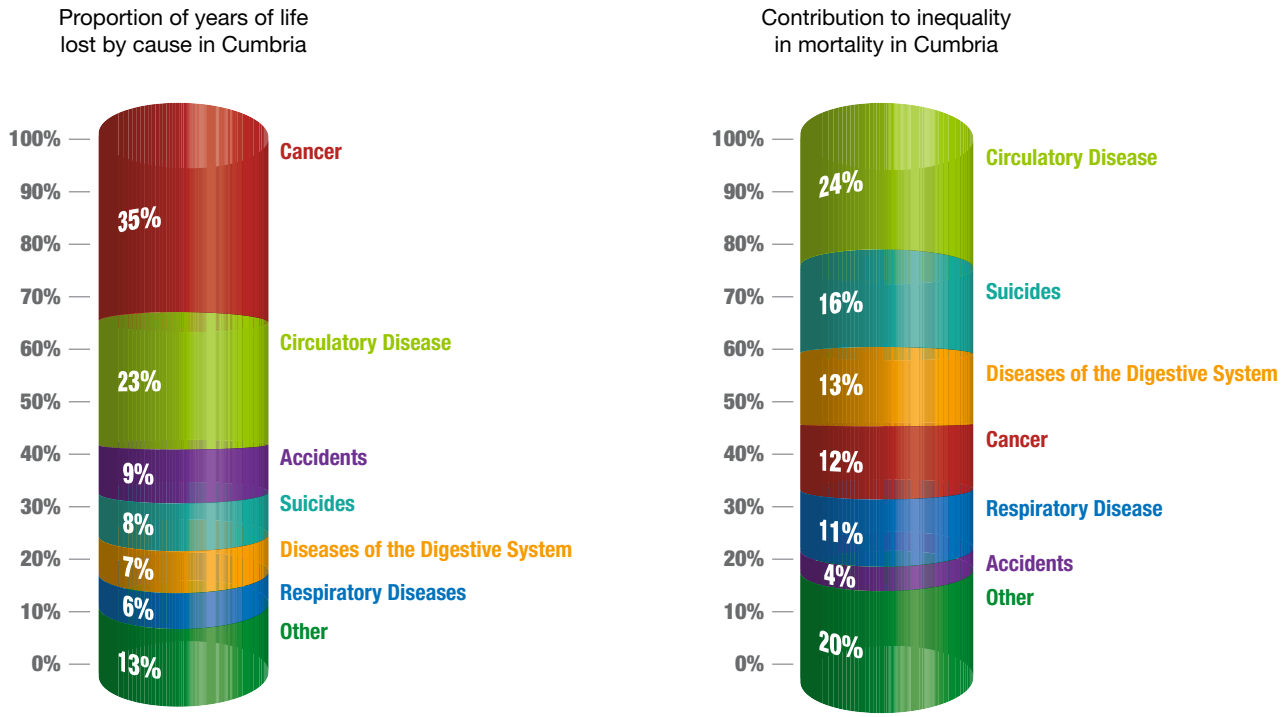
The more socially disadvantaged areas of Cumbria experience higher levels of mortality from chronic diseases. These inequalities in health are not only reflected in how long people live but also how many years are spent in good health. The proportion of people with chronic illnesses and disabilities closely mirrors the level of social disadvantage in each area. This is true for adults as well as children.

4

Figure 4

Proportion of years of life lost (under 75) and contribution to inequality, major disease categories

Source: NHS Cumbria mortality files, 2005-2007



As we get older we are more likely to be frail and affected by disability. Areas with older populations such as Eden and South Lakeland will have higher numbers of people requiring support to live independently into old age. The prevalence of dementia also increases rapidly with age and will therefore be more common in these areas.

Whilst the number of premature deaths from chronic disease is likely to decline in the future, the numbers of people living with long term conditions and disability is likely to increase considerably. This is partly because there will be a greater number of older people in the future, but also because some risk factors, such as obesity and alcohol misuse, are increasing. Technological advances and increased survival rates of low birth weight babies mean that the numbers of children with disabilities is also increasing[8].

Table 6

Long term conditions, chronic illness and disabilities

The numbers in Cumbria

		Compared to national average	Trend
Mortality	730 deaths under 75 from cancer each year[2]	■	▼
	480 deaths under 75 from circulatory disease each year[2]	■	▼
Chronic illness	26,000 (5%) people diagnosed with coronary heart disease[3]	■	X
	19,000 (4%) people diagnosed with diabetes[3]	■	▲
	11,000 (2%) people who have had a stroke[3]	■	X
	10,000 (2%) people diagnosed with Chronic Obstructive Pulmonary Disease (COPD)[3]	■	X
	6,800 (7%) people aged over 65 with dementia[3]	■	▲
	5,000 (1%) people diagnosed with cancer[3]	■	X
Disability	One in five Cumbrians (100,000 people) report that they have an illness that affects their daily activities or work	■	▲
	33,000 (11%) people aged 18-64 years old with a moderate or severe disability[4]	■	▶
	32,000 (32%) people over 65 years unable to manage at least one self care task[5]	■	▲
	35,000 (35%) people over the age of 65 are unable to manage at least one domestic task on their own[5]	■	▲
	9,000 (9%) people over 65 with a moderate to severe visual impairment[5]	■	▲
	20,000 (18%) children in Cumbria under the age of 20 are reported to have a limiting illness or disability[6]	■	▲
	2,500 (2%) children with a severe disability are receiving disability living allowance[7]	■	▲
	1,700 children under 20 years old with a learning disability[6]	■	▲
	7,300 people aged between 18 and 64 with a learning disability[4]	■	▶
	2,000 people aged over 65 with a learning disability[3]	■	▲

■ Worse than average or worsening trend ■ Similar level or no change ■ Better than average or improving trend X Data not available

4

More in the future...

By 2015 these numbers will have increased by:

- **5,000** more people with Diabetes[9]
- **6,000** more people over the age of 65 unable to manage at least one self care task[5]
- **6,000** more people over the age of 65 unable to manage at least one domestic task[5]
- **1,600** more people over the age of 65 with a moderate to severe visual impairment[5]
- **1,200** more people with dementia[3]
- **2,500** more people over the age of 65 with learning disabilities[5]

4.2 Services and strategies - long term conditions and disability

Service use in Cumbria

149,519 admissions to hospital in Cumbria each year[10]
130,000 attendances at A&E[10]
3 million consultations with clinicians in general practice[11]
1,800 people over 18 with learning disabilities recorded on GP registers[3]
9,600 people in Cumbria with a physical disability receiving social care services
1,380 adults with learning disabilities supported with social care
736 major adaptations to people's homes to help them remain independent
2,300 children with statements of special educational needs[12]

Rates of hospitalisation in Cumbria are higher than average for surgery, trauma and orthopaedics as well as for general and geriatric medicine and paediatrics.

Most people using social care services are over the age of 65 (88%) and the majority of support is provided in the community (70%). The use of social care services across Cumbria reflects both levels of social disadvantage and the age of the local populations. ***See figures 5a & 5b***.

The division between 'health care' provision and 'social care' support can often be unclear for people with long term conditions, chronic illness or disabilities. Increasingly Cumbria County Council and NHS Cumbria are working together to develop integrated working arrangements.

A pilot is shortly to start in north Cumbria looking at targeting adaptations and support for people with a high risk of unplanned

Figure 5a

Map showing the rate of people aged 65 and over supported by adult social care services in the community per 1,000 population

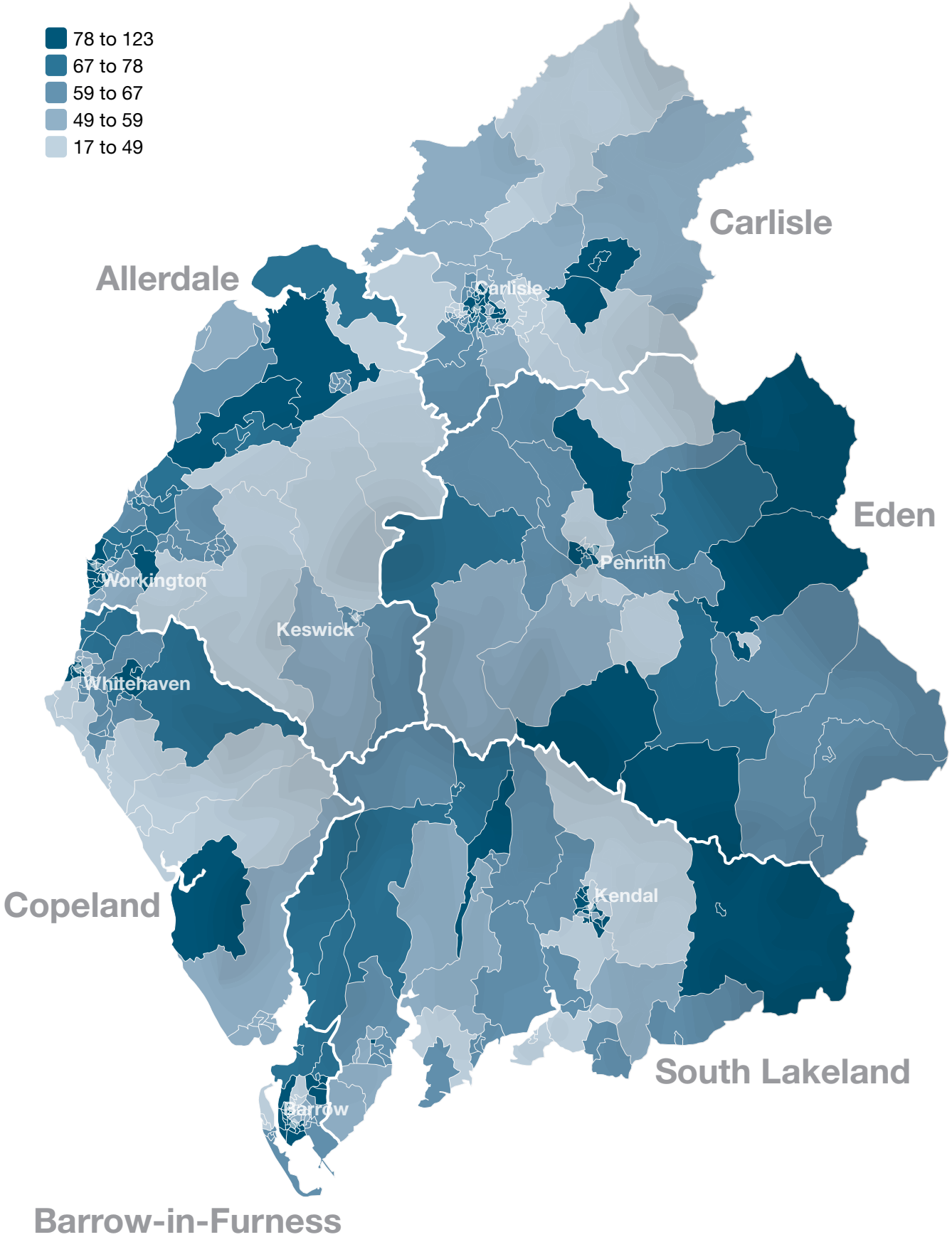
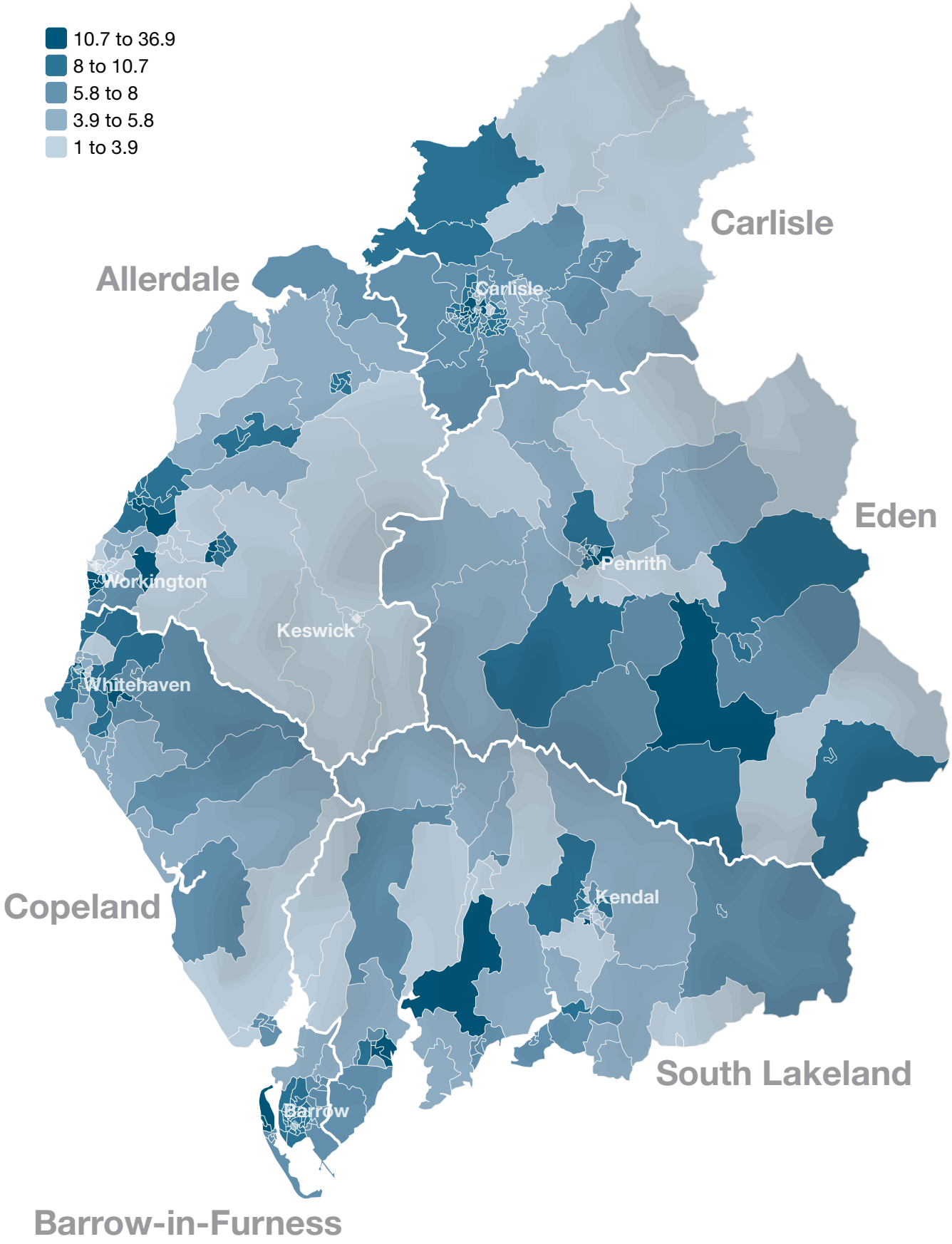


Figure 5b

Map showing the rate of people aged 18-64 supported by adult social care services in the community per 1,000 population



hospital admission. By developing a predictive risk model, it is hoped that intervention can be targeted at those who are not only at most risk but also need the most resources. For example, by intervening before someone has a serious injury from a fall we will be taking a more proactive approach. This preventative way of working will reduce risks for the individual and future costs for health and social care.

NHS Cumbria has developed an extensive transformation programme for re-orientating the health economy of Cumbria. The 'Closer to Home' strategy sets out how more health care will be provided in the community, built around the needs of local people.

For people with long term conditions in particular, this means more of their management will take place in their own communities, allowing hospital specialists to concentrate on more complex cases. As a result, people with long-term conditions should have more control over their lives and spend less time in hospital.

Improved self management and greater independence will be achieved through a variety of initiatives:

- Standardised person-centred care planning process
- Educational packages
- Personalised treatment budgets
- Better access to psychological services

Alongside this, the vision for adult social care in Cumbria is to increase independence and choice. This is being achieved through several interlinked programmess such as the Independent Partnership Project, Self Directed Support, Individual Budgets and the Supporting People Programme. Self-directed support means that people are able to design the support or care arrangements that best suit their specific needs.

Health and social care services are working closely together to offer rehabilitation and support through short term intervention teams across Cumbria.

The Disabilities Facilities Grant is a local council grant to help towards adapting the homes of disabled people to enable them to live independently. Increasing uptake of these grants is a target in the Cumbria Local Area Agreement (LAA). In 2008-09 there was a 47% increase in the number of people whose home was adapted using the disabled facilities grant in the county.

The impact of these changes in the delivery of both health and social care will mean more services being delivered in people's homes. Enabling people to remain independent will reduce the numbers who go into residential care and who are admitted to hospital. However it will also result in increased demand for home adaptations.

Compared to the general population, people with learning disabilities are more likely to suffer from health problems. They are more likely to have mental health problems and die prematurely of preventable causes[13].

4

In collaboration with independent sector colleagues, the community learning disabilities teams have developed assessment and health action planning materials and training.

A recent audit indicated that 65% of people with learning disabilities had a health action plan. This was a marked improvement on the 2005 level of just 32%.

Cumbria County Council has teams of social workers and family support workers who specialise in working with children with disabilities. They work with colleagues in other organisations such as the NHS, schools and the voluntary sector to coordinate the services provided for these children. All agencies that work with children and young people in Cumbria are part of the Children's Trust and work together to implement the Children and Young People's plan.

One of the priorities of this plan is to improve services for children with disabilities. This includes providing 'short breaks' as part of a national transformation programme called 'Aiming High for Disabled Children'. This has brought in new funding to improve short break services, childcare support, transition support and palliative care for children with disabilities.

As part of the Children and Young People's Plan, the Children's Trust is improving the way short breaks are delivered. This will include piloting a multi-disciplinary service for 0-19 year olds in Copeland locality, putting single referral and joint assessment processes in place, increasing the range and choice of specialist and community activities and ensuring timely assessment and provision of community equipment.

A new indicator is being introduced to assess performance. The Disabled Children's Services national indicator (NI 54) will look at parental experiences of services for disabled children and young people aged 0 to 19, and the extent to which these services are delivered according to the national standards.

4.2 What works – long term conditions and disability

This section outlines some of the research findings. These show that:

- Greater integration of services for adults and children with long term conditions and disabilities is likely to result in improvements.
- More community based care by multi-disciplinary teams and greater control of individual budgets may improve outcomes for some groups.
- Additional support is needed for some people, in particular the elderly, in developing more personalised forms of care provision.
- There is evidence to support early diagnosis and specialist intervention services for people with dementia.
- Focusing on early intervention and prevention strategies such as reducing falls and the numbers of unplanned hospital admissions, not only helps individuals but also reduces future costs.

An evidence review commissioned by NHS Cumbria concluded that the development of community and primary care, as part of a shift away from acute hospital care is particularly appropriate for long term conditions such as COPD/asthma, coronary heart disease, diabetes, and heart failure. There is evidence indicating that the management of people with these chronic illnesses, involving close collaboration of primary and secondary care professionals and community based multi-disciplinary teams, delivers better outcomes than usual care and reduces hospital admissions[14 15].

There is also evidence that managed care which involves co-ordinating a range of services in the community and in hospital, together with integrating social and health care can reduce unplanned hospital admissions[16]. A pilot approach in Cumbria is to target people at risk of unplanned admissions using predictive modelling tools[17]. This has been found to be effective in one randomised trial[16].

An evidence review of the costs and benefits of home adaptations concluded that they were not only cost effective but also improved individuals', their families' and carers' quality of life and mental wellbeing[18]. The Wanless Review of Social Care suggested that the benefits of community intervention should be measured against improvements in people's quality of life in the same way as the National Institute for Health & Clinical Excellence (NICE) might look at a medical treatment. Often these community based interventions are both cost effective and what people want[19].

Offering people individual social care budgets has been piloted and evaluated in the UK. There were some encouraging indications that people with individual budgets felt more in control of their lives. However the improvement in health and social care outcomes varied by user group.

The most positive effects were found in working age people with physical and/or sensory impairments. However, questions were raised about the impact of individual budgets on older people. The research suggests that anxieties and stress amongst some older people outweighed the potential gains from the increased independence[20 21]. This suggests that greater brokerage and support is needed for older people who wish to have greater control over their social care budgets[21].

In 2007 the Treasury and the Department for Education and Skills conducted a `Call for Evidence' as part of a policy review of children and young people. With respect to children with disabilities, the main areas highlighted were the need for:

- Greater coordination and integration of services
- Early intervention and referral to specialist services
- More short breaks, key workers, transition planning and therapists

4

The Department of Health has produced the first ever national dementia strategy – Living well with dementia. This outlines the case for change and indicates that there is evidence to support:

- Services for early diagnosis and intervention to improve quality of life and reduce admissions to care homes
- Specialist dementia home-care services
- Specialist older people's mental health liaison teams
- Ensuring access to physical rehabilitation services for people with dementia
- Flexible care packages for people with dementia in extra care housing.
- Improved end of life care for people with dementia[22]

4.3 What people have been telling us - long term conditions and disability

Cumbria County Council and NHS Cumbria have undertaken a range of formal public consultations, including those associated with 'Closer to Home' in the north of the County, The Older People's Strategy and consultation for the 2008/09 refresh of the Children and Young People's Plan. Several themes have emerged:

People want...

- Simple, locally accessible, connected services
- Services that meet individual needs and which are flexible and responsive
- Timely access to appropriate levels of care, in one's own home if possible, or in hospital if necessary
- Confidence in the capacity of services to provide an emergency response
- Access to timely information and low level support to help maintain independence
- Support to be able to live in one's own home for as long as possible
- Support to get out and about and maintain social contacts
- To be able to keep the concept of having one's own 'front door', even when in residential care
- To have a say in how services are developed
- To be able to trust the people providing care and support
- Confidentiality to be maintained
- Services that that are welcoming and do not judge the way people look, speak or where they come from[23 24]

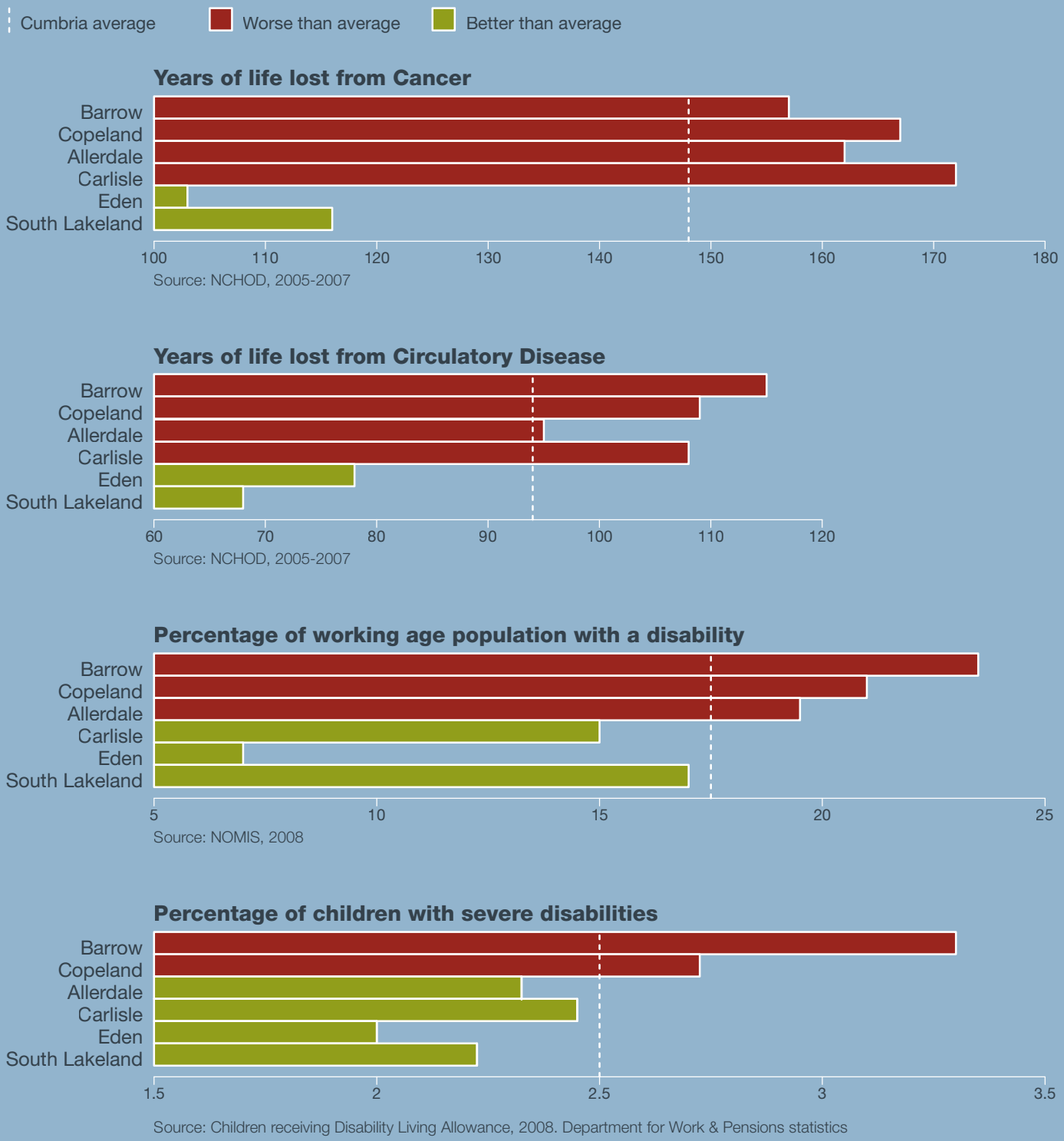
Consultation carried out for the Learning Disabilities Strategy reveals the priorities for service users. This highlighted that people with learning disabilities expect the same opportunities enjoyed by all people, including:

- A system that is easy to understand
- The same housing choices as the rest of the population
- Access to employment and training
- More choice and variety – with paid carers acting in an enabling and supportive role
- Improved support for family and carers
- More control over their lives[25]

Figure 6

Long term conditions and disabilities

District comparisons



Mental health and wellbeing

5

This chapter considers the changing pattern of mental health and mental illness in Cumbria and the implications of this for the commissioning of services. Recent research suggests that mental health has two dimensions:

- Positive mental health which includes life satisfaction, positive relationships with others and purpose in life
- Mental health problems, such as depression and psychotic disorders

Good mental health is therefore more than the absence of mental illness. It is important that commissioners understand the diverse needs of these groups, in particular the predicted rise in the number of people with mental illness that will result from an ageing population.

5.1 The pattern of mental health and mental illness

The picture of mental health in Cumbria is mixed. Whilst there are only a few measures of positive mental health, these tend to be better than the average for both adults and children. However this hides differences between areas within Cumbria.

Levels of reported happiness and satisfaction are much lower in Barrow and west Cumbria as compared to Eden and South Lakeland. Similarly rates of suicide are significantly higher in the most disadvantaged areas as compared to more affluent areas in Cumbria. Models predicting the levels of common mental health disorders, such as anxiety and depression, estimate nearly one and a half times the rate in Barrow as compared to Eden. ***See figure 7***.

As with many other conditions, we know mental health and illness is closely associated with social disadvantage. In particular unemployment and loss of work have major consequences for mental health. The current economic downturn is therefore expected to result in an increase in mental illness. With the ageing population in Cumbria, there is also going to be a large increase in the numbers of people over 65 with mental illness.

5.2 Services and strategies - mental health and mental illness

Service use in Cumbria

8,000 people in contact with secondary mental health services[33].

1,200 people were admitted to secondary mental health services[30].

2,200 adults with mental health needs supported with social care[34].

There is a wide range of different services provided for people with mental ill-health. These are provided by primary care services, social services, specialist NHS services and the voluntary sector.

Table 7

Mental health and wellbeing

The numbers in Cumbria

		Compared to national average	Trend
Positive Mental Health	85% of adults report that they were satisfied with their local area as a place to live, as compared to 75% for England as a whole[26]	■	▲
	77% of adults in Cumbria report that they are either happy of very happy with life[12]	X	X
	73% of Cumbrian children surveyed agreed with the statement " *I feel happy about life at the moment*" as compared to 69% nationally[13]	■	X
Mental Illness	57 suicides were registered in 2007 (41 men and 16 women)[29]	■	▶
	Of the suicides registered in 2006, 18% of men and 38% of women were unemployed as compared to a Cumbria average of less than 3%[29]	X	X
	750 emergency admissions for mental health conditions[30]	■	▲
	863 people admitted for deliberate self harm[30]	■	X
	53,000 (14.5%) adults with a neurotic disorder (e.g. depression, phobias, anxiety, OCD and panic disorders)[31]	■	X
	Between 9,800 and 14,700 people aged over 65 with depression[5]	■	▲
	4,000 (0.8%) people in Cumbria diagnosed with schizophrenia, bipolar disorder or other psychoses[3]	■	X
	3,000 children in Cumbria who are experiencing severe, complex and persistent disorders (tier 3 and 4)[32]	X	X

■ Worse than average or worsening trend

■ Similar level or no change

■ Better than average or improving trend

X Data not available

More in the future...

By 2015 these numbers will have increased by:

- **2-3,000** more people over 65 with depression[3]

Cumbria Partnership NHS Foundation Trust is the main provider of specialist mental health services and works closely with a range of other agencies, including Adult Social Care and Children's Services. The services provided range from outreach support and centre based services to short term crisis admissions, supported living services and inpatient care for comprehensive assessments.

Over the last ten years mental health services have been transformed. Increasingly, support is being provided within people's homes or in other local support units. Early identification and comprehensive assessment, along with good community support and 24 hour crisis teams, will help reduce hospital admissions and ensure hospital beds are used for the small number of people who need them.

Detailed proposals for the redesign of secondary mental health services in Cumbria have been developed and are currently being consulted upon. These outline various changes to inpatient care as well as improvements to rehabilitation services. They describe how the pooling of health and social care funds will support more personalised and flexible care.

A major expansion of primary care mental health services is planned. This includes delivering psychological treatments, often referred to as "talking therapies", for common mental health disorders. NHS Cumbria plans to expand the size of this service over the next 12 months and fully implement the national programme of Increasing Access to Psychological Therapies (IAPT) by 2011[35].

NHS Cumbria and Cumbria County Council are working together to develop a mental health and wellbeing strategy for Cumbria. This will include comprehensive arrangements for user and carer involvement.

A specific part of the strategy is about significantly reducing suicide levels. This is particularly important as a recent audit found that 90% of people who committed suicide had been in contact with their GP in the previous year, half had some previous contact with specialist mental health services and 75% had a diagnosed mental illness. This suggests that there are

opportunities for early identification and prevention[29].

Child and Adolescent Mental Health Services (CAMHS) are a priority in both NHS Cumbria's Strategic Plan and the Children and Young People's Plan. CAMHS provide high quality, multidisciplinary mental health services to children and young people with mental health problems and disorders. The plan is to fundamentally reconfigure CAMHS to improve access and the quality of care.

5.3 What works - mental health and mental illness

Strategies to promote good mental health need to include a mix of population-wide measures to improve social, economic and environmental conditions as well as attention to the needs of individuals with mental ill-health. The National Service Framework (NSF) was launched in 1999 outlining seven standards for effective mental health services. These cover:

- Mental health promotion
- Primary care and access to services
- Effective services for people with severe mental illness
- Caring about carers
- Preventing suicide.

The NSF concludes that mental health promotion is most effective when interventions build on social networks enhancing community resilience as well as individual psychological wellbeing. In particular, there is evidence that effective interventions to promote mental health, prevent mental illness and reduce suicide include:

- Improved housing conditions
- Exercise, relaxation and stress management
- Reducing alcohol and drug misuse
- Teaching interpersonal awareness
- Workplace interventions to reduce stress
- Support for pregnant women
- High quality pre-school and nursery education
- High quality psychological interventions for the unemployed
- Screening for mental illness amongst high risk groups such as people with other chronic illnesses
- Restricting access to the means to suicide[36-39].

There is an extensive evidence base concerning the diagnosis and treatment of mental health disorders in both adults and children. The National Institute for Health & Clinical Excellence (NICE) has reviewed this evidence and produced guidance on depression, anxiety, post traumatic stress disorders, schizophrenia, eating disorders, deliberate self harm and substance abuse.

Evidence on interventions for children and adolescents is summarised by the CAMHS evidenced based practice unit[40]. There is increasing support from these reviews for the effectiveness of 'talking therapies' in a

range of settings, particularly for common mental health problems such as depression and anxiety.

5.4 What people have been telling us - mental health and mental illness

Extensive consultation activities have taken place with the users of mental health services and their carers. These are outlined in the consultation report Mental Health Services in Cumbria[34].

Mental health service users and their carers said that:

- Mental health care and recovery should be considered as a whole in each locality. It is vital that there is a network to support people needing help and that this continues to support them as they return to normal life. This needs careful planning and the care programme approach must work for everyone.
- Quality of service is fundamental.
- Education and training is needed for staff, service users and carers.
- What is provided by each organisation must be clearly set out.
- Appropriate 'talking therapies', including cognitive behavioural therapy and other specialist services, should be available with the minimum of waiting.
- Special services for managing crises and supporting recovery are crucial and local accommodation should be available to support this. In all cases, there must be timely access as close to home as possible.
- There is an overwhelming need for an extended community service to be up and running before bed numbers are reduced.
- In some cases, individuals may not be able to live independently, so alternatives must be available.
- Carers need effective support and respite. They should not be pressurised and overloaded. If carers cannot continue to support service users, alternative care must be available.
- The role of short term supported accommodation and specialist services needs to be clear, easy to understand and effective. The difficulties of actually travelling to those services should be recognised and support provided.

> *"Mental health care and recovery should be considered as a whole in each locality."*

- The requirement for highly specialised care needs to be recognised and fully provided.
- All parties involved in providing and using the services must trust and respect each other.
- Changes must be made in line with the resources available. No changes

should be made, including inpatient provision, without first considering the implications for all mental health service users and their supporters across Cumbria[34].

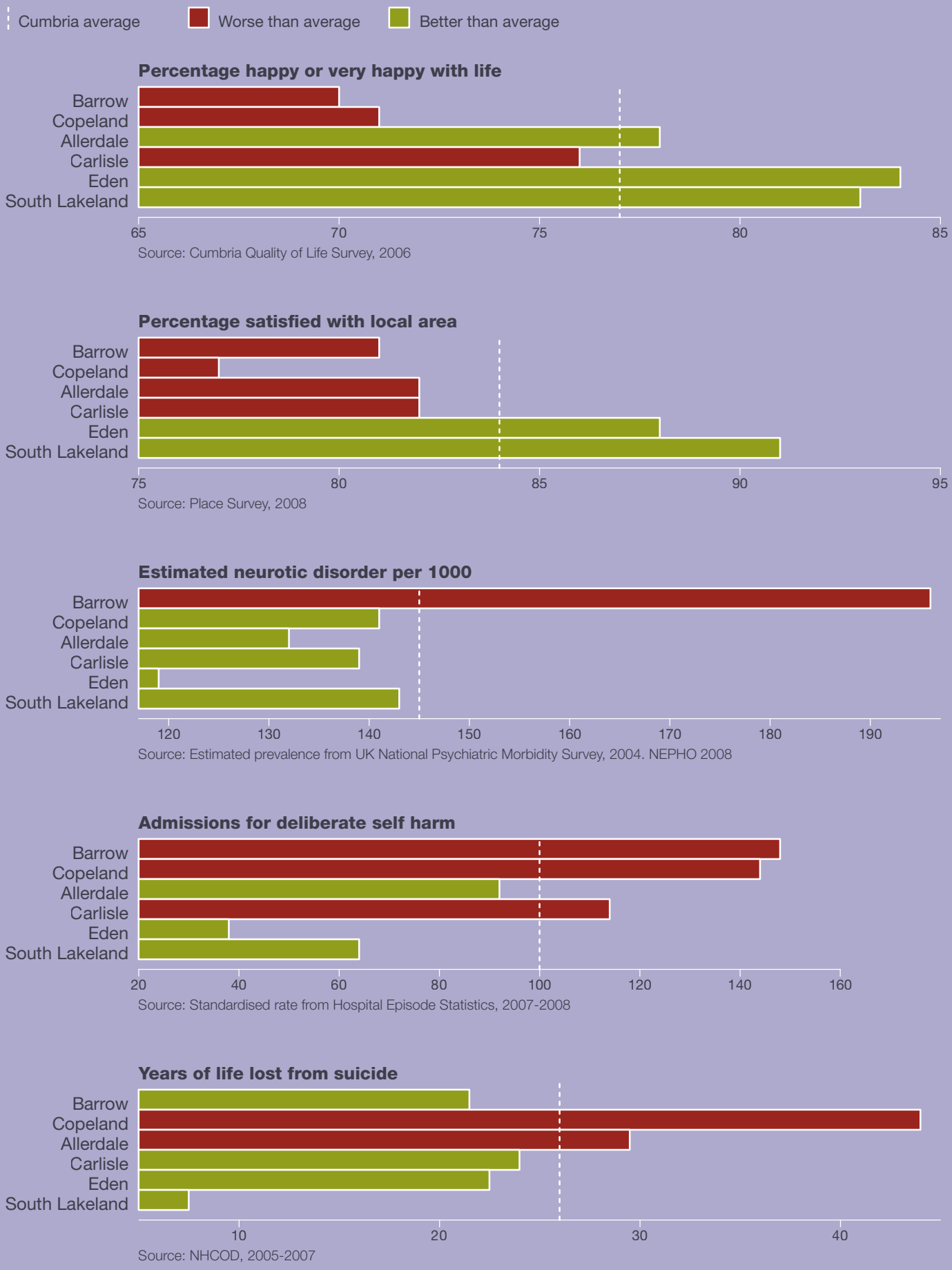
Recent consultation activity by Children's Services identified that service users, carers and other stakeholders felt that:

- Referral mechanisms and CAMHS resources need to be restructured across Cumbria to enhance access, particularly in Furness locality.
- There needed to be more recognition of hidden harm, such as parents with alcohol and mental health problems, and better links with other initiatives.

Figure 7

Mental health and wellbeing

District comparisons



6

Living conditions and health inequalities

There is a wealth of evidence that illness does not strike people by chance. To a large extent it is the conditions in which people are born, grow, live, work and age that determine their risks of developing disease and poor health. These circumstances are often referred to as 'The Social Determinants of Health'. ***See figure 8***.

They are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequalities, the unfair and avoidable differences in health status between social groups[41].

We know that across the UK there is a gradient of health from the most disadvantaged groups to the most affluent. Areas with better economic, housing, crime, education and environmental indicators have better health. This largely explains why the 20%

Figure 8

Determinants of health

After Dahlgren and Whitehead

6

of people living in the most affluent areas of Cumbria (Quintile 5) can expect to live on average six years longer than the 20% of people living in the most disadvantaged areas (Quintile 1)[42]. ***See figure 9***.

It is important that commissioners from both health and social care take socio-economic factors into account when developing new or existing services. People living in poorer socio-economic circumstances are more likely to suffer from chronic disease and disability and the consequences of this will also be more severe often resulting in loss of employment or reduced income. They will also tend to experience poorer outcomes from health and social care services.

This means that there needs to be greater investment in services provided for the most disadvantaged groups and that these services will need to be innovative and targeted to enhance effectiveness.

6.1 The pattern of living conditions and health inequalities

One measure of the social determinants of health is the Indices of Multiple Deprivation (IMD). This combines a range of measures of deprivation related to income, employment, health, education, housing, environment and crime. If Cumbria is divided into fifths, based on the level of deprivation in each area, the areas with the highest levels of deprivation are concentrated in the urban centres of Barrow, Workington, Whitehaven and Carlisle, ***See Figure 9***.

However, just focusing on deprived areas can mean that we miss the large numbers of people who are socially disadvantaged but do not live in these 'deprived areas'. Rather they live across Cumbria, alongside more affluent groups. Of the 63,000 people on low income benefits or tax credits in Cumbria, only 44% (28,000) live in the 20% most deprived areas given above. This means that the majority of people in relative poverty (56%) live outside these deprived areas, and 38% (20,000 people) live in rural areas. The combination of low income, isolated location and poor access to transport can have a major impact on health.

As has already been shown, there are big differences in premature death rates from circulatory diseases and cancers when one compares the six local authority areas in Cumbria. These differences start at birth. On average there are two additional deaths in babies under one year old per 1,000 live births in the most deprived groups in Cumbria (Quintile 1) as compared to the most affluent (Quintile 5)[2].

Figure 9

Map showing Cumbria divided into five areas of equal population based on the level of deprivation

Levels of deprivation are based on the following criteria:

- Crime
- Benefit claimants
- Educational attainment
- Health
- Environmental quality
- Employment
- Access to housing
- Access to services

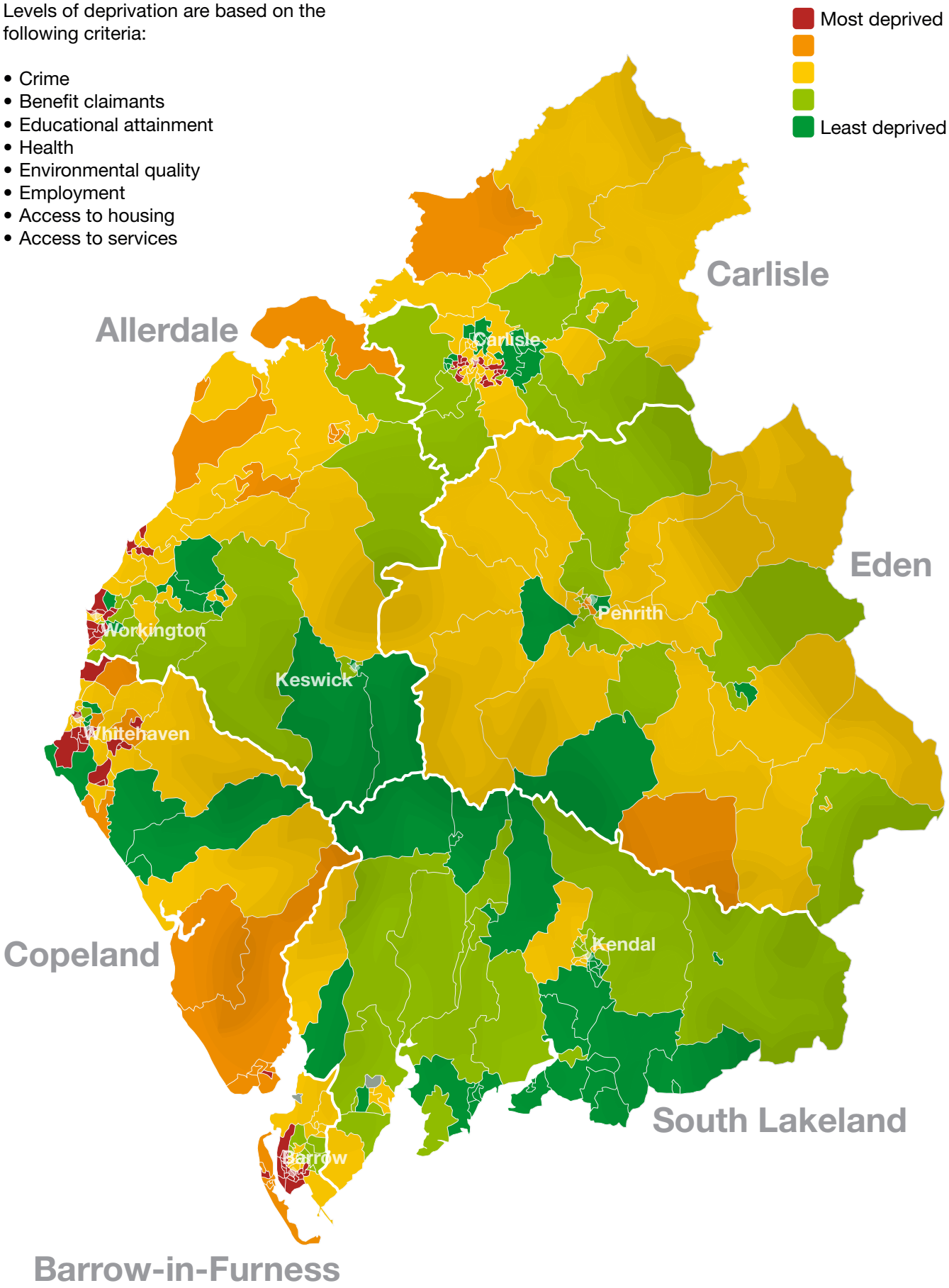


Table 8

Living conditions and health inequalities

The numbers in Cumbria

		Compared to national average	Trend
The Health of Children	In Cumbria between 2005 and 2007, 66 babies died before their first birthday[2]		
	328 (7%) of babies born in 2007 weighed under 2.5kg[2]		
	Almost every day in Cumbria one teenage schoolgirl becomes pregnant. The current conception rate is 40 per 1,000 girls[2]		
Work, Poverty, Education & Housing	15,000 (16%) children in Cumbria live in poverty. This varies from 23% in Barrow to 9% in South Lakeland[43]		
	The number of people unemployed and claiming benefits in Cumbria rose by 766 between January and February 2009 to reach 8,135 (2.7%).This is the highest it has been in since August 2000		
	In February 2009 there were six unemployed people to each unfilled job vacancy in Cumbria		
	48% of people with a disability in Cumbria are employed compared to 51% nationally. This varies from 29% in Copeland to 57% in South Lakeland		
	27% of Cumbrians of working age are qualified to at least level 4 or higher as compared to 30% nationally (2007)		
	14,000 (7%) of households in Cumbria are in fuel poverty. This compares to 6 % of households in England as a whole[1]*		
	There are 23,000 people (7%) in Cumbria on incapacity benefits		
	People in 666 (32 per 10,000) households in Cumbria are living in poor condition housing[42]		
	156 families are homeless; an increase from 77 families in the previous year[42]	X	
	Only 29% of people feel they could influence decisions affecting their area[26]	X	

Worse than average or worsening trend

Similar level or no change

Better than average or improving trend

X Data not available

* These figures are based on 2003 data and are therefore an under-estimate, given the increases in fuel prices in recent years.

For many of these indicators Cumbria is similar to the average for England. However, there are areas of concern:

- Relatively large numbers living in poor condition housing
- High levels of fuel poverty
- A low proportion of the workforce educated to degree level or higher
- Low employment levels amongst people with disabilities
- Increasing number of homeless families.

Even where Cumbria is performing well on average, this masks some important differences, with some parts of Cumbria experiencing conditions that are comparable to the worst in England.

6.2 Services and strategies - living conditions and health inequalities

The local services, strategies and policies that influence the conditions into which people are born, live and die are too numerous to outline in this report. However, there are four important areas where local policies can make a difference:

- Services to support mothers and children
- The education system
- Creating the conditions for decent employment opportunities
- Access to quality housing

Developments planned in Cumbria in each of these areas will be looked at in turn.

The Children and Young People's Strategy indicates a shift of resources towards preventative services that better safeguard and promote the wellbeing of children, young people and their families. This will result in children and young people being able to access targeted services that prevent problems becoming entrenched and difficult to change. As part of this shift in focus, Cumbria is engaged in three national pilots:

Parent Support Advisors (PSA)

The aim of the PSA role is to work with parents in a schools context to help improve behaviour and attendance, overcome barriers to learning and increase the number of parents involved in their child's education, both at school and at home.

Parent Early Intervention Programme

This is a programme with standardised training and accreditation processes, delivered to parents. It works on several levels, from community based activities to a targeted focus on families with persistent childhood behavioural problems.

Family Nurse Project.

This is an intensive, preventative home visiting programme delivered by specially trained nurses and midwives who have experience of working with families in the community. It is a structured programme offered to at-risk, first time young parents from early pregnancy until the child is two years old.

6

To plan the schools system for the future, Cumbria County Council launched a thorough review of all of the schools in the county in Autumn 2005. This will ensure that there is the correct number and type of schools and that they are the right size and in the right locations. The review is looking at all nursery, primary, secondary and special schools, as well as other services for children such as pupil referral units and extended schools. It is providing an opportunity to improve young people's education and life choices.

Many of the economic developments planned in Cumbria have the potential to result in significant improvements in health and a reduction in health inequalities. The Economic and Sub-regional Action Plan for Cumbria outlines numerous projects that seek to make the county an energised and healthy environment, and one of the fastest growing economies in the UK.

The global recession is having an effect on economic growth across the country, and Cumbria is no exception. The county council is prioritising action to lift people out of poverty and protect those at risk. Actions to address poverty are set out in Cumbria County Council's anti-poverty strategy.

The large numbers of people in the county who are out of work because of their health is of concern for all organisations working in Cumbria. Various programmes are being implemented across the county to assist people who are on incapacity benefits to return to work. These include the Pathways to Work programme from Jobcentre Plus and the Return to Work project from Cumbria Rural Enterprise Agency, Carlisle City Council, Routes to Work and Furness Enterprise.

As major employers, NHS Cumbria and the local authorities in the county have an important role to play in improving employment prospects and conditions of work. Cumbria County Council recognises this in its Health and Wellbeing Strategy. As part of this it participates in the Local Employment Partnership (LEP) scheme with Jobcentre Plus. Through this programme, Cumbria County Council assists in reducing unemployment within the local area by offering employment to people with disabilities, people on incapacity benefits and the long term unemployed.

Housing and housing related support is particularly important for more vulnerable groups in the community. Housing related support ranges from extra care and sheltered housing schemes to support received at home. The Supporting Peoples Programme helps more than 8,000 people each year maintain their independence through housing related support. The Supported People's Strategy recognizes that there will be an undersupply of accommodation based services for certain groups in the future. The plan is therefore to increase the provision of housing

related support through this programme by investing £1.5 million over the next three years.

Housing services in district councils provide help for those who find themselves homeless, including families with children. However, services to help young adults, including those with disabilities, make the transition from living with their family to independence are not consistent throughout Cumbria.

It is difficult for young families to find homes to rent or buy. Young people tell us that this lack of affordable housing is one of the reasons they move out of the county. This in turn has a detrimental effect on the demographic map of Cumbria and creates an imbalance in our communities.

Over the last year, spending on disabled facilities grants to adapt the homes of older people and people with disabilities has increased by 80-90% in Cumbria. The grant is mandatory, with district councils providing the funding, partly with monies from Government.

However, the allocation from Government has not kept pace with the increased demand. This means that district councils have had to move resources which would have normally been used to support the renovation of the local housing stock to paying the grant. The effect of this is to remove the money intended to ensure districts reach a level of 70% 'decent homes' standard for the private sector housing in their area by 2010.

Given the link with poor housing and poor health, this inability to provide help may contribute to a downward spiral in vulnerable groups, when coupled with issues such as fuel poverty and falling incomes arising from the recession.

Tackling fuel poverty has been recognised as a priority in Cumbria and will be a new LAA target. As indicated above, the level of fuel poverty has historically been high in Cumbria. Current economic trends are likely to significantly worsen this problem. To coordinate a multi-agency approach in Cumbria, an action plan incorporating short, medium and long-term actions is being developed with partners over the next three years.

6.3 What works - living conditions and health inequalities

Whilst many of these factors depend on national policy, there are also effective interventions that can be implemented locally to improve services to support parents and children, increase equitable access to education, improve working conditions and enhance access to quality housing.

There is some evidence to support the preventative work with parents and children which is being piloted in Cumbria. There are three studies carried out in the

United States that showed some positive effects from family nurse partnership type interventions. However, it should be noted that the comparison groups in these studies were very different from the universal health visiting service provided in the UK.

A review of the effectiveness of parenting education and support interventions has been carried out by the Scottish Government[44]. This reports that these interventions can improve the emotional and behavioural adjustment of young children and the short term psychosocial health of mothers. However, they noted that there is limited evidence for the maintenance of this improvement over time, and that, even when initiatives target people at greatest disadvantage, it remains difficult to engage those with the greatest need.

The report produced by the Centre for Equity in Education identifies three themes that underlie promising developments for the equitable reform of the education system. These include:

- Developing an education system that enables learners to achieve outcomes they have reason to value, rather than the outcomes the system values.
- Well co-ordinated local action, in which local authorities can act as 'place shapers', co-ordinating community action in order to bring about greater equity in education at an area level.
- Education providers working together with other agencies, including community groups and local employers, to address issues of inequity[45].

Increasing the opportunities for employment, improving working conditions, improving health at work and reducing stress in workplaces will all contribute to reducing health inequalities. Reviews of the evidence indicate that:

- Workplace interventions that included employee and employer partnerships, and address both organisational and individual level factors, are more effective at improving workplace health[46].
- Workplace psychosocial and stress management interventions are effective at improving some measures of mental wellbeing[46].
- Intervening early and providing a multi-disciplinary package of support to address health, organisational and occupational barriers to work can prevent people from progressing from short term sickness absence to long term incapacity[47].

Poor housing is strongly linked to poor health. A review of evidence by the World Health Organisation found that housing improvements can improve residents' health, in particular their mental health. Energy efficiency improvements have led to improvements in general and respiratory health among asthmatic children.They concluded that interventions should target the elderly and very young, who are particularly at risk from low indoor temperatures[39].

Early intervention can prevent deterioration in housing conditions, causing knock-on effects in people's health, which result in costs to both health and social services. Adapting existing homes, where there is a need, has been shown to not only improve the quality of life of an individual but also support their family and carers. It also reduces the risk of injury and falls, which are major causes of unplanned hospital admissions[18].

6.4 What people have been telling us - living conditions and health inequalities

In the 2006 Quality of Life survey, Cumbria residents reported that a low level of crime is the most important factor in making somewhere a good place to live, as indicated by just over half of those taking part in the survey. However, this was closely followed by health services and affordable decent housing. A similar pattern was found in the 2008 Place Survey.

In the more deprived areas, priorities were somewhat different. Crime remains a primary concern, but having access to good affordable housing emerges as residents' top priority in the neighbourhood management areas of Workington and Barrow (58% and 55% respectively). 'Liveability' issues, such as the cleanliness of streets and activities for teenagers, were also given more importance in these areas.

In the 2006 Community Voice Survey, a representative panel of residents in Cumbria was asked to choose, from each of the four themes of the Local Area Agreement, two issues which they thought would be most important to their community. The priorities identified by the largest proportion of people were:

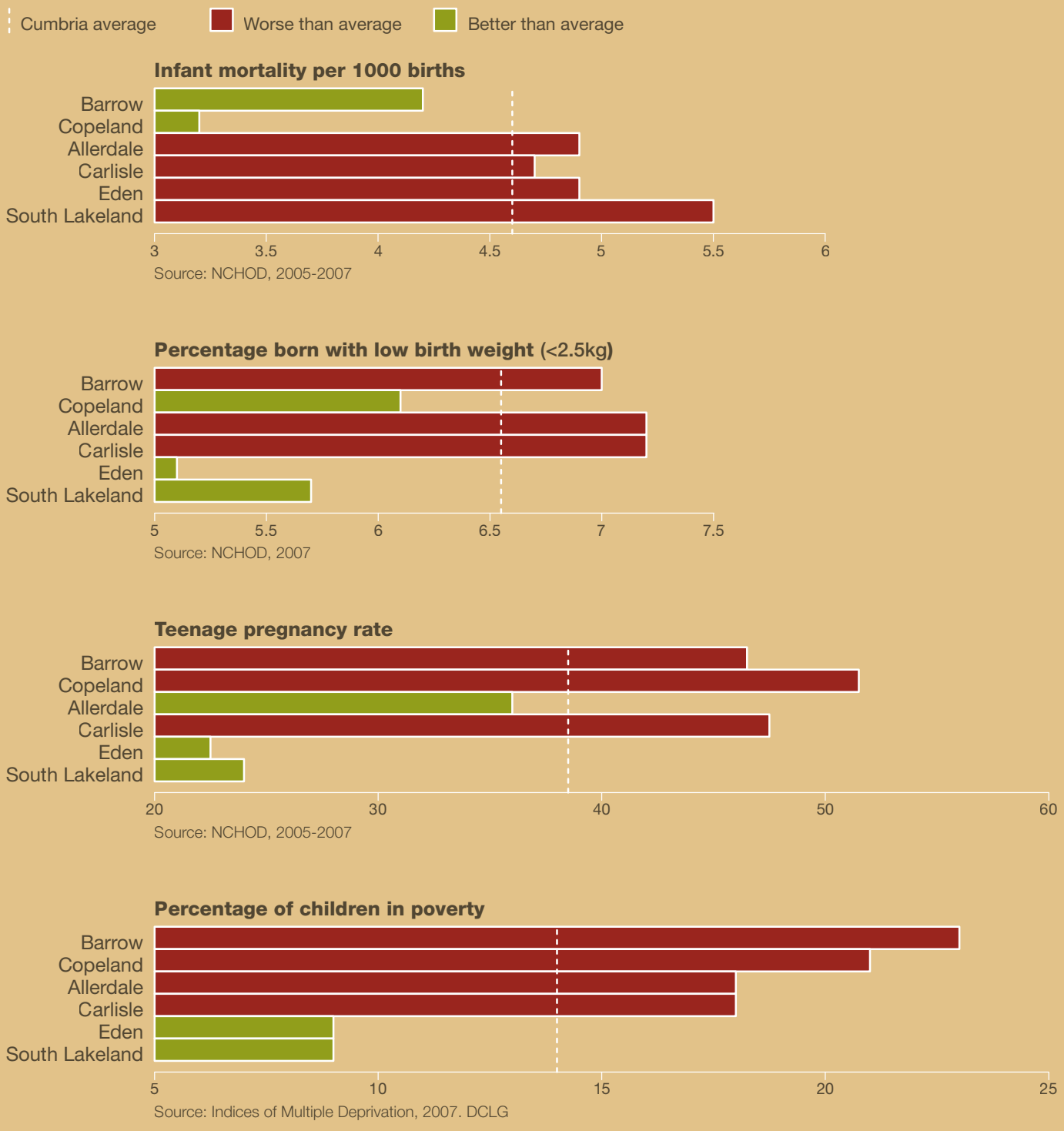
- Increasing the number of people helped to live at home and dying in the place of their choice
- Making sure that older people get the most income they can via employment and benefits
- Increasing the redevelopment of old industrial or disused land
- Reducing the number of people claiming incapacity benefits
- Tackling prolific and priority offenders
- Reducing re-offending by young offenders
- Protecting children and preventing child abuse
- Promoting healthy living and an active lifestyle[48].

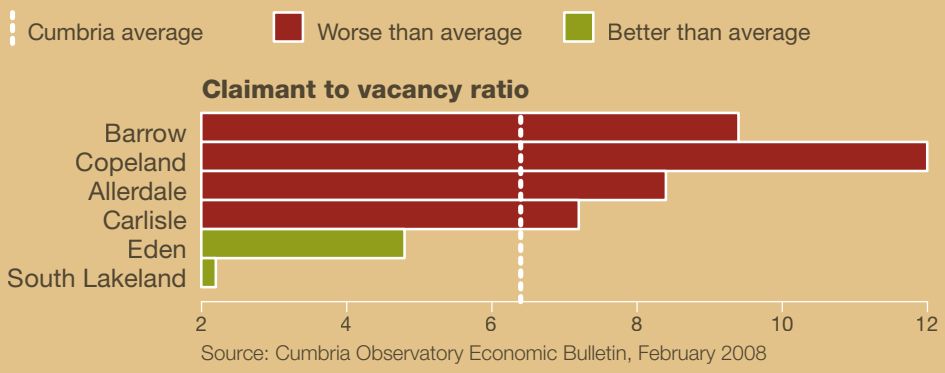
There is evidence that involving residents and the users of services in developing and designing services can improve health and wellbeing[49]. However, only one in three people in Cumbria feel they can influence decisions that affect their local area. The NHS and local authorities in Cumbria are implementing several programmes of service redesign. How local communities are involved in these developments has the potential to have important impacts upon health and wellbeing.

Figure 10

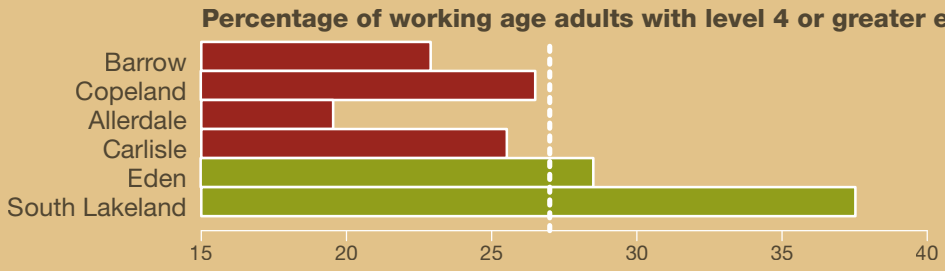
Living conditions and health inequalities

District comparisons

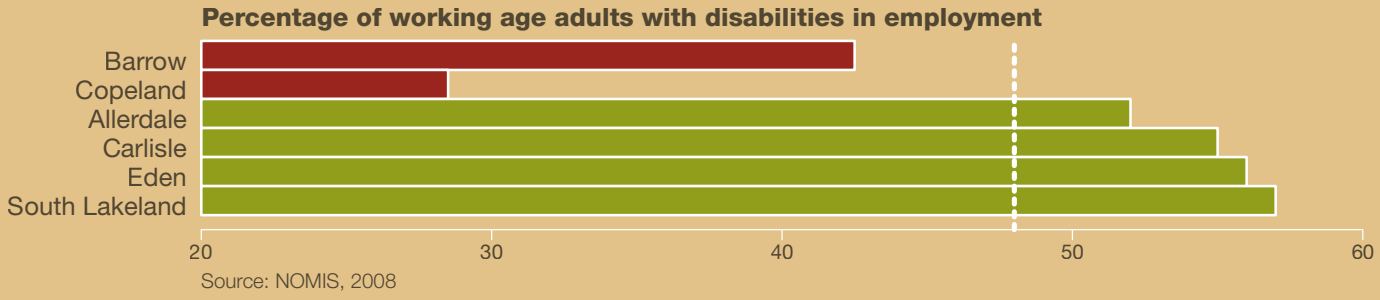




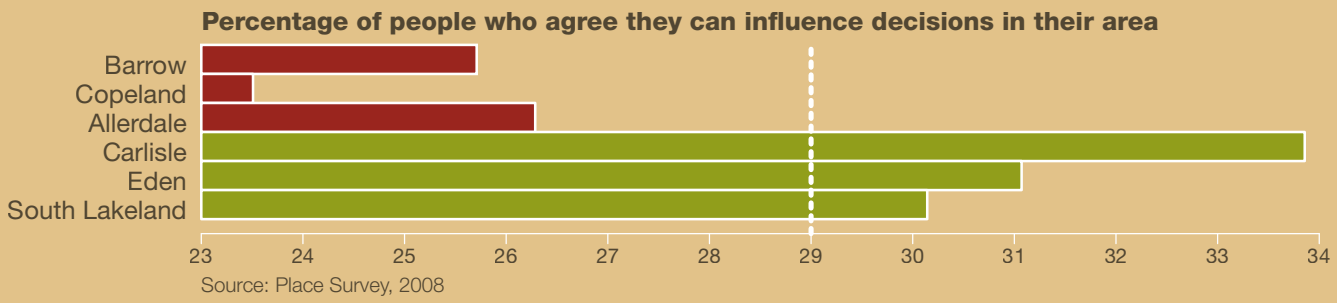
Source: Cumbria Observatory Economic Bulletin, February 2008



Source: Cumbria Observatory National Indicator Set



Source: NOMIS, 2008



Source: Place Survey, 2008

7 Lifestyle and behaviours

This section considers the impact of changes in lifestyle and behaviour on health and social care services in Cumbria. Smoking, alcohol, diet and physical activity are important causes of the most prevalent chronic diseases. Due in part to the worsening of some of these risk factors, the frequency of some chronic diseases such as diabetes is increasing.

These lifestyle factors show a social gradient, being most prevalent in less skilled groups and least prevalent in the highest[50]. It is important that commissioners understand the changing pattern of these lifestyle and behavioural risk factors for disease.

7.1 The pattern of lifestyle and behavioural factors

Whilst the level of many of these lifestyle indicators is similar to that found nationally, there are some noticeable exceptions where Cumbria is fairing worse or where there is an adverse trend. These are:

- Alcohol misuse and harm, particularly amongst children
- Childhood obesity
- Smoking in pregnancy
- Breastfeeding

As with many of the other indicators, there are stark differences between the more affluent and the more disadvantaged areas of Cumbria.

7.2 Services and strategies - lifestyle and behaviours

There are extensive resources within Cumbria that can be mobilised to make it easier for people to lead healthy and active lives. As well as hospitals and clinics this would include libraries, schools, adult education centres, churches, leisure centres and numerous voluntary organisations.

The NHS in Cumbria and Cumbria County Council are putting more emphasis on tackling the causes of ill health by supporting people to lead healthy lifestyles and reduce smoking, obesity and alcohol misuse. This new approach is set out in the NHS Cumbria Strategic Plan and the Health and Wellbeing Strategy of Cumbria County Council.

This includes launching a community health promotion programme, ***Cumbria's Health Counts***, which will use social marketing, community based activities and the healthy schools programme to promote healthy living (***www.cumbriahealthcounts.nhs.uk***).

More individualised support is planned through specialist weight management programmes and the expansion of smoking cessation services. The NHS strategy sets out how these services will be developed and access improved. The role of GPs in promoting healthy living is also being enhanced through training and incentive schemes.

Table 9

Lifestyle and behaviours

The numbers in Cumbria

	Compared to national average	Trend
26% of adults in Cumbria smoke[51]	■	▼
19% of mothers in Cumbria were smokers at the time of delivery[52]	■	X
1,700 people were admitted for alcohol related harm in 2007[53]	■	▲
20% of the adult population in Cumbria exceed the recommended number of alcohol units per week for[53]	X	X
19% of boys and 10% of girls in year 10 drink more than 14 units of alcohol in a week[54]	■	X
2,200 people in Cumbria have a substance misuse problem[52]	■	X
14% of secondary school pupils reported that they had taken some form of illegal drug[28]	■	X
27% of residents reported that people using or dealing drugs were a problem	■	▼
64% of new mothers in Cumbria began breastfeeding[52]	■	X
20% of children report eating five or more portions of fruit or vegetables each day[28]	■	X
28% of adults eat five or more portions of fruit and vegetables each day[55]	X	X
23% of adults engage in moderate intensity sport and active recreation (at least 12 days in the last four weeks) for at least 30 minutes continuously in any one session[56]	■	▲
90% of 5-16 year olds participate in two hours PE/Sports per week[52]	■	▲
10% of reception year children and 20% of year six children are obese[52]	■	▲

■ Worse than average or worsening trend
■ Similar level or no change
■ Better than average or improving trend
X Data not available

As part of its health and wellbeing strategy, Cumbria County Council is developing green travel plans, cycle to work schemes, ensuring healthy food is served in residential homes and developing standards for the Community Meals Service.

Local authorities have a particular role in enforcing legislation and licensing related to smoking and alcohol use. Test purchasing and training of tobacco and alcohol retailers is an important activity that Cumbria County Council conducts to improve compliance with legislation and promote best practice.

Tackling the problem of alcohol misuse has been recognised as a priority for all organisations working in Cumbria. Coordinated action is being brought together through the Cumbria Alcohol Strategy, Time to Call Time.

This sets out actions to change attitudes, values and behaviour, regulate and enforce the retailing of alcohol, reduce excessive consumption and minimise the harms associated with drinking[53]. Reducing consumption and alcohol related harm is also recognised as a priority in the Childrens and Young People's Plan and the NHS Cumbria Strategic Plan.

The education system has a particularly important part to play in whether people develop healthy lifestyles. This is recognised through the healthy schools programme. 98% of schools in Cumbria are engaged in the programme, with 66% achieving the national healthy school standard by December 2008. Healthy schools in Cumbria are championing physical activity and healthy eating, including the sports leaders schemes and developing whole school healthy food policies.

7.3 What works - lifestyle and behaviours

There is good evidence indicating the successful attributes of programmes to promote behaviour change for health. Guidance has been issued by the National Institute for Health & Clinical Excellence (NICE) on Behaviour Change for Health (2007), Smoking Cessation Services (2008), Obesity (2006), Physical Activity (2007), Prevention of Sexually Transmitted Infections and Under 18s Conceptions (2007), and the Prevention and Reduction of Alcohol Abuse (2005). A summary of this guidance is given in the table on page 57.

The evidence suggests that to have an impact on health inequalities, services and interventions need to be provided according to levels of need rather than being provided at the same level across the county. Tools such as health equity audits can help address this issue.

Not all heath improvement will reduce health inequalities and some interventions,

such as those focusing on providing information for behaviour change, may be taken up preferentially by more affluent and educated groups, thus increasing health inequalities.

Strategies that are targeted and developed with disadvantaged groups, that reduce access to tobacco, alcohol and unhealthy foods and increase opportunities for physical activity, are likely to be more effective in reducing inequalities.

Another approach that is less focused on the individual, and has the potential

> *"...'self worth' is at the heart of issues related to healthy lifestyles."*

to address inequalities, is the 'Settings Approach'[57]. This builds on the statement from the World Health Organisation's Ottawa Charter that 'health is created and lived by people within the settings of their everyday life; where they learn, work, play and love'.

Since these approaches look at changing whole systems, such as schools, workplaces, cities and communities, they are harder to evaluate than more individual based approaches. However, they have a number of benefits that raise awareness of the impacts that organisations have on health[57]. There is a fair degree of general evidence that settings approaches such as Healthy Cities and Healthy Schools do have beneficial effects.

7.4 What people have been telling us - lifestyle and behaviours

It is clear from various consultation exercises[48 58 59], that there is some support amongst the public for a greater emphasis on preventing illness and helping people engage in healthier lifestyles.

However as has been noted in some recent focus groups with residents in Barrow, there is still a long way to go in convincing the public of the importance of health promotion. There is often a belief that lifestyle changes are for individuals to choose and public organisations should not get involved in this area.

A key point coming out of the consultation work in Barrow is that 'self worth' is at the heart of issues related to healthy lifestyles. If people value themselves, then other behaviours like healthy eating and giving up smoking will follow.

Whilst many communities recognise that their health is worse than the average, reinforcing these negative images could have a negative impact on people's 'self worth'[59]. The factors that people perceive as affecting their health need to be fully understood and this information taken into account in designing health promotion activity.

Table 10

Summary of NICE guidance on behaviour change interventions

Smoking Cessation

- Ensuring that healthcare professionals have basic training in giving brief advice on stopping tobacco use and contact with local stop smoking services.
- Recording of smoking status in all patient records.
- Individual behaviour counselling and group behaviour therapy with a trained smoking cessation counsellor.
- Reminding smokers at every opportunity of the health benefits of stopping.
- Offering brief advice and referral to local stop smoking services.
- Target specific groups, eg pregnant women, patients with long term conditions.

Physical Activity

- Primary care practitioners should take the opportunity, whenever possible and appropriate, to identify inactive adults and advise them to aim for 30 minutes of moderate activity on five days of the week (or more).
- Primary care practitioners should take into account patients' individual needs, preferences and circumstances. They should negotiate appropriate goals, provide written information and follow them up at appropriate intervals over a three to six month period.
- Provision of information about local exercise opportunities, including walking and cycling schemes.
- Development of local travel plans to maximise opportunities for promoting walking and cycling where appropriate.
- The impact of infrastructure projects on physical activity should be assessed and developed in a way that promotes physical activity.
- Employers should develop an organisation-wide plan to encourage and support employees to be more physically active.

Obesity

- Delivery of advice and support by healthcare professionals who have relevant competence and specific training.
- Multi-component interventions focusing on balanced eating and promotion of physical activity.
- Behaviour change strategies with personalised goals.
- Encouragement of whole family approaches.
- Ongoing support for those patients signposted or referred to community-based weight management schemes.

Sexually Transmitted Infections and Under 18 Conceptions

- Taking of sexual history during new patient registration and follow up with target groups.
- Individual behaviour change programmes which acknowledge the links between sexual behaviour and the use of alcohol and other drugs.
- Ensuring that sexual health services are accessible and in place to meet local needs.
- One-to-one sexual health advice for young people regarding reversible contraception, STIs, emergency contraception plus supporting written information.

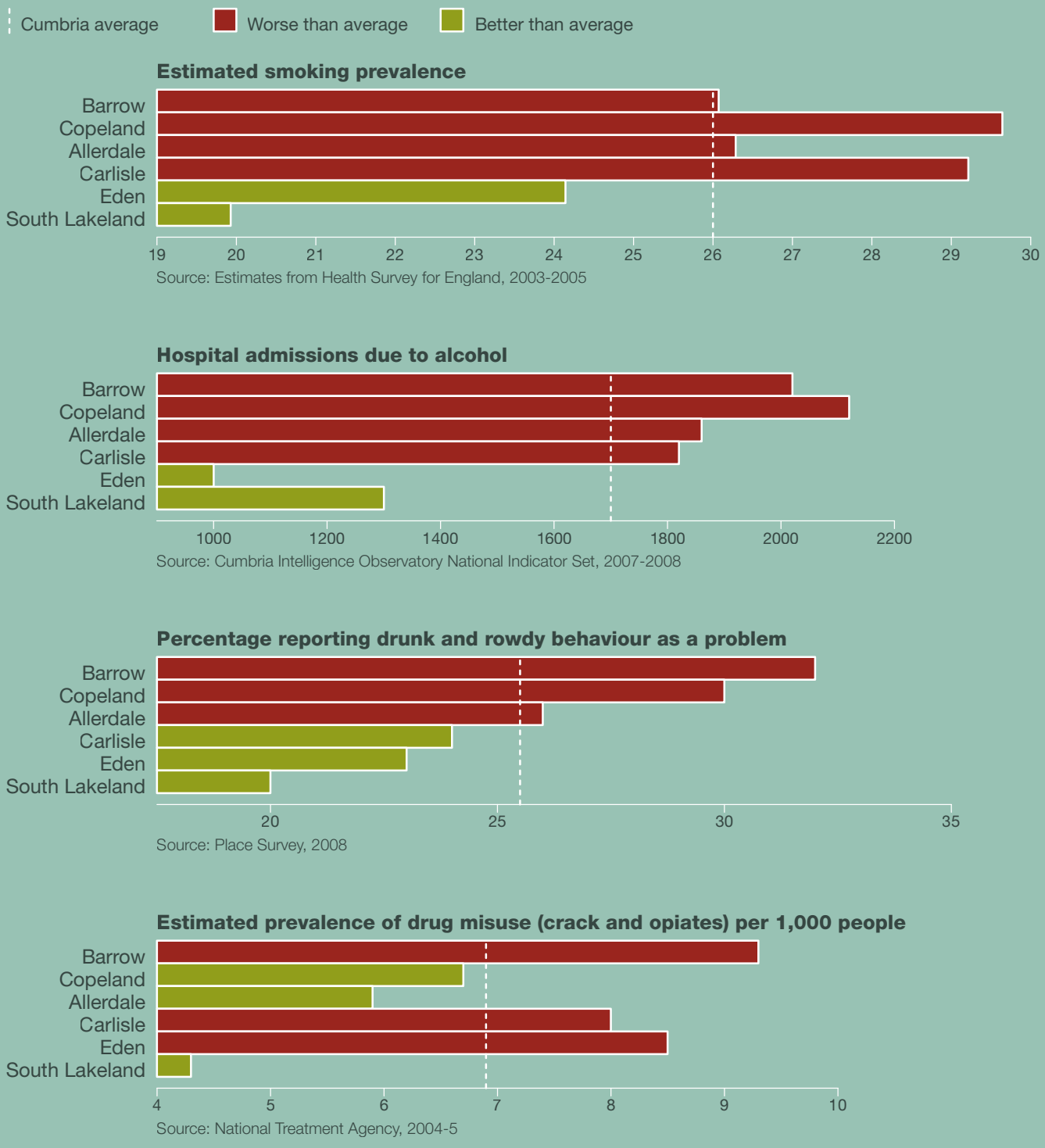
Alcohol Abuse

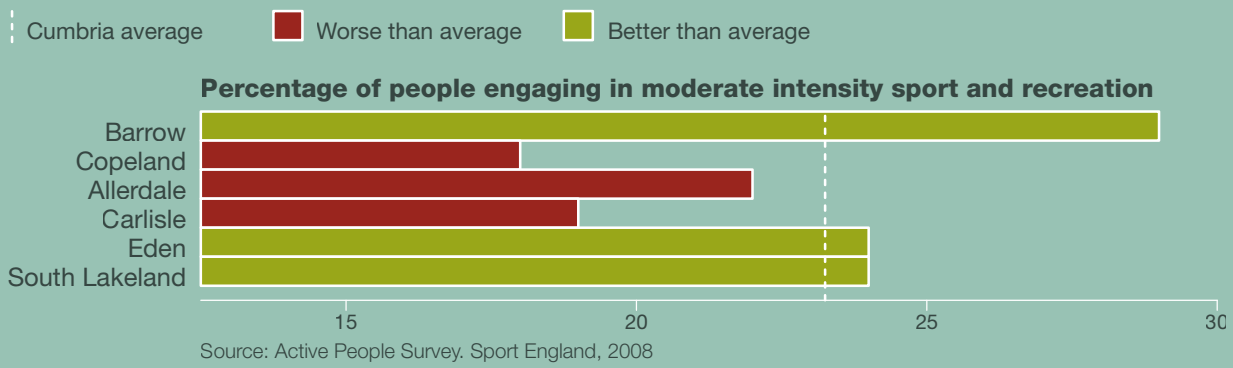
- Brief interventions in primary care can reduce net weekly drinking by 13% to 34%.
- Extended brief interventions (several visits) result in increased reductions in alcohol use by women.
- Provision of self-help materials in primary care can help reduce drinking amongst those seeking help for their drinking.

Figure 11

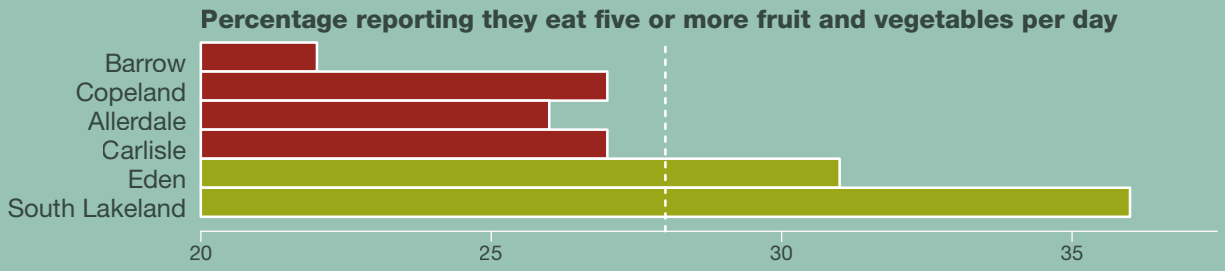
Behaviour and lifestyles

District comparisons

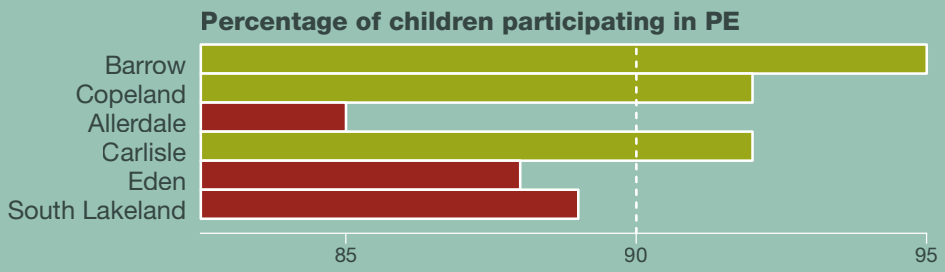




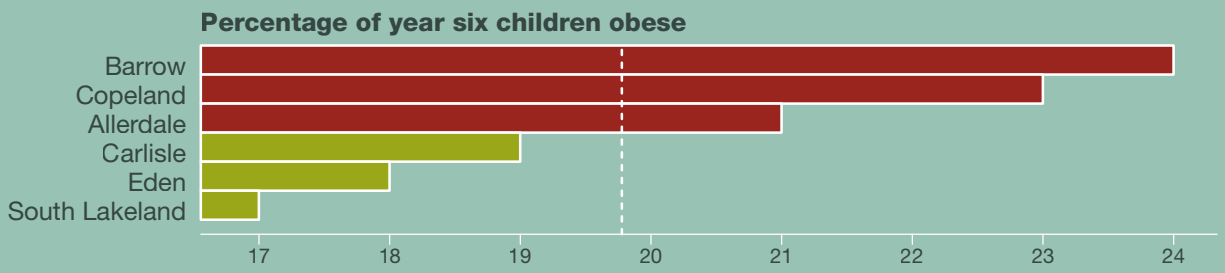
Source: Active People Survey. Sport England, 2008



Source: Estimates from Health Survey for England, 2005



Source: Cumbria Observatory JSNA Information Resource, 2007



Source: Cumbria Observatory JSNA Information Resource, 2007-08

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