Executive Summary
Joint Strategic Needs Assessment (JSNA)

August 2016

Contents

1 Introduction

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

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

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

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

2 Priorities of the Health and Wellbeing Strategy

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

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

- Health and wellbeing gap: preventive health care is required to reduce health and wellbeing problems and inequalities for the population, and to reduce the amount of funding required for avoidable treatment which can limit investment in new research and treatments;
- Care and quality gap: the way in which care is delivered needs to be reshaped to ensure variations in quality and safety are minimised;

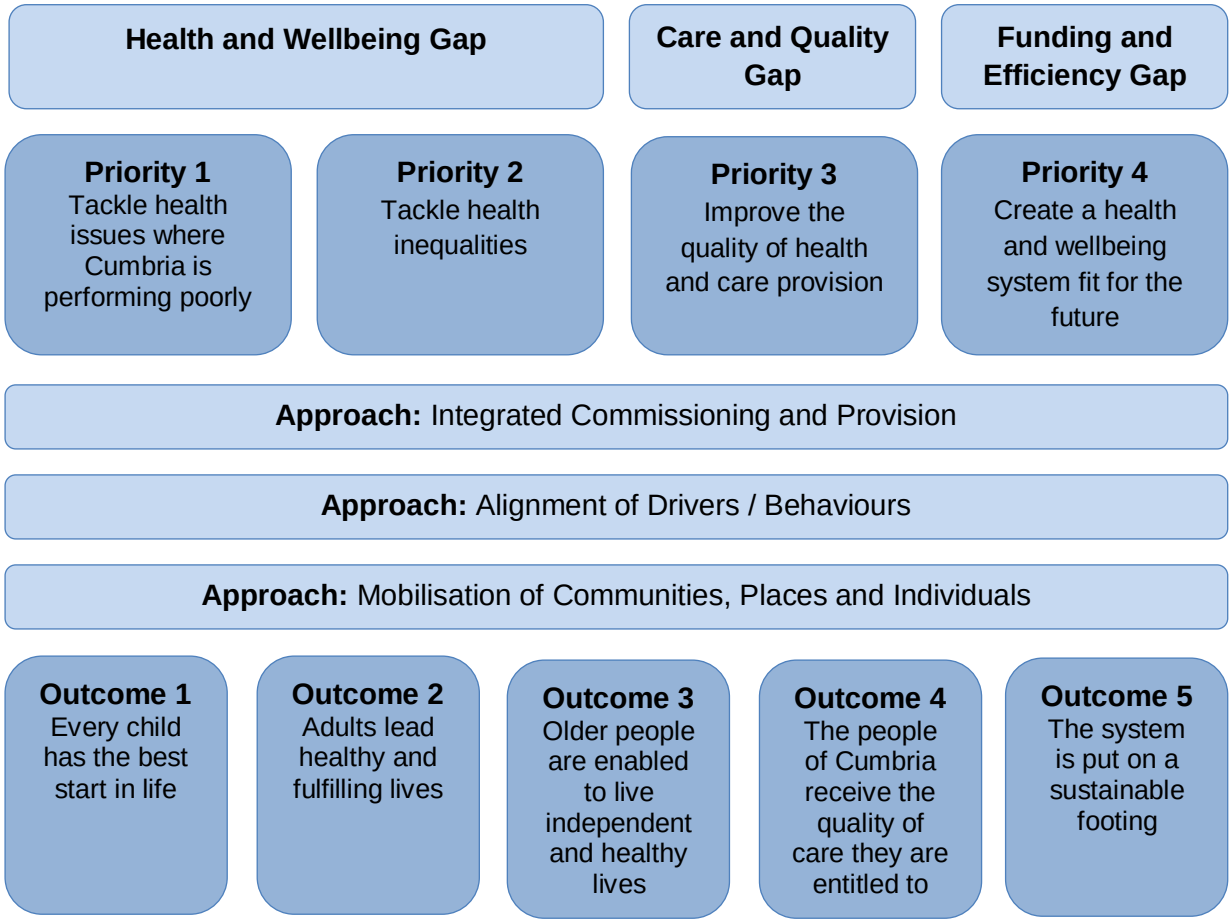
- Funding and efficiency gap: services need to become more efficient in order to ensure that services are delivered within budget.

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

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

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

Figure 1: Health and Wellbeing Strategy priorities



Source: Health and Wellbeing Strategy 2016-19

The Health and Wellbeing Strategy 2016-19 is available via Cumbria County Council's website http://www.cumbria.gov.uk/eLibrary/Content/Internet/327/882/4229795722.pdf.

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

3 Current JSNA headlines

3.1 Progress update

Since the first JSNA executive summary, *Overview and Introduction*, was published in 2015, five further JSNA chapters have been updated, approved and published as follows:

- Population (published May 2015)
- Health Inequalities (published July 2015)
- Healthy Living and Lifestyles (published October 2015)
- Children and Families (published November 2015)
- Older People (published January 2016)
- Carers (published June 2016)

Full versions of the above chapters can be accessed via the link to the Cumbria Intelligence Observatory website:
http://www.cumbriaobservatory.org.uk/health/JSNA/2015/homepage.asp

One further chapter is currently in preparation:

- Staying Safe

Three further topic areas will be covered during 2016-17:

- Economy, Learning and Employment (November 2016)
- Mental Health and Wellbeing (February 2017)
- Environment and Sustainability (April 2017)

3.2 Key findings and trends from recent JSNA chapters

3.2.1 Engagement feedback

Published JSNA chapters (Population, Health Inequalities, Healthy Living and Lifestyles, Children and Families, Older People, Carers) have undergone a structured consultation process. The same process is being applied to the Staying Safe chapter currently in draft.

Feedback from those consulted emphasised the need for comprehensive information to paint a picture of needs at a local level. Providing detailed information broken down to the smallest areas possible, enabling comparisons between national, county, district and smaller areas is considered important. District information should be included within the 'key issues' section of each chapter where available. Comments also indicated that more work is required to provide a geographical understanding of needs, such as when naming a ward to

also include the name of the district in which the named ward is located. Another frequent observation points to the importance of including evidence of what works elsewhere to address problems, and providing links to reference sources and other materials. To aid understanding, narrative is required to interpret tables and graphs.

Respondents indicated a clear need for further information over a variety of topic areas: inequalities in relation to health, poverty, communities with protected characteristics; ageing population; Children Looked After; provision of unpaid care and the needs of carers; housing; accessibility in relation to services; social isolation; mental health. Where available, information was added into the appropriate JSNA chapter or will be included within future chapters.

3.2.2 Common themes across recent JSNA chapters

Recent JSNA chapters, although covering different topic areas, have four common themes:

- rurality and connectivity;
- inequalities between wealthy and deprived communities and the impact on health and wellbeing
- increasing older population;
- proportion of unpaid carers.

There are various strands under each of these main headings.

Rurality and connectivity

Issues are raised within three chapters around the difficulties experienced by people living in rural areas in accessing health, social care and support services. Over half (54%) of Cumbria's population live in rural areas, significantly greater than the rest of England (18%). Many Cumbrian communities are affected; 84 LSOAs are within the 10% most deprived in England and 44 within the 3% most deprived in relation to geographical barriers to accessing services. Limited public transport provision in rural areas, not viable in areas with scarce populations is likely to be a factor, leaving residents reliant on car travel. Ill health in later years may make car ownership and driving impractical. With the older population increasing, geographical barriers to accessing services is likely to remain a challenge.

Inequalities between communities and the impact on health and wellbeing

Inequalities between wealthy and deprived communities are experienced across the county. 29 LSOAs rank within the 10% most overall deprived LSOAs in England, whilst 10 LSOAs rank within the 10% least overall deprived. LSOAs within eight wards across Allerdale,

Barrow-in-Furness and Copeland rank within the top 1% most deprived nationally in relation to health and disability, and there is a higher than national proportion of people with day-to-day activities limited by a health problem or disability. Average life expectancy for both males and females across the county is lower than the national average with significant differences in life expectancy at birth between the most and least deprived wards for both males and females.

Inequalities are seen to have an impact on the wider determinants of health and wellbeing such as employment opportunities, low income, housing, living environment, educational attainment and lifestyle.

Increasing older population

Cumbria's ageing population is a common theme across the JSNA chapters. The older population is increasing at a national level, but within Cumbria the population is ageing and growing at a faster rate than the average for the rest of the UK, whilst numbers of people of working age are reducing. There are associated challenges facing the county with an older population: complex and long term health conditions, increasing numbers of people living with dementia, injuries sustained through falls. There is also likely be a requirement for more unpaid carers, and the age profile of carers themselves is likely to increase.

Proportion of unpaid carers

Cumbria's proportion of unpaid carers is higher than the national average. Cumbria also has a greater proportion of carers aged 50 and over than the England average, reflecting the county's older age profile. With the forecast increase in the number of older people requiring care, the proportion is likely to increase. Rurality may make it difficult for carers to access support and services. Around one in four Cumbrian carers (23.5%) provide more than 50 hours of care per week; 28% of carers have a long term health problem or disability themselves. Young carers in Cumbria are more likely live in areas belonging to the most deprived socio-economic categories. The full extent of carers, both young and old, may not be fully appreciated.

4 Trends in the Public Health Outcomes Framework

A snapshot of data in relation to the health of Cumbria's population can be seen in Table 1.

Table 1 indicates that Cumbria's population is estimated to have fallen slightly overall by mid-2014 compared to mid-2013. However, the proportion of the population aged 65 and over has increased across all districts.

Some significant changes can be seen in life expectancy at birth in the Public Health Outcomes Framework (PHOF) data for 2012-14 compared to the previous reporting period (2011-13). On a positive note, female life expectancy for Cumbria as a whole, previously significantly worse than England, has risen by 0.5 years to 83.0 years and is now considered to be similar to the rate for England (83.2 years). However, life expectancy for males in Allerdale and Carlisle, previously reported as similar to the average for England, is now shown as significantly worse than England (78.8 and 78.9 years respectively, compared to 79.5 for England).

Table 1: Population overview data

Indicator	Cumbria	England	Allerdale	Barrow-in-Furness	Carlisle	Copeland	Eden	South Lakeland	Source
Population number[1]	497,900 ⇩	57,408,700 (England & Wales) ⇧	96,500 ⇧	67,600 ⇩	108,000 ⇧	69,800 ⇩	52,600 ⇨	103,300 ⇩	ONS, mid-2014 population estimates[3]
Proportion of persons 65+ years[1]	22.7% ⇧	17.6% ⇧	22.9% ⇧	20.7% ⇧	20.1% ⇧	21. 0% ⇧	24.5% ⇧	26.9% ⇧	ONS, mid-2014 estimates
Male life expectancy at birth[2]	79.1	79.5	78.8 ↓	77.1	78.9 ↓	78.1	80.9	80.6	PHOF 2012-14
Female life expectancy at birth[2]	83.0 ↑	83.2	82.3	81.5	82.5	81.8	85.1	84.6	PHOF 2012-14
Mortality rate per 100,000 from preventable causes (persons)	195.9	182.7	204.5	245.1	204.5	218.7	155.3	159.2	PHOF 2012-14
% bad or very bad health	6	5.6 (England & Wales)	6.3	8.4	6	6.8	4.5	4.5	Census 2011
% day to day activities limited	20.3	17.9 (England & Wales)	20.8	24.6	19.2	21.3	18	18.8	Census 2011
% providing any unpaid care	11.3	10.3 (England & Wales)	11.2	11.9	10.5	11.3	11.3	11.8	Census 2011

Key:

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

⇧ population increase compared to mid-2013

⇨ population stable compared to mid-2013

⇩ population decrease compared to mid-2013

↓ life expectancy worse than 2011-13

↑ life expectancy improvement from 2011-13

Notes:

[1]trend compared to ONS mid-2013 population estimates

[2]trend compared to PHOF life expectancy data 2011-13

[3]rounded to the nearest 100, may not sum due to rounding

Available health information can be used to provide an understanding of the health picture in Cumbria. Key health issues for Cumbria are summarised in Table 2.

Table 2: Key health issues in Cumbria

AREA OF HEALTH DATA: HEALTH OUTCOMES		
What in Cumbria is not good	**What in Cumbria is at risk of becoming worse**	**What in Cumbria is improving**
➢ Life expectancy and gap ➢ Killed or seriously injured (KSI) on Cumbrian roads ➢ Mortality from preventable causes ➢ Female mortality under 75 from preventable cardiovascular diseases ➢ Suicide rate ➢ Mortality under 75 in adults with serious mental illness ➢ Alcohol-related hospital admissions ➢ Chlamydia detection ➢ HIV late diagnosis ➢ Injury related hospital admissions in children ➢ Injury related hospital admissions in young people ➢ Tooth decay ➢ Preventable sight loss	➢ Infant mortality ➢ Under 18 conceptions	➢ Dementia diagnosis
AREA OF HEALTH DATA: DETERMINANTS OF HEALTH		
What in Cumbria is not good	**What in Cumbria is at risk of becoming worse**	**What in Cumbria is improving**
➢ Fuel poverty ➢ Breastfeeding ➢ Child excess weight and obesity (4-5 year olds) ➢ Adult excess weight and obesity ➢ Inactive adults ➢ Access to diabetic retinopathy screening ➢ NHS health check take up	➢ Flu vaccination coverage	➢ School readiness ➢ Child excess weight and obesity (10-11 year olds)

4.1 Health outcomes

4.1.1 What in Cumbria is not good

Life expectancy and gap

In Cumbria, average life expectancy for males is 79.1 years, significantly shorter than the average for England of 79.5 years. For females, life expectancy in the county is 83.0 years, similar to the average for England of 83.2 years. The difference in life expectancy between the most and least deprived areas in Cumbria is 9.6 years for males, and 7.5 years for females. Across the districts, the greatest difference between the most and least deprived areas for men is Barrow-in-Furness at 13.9 years, and for females Copeland at 9.0 years.

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

Between 2012 to 2014 an average of 222 people were killed or seriously injured on Cumbria's roads each year. This represents a rate of 44.6 per 100,000 population, significantly worse than the 39.3 per 100,000 rate for England.

Mortality from preventable causes *PHOF 4.03*

A total of 3,188 people (male and female) died in Cumbria from 2012-14 from underlying causes that could, potentially, have been avoided by public health interventions in the broadest sense. The rate of 195.9 per 100,000 population (male and female) for Cumbria is worse than the rate for England of 182.7. The highest rates were in Barrow-in-Furness, 245.1 per 100,000 population, the lowest in Eden and South Lakeland, 155.3 and 159.2 respectively.

Female mortality under 75 from preventable cardiovascular diseases *PHOF 4.04ii*

The rate of premature (under 75 years) mortality in females from cardiovascular diseases considered preventable between 2012-14 is significantly higher in Cumbria (31.3 per 100,000 population) than the rate in England (25.6 per 100,000). This rate for Cumbria represents 236 deaths. The rate is highest in Copeland, 51.3 per 100,000 (52 deaths), and has been rising steadily over four consecutive years.

Suicide rate *PHOF 4.10*

Suicide rates in Cumbria over 2012-14 for the whole population are significantly worse than the rate for England, 11.3 and 8.9 per 100,000 population respectively. During 2012-14, 165 people took their own lives in Cumbria. Suicide rates are higher in males nationally (14.1 per 100,000), and this is the same position in Cumbria with a male suicide rate of 18.5 per 100,000 population (131 males), significantly higher than the England rate. Both

rates for the whole population, and for males, have been rising steadily over the last five years.

Mortality under 75 in adults with serious mental illness *PHOF 4.09*

Published evidence shows that life expectancy can be reduced for people with severe mental illnesses such as schizophrenia. People with severe mental illnesses are likely to die between 15 and 25 years earlier than the average for the general population. Within Cumbria, the indirectly standardised ratio for excess death in those aged under 75 with serious mental illness in 2013-14 is 426.3, higher than the rate for England of 351.8.

Alcohol-related hospital admissions *PHOF 2.18*

During 2013-14, Cumbria's alcohol-related hospital admission rate of 742 per 100,000 population was significantly higher than the rate for England (645 per 100,000) for both males and females. In Cumbria, this rate represents 3,767 people in 2013-14. All districts except Eden had rates worse than England, with Barrow-in-Furness showing the highest rate of 944 per 100,000 population (630 people); the rate in Barrow-in-Furness has been rising steadily since 2008-09.

Chlamydia detection *PHOF 3.02*

Cumbria continues to fall short of the national target to detect chlamydia in at least 2,300 per 100,000 population. Cumbria's rate in 2014 was 1,707 per 100,000 population (939 people aged 15-24), significantly worse than the England rate of 2,012 per 100,000. Carlisle is the only district breaking the trend, with a detection rate of 2,511 in 2014 (333 people aged 15-24), significantly better than England. The chlamydia detection rate is a measure of chlamydia control activities, and is dependent on the screening services offered to the population. The detection rate represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). The target is to reach 2,300 detections per 100,000 of 15-24 year old population. This target is aimed at encouraging high volume screening and diagnoses.

Late stage HIV diagnosis *PHOF 3.04*

HIV key strategic priorities are to reduce the proportion of late HIV diagnoses and to increase the proportion of HIV infections diagnosed. Late diagnosis refers to a state of health at diagnosis; a CD4 cell count of less than 350 cells per mm^3 rather than a particular time frame. In Cumbria, in 2012-14, 60% of adults (15 people) presented at a late stage with HIV, significantly worse than the rate in England of 42.2%. Late stage HIV diagnosis has been increasing in Cumbria over a four year period, with Carlisle showing the highest rates

of 83.3% (5 people), almost double the England percentage. Within South Lakeland, 62.5% (5 people) presented at a late stage with HIV. Numbers across the other four districts have been suppressed for reasons of confidentiality.

Injury related hospital admissions in children *PHOF 2.07i*

Hospital admissions during 2013-14 in 0-14 year olds as a result of unintentional and deliberate injuries were higher in Cumbria at 133.7 per 10,000 resident population (1,022 instances) than the England rate of 112.2. The highest rate is found in Barrow-in-Furness at 175.1 per 10,000 (195 instances). Eden has the lowest rate at 112.9 (87 instances) followed closely by Allerdale and South Lakeland at 116.2 (173 instances) and 116.3 (167 instances) respectively.

Injury related hospital admissions in young people *PHOF 2.07ii*

Hospital admissions during 2013-14 in young people aged 15-24 as a result of unintentional and deliberate injuries are also higher in Cumbria at 160.1 per 10,000 (880 instances) than in England, where the rate is 136.7. The highest rate is found in Copeland at 188.1 (146 instances) whilst Eden has the lowest rate of 120.2 (67 instances). Following a decline both locally and nationally from 2010-11 to 2012-13, incidences have since increased slightly in 2013-14 in Cumbria, mirroring the national picture.

Tooth decay *PHOF 4.02*

An Oral Health Survey of 5 year old children, carried out in 2012 by the National Dental Epidemiology Programme for England, indicates that on average each 5 year old child in Cumbria has 1.16 teeth that are decayed, filled or missing as a result of being extracted. This is higher than the England average of 0.94 per 5 year old child. The highest rate is found in Barrow-in-Furness, 1.45 per child, and the lowest in South Lakeland, 0.65 per child. Tooth decay is a largely a preventable disease which can have a significant impact on children resulting in pain, sleep loss, time off school, and in some cases, treatment under general anaesthetic.

Preventable sight loss *PHOF 4.12iv*

The rate of sight loss certifications in Cumbria in 2013-14, 50.6 per 100,000 population (252 people), is worse than the national rate of 42.5. However, the rate has been steadily improving over the last three reporting periods since 2011-12, when the rate was recorded as 65.6 per 100,000 (328 people); the rate for England has remained relatively static, allowing the gap to close. Although the rate appears to be going down compared to previous years, the figure may in fact be higher as sight loss is self- reported. There is

evidence to show that around half of cases of blindness and serious sight loss could be prevented if detected and treated in time, increasing the capacity for people to maintain independent lives.

4.1.2 What in Cumbria is at risk of becoming worse

Infant mortality *PHOF 4.01*

Infant mortality rates under one year of age in Cumbria were previously better than the rate for England over three consecutive time periods from 2008-10 to 2010-12. However, infant mortality in Cumbria rose to 3.4 per 1,000 during the period 2011-13 (50 deaths), similar to the rate for England at 4.0 per 1,000. The rate for England has been decreasing slowly since 2001-03, whilst the rate in Cumbria has recently started to increase The highest rate is in Carlisle at 4.8 (18 deaths); although similar to the rate for England, the rate in Carlisle has risen steadily from 2.4 per 1,000 (9 deaths) in 2008-10.

Under 18 conceptions *PHOF 2.04*

Under 18 conceptions in Cumbria had been falling, from 41.4 per 1,000 population in 2008 to 20.2 in 2013. However, there has been a rise across the county in 2014 compared to 2013, from 20.2 to 21.5 per 1,000 population. Whilst the rate for Cumbria is still better than that for the North West (26.8), the county is now similar to the rate for England (22.8) having previously in 2013 been better than England.

District differences can be seen: rates for Barrow-in-Furness (35.9) and Carlisle (30.6) are similar to the North West, but worse than England; Eden (16.1) is similar to both the North West and England. The highest percentage rises between 2013 and 2014 in relation to rates are found in Carlisle (+29.1%, 10 instances) and Eden (+29.8%, 3 instances). The highest percentage fall over the same period is evident in Allerdale, with a rate fall of -29.6% (12 instances). South Lakeland is showing a rate increase of +18.6% (2 instances) from 2013 to 2014, but still has the lowest rate of all the districts at 12.1 per 1,000 population, better than the rate for both the North West and England.

4.1.3 What in Cumbria is getting better?

Dementia *CCG (QOF)*

Dementia was the main diagnosis in over 11,800 admissions to hospitals in England during 2013-14. There has been a significant increase in the proportions of GP patients diagnosed with dementia within Cumbria CCG from 0.68% in 2010-11 to 0.96% in 2014-15, higher than the rate for England of 0.74%. The proportion of patients with the condition within Cumbria CCG is ranked within the upper quartile of all England's CCGs.

The proportion of patients diagnosed with the condition in around a third (36.3%) of Cumbria's GP surgeries are higher than the Cumbria CCG average. Proportions within 10 of Cumbrian GP surgeries are over 1.3%; six are located in South Lakeland; two in Barrow-in-Furness; and one each in both Allerdale and Copeland. The GP surgery with the highest proportion of patients identified with dementia is located in the Milnthorpe ward in South Lakeland (2.36%); the GP surgery with the lowest proportion is located in the Dalton North ward in Barrow-in-Furness (0.18%).

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

4.2 Determinants of health

4.2.1 What in Cumbria is not good

Fuel poverty *PHOF 1.17*

In 2013, 10.9% of households (24,682) were considered to be living in fuel poverty (based on the Low Income High Cost methodology) compared to 10.4% nationally. Although levels of fuel poverty in the county are above national levels the gap has been closing steadily since 2011 as the national rate has stabilised.

Breastfeeding *PHOF 2.02i*

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

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

A quarter of Cumbria's 4-5 year olds (26.1%; 1,292 children) were classified as either overweight or obese in 2014-15, worse than proportions for the North West and England (22.9% and 21.9% respectively). The gap between the local and national level has increased since 2012-13, as the proportion of overweight or obese 4-5 year olds has increased in Cumbria, while the proportion has stabilised nationally. Differences are found

across the districts, with the highest rate found in Barrow-in-Furness-in-Furness (30.7%; 219) and the lowest in South Lakeland (21.5%; 177).

Adult excess weight and obesity *PHOF 2.12*

In 2012-14, two thirds (67.3%) of Cumbrian adults (those aged 16 years or more) are estimated to be either overweight or obese, worse than the proportion in both the North West region and England (66.1% and 64.6% respectively). The highest proportion can be found in Copeland (71.4%) and the lowest in South Lakeland (62.9%). The rates of excess weight are a cause for concern, and can lead to other illnesses. Obesity is widely recognised as a major determinant of premature mortality and avoidable ill health.

Inactive adults *PHOF 2.13i (active) and 2.13ii (inactive)*

In 2014, the proportion of inactive adults was 30.0%, worse than the proportion in England (27.7%). Proportions vary across the districts from 24.1% in South Lakeland to 33.9% in Copeland. The Active People Survey by Sport England estimates that 55.1% of Cumbrian adults achieve the recommended 150 minutes of physical activity per week, worse than the proportion for England (57.0%). Physical inactivity can have a negative effect on health, and accounts for 6% of deaths globally. An active lifestyle can reduce the risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle.

Access to diabetic retinopathy screening *PHOF 2.21vii*

Diabetic retinopathy is one of the most common causes of blindness in the UK; effective treatment can be offered if the condition is discovered promptly. In Cumbria in 2012-13, an estimated 72.8% (16,853) of eligible people aged more than 12 years who were offered screening actually attended a screening session, worse than the proportion for England of 79.1%. The 72.8% value for Cumbria is estimated from former primary care organisations covered by the local authority.

NHS health check *PHOF 2.22iv*

The NHS Health Check programme commenced fully in 2013. The programme aims, over each five year period, to offer a health check to everyone aged 40-74 to help prevent heart disease, stroke, diabetes and kidney disease. Offers are generally sent out by letter. During 2015-16, 13.5% of Cumbria's 167,802 eligible population were offered a health check (NHS, 2016), less than the 20.0% required per year to complete the programme over a five year period.

Cumulative figures for 2013-14 to 2014-15 show that 44.1% (35,108) of Cumbria's population aged 40-74 years who were offered an NHS health check went on to receive a health check, worse than levels in the North West and England at 54.9% and 48.9% respectively. A high take up of NHS Health Check is important in order to identify early signs of poor health.

4.2.2 What in Cumbria is at risk of becoming worse

Flu vaccination coverage *PHOF 3.03xiv and 3.03 xv*

During 2014/15, in Cumbria there was a 57.0% uptake for 'flu vaccination for at risk persons aged 16-65 years, better than the England coverage of 50.3%. However, whilst better than England, the proportion in Cumbria has been declining slowly over four consecutive reporting periods from 60.3% in 2011-12.

In eligible adults aged 65 years and over, the uptake in 2014-15 was 75.3%, above the national target of 75%. Cumbria's coverage for those aged 65 or more is currently better than the England average (72.7%) but has seen a small decline over three reporting periods from 76.1% in 2012-13

4.2.3 What in Cumbria is getting better?

School readiness *PHOF 1.02i*

The proportion of all children achieving a good level of development at the end of the reception year has improved in Cumbria, now standing at 62.8% (3,212) in 2014-15 compared to 49.7% (2,538) in 2012-13. However, although this shows an improvement, the proportion remains below the average for England (66.3%) as the national rate has improved at a similar rate.

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

A third (33.5%; 1,610) of Cumbrian children aged 10-11 years were classified as overweight or obese in 2014-15, similar to the proportion in the North West and England (33.8% and 33.2% respectively). Whilst still of concern, this shows an improvement since 2012-13 when Cumbria was significantly worse than England. The rate for Cumbria has fallen from 36.7% in 2012-13 to 33.5% in 2014-15, whilst the rate for England has remained relatively static, closing the gap.

All districts now have proportions similar to England, with the exception of South Lakeland which is significantly better than England. Proportions varied across the districts from 28.1% (251) in South Lakeland to 36.1% (244) in Copeland.

5 Trends in the Quality Outcomes Framework

Other data regarding health outcomes are available from the Health and Social Care Information Centre *Quality and Outcomes Framework* (QOF), the annual reward and incentive programme detailing General Practice (GP) achievement results. As the data is based on patients who attend their General Practice, rather than the population as a whole, it is difficult to categorise the results as either good or bad. However, the available data remains relevant in providing an insight into the health and wellbeing of Cumbria's population. Relevant QOF indicators are covered in the following paragraphs.

Coronary heart disease *CCG (QOF)*

Coronary heart disease is the leading cause of death in the UK. The proportion of patients on GP registers with this condition at a national (England) level is 3.3% for 2014-15. Cumbria CCG is within the upper quartile of ranked CCGs (202 out of 211) with a rate of 4.7%, a slight decrease of -0.1% compared to previous years.

Amongst 40 (50.0%) of Cumbria's GP surgeries, the proportion of patients with coronary heart disease is higher than the average for Cumbria CCG. Of these 40 GP surgeries, nine are situated within Allerdale, two in Barrow-in-Furness, 11 in Carlisle, seven in Copeland, five in Eden and six in South Lakeland. Within Castle ward, Carlisle, there are seven GP surgeries with proportions higher than the Cumbria CCG average, ranging from 4.7% to 5.7%. The GP surgery with the highest percentage of patients with coronary heart disease is situated within Risedale ward, Barrow-in-Furness (7.5%) whilst the GP surgery with the lowest percentage is within Coniston ward, South Lakeland (2.3%).

Hypertension *CCG (QOF)*

Hypertension, more commonly known as high blood pressure, increases the chance of having a heart attack or stroke. The proportion of GP patients with hypertension is higher nationally than for any other disease (13.8% for England). The Cumbria CCG rate has shown a significant increase and is higher at 15.8% than the England rate, an increase of 0.8% since 2010-11, and is positioned within the upper quartile of ranked CCGs.

Across 48 of Cumbria's 80 GP surgeries, the share of patients with hypertension is higher than the Cumbria CCG average. Proportions for six Cumbrian GP surgeries are over 20.0%; three of these are in South Lakeland, and one each in Allerdale, Barrow-in-Furness and Copeland. The GP surgery with the highest proportion of patients with hypertension is situated within Risedale ward, Barrow-in-Furness (25.7%); the GP surgery with the lowest percentage rate is within Coniston ward, South Lakeland (9.4%).

Rheumatoid arthritis *CCG (QOF)*

This is a long term condition which causes pain, swelling and stiffness in the joints. Long term conditions are those for which there is currently no cure, and which are managed with drugs and other treatment. The Department of Health estimate that people with long term conditions account for around half of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed days (The King's Fund, 2012). Long term conditions can affect many areas of a person's life for instance their ability to work, relationships, housing and education opportunities. Care of people with long term conditions accounts for 70% of health and social care spending in England (Department of Health, 2015).

At a national level, the proportion of patients with the condition has remained the same from 2013-14 to 2014-15 at 0.7% for those aged 16 and over. Cumbria CCG sits within the upper quartile of ranked CCGs nationally, and has seen a very small increase in the percentage rate to 0.94% in 2014-15, up from 0.92% in 2013-14, higher than then national average.

The proportion of patients diagnosed with rheumatoid arthritis in 37 (46.3%) of Cumbria's GP surgeries is higher than the Cumbria CCG average. 10% of GP surgeries have proportions over 1.34%: one in Allerdale; five in Barrow-in-Furness-in-Furness; two in Copeland; and one each in both Eden and South Lakeland. The GP surgery with the highest proportion of patients with the condition is situated within Risedale ward in Barrow-in-Furness (1.74%); the GP surgery with the lowest proportion is within Kendal Highgate ward, in South Lakeland (0.44%).

Asthma *CCG (QOF)*

Asthma is a common long term condition that can cause coughing, wheezing, chest tightness and breathlessness. As seen in the section above, long term health conditions can have a significant impact on an individual's life, and on the health system. Although the exact causes of asthma are not clear, a number of factors have been identified that can increase chances of developing the condition. These include a family history of asthma, other related allergic reactions, having bronchiolitis as a child, childhood exposure to tobacco smoke, mother smoking during pregnancy, premature birth or low birth weight (NHS, 2014). Asthma was part of the diagnosis in more than 1.3 million hospital admissions in England during 2013-14, and the primary cause of more than 1,100 registered deaths in England and Wales during 2014. The proportion of patients with asthma within Cumbria

CCG has seen a slight increase from 6.5% in 2010-11 to 6.7% in 2014-15, higher than the rate for England (6.0%).

Within 35 (43.8%) of Cumbria's GP surgeries, the proportion of patients with asthma is higher than the Cumbria CCG average: four of these are situated within Allerdale: seven in Barrow- in-Furness; three in Carlisle; eight in Copeland; two in Eden; and eleven in South Lakeland. The GP surgery with the highest proportion of patients diagnosed with the condition is located in the Risedale ward in Barrow-in-Furness (11.1%); the GP surgery with the lowest proportion rate is located within Coniston ward in South Lakeland (3.0%).

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

Diabetes mellitus *CCG (QOF)*

Within England, the percentage of patients diagnosed with diabetes (all types) has increased slightly to 6.4% in 2014-15 from 6.2% in 2013-14. This is an age-specific register which is cumulative count of all patients aged 17 years or over who have been diagnosed with the condition. The proportion of patients within Cumbria CCG has risen from 5.4% in 2010-11 to 7.1% in 2014-15, and is higher than the rate for England of 6.4%.

The proportion of patients across 39 (48.8%) of Cumbria's GP surgeries is higher than the Cumbria CCG average. Seven GP surgeries have proportions of 9.0% and above: four are situated within Copeland; two in Barrow-in-Furness-in-Furness; and one in Allerdale. The GP surgery with the highest proportion of patients with the condition rate is located in the Risedale ward in Barrow-in-Furness (11.8%); the GP surgery with the lowest proportion is located within the Broughton ward in South Lakeland (4.0%).

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

Depression *CCG (QOF)*

Depressive episodes were the main diagnosis in 13,249 hospital admissions in England in 2013-14. Dispensed prescription items for antidepressants increased to 57.1 million in

England in 2014 from 50.2 million in 2012 (HSCIC, 2015). The proportion of patients within Cumbria CCG (aged 18 and over) diagnosed with depression has seen a significant increase from 6.2% in 2012-13 to 8.0% in 2014-15, higher than the England rate of 7.3%.

In 36 (45.0%) of Cumbria's GP surgeries, the proportion of patients with the condition is higher than the Cumbria CCG average. Nine GP surgeries have percentage rates for patients with depression over 11.0%: two are situated within South Lakeland, three within Barrow-in-Furness; and four within Carlisle. Of the four within the Carlisle district three are located within Castle ward. The GP surgeries with the highest proportion (20.0%) and the lowest (0.1%) are both located in the Castle ward.

6 What is the level of need and gaps?

It is apparent that there are a number of key health and wellbeing needs for Cumbria's population. Common themes from published and draft JSNA chapters have highlighted issues around: rurality and connectivity, inequalities between wealthy and deprived communities and the impact on health and wellbeing; increasing older population; and proportion of unpaid carers.

There is a need to ensure that older people are enabled to live independent and healthy lives. The actual and predicted increase in the number of older people within the county poses challenges. A rise in complex and long term health conditions that could be attributable to the needs of an ageing population has been seen across the county, in particular an increase in the proportion of patients with rheumatoid arthritis, and a significant increase in the proportions of GP patients diagnosed with dementia. This is likely to lead to increasing demands on relatives and close friends to provide unpaid care. Unpaid carers, people who may have an older age profile themselves, have a need to access support and services to help maintain and improve their own health and wellbeing. This need may be more difficult and challenging in rural areas.

The need to ensure that adults lead healthy and fulfilling lives is identified within the Health and Wellbeing Strategy. There is a need to address unhealthy lifestyles as this can lead to the development of a range of preventable health conditions. A large proportion of the county's adults are inactive and levels of excess weight and obesity are high. Levels of excess weight and obesity vary across the county; further information can be found within the JSNA Healthy Living and Lifestyles chapter. Proportions of GP patients diagnosed with coronary heart disease and hypertension are higher in Cumbria compared to England, and

there have been increases in high dependency, long term conditions such as diabetes. Drinking to harmful levels has resulted in high levels of alcohol-related hospital admissions, and there are gaps in life expectancy within the most and least deprived areas in the county. It is acknowledged that people living within deprived areas are more likely to have poorer health outcomes. Lifestyle related issues and the links with deprivation are covered in more detail within the JSNA Inequalities chapter and the JSNA Healthy Living and Lifestyles chapter.

There is a need to promote mental wellbeing and emotional resilience; the needs of the population are apparent within the category of mental health and neurology, suicide rates and mortality in adults aged under 75 with serious mental illness are worse in Cumbria than England and a significant increase has been seen in the proportion of GP patients in Cumbria diagnosed with depression.

Ensuring that every child has the best start in life is identified as an outcome within the Health and Wellbeing Strategy. There is a need to address unhealthy lifestyles which can lead to excess weight and obesity and preventable conditions such as tooth decay.

To address the various needs of Cumbria's population there are gaps in knowledge that need to be filled.

Gaps have been identified within the recently published and draft JSNA chapters:

- 'Popgroup' population forecasts – to consider the potential population impacts of major developments as soon as details of potential developments become available (eg nuclear new build and other nuclear related projects within Cumbria; high speed rail construction outside Cumbria);
- Health needs at a locality level – carry out JSNA work at a locality level to include qualitative data to gain local knowledge about the experiences of the local community;
- Health needs of Lesbian, Gay, Bisexual and Transgendered, Black and Minority Ethnic Groups or other groups with protected characteristics – explore how to fill local data gaps;
- Health needs of single homeless people – conduct a Homelessness Health Need Audit to address health inequalities and establish the health needs of single homeless people in each local authority area;
- Older population risk groups – identify risk groups and prioritise prevention.

Further gaps were identified within the first JSNA executive summary, the *Introduction and Overview* chapter, published in early 2015 that have not, as yet, been addressed:

- Health needs assessment for military veterans – an assessment is recommended to ensure that veteran servicemen and women and their families do not face disadvantage compared to the rest of the population in relation to accessing services;
- Alcohol related hospital admissions in the under 18 age group – work to understand the need around alcohol-related hospital admissions in the under 18 age group;
- Adult excess weight – work to understand why Cumbria, particularly Copeland, has levels of adult excess weight significantly worse than England;
- Mental health – develop an understanding of mental health issues in Cumbria at a lower geographical level.

An emerging issue, not covered in previous JSNA chapters, concerns service development that could lead to more centralised hubs and the potential resulting impact on connectivity and accessibility. It is known that Cumbria is a rural county, and that geographical barriers to accessing services affect many communities. The impact of relocating services could increase these barriers for some communities. Anecdotal evidence suggests that people choose not to attend appointments for reasons of transport difficulties and cost; evidence needs to be gathered and explored in order to understand the changing picture, external factors that are changing behaviours, and potential future impacts.

7 Summary

The key health and wellbeing needs identified in Cumbria are summarised as follows:

- Children and their families require support to ensure that preventable health issues and effects of poor lifestyle choices are addressed to ensure that every child has a good start in life. There is a need to ensure that the positive progress in early years education is continued.
- High levels of unhealthy lifestyles are leading to the development of longer term health conditions such as diabetes and heart disease. Support to promote healthy lifestyles and help people to take more responsibility for their own health and wellbeing, focusing on healthy eating, moderate alcohol intake and increased physical activity will have a positive impact on health and wellbeing and will enable adults in Cumbria to lead healthy and fulfilling lives.
- There is a need to improve healthy life expectancy and reduce rates of premature mortality by the early identification and effective management of the main causes.
- There is a need to promote mental wellbeing and emotional resilience.
- There is a rise in long term and complex health needs due to the needs of Cumbria's ageing population. There is a need to look at prevention, along with early identification and management of long term conditions to ensure that older people are able to live independent and healthy lives.
- Numbers of carers are likely to rise in line with the needs of the county's ageing population. Carers require support to improve their own health and wellbeing.
- There is a need to address the inequalities between the least and most deprived communities and the associated impact on health and wellbeing.
- People living in all geographical locations need to be able to access health, social care and support services.

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8 Data sources and references

Links to data sources

Census 2011
https://www.ons.gov.uk/census/2011census

Death Registrations Summary Tables, England & Wales 2014
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathregistrationssummarytablesenglandandwalesreferencetables

Health & Social Care Information Centre, Quality Outcomes Framework
http://www.hscic.gov.uk/qof

Local Alcohol Profiles for England
http://www.lape.org.uk/

NHS England Clinial Commissioning Group demographic data
http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html

Population estimates mid-2014, Office for National Statistics
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections

Public Health Outcomes Framework (PHOF)
http://www.phoutcomes.info/

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http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity#ltc [accessed: 21/04/2016]

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