

Resilient people, resilient places.

Public Health
Annual Report
2015





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Foreword by the Director of Public Health

2015 was undoubtedly a challenging year for Cumbria. The economic picture locally has not been improving very much, and many people in the County will have been directly affected by this. Local government services have been reduced due to budget cuts, and NHS services have struggled to cope with increasing demand. Then in December, the worst flooding Cumbria has ever seen left over 7,000 households underwater and huge damage to the County's infrastructure, with three schools, 23 bridges and many essential roads closed.

In this sort of challenging environment, people often talk about the importance of resilience. But this is a term that is used very differently in different situations. Generally speaking, resilience is used to mean the ability to bounce back after facing difficulty or misfortune. A slightly more detailed definition holds that resilience is "the capacity to endure, adapt and generate new ways of thinking and functioning in the context of change, uncertainty or adversity." It is important to note that nowhere does this definition declare resilience to be only an individual's characteristic or responsibility; we can also talk about community resilience, organisational resilience, and system resilience.

This annual report covers three different aspects of resilience that have been important in 2015 - a year in which Cumbria faced adversity on many different fronts - and which will remain a key focus for action to improve public health in the coming years.

Firstly it considers individual resilience, both in children and adults. In the long term, supporting children and young people to develop their ability to cope with whatever life throws at them may be one of the most successful - and cost effective - public health interventions available.

Secondly the report covers building community resilience - the way in which people can come together to support each other and tackle challenges faced by the community as a whole. Communities have always done this to some extent, and as the public sector is forecast to continue to shrink over the coming years it is ever more important to develop strong communities that can increasingly take control over their own destinies.

Finally, the report considers resilience in the sense of planning for and responding to events such as flu pandemics or flooding. Cumbria is no stranger to such events, but the floods of December 2015 have been a major test of Cumbria's resilience. While the after-effects will be felt for months and years to come, the individual, community and organisational response has been little short of heroic and the whole County can be very proud of how it dealt with - and continues to deal with - this huge challenge. For me personally it has been a privilege to work alongside everyone involved.



Colin Cox
Director of Public Health, Cumbria County Council.



Individual resilience

Children and young people



What is the scale of the problem?

Reliable statistics about emotional resilience are extremely hard to come by. Table 1 sets out some key statistics about children and young people's mental health and wellbeing, suggesting that nearly 6,000 children aged 5-16 may be suffering from a diagnosable mental health problem. Many more will be facing stress and anxiety at a level that medical treatment is unlikely to help with, but that **still has a significant impact** on their overall health and wellbeing. Cumbria's rate of hospital admissions for self-harm is higher than average, though nowhere near as high as in some other parts of the country. However the true extent of the problem remains unclear.

Cumbria is home to nearly 100,000 children and young people up to 18 years of age - one fifth of the population as a whole. We want children and young people in Cumbria to be able to be healthy, to feel good and to function well throughout their childhood and adolescence, and on into adulthood. Emotional resilience is important to helping them achieve this.

Avoiding life's challenges completely is impossible, but the ability to cope effectively with stresses and adversity when they happen can be developed and learnt. Such skills help protect children and young people against potentially catastrophic consequences (Young Minds, 2012 and Hart et al, 2007).

Recognising the importance of this issue, in 2015 Cumbria invested significant time and resources in the development of a programme called HeadStart, which aims to improve the emotional resilience in 10 to 16 year olds as they transition through school and college. The County became one of twelve pilot HeadStart programmes in the United Kingdom midway through 2014, with funding from the Big Lottery Fund. In the initial pilot phase the majority of the programme has been delivered in 26 schools in Carlisle and the Furness Peninsula, in a mixture of urban and rural settings.

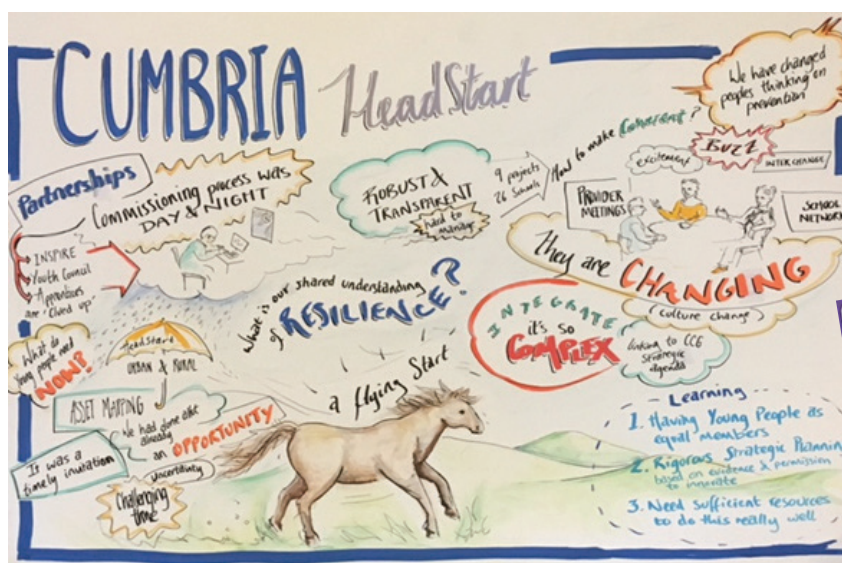
Some aspects of the programme have been universal, available to all 10 to 16 year olds at the participating schools, while some elements have been targeted at those who are more vulnerable.

The HeadStart team selected nine different emotional resilience projects to run during the pilot phase, choosing a range of activities, interventions and community actions which were innovative as well as being based on evidence and on considerable engagement with young people about what they themselves would find valuable. The team is learning and adapting to what works best through continuous monitoring and evaluating of the programme. The nine projects are working in the following four areas:

- Children's time and experiences at school.
- Their ability to access the community services they need.
- Their home life and relationship with family members.
- Their interaction with digital technology.

Kooth.com is one of the projects being supported and offered to all 10 to 16 year old children and young people at the HeadStart schools in Cumbria. This project specifically uses digital technology to offer a safe, confidential and non-stigmatising counselling and emotional support service for young people. The online support service is staffed by fully trained and qualified counsellors who are available until 10pm every night, 365 days of the year. Young people have built increasing trust with this online service through the help of Kooth.com staff who have helped to support its use. The service has proved popular particularly with boys and young people from ethnic minorities, and is providing a much needed confidential and instant access service for our young people.

Moving on Up is a partnership project being run by the Brathay Trust and Cadas. It is a peer to peer mentoring project aimed at improving the emotional resilience of young people before they experience a large



Left: Cumbria HeadStart Journey
Portrait, 15 July 2015, Manchester.

Below: Launch of Cumbria HeadStart and the Whole System model 'It Matters', March 2015, Penrith.



transition in their lives: moving from primary to secondary school. The project engages all students in peer mentoring and has also trained young people in the second and third year of secondary school (years 8 and 9) to become accredited peer mentors. The project co-designed and co-produced a number of activities and interventions that the peer mentors then delivered. Primary school staff identified children in their last year of primary school for the peer mentors to work with, delivering the peer mentoring activities and interventions in order to prepare the younger children for their move and transition up to secondary school. Evaluation has shown that this work has had a significant impact both on the resilience of the young people moving up to secondary school, and also on the wellbeing and resilience of the peer mentors.

Along with the other seven HeadStart projects, this work is starting to make a real difference to the lives of the children involved. HeadStart is a critical part of Cumbria's action to improve young people's emotional resilience and mental health, and at the time of writing significant work is underway to secure the funding to continue the programme and to roll it out to other parts of the County.

Table 1: Key indicators of child mental health and wellbeing

Indicator	Cumbria	North West	England
Estimated prevalence of any mental health disorder: % of population aged 5-16 (2014)	9.4%	9.6%	9.3%
Estimated prevalence of emotional disorders: % of population aged 5-16 (2014)	3.6%	3.7%	3.6%
Young people's hospital admissions for self-harm: rate per 100,000 aged 10-24 (2010/11-2012/13)	461.2	440.4	352.3
Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18 (2010/11-2012/13)	76.4	69.1	42.7

What is the scale of the problem?

Just as for children, getting a good understanding of the local pattern of resilience in **adults is extremely difficult** as there are no direct measures of resilience. Table 2 describes some key indicators of mental health and wellbeing. Overall, Cumbria appears to be broadly similar to England as a whole, and better than much of the North West, in terms of adult mental health and wellbeing, which may suggest reasonably high levels of resilience in the County.

Adults

Resilience is complex. In part it is a feature of individuals - how well people are able to cope with difficulty - but whether people behave in a resilient way depends in part on the level and type of difficulty that is being experienced. It is an interaction between an individual characteristic and the external situation - both the stressful situation and other external factors. The public health response therefore needs to consider both how we help individuals build their skills and attitudes to help them be resilient, and how we work to improve the external situation to reduce stress.

The individual factors that influence resilience start developing in childhood - which is why it is important to support children and young people to learn these skills and attitudes from a very young age. These factors include:

- Self-efficacy: the sense of having the ability to change things.
- Internal locus of control: a tendency to take responsibility for what happens rather than to see things as external events that can't be controlled.
- Positive outlook: the tendency to see setbacks as challenges to be overcome rather than as impossible obstacles.

These things can be learned in adulthood, and indeed this is the focus behind a number of psychological methods such as Cognitive Behavioural Therapy. But learning ways to adopt a more positive mindset can benefit many more people than will ever go through such formal therapies.

The external factors that can influence resilience are numerous. In addition to the many stresses people experience there are many things that can help people to be more resilient. The presence of supportive social networks, for example, can help people to be more resilient than they would otherwise be.

One of Cumbria's key programmes to support both sides of this approach to building resilience (helping people to change both their way of thinking and the environment around them) is Local Area Co-ordination. This is an approach that began with disability services in Western Australia in 1988 and is described by the Local Area Co-ordination Network as follows:

Rather than waiting for people to fall into crisis, assessing **deficits, testing eligibility and fitting people into more** expensive (and increasingly unaffordable) services, Local Area Co-ordination works alongside people to:

- Build and pursue their personal vision for a good life.
- Stay strong, safe and connected as contributing citizens.
- Find practical, non-service solutions to problems wherever possible, and;
- Build more welcoming, inclusive and supportive communities.

Cumbria currently has a team of 11 skilled and trained Local Area Co-ordinators who support Cumbrians aged 16 years and over, particularly targeting those who are most in need and who face extreme adversity (such as unemployment, drug dependence, severe disability, low income, or poor housing). While initially the model of Local Area Co-ordination focused on disabled people, older people and those with mental health needs, in Cumbria we have recognised that the approach is the right one



for supporting many more people to develop their resilience and their health and wellbeing more generally. Over 2015 Cumbria's team of Local Area Co-ordinators therefore broadened their role to support a wider range of people.

In December 2015, Cumbria County Council agreed significant investment in a new Health and Social Wellbeing System, including a tripling of this workforce into a new team of Health and Wellbeing Coaches. This team will continue to work within the principles of Local Area Co-ordination to identify vulnerable people and intervene early to build their resilience, both individually and in terms of social support, in order to improve health and wellbeing and to reduce demand on other services. In the context of the large budget reductions being faced by the Council this demonstrates a significant and very welcome commitment to the principles of public health and prevention.

Table 2: Key indicators of adult mental health and wellbeing

Indicator	Cumbria	North West	England
Depression age 18+: prevalence as measured by GP Quality Outcomes Framework (2012/13)	6.1%	-	5.8%
Depression and anxiety: prevalence as measured by GP Patient Survey (2012/13)	11.4%	14.3%	12.0%
Mental health: % reporting a long term mental health problem in the GP Patient Survey (2012/13)	4.3%	-	4.5%
Self-reported wellbeing: people with a low satisfaction score (2014/15)	4.2%	5.6%	4.8%
Self-reported wellbeing: people with a low happiness score (2014/15)	3.1%	4.4%	3.8%
Self-reported wellbeing: people with a high anxiety score (2014/15)	8.0%	10.2%	9.0%



Community resilience

Returning to the definition of resilience given in the introduction to this report, “the capacity to endure, adapt and generate new ways of thinking and functioning in the context of change, uncertainty or adversity”, it is clear that resilience can apply every bit as much to a community as to an individual. But if it is difficult to measure resilience in individuals, it is equally difficult to measure it in communities. It is often said that Cumbria is a very resilient place, and certainly the way in which local communities have pulled together to get through significant traumatic experiences since the turn of the century - things like Foot and Mouth in 2001, the West Cumbria shootings in 2010, and flooding in 2005, 2009 and 2015 - has been remarkable. What is less clear is how resilient communities are to long term chronic disadvantage.

Cumbria has some of the most disadvantaged neighbourhoods in England, and there are wide gaps in health status between these areas and the rest of the County. We are trying to bridge these health gaps (health inequalities) that result from unequal distribution of social, environmental and economic circumstances - and building community resilience is one way of achieving this, by helping local communities to take control of their own futures. Resilient communities have lower rates of death than non-resilient communities with the same amount of disadvantage (Tunstall et al, 2007).

Identifying vulnerable communities

Identifying those communities that are suffering from long term disadvantage is usually done by looking at the Index of Deprivation. This is an important tool for identifying the most disadvantaged areas in England so that local policy makers, local authorities and neighbourhoods can target their activities at the areas with the greatest need for public services.

Deprivation statistics are available for reasonably small areas. Cumbria is divided into 321 of these areas (called Lower Super Output Areas, or LSOAs). Each LSOA contains around 1,500 people. Cumbria has 29 LSOAs that rank within the 10% most disadvantaged LSOAs in England (see Figure 1).

However while these statistics are useful, they do not tell the whole story. They are most useful in more urban areas, where the difference between **deprived and affluent areas** tends to be clear. Rural areas are often more mixed, and even **at the LSOA level significant deprivation can get hidden by a more affluent majority**. So in rural areas it is important to draw on local knowledge and a good understanding of local communities as well as relying on statistics.

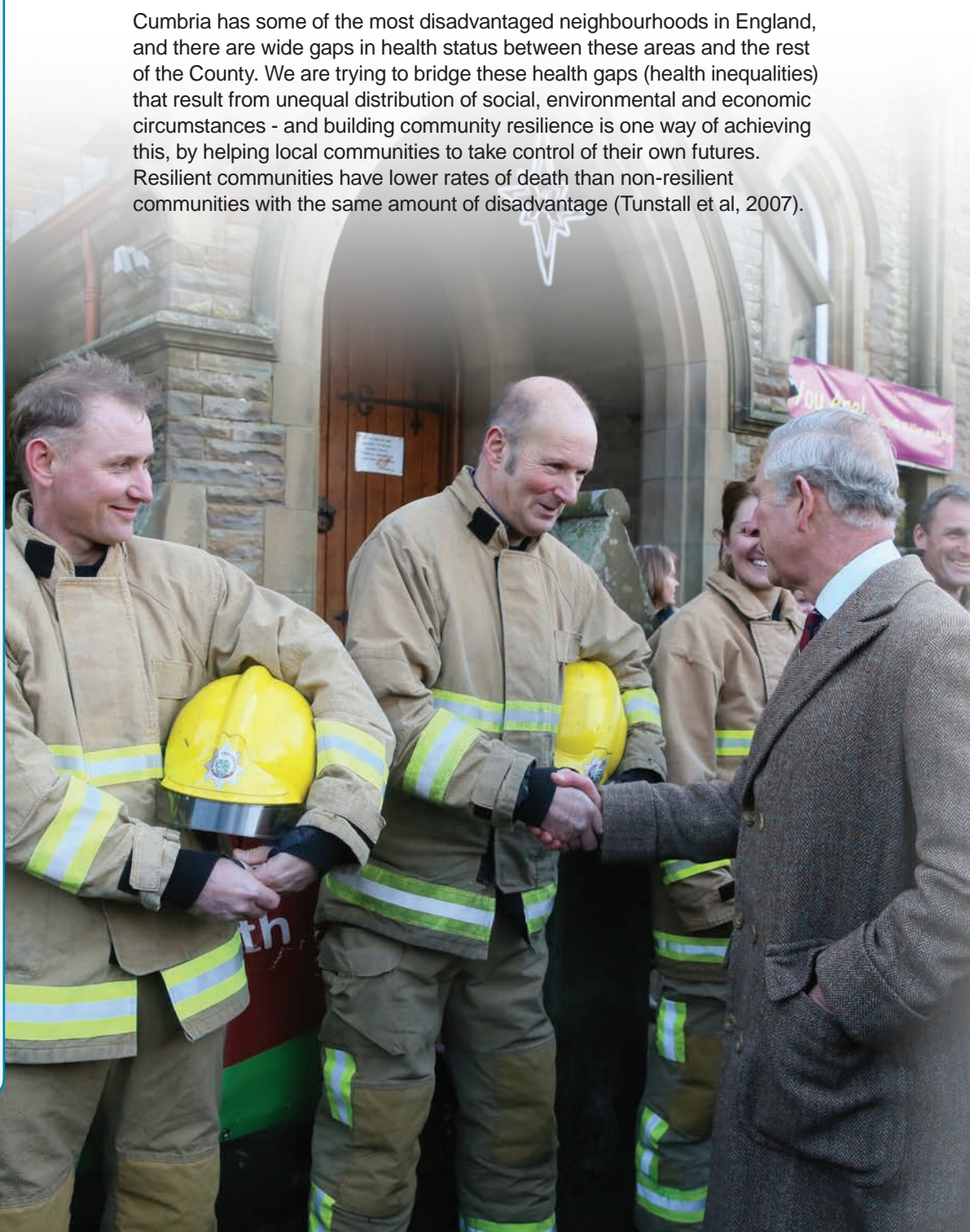
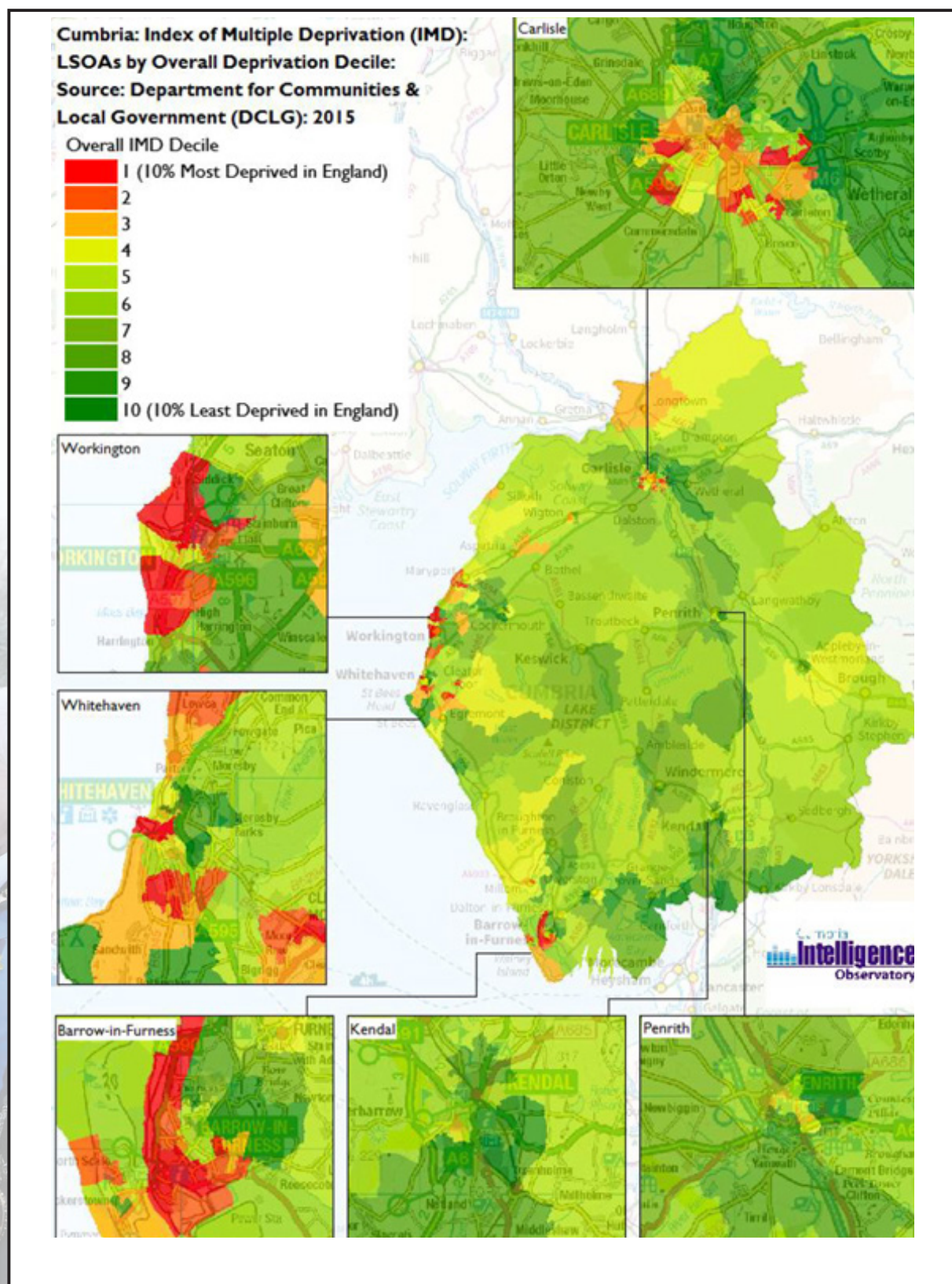


Figure 1:

The map plots each lower super output area in Cumbria with shading according to their overall deprivation scores. Areas shaded in red represent communities that are in the 10% most disadvantaged areas in England, while areas shaded in dark green represent communities that are in the 10% least disadvantaged of areas in England.



The CLAHRC

CLAHRC is shorthand for the "National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care: North West Coast". In order to help improve Cumbria's health and reduce health inequalities, as its name suggests, the CLAHRC is a partnership between universities, local authorities, NHS organisations and the public. The CLAHRC aims to speed up the translation of **research findings into health service changes and improvements**, in addition to embedding evidence based policies, practices and services in our public health system. The CLAHRC's work with Cumbria County Council and the Public Health team is concentrating on promoting and encouraging the development of resilience in our disadvantaged neighbourhoods and reducing their health inequalities.

Our disadvantaged neighbourhoods face adversity and hardship. One aim of public health is to help Cumbrians maintain and improve their health in the face of such difficulty. Approaches like this are often described as enhancing the resilience of a community.

As part of our work on community resilience, in 2015 Cumbria County Council joined a partnership of local councils, NHS organisations and universities known as the CLAHRC (see box). Our work with the CLAHRC focuses on developing approaches and methods to enhance resilience in disadvantaged neighbourhoods; this will be followed by implementation and then evaluation of how well these approaches work over the next five years.

Early work with the CLAHRC suggests that building neighbourhood resilience has four strands that each need to be developed:

- The living environment - for example availability of affordable housing, reducing fuel poverty.
- Social relationships - for example reducing isolation, establishing befriending schemes.
- Economic systems - for example living wage policies, actions against loan sharks.
- Community governance - for example neighbourhood partnerships.

The work of the CLAHRC is both action focused and research focused. We have identified one specific neighbourhood to focus our resilience activities on, which will be known as our 'Neighbourhood for Learning', and over the coming years we will be working within that community to try to learn more about what works in terms of building community resilience - and about how to measure it reliably. Our learning from this will be used to support action in other parts of the County over the coming years.



Emergency preparedness, resilience and response

In 2004 the Civil Contingencies Act was introduced in the United Kingdom. The Act set out a new structure for public protection at the local level by requiring agencies to come together to form Local Resilience Forums where organisations work in partnership to plan for, respond to and recover from emergencies, such as those caused by accidents, natural hazards or man made threats. This has ensured that in the event of an emergency, local agencies and organisations each have a clear set of roles and responsibilities. This means that there is coordination of activity and cooperation between the different agencies and enables an organised and consistent response to the incident.

In order to plan for the response to emergencies Cumbria Resilience Forum is required to assess the risks of emergencies occurring and have plans in place to manage them should they occur. This process includes testing the plans through multi agency exercises.

The purpose of emergency planning exercises is threefold. The first is to validate that the plans are fit for purpose and identify any improvements that can be made to the plan. Second is to provide an opportunity for people to practise their role in responding to the emergency and to demonstrate their competencies. The third function of an exercise is to test well established arrangements in the emergency situation.

Cumbria Resilience Forum produces an annual programme of exercises to test local plans for responding to and recovering from emergencies. These exercises are well attended by all of the responding agencies and have ensured that when a major incident occurs, such as the floods of December 2015, the various agencies involved are familiar with and competent in this integrated and coordinated way of working.

Major Incidents in Cumbria

In recent years Cumbria has experienced a number of major incidents and emergencies. These include Foot and Mouth Disease in 2001, the Carlisle floods in 2005, the West Cumbria floods in 2009, the Keswick coach crash in May 2010 and the Derrick Bird shootings in June 2010.

During all of these incidents Cumbria Resilience Forum partner agencies worked together to provide an effective coordinated response, both in the acute phase (dealing with the incident while it is actually going on) and the recovery phase (dealing with the aftermath and getting back to normal). The work that has been done to plan for, exercise and respond to emergencies has ensured that Cumbria is recognised nationally as providing an excellent integrated and coordinated response to emergencies affecting the county.

At the end of 2015 Cumbria made national headline news following the numerous storms that battered the county and brought devastating floods. The 2015 floods set new records for the amount of rainfall Cumbria had previously experienced. At Honister Pass, the Met Office registered a record 341.4mm of rainfall in a 24-hour period on 5th December 2015.



Exercise OSCAR 11

Exercise OSCAR 11 took place in early 2015. This was a live, full scale test of the county's ability to protect members of the public and the environment from a radiation emergency at **Sellafield**. **OSCAR 11** involved all the key agencies including Cumbria County Council, district councils, Cumbria Constabulary, Cumbria Fire and Rescue Service, NHS England, North West Ambulance Service, Public Health England, Environment Agency, Ministry of Defence, United Utilities, and the Highways Agency among others. The exercise was **designed to test Sellafield's** off-site emergency plan and ensure that it is appropriate and adequate. Other purposes of the exercise included testing procedures and co-ordination arrangements between the Strategic Co-ordination Group, government departments and advisory groups. It also tested the arrangements for warning and informing the public, as well as the collection, sharing and interpretation of information.

The districts of Allerdale, Carlisle, Eden and South Lakeland were severely affected, with over 7,000 properties flooded, including one care home, two general practices and four pharmacies. Water treatment works were damaged temporarily, requiring residents to boil or drink bottled water to safeguard against waterborne diseases. Thousands of homes and offices were without electricity for a number of days. Many Cumbrians are still displaced out of their homes, and the recovery is expected to take many months. Each and every one of these problems impacts on health and wellbeing. Yet despite the extent of the damage to homes, businesses, roads and bridges, the Cumbrian spirit was not broken. Cumbrians showed the rest of the United Kingdom the amazing resilience our County possesses when faced with such adversity.

Unfortunately it is recognised that flooding, from the initial devastation to the long road to recovery, can have a profound impact on the mental health and wellbeing of the population. Previous experience in Cumbria suggests that this can continue for many months, if not years, after the waters have subsided. The local situation is being closely monitored.

Cumbria is still recovering from the 2015 floods. It is going to be a long and complex process of restoration to rebuild the county. It is important to ensure that as much as possible is learned from this major incident, to ensure we continue to build our resilience to respond to emergencies in the future and lessen their impact on our health and wellbeing.

Review of recommendations from 2014 Annual Public Health Report

Last year's annual public health report discussed what makes Cumbria healthy. The report described the many different aspects of what determines our health and wellbeing: it's far broader than most people think. Education, workforce employment, poverty are key elements to health and wellbeing. Action is required from agencies outside of Cumbria County Council across the wider public, private and third sector to make Cumbria healthy.

In order to start addressing some of the broad determinants of health and wellbeing identified in last year's report, the report concluded with six recommendations. Action against each of these is reviewed below.

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

On 1 October 2015 Cumbria County Council became responsible for commissioning public health services for children aged 0 to 5 years, including health visiting services and family nurse partnership services (a service for teenage mothers). This means that the Council now has responsibility for the whole of the Healthy Child Programme. The County Council has now consulted children and young people, parents and carers, and stakeholders about their views and opinions on the Healthy Child Programme from birth to 19 years. The consultation especially wanted to find out what does and doesn't work for Cumbrians, to help shape the service and to learn how best to deliver it in the future. The results of this consultation are now informing the design of a new integrated Healthy Child and Early Help programme, to be established by April 2017.

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

Cumbria Adult Education continues to provide leisure courses as well as free GCSE programmes in Mathematics and English. The service continues to assist adults on means tested benefits by offering them a 50% discount on course fees for leisure courses.

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

The Council takes commissioning and procurement seriously. Wishing to do so in a sustainable manner, the Council is increasingly using Socially



Responsible Public Procurement. It is applying operational clauses and evaluation criteria when commissioning that include the addition of social value; the creation of jobs and training opportunities; carbon reduction and a sustainable supply chain. For example the Council now measures 'food miles' in food and supply distribution contracts.

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

Cumbria Local Enterprise Partnership has made skills a workforce key priority to ensure we have motivated and skilled people employed in Cumbria, as both employees and employers. Skills and training underpin the quality a job can offer.

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

All organisations recognise the importance of community engagement and empowerment, and have a range of mechanisms in place to encourage this. It is not an easy thing to achieve, and there is undoubtedly considerably more to do in order to maximise such opportunities.

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

This may have been the least concrete recommendation in last year's report, but it is undoubtedly the one that has been the most often reflected back in comments received about the report - and in a positive way. While 2015 was not without its challenges, the impression remains that organisations continue to work very positively together and that they remain committed to supporting each other to achieve the best possible outcomes for Cumbrians.

Recommendations

Resilience is an important aspect of health and wellbeing and it is one that we can all work towards having, maintaining and growing - whether it be as resilient individuals, resilient communities or as part of a resilient organisation. The following recommendations are designed to help maintain a focus on resilience for the future.

- The HeadStart project has already helped a number of children and young people in Cumbria. This work should be rolled out as far as possible as a key part of the system for improving young people's emotional health and wellbeing.
- Resilience can be learnt and developed. Practical support to improve resilience should be spread far and wide by Cumbria County Council and its partners, in order to maximise the health benefits gained from resilience.
- Local partners should continue to work with learning organisations, for example the CLARHC, and should foster the development of links and associations with other knowledge organisations, in order to use the best evidence-based practice for our county.
- All partners to the Local Resilience Forum should become accustomed and adept at using continuous learning and improvement methods in emergency planning to ensure we remain resilient as a whole county against future disasters. This should include ensuring that more people are trained and practiced in emergency response.



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