



COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE

Committee Report

Public

Date of Meeting: 27 March 2008

Title: Carlisle Partnership - Healthy Communities & Older People - 2nd Report 2007/2008

Report of: Carlisle Partnership Manager

Report reference: PPP 33/08

Summary:

1. This is the second report in a series, which will describe the activities of the Carlisle Partnership, Healthy Communities and Older People Priority Group. The Manager of the Partnership will present a summary of the first years' activities of the group and outline the intentions and plans for 2008/2009. In addition Fiona Huntington (Cumbria PCT – Public Health) will present a short paper on the possible accreditation of Carlisle as a World Health Organisation “Healthy City”.
2. The Carlisle Partnership Manager will present the 9 month Performance report of the current Cumbria Agreement (LAA 2007) Healthy Communities and Older People block against the agreed outcomes.

Questions for / input required from Overview and Scrutiny:

1. Community Overview and Scrutiny Committee is requested to consider and comment on the activities of the Carlisle Partnership, Healthy Communities and Older People Priority Group 2007/2008.
2. To note the possibility that “Healthy City” accreditation be sought for Carlisle.
3. To consider and comment on the performance report for the Healthy Communities and Older People block of the Cumbria LAA 2007.

Contact Officer: Ned Kemp

Ext: 7030

Note: in compliance with section 100d of the Local Government (Access to Information) Act 1985 the report has been prepared in part from the following papers: None

BACKGROUND INFORMATION

1. The committee should refer to PPP73-07 Healthy Communities and Older People - Carlisle Partnership Priority Group and Cumbria Local Area Agreement 1st report presented on 22 November 2007 which established the purpose for this series of reports.
2. Its worth briefly restating the core priorities from “A Community Plan for Carlisle 2007”

Health is poor in some areas of the City but by making small changes people can make a difference.

Carlisle is spearheading the reduction of health inequalities. For example, life expectancy for men in Carlisle is 75.7 years as opposed to 76.6 years for England.

Three key things can make a huge difference:

- **Smoking: Stopping smoking will benefit health in so many ways and reduces the risks of cancer and heart disease and other illnesses.**
- **Being more active: Trying to build more exercise into daily routines improves heart health and mobility.**
- **Diet: Eating a healthy, varied, low fat and carbohydrate diet, high in fruit and vegetables and drinking less alcohol, significantly improves overall health.**

Small changes in any of these start to improve health and life expectancy dramatically.

| Priority for action | Contributing Elements | Targets for improvement | Lead Group | Lead Partner |
|---|----------------------------------|---|------------------------------------|----------------------|
| Health priority | Reduce Smoking | 779 – 4 week quitters in 2007/2008 | Healthy Communities & Older People | Primary Care Trust |
| | Combat Obesity | Increase active recreation participation by 1% annually | Healthy Communities & Older People | Carlisle Leisure Ltd |
| | Carlisle Healthy City | Establish health networks | Healthy Communities & Older People | Primary Care Trust |
| Improved Quality of Life for older people | Maximise Income for older people | 400 home visits producing £500,000 additional benefit revenue | Healthy Communities & Older People | Age Concern |

3. Annex F is a report of proceedings for the Group for 2007/2008. This format has been selected in order to produce report suitable for promulgation at public events and to provide evidence of our activities to the Department of Health in support of the Communities for Health funding grant of £ 100k for 07/08.
4. Annex A is a more detailed breakdown of activities and includes “unfunded” projects and initiatives being undertaken by partners independent of the funding but supporting and contributing to the Group Priorities.
5. Annex B provides a financial breakdown of the disbursements from the Communities for Health monies. I am delighted to report that a further £50k have been received from the Department of Health to continue the work into 08/09. (Additionally, approval to carry forward monies not currently committed has been received)
6. The Group is currently re-considering its plans for 2008/09 in light of the additional funding received. A substantial number of requests for support for projects were received during 2007/08 which were regrettably refused – in view of the additional funds received these can now be revisited. The group is also very keen to further invest in frontline stop smoking support services and will probably fund a 70% FTE post within the smoking cessation service. Further investment in Health Networks and events and “Keep Warm keep safe” is likely.

Carlisle Partnership – Healthy Communities and Older Peoples development

7. The possibility of achieving World Health Organisation accreditation for Carlisle as a “Healthy City” present a whole new avenue for development of the Health and Wellbeing elements of the Carlisle Partnership and the Healthy Communities and Older Peoples group. Annex C contains introductory information on the nature of the process and its benefits. Fiona Huntington (Cumbria PCT) will answer questions but please bear in mind this is at a very early stage.
8. The Group would like to take this opportunity to record its thanks to Jenni Payne, Assistant Director of Public Health for North Cumbria for chairing the group until last month when she retired. Jane Muller (Associate Director of Public Health – Cumbria PCT) will be taking over the role until a replacement is appointed.

Cumbria Local Area Agreement – Healthy Communities and Older People block

9. There is a close relationship (though indirect) between the activity of the Carlisle Healthy Communities and Older People Priority Group of the partnership and the progress on delivery of the targets set out in the Cumbria Agreement (Local Area Agreement). A breakdown of LAA delivery for quarter 3 of 07/08 is at ANNEX D.

IMPLICATIONS

- Staffing/Resources – Support staff for the partnership is now in place
- Financial – City Council financial commitments will be subject to normal process separate from these reports
- Legal – The City Council may well acquire a statutory obligation to be a partner in a Cumbria Health and Well Being Partnership in due course.
- Corporate – The City Council’s Corporate Plan reflects some elements of the work of the Group, which fall within or are affected by the activities of the Group (e.g. LP 15, 16 etc relating to physical activity and sport). Should the Partnership decide to proceed with “Healthy City” accreditation, the Corporate Plan may need to reflect this additional aim. As one of two main delivery partners with the PCT, the City Council will be consulted fully before the project is adopted.
- Risk Management – The risks associated with failure to deliver the Healthy Communities and Older People priorities listed in “A Community Plan for Carlisle 2007”.
- Equality and Diversity – A central consideration in all the Healthy Communities and Older Peoples Group activities. This section of the Community Plan has been “Equality Impact Assessed”, referred to AWAZ and the assessment ratified.
- Environmental – A central consideration in all the Healthy Communities and Older Peoples Group activities.
- Crime and Disorder – There are potential indirect relationship between Healthy Communities and Older Peoples Group activities and the Safer, Stronger Group

activities which are monitored by shared membership of both groups notably Cumbria PCT and the City Council.

- Impact on Customers – The aim of the between Healthy Communities and Older Peoples Group is to improve the Health and quality of life for Carlisle residents and visitors and to reduce the health inequalities to which some of our most disadvantaged Communities are subject.

Annex A to PPP 33/08 Carlisle Partnership - Healthy Communities & Older People - 2nd Report 2007/2008

KEY ACTION: Health Priority 1

Reduce Smoking: *Stopping smoking will benefit health in so many ways and reduces the risk of cancer, heart disease and other illnesses*

| Local Target | Key Action | Target for key action | Progress from baseline | Lead | Resources Required |
|--|---|---|---|---|--------------------|
| <p>Improved health and reduced health inequalities (LAA HCOP Outcome 1)</p> <p>Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards / neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet & physical activity) (LAA HCOP Outcome 2)</p> | To offer Smoking Cessation Training for staff in Carlisle City Council and their partners | 779 4-week quitters in 2007/2008 | 10 people Trained during December A further 20 planned February | Cumbria PCT | £10,000 |
| | Messages on internal intranet site. Giving useful websites, NHS smoking helpline number. Nominated office "well being at work champions". | | | Jobcentre Plus | |
| | There is a Cumbria County Council Stop Smoking Policy and Adult Social Care will be incorporating the main points into the Health Promotion strategy and assisting staff to comply with it. | | | Adult Social Care Directorate, Cumbria County | |
| | CHA holding stop smoking surgeries for staff and tenants | | 9 staff quit and 11 non-staff | Carlisle Housing Association | |
| <p><i>To be reviewed once 2008 LAA is available</i></p> | National No Smoking Day: 12 th March | Promotion of NSD by all partner organisations | NSD Briefing session planned for 22 nd February. Partner organisations invited | Cumbria PCT | |

KEY ACTION: Health Priority 2

Combat Obesity: *Trying to build exercise into daily routines improved heart health and mobility. Eating a healthy, varied, low fat and carbohydrate diet, high in fruit and vegetables and drinking less alcohol, significantly improves overall health*

| Local Target | Key Action | Target for key action | Progress from baseline | Lead | Resources Required |
|--|--|---|------------------------|---|---|
| <p>Improved health and reduced health inequalities (LAA HCOP Outcome 1)</p> <p>Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards / neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet & physical activity) (LAA HCOP Outcome 2)</p> <p><i>To be reviewed once 2008 LAA is available</i></p> | MEND programme for children and their families | Increase active recreation participation by 1% annually | | Carlisle Leisure Ltd | |
| | Lifestyle on the Road programme in partnership with Extended Services | | | Carlisle Leisure Ltd | £10-15,000 for a 12 month pilot |
| | Worthwhile Days project for people with learning disabilities | | | Carlisle Mencap | £5000 for a 12 month pilot |
| | On Your Bike Club for hard to reach local people | | | Impact Housing Association | £5800 for set-up costs |
| | Office groups have joined local slimming classes and have “weigh in’s” at work to maintain motivation. | | | Jobcentre Plus | |
| | All Residential Care Homes have healthy menus and residents are encouraged to eat healthily. | N/A | N/A | | Adult Social Care Directorate, Cumbria County |
| Individual Budgets will assist people to have more choice as regards food provision to fit their needs and opportunities for leisure via | 50% of ASC users making use of an Individual Budget via 2009 | N/A | | Adult Social Care Directorate, Cumbria County | |

KEY ACTION: Health Priority 3

Carlisle Healthy Networks: *To raise awareness of the influences upon health and to engage with healthier communities*

| Local Target | Key Action | Target for key action | Progress from baseline | Lead | Resources Required |
|--|--|---------------------------|--|---|--------------------|
| <p>Improved health and reduced health inequalities (LAA HCOP Outcome 1)</p> <p>Reduce premature mortality rates and reduce inequalities in premature mortality rates between wards / neighbourhoods with a particular focus on reducing the risk factors for heart disease, stroke and related diseases (CVD) (smoking, diet & physical activity) (LAA HCOP Outcome 2)</p> <p><i>To be reviewed once 2008 LAA is available</i></p> | District network events and 6 x local community centre events | Establish health networks | Introduction event and 4 x local events held | Cumbria CVS | 14,000 |
| | Health Promotion strategy being developed across Cumbria County Council-ASC lead on Health and Wellbeing | | | Adult Social Care Directorate, Cumbria County Council | |
| | Link created between Carlisle LSP group and Adult social Care via Development Team | | N/A | Adult Social Care Directorate, Cumbria County Council | |
| | Cross links on Adult social Care Website and local NHS website | | N/A | Adult Social Care Directorate, Cumbria County Council | |
| | Support the involvement of the wider 3 rd Sector (Cumbria Action for Health) | | | Cumbria CVS | |
| | Establish Carlisle Healthy Networks section within Cumbria Action for Health bimonthly meetings / newsletter | | | Cumbria CVS | £14,000 |

KEY ACTION: Older People Priority
Improved Quality of Life for Older People

Maximise Income for Older People: To help to reduce health and social inequalities and to enable choice

| Local Target | Key Action | Target for key action | Progress from baseline | Lead | Resources Required |
|--|---|---|---|--|--|
| <p>Improved independence, well-being and choice (LAA HCOP Outcome 3)</p> <p>Improved quality of life for older and disabled people in Cumbria (LAA HCOP Outcome 4)</p> <p><i>To be reviewed once 2008 LAA is available</i></p> | <p>Income maximisation training and direct service delivery</p> | <p>400 home visits producing £500,000 additional benefit revenue. NB. Revised targets to include the Awareness Raising element - £250,000 in additional benefit income and 200 people given benefits awareness training</p> | <p>£268,520.84 additional benefit revenue raised. 99 people have received Benefit awareness training. Talks at Independent Age, Local Cancer Support Group and O/T at Hospital Pending. In addition 11 talks at Daycare (approx 55 older people and staff) with a further 5 pending.</p> <p>Joint events – All HCOP + additional 5 joint events</p> | <p>Age Concern</p> | <p>£25,000</p> <p>Plus £5,000 Keep Warm Keep Safe Dec 07</p> |
| | <p>Individual Budgets will assist people to have more choice as regards food provision to fit their needs and opportunities for leisure via</p> | <p>50% of ASC users making use of an Individual Budget via 2009</p> | <p>N/A</p> | <p>Adult Social Care Directorate, Cumbria County</p> | |

| | | | | |
|---|-----------|-----|---|--|
| More Direct Payments for Carers are planned to enable them to access employment and leisure activities | To be set | N/A | Adult Social Care Directorate, Cumbria County Council | |
| Clients who receive a financial assessment for ASC services receive a benefits check and support to access benefits | N/A | N/A | Adult Social Care Directorate, Cumbria County Council | |

ANNEX B to PPP 33 - 08 Carlisle Partnership - Healthy Communities & Older People - 2nd Report 07/08

List of Transactions for 25705 Communities & Health Partnerships

To date as at 29/02/08

| Period | Journal Date | Ledger Code | Amount | Invoice Reference | Source Account Name | Narrative |
|----------------------------|--------------|-------------|-----------|-------------------|--|---|
| 4 | 05/07/2007 | 25705/4001 | 25,000.00 | EPS061118 | Age Concern Carlisle & District | Income Maximisation Project - Carlisle Partnership Healthy Communities & Older People Priority Group |
| 4 | 05/07/2007 | 25705/4001 | 10,000.00 | EPS061119 | Cumbria Primary Care Trust | Tabacco Control |
| 5 | 10/08/2007 | 25705/4001 | 5,000.00 | EPS062960 | Carlisle Council for Voluntary Service | Delivery of a series of health events in communities across Carlisle District |
| 8 | 16/11/2007 | 25705/4001 | 9,000.00 | EPS067218 | Cumbria CVS | The delivery of a series of health events in communities across Carlisle District Second Payment |
| 10 | 17/01/2008 | 25705/4001 | 5,000.00 | TIA00511 | | CARLISLE HEALTH PARTNERSHIP OLDER PEOPLES GROUP CONTRIBUTION TOWARDS KEEP WARM, KEEP SAFE CAMPAIGN FOR MORTON AREA - DECEMBER 2007 |
| Expenditure to Date | | | 54,000.00 | | | |

| | | | | | | |
|-----------------------|------------|------------|--------------|------------|----------------------|---|
| 1 | 26/04/2007 | 25705/8150 | (100,000.00) | IA100079 | | Grant for health options for older people received in advance of spend |
| 11 | 26/02/2008 | 25705/8150 | (50,000.00) | 5561000082 | Department Of Health | Communities For Health Funding 2007-08 - Order No. 363133 |
| Income to Date | | | (150,000.00) | | | |

Balance Available as at 29/02/08 (96,000.00)

Committed to projects 07/08

| | | |
|-----------|----------------------------|-------------------------|
| 10,000.00 | Carlisle Leisure Ltd | Lifestyle on the Road |
| 5,000.00 | Carlisle MENCAP | Worthwhile days Project |
| 5,800.00 | Impact Housing Association | On Your Bike Project |

Balance uncommitted (75,200.00) Available 2008/09

INSERT DATE

**Annex C to PPP 33 - 08 Carlisle Partnership -
Healthy Communities & Older People - 2nd
Report 0708**



| | |
|-------------------------|--|
| MEETING | Local Strategic Partnership |
| DATE | |
| AGENDA ITEM | |
| TITLE OF REPORT | Healthy Cities |
| ACTION REQUESTED | To consider application of City of Carlisle for World Health Organisation Healthy City status. |

EXECUTIVE SUMMARY

- The World Health Organisation Healthy Cities movement is a long term international development project that aims to put health on the agenda of local decision makers and to promote public health at the local level by developing formal structures that see health as part of mainstream activity of all key organisations.
- The Healthy Cities concept puts health improvement and a reduction in inequalities at the centre of all urban and rural planning.
- The underlying philosophy of the Healthy Cities movement rests on improving health through social, environmental and economic changes, a healthier physical environment and specific preventive and therapeutic measures.
- The programme engages local government in health development through a process of political commitment, institutional change, capacity building, partnership based planning and innovative projects.
- Healthy Cities programmes shift the balance of delivering local short term projects to address inequalities in health towards a more sustained and politically driven route to addressing the broad public health issues.
- Carlisle as a Spearhead Local Authority is in the bottom fifth nationally for four out of five given health indicators.
- If we can provide the structures for delivering public health improvement across the city there is the potential to bring about a significant shift in the overall health of the population, particularly in the longer term.

Background to the Proposal

Healthy City thinking views health as a set of processes that raise awareness, mobilise community participation and develop the role of local government in health. Core principles relate to equity, empowerment, participation, co-operation and local primary health care. There are five underlying elements to the Healthy City movement:

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting urban health services.

The underlying philosophy of Healthy Cities rests on the idea that traditional public health approaches focus on the prevention or treatment of diseases. This approach does not adequately address new health risks such as road traffic accidents, violence and underlying causes of ill health such as poverty.

The major factors in improving health in the modern age relate to

| | |
|--|---|
| | <p>social, environmental and economic changes, a healthier physical environment as well as specific preventive and therapeutic measures.</p> <p>A designated Healthy City commits to a process of ensuring that all local public policies and activities are designed to promote health and reduce inequalities in local communities.</p> <p>Fundamental to the Healthy Cities philosophy is the commitment of local government to the process of developing local health improvement.</p> <p>Crucial to the process is the broad understanding that Healthy Cities initiatives must make the transition from projects to policies which impact in raising health, rather than health care, up the policy agenda.</p> <p>This will involve raising awareness of where and how health is created and influencing agencies other than those traditionally seen as being responsible for health.</p> <p>The process will involve the development of shared ownership and commitment of all organisations and communities.</p> <p>A fundamental prerequisite will be to engage with local politicians at the highest level to ensure that health improvement is a central theme of all urban and rural planning.</p> <p>The WHO Healthy Cities programme therefore engages local government in health development through a process of political commitment, institutional change, capacity building, partnership based planning and innovative projects.</p> |
|--|---|

| | |
|--|---|
| <p>What Makes a Healthy City?</p> | <p>Any city can be part of the Healthy Cities movement regardless of its current health status. What is required is a commitment to health and a structure and process to work towards health improvement. Crucial to the process is the broad understanding that Healthy Cities initiatives must make the transition from projects to policies which impact in raising health, rather than health care up the policy agenda.</p> |
| <p>Why Should Carlisle Apply for Healthy City Status?</p> | <p>In parts of Carlisle, people living in low income areas experience poorer quality of life and die younger than those who live in the more affluent areas. The City Council is a designated Spearhead Local Authority which means that Carlisle is in the bottom fifth nationally for a number of given health indicators. The increasing male and female life expectancy means the anticipated outcome is an increase in the proportion of household residents who are older, chronically ill and living alone. This trend is compounded by Cumbria having an older than the national average population. If we can provide the structures for delivering public health improvement across the city there is the potential to bring about a significant shift in the overall health of the population, particularly in the longer term, and to reduce the inequalities in the health of our population.</p> |
| <p>Becoming a Healthy City.</p> | <p>Cities must have continued support from key local decision makers across all sectors within the city with highly specific local government support for the principles of the Healthy Cities movement.</p> <p>There is a requirement that the following measures are provided in support of a city's application for Healthy City status.</p> <ul style="list-style-type: none"> • A letter of commitment from the city mayor / lead politician • The appointment of a full time co-ordinator • Dedicated administration and technical support • A council resolution supporting city participation • A formal commitment from the main stakeholders • The formation of an intersectoral steering group, with attached terms of reference • A city Health Development plan • A city Health Profile • The establishment of monitoring and evaluation mechanisms |
| <p>Financial Implications</p> | <p>Healthy Cities Co-ordinator: Admin Support: Analyst: Annual Contribution to WHO: Attendance at Conferences:</p> |

| | |
|------------------------|--|
| | Resources: |
| Considerations. | <p>Carlisle as a Spearhead Local Authority has clearly identified health issues, and this indicates that in adopting the Healthy Cities model there is an opportunity to tackle the fundamental determinants of health at local policy level.</p> <p>Carlisle has the advantage of well established partnerships with representation of stakeholders across the sectors. Partners have expressed an interest in Carlisle adopting the Healthy City model. However, for the city to achieve designated Healthy City status, this will require a sustained level of commitment from all sectors and in particular the assurance of continued support at the highest level from local government.</p> <p>There will also be a requirement to shift the balance of delivering local short term projects to address inequalities in health towards a more sustained and politically driven route to addressing the broad public health issues.</p> <p>The European Healthy Cities programme has evolved over four, five year phases with each phase addressing a number of key issues. Currently Phase IV of the programme (2003 – 2008) has three main themes: healthy aging, public service planning and health impact assessment. There is a further complimentary theme: physical activity and active living. This phase of the programme will continue through until the end of 2008.</p> <p>The launch of Phase V of the Healthy Cities programme is scheduled for October 2008 where the themes for the new five year phase will be announced. This time schedule provides a real opportunity for the development of a robust application for Healthy City status which will demonstrate the city of Carlisle's commitment to health improvement.</p> <p>The Executive Team of Carlisle Partnership is asked to consider this proposal for Carlisle's application for Healthy City status.</p> |

| | |
|-------------------------|--|
| DIRECTOR SPONSOR | |
| PRESENTED BY | |
| CONTACT DETAILS | |

Annex D to PPP 33/08 Carlisle Partnership - Healthy Communities & Older People - 2nd Report 2007/2008

Cumbria Local Area Agreement (LAA) 2007

HEALTHIER COMMUNITIES AND OLDER PEOPLE SUMMARY

OUTCOME 1 - IMPROVED HEALTH AND REDUCED HEALTH INEQUALITIES

| COMMENTS | COLOUR |
|--|--------|
| Action Plans are in place for a number of indicators. Key mortality data is however, available only on an annual basis. The quarterly monitor report is, therefore, primarily based upon progress made within action plans. Outcome 1 has moved from Amber to Green for quarter three. | GREEN |

HIGHLIGHTS

The Public Health Partnership in Cumbria has been strengthened through the joint appointment of the Director of Public Health. The PCT is now coterminous with the Local Authority allowing for progress to be made in relation to shared data.

All localities have Health Improvement Plans in place or development to address health inequalities and improve wellbeing. The Cumbria Alcohol Strategy focussed upon harm reduction, supply control and demand reduction is drafted and out for consultation.

The Cumbria Drug and Alcohol Service is currently reviewing how Community Alcohol Services are delivered throughout Cumbria. Progress has continued to be made in reducing waiting times and increasing access to tier 3 alcohol treatment services and drug treatment services. 52 people received brief interventions training delivered by Cumbria Alcohol and Drugs Advisory Service during the last quarter.

The number of people who access libraries through self-help collection has continued to increase above the actual target.

EXCEPTIONS

Despite significant progress having been made in relation to the promotion of awareness of Health Action Planning for people with learning disabilities systematic data is not yet available. Work is on-going with GP's to secure accurate reporting. The results of the current audit of those people having a learning disability who receive a health action plan across Cumbria will be available by the end of March 2008. It is expected that GP registers will be able to provide the data electronically in the near future.

OUTCOME 2 - REDUCE PREMATURE MORTALITY RATES AND REDUCE INEQUALITIES IN PREMATURE MORTALITY RATES BETWEEN WARDS/ NEIGHBOURHOODS WITH A PARTICULAR FOCUS ON REDUCING THE RISK FACTORS FOR HEART DISEASE, STROKE AND RELATED DISEASES

| COMMENTS | COLOUR |
|---|---------------------|
| <p>Premature mortality rates are available annually. Smoking prevalence data is based upon people who have quit for four weeks and is, therefore available for quarter two only at this stage. Obesity data is primarily based upon annual quality of life survey information. For all of these areas action plans provide the best information available with regard to progress. Outcome 2 has remained at Amber for quarter three.</p> | <p>AMBER</p> |

HIGHLIGHTS

Cumbria County Council has produced a 'Cumbria Countryside Access Strategy' (July 2005) in partnership with The Lake District National Park Authority and the Yorkshire Dales National Park Authority, The Countryside Agency and the three Local Access Forums in Cumbria. It is a policy framework for facilitating access to and within the countryside for the benefit of all; the delivery of access to open country and registered commons; and the 'Cumbria Rights of way Improvement Plan' (2007). It includes access for walkers (including those with mobility problems), cyclists and horse riders. The Countryside Rangers have a target of providing details of eight routes having no barriers and having extra gates in 2008.

The Active People's survey which is the measure for this stretch target is due to be repeated on an annual basis. The first results will be available in 2008 at which point clear direction of travel will be established. In the meantime the Physical Activity forum chaired by the PCT meets quarterly. The Pump Priming Grant money is to be directed towards marketing and promotion of physical activity. The Active Cumbria Media campaign is now underway with the launch of the first monthly newspaper supplements that started in December 07. The second edition was included in the News and Star Tuesday 15th January.

The PCT have a new post identified to assist with co-ordinating activity Cumbria wide and regular reports from local Strategic Partnerships are received by the group. National initiatives may also assist towards achievement of this target.

All partners have supported the development of the community infrastructure for fruit and vegetable growing by individuals and communities. Actions have been built into Local Strategic Partnership and other local action plans. Healthy work place options are being promoted through local strategic partnerships, local authorities, public, private and voluntary sector organisations.

EXCEPTIONS

Rates of smoking cessation have not been as high as expected. During quarter one, 407 people quit smoking at 4 weeks, which was approximately half of those expected. This has improved in quarter two with 482 people quit smoking at 4 weeks against a target of 707. The percentage of mothers recorded as smoking on delivery is 15.9 against an expected target of 21. This illustrates some progress having been made.

The National Tobacco Team are supporting the partnership to reorganise Stop Smoking Services in order to enable more effective delivery. In addition, three full-time advisors have been recruited to increase core capacity within this service and a new senior manager

started in post on 2nd January 2008. She is currently aligning the stop smoking service to the recommendations made by the National Support Team for Tobacco. Actions are being implemented to ensure that the LAA target is met within the remaining 2 years of the target. Initiatives include: training in levels 1 and 2 intervention; implementing a new system for data collection which will be more robust in line with Dept of Health guidelines; the services will be more targeted to spearhead areas and areas of deprivation; a new referral system is being developed to reduce waiting times; groups have been developed across the County to further reduce waiting times; the future structure of the stop smoking service is to be agreed with senior management. 31 people have received brief intervention training and current community advisors have been supported by the 3 trainers. Agencies have been contacted and training is organized for Quarter 4 and into next financial year. Eight pharmacies provide NRT – 4 in Barrow and 4 in Carlisle.

We would expect this reorganisation to have a significant impact by the end of the year. Cumbria PCT will continue to make a significant investment into this agenda and will also bid for external support for initiatives based on targeted community actions in spearhead areas.

OUTCOME 3 - IMPROVED INDEPENDENCE, WELL-BEING AND CHOICE

| COMMENTS | COLOUR |
|---|--------------|
| Data availability in relation to outcome 3 is strong. This presents a picture of significant progress being made in relation to helping vulnerable people to live independently and safely at home. Outcome 3 has remained at Green for quarter three. | GREEN |

HIGHLIGHTS

The number of people being supported through assisted technology has continued to surpass expectations, 268 against a target of 165 reflecting very strong performance that is likely to outstrip the annual performance target. Numbers of people being supported by the voluntary sector to promote independence has continued to surpass the target, 1012 against a target of 704. Whilst there continues to be an increase in direct payments the take up of 462 people set against a target of 641 is lower than expected. However there has been a significant and steady increase overall from the baseline figure of 316 people.

Improvements have been made in relation to adaptations through project working across six districts and the County Council. Performance against the target for waiting times for Disabled Facilities Grant approval was reported, in October 2007, as being at 29 weeks average across the county. Although this is promising progress, there are two areas, which would counsel caution. The first is that there are a number of applications that are awaiting approval, which are longstanding, and this will increase the average waiting time. Secondly, a staffing crisis in the Copeland Grants Office has resulted in only a small number of grant approvals so far in Copeland. The true performance figures for the year will not be known until March 2008.

EXCEPTIONS

North West Ambulance Service are not proceeding with implementation of the database to identify people who have fallen at this time. This means that the referral process for non-conveyed fallers is not available. The issues regarding the Ambulance database are currently being progressed regionally.

Systems are in place across the county for referral across and between the sectors for falls prevention and management. However, without the input of the North West Ambulance Trust it will not be possible to identify non-conveyed fallers and this will ultimately reflect on LAA targets.

Supporting people data is based on the provision of work books by providers which are submitted after the quarterly report. The quarter one figure for people supported to live independently 3668 was some way below the Annual target of 4260. The quarter two figure has increased to 3822. However this is a cumulative figure and no quarterly target was set due to the variability of take up rates within the Supporting People subsidy. The picture is very similar for the number of people who have moved on where the figure of 103 appears very low when set against an annual target of 361. The quarter two figure has increased to 224. However this is again a cumulative and variable indicator.

OUTCOME 4 - IMPROVED QUALITY OF LIFE FOR OLDER AND DISABLED PEOPLE IN CUMBRIA

| COMMENTS | COLOUR |
|--|--------|
| Significant progress has been made in key indicators for this outcome the outlook is therefore for a positive forecast. Outcome 4 has remained at Green for quarter three. | GREEN |

HIGHLIGHTS

Numbers of passengers making return journeys to access healthy pursuits, 3556 people against a target of 3150, has decreased for quarter three but continues to surpass the target significantly. This is due to community transport operators recording more accurately. For example, journeys to undertake healthy pursuits such as rock climbing, canoeing etc are now coded properly.

779 people have successfully claimed pension credit or attendance allowance, this represents good progress against the target. The action plan being implemented by the Pensions Service is, however targeting a broader range of income streams for older people to include housing and council tax benefit, carers allowance etc.

In relation to affordable warmth, referrals with a positive outcome are above targets at 85% set against a target of 69%.

EXCEPTIONS

Numbers of people accessing mainstream library services from home have not, as yet, reached target levels (644 against a target of 689). This continues to be due to delays in volunteer recruitment.

Carlisle Partnership

Communities for Health Programme

Summary Report – Spring 2008

The Healthy Communities and Older People (HCOP) Group of the Carlisle Partnership has produced this summary of initiatives developed to encourage health and wellbeing across the Carlisle area.



Introduction

The Communities for Health Programme (CFH)

The Department of Health (DoH) launched this initiative in Spring 2005 to:

- Involve communities in managing their own health
- Support behavioural change to develop healthier lifestyles
- Build partnerships between organisations and communities
- Develop new ways of improving health in community settings

Funding was provided to Councils and their partners to assist in reducing health inequalities through local projects. Carlisle's HCOP priorities were reducing levels of smoking and premature death, obesity, maximising income for older people and strengthening health networks.

The Carlisle Partnership

The Partnership has members from many organisations across Carlisle from the public, private, community and voluntary sectors. Its purpose is to have a local, strategic and joined up focus when planning and delivering local services and initiatives. The overall aim of the Partnership, to make Carlisle a good place to live, work and visit, is set out in the Community Plan for Carlisle. In order to target local priorities, the Partnership comprises four groups: Children and Young People; Healthy Communities and Older People; Safer Stronger Communities and Economic Development and Enterprise.

The HCOP Group has managed the CFH funding allocated to the Carlisle area. This report sets out our progress and project planning to date.



Future plans and projects

What Next?

Lifestyle on the Road

With the help of a £10,000 CFH award, Carlisle Leisure Ltd is embarking on a 3-year project called LifeStyle on the Road. The scheme will involve taking equipment and fitness instructors to schools and community venues to promote healthy lifestyles and fitness activity.

Worthwhile Days

A CFH award of £5,000 to Carlisle Mencap will encourage people with learning disabilities to access mainstream sporting and leisure facilities and eat healthily. This scheme will involve working with providers, people with learning disabilities and their carers.

On Your Bike

With the help of a £2,800 CFH award, Impact Housing Association are to use cycling and bicycle mechanics to improve the health and wellbeing of vulnerable and hard to reach local people. This scheme will involve a programme of rides and events and the provision of equipment.



Smoke Free Carlisle

Facts and Figures

Smoking kills around 112,000 people in the UK each year, about 6 times more people than are killed by road traffic accidents, and represents one fifth of all UK deaths. About half of all regular smokers will eventually be killed by their habit, with most smoking related deaths being due to 3 main diseases: cancer, chronic obstructive lung disease and coronary heart disease. Each year 17,000 children under the age of 5 are admitted to hospital with illnesses caused by passive smoking.

Using national smoking figures for 2005, Carlisle was estimated to have a total of 20,300 smokers in 2006. Given that approximately half this number will die as a result of their addiction, locally this equates to 227 deaths per year. However, those smokers who do choose to stop will significantly reduce their risk of premature death from smoking related diseases.

Smoking Cessation Training

Since all work and public places became smokefree from 1 July 2007, the wait for access to Stop Smoking Services in Carlisle has been 10 weeks. To address this delay, the HCOP Group agreed to fund DoH accredited training events for staff based in partner organisations. This was intended to increase the number of those able to provide support to colleagues and members of the public.

Training sessions were held in June 2007, December 2007 and February 2008, resulting in an additional 37 accredited stop smoking coaches becoming available in Carlisle.

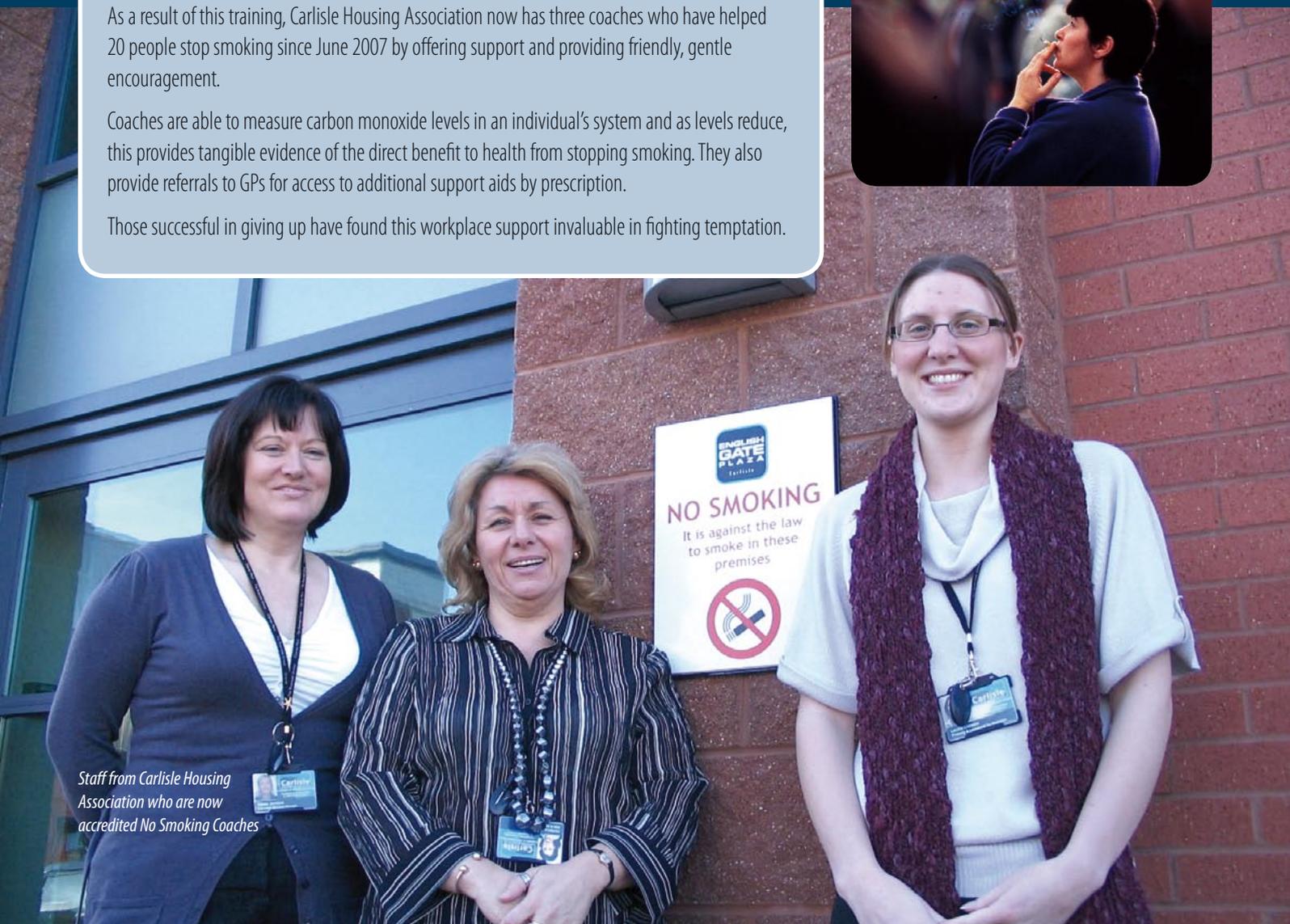
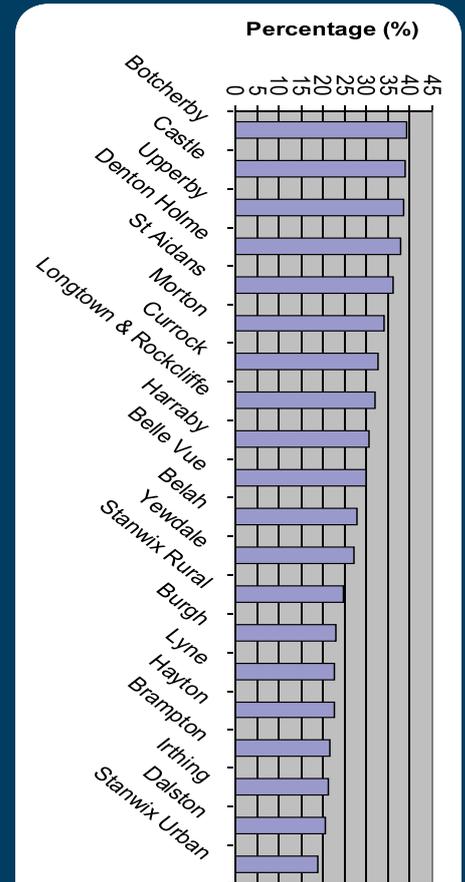
Don't Give Up Giving Up

As a result of this training, Carlisle Housing Association now has three coaches who have helped 20 people stop smoking since June 2007 by offering support and providing friendly, gentle encouragement.

Coaches are able to measure carbon monoxide levels in an individual's system and as levels reduce, this provides tangible evidence of the direct benefit to health from stopping smoking. They also provide referrals to GPs for access to additional support aids by prescription.

Those successful in giving up have found this workplace support invaluable in fighting temptation.

Percentage of Smokers by Electoral Ward in Carlisle



EMERALD GATE PLAZA
NO SMOKING
 It is against the law to smoke in these premises

Staff from Carlisle Housing Association who are now accredited No Smoking Coaches

Income Maximisation for Older People

Health and Income

This project was set up in June 2007, delivered by Age Concern, and was intended to increase access to benefit advice in Carlisle and District. The link between good health and income is well established. The ability to pay for heating and other essentials can improve quality of life and health management.

Income Maximisation

To ensure a longer term impact, the project included training for paid and voluntary staff. This increased knowledge of available benefits together with sources of skilled advice and support, aimed to reduce the numbers of older people missing out on their entitlements.

By February 2008, the project had assisted 150 older people to claim additional benefit of over £280,000. Over 100 people have received benefit training, with additional sessions pending. The Income Maximisation Officer has visited 16 daycare services and spoken to over 80 older people.

Case Study

The following case study highlights the difference that can be made:

George is 84 and Mildred 81 and both have significant health problems. Mildred receives the lower rate of Attendance Allowance (AA) and Pension Credit. A visit resulted in a successful AA claim for George, increased AA for Mildred, additional Pension Credit and Council Tax Benefit.

Following the visit, George and Mildred's benefit income increased from £64.99 to £297.49 per week. Backdated Council Tax Benefit and Pension Credit amounting to £723.80 was also payable. They are both now entitled to free dental treatment, help with spectacle costs and necessary travel to hospital.

Mildred now has a riser/recliner chair that reduces pain and risk of falls. They can use a taxi to get to appointments and heating is used as necessary. George says: "I worried about Mildred being warm enough...I don't need to worry any more". Mildred can afford to use a mobile hairdresser and they can afford better quality food and help with the housework and ironing. Mildred knows she can have an optician's visit and now has new glasses. George is "more at ease" following home improvements and does not worry about maintaining their home himself.

Enjoying a healthy meal from a demonstration by John Crouch at the Currock Local Health Network event



'George' receiving Income Maximisation advice from Jayne Povey, Age Concern

Active Carlisle

Obesity, inactivity and exercise

Activity and exercise are recognised as an important factor in combating obesity and related health issues. A number of initiatives have been achieved through the HCOP Group, Carlisle Leisure Ltd and the City Council.

M.E.N.D (Mind Exercise Nutrition... Do It)

"Half of the UK population will be clinically obese by the year 2050"



MEND is an initiative designed to combat this problem through the education of the family as a whole. £6.9m lottery fund has a target of

230 MEND sites in England. 7 of these sites were awarded to Carlisle Leisure in February 2006.

The programmes require participants to be between the ages of 7 and 13 years, be 'overweight' and accompanied by a parent. The programme is twice a week for 2 hours over a 9-week period. The 2-hour sessions include mentoring, lifestyle discussions, nutrition advice, exercise and fun activity together with parents. After completing a MEND programme children have the opportunity to attend a graduate programme.

Over 40 families have successfully completed the initial courses. An 80% completion rate has been achieved and five families now exercise regularly and are members of the centres.

Parents say that behaviour, sleeping patterns and activity level have improved tremendously and the eating / food changes made during the course have now been applied to the whole family.

Adopt a Family (awareness and publicity campaign)

Two families will be given the chance to change their lifestyle with unlimited access to all Carlisle Leisure Ltd facilities with the incentive of some exciting rewards along the way! Throughout the 12 months the families will be able to take a complete range of activities free of charge. Every month their participation and progress will be monitored through the local media to maximise the message of healthy exercise.

Rural Enterprise Programme

Carlisle Leisure Ltd are now working in partnership with the City Council in managing regular weekly exercise sessions in Longtown, Brampton, Botcherby and Morton. These classes, taken by our qualified instructors, offer an exercise referral scheme for members of the community who, because of their condition, struggle to travel into the city for the regular Sands Centre classes on Mondays and Fridays.



John Crouch at BeLah event cookery demonstrations. Photo courtesy of Cumbrian Newspapers Ltd



Children participating in the MEND programme



The Botcherby Local Health Network event

Carlisle – A Healthy City



Facepainting at the Botcherby Local Health Network Event

Introduction

Cumbria CVS facilitated a series of 6 health events, co-ordinated with existing Neighbourhood Forum meetings across Carlisle District, between October 2007 and March 2008. Events aimed to raise community awareness of key health issues and highlight the local help and support available in making healthy lifestyle choices. Information packs were also distributed, signposting people to support groups and strategic health networks, should they choose to become more involved.

Format/ Content of events

There was a launch event in September 2007, at which the keynote speaker Professor John Ashton CBE, Director of Public Health introduced the idea of "Healthy Cities" in the context of Carlisle and Cumbria. The event also highlighted statistics showing pockets of poor health and greater incidence of ill health in some parts of Carlisle District.

The content and format of the local events included a cooking demonstration by a local celebrity chef, John Crouch, locally relevant displays and demonstrations, information packs, taster sessions and free samples.

In March 2008 a final event was held to disseminate a progress report across all activities funded by "Communities for Health".

Participation

All events had displays from the Carlisle Partnership, as listed on the back of this report. In addition, local based displays and demonstrations included:

- Botcherby Healthy Living Initiative
- Health Visitors
- GP Surgeries
- Adult Education and Community Education Courses
- Youth projects
- CADAS (Drug and Alcohol support)
- Sure Start Carlisle South
- Local Schools
- St John's Ambulance First Aid
- Body Mass Index, Blood Pressure testing and aerobics tasters

The events held in schools were most successful with people of all ages attending. Total attendees from all local events exceeded 300. The launch and wind up events attracted around a further 150 people.

Outcomes

All attendees were able to access information about local activities and support available to make healthy lifestyle choices together with signposting to broader information available if they chose to engage in health issues more strategically through existing health networks.



Professor John Ashton CBE, Director of Public Health addressing the District Forum in September 2007 on "Healthy Cities"

Photo courtesy of Cumbrian Newspapers Ltd



The Raffles Local Health Network Event in partnership with the Raffles Neighbourhood Forum

"It was an excellent event and of great benefit to the community."

Clr. David Morton, Belah ward

"Great way to engage families face to face with healthy living initiatives. Ten families have booked for a 3 week first aid course after-school"

St John's Ambulance – at the Botcherby event

"When I was going round talking to people at the event, I got good feedback that they thought the information provided was very useful too... Looking forward to seeing the final report – I think we may use your idea at future forums in other areas, to disseminate health information more widely."

Neighbourhood Forum Officer at the Belle Vue event

Keep Warm Keep Safe

Hazardous Winter Weather

A priority for the HCOP group is to improve the quality of life for older people. This is not only related to increased income, but also sustaining independence. Winter brings increased risks for older people in terms of hypothermia, falls and weakened resistance to colds and flu, all of which pose threats to independent living.

Keep Warm Project

Wishing to respond to these issues, the HCOP Group awarded a CFH grant to support the Keep Warm project, which involved partners from Cumbria Energy Efficiency Centre (CEEAC), Age Concern, Benefit Advice Service, Carlisle Housing Association, Community Support section of Carlisle City Council and Morton Residents Association.

A 'Winter Survival kit' was developed for distribution to those over 75 including a torch, gloves, insulation blanket, salt for gritting, low energy light bulbs, and a small radio in addition to a wealth of information on sources of help. As this was a new approach, the HCOP Group agreed that this project should be conducted as a 'pilot', with data collection and feedback. The Morton area of Carlisle was chosen due to the high percentage of residents living alone and over 75.

Feedback Received

Over 600 kits were distributed during December 2007 throughout Morton. CEEAC conducted a survey following the campaign which has revealed between 60-70% of residents used the low energy bulbs, torch and the salt. Overall feedback has been excellent and the data gained will be very useful in informing future project planning. In addition, the project built on prior work by the Energy Efficiency Centre, in terms of identifying only 5 qualifying residents who had not already taken up their offer of free insulation. This gap has now been filled, evidence that area-based working has been effective.



Above: Stephen Dunn, Community Services and CEEAC Officers talking to residents in Morton

Pictured below are Cllr John Bell, Stephen Dunn, Cllr Liz Mallinson and Pam Graham at a Keep Warm Keep Safe distribution in Morton



Information and Resources

Cumbria Action for Health

This is a network for Third Sector Organisations, interested in health and social care issues. The network is supported by Cumbria CVS. For more information, please contact Jozi Brown on 01228 512513 or email: jozib@cumbriacvs.org.uk

The Cumbria Compact

A Compact is an agreement between the Statutory Sector and the Third (Voluntary & Community) Sector. It sets out good practice for working together - covering Equality & Diversity, Funding & Procurement, Volunteering and Planning & Consultation.

For a copy, please visit Cumbria CC's website at www.cumbriacc.gov.uk/communityinformation/thirdsector/compact.asp or contact Jozi Brown (see details above).

Parish Councils and Cumbria Association of Local Councils (CALC)

To find out about your local Parish Council, and their Clerks, contact CALC on 01768 242141

Local Involvement Networks (LINKs)

Local Involvement Networks are due to take over from Patient and Public Involvement Forums in Cumbria, after April 2008. A LINK will be a network of local people, organisations and groups that want to improve care services.

LINKs will feedback this information to people responsible for commissioning, providing, managing and checking up on health and social care services so that things can change for the better.

You can find a useful and accessible guide to Local Involvement Networks at www.dh.gov.uk/en/Publicationsandstatistics

Community Health Profiles

Local Authority Profiles show the health of local people across the country. They can be used to highlight areas of need in your area, to help you prioritise work or support the importance of your project.

Their website can be found at www.communityhealthprofiles.info

Cumbria Energy Efficiency Advice Centre

CEEAC provides free and impartial advice on energy efficiency. They help thousands of people access information and grants for insulation etc. They can be contacted on 0800 512012.

Their website is at www.energyinfo.org.uk

Carlisle Partnership

Telephone: 01228 817022

Email: carlislepartnership@carlisle.gov.uk

Website: www.carlisle.gov.uk

Age Concern (Carlisle & District)

01228 536673

www.ac-carlisle.org.uk

admin@ac-carlisle.org.uk



Carlisle City Council

01228 817000

www.carlisle.gov.uk

customerservices@carlisle.gov.uk



Carlisle Housing Association

0800 169 3245

www.riverside.org.uk/riverside/carlisle

enquiries@carlisleha.org.uk



Carlisle Leisure Ltd

01228 625222

www.carlisleleisure.com



Cumbria CVS

01228 512513

www.carlislecvs.org.uk

enquiries@cumbriacvs.org.uk



Cumbria County Council (Adult Social Care Directorate)

01228 606060

www.cumbria.gov.uk

information@cumbriacc.gov.uk



Cumbria Energy Efficiency Advice Centre (CEEAC)

0800 512 012

www.energyinfo.org.uk



Cumbria Primary Care Trust

01228 603500

www.cumbriapct.nhs.uk



Jobcentre Plus (Carlisle Office)

01228 829700

www.jobcentreplus.gov.uk



North West Ambulance Service NHS Trust (Cumbria Office)

01228 596909

www.nwas.nhs.uk/internet



North West Ambulance Service NHS Trust