

COUNTY COUNCIL LOCAL COMMITTEE FOR BARROW

Meeting date: 18 September 2020

From: Executive Director – Corporate Customer and Community Services

HEALTH AND WELLBEING UPDATE

1.0 EXECUTIVE SUMMARY

1.1 *This report updates Local Committee on the work of the Public Health Locality Manager (PHLM) to improve health and wellbeing outcomes in Barrow.*

2.0 STRATEGIC PLANNING AND EQUALITY IMPLICATIONS

2.1 *The Health and Wellbeing Strategy for Cumbria sets as its vision as everyone in Cumbria will have improved health and wellbeing and inequalities in health and wellbeing across the county will be reduced.*

2.2 *The strategy proposes to achieve this vision by building a population health system which consists of integrated health and care provision, operating within a new set of system drivers/behaviours; and communities mobilised at scale for health and wellbeing.*

2.3 *The new Corporate Plan 2018-2022 seeks to put systems in place to enhance the direct work that the Council undertakes with residents, communities, businesses, and other organisations to ensure that the best services possible are delivered within the available resources. The proposed outcomes for the people of Cumbria are around being healthy and safe, they are well connected and thriving and the economy grows and benefits all.*

2.4 *As area-based production and delivery of services gathers momentum across the Council, the work of the PHLM place public health expertise at the heart of this area-based approach and ensures that health and wellbeing is embedded across the council's activities at a local level.*

2.5 *Elected Members have a significant opportunity to help shape local communities and to improve their resilience. To this end, this report updates Members on the activity of the Barrow PHLM, together with the wider population health activity across South Cumbria.*

3.0 RECOMMENDATION

3.1 Members are invited to comment on the report and note its contents.

4.0 BACKGROUND

COVID19

- 4.1 This year has been dominated by COVID19. In terms of public health, it has been all hands to the pumps to minimise harm and transmission rates across Cumbria. The Public Health Locality Managers have all been immersed in this work and continue to be so.
- 4.2 After the initial outbreak earlier in the year, Members will be pleased to hear that the broad summary is that Cumbria is seeing an improved position, with the number of new cases halving compared to the week before. Obviously that is good news but to be treated with caution as these numbers can change quickly.
- 4.3 Overall cases in Cumbria have reduced significantly, with the rate of new cases now standing at 6/100k per week (down from 11/100k the previous week). The position has also improved in all Districts.
- 4.4 Carlisle remains the District with the highest rate, and at 13/100k remains slightly above the national average, but this represents an improving situation.
- 4.5 Rates in all other Districts have fallen and now stand at 3-4/100k/week.
- 4.6 At the time of writing there are 28 new cases in Cumbria, which is a decrease from 60 the previous week.
- 4.7 Greatest number of new positive cases in Carlisle (+14); despite this, numbers continue to fall. Number of new cases in all districts in Cumbria are falling.
- 4.8 Carlisle has the highest rate of new cases in Cumbria and is above the national average
- 4.9 The table below provides more information on this:

Cases



Key Points for Cumbria's districts in Week 34:

- For the 9th consecutive week Carlisle had the greatest number of new cases (Carlisle +14 new cases);
- Carlisle overtook Allerdale in having the highest rate of new cases (+14 new cases = 13 new cases per 100k population);
- Carlisle's rate of new cases was above the national average (England = 10 new cases per 100k population);
- However, Carlisle's number of new cases in week 34 was down from +18 new cases in week 33;
- Furthermore, all Cumbrian districts experienced a decrease in numbers of new cases in week 34.

Weekly Summary: Public Health England (PHE) COVID 19 Positive Cases (Includes Pillar 1 & Pillar 2)									
	Mid-2019	Week 33 (Ending 14 Aug 20)	Week 34 (Ending 21 Aug 20)		Week 33 - Week 34 Change				
	Population	New Positive Cases	Rate of New Positive Cases Per 100,000 Population	Total Positive Cases	New Positive Cases	Rate of New Positive Cases Per 100,000 Population	Numerical Change in New Positive Cases	% Change in New Positive Cases	Increase in Rate of New Positive Cases Per 100,000 Persons
Cumbria	500,012	60	12	3,001	28	6	-32	-53	-6
Allerdale	97,761	18	18	390	4	4	-14	-78	-14
Barrow-in-Furness	67,049	3	4	711	2	3	-1	-33	-1
Carlisle	108,678	18	17	781	14	13	-4	-22	-4
Copeland	68,183	6	9	354	3	4	-3	-50	-4
Eden	53,253	5	9	219	2	4	-3	-60	-6
South Lakeland	105,088	10	10	541	3	3	-7	-70	-7

Source: PHE Postcode COVID-19 Positive Cases Data
Last Updated: 25/08/2020

Note: This represents the number of people with a positive test result

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- 4.10 The greatest number of new cases - 15-29 year age group, followed by 30-44 age group.
- 4.11 Close monitoring of the data continues, both at a district and county level.
- 4.12 Currently there no change to the existing public health advice; if the number of positive cases in an area continues to increase the advice may change. Any new information can be found here:

<https://cumbria.gov.uk/coronavirus/latest.asp>

4.13 Barrow Health and Wellbeing Partnership

- 4.14 The partnership steering group has met twice during the COVID19 outbreak. Discussion around 'new normal' and how HWBP can support recovery.

Terms of Reference to reflect this. What do we need to do more of and what do we need to stop doing?

- 4.15 The 'new normal' is shaping up to look quite different going forward. Whilst it will have an overview of commissioned services around drugs and alcohol, smoking cessation, healthy weight etc, going forward it will also have a key role in the recovery process.
- 4.16 Poverty and poor health worldwide are inextricably linked. The causes of poor health for thousands are rooted in social and economic injustices. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. Poor health, in turn, traps communities in poverty.
- 4.17 We know that marginalised groups and vulnerable individuals are often worst affected, deprived of the information, money or access to health services that would help them prevent and treat disease.
- 4.18 They may have to make harsh choices and knowingly put their health at risk because they cannot see their children go hungry, for example.
- 4.19 To this end, one of the key priorities going forward will be around financial wellbeing and community wealth building. This will be done through key relationships with 'anchor institutions' such as local authorities, hospitals,

and large private sector organisations are often the biggest spenders and employers in an area, making a vital contribution to the local economy. eg: In Barrow BAE Systems, NHS, Local Authorities are key to this approach.

- 4.20 Community Wealth Building is about ensuring that workers are paid a Living Wage, employers invest in skills and training, institutions invest in the local economy and it is about exploring alternative methods of economic organisation and economic governance.
- 4.21 This upstream work is in its very early stages and Members will be kept informed of progress.
- 4.22 Another key priority for the HWBP is mental health. Evidence tells us that a lot of mental health issues have their roots in Adverse Childhood Experiences.
- 4.23 Adverse Childhood Experiences (ACEs) is the term used to describe traumatic experiences before age 18 that can lead to negative, lifelong emotional and physical outcomes.
- 4.24 When the stress of these adverse experiences is so severe or prolonged that a child is unable to process it, what should be a normal survival response becomes “toxic stress”. This type of stress alters the functioning of the brain and has a long-lasting negative impact on the developing mind, which is classified as ‘trauma’. This trauma affects the way those suffering think and act throughout their lives. Understanding such mental and emotional trauma is key to understanding the behaviour of many of people.
- 4.25 Multiple ACEs are also associated with [higher risks of a range of poor health outcomes](#). Additionally, they are not evenly distributed: higher ACE counts are associated with living in a deprived area or being female. For all these reasons, it’s important to consider how services across the health system respond to people who have experienced trauma.
- 4.26 A trauma-informed approach aims to provide an environment where a person who has experienced trauma feels safe and can develop trust. This may be a doctor explaining why they are asking sensitive questions, or responding with compassion when a person refuses a medical exam or test, or enabling the person to take control, for example, asking them to share what they’ve found helpful or harmful in similar situations in the past.
- 4.27 This requires a cultural shift not just a behavioural one and a change in the way front-line staff understand the impact of trauma, which in turn influences their practice. Work in this respect has already commenced with NHS and Police colleagues across Morecambe Bay and the Barrow PHLM has recently been part of this work. On a locality footprint, representatives from key organisations are being brought together to work towards developing an approach to embed Trauma Informed Practice across our locality.
- 4.28 The Partnership will report in to Cumbria Public Health Alliance as it always has. Going forward, it will also act as the locality delivery arm of Morecambe Bay Strategic Management Group and also report in to Barrow BC Executive Committee, alongside providing information to key partnerships such as Barrow Police, Barrow Integrated Care Community etc.

4.29 Again Members will be kept fully informed of progress.

4.30 Suicide Prevention

4.31 Cumbria's suicide rates remain stubbornly higher than the national average, and a disproportionate amount of these deaths are also focused on the West coast of Cumbria.

4.32 This has been compounded by the impact of COVID19 and sadly we have seen a rise in suicides in July. In view of this a County suicide prevention leadership group has been convened. Lead by Public Health, this group brings together the work of Police, Integrated Care Systems, Every Life Matters, Samaritans, Bereavement Support and other key stakeholders.

4.33 Covid-19 has also impacted on many of the normal coping strategies we use to deal with stress, and on the everyday activity that underpins our emotional wellbeing. During this time, we may need to be more creative and thoughtful about how we look after ourselves.

4.34 Members kindly funded the publication of a Guide to looking after yourself and others, developed in partnership with Public Health colleagues and Every Life Matters. It contains practical information about things you can do now to look after your mental health and wellbeing, and how you can support others.

4.35 Work is still underway with Every Life Matters and training sessions have resumed in a virtual capacity.

4.36 Coupled with this is commissioned work by Lancashire and South Cumbria ICS to embed suicide awareness across the system, through targeted media messages and information displayed in key places such as licensed premises, supermarkets etc

4.37 They have also developed an online support mechanism. More information on this support can be found at: <https://www.healthierlsc.co.uk/suicide>

4.38 World Suicide Prevention Day on 10th September, sees the launch of the 'Orange Button' pilot. This an initiative where anyone who has had training in suicide awareness/support may choose to wear or display an orange button badge which signifies they may be approached for help.

5.0 OPTIONS

5.1 Members are asked to note the report.

6.0 RESOURCE AND VALUE FOR MONEY IMPLICATIONS

6.1 There are no direct resource implications arising from the recommendation to note this report.

7.0 CONCLUSION

- 7.1 This report provides Barrow Local Committee Members with an update on the some of the work of the Public Health Locality Manager. It seeks to assure Members that the work is being undertaken in a holistic way, through embedding health and wellbeing across all processes and that it is underpinned by a robust partnership approach and asset based community development practice.
- 7.2 This is strong evidence to support a whole systems approach to health and wellbeing. The role and key networks of the Public Health Locality Manager is an integral mechanism to improve health and wellbeing, together with quality of life and life chances of our communities.

Dawn Roberts

Executive Director – Corporate, Customer and Community Services

1st September 2020

APPENDICES

No appendices

Electoral Divisions: All

Executive Decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
Key Decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
If a Key Decision, is the proposal published in the current Forward Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Is the decision exempt from call-in on grounds of urgency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
If exempt from call-in, has the agreement of the Chair of the relevant Overview and Scrutiny Committee been sought or obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Has this matter been considered by Overview and Scrutiny? If so, give details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No
Has an environmental or sustainability impact assessment been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Has an equality impact assessment been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

N.B. If an executive decision is made, then a decision cannot be implemented until the expiry of the eighth working day after the date of the meeting – unless the decision is urgent and exempt from call-in and necessary approvals have been obtained.

PREVIOUS RELEVANT COUNCIL OR EXECUTIVE DECISIONS
[including Local Committees]

No previous relevant decisions

CONSIDERATION BY OVERVIEW AND SCRUTINY

Not considered by Overview and Scrutiny

BACKGROUND PAPERS

No background papers

REPORT AUTHOR

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