

# COUNTY COUNCIL LOCAL COMMITTEE FOR BARROW

Meeting date: 17 September 2021

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 for our communities.*

### **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**

### **4.1 COVID 19**

- 4.2 The Public Health Locality Managers have all been immersed in the response, from seeing Coronavirus hurtling through Europe towards us in early 2020. They will continue to be involved in this work going forward, as the legacy of COVID and the 'new normal' emerges. There is still much to do in terms of access to vaccines, testing, outbreak management etc
- 4.3 Currently, cases across Cumbria are pretty stable. Cumbria as a whole has around 270-280 cases per 100k population per week. Positive cases in Barrow have reduced. That said it still translates to 350 cases per 100k.
- 4.4 This is still a high rate, but in many ways the important thing is that it's still not translating into substantial numbers of serious cases (hospitalisation or death) – last week there were 26 COVID patients admitted across University Hospitals of Morecambe Bay – which of course includes the Royal Lancaster and Preston hospitals, so these are not all Cumbria residents.
- 4.5 As we head into autumn, plans are being put in place for people to remain well during the winter months. We are taking the learning from last winter and work is underway to manage any potential spike in cases caused by people spending more time indoors. Again, evidence suggests that cases are being managed outside of hospital settings, due to the effectiveness of the vaccine.
- 4.6 Vaccinations continue to be rolled out across the Country. In Barrow, we were been 'mentioned in despatches' in Parliament for our efficient and effective management of the vaccination roll out. It has to be noted that we couldn't have been as successful as we have been without the help of partners. It has absolutely been a team effort.
- 4.7 At the time of writing, 78% of the eligible population of Barrow have had their first dose of the vaccination.
- 4.8 Due to the moves towards using the Pfizer vaccine more widely, the supply is going to increase. As Members will be aware it has an extremely short shelf life, so to reduce the risk of wastage, we have developed a reserve list of people that can be called upon at short notice to receive the vaccine. This has been made up of people in occupations which involve working with multiple people such as taxi drivers, bus drivers, supermarket/shop staff etc
- 4.9 We are currently exploring options to address any vaccine reluctance, be that from worries around long term affects, to access to vaccine clinics. We have run a pop up clinic on Barrow Island, to capture the 'sofa surfers' and homeless, of which we know there are many in and around the Barrow Island flats. The clinic ran from Bram Longstaffe. There was no requirement to be registered with a GP. The only pre-requisite was that anyone presenting for a vaccine could not be intoxicated or under the influence of drugs. We arranged for The Well to have a pop up social supermarket on site, Greggs donated some produce that could be given away to attendees.
- 4.10 Uptake was very good, with over 50 people attending for the first vaccination. They were provided with information about general health and wellbeing, together with the reassurance of a second clinic where they have been able to access the second vaccine.

- 4.11 Such was the success of this 'pilot' that PCN colleagues have asked for help in organising other such pop-up clinics based in the heart of our most vulnerable communities. The PHLM is working closely with Barrow AFC, Barrow Raiders and Third Sector organisations to get more pop up clinics organised.
- 4.12 Whilst pop up clinics have been proving successful, the other strand of our work is around vaccine reluctance and involved upskilling key members of our local community to be trained in supporting people to access the vaccine. The aims of this training is:
- To show areas of low COVID/Flu vaccine uptake
  - To share information regarding COVID vaccinations to support conversations to increase uptake.
  - To increase confidence in discussing reasons for vaccine hesitancy
  - To find out reasons for hesitancy, address concerns and find solutions

This will enable us to provide key information regarding vaccinations including:

- Development, testing and clinical trials
  - Side Effects
  - Myth Busting
- 4.13 At the time of writing the first of these MS Teams training sessions is scheduled for 8<sup>th</sup> September, with invitees drawn from Elected Members, HAWCs, Local Resilience Forum.
- 4.14 The PHLM is also part of the Cumbria Strategic Testing Group. As you may be aware, the Lateral Flow Community Testing Programme (the bit delivered by Cumbria County Council) was recently extended by the Department for Health and Social Care until 30<sup>th</sup> September 2021. However, there was a change to the scope of the programme and it is now called 'Targeted Community Testing' to reflect this. So, we are now being asked to focus solely on providing lateral flow testing to people who are disproportionately impacted by coronavirus or are under-represented in mass testing.
- 4.15 There is so much good work already in existence, so our aim is to consolidate this work through using already established partnerships and relationships with our business sector.
- 4.16 This is being done by working with organisations that are supporting service users. We are proactively targeting organisations to ensure that lateral flow testing remains convenient and accessible for their service users. Information is currently being developed for sharing with our community organisations and statutory partners across Cumbria, which will allay fears that testing is going to become more difficult to access for our most vulnerable and will highlight that we are still able to provide lateral flow tests for their staff, volunteers and service users. The information will be tailored to specific demographics and will also include vaccine information. It will also be made available in other languages, where required. In providing LFTs through trusted organisations, the aim is to reach a larger number of our most vulnerable populations.
- We will also continue to support Cumbrian employers to distribute tests to employees. Currently, we have approximately 250 employers signed up to the Cumbriawide programme. These employers distribute LFTs

throughout their workplaces so as to minimise risk of outbreaks. This work will continue, as we recognise that these employers often include one or more of the priority groups in their workforce. For more information about this, businesses and employers wanting support can contact [ask.lft@cumbria.gov.uk](mailto:ask.lft@cumbria.gov.uk).

#### 4.17 **Barrow Health and Wellbeing Partnership**

- 4.18 The HWBP has been meeting every month, in order to move the agenda forward and improve the life chances of our communities. Partners have signed up to an agreed way of working and are committed to reducing health inequalities across the Borough.
- 4.19 This way of working seeks to create a 'Better Barrow' approach, whereby health leadership for the Barrow Borough comes from within the Borough itself and is closely allied with the needs and desires of its residents.
- 4.20 COVID has highlighted many health inequalities. They were always there, but COVID has shone a light on the many incidences of the virus in our most vulnerable communities.
- 4.21 Premature mortalities have been much higher in our most deprived communities and this disparity has increased during the pandemic. A&E presentations have been much higher from people living in Barrow's LSOAs. Deprivation is a huge factor when comparing covid and deaths across Barrow.
- 4.22 Barrow's health outcomes (especially in Barrow's poorest communities) need to be improved to achieve wider aims of reducing health inequalities more broadly. Therefore, this unified approach to health and wellbeing in Barrow, under the leadership of Health and Wellbeing Partnership, is essential to level up health inequalities not only between the sub-regions of Morecambe Bay, Lancashire and South Cumbria, but also the inequalities which are evidenced within Barrow Borough itself.
- 4.23 In the creation of a single direction for Barrow, all partners will be able come together with a single purpose and to work together, to have a real impact on improving health of people and communities across Barrow. This will also have the knock on effect of contributing more effectively to the wider health outcomes of Cumbria and Morecambe Bay, together with the Lancashire and South Cumbria Integrated Care System.
- 4.24 To deliver this, a radical shift is required whereby communities are at the heart of all systems to deliver population health. This will require all partners and stakeholders to:
- Have the health of Barrow residents at the heart of all their decision making and activities
  - Focus their efforts on addressing priority health conditions and risk factors that have the biggest impact on local people
  - Focus on and provide effective support for key health priorities that Barrow residents are most concerned about
  - Commit to supporting the implementation of the emerging Barrow HWBP Action Plan.

- 4.25 There is a wealth of evidence to support the case for a shift to more person and community-centred approaches to health and wellbeing. Communities are part of our health system and have a vital contribution to make to improving health and wellbeing, along with individual-level approaches to health and wellbeing.
- 4.26 This means actively involving people and communities affected by inequality in identifying issues, to enable a flow of ideas and intelligence from local communities, to provide a complete picture of what could work and then co-design and co-deliver prevention programmes and interventions. Involving local communities in the approach will help ensure that the resulting programme of work is built on the views, skills, knowledge, experiences and priorities of the communities who are, ultimately, the beneficiaries of whole system's efforts to address health inequalities.
- 4.27 These community assets are the building blocks for good health and also help improve the health of the poorest fastest and support the development strong, resilient communities.
- 4.28 Care has been taken to ensure that all the work aligns with Barrow's health profile, so that the partnership is well placed to have the most positive impact on the health and wellbeing of our communities. It also means that the work can be readily assimilated into key stakeholder plans and strategies to ensure maximum partner buy in. Already we are seeing evidence of partners taking ownership of specific areas of concern and including them in their own organisational strategies.
- 4.29 **Morecambe Bay Population Health Strategic Board (MBPHSB)**
- 4.30 Population Health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.
- 4.31 This board is made up of strategic partners from across Morecambe Bay. Barrow is represented by PHLM and Chief Executive of Barrow BC. The board facilitates data driven planning and delivery of proactive care to achieve maximum impact for our communities.
- 4.32 This includes segmenting data to lower super output areas, overlaid by key demographic information and then models to identify local 'at risk' cohorts - and in turn, designs and targets interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.
- 4.33 There is an acceptance that much of the wider determinants of health happen outside of health settings and to add energy to this work Morecambe Bay CCG have allocated a specific funding stream for HWBPs to access financial support for projects which focus on the wider determinants.
- 4.34 The PHLM oversees a strict governance process for this funding. This is underpinned by partnership working and collaboration within the HWBP structure to determine what the priority areas are that need to be addressed and ensure they align with the CCG funding priorities.

- 4.35 To date, managed by the PHLM, Barrow HWBF has successfully drawn down £81,000 to support key projects and the PHLM has prepared further bids worth £100,000. All of which, if successful, will fund work that will have a positive impact on Health and Wellbeing outcomes in our locality, covering themes such as optimal aging, learning and skills, children, young people and families.
- 4.36 Members will be updated as to the outcomes in due course.
- 4.37 **Regional Health Inequalities Commission**
- 4.38 Lancashire and South Cumbria Integrated Care System and Integrated Care Partnerships have been invited to form a regional Health Inequalities Commission (HIC) to improve health inequalities and make a step change in people's health.
- 4.39 The team, including South Cumbria PHLMs, are working alongside Michael Marmot's Institute of Health Equity (IHE) team to develop a HIC. This will be chaired by Michael Marmot and will consist of a panel of senior influencers and experts who will consider a range of evidence from across the system to reflect on local health inequalities, the impact of the pandemic, lived experience, current action, priorities and barriers to progress.
- 4.40 The HIC will:
- Provide an independent, non-political, respected and policy-relevant analysis and recommendations on the existing and emerging health inequalities, the impact of our work to date and provide evidenced based solutions
  - Demonstrate where our biggest health inequalities are, what works to reduce them and make clear how best to govern for health, invest and take priority actions in the short, medium and long term
  - Enable local system and place leaders to hear the health, financial and place based evidence at the same time as the commission to build a common understanding
  - Act as a 'bridge' or interface between national and regional experts, policy-makers and those with lived experience in order to support wider regional learning and problem solving
  - Provide a catalyst for partners to improve health inequalities in our region
  - Listen and involve our people and communities in shaping their better health and care
- 4.41 This is an exciting opportunity for us, as the HIC is the first of its kind and will help provide momentum in the work to reduce health inequalities. It will also give us a much stronger voice at regional and national levels.
- 4.42 Whilst it is still in the early stages, things are moving extremely quickly. Members will continue to be updated as the work progresses.

#### **4.43 Barrow Community Alcohol Partnership**

4.44 The Barrow Community Alcohol Partnership (CAP) is part of a UK-wide initiative to prevent and reduce alcohol-related harm to young people, together with improving the quality of life for our local communities. Some time ago Barrow Cap was stepped up to a CAP + scheme and in 2019 was given the accolade of Community Alcohol Partnership of the Year.

4.45 Due to the COVID multi agency response, CAP work has not been as a high priority. However, now as we have seen the easing of lockdown restrictions and the re-opening of society, CAP, lead by Barrow PHLM, is planning the work this partnership needs to adopt to ensure that harm from alcohol and other substances is minimised. Future work will continue to focus on the issues of under-age drinking, hospital admissions and anti-social behaviour. Integral to this is the newly developed strategy around alcohol consumption for the 18 – 25 year group.

4.46 A refreshed action plan has been developed and covers

- Compliance with Challenge 25
- Alcohol related anti-social behaviour among under 18s
- Raising awareness about harm from alcohol
- Support for parents
- Alcohol consumption in the 18-25 age group
- Late Night Economy – including relaunching Responsible Authorities Partnership, which if successful will lead to more informed and joined up evidence based decision making around licensing and planning.

4.47 The CAP draft Action Plan is attached in Appendix 1.

### **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**

26 August 2021

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## APPENDICES

### **Appendix 1 – Barrow CAP+ Action Plan**

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**

Contact: Lesley Graham, Public Health Locality Manager – Barrow  
Tel: 07966111730  
Email: [Lesley.graham@cumbria.gov.uk](mailto:Lesley.graham@cumbria.gov.uk)