# Westmorland and Furness Joint Local Health and Wellbeing Strategy 2024-2034

## Contents

3	Our principles: how we will achieve our vision	17
5	Improving the building blocks of health and wellbeing	18
6	Supporting good mental health and emotional wellbeing for all	21
8	Supporting every child and young person to have the best start in life	24
9	Supporting our residents to live healthy lives	27
10	Supporting our residents to live well and independently for longer	30
11		
	Delivering our strategy	33
15		
	References	34
16		
	5 6 8 9 10 11	Supporting good mental health and emotional wellbeing for all  Supporting every child and young person to have the best start in life  Supporting our residents to live healthy lives  Supporting our residents to live well and independently for longer  Delivering our strategy  References

## **Foreword**

As Chair of the Westmorland and Furness Health and Wellbeing Board, it is my great pleasure to introduce our new Joint Local Health and Wellbeing Strategy. This strategy represents a significant milestone in our ongoing commitment to improving the health and wellbeing of our community.

Our strategy has been developed through extensive consultation with residents, healthcare professionals, and partner organisations. It embodies our collective vision for a healthier, happier, and more resilient community, where everyone has the opportunity to lead a fulfilling life.

In recent years, we have faced unprecedented challenges that have highlighted the critical importance of health and wellbeing. The COVID-19 pandemic, in particular, has underscored the need for robust health systems and the importance of mental health alongside physical health. Our new strategy reflects these lessons learned and sets out a comprehensive plan to address both immediate and long-term health needs.

At the heart of our strategy is a commitment to reducing health inequalities. We recognise that not all members of our community have the same opportunities to live healthy lives. Factors such as socioeconomic status, environment, and access to services can significantly impact health outcomes. Our strategy is designed to

target these disparities head-on, ensuring that everyone, regardless of their background or circumstances, has access to the resources and support they need to thrive.

Prevention is also a key pillar of our approach. By promoting healthy lifestyles, providing timely support, and addressing issues before they become critical, we aim to reduce the burden of chronic diseases and improve the overall quality of life for our residents.

Empowering our communities to live healthy lives will be essential to the success of our strategy. We will work together and learn from a greater awareness and understanding of lived experience, to design and deliver effective health services and interventions.

We are fortunate to have strong partnerships, within and beyond our Health and Wellbeing Board, with a wide range of organisations, including the NHS, social care, voluntary and community groups, and local businesses, and I would like to express my heartfelt gratitude to everyone who has contributed to the development of this strategy. Your insights, expertise, and dedication have been invaluable. I am confident that by working together, we can achieve our vision of a healthier, more equitable community.

This strategy is testament to our shared commitment to the health and wellbeing of our community. I invite you all to join us on this journey and to play your part in making our shared vision a reality.

Thank you for your continued support.

Yours sincerely,

Cllr Jonathan Brook, Leader of Westmorland and Furness Council

## **Executive Summary**

## Our purpose

The Westmorland and Furness Joint Local Health and Wellbeing Strategy sets out a 10 year blueprint to describe how members of the Health and Wellbeing Board will work together to meet the current and future health needs of everyone living in Westmorland and Furness. It is the single unified strategy for health and wellbeing for the Westmorland and Furness footprint and describes our shared vision, ambitions and objectives to improve health and wellbeing and reduce health inequalities.

## **Our process**

We have analysed national and local data to build our understanding of the health needs of our population and asked our communities and partner organisations for their views and insights on key health and wellbeing priorities in Westmorland and Furness.

#### What we will do

Our vision for health and wellbeing is to enable all residents in Westmorland and Furness to live happy, healthy and fulfilling lives.

We will achieve our vision through actions which focus on our five key themes:

- Improving the building blocks of health and wellbeing
- Supporting good mental health and emotional wellbeing for all
- Ensuring every child and young person has the best start in life
- Supporting our residents to live healthy lives
- Supporting our residents to live well and independently for longer

## Our next steps

The strategy will be accompanied by a series of shorter-term action plans which will outline how the strategy translates into action. Our first action plan will have a two year time frame and will detail our initial delivery plan and evaluation measures.

## Introduction

This is the first Joint Local Health and Wellbeing Strategy for Westmorland and Furness.

The Westmorland and Furness Health and Wellbeing Board has been newly established following local governmental reorganisation in 2023. An initial priority of the Board was to produce a new Joint Local Health and Wellbeing Strategy for our population. This document describes the process we have undertaken to develop this strategy and sets out an ambitious agenda to improve the health and wellbeing of our population and address health inequalities.

Our community has faced profound health, social and economic challenges in recent years following the impact of the COVID-19 pandemic and ongoing cost-of-living pressures<sup>1</sup>. Nationally, we have seen inequalities widen following the pandemic<sup>1,2</sup>. Our 2024-2034 strategy sets out to address this through building on our strengths and identifying our core priority areas in which our collective action will have the greatest impact.

## **Our process**

The strategy has been developed through collaboration between Westmorland and Furness Council, Lancashire and South Cumbria Integrated Care Board, University Hospitals of Morecambe Bay NHS Foundation Trust, North Cumbria Integrated Care NHS Foundation Trust, Lancashire and South Cumbria NHS Foundation Trust, Cumbria, Northumberland, Tyne and Wear Foundation Trust, Cumbria CVS, Cumbria Local Enterprise Partnership, Westmorland and Furness Healthwatch, the Cumbria Third Sector Network and residents of Westmorland and Furness.

To develop the strategy, we have:

- Mapped the existing local and national strategies to identify common themes and gaps. In particular, the recommendations of the Lancashire and Cumbria Health Equity Commission report<sup>3</sup> have been extensively reviewed and integrated throughout the strategy.
- Produced a summary Joint Strategic Needs Assessment to provide a comprehensive and overarching summary of the health and wellbeing of residents of Westmorland and Furness. This drew on existing nationally and locally published data to present an analysis of the key health and wellbeing needs of our residents and the factors which shape our current and future health, highlighting the key opportunities for partnershipdriven interventions and approaches to improve health and

- wellbeing outcomes across the life course and reduce the health inequalities experienced by our communities.
- Reviewed ten existing community insight and engagement reports relevant to health and wellbeing conducted in recent years, including the children and young people's health related behaviour questionnaire, engagement conducted by the integrated care communities and the Furness priority wards work.
- Undertaken a community survey to identify residents' health and wellbeing priorities, with 701 responses received from members of our community. We used the results of this to develop our priority areas for action.
- Engaged with partners and organisations across Westmorland and Furness to refine and develop the emerging strategy at twenty interactive workshops and meetings, including a workshop for the voluntary, community and faith sector enterprise in conjunction with Cumbria CVS. Over fifty attendees from thirty-nine organisations across Westmorland and Furness attended the workshop to provide feedback on the draft strategy.

#### **Our context**

The Joint Local Health and Wellbeing Strategy sits within the context of a number of existing local strategies, policies and

plans. This strategy does not replicate existing plans but instead sets out a blueprint to describe how members of the Health and Wellbeing Board will work together to meet the current and future health needs of everyone living in Westmorland and Furness.

The Westmorland and Furness Council Plan<sup>4</sup> has a core focus on supporting residents to have healthy, happy lives and reducing inequalities. The Council Plan<sup>4</sup> and Joint Local Health and Wellbeing Strategy are closely aligned.

The geographical area of Westmorland and Furness is encompassed by two Integrated Systems (ICS): South Lakeland and Furness are included within the boundaries of the Lancashire and South Cumbria ICS, whereas Eden falls within the footprint of the North East and North Cumbria ICS. In 2023, both Lancashire and South Cumbria and North East and North Cumbria published system-level Integrated Care Strategies<sup>5,6</sup> which focus on health and care.

There are many other strategies, policies and plans which support the delivery of the Joint Local Health and Wellbeing Strategy and will be explained in more detail in our action plan and delivery framework, including the Housing Strategy, the Local Plan and the Climate Action Plan.

## What do we need for good health and wellbeing?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." World Health Organization<sup>7</sup>

To be healthy and well, we need the right building blocks in place: supportive early child development, access to education and training, good and fair work, having enough money to live on, safe and warm housing and supportive and healthy environments in which to live<sup>8</sup>.

These building blocks shape our health and wellbeing. Our health is the result of multiple interacting factors, including these building blocks, our health behaviours including smoking, substance misuse and diet and exercise and our access to healthcare services<sup>9,10</sup>. However, it is these building blocks that are the biggest contributor to ill health, estimated to account for around 50% of the overall health of the population<sup>11</sup>.

We know that for many of our residents, these building blocks are missing or unstable, adversely impacting on opportunities and outcomes.

We are all at increased risk of developing ill health as we get older. However, the impact of missing building blocks of health and wellbeing means that ill health develops earlier and we spend more of our lives experiencing poorer health.



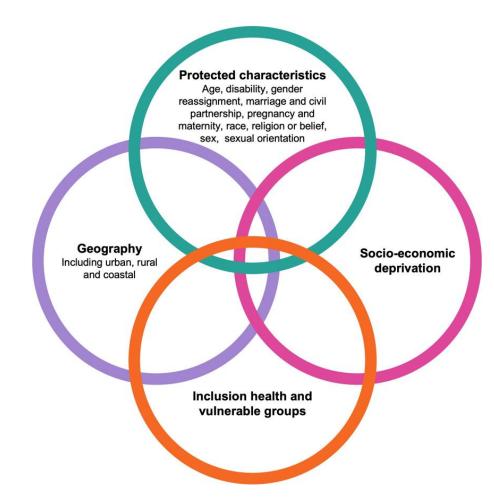
## Health inequalities

The conditions in which we are born, live, work and grow (the strength of the building blocks of health and wellbeing) are not equal across the population.

This leads to **health inequalities**: differences in health across the population and between different groups in society, that are **systematic, unfair and avoidable**<sup>12</sup>. Inequalities can also impact on the quality and experience of the care people receive.

The image on the right shows some of the factors placing individuals and communities at risk of experiencing health inequalities, including:

- Differences in our characteristics including age, disability, ethnicity, gender and sexual orientation. Westmorland and Furness Council has also adopted care experience as a protected characteristic.
- The geographical location of where we live, including living in rural or coastal environments.
- The characteristics of the places in which we live, including our experiences of social and economic deprivation.
- Being socially excluded, experiencing multiple overlapping risk factors for poor health, or poor access to health and care services; for example, people experiencing homelessness and veterans<sup>12</sup>.



We know that these factors interact, meaning some of our residents experience multiple disadvantages impacting on their health<sup>12</sup>.

## **Equality Duties**

All public authorities have a duty to consider how their functions will affect people with different protected characteristics<sup>13</sup>. In addition, the NHS and Local Authorities have a legal obligation to have due regard to the healthcare needs of the local Armed Forces Community when planning and delivering services<sup>14</sup>. An Equality Impact Assessment has been undertaken for the strategy and will be used to inform the development of our action plan.

## A Hopeful Future: Equity and the Social Determinants of Health in Cumbria and Lancashire<sup>3</sup>

#### Health inequalities are not inevitable.

In 2021, the Institute for Health Equity was commissioned to undertake a strategic review and analysis of the impact of health inequalities in Lancashire and Cumbria. The report advocated for fundamental system-wide change and produced a series of recommendations shaped around the 8 Marmot Principles, with additional recommendations for systems based change.

These principles and recommendations have been central to our strategy development process.

#### **The Marmot Principles**

- 1. Give every child the best start in life.
- 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- 3. Create fair employment and good work for all.
- 4. Ensure a healthy standard of living for all.
- 5. Create and develop healthy and sustainable places and communities.
- 6. Strengthen the role and impact of ill health prevention.
- 7. Tackle racism, discrimination and their outcomes.
- 8. Pursue environmental sustainability and health equity together.

#### **Systems Change Recommendations**

- 1. Focus on equity and the social determinants of health in healthcare.
- 2. Increased and more equitably distributed resources.
- 3. Strengthen partnership working.
- 4. Strengthen the role of business and the economic sector and extend social value approaches.
- 5. Involve communities and the VCFSE sector.
- 6. Strengthen leadership and workforce roles for health equity.
- 7. Monitoring for health equity.

## Our health in Westmorland and Furness

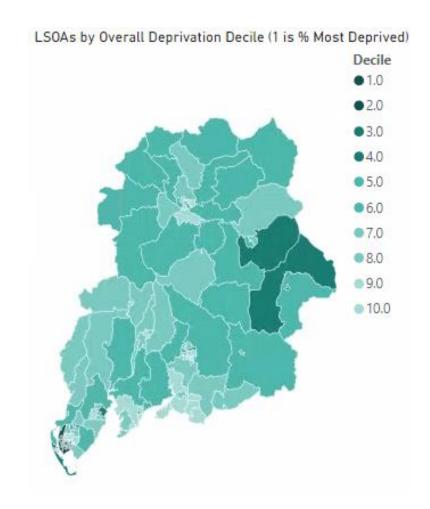
## **Our Population**

#### Westmorland and Furness is home to over 225,000 people<sup>16</sup>.

Compared to the national average, Westmorland and Furness has a lower proportion of residents aged 0-15 and a higher proportion of residents aged 65 and over<sup>16</sup>. By 2041, our working age population is projected to fall from 123,777 to 111,488 whilst our population of residents aged 65 and older is projected to increase from 59,533 to 75,670<sup>17</sup>.

We have many strengths: our natural resources and landscape, our strong and diverse economy and our people and our communities. We also face challenges: we are England's most sparsely populated local authority, with around 34,000 people living in rural areas<sup>16</sup>.

Many of our residents are impacted by social and economic deprivation. 12 of our neighbourhoods are within the 10% most deprived areas in England; these neighbourhoods are all located in Furness<sup>18</sup>. The components of deprivation include income, employment, education, crime, our living environment and barriers to housing and services<sup>18</sup>. We also know that our rural communities face specific challenges that may not be visible in national measures to assess deprivation.



Life expectancy and healthy life expectancy are key measures of our health status and allow us to monitor changes over time, as well as the impact of inequalities.

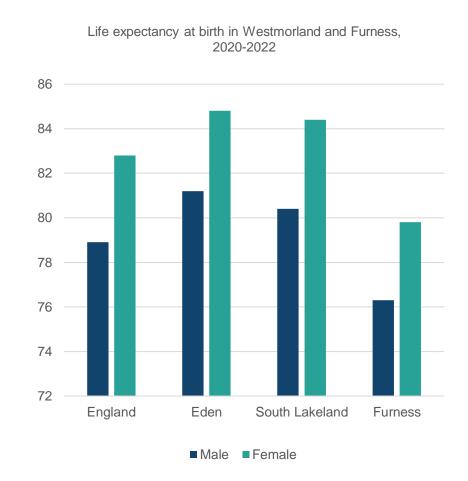
## Life expectancy

#### Across Westmorland and Furness, lives are being cut short.

Life expectancy at birth for males (2020-22) is 81.2 years in Eden and 80.4 years in South Lakeland, which are both higher than the England average of 78.9 years<sup>19</sup>. Life expectancy at birth for males (2020-22) in Furness is 76.3 years, which is lower than the England average<sup>19</sup>.

Life expectancy at birth for females (2020-22) is 84.8 years in Eden and 84.4 years in South Lakeland, which are both higher than the England average of 82.8 years<sup>19</sup>. Life expectancy at birth for females (2020-22) in Furness is 79.8 years, which is lower than the England average<sup>19</sup>.

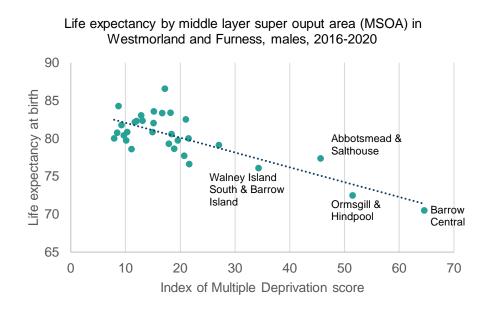
Whilst life expectancy in Eden and South Lakeland remains better than the national average, the gains in life expectancy we have previously seen are now beginning to stall. Life expectancy was lower for both males and females in the years 2020 to 2022, compared to 2017 to 2019, in all our districts<sup>19</sup>. Life expectancy for females in Furness is now the lowest it has been since 2003<sup>19</sup>.

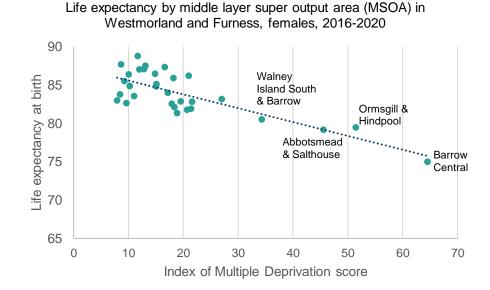


#### The data also unequivocally demonstrates the impact of health inequalities on outcomes.

There is significant variation in the range of life expectancy at birth at middle super output area. At this geographical level, in 2016-2020, life expectancy for males was lowest in Barrow Central at 70.5 years and highest in Hawkshead and Cartmel Fell at 86.6 years<sup>20</sup>. This is a difference of over 16 years.

For females, in 2016-2020, life expectancy was lowest in Barrow Central at 75 years and highest in Windermere South and Staveley at 88.8 years<sup>20</sup>. This is a difference of 13.8 years.



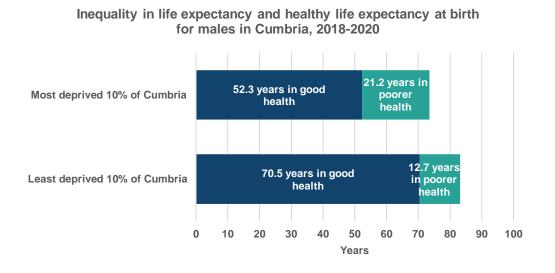


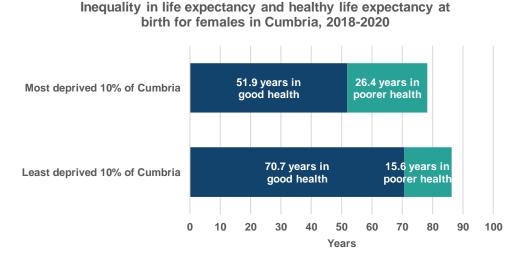
## Healthy life expectancy

Across Cumbria, people living in our most deprived communities are spending more of their lives in poorer health.

We are all at increased risk of ill health as we grow older. However, it is how we age that has the biggest impact. In our most deprived areas in Cumbria, in addition to having an average lower life expectancy, men spend on average 8.5 years in poorer health than men in the least deprived areas<sup>20</sup>. For women, the gap is higher at 10.8 years<sup>20</sup>.

The leading causes of disability in Cumbria in 2020 were COVID-19, ischaemic heart disease, low back pain, COPD (chronic obstructive pulmonary disease) and stroke<sup>21</sup>. We know that this inequality in the rate of biological ageing is largely preventable and is impacted by those strength of those building blocks of health and wellbeing.





## What we've heard from our communities

The Health and Wellbeing Board is grateful to everyone who has contributed to the development of the strategy and who has provided their views and insights into our local health and wellbeing needs and priorities.

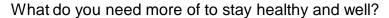
A rapid review of existing community insight and engagement reports relevant to health and wellbeing highlighted the following themes:

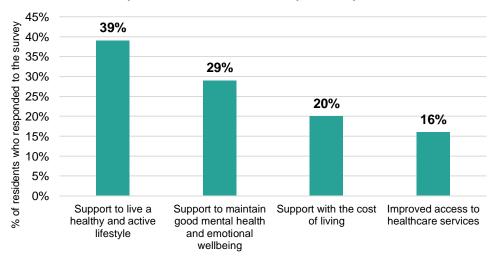
- Mental health problems and financial worries are two of the main factors impacting health and wellbeing.
- Digital exclusion is a barrier to accessing health and wellbeing services.
- People report increased social isolation and loneliness since the COVID-19 pandemic.

We also developed a community survey, receiving 701 responses from residents to the following questions:

- What keeps you healthy and well?
- What do you need more of to stay healthy and well?

The answers to the second question are summarised in the graph on the right. A key theme reported by our older adults was increased support with independent living.





## Our strategy

## Our vision for health and wellbeing:

To enable all residents in Westmorland and Furness to live happy, healthy and fulfilling lives.

We will achieve our vision through collaborative action focused on our five themes:

- The central theme underpinning our strategy is improving the building blocks of health and wellbeing. These are the conditions in which we are born, grow, live and age and are the foundations of our health and wellbeing.
- We have heard from our communities and partners that there is a need for us to act to protect and promote good mental health and emotional wellbeing. Our second theme of supporting good mental health and emotional wellbeing for all therefore supports and highlights that our mental health has equal importance to our physical health.
- The remaining three themes of our strategy have been built around a life course approach, recognising that the factors impacting on our health and wellbeing will change throughout the different stages of our lives.



## Our principles: how we will achieve our vision

We have developed four key principles which describe our approach to achieving our vision. We will apply these principles to each of our ambitions and objectives to inform the development and implementation of our action plans.

## 1. Reducing inequalities

Health inequalities are unfair and avoidable differences in the health and wellbeing of different groups and communities. They are caused by the differences in the strength of the building blocks of health we experience: the conditions in which we are born, grow, live and age. We know that health inequalities adversely impact the lives of too many of our residents.

We will take action to reduce and prevent health inequalities. We will work to improve the health and wellbeing of all our residents, with proportionately greater focus in our places and communities which have the greatest needs.

## 2. Healthy policies

Our health is shaped by multiple connecting factors, with the largest contribution from the strength of the building blocks of health and wellbeing. In order to improve health outcomes and reduce health inequalities, we need to work collaboratively across sectors and organisations to consider health across all of our policy and service areas.

We will ensure that all our policies will promote and protect good health and wellbeing.

#### 3. Prevention

Lives are being cut short across Westmorland and Furness and our communities are spending more of their lives living with ill health and disability. Although we cannot prevent all ill health and disease, there are many conditions that are preventable and we now have an opportunity to take a life course approach to prevention, from pre-conception to the first 1001 days of a child's life and extending through to primary, secondary and tertiary prevention throughout adulthood.

We will focus on preventing illness and disease, prioritising upstream approaches to keep people healthy.

## 4. Empowering communities

We will work together with our residents and communities to improve health and wellbeing. Our residents' lived experience and insight will be key in the design of future services and actions.



OUR HIGH LEVEL THEMES, AMBITIONS AND OBJECTIVES

## Improving the building blocks of health and wellbeing

To be healthy and well, we need the fundamental building blocks in place. However, for many of our residents, these building blocks are missing, adversely impacting on their health, opportunities and outcomes.

#### The case for change

Having enough money and resources is a key component of good health. Financial security gives us access to other building blocks of health, such as warm, safe and accessible housing and participation in society, that have additional benefits for our health and wellbeing<sup>22,23</sup>.

We have heard from our community that financial hardship is one of the main factors impacting on health and wellbeing in Westmorland and Furness. National data shows that 5,409 children in Westmorland and Furness were living in poverty in 2021/22<sup>20</sup>. This figure is before housing costs are accounted for and precedes the onset of worsening cost-of-living pressures.

Fuel poverty is also a growing concern. Living in cold homes is associated with an increased risk of developing a range of health conditions, including respiratory problems and poor mental health<sup>24</sup>. In Westmorland and Furness, 15,648 households (15%) are estimated to be living in fuel poverty. This is higher than the national average (13%)<sup>20</sup>.

Access to a good education provides strong foundations for our opportunities, outcomes and ultimately our health<sup>25</sup>. Children in

Westmorland and Furness experience significant inequalities in developmental and educational attainment<sup>26</sup>. Children receiving free school meals are less likely to achieve a good level of development at the end of Reception than those who do not (30.8% in Furness, 34.3% in Eden and 45.4% in South Lakeland)<sup>26</sup>. In 2023, 13.5% of boys and 21.1% of girls who were disadvantaged achieved a Grade 5 pass at Key Stage 4 English and Mathematics<sup>27</sup>.

Access to good and fair employment has positive, long-term benefit for our health and wellbeing<sup>23</sup>. Levels of economic inactivity are significantly higher in Furness than the national average, with the main reason for this being long term sickness (48%)<sup>28</sup>.

Adults with long term health conditions and disabilities also face significant inequalities in access to employment. In Furness and Eden, under half of adults aged 16-64 with a physical or mental long term health condition are in employment, compared to 65.3% in England<sup>20</sup>. Across Cumbria, the proportion of working age adults with a learning disability in employment is significantly lower than the national average at 2.9% in 2019/20<sup>20</sup>.

## What we will do

Our ambitions:	We will:
Our places and neighbourhoods support healthy lives and enable our residents to be safe, healthy and happy.	Deliver a 'health in all policies' approach, including through the development of the new Local Plan and Community Power.
	Work collaboratively to support residents facing food and fuel poverty and mitigate the impacts of the rising costs of living.
	Support initiatives that promote active travel and prioritise infrastructure that supports walking and cycling.
	Improve access to green spaces, particularly for residents living in areas of high deprivation.
	Work to improve access to community transport for all our residents.
Our residents have access to safe, warm and energy efficient housing.	Support the development and implementation of a new Housing Strategy for Westmorland and Furness.
	Work to increase the opportunities to actively signpost residents to local and national support for fuel poverty, such as the Energy Company Obligation.

Our ambitions:	We will:
Employment which supports	Support people's aspirations to enter education, training or employment.
financial security and good health and wellbeing is available to all.	Improve employment opportunities for all through the provision of apprenticeships and workbased training.
	Reduce barriers to employment for young people and adults with long term health conditions and with special educational needs and disabilities (SEND).
	Work as a network of anchor institutions and large employers to create work environments that support health and wellbeing.



OUR HIGH LEVEL THEMES, AMBITIONS AND OBJECTIVES

# Supporting good mental health and emotional wellbeing for all

Mental health can be described as "a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community" <sup>29</sup>. Good mental health and emotional wellbeing is as important as our physical health and is a fundamental component of our overall health and wellbeing throughout the life course.

#### The case for change

We have heard from our community that action to improve mental health and emotional wellbeing throughout the life course is a key local priority. National data shows that one in every four people will be impacted by a mental health problem during their lifetime<sup>30</sup>.

Research undertaken in 2023 found that about one in five children and young people aged 8-25 had a probable mental health disorder<sup>31</sup>. Nationally, the pandemic has adversely impacted on mental health and emotional wellbeing, with disproportionately greater impact on children and young people experiencing poverty<sup>32</sup>.

Data from the 2022 Westmorland and Furness Health Related Behaviour Questionnaire shows that over four in ten primary school age pupils feel afraid of going to school because of bullying at least 'sometimes'; over eight in ten primary and secondary school age pupils feel worried 'quite a lot' or 'a lot'; and 37% of secondary school age pupils had low mental wellbeing scores (based on a standardised tool)<sup>33</sup>.

Mental health problems are both a cause and a consequence of health inequalities and this is evident within Westmorland and Furness. Self-reported measures of life satisfaction, happiness and anxiety scores are higher than the national average in Eden and South Lakeland but have worsened in Furness over the past decade and remain below the national average<sup>34</sup>. Rates of emergency hospital admissions for intentional self harm in Furness are significantly higher than the national average and sadly, rates of death from suicide in Furness are significantly higher than the national average<sup>20</sup>.

## What we will do

Our ambitions:	We will:
Our children, young people and families are supported to develop the foundations of good mental health and emotional wellbeing.	Improve access to emotional wellbeing and mental health support for families in the perinatal period.
	Improve support for parents and carers to enable their child to have good mental health and emotional wellbeing.
	Prioritise and promote resilience for all our children, their parents and carers through our settings and communities.
We will strengthen action to promote and develop good mental health and emotional wellbeing for our residents and communities.	Ensure that residents can access the right services at the right time to receive early help and support.
	Develop supportive communities and workplaces that promote good mental health and wellbeing.
	Embed a trauma-informed and trauma-responsive approach in all services across Westmorland and Furness.
	Raise awareness of and enable conversations around death and dying with the public and professionals.

Our ambitions:	We will:
We will work together to prevent suicides.	Develop a local action plan to reduce deaths from suicide in Westmorland and Furness.
	Adopt policies to support positive mental health and reduce suicide across local organisations.



OUR HIGH LEVEL THEMES, AMBITIONS AND OBJECTIVES

## Supporting every child and young person to have the best start in life

Inequalities experienced in the early years, childhood and adolescence have ongoing impacts on our health and opportunities throughout our lives. In particular, the first 1001 days of life are critical for our physical and emotional development <sup>35</sup>.

#### The case for change

Healthy pregnancies result in improved maternal health outcomes and give children the best start in life<sup>35</sup>. Smoking in pregnancy is a critical modifiable risk factor for pregnancy outcomes<sup>36</sup>. However, our progress on reducing rates of smoking during pregnancy has stalled<sup>20</sup>.

The rate of deliveries to mothers aged between 12 and 17 is significantly higher than the national average in Furness<sup>20</sup>. Supporting young families is vital: mothers aged between 12 and 17 are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after birth, and young families are at increased risk of living in poverty<sup>37</sup>.

Exposure to trauma and adverse childhood experiences has lifelong impacts on our health and wellbeing<sup>38</sup>. Recognising this, and offering early intervention and support to our children and families impacted by domestic abuse, trauma and adverse childhood experiences is key to improve outcomes<sup>38</sup>.

Our rates of emergency hospital admissions for children and young people are significantly higher than the national average in Furness and South Lakeland<sup>20</sup>. Data from the 2022 Westmorland and Furness Health Related Behaviour Questionnaire also shows increased rates of vaping in young people, with 33% of pupils reporting having tried vaping and 11% vaping regularly<sup>33</sup>.

Significantly higher proportions of 5 year olds have experience of dental decay in Furness and South Lakeland than the national average<sup>20</sup>. Supporting children and families to maintain a healthy weight is key for improving health and wellbeing; living with excess weight in childhood is associated with an increased risk of living with excess weight in adulthood, placing people at increased risk of developing illness earlier in life<sup>39</sup>. In children, living with excess weight is also associated with poorer mental health and also lower educational attainment<sup>39</sup>. Currently, 1 in 4 of our reception age children are living with overweight or obesity, and this progresses to 1 in 3 of our Year 6 children<sup>20</sup>. Furthermore, the inequalities gap is widening between children living with obesity in the least deprived and most deprived areas in Westmorland and Furness<sup>20</sup>.

## What we will do

Our ambitions:	We will:
Families and children are supported during pregnancy and during the early years to have the healthiest possible start in life.	Improve support to help families stop smoking during pregnancy.
	Support families to access the help and support they need through the Family Hubs approach and Family Help offer.
	Increase the targeted support provided to young families and improve our parenting support offer.
	Support infant feeding choices, including encouraging more families to breastfeed.
	Develop our school readiness offer to ensure that children are prepared and confident to start school.
	Improve access to the recommended maternal and childhood immunisations.

Our ambitions:	We will:
Our children and families are protected from experiencing harm.	Reduce rates of hospital admissions for injuries in children and young people.
	Protect families and children from domestic abuse and mitigate against the long-term impacts of domestic abuse.
	Support our children and families who have been impacted by adverse childhood experiences and trauma, including family conflict.
	Increase awareness of the risks vaping can pose to children and young people and take action to reduce children and young people's access to vapes.
Our children and young people are supported to have good nutrition, an active lifestyle and good oral health.	Develop a system wide healthy weight action plan in Westmorland and Furness.
	Increase opportunities for children and young people to access to leisure activities, including reducing the financial barriers to access.
	Increase targeted oral health promotion interventions for children and young people who are at higher risk of experiencing poor oral health.
	Implement whole school approaches to healthy food and physical activity.



OUR HIGH LEVEL THEMES, AMBITIONS AND OBJECTIVES

## Supporting our residents to live healthy lives

Our residents are spending more of their lives in ill health and people living in our most disadvantaged areas are dying earlier from preventable illnesses<sup>20</sup>.

#### The case for change

National data from 2018-20 shows that males in Cumbria can expect to live 61 years free of a long term health condition that impacts on their day to day activities; for females, this is 58.9 years and has fallen from 64.6 years in 2014-16<sup>20</sup>.

Furthermore, the amount of disease attributed to health risk factors has been increasing in Cumbria since 2012<sup>40</sup>. Tobacco has remained the leading risk factor for disease in Cumbria over the past thirty years<sup>40</sup>. However, other leading health risk factors in Cumbria include type 2 diabetes, living with overweight or obesity and dietary risks<sup>40</sup>.

Smoking is the leading cause of both death and disability in Cumbria<sup>40</sup>. Over 1 in 3 adults in routine and manual occupations smoke in Furness<sup>20</sup>. Adults with a long term mental health condition also have higher rates of smoking<sup>20</sup>. Across

Westmorland and Furness, more adults are living with overweight or obesity in 2021/22 than they were in 2015/16<sup>20</sup>.

People living in our most disadvantaged areas are dying earlier from preventable illnesses. Between 2016-20, there were six times more preventable deaths in under 75 year olds in Central ward in Furness compared to Penrith Carleton<sup>20</sup>. People in Furness are also experiencing increasing levels of harm from addictions; in 2018-20, Furness had the fourth highest rate of deaths from drug misuse in the country<sup>20</sup>.

By improving the building blocks of health and wellbeing in combination with providing support for people to address health risk factors, we can embed prevention at the heart of all our work to improve health and wellbeing<sup>41</sup>.

## What we will do

Our ambitions:	We will:
We will work to prevent the development of ill health and detect disease early.	Increase access to health checks in the community.
	Improve cancer prevention through understanding and addressing inequalities in the uptake of NHS cancer screening programs.
	Reduce smoking levels in Westmorland and Furness, working towards becoming smoke-free.
	Develop locality-focused approaches to prevention of cardiovascular disease.
	Develop a coordinated approach to women's health, including screening, contraception and perimenopause care.
We will support adults to maintain a healthy weight and an active lifestyle.	Develop a system wide healthy weight action plan in Westmorland and Furness with a focus on preventative approaches and addressing the commercial determinants of health.
	Improve access to weight management advice and support for adults living with overweight and obesity.
	Increase access to leisure activities for adults and reduce financial barriers to use.

Our ambitions:	We will:
We will work to reduce the	Implement a system wide approach to reducing drug-related deaths.
harms caused by substance misuse and addictions.	Enhance the voice of lived experience and the focus on recovery within the substance misuse system.
	Take action to reduce the incidence of addiction and improve the support available for people experiencing any addiction.
	Continue to strengthen the Combatting Drugs Partnership and delivery of the action plan to reduce harm from addictions.



OUR HIGH LEVEL THEMES, AMBITIONS AND OBJECTIVES

# Supporting our residents to live well and independently for longer

Population projections indicate that the proportion of our population aged 65 and older, and particularly aged 85 and older, is set to increase significantly over the next twenty years in Westmorland and Furness<sup>17</sup>.

#### The case for change

As we age, we are more likely to develop multiple long term health conditions (termed 'multimorbidity') and have increasingly diverse and more complex health and care needs<sup>42</sup>. We also become at increased risk of developing frailty. This is a long term condition; a health state in which individuals lose their inbuilt reserves, placing them at increased risk of sudden changes in their health from minor events, resulting in increased hospital admissions and social care needs<sup>43</sup>. We are all at risk of developing frailty, but this risk is compounded by the existing inequalities in health and outcomes we have discussed earlier in the strategy.

Nationally calculated figures indicate that, by 2040, the proportion of people aged 65 and over in Westmorland and Furness living with a limiting long term illness is forecast to rise by 27%; the proportion of people living with dementia is forecast to increase by 38%; the proportion of people living with diabetes by 22%; and the proportion of people living with cardiovascular

disease by 24%<sup>44</sup>. Whilst the proportion of older adults with multimorbidity is projected to increase more steeply in Eden and South Lakeland in the coming years, the proportion of adults living with frailty (who are at increased risk of worse outcomes and hospital admissions) is already estimated to be higher in Furness<sup>45</sup>.

Social connections are essential for our health and wellbeing, with loneliness increasing the likelihood of early mortality, as well as poor physical health and mental health<sup>46</sup>. Within Cumbria, just 35.7% of adult social care users over age 65 had as much social contact as they would like in 2021/22<sup>20</sup>. We have heard from our community that loneliness, social isolation and digital exclusion have worsened since the pandemic and that this is a key priority for local action.

## What we will do

Our ambitions:	We will:
We will improve the care and support provided for people living with frailty and multiple long term health conditions and their families.	Increase the awareness and the understanding of frailty, with a focus on proactive identification and support for people living with frailty.
	Work collaboratively to increase the support to enable residents, their families and carers to navigate services and receive the financial support and benefits they are entitled to.
	Ensure all organisations and services are actively planning for the projected increase in the number of people living with multimorbidity.
	Ensure people have the opportunity to have timely, compassionate and meaningful conversations about what matters to them at the end of life.
	Ensure people receive person centered and coordinated care at the end of life.

Our ambitions:	We will:
We will support our older adults to live independently for longer.	Embed ageing well into all our policies, strategies and plans, using a 'health in all policies' approach.
	Develop communities and services that are holistic, inclusive and meet the needs of older residents, including people with dementia and their families.
	Increase the physical activity of older people and increase awareness of the need for older adults to maintain balance and strength.
	Identify and address health factors that can reduce the risk of, or delay the onset of, dementia.
	Identify opportunities for prevention and early intervention of hearing loss.
Our residents do not experience social isolation and loneliness.	Promote volunteering and opportunities to connect that improve the wellbeing of older people.
	Promote accessible methods of communication across all our services to enhance community involvement and participation and reduce digital exclusion.
	Develop an approach to routine enquiry to enable existing services to reduce social isolation and loneliness.

## Delivering our strategy

## The Health and Wellbeing Board

The Health and Wellbeing Board is a partnership with representation from Westmorland and Furness Council, the NHS, Healthwatch and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, and has a statutory duty to oversee the development and implementation of the Joint Local Health and Wellbeing Strategy.

## Our next steps and action plan

To facilitate effective implementation of the strategy, the strategy will be accompanied by a series of action plans which will outline how the strategy translates into action, our delivery priorities and evaluation measures. Our initial action plan will cover the next two years and will provide a detailed outline of how organisations will work together to achieve the ambitions and objectives of the strategy, as well as an outcomes framework to monitor our progress against out ambitions. Key organisations and multi-agency groups involved with the implementation of the objectives will be highlighted in the action plan.

## References

- 1. Michael Marmot, Jessica Allen, Peter Goldblatt, Eleanor Herd, Joana Morrison. Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity. 2020. Available from: www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review
- 2. McGowan VJ, Bambra C. COVID-19 mortality and deprivation: pandemic, syndemic, and endemic health inequalities. Lancet Public Health. 2022 Nov;7(11):e966-e975. doi: 10.1016/S2468-2667(22)00223-7. PMID: 36334610; PMCID: PMC9629845.
- 3. Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Owen Callaghan. A hopeful future: equity and the social determinants of health in Lancashire and Cumbria. London: Institute of Health Equity. 2022. Available from: www.instituteofhealthequity.org/resources-reports/a-hopeful-future-equity-and-the-social-determinants-of-health-in-lancashire-and-cumbria
- 4. Westmorland and Furness Council. Council Plan. [Internet]. 2023. Available from: www.westmorlandandfurness.gov.uk/your-council/council-documents/council-plan
- 5. Lancashire and South Cumbria Integrated Care Partnership. Integrated Care Strategy 2023-2028. [Internet]. 2023. Available from: www.lscintegratedcare.co.uk/our-work/our-strategy
- 6. North East and North Cumbria Health and Care Partnership. Better health and wellbeing for all: a strategy for the North East and North Cumbria. [Internet]. 2022. Available from: www.northeastnorthcumbria.nhs.uk/integrated-care-partnership/
- 7. World Health Organization (WHO). Constitution of the WHO. [Internet]. Available from: www.who.int/about/accountability/governance/constitution
- 8. The Health Foundation. What builds good health? [Internet]. 2024. Available from: www.health.org.uk/what-makes-us-healthy
- 9. Labonte R. Health promotion and empowerment: Practice Frameworks: Centre for Health promotion. University of Toronto; 1993.
- 10. GOV.UK. Place-based approaches for reducing health inequalities: main report. 2023. Available from: www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health- inequalities-main-report
- 11. Remington, P.L., Catlin, B.B. & Gennuso, K.P. The County Health Rankings: rationale and methods. Popul Health Metrics **13**, 11 (2015). https://doi.org/10.1186/s12963-015-0044-2

- 12. The King's Fund. What are health inequalities? 2022. Available from: www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities
- 13. Government Equalities Office. Public Sector Equality Duty: guidance for public authorities. 2023. Available from: www.gov.uk/government/publications/public-sector-equality-duty-guidance-for-public-authorities/public-sector-equality-duty-guidance-for-public-authorities
- 14. Ministry of Defence. Statutory Guidance on the Armed Forces Covenant Duty. 2022. Available from: www.assets.publishing.service.gov.uk/media/636a3e10d3bf7f16484798b0/Armed\_Forces\_Covenant\_Duty\_Statutory\_Guidance.pdf
- 15. National Institute for Health and Care Excellence (NICE). NICE and Health Inequalities. [Internet]. 2024. Available from: www.nice.org.uk/about/what-we-do/nice-and-health-inequalities
- 16. Office for National Statistics (ONS). Population and household estimates, England and Wales: Census 2021. [Internet]. 2022. Available from:
  - www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021unroundeddata
- 17. Office for National Statistics (ONS). Population Projections. [Internet]. 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections
- 18. Ministry of Housing, Communities and Local Government. English Indices of Deprivation 2019. [Internet]. Available from: www.gov.uk/government/statistics/english-indices-of-deprivation-2019
- 19. Office for National Statistics (ONS). Life expectancy for local areas in England, Northern Ireland and Wales: between 2001 to 2003 and 2020 to 2022. [Internet]. 2024. Available from: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalarea softheuk/between2001to2003and2020to2022
- 20.Office for Health Improvement and Disparities (OHID). Public health profiles. [Internet]. 2024. Available from: www.fingertips.phe.org.uk
- 21. Diseases and Injuries Collaborators. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021. Lancet. 2024 May 18;403(10440):2133-2161. doi: 10.1016/S0140-6736(24)00757-8. Epub 2024 Apr 17. PMID: 38642570; PMCID: PMC11122111.

- 22. Royal College of Paediatrics and Child Health (RCPCH). Child health inequalities driven by child poverty in the UK position statement. [Internet]. 2022. Available from: www.rcpch.ac.uk/resources/child-health-inequalities-position-statement#evidence-of-how-poverty-drives-health-inequalities-in-the-uk
- 23. Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison. Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity. 2020. Available from: www.health.org.uk/publications/reports/the-marmot-review-10-years-on
- 24. Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt. Fuel poverty, cold homes and health inequalities. London: Institute of Health Equity. 2022. Available from: www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf
- 25. Public Health England. Education, schooling and health summary. [Internet]. 2021. Available from: www.gov.uk/government/publications/education-schooling-and-health/education-schooling-and-health-summary
- 26.Department for Education. Early years foundation stage profile results. [Internet]. 2023. Available from: www.explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results
- 27. Westmorland and Furness Council Performance Team. Disadvantaged Dataset 2023.
- 28. Westmorland and Furness Council. UK Shared Prosperity Fund and Rural England Prosperity Fund: challenges and opportunities in Westmorland and Furness. [Internet]. 2023 Availble from: www.westmorlandandfurness.gov.uk/sites/default/files/2023-05/UKSPF%20and%20REPF%20-
  - %20challenges%20and%20opportunities%20for%20Westmorland%20and%20Furness%20%28002%29.pdf
- 29. World Health Organization (WHO). Mental health. [Internet]. 2022. Available from: www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
- 30.NHS England. Adult psychiatric morbidity in England 2007, results of a household survey. [Internet]. 2009. Available from: www.digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-inengland-2007-results-of-a-household-survey
- 31. NHS England. Mental health of children and young people in England, 2023. [Internet]. 2023. Available from: www.digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up
- 32.Office for Health Improvement and Disparities (OHID). Chapter 4: COVID-19 mental health and wellbeing surveillance report. [Internet]. 2022. Available from: www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people
- 33. The Schools Health Education Unit. The Cumbria Children and Young People's Health and Wellbeing Survey 2022.

- 34.Office for National Statistics (ONS). Personal wellbeing in the UK. [Internet]. 2023. Available from: www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2022tomarch2023
- 35. Department of Health and Social Care. The best start for life: a vision for the 1,001 critical days. [Internet]. 2021. Available from: www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days
- 36.Royal College of Paediatrics and Child Health (RCPCH). Smoking during pregnancy. [Internet]. 2021. Available from: www.stateofchildhealth.rcpch.ac.uk/evidence/maternal-perinatal-health/smoking-pregnancy/
- 37. Public Health England. A framework for supporting teenage mothers and young fathers. [Internet]. 2019. Available from: www.assets.publishing.service.gov.uk/media/5cb85bc640f0b649e47f2983/PHE\_Young\_Parents\_Support\_Framework\_April2019.pdf
- 38.Early Intervention Foundation. Adverse Childhood Experiences. [Internet]. 2020. Available from: www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next
- 39.Royal College of Paediatrics and Child Health (RCPCH). Healthy weight. [Internet]. 2021. Available from: www. stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/healthy-weight/
- 40. Institute for Health Metrics and Evaluation, Global Burden of Disease Compare Tool. [Internet]. 2021. Available from: www.vizhub.healthdata.org/gbd-compare/
- 41. Dun-Campbell K, Ewbank L, Burale H, Briggs A. Addressing the leading risk factors for ill health supporting local government to do more. The Health Foundation; 2024 (https://doi.org/10.37829/HF-2023=HL03).
- 42. GOV.UK. Chief Medical Officer's annual report 2023: health in an ageing society. [Internet]. 2023. Available from: https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society
- 43. Adrian Hopper. Geriatric Medicine: Getting it right first time programme national specialty report. [Internet]. 2021. Available from: www.gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/Geriatric-Medicine-Sept21h.pdf
- 44.Institute of Public Care. Projecting Older People Population Information. [Internet]. 2020. Available from: www.poppi.org.uk
- 45. Sinclair, D.R., Maharani, A., Chandola, T. et al. Frailty among Older Adults and Its Distribution in England. J Frailty Aging 11, 163–168 (2022). https://doi.org/10.14283/jfa.2021.55
- 46.Harris E. Meta-Analysis: Social Isolation, Loneliness Tied to Higher Mortality. JAMA. 2023 Jul 18;330(3):211. doi: 10.1001/jama.2023.11958. PMID: 37379015.