Public Document Pack

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Tuesday, 3 July 2012
Time: 12.00 pm - 1.30 pm
Venue: Committee Room 2 - Guildhall
Contact: Toni Birkin **Direct Dial:** 01223 457086

AGENDA

1 ELECTION OF CHAIR AND VICE CHAIR

Nominations are invited for the Chair and Vice Chair for the Partnership

2 NOTING TERMS OF REFERENCE *(Pages 1 - 4)*

Terms of Reference for the Partnership were considered by the City Council's Community Services Scrutiny Committee on the 28th June 2010.

3 PUBLIC QUESTIONS

4 SHADOW HEALTH AND WELLBEING BOARD UPDATE - FEEDBACK AND FORWARD LOOK TO NEXT MEETING ON 11 JULY AND BEYOND (LIZ ROBIN) *(Pages 5 - 8)*

Members are asked to note the Forward Agenda Plan and raise any matters of interest.

5 DRAFT HEALTH AND WELLBEING STRATEGY FOR CONSULTATION

Members are asked to give their initial views and to agree a process for the Partnership to prepare a response.

5a Draft Cambridgeshire Health & Wellbeing Strategy 2012–17 *(Pages 9 - 10)*

5b Developing a Local Response *(Pages 11 - 42)*

6 HEADLINE LOCAL PRIORITIES FOR PARTNERS

Members are asked to consider local priority areas where the partnership might take collective action taking into account the following:

6a Local Clinical commissioning areas *(Pages 43 - 44)*

A paper showing Areas of Focus for the 2012/13 Cluster integrated Plan.

6b Report to the City Council's Community Services Scrutiny Committee 28th June 2012 *(Pages 45 - 58)*

6c Joint Strategic Needs Assessment Summary: Phase 6 Report 2012 *(Pages 59 - 88)*

6d Cambridge Health Profile:' Local Intelligence' for Cambridge *(Pages 89 - 98)*

7 SETTING FUTURE DATES - UPDATE ON MODERN.GOV

Information for the public

Public attendance

You are welcome to attend this meeting as an observer, although it will be necessary to ask you to leave the room during the discussion of matters which are described as confidential.

Public Speaking

You can ask questions on an issue included on either agenda above, or on an issue which is within this committee’s powers. Questions can only be asked during the slot on the agenda for this at the beginning of the meeting, not later on when an issue is under discussion by the committee.

Fire Alarm

In the event of the fire alarm sounding please follow the instructions of the Chair.

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CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Terms of Reference

Draft: 11 June 2012

1. Purpose

Set within the context of ongoing public health and other reforms, this partnership will provide strong local representation and accountability. It will help shape local policies and the delivery of local services and promote the health and wellbeing of Cambridge's residents.

The Cambridge Local Health Partnership will look to add value to existing partnerships, where it can, and choose to focus on local project delivery, where it can make a difference. Emphasis will be on getting things done, making the best use of the assets of partners and keeping the bureaucracy of the Partnership to a minimum.

2. Role

The role of the Cambridge Local Health Partnership is to:

- Be a place where knowledge about the local health and wellbeing needs of Cambridge citizens and the assets of service providers is shared and understood, so that local collaborative work is better informed

- Identify a small number of local priorities where joint action can improve the health and wellbeing of local people

- Commission Task and Finish Groups, involving a wide range of stakeholders with an interest in an identified priority, to develop, implement, monitor and review a work programme

- Inform and contribute to the developing **Health and Wellbeing Strategy** for Cambridgeshire

- Provide a brief annual report showing headline achievements over a year

- Represent the interests of local people and to utilise existing community engagement mechanisms, where possible, so that the plans and strategies of local agencies are better informed, and

- Maintain a two-way flow of communication with the **Shadow Cambridgeshire Health and Wellbeing Board** to develop joint working and to play a role in its network

3. Membership

Membership of the Cambridge Local Health Partnership will cover:

- Cambridge Council Executive Member for Community Services and Health
- Cambridge Council Executive Member for Housing
- Cambridge Council Opposition Spokesperson
- Cambridgeshire County Councillor
- GP representative of Cam. Health / CATCH
- Cam. Health / CATCH Manager
- Locality Public Health representative
- Representative of the Shadow Health and Wellbeing Board / Director of Public Health
- Representative of the community and voluntary sector
- Representative from Cambridgeshire Children's Trust
- Head of Refuse and Environment (City Council)

4. Meeting Arrangements

Notice of Meetings

Meetings of Cambridge Local Health Partnership will be convened by the City Council, who will also arrange the clerking and recording of meetings.

Chair

Cambridge Local Health Partnership will elect a Chair and Vice-Chair.

Quorum

The quorum for all meetings of the Cambridge Local Health partnership will be achieved when at least 3 different organisations are in attendance. The role of members will be to regularly attend meetings.

Substitutes

Nominating groups may appoint a substitute member for each position. These members will receive electronic versions of agendas and minutes for all meetings.

Decision Making

It is expected that decisions will be reached by consensus, however, if a vote is required it will be determined by a simple majority of those members present and voting. If there are equal numbers of votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Meeting Frequency

Cambridge Local Health Partnership will meet quarterly.

Status of meetings and reports

Cambridge Local Health Partnership meetings shall be open to the press and public and the agenda, reports and minutes, will be available for inspection at the City Council's offices and website at least five working days in advance of each meeting. [This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.]

Officer Support

Cambridge Council will offer procedural advice and the servicing of meetings.

5. Governance and Accountability

Cambridge Local Health Partnership will be accountable for its actions to its individual member organisations. Representatives will be accountable through their own organisations for the decisions they take. It is expected that members will have delegated authority from their organisations to take decisions within the terms of reference. It is expected that decisions will be reached by consensus.

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Shadow Health and Wellbeing Board Forward Agenda Plan **ITEM 4.**

MEETING DATE	ITEM	REPORT AUTHOR	DEADLINE
11 July 2012	**Integrated Planning 2013** *Discussion of the HWB and Network input into the Integrated Planning Process for 2013/14 and Clinical Commissioning Group commissioning plans.*	Liz Robin Simon Hambling	
	Areas for Immediate Action *Update on progress against the four areas identified for immediate action.* • *Evaluation of data for Warm Homes Healthy People Project* • *Framework for Addressing Inequalities*	Claire Bruin	Mon 25 Jun 2012
	Local Health Partnership Progress *Update on the formation of Local Health Partnerships.*	District Forum Officer Group	Mon 25 Jun 2012
	Terms of Reference *Sixth Month Review of Terms of Reference as agreed at December meeting*	Liz Robin Adam Speed Michelle Rowe	Mon 25 Jun 2012

Shadow Health and Wellbeing Board Forward Agenda Plan

ITEM 4.

	Clinical Commissioning Group Authorisation *Opportunity for the Board to contribute views to the Clinical Commissioning Group Authorisation Process*	Liz Robin / Dr Hambling	Mon 25 Jun 2012
	Data Sharing *To consider a report, at the request of Leaders and Chief Officers, on Data Sharing.*	Pat Harding	Mon 25 Jun 2012
	Victim and Offender Joint Health Needs Assessment	TBC	Mon 25 Jun 2012
	Safer Homes Scheme *To consider a report from the District Forum on the Safer Homes Scheme*	Councillor S Ellington	Mon 25 Jun 2012
10 Oct 2012	**Joint Health and Wellbeing Strategy** *Approval of the Joint Health and Wellbeing Strategy for Cambridgeshire*	Liz Robin	Wed 26 Sept 2012
	Areas for Immediate Action *Update on progress against the four areas identified for immediate action.* • *Domestic Violence and Sexual Abuse Strategy – Action Plan*	Claire Bruin	Wed 26 Sept 2012
	Clinical Commissioning Group Draft Annual Plan	Liz Robin / Dr Hambling	Wed 26 Sept 2012
	Report on HealthWatch	Mike Hewins	Wed 26 Sept 2012
16 Jan 2013			

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Cambridge Local Health Partnership

3 July 2012

DEVELOPING A LOCAL RESPONSE TO THE CONSULTATION DRAFT CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

Members are asked to:

1. **Give initial views on the consultation draft strategy and its consultation questions, shown in Appendix 1**

2. **Agree to the Cambridge Local Health Partnership providing a response.**

3. **If the above is agreed, set up a sub-group to look at preparing an initial response by 27 July and then commenting on this response (circulated by email) by 10 August 2012.**

4. **Hold a meeting of the Local Health Partnership in the first week of September to "sign-off" a response.**

Background

The draft Cambridgeshire Health and Wellbeing Strategy was launched for public consultation on 18 June and will run until 17 September. It is intended to help identify and confirm agreed priorities for the health and wellbeing of communities in Cambridgeshire. It has been informed by public health intelligence set out in the Joint Strategic Needs Assessment (JSNA 2012[1]) and seeks to build on existing work within the county.

The purpose of the strategy is to identify and articulate priorities that the Health & Wellbeing Board and its Network (including Local Health Partnerships) can influence as effective multi-agency partners, using combined resources and promoting innovative and integrated approaches to commissioning.

The draft Strategy document follows the framework agreed by the (Shadow) Health and Wellbeing Board on 11 April 2012. It sets out the purpose and vision for the strategy and highlights a model of what influences physical and mental health and wellbeing. It devotes a specific section to the importance of developing new ways of working including: using resources differently; joining up commissioning; and encouraging local and collaborative effort.

The methods of consultation include online and paper questionnaires. The final version of the strategy will be presented for approval at the October meeting of the shadow Health and Wellbeing Board. The statutory Health and Wellbeing Strategy will be produced in 2013. The Strategy will be reviewed and refreshed annually to reflect progress and any new priorities identified by the Health & Wellbeing Board.

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[1] http://www.cambridgeshirejsna.org.uk

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NHS Cambridgeshire

Cambridgeshire County Council

a consultation on the

Draft Cambridgeshire Health & Wellbeing Strategy **2012–17**

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Appendix: Consultation questionnaire

Foreword

Good health and wellbeing is fundamental to enable us to live an active and fulfilled life and play a role in our local communities. In Cambridgeshire, we are fortunate to live in a part of the country where the health of local people is generally better than the England average. Whilst this is encouraging, it can mask some real challenges. We know that some local people experience significant disadvantage and inequalities in health, which is something we must improve.

The Cambridgeshire Health & Wellbeing Board and Network will work hard to achieve better outcomes for our communities. We now need your help in shaping a bold vision and strategy that will guide our work.

With this in mind, we have produced a draft Health & Wellbeing Strategy for consultation which identifies the priority issues we believe are important for local people and outlines how we will work together effectively to tackle them. The consultation will be held between 18th June and 17th September 2012 and, later in this document, we have set out how you can get in touch with us.

Your views are important to us and we welcome your comments on this draft strategy.

Councillor Nick Clarke
Chair, Cambridgeshire Shadow Health & Wellbeing Board

1 Introduction

All aspects of our everyday life have an impact on our health and wellbeing: from health services through to our environment, housing, employment, education, transport and our involvement in local communities. This means that working to improve community health and wellbeing, whilst respecting people's personal lifestyle choices, is everybody's business and in everybody's interest. Throughout Cambridgeshire each of our partner organisations have strategies or action plans to address specific health and wellbeing needs. We believe that the value of our role as a Health and Wellbeing Board and Network is in identifying which issues we can influence the most **as a partnership**, for example:

- how we can address the most important local needs, now and in the future;
- how can we build on the strengths in our communities and what is working well;
- how we can best protect or include the most vulnerable people in our communities;
- how we can work together at a time of public sector financial restraint to use our resources most efficiently;
- how working together can bring the most benefit to outcomes for Cambridgeshire residents.

We recognise that there are variations across Cambridgeshire and that different parts of the county will have different needs and priorities. This means that the best solutions will often be derived through partnership working at a local level. This strategy aims to identify priorities which are shared across the county and across organisations, for which working as a Health and Wellbeing Board and Network can add most value.

The shared priorities identified in this draft strategy will help us to go outside organisational boundaries and work in creative and innovative ways to improve outcomes. The priorities will guide our actions and shape both clinical and non-clinical commissioning decisions.

An important objective of the Health & Wellbeing Board is to communicate, listen and engage with the communities we serve. This consultation is being conducted to seek genuine, open feedback and views from across Cambridgeshire. We expect that the views of local residents and organisations will significantly influence the priorities in this draft – the Board seeks and welcomes this input to improve our strategy. We aim to develop a final strategy which is responsive to local needs, views and gains shared commitment by all partners.

2 How is the Health & Wellbeing Strategy being developed?

2.1 Developing the draft strategy: what we have done so far

We have developed this draft strategy using:

a) National and local evidence of health needs as measured, analysed and reported in the Cambridgeshire Joint Strategic Needs Assessment (http://www.cambridgeshirejsna.org.uk)

We used the Joint Strategic Needs Assessment (JSNA), which is an analysis of data, information, and intelligence from local and national sources, jointly produced by Cambridgeshire County Council and Cambridgeshire Primary Care Trust (NHS Cambridgeshire). The JSNA includes information about a wide range of health and wellbeing indicators, the views of the local people, and examples of effective practice along with identifying gaps and areas for development.

b) Existing local strategies and plans (see Section 7)

We compiled a list of the strategies which are most relevant to health and wellbeing from county-wide or local partnerships, NHS organisations, and County and District councils.

c) Stakeholder event to identify the current priorities of local partnerships and organisations

We asked people from a range of different organisations and groups to use their local knowledge and expertise to identify key areas which are most important for health and wellbeing locally, and to think about what principles should guide decisions about priorities.

2.2 The Public Consultation: how your views will inform the strategy

The consultation will run from 18th June to 17th September 2012. This gives you an opportunity to tell us what you think about whether we have identified the right priorities, how we should tackle these and where we should focus our resources. Throughout the consultation period residents will be able to submit their opinions via an online questionnaire or completing and posting a paper questionnaire. The consultation questionnaire can be found in the appendix. Presentations will be given at a number of events throughout the county to engage local residents and stakeholders.

The priorities we have identified in this strategy will be reviewed and re-evaluated in light of the comments and feedback we receive from the public consultation. This will enable us to confidently produce a shared strategy which reflects what matters most to organisations and communities in Cambridgeshire. It will be reviewed and refreshed periodically to reflect progress. The Health and Wellbeing Strategy will help to inform the strategic and annual plans of the Cambridgeshire and Peterborough Clinical Commissioning Group. In this way, we can ensure that clinical commissioning in the NHS reflects the wider health needs of our community. The final strategy will be agreed and published in October 2012 and will be supported by more detailed outcome measures and action plans for the confirmed priorities over the next five years.

2.3 Community Impact Assessment

A Community Impact Assessment of the draft strategy has been conducted. This is a process designed to evaluate the potential impacts on all individuals in Cambridgeshire and ensure that the strategy and associated actions do not discriminate against any disadvantaged or vulnerable people. This will be reassessed for the revised final strategy.

3 Information about Cambridgeshire

3.1 Who lives in Cambridgeshire?

Approximately 605,000 people live in Cambridgeshire. Of these, approximately 105,000 people are under 15 years of age, and 99,000 people are over the age of 65. Within the next five years, the population of Cambridgeshire is expected to grow further and by 2016 there are forecast to be another 37,000 people living in the county, with the largest increases expected in Cambridge City and South Cambridgeshire. We are expecting to see a significant rise in the population of older people across the whole county. Between 2010 and 2021 the number of people aged 65 and over in Cambridgeshire is predicted to increase by 44%.

Cambridgeshire County as a whole is among the 20% least socio-economically deprived top tier local authorities in England. At District Council level, there is variation; South Cambridgeshire and Huntingdonshire are both within the 20% least deprived second tier authorities nationally, while Fenland is in the 40% most deprived.

Most local authority areas in Cambridgeshire have a mainly white population. Cambridge City has higher proportions of minority ethnic groups than the England average, many of whom are students and professionals. Cambridgeshire also has a considerable number of Travellers and migrant workers within the county.

Some groups of people across the county are particularly vulnerable both to suffering from socio-economic deprivation and to the consequences of this deprivation. For example older people, people with disabilities, people who are on low incomes or unemployed, Travellers, homeless people and rural migrant workers.

3.2 How healthy are the people of Cambridgeshire?

In Cambridgeshire, overall health and life expectancy are well above the national average. Life expectancy at birth for men is 80.1 years and for women is 83.9 years. Death rates from all causes and early death rates from cancer, heart disease and stroke have fallen and are better than the England average. But these major diseases still have a considerable impact on health and wellbeing which could be reduced through healthier lifestyles and choices.

Within this picture, there are health inequalities across the county. These are closely linked with socio-economic circumstances and are more concentrated in Fenland, the north and east of Cambridge City, North Huntingdon and the north of East Cambridgeshire, where lower levels of skills, income and greater health inequalities than the rest of Cambridgeshire are experienced. People in the more socio-economically deprived areas of Cambridgeshire have a life expectancy which is 6.5 years lower for men and 4.9 years lower for women compared to people in the least deprived areas. Improving the health of the worst off fastest is a theme throughout this strategy.

More information about health in Cambridgeshire is available at www.cambridgeshirejsna.org.uk

3.3 How do we currently spend public money on health and social care in Cambridgeshire?

This Health and Wellbeing Strategy is being developed at a time of significant public sector financial restraint. A key aim of this strategy is to support public sector organisations to work and commission together so that their combined resources can be used to best effect to achieve outcomes for Cambridgeshire residents.

During the financial year 2010/11, NHS Cambridgeshire spent £872 million on health services for Cambridgeshire patients. Nearly half of this spend was on hospital services including specialist services (£432m, 49%), followed by primary care (£192m, 22%) which

includes GP practice services and the drugs prescribed by GPs. A tenth of spend (£84m, 10%) was on community health services and another tenth (£83.5m,10%) on mental health and learning disability services.

The total adult social care budget for Cambridgeshire County Council for the financial year 2011/12 was £182 million. Of this, over two fifths (£78.8m, 43%) was for social care for older people aged 65+ and over a quarter (£49m, 28%) was for social care for people with learning disabilities.

The budget allocation for Cambridgeshire County Council Children and Young People's Services for 2011/12 was £133 million, excluding direct spend on schools. Nearly a quarter (£29.9m, 22%) was for looked after children, over a sixth (£22.9m, 17%) for other social care for children, including services for disabled children, and an eighth (£16.8m, 13%) was for locality teams, including children's centres and youth services, which provide preventive interventions for children, young people and their families.

In order to better understand how resources are currently used across different agencies and services to meet the needs of older people in Cambridgeshire, we carried out a JSNA Service and Financial Review, which gathered information

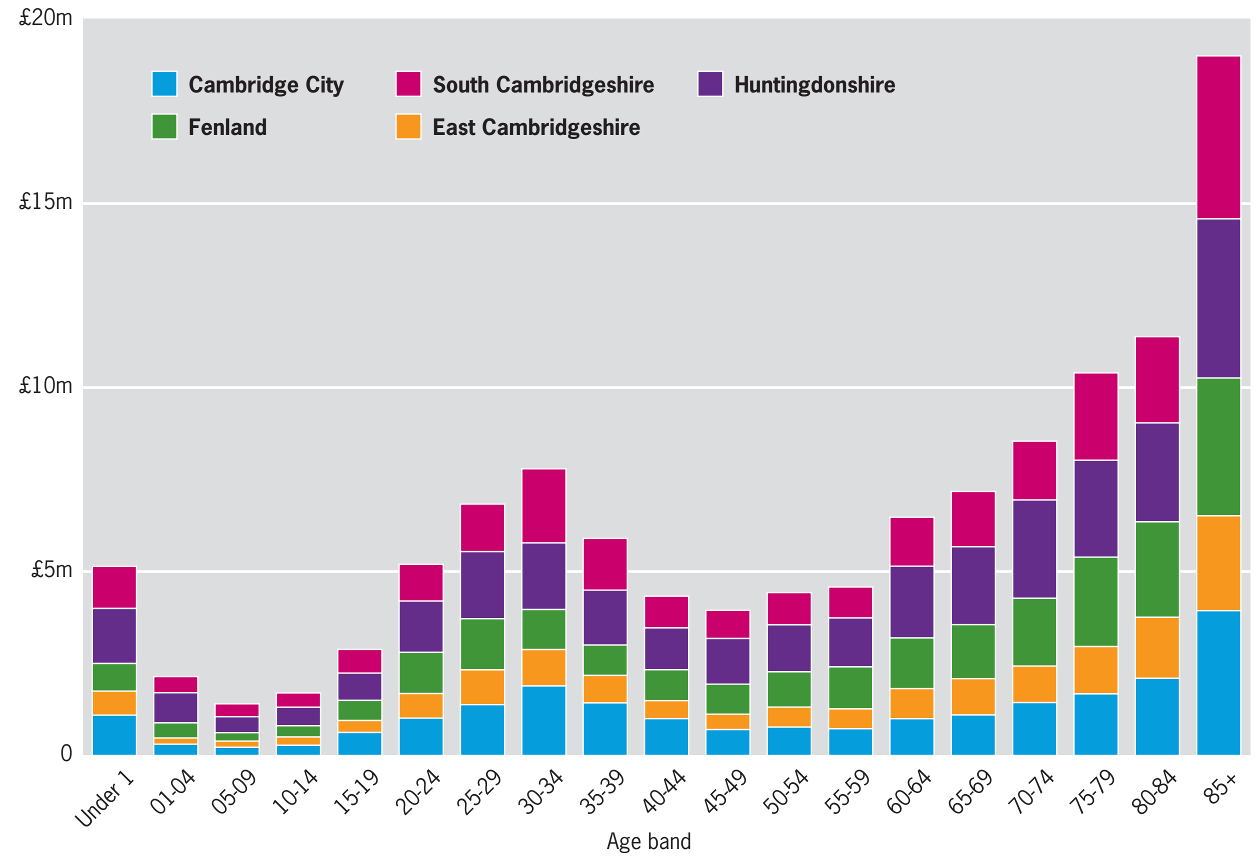

Figure 1: Unplanned (emergency) hospital admissions – total resource use by age group, 2010/11 (Note: PBR spend tariff only)

from NHS services, adult social care, district councils and the voluntary sector. This showed that nearly half (45%) of resources used for NHS hospital care were for people aged 65+, which is to be expected as people are more likely to develop health problems and long term conditions with increased age. Further analysis showed that while resources used for planned hospital admissions were highest for people aged 60-74, resources used for unplanned hospital admissions (see Figure 1) and for placements in nursing and residential home care were highest for the very oldest age groups. This analysis raises the question of whether the needs of our most elderly and frail residents would be better met by shifting resources into more responsive and integrated health and social care services, based within communities.

4 Our Approach to improve Health and Wellbeing in Cambridgeshire

4.1 Our principles

Stakeholders from health and social care organisations, County and District Councils and local voluntary organisations agreed a number of principles which helped us to decide on the five priorities we will focus on in the next three years, and will inform how we work together and develop actions to achieve these priorities. These principles are:

1. Reducing inequalities and improving the health of the worst off fastest

Whilst working to improve everyone's health, we will strive to reduce inequalities in healthy life expectancy between communities by improving the health of the worst off fastest.

2. Using evidence-based practice and responding to local information

We will use public health evidence and local information and views to make sure that we focus on significant health and wellbeing needs in Cambridgeshire to provide the best possible services and support, building on what works and stopping what isn't working.

3. Developing cost-effective solutions and improving efficiency

We will aim to use solutions which have the greatest impact for the most people, at the appropriate cost, taking account of the available resources and the constraints on public finances. We will try new approaches or ideas where there is a limited evidence base and support robust evaluation of services and programmes.

4. Focusing on prevention

Wherever possible we will take actions which support the prevention of poor health and wellbeing outcomes – this may be by encouraging healthy communities and lifestyles in general while respecting people's personal choices, or by supporting people with long term conditions, to prevent their health problems worsening.

5. Emphasising local action and responsibility

Different age groups and communities will have different needs for information, prevention of poor health, and health and social care for the most vulnerable. This strategy recognises the importance of using local solutions. We will encourage individuals and communities to take responsibility for making healthy choices and identifying the services they need, and to build on existing strengths and resources in the community including local voluntary organisations. We will offer our residents choice, control and encourage their participation.

6. Sustainability

We will ensure that our services are sustainable to protect our environment and resources, ensuring that changes are made which will create long term positive change, taking into account long term challenges

4.2 Our Model of Health and Wellbeing

Maintaining health and wellbeing is important for individuals to maximise their potential, enable them to lead active, fulfilled lives and participate fully in their local community. Physical and mental health are closely linked and both are important for wellbeing.

Figure 2 illustrates how lots of different aspects of our environment and community have a significant impact on our health and wellbeing and influence our behaviour. These include employment, education, housing, local community space or green areas, and transport. The health and behaviours of an individual are influenced more widely by the communities in which they live: their social networks, perception of safety and ability to contribute to the local neighbourhood. Our approach to health and wellbeing includes recognising that the best way to ensure participation, sustainability, and ownership of local initiatives is to work directly with local communities to enable them to develop local services and activities that are important to them and their community.

When people are experiencing problems with their health or with caring for themselves, we will work together to ensure that appropriate local health and social care services are available to support people when they are needed. We will aim to ensure that these are integrated, and focussed on the needs of the individual person.

Figure 2: Model of wider determinants of health & wellbeing

Source: Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE)

4.3 A Summary of our Priorities

The Health & Wellbeing Board and Network will focus on these five priorities to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular, within each of these priorities, we will work to improve the health of the worst off fastest, through greater improvements in more disadvantaged communities and marginalised groups.

1. Ensure a positive start to life for children.

This includes a particular focus on:

- Supporting positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Encouraging a multi-agency approach to identify children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children.
- Developing integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.
- Creating positive opportunities for young people to contribute to the community and raise their self-esteem.

2. Support older people to be safe, independent and well.

This includes a particular focus on:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.
- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care.
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

3. Encourage healthy lifestyles and behaviours in all actions and activities whilst respecting people's personal choices.

This includes a particular focus on:

- Increasing the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity.
- Reducing the numbers of people who smoke – by discouraging young people from starting and supporting existing smokers to quit.
- Promoting sexual health, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children.
- Ensuring that people with long term conditions receive appropriate healthy lifestyle support services.
- Increasing the engagement of individuals and communities in taking responsibility for their health and wellbeing.

4. Create a safe environment and helping to build strong communities, wellbeing and mental health.

This includes a particular focus on:

- Implementing early interventions and accessible and appropriate services for mental health.
- Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups.
- Minimising the negative impacts of alcohol, illegal drugs and associated anti-social behaviour on health and wellbeing.
- Reducing abuse and neglect – particularly domestic abuse.

5. Create a sustainable environment in which communities can flourish.

This includes a particular focus on:

- Encouraging and informing consideration of health needs associated with housing when strategies and plans are being developed and refreshed.
- Encouraging the use of green, open spaces and activities such as walking and cycling.
- Maintaining effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents.
- Building on the strengths of local communities, including the existing local voluntary sector, and promoting inclusion of marginalised groups and individuals.

5 Our proposed priorities – why we think they are important

5.1 Proposed priority 1

Ensure a positive start to life for children and families

The Joint Strategic Needs Assessment (JSNA) for Children & Young People provides an overview of key issues and needs for children and young people currently living in Cambridgeshire. We know that the first few years of life have a significant impact on the health and wellbeing of children for the rest of their lives. It is therefore vitally important that we help to support the early development of healthy behaviours and foster a supportive community for parents and families, to give children the best opportunities in life. An essential component of this is positive and supportive parenting. This is particularly important for parents experiencing poor physical or mental health or in poverty. There is now a range of effective ways to support parents – from low-cost interventions for all parents, through to intensive programmes to support those families most in need.

In Cambridgeshire, there are children growing up in poverty in every town and village. Despite the affluence of much of the population, there are pockets of real deprivation as well as disadvantaged families living within prosperous areas. Based on 2009 figures, 16,455 children (13.3% of the total) live in relative poverty (families whose income is at or below 60% of the national average) in Cambridgeshire[1]. This represents an increase which is 1,365 children from 12.5% in 2008. Children living in areas of deprivation are exposed to multiple social factors which adversely affect their health, educational attainment and life chances. Children from poorer families living in more prosperous areas are also at risk of poorer outcomes. National evidence shows that children growing up in poverty are two and a half times more likely to suffer chronic illness and almost four times more likely to suffer mental health problems[2].

Action to tackle poverty is a key strand within the Children's Trust programme and there are specific opportunities where the Health & Wellbeing Board and Network can encourage all partners to identify and reach families vulnerable to poverty or with high or complex needs. This includes both a concerted effort to identify children who are at risk of poverty or in challenging situations, tackling the challenges of worklessness, work poverty and poor housing, and working together to ensure these families can access effective, high-quality services and support. This also links closely to the importance of creating a safe and supportive environment (Proposed priority 4) and the positive effect on families of tackling drug and alcohol abuse and preventing abuse and neglect, particularly domestic abuse.

In Cambridgeshire, there are key inequalities in outcomes for children and young people, and these are demonstrated in a number of indicators, including attainment rates across all

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1 Cambridgeshire's Child Poverty Needs Assessment 2011. Available at: http://www.cambridgeshire.gov.uk/childrenandfamilies/providingchildrensservices/children/strategiesandplansforchildren/default.htm
2 D.Hirsch and N. Spencer (2008), Unhealthy Lives: intergenerational links between child poverty and poor health in the UK
3 JSNA Children & Young People. Available at: http://www.cambridgeshirejsna.org.uk/webfm_send/121

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key stages of education, rates of unhealthy weight, childhood deaths and injuries[3], and rates of young people becoming NEET (not in education, employment or training). Cambridgeshire is experiencing rapid demographic growth and in parts of the county numbers of children are rising rapidly. The number of children with Special Educational Needs is also rising. It is not only an economic necessity, but critical to the best outcomes for these children that education, health and social care services work together to assess, plan and support these children and their families.

Tackling youth unemployment is important if we are to grow the local economy, and increasing the participation of 16-18 year olds in education, work and training improves their life chances and makes a lasting difference. Around 5% of 16-18 year olds in Cambridgeshire are not in education, employment or training (NEET). For young people with learning difficulties and/or disabilities (LDD), this percentage rises to 8.4%. Tackling this problem also requires interventions during the school years to ensure all children achieve their potential.

Our focus will be to:

- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children;
- Encourage a multi-agency approach to identifying children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children;
- Developing integrated services across education, health and social care which focus on the needs of the child, in the community as well as for growing numbers of children with the most complex needs;
- Create positive opportunities for young people to contribute to the community and raise their self esteem.

5.2 Proposed priority 2

Support older people to be independent, safe and well

People in Cambridgeshire are living longer and the number of people over 65 is set to grow by approximately 44% in the next 10 years and 80% in the next 20 years. We know from the Joint Strategic Needs Assessment (JSNA) for Older People that most older people in Cambridgeshire are in good health, but over a lifetime can expect to spend longer in poor health and with disability then previous generations. The JSNA on Physical and Sensory Impairment and Long-Term Conditions also provides local information on a variety of long term conditions, a large proportion of which affect people over 65 years. Although 40% of older people do not have a long term condition such as diabetes, hypertension, coronary heart disease or asthma, many people live with a long term condition that limits their ability to cope with day to day activities. Recent JSNA work which analyses how different agencies use resources to meet the needs of our oldest residents is described in section 3.3. This indicates that resources may need to be used differently to provide more responsive and

integrated health and social care services, based in communities for our most elderly and frail residents.

We want to support older people in Cambridgeshire to live healthy lives, engaged and empowered to make decisions about their own health and wellbeing and play active roles within their local communities. In addition we want to continue providing services for older people that are effective, cost-effective and valued by service users and carers as the number of older people living in the county increases. This aim for the older population in Cambridgeshire drives two main themes:

- Prevention of ill health and promotion of good health (see Proposed priority 3);
- Reconfiguration and integration of services to support people to live in a community setting as long as possible, avoid admission to hospital, and return to a community setting after discharge from hospital.

We need to employ a whole system approach to prevention, early intervention and cost-effective services to enable any individual requiring help to stay independent for as long as possible. One particular example is the prevention of falls. In the very elderly

population (aged 85+), falls leading to hip fractures is the most common diagnosis for emergency admission to hospital. Compared to the East of England, Cambridgeshire has a higher number of falls amongst older people: around one third of people aged 65 and older, and one half of people aged 85 and older will fall once a year. For frail older people with health and social care needs, we aim to integrate services across organisations to focus on the needs of the individual, ensuring that we have strong community health and social care services, which minimise the need for long stays in hospital or other institutional care.

Local integrated services and support for older people with long term conditions, including mental health issues can also be improved. For example, to facilitate timely recognition and support for individuals with dementia which affects 20% of people over 85, and 5% over 65. In Cambridgeshire the number of people who have dementia is expected to double from 7,000 to 14,000 over the next 20 years.

Older people in Cambridgeshire are most concerned about income, transport and social inclusion, access to information on services and activities, housing and help in the home. Fewer than 30% of people felt that residents are given the support they need to live at home as long as they want[4]. The role of communities is important. 85% of older people do not access social care services and most care and support provided to older people is unpaid and informal. The number of older people experiencing difficulty in managing alone at least one domestic task (for example shopping, jobs involving climbing, floor-cleaning) is expected to almost double from 40,800 to 74,500 in the next 20 years. If current patterns of need and care are applied to the increasing numbers of older people, the provision of services will be unsustainable[5].

Older people make a valuable contribution to their local community. It is important that we capture contributions of older people and identify ways we can support, expand and utilise these assets in Cambridgeshire. This also links closely to ensuring a safe and accessible environment where older people can play an active role in community and local activities (linked to Proposed priorities 4 and 5).

Our focus will be:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.
- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care;
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

[4] JSNA Older People. Available at: http://cambridge.newcastlejsna.org.uk/webfm_send/143
[5] JSNA Older People. Available at: http://cambridge.newcastlejsna.org.uk/webfm_send/143

5.3 Proposed priority 3

Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices

There is good evidence of the links between lifestyle behaviours and health. Long term smoking causes a range of cancers and circulatory disease and reduces life expectancy by an average of ten years. Sedentary behaviour, poor diet and obesity are closely linked to the development of diabetes, heart disease, joint and back problems and depression. Use of alcohol above recommended limits leads to a range of longer term health problems including high blood pressure, liver disease and mental health issues, as well as often contributing to antisocial behaviour and crime in local communities.

We know from the Joint Strategic Needs Assessment (JSNA) on the Prevention of Ill Health in Adults of Working Age that a large number of people in Cambridgeshire have lifestyle factors which will adversely affect their health. Obesity both for children and adults, smoking rates, lack of physical activity and harm due to alcohol are all key areas where current levels are likely to have long term health consequences. In Cambridgeshire about 20% of local adults are smokers[6]: Fenland has the highest rates where 26.7% of the population is estimated to smoke. Nearly 30% of men drink more than the recommended limits, with the highest rates being found in Cambridge City and Fenland[7]. Estimates suggest that less than half of local adults eat more than five portions of fruit and vegetables per day and only 50% of men and 43% of women have high levels of physical activity[8].

Most of us know some of the everyday things we can do to improve our own health and life expectancy. Yet not everyone is able to make healthy decisions or adopt healthy behaviours. A number of factors can influence this from individual experiences to wider environmental factors which influence our behaviour such as the housing in which we live, transport that we can access, or community support we enjoy. These wider determinants of health are also closely linked to the gap in health between the rich and the poor. We know, for example, that as people become more affluent they are more likely to adopt healthy behaviours. Preventing ill health requires integrated approaches that bring together these wider determinants of health and how people choose to live their lives when healthy or when suffering from ill health.

There are a number of ways in which we can encourage individuals towards positive lifestyle change. Encouraging healthy lifestyles and behaviours in children can have a big impact, as it is likely that these habits and activities will last a lifetime. Childhood obesity and teenage smoking are considerable challenges that can be met by schools, health services, social care services, environment teams and local communities working closely together, encouraging peer support and leadership from children and young people themselves. We can also encourage and support older people to make healthy lifestyle choices, such as remaining physically active.

Raising awareness of risks and early signs of disease so that early treatment can be given, can help to improve both physical and mental health. For people who already have health problems, there are lifestyle changes which can

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6 Source: Integrated Household Survey (April 2011) (In JSNA Older People)
7 Source: NWPHO LAPE http://www.lape.org.uk/. (In JSNA Older People)
8 JSNA Prevention of Ill Health in Adults of Working Age. Available at: http://www.cambridgeshirejsna.org.uk/webfm_send/142

slow or halt the rate at which these problems worsen. We want to make sure that the way we provide treatment or care increases people's control over their own health and enables them to minimise the impact of ill health on their lives.

We can also do much to promote sexual health where there is a clear link with poverty and social exclusion. Teenage pregnancy remains a priority for action, associated with health inequalities and poor social, economic and health outcomes for both mother and child. Despite the fact that teenage pregnancy rates in Cambridgeshire remain below the national average, there is still room to reduce them and opportunities to better support teenage parents and their children.

Our focus will be to:

- Increase the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity;
- Reduce the numbers of people who smoke – by discouraging young people from starting, and supporting existing smokers to quit;
- Ensure that people with long term conditions receive appropriate healthy lifestyle support services;
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children;
- Increase the engagement of individuals and communities in taking responsibility for their health and wellbeing.

5.4 Proposed priority 4

Create a safe environment and help to build strong communities, wellbeing and mental health

As described in the Mental Health Joint Strategic Needs Assessment (JSNA), supporting good mental health and emotional wellbeing are fundamental to achieving good health, wellbeing and quality of life. Mental wellbeing impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. Mental health and physical health are strongly linked. Coping with a physical problem such as a long term condition can contribute significantly to mental health and wellbeing. Conversely, over two thirds of people with a persistent mental health problem also have a long-term physical complaint.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Travellers, migrant workers, prisoners, people with substance misuse problems and people with learning disabilities are at increased risk of mental ill health and may have difficulty accessing services and health promotion[9]. Migrant workers and black and minority ethnic communities are also vulnerable and may have barriers to accessing mental health services. Many of the risk factors for mental health and illness are linked to socio-economic circumstances. There is more work to be done in mapping areas of deprivation and ensuring that mental health service provision is targeted appropriately. We also know that chronically excluded homeless people often have poor outcomes, poor physical and mental health, and drug, alcohol and social problems[10]. Making the transition out of homelessness can be an intensely difficult process and their complex needs require well co-ordinated services and support from a variety of different organisations.

As well as stressing the importance of addressing wellbeing needs for the whole population, it is important to give attention to the wellbeing of people with serious mental health problems. Many interventions can have a positive impact throughout the spectrum of mental health and wellbeing needs. Interventions to increase individual, family and community resilience against mental health

problems include those which reduce inequalities, prevent violence, reduce homelessness, improve housing conditions, support debt management, and promote employment. A persistent theme from both the data trends and the community consultation is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a

[9] JSNA Mental health. Available at: http://cambridge.newcastlejsna.org.uk/webfm_send/58

[10] JSNA for people who are homelessness or at risk of becoming homeless. Available at: http://www.cambridgeshirejsna.org.uk/webfm_send/110

whole, the current economic climate has created some new areas of concern. Unemployment rates, benefits claims, and debt have increased in Cambridgeshire in recent years, all of which may impact on people's mental health and longer term physical health. There is early evidence of an increase in rising levels of poor mental health amongst vulnerable parents for example. There is also a particular concern with the availability and affordability of housing, increasing levels of fuel poverty, and changes to the benefits system.

There is evidence that strong social networks help to protect people against physical and mental health stressors. Actions to develop sustainable, cohesive and connected communities have an important role in promoting good mental health and wellbeing.

Therefore it is clear that part of maintaining resilience involves creating a safe environment for residents to participate in community activities and particularly for children to have safe places to play and access to positive activities[11]. Crime, particularly violent crime, is linked to mental health. They may have similar determinants such as drugs, alcohol and deprivation and victims of crime are more likely to suffer mental health problems such as depression. In addition to the impact alcohol can have on the health of an individual, alcohol misuse increases the risk of an individual becoming involved in crime, either as a victim or offender. Antisocial behaviour has also been identified as an area of concern for local communities and can force some individuals or communities to live in fear and social isolation. Tackling this involves understanding why people (especially young people) commit crime or act antisocially and engaging with communities to encourage social responsibility. There are many types of abuse or neglect, but domestic abuse continues to be a particular problem. 7,718 individual reports of domestic violence were made to the police in 2010/2011. Domestic violence is the most common form of violence in rural areas and is the most frequently reported reason for referrals to Children's services in Cambridgeshire.

Our focus will be to:

- Implement prevention, early interventions and accessible, appropriate services for mental health, particularly for people in deprived areas;
- Reduce homelessness and address the effect of changes in housing benefit on vulnerable groups;
- Minimise the negative impacts of alcohol and illegal drugs and associated anti-social behaviour on health and wellbeing;
- Reduce abuse and neglect – particularly domestic abuse.

[11] The Big Plan 2: www.thebigplan2.co.uk

5.5 Proposed priority 5

Create a sustainable environment in which communities can flourish

It is recognised that transport, green spaces and the built environment play a key role in determining our health and wellbeing. The importance of the wider local economy, and the health benefits to individuals of being in employment are also well known. The New Communities Joint Strategic Needs Assessment (JSNA) describes how that quality of our communities' health and wellbeing is linked to the quality of their environment. For example:

- Good quality, affordable and accessible housing is important to people's health and wellbeing including housing adapted to meet the needs of people as they age or when they develop a disability;
- Exposure to green spaces is good for health, can improve mental wellbeing and may stimulate more social contact;
- Transport planning can enhance health by promoting active transport (such as cycling and walking), reducing road traffic accidents, facilitating social interaction, and improving access to green spaces, fresh food and other amenities and services that promote health and wellbeing;
- Building structures and transport systems that reduce or minimise air and noise pollution have clear health benefits in terms of respiratory illness and stress related conditions;
- It is critical to provide good community facilities for young families moving into new communities with lots of open play space, as this minimises the chances of isolation and depression.
- The provision of safe, continuous cycling and walking networks can also help to improve

quality of life and wellbeing of vulnerable groups in the community such as young people and help them to access key services such as health care, leisure and recreational facilities.

We will continue to work with District Councils and with housing providers including registered social landlords to consider the short and long term impacts of housing on the physical and mental health and wellbeing of residents. We will ensure that health and wellbeing is an integral part of our planning process for new communities or new environmental spaces, considering the benefits: of lifetime homes so that people are not excluded by design when they become older or frailer; of ensuring access to green spaces; and of support to develop community networks at an early stage.

Ability to access transport, particularly in rural areas, can affect access to health services, local amenities and green spaces and may also affect people's ability to access their social networks, which are important for maintaining mental and physical health. Nearly one in five of Cambridgeshire's population do not have access to a car or van. The County Council's Local Transport Plan sets out the vision that no one in the county is unable to access the services and facilities they need to participate in community life, take advantage of life choices and to lead a healthy lifestyle because they do not have access to a car. The Health and Wellbeing Board and Network recognises that partners need to work together to ensure services are provided in such a way that transport is not considered a barrier to accessing them.

We recognise that new communities do not develop in isolation from existing communities and the character of new communities is determined by much more than the physical infrastructure. Community development approaches enable those in similar need to work together to seek changes and solutions in their environment as part of a bottom up rather than top down approach to improvement. Sharing community resources and supporting systems that promote mutual support are crucial in developing this social capital. Stronger community networks play an essential role in supporting vulnerable families and individuals. Good communications using existing networks and routes are central in promoting this type of community-based prevention.

Our focus will be to:

- Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term;
- Promote the use of green, open spaces and activities such as walking and cycling;
- Maintain effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents;
- Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.

6 Working Together

In many ways, these five priorities are not new. Health and social care organisations have been striving to achieve these changes for a long time. What is new, is the ambition of the Health and Wellbeing Board and Network to tackle some of these priorities through organisations working together in new ways or with fresh approaches. It is important that we continue to challenge our ways of working and understand whether we are using the right approach and how we can more effectively link together.

Joined up commissioning

To improve health and wellbeing and improve the health of the worst off fastest we will need to think about the whole picture and how we can shape the services and support we provide to meet the needs of different communities.

The County Council and local NHS will aim to work closely with our partners in District Councils and Local Health Partnerships, the Police Service and Criminal Justice System, the Voluntary sector and local community groups.

When considering commissioning of services from the community sector, where possible we will enter into joint funding arrangements with those statutory agencies already providing funding to add value and avoid duplication of monitoring and reporting.

Using resources differently

This strategy is being developed during a period of public sector resource constraint. To make a difference we will need to change the way we use resources and re-think how we commission and deliver services across health and social care and other relevant services, in order to achieve better outcomes and effectively meet increasing levels of need. We aim to find new ways of working with aligned or shared budgets and using our combined resources more effectively together, to get best value across the local public sector.

Local and collaborative effort

We will continue to engage and involve all partners and the local community in decision-making and strive for open, honest conversations. We aim to maximise effective health networks across Cambridgeshire to ensure effective communication.

7 Strategies related to Health & Wellbeing in Cambridgeshire

This is a list of strategies and plans in Cambridgeshire that impact on health and wellbeing. They have all contributed to the development of this strategy and will inform the actions we will take to deliver the strategy. We are aware that we may have missed some strategies from this list. Please do let us know of any other strategies that should be included.

County-wide strategies

- Cambridgeshire County Council Integrated Plan (Strategic Framework)
- NHS Cambridgeshire: A Strategic Plan for Cambridgeshire
- Cambridgeshire Policing Plan
- Shaping our Future – Adult Social Care Strategy
- Transformation Strategic Plans
- Prevention & Early Intervention Strategic Plan
- Universal Information & Advice
- Participation
- Promoting Direct Payments
- Quality Assurance Framework (Draft)
- Workforce Development Strategy
- Quality for Adults Programme (Project Trinity)
- Re-ablement
- Commissioning Strategies
- Joint Commissioning Strategy for Older Peoples Mental Health Services
- Physical Disability & Sensory Service
- Learning Disability Strategic Plan
- Older People
- Community Engagement Programme
- Adult Safeguarding Strategy
- Assistive Technology Strategy
- Carer's Strategy
- Extra Care Strategy
- Supporting People Commissioning Strategy
- Looked After Children placements Strategy: 'Keeping families together'
- Child Poverty Strategy: Breaking the Cycle
- Narrowing the Gap: Cambridgeshire's Strategy to raise the attainment of vulnerable groups
- Early Years Strategy
- Special Educational Need and Disability Strategy
- Child and Adolescent Mental Health Strategy
- Shaping Places, Shaping Services – Cambridgeshire County Council's approach to community engagement
- 21st Century Library Vision & Programme
- Cambridgeshire Alcohol Harm Prevention Strategy
- Cambridgeshire Obesity Prevention & Management Strategy 2008-2011
- Cambridgeshire County Council Road Safety Strategy (revised 2011)
- Cambridgeshire Green Infrastructure Strategy 2011
- Cambridgeshire Domestic Abuse and Sexual Violence Strategy 2012-2015
- Cambridgeshire Tobacco Control Alliance Action Plan 2010 – 2011
- Cambridgeshire Gypsy & Traveller Strategy
- Health Inequalities Strategy Plan
- NHS Cambridgeshire Mental Health Promotion Strategic Action Plan
- NHS Cambridgeshire Sexual Health Strategy

District-level strategies

- Cambridge City and South Cambridgeshire Improving Health Plan 2008-2011
- Cambridge City Home Energy Strategy & Cambridge City Affordable Warmth Policy
- Cambridge City Housing Strategies
- Cambridge City Open Space and Recreation Strategy
- Cambridge Sustainable Community Strategy 2011-2014
- East Cambridgeshire Community Safety Strategy Plan 2011-2014
- East Cambridgeshire Homelessness Strategy 2008-2011 (under review)
- East Cambridgeshire Housing Strategy 2008-10 (under review)
- Parks & Green Spaces Strategy 2006 (Refresh due Sept 2012)
- Fenland Strategic Partnership – Priority Areas for Action.
- Fenland Active Leisure Strategy 2010 (refresh due by Sept 2012)
- Fenland Sports Facilities demand analysis 2010
- Fenland Community Safety Partnership Action Plan 2012-13
- Fenland Homelessness Strategy Action Plan 2011-14
- Fenland Housing Strategy 2009-12
- Fenland Community Cohesion Action Plan 2011-14
- Huntingdonshire Community Safety Plan 2008-2011 (2012 update in draft)
- Sports Facilities Strategy for Huntingdonshire 2009 – 2014
- Huntingdonshire Housing Strategy 2006-11
- Huntingdonshire Local Economy Strategy (Medium Term Plan 2008-15) (update draft by June 2012)
- South Cambridgeshire Community Safety Plan 2012 (in draft)
- South Cambridgeshire Housing Strategy 2012-2016
- South Cambridgeshire Corporate Plan 2012-2013
- South Cambridgeshire community Transport Strategy 2010-2012
- South Cambridgeshire Empty Homes Strategy 2012-2016
- South Cambridgeshire Safeguarding Children Policy 2009
- South Cambridgeshire Safeguarding Vulnerable Adults Policy

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8 A summary of the consultation questions

An 8-page Consultation questionnaire can be found as an appendix to this document. This is a summary of the key 5 questions:

Question 1

Looking at the strategy overall, how far do you feel that the vision set out is appropriate for Cambridgeshire?

Do you have anything further you would like to add? For example, ways in which it could be better adapted to suit the county?

Question 2

Considering the five proposed priority areas how far do you agree that each is an appropriate priority for health and wellbeing in Cambridgeshire

Question 3

For each proposed priority area, have we identified the correct priorities for Cambridgeshire?

Is there anything else you would like to add?

Question 4

What would you consider to be key markers of achievement in meeting the health and wellbeing priorities for your community?

Question 5

Do you have anything further you would like to add with regards to this Strategy?

The Public Consultation will begin on 18th June. Please tell us your views by 17th September 2012.

You can do this either by filling in a printed questionnaire and sending it to us at the FREEPOST address in the box below, or submitting your views using the online questionnaire which you can find on our webpage: http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm

If you would like a copy of this document in easy read format, in Braille, large print, in other languages or on audio cassette please contact us by calling **01223 703240**, or by email **hwbconsultation@cambridgeshire.gov.uk**, or by post to **Box CC1318, Cambridgeshire County Council, FREEPOST CB176, Cambridge CB3 0BR**

All information you provide will be treated in confidence and not shared with any third parties.

NHS Cambridgeshire

Cambridgeshire County Council

a consultation on the

Draft Cambridgeshire Health & Wellbeing Strategy **2012–17**

Appendix: Consultation questionnaire

Please fill in this questionnaire to tell us your views on the priorities we have outlined in the Draft Cambridgeshire Health & Wellbeing Strategy by 17th September 2012.

You can do this either by filling in this printed questionnaire and sending it to us at Box CC1318, Cambridgeshire County Council, FREEPOST CB176, Cambridge CB3 0BR or submitting your views using the online questionnaire which you can find on our webpage: http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm

Consultation questions

Good health and wellbeing is fundamental to enable us to live an active and fulfilled life and play a role in our local communities. In Cambridgeshire, we are fortunate to live in a part of the country where the health of the local people is generally better than the England average. Whilst this is encouraging, it only paints part of the wider picture. We also know that some local people experience significant disadvantage and inequalities in health and well-being.

With this in mind, we have produced a draft Health & Wellbeing Strategy for consultation which identifies the priority issues we believe are important for local people and outlines how we will work together effectively to tackle them.

We are keen to get your views on the strategy to help improve our services, and would be grateful if you could spare a few minutes to complete this short questionnaire. Your insight and opinions are important and will help us to ensure that we are providing the most useful information and support to the people that need it.

The consultation will begin on the 18th June. Please take some time to fill in this questionnaire by **17th September 2012**.

You can find a copy of the Draft Cambridgeshire Health & Wellbeing Strategy on our webpage and fill in the questionnaire online: http://www.cambridgeshire.gov.uk/council/partnerships/Health%20and%20Wellbeing%20Board.htm

If you prefer to send us a paper copy you can either print this questionnaire to fill in or request a copy of the questionnaire using the contact details below.

If you would like a copy of the strategy or this document in easy read format, in Braille, large print, in other languages or on audio cassette please contact us:

Tel: **01223 703240**

E-mail: **hwbconsultation@cambridgeshire.gov.uk**

Address: **Box CC1318**
Cambridgeshire County Council
Freepost CB176
Cambridge
CB3 0BR

All information you provide will be treated in confidence and not shared with any third parties.

Your thoughts on the overall strategy

Q1a Are you completing this questionnaire as an individual or on behalf of a group?

☐ Individual ☐ Group

Q1b Which of the following best describes your involvement in your local community?

☐ Member of the public
☐ Councillor
☐ County Council officer
☐ District Council officer
☐ NHS: Commissioner
☐ NHS: Provider
☐ Health Protection Agency
☐ Other Public Sector organisation
☐ Business organisation
☐ Voluntary/ Third Sector
☐ Service Provider
☐ University
☐ Other, please state:

Q2a Looking at the strategy overall, how far do you feel that the vision set out is appropriate for Cambridgeshire?

- ☐ Very appropriate
- ☐ Appropriate
- ☐ Neither appropriate or inappropriate
- ☐ Inappropriate
- ☐ Very inappropriate

Q2b Do you have anything further you would like to add? For example, ways in which it could be better adapted to suit the county?

Your thoughts on our proposed priorities

Five proposed priorities have been developed within the Cambridgeshire Health and Wellbeing Strategy. For a summary of these please see pages 10-11.

Q3 Considering these five proposed priorities, how far do you agree that each is an appropriate priority for health and wellbeing in Cambridgeshire?

	Very appropriate	Appropriate	Neither appropriate nor inappropriate	Inappropriate	Very inappropriate	Don't know / Undecided
Proposed priority 1: Ensure a positive start to life for children	☐	☐	☐	☐	☐	☐
Proposed priority 2: Support older people to be safe, independent and well	☐	☐	☐	☐	☐	☐
Proposed priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices	☐	☐	☐	☐	☐	☐
Proposed priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health	☐	☐	☐	☐	☐	☐
Proposed priority 5: Create a sustainable environment in which communities can flourish	☐	☐	☐	☐	☐	☐

What should we focus on?

Proposed priority 1

Ensure a positive start to life for children

Our focus areas are:

- Supporting positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Encouraging a multi-agency approach to identifying children in poverty, with complex needs or with parents who are experiencing physical or mental health problems and taking appropriate action to support families and children.
- Developing integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.
- Creating positive opportunities for young people to contribute to the local economy and community and raise their self-esteem.

Q4a Have we identified the correct areas to focus on for Cambridgeshire within this theme?

☐ Yes ☐ No

Is there anything else you would like to add about this?

Proposed priority 2

Support older people to be safe, independent and well

Our focus areas are:

- Preventative interventions which reduce unnecessary hospital admissions for people with long term conditions and improve outcomes e.g. through falls prevention, stroke and cardiac rehabilitation.
- Integrating services for frail older people and ensuring that we have strong community health and care services tailored to the individual needs of older people, which minimise the need for long stays in hospitals, care homes or other institutional care.
- Timely diagnosis and inter-agency services for the care and support of older people with dementia and their carers.

Q4b Have we identified the correct areas to focus on for Cambridgeshire within this theme?

☐ Yes ☐ No

Is there anything else you would like to add about this?

Proposed priority 3

Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices

Our focus areas are:

- Increasing the number of adults and children with a healthy weight, using a range of interventions to encourage healthy eating and physical activity.
- Reducing the numbers of people who smoke – by discouraging young people from starting and supporting existing smokers to quit.
- Promoting sexual health for teenagers, reducing teenage pregnancy rates and improving outcomes for teenage parents and their children.
- Ensuring that people with long term conditions receive appropriate healthy lifestyle support services.
- Increasing the engagement of individuals and communities in taking responsibility for their health and wellbeing.

Q4c Have we identified the correct areas to focus on for Cambridgeshire within this theme?

☐ Yes ☐ No

Is there anything else you would like to add about this?

Proposed priority 4

Create a safe environment and help to build community resilience, wellbeing and mental health

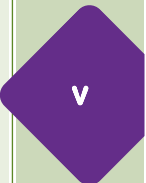
Our focus areas are:

- Implementing early interventions and accessible and appropriate services for mental health.
- Reducing homelessness and addressing the effect of changes in housing benefit on vulnerable groups.
- Minimising the negative impacts of alcohol, illegal drugs and associated anti-social behaviour, on health and wellbeing.
- Reducing abuse and neglect – particularly domestic abuse.

Q4d Have we identified the correct areas to focus on for Cambridgeshire within this theme?

☐ Yes ☐ No

Is there anything else you would like to add about this?



Proposed priority 5

Proposed priority 5: Create a sustainable environment in which communities can flourish

Our focus areas are:

- Encouraging and informing consideration of health needs associated with housing when strategies and plans are being developed and refreshed.
- Encouraging the use of green, open spaces and of activities such as walking and cycling.
- Maintaining effective public transport and transport networks which ensure access to services and activities and reduce road traffic accidents.
- Building on the strengths of local communities, including the existing local voluntary sector, and promoting inclusion of marginalised groups and individuals.

Q4e Have we identified the correct areas to focus on for Cambridgeshire within this theme?

☐ Yes ☐ No

Is there anything else you would like to add about this?

Looking forward

In tackling the health and wellbeing priorities outlined, it is important that we continue to challenge our ways of working, identify if we are using the right approach and explore how we can work more effectively. Your continued engagement is important to us.

Q5 What would you consider to be key markers of achievement in meeting the health and wellbeing priorities for your community?

Q6 Do you have anything further you would like to add with regards to this Strategy?

About you

Finally, it would be helpful if you could answer a few questions about yourself.

Completion of these questions is however entirely optional.

Q7 What is your age?

- ☐ Under 16
- ☐ 16 to 24
- ☐ 25 to 44
- ☐ 45 to 64
- ☐ 65+
- ☐ Prefer not to say

Q8 Are you male or female?

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Q9 How would you describe your ethnicity?

- ☐ White – British
- ☐ White – Irish
- ☐ Any Other White background
- ☐ Mixed – White and Black Caribbean
- ☐ Mixed – White and Black African
- ☐ Mixed – White and Asian
- ☐ Any Other Mixed background
- ☐ Asian or Asian British – Indian
- ☐ Asian or Asian British – Pakistani
- ☐ Asian or Asian British – Bangladeshi
- ☐ Any Other Asian backgound
- ☐ Black or British Black – Caribbean
- ☐ Black or British Black – African
- ☐ Any Other African background
- ☐ Chinese
- ☐ Gypsy/Roma/Traveller
- ☐ Other
- ☐ Prefer not to say

Q10 Please enter your postcode if you are a UK resident.

This enables us to ensure we are reaching all areas of the County with this consultation. It will not be used to identify you in any way.

Q11 Do you have any of the following long-standing conditions?

- ☐ Blindness or partially sighted
- ☐ Deafness or severe hearing impairment
- ☐ Mobility difficulties
- ☐ Cognitive or learning disabilities
- ☐ A long-standing physical condition
- ☐ A mental health condition
- ☐ A long-standing illness such as cancer, diabetes or epilepsy
- ☐ No, I do not have a long-standing condition
- ☐ Prefer not to say

Q12 Which of these best describes what you are doing at present?

- ☐ Employee in full time job (30 hours plus per week)
- ☐ Employee in part-time job (under 30 hours per week)
- ☐ Self employed (full or part-time)
- ☐ Full-time education at college or university
- ☐ Unemployed and available for work
- ☐ Permanently sick / disabled
- ☐ Retired
- ☐ Looking after the home
- ☐ Other (please specify below)

Thank you for taking part in the Cambridgeshire Health and Wellbeing Strategy Consultation. Your feedback will be invaluable in shaping the final strategy for the county.

NHS

NHS Cambridgeshire and NHS Peterborough
working in partnership

Extract from report prepared for the Cambridgeshire Overview and Scrutiny Committee Meeting on 29th May 2012 by Dr Sushil Jathanna, Chief Executive, Cambridgeshire and Peterborough Cluster Primary Care Trust.

3.5 Clinical Commissioning – Areas of Focus for 2012-13

For the current financial year whilst in shadow form, the CCG will play a key role in taking forward as relevant the Cluster PCT Integrated Plan. Through the initiatives set out in the Integrated Plan, clinical commissioners are seeking primarily an improvement to service quality whilst improving cost effectiveness. The initiatives selected for implementation in 2012-13 are designed to address the following:

a) **Improving quality of life for those who are at their most vulnerable**
For example, there is a strong focus on the welfare of vulnerable people, especially the frail elderly and there is a wide range of initiatives from significant strategic transformation in partnership with Local Authority partners and with service providers through to more localised initiatives designed to reduce unnecessary admission to hospital.

b) **Encouraging more positive and healthier lifestyle choices and behaviours**
For example, providing support to encourage smoking cessation and reduction in harm through alcohol abuse.

c) **Improving access to services and streamlining the patient's clinical journey**
There are several initiatives which aim to simplify the patient's clinical journey and to make it easier for the patient to access services, for example, one stop shop services which avoid the need for patients to make multiple hospital attendances, where clinically appropriate. The process of simplification also has a by-product of reducing cost.

d) **Making a shift of care to a more clinically appropriate setting**
Some initiatives seek to shift care from an acute hospital setting to one which is deemed to be more clinically appropriate in a community based clinical setting and at reduced cost, for example, the roll out of a county-wide community-based dermatology service in partnership with secondary care clinicians.

There is also a clear commitment to implementing national and regional planning priorities which comprise:

Figure 3: National and regional planning priorities

Dementia and Care of Older People	Health Visitors and Family Nurse Partnerships
Carers	NHS Innovation Review
Military and Veterans' Health	SHA Cluster Ambitions for Quality Improvement: a) Eliminating avoidable pressure ulcers b) Making every patient contact count c) Improve quality and safety in Primary Care d) NHS / Local Government partnership e) Patient and Customer experience revolution

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Cambridge City Council **Item**

To:	Executive Councillor for Community Development and Health: Councillor Mike Pitt
Report by:	JAS LALLY
Relevant scrutiny committee:	Community Services Scrutiny Committee 28/6/2012
Wards affected:	All Wards

DEVELOPING A LOCAL HEALTH PARTNERSHIP FOR CAMBRIDGE AND CONTRIBUTING TO THE CAMBRIDGESHIRE HEALTH AND WELL-BEING STRATEGY

Not a Key Decision

1. Executive summary

1.1 Members of Community Services Scrutiny Committee were provided on 12 January 2012 with a paper outlining the developing Cambridgeshire Shadow Health and Wellbeing Board, other local commissioning arrangements and the emerging Cambridge Local Health Partnership. These were being put in place in response to the Health and Social Care Act 2012 ("the Act") and form a part of the wider reforms to the NHS.

1.2 This report shows the progress with the establishment of these local bodies and sets out some of the Council's own contributions to improving health in Cambridge. It also highlights the consultation about the draft Health and Wellbeing Strategy for Cambridgeshire, prepared by Cambridgeshire's Shadow Health and Wellbeing Board, which will guide local commissioning decisions in the future, and invites members to consider what the priorities for Cambridge should be, taking into account the evidence provided by the Joint Strategic Needs Assessment, and to support the preparation of the Council's own response, informed by the views of the Cambridge Local Health Partnership and others.

2. Recommendations

The Executive Councillor is recommended:

2.1 To note the findings of the JSNA, Phase 6, Summary Report 2012 (3.6).

2.2 To agree to prepare and return a Council response to the draft Health and Wellbeing Strategy, during its consultation period, and for the Executive Councillor to sign this off, after consultation with the opposition spokesperson (3.10).

2.3 To agree a terms of reference to guide the Cambridge Local Health Partnership (3.15).

3. Background

Cambridgeshire's Shadow Health and Wellbeing Board

3.1 Cambridgeshire's Shadow Health and Wellbeing Board ("the Shadow Board") met for the first time on 14 October 2011 and since met a further three times. The target date for the Shadow Board to become a statutory body is 1 April 2013. The Shadow Board will:

- Prepare a Joint Health and Wellbeing Strategy for Cambridgeshire based an "enriched" and "inclusive" **Joint Strategic Needs Assessment** (JSNA) of the wider health and wellbeing needs of the people of Cambridgeshire
- Promote joint commissioning and integrated provision between health, public health and social care
- Consider local Clinical Commissioning Groups commissioning plans and ensure they are in line with the Joint Health and Wellbeing Strategy
- Carry out a duty to involve users and the public in commissioning decisions

Commissioning Groups and Commissioning Plans

3.2 At about the same time as the Shadow Board was being set up a Commissioning Senate of GPs was established for Cambridgeshire. Since then a shadow Clinical Commissioning Group (CCG) has been established across both Cambridgeshire and Peterborough. This is a sub-committee of the Cambridgeshire and Peterborough Cluster PCT Board. It has assumed delegated responsibility for leading the

commissioning of the majority of NHS services and it will take decisions that cannot be taken appropriately at locality commissioning level. The Cluster PCT Board retains oversight of commissioning and statutory accountability until April 2013 when the statutory function should transfer to the CCG. Every GP practice will have to be a member of a CCG.

3.3 Local Commissioning Groups (LCGs) are smaller groups of GP practices with a focus on more local issues than the CCG. There will be 8 LCGs within the Cambridgeshire and Peterborough CCG. CATCH is the largest LCG and covers parts of Cambridge and South Cambridgeshire. It comprises of 28 practices with a patient population of 217,783. The other LCG that covers parts of Cambridge City (including practices in the north and north east) is Cam Health, which comprises of 9 practices with a patient population of 83,215.

3.4 A briefing was held a few months ago about the emerging Local Commissioning Plans of the LCGs covering Cambridge and their local priorities. Since then, Local Commissioning Group plans have been substantially refined and reviewed. Further briefings are being arranged in order to ensure that there is a good degree of understanding of the development of clinical commissioning. Where relevant, the LCG plans complement and echo the priorities in the draft Health and Wellbeing Strategy and will be informed by the needs outlined in the Joint Strategic Needs Assessment, together with other locally identified priorities.

Joint Strategic Needs Assessment

3.5 The Shadow Health and Wellbeing Board has already discussed the Cambridgeshire JSNA work to date, which identifies the following issues for Cambridgeshire:

- Focussing on a positive start in life for children
- Planning for the significant forecast growth in the number of older people
- Recognising the major impact on health of common lifestyle behaviours
- Promoting individual and community resilience and mental health, including mitigating the effects of economic downturn
- Addressing inequalities, and the health needs of marginalised or vulnerable groups in the county.

3.6 For Cambridge the JSNA, Phase 6 Summary Report 2012, finds the health of the Cambridge population to be generally similar to, or better than the England average. This Summary Report is attached as

Appendix 1. The views of members are sought on whether the following issues, identified in the JSNA, are important for Cambridge:

- Local inequalities in health,
- Mental health needs,
- Homeless people and maintaining a focus on prevention,
- Alcohol related harm,
- Smoking,
- Lack of physical activity and obesity.

3.7 NHS Cambridgeshire Public Health Information Team provided a more specific briefing about demographic information and health priorities for Cambridge for the seminar held on Dec 11th 2011 (see 3.13). The briefing draws from data in the JSNA and also the district profile produced by the Department of Health. (An updated district profile is due to be published by DH on 26 June 2012). To a large extent this paper reflects the issues identified in 3.6 above. Other points that it draws out for Cambridge are:

- Cambridge City has the highest concentration of the working age population (16-64 years) at 73% of its total population compared to 65% on average in Cambridgeshire
- There is a noticeably higher proportion of people aged 15-34 years due to the large student population
- In terms of ethnicity, Cambridge City is the most diverse district in Cambridgeshire with 7.2% of people in the 'Other White' group compared with 4.2% in Cambridgeshire and 3.1% in the 'Chinese or Other Ethnic group' compared with 1.1% in Cambridgeshire
- While life expectancy for men and women in Cambridge has improved, the rate of increase has not been as that seen in either England or in Cambridgeshire as a whole. Reasons for this are being explored by examining the mortality experience of both men and women in more detail but to date, reasons for this remain unclear.
- In terms of income deprivation affecting children, Cambridge is the most deprived district in Cambridgeshire and is in the second most deprived quintile nationally. In 8 wards in Abbey, East Chesterton and Kings Hedges, more than 40% of children aged 0-15 years live in families in receipt of benefits.

Consultation about a draft Health and Wellbeing Strategy for Cambridgeshire

3.8 The timeline for the production of Health and Wellbeing Strategy for Cambridgeshire has been agreed. It involves:

- The finalisation of the JSNA Phase 6 Summary Report – this was approved at the Shadow Board meeting on 11 April 2012
- A planned stakeholder event later in May to discuss priorities with Local Health Partnerships and the wider Health and Wellbeing Network – this took place on 2 May 2012
- A draft Joint Health and Wellbeing Strategy approved for consultation at a special meeting of the Shadow Board on 18 June – this should be released on 18 June
- A 90 day public consultation period for the Strategy, running from 18 June to 17 September 2012
- The final approval of the final Strategy at the October Shadow Board meeting.

3.9 At the time of writing this report the consultation draft of the Joint Health and Wellbeing Strategy is not available. Its framework is expected to set out the purpose of the strategy – to allow readers to make an informed comment on the proposed themes and priorities for the final strategy – what it is thought that the needs of people in Cambridgeshire presently are and how new ways of working could lead to the outcomes that are sought – the improvement in health of Cambridgeshire's population. As the release date of the draft is the same day as the publication of the Community Services agenda, members of the committee will receive a copy of the document with their agenda.

Making our response

3.10 It will be important that the Council and its local partners and others with a stake in the health and wellbeing of the population – probably all sections of the population - contribute their views about the evidence presented and the priorities selected, based on their knowledge of the different communities in Cambridge. The document is important because it will provide guidance for local commissioning decisions. The main duty to consult, however, rests with the Shadow Health and Wellbeing Board.

3.11 The Council provides a range of services that contribute to improving the health of local people. Highlighting our services to commissioners is a key task as our work with vulnerable communities, especially those living on low incomes, is often preventative and "upstream" and

can be lost when there is an emphasis on acute and reactive care. Some of our contributing services are shown in **Appendix 2**. The Council has the opportunity to shape the document through the Cambridge Local Health Partnership.

Cambridge Local Health Partnership

3.12 The Shadow Board sees itself as a being the centre of a wider network of local stakeholder "hubs" across Cambridgeshire. These "hubs" will be the **Local Health Partnerships**, which will build on the former local Improving Health Partnerships and be based on each of the five district council boundaries.

3.13 The Council arranged a seminar at the end of last year to bring our services to the attention of Local GP Commissioning Groups, to raise awareness of what we contribute towards improving health and to gain a shared understanding of how we could forge a new Local Health Partnership for Cambridge. The good news was that local GP's recognised the contribution our services make to improving the health of the local population and wanted to work closely with us. There was a stated preference at the seminar to form a reasonably small Local Health Partnership that could focus on a few local priorities, where it could make a difference.

3.14 Informal meetings have taken place (23 January 2012 and 11 June), involving representatives form the local GP Commissioning Groups, Public Health, the local community and voluntary sector and the Council to discuss how the Cambridge Health Partnership should be constituted, what its purpose should be, who should be involved and what might form the basis of its early work.

3.15 Draft terms of reference for the partnership have been produced and these are presented in **Appendix 3**. The Cambridge Local Health Partnership has yet to hold a formal meeting. It is likely that the first meeting will involve exploring the priorities in the Local Commissioning Groups' Commissioning Plans and start to identify where joint action could be taken across Council services and with others to bring about improvements. The intention is to set up a small number of task and finish groups to progress some very focused actions and to oversee the delivery of projects that utilise existing services, perhaps delivered in a different way.

3.16 It is expected that the Cambridge Local Health Partnership will provide a joint view about the public health priorities for Cambridge, in response to the draft Health and Wellbeing Strategy provided for consultation. This will be incorporated into the Council's response.

4. Implications

(a) **Financial Implications**
The Health and Wellbeing Strategy will help guide the commissioning of local health and social care services, including those improving public health. The Council has the opportunity through the Local Health Partnership to work more collaboratively and in focused way to achieve better outcomes.

(b) **Staffing Implications** (if not covered in Consultations Section)
No staffing implications.

(c) **Equal Opportunities Implications**
The Council can, as part of its response to the draft Health and Wellbeing Strategy, draw attention to the needs of vulnerable groups of people living in Cambridge. Cambridgeshire County Council, as the lead body, will have the duty to prepare an Equality Impact Assessment.

(d) **Environmental Implications**
It is likely that the bodies delivering services, initially, will be using the same assets, perhaps deployed in different ways.

- Nil: to indicate that the proposal has no climate change impact.

(e) **Consultation**
The Council will be looking to encourage the groups it has contact with to respond to the consultation about the draft Health and Wellbeing Strategy.

(f) Community Safety
Some of the priority areas in the draft strategy are likely to be centred on preventing violence within family settings, especially harm to children. The Cambridge Community Safety Partnership will be invited to contribute towards the Council's response to the consultation draft of the Health and Wellbeing Strategy and to link to the new partnership.

5. Background papers

These background papers were used in the preparation of this report:

Reports to the Shadow Cambridgeshire Health and Wellbeing Board can be found here:
http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Committee.aspx?committeeID=55
The Cambridgeshire JSNA reports can be found here:
www.cambridgeshirejsna.org.uk
National Health profiles for Cambridgeshire Districts can be found here:
http://www.cambridgeshirejsna.org.uk/other-assessments/cambshealthprofiles
and Cambridgeshire County Council's District reports at:
http://www.cambridgeshirejsna.org.uk/other-assessments/cambridgeshire-districtdemographic-reports
Information reports for GP led Local Commissioning Groups were produced as part of the JSNA Phase 5 and can be found on the JSNA website at:
http://www.cambridgeshirejsna.org.uk/healthprofiles
A guide to the Health and Social Care Act 2012 can be found here:
http://www.dh.gov.uk/health/2012/03/royalassent/
Briefing prepared for Cambridge City Seminar – NHS and Local Government Working Together December 2011 produced by NHS Cambridgeshire Public Health Information Team, November 2011 phi-team@cambridgeshire.nhs.uk

6. Appendices

1. JSNA, Phase 6 Summary Report 2012
2. Table showing Council services that contribute to improving health in Cambridge
3. Paper showing proposed Terms of Reference for the Cambridge Local Health Partnership

7. Inspection of papers

To inspect the background papers or if you have a query on the report please contact:

Author's Name: Jas Lally
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Appendix 2.

Cambridge City Council. Some examples of its contribution to improving the wellbeing of communities in Cambridge

Council Responsibility	*Contribution to Improving Well-being*
Housing ***City Homes:*** *Robert Hollingsworth* ***Strategic Housing:*** *Alan Carter*	• Providing council houses for those in need and **housing the homeless** • Supporting **tenants and leaseholder groups** so that they can contribute to management of the delivery of housing services • Investing in our housing stock to improve its **energy efficiency and tackle fuel poverty**, and to provide high quality personal hygiene facilities; we also have a role in promoting health & safety standards in the private sector housing dealing with damp and cold and unsafe properties. • As the strategic housing authority we work with Housing Associations and through the planning process to deliver more **affordable housing**. • We promote **high environmental and accessible standards** in new affordable housing. For example, all of the new affordable housing on the growth sites will be level 4 of the Code for Sustainable Housing and at least 2% will be fully wheelchair accessible. • We run **sheltered housing** schemes and support the most vulnerable tenants with specialist care (and work in partnership to do more – Richard Newcombe was opened earlier in the year as an “extra care” scheme for frail elderly – built by Cambridge Housing Society on land provided by the City Council. • We run targeted projects working with **rough sleepers**, including support to voluntary sector providers, e.g. Wintercomfort, Jimmy’s Night Shelter • Home Aid is the City Council’s version of a home improvement agency that is set up to support older and other vulnerable people to remain in their homes as long as possible by facilitating **repairs or carry out adaptations** to their homes. We have set up a shared service with South Cambs DC and Hunts DC.
Planning: *Patsy Dell*	• Agreeing **strategic plans** that shape development in the city. • Controlling development

Cambridge City Council. Some examples of its contribution to improving the wellbeing of communities in Cambridge

Council Responsibility	***Contribution to Improving Well-being***
	• Good **design** standards • Planning for new **health and community facilities** in growth areas • Local needs assessment as part of neighbourhood development
Environmental Health: *Jas Lally*	• Provision of **pest** control services to deal with public health pests such as rats, mice, bedbugs • Dealing with filthy and verminous homes, people and possessions, including hoarders and properties that are a fire risk. • Food and health and safety **licensing** • **Health & Safety** in the commercial workplace, including the investigation of serious accidents • Responsibility for food safety and **advisory** services on healthy eating and enforcement of smoke free regulations and advising on smoking cessation services • Responsibility for infectious **disease** control and investigations into food poisoning • Responsibility for **alcohol** entertainment and **gambling** licensing and working in partnership with community safety and alcohol reduction strategies.
Pollution: *Jas Lally*	• **Air -** City Council has an air quality action plan, as part of which we are working to promote cleaner fuel vehicles, both with taxi operators and with the County Council re: buses • We have a preventative role on “permitted processes”, which covers major operations such as Addenbrooke’s incinerator and Marshalls spray-painting, which we regulate

Cambridge City Council. Some examples of its contribution to improving the wellbeing of communities in Cambridge

Council Responsibility	***Contribution to Improving Well-being***
	• **Water** – we take enforcement action against those who pollute water and land, and work closely with the Environment Agency • **Noise** pollution – we promote responsible behaviour and take enforcement action against those who breach noise pollution regulations
Arts and Recreation: *Debbie Kaye*	• In addition to the **GP referral scheme** (which should be well-known to GPs and provides for them to prescribe subsidised exercise sessions at our leisure centres), we: • Provide programmes for the **disabled**, including "goal ball" (a sport activity for the visually impaired), trampolining and horse riding • Put on "street games" sessions for **young people**, including basketball and BMX • Run the "**Forever Active**" programme of exercise classes for the over-50s, ranging from pilates to seated exercise to zumba • Support local **sports clubs and volunteers**; and • Run school sports activities and the annual "**youth games**" • We have a major programme of activity in 2012 to take advantage of the opportunity provided by the **Olympic** games to promote physical activity
Community Safety: *Alan Carter*	• Work with partners to **reduce crime** and disorder • ASB **case workers** acting on specific cases of ASB with victims and perpetrators • **CCTV** – general role in public safety and night-time economy

Cambridge City Council. Some examples of its contribution to improving the wellbeing of communities in Cambridge

Council Responsibility	***Contribution to Improving Well-being***
	• Tackling **domestic violence** • Safer City **grants** scheme for helping community solutions to crime and safety issues • Support to **street pastors** scheme – night-time support to people who are drunk/vulnerable
Licensing	• Alcohol licenses • Creating **cumulative impact zone**
Community Development: *Trevor Woollams*	• **Community centres**, e.g. Meadows, Browns Field, Buchan Street (a Healthy Living Centre) • Neighbourhood Community Development • ChYPpS – general **play** activities and targeted schemes (e.g. work to deter high risk behaviour and promoting healthy eating, etc. • Work with **older** people, e.g. Cambridgeshire Celebrates Age, tea dances • Priority areas include **vulnerable** communities - people with disabilities, engaging black and minority ethnic residents, older and younger people, and those on low incomes • Extensive voluntary sector **grants** programme • Knowledge of local communities (Mapping Poverty research and direct contact with groups) and support for Neighbourhood projects, such as walking groups from community centres.
Local Transport Management:	• Promoting cycling and walking

Cambridge City Council. Some examples of its contribution to improving the wellbeing of communities in Cambridge

Council Responsibility	***Contribution to Improving Well-being***
Patsy Dell	
HR and employment policies *Deborah Simpson*	• To support health of our **employees**, e.g. counselling service, smoking cessation
Provision of Council Tax benefit and Housing benefit *Alison Cole*	• Promoting take up of **benefits** and giving advice on claims • Prioritising groups that will receive Council Tax Benefit under a locally managed scheme
Streets and Open Spaces *Toni Ainley*	• Providing a local environment that is clean and pleasant, which can be enjoyed by local people. This includes recreation grounds, nature reserves, parks, playgrounds and paddling pools.
Corporate Strategy *Andrew Limb*	• Carrying out Equality Impact Assessment of services to ensure that groups of people are not excluded • Improving participation in the Council's decision-making and providing open forums where local people can "have their say" about issues that affect their well-being.

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Cambridgeshire
Joint Strategic Needs Assessment

Phase 6 Summary Report
2012

FINAL
date: 11/04/12

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1. Introduction

This report provides a brief summary of the wealth of information about health and wellbeing needs and outcomes available on the Cambridgeshire Joint Strategic Needs Assessment (JSNA) website. http://www.cambridgeshirejsna.org.uk/. It is designed to identify and flag key pieces of information about the health and wellbeing needs of people who live in Cambridgeshire, and about local inequalities in health for specific population groups.

It does not have the depth of information needed to support planning of services – which is available in the detailed documents on the JSNA website. Its aim is to contain enough information to help identify strategic priorities for health and wellbeing in the county.

This JSNA summary and the supporting material lying behind it will be used as the basis for a Cambridgeshire Health and Wellbeing Strategy to address priority health and wellbeing needs to be developed and consulted on over the summer.

Preparing a JSNA is already a statutory process, and from April 2013, following introduction of the Health and Social Care Bill, the production of a joint Health and Wellbeing Strategy for the county will also be statutory.

In order for the JSNA to fully support Strategy development, a high level overview of how financial resources are currently used to meet health and care needs in the County has been included in this report. A more detailed piece of work on resource use across agencies to meet the health, wellbeing and care needs of older people is also in progress and work to date is included as a separate appendix. http://www.cambridgeshirejsna.org.uk/webfm_send/224

The purpose of the JSNA is to identify local needs and views to support local strategy development and problem solving. In order to understand whether we are achieving good health and care outcomes locally, it is useful to benchmark outcomes in Cambridgeshire against those in other areas. The government has published three outcomes frameworks to support local areas in doing this:

- The Public Health Outcomes Framework
  http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

- The NHS Outcomes Framework
  http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_131700

- The Social Care Outcomes Framework
  http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_131059

When priorities for action have been identified in the Health and Wellbeing Strategy for Cambridgeshire, some of the indicators in the national outcomes frameworks will help us to monitor the outcomes these actions are achieving.

2. Summary of Population and Health Statistics for Cambridgeshire

The information presented in this section is an updated version of the *Key demographic and health related data* chapter published in Phase 5 of the JSNA (2011). http://www.cambridgeshirejsna.org.uk/cambridgeshire-jsna/keydemohealth.

Also included below are findings from the *Cambridgeshire Health Profile 2011*, published in June 2011 by the Public Health Observatories, and available at http://www.healthprofiles.info. Our local *Health Profile* briefing provides further information, including for local authority districts, and can be found at http://www.cambridgeshirejsna.org.uk/other-assessments/national-health-profiles-cambridgeshire-and-constituent-local-authority-districts.

Summary - key demographic and health related data

- It is estimated that there are 605,400 people living in Cambridgeshire, 17.3% are under 15 years of age and 16.3% are over 65+.[1] Cambridge City has the highest concentration of the adult working age (16-64 years) age population at 73% of its total population compared to 65.2% on average in Cambridgeshire.[2]
- Population forecasts suggest that the population of Cambridgeshire is set to increase by 13% between 2011 and 2021 (78,400 people in total), with the majority of the increase seen in Cambridge City and South Cambridgeshire (2011-2021).[3] This is associated with a forecast increase in the number of new dwellings in the same period, of 44,100.[4] Further population forecasts suggest that the population of Cambridgeshire is set to increase by 21.1% between 2011 and 2031 (128,900 people in total), with the majority of the increases also seen in Cambridge City and South Cambridgeshire.
- Cambridgeshire has a predominantly white population. However, Cambridge City has a higher proportion of people from non-white ethnic groups,[5] when compared to the national average, many of whom are students or professionals. There are also considerable numbers of Travellers[6] and migrant workers within Cambridgeshire.
- Deprivation varies greatly across the county, with Fenland, north-east Cambridge and parts of North Huntingdon having the highest levels of relative deprivation. The same pattern exists for children living in poverty. Income deprivation for older people is more widely dispersed. Generally, higher levels of deprivation are associated with poorer health.
- Cambridgeshire is a predominantly rural area.[7] Nearly a fifth of Cambridgeshire's population do not have access to a car or van.[8] This goes down to less than a tenth for children living in households with no access to a car or van but up to four in ten pensioners. Cambridge City has the lowest levels of car ownership, which may be expected given that it is an urban area. However, Fenland has the second highest levels of non-car ownership in Cambridgeshire.

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[1] Cambridgeshire County Council Research & Performance Team, Mid-2010 population estimates.
[2] Cambridgeshire County Council Research & Performance Team, Mid-2010 single year population estimates.
[3] Cambridgeshire County Council Research & Performance Team, Mid-2010 ward population forecasts.
[4] Cambridgeshire County Council Research & Performance Team Dwelling stock forecasts, 2009-2031: Cambridgeshire
[5] 2001 Census.
[6] Cambridge sub-regional Traveller Needs Assessment 2006.
[7] DEFRA classification 2004.
[8] 2001 Census.

- The estimated unemployment rate in Cambridgeshire increased from 5.4% in July 2008/June 2009 to 6.0% in July 2010/June 2011. The highest level of unemployment is seen in Fenland at 8.3%, which is higher than the national rate of 7.7%[9]. Unemployment is associated with poorer health.
- In January 2012, 2.2% of the working age population in Cambridgeshire were claiming Jobseeker's Allowance (JSA), which was at a lower level than the England average of 4.0%. The claimant count rate was the highest in Fenland at 4.0%, equal to the national average.[10]
- Overall, a half of lone parents do not work, with higher proportions in South Cambridgeshire and Huntingdonshire.[11]
- Affordable housing is a significant issue in Cambridgeshire with high differentials between house prices and average income throughout the county, most marked in Cambridge City. This leads to increased use of the private rented sector. [12]
- It is estimated that 35,000 households in Cambridgeshire experience fuel poverty (more than 10% of income required to heat the home). Cold homes during severe winter weather increase the risk of illness and hospital admission for infants and older people, particularly from chest infections, heart attacks and strokes.[13]
- Educational attainment is closely linked with health in later life. The expected standard of performance at the end of Key Stage 4 is five or more GCSEs or their vocational equivalents including English and Maths at grades A*-C. In 2011 over 59% of Cambridgeshire pupils at the end of Key Stage 4 attained this standard, but performance varied across the county. In Fenland 43% of candidates attained five or more GCSE grades A*-C, compared to 69% in South Cambridgeshire.[14]
- Life expectancy at birth in 2008-2010 was higher than in England in all Cambridgeshire districts except for Fenland where in males it was significantly lower than England and in females where it was lower than England but not significantly so.[15]
- There are on average around 4,800 deaths a year in Cambridgeshire (2008-2010).[16] Circulatory disease and cancer are the main causes of death in the overall population. Cambridgeshire has rates of mortality from all causes significantly lower than for England. The same is true for mortality from cancer, mortality from circulatory diseases and premature mortality. Conditions originating in the perinatal period and transport accidents are the main causes of death for children.[17]

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9 ONS, NOMIS Model-Based Estimates of Unemployment (for districts), Annual Population Survey, ONS, NOMI.
10 ONS, NOMIS, Claimant count. Note: The number of people claiming Jobseeker's Allowance (JSA) is not an official measure of unemployment but it provides more up-to-date indicative figures of people who are seeking work.
11 2001 Census.
12 See http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5
13 See http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5
14 Cambridgeshire County Council and NHS Cambridgeshire, Children & Young People Data Profile July 2011.
15 ONS, November 2009.
16 East of England Public Health Observatory, 2011.
17 East of England Public Health Observatory, 2011.

3. How does Health in Cambridgeshire Districts Compare with Other Areas?

Summary

The ONS Cluster Dataset 2012 includes comparative data for the Local Authority Districts in Cambridgeshire. The aim of the Cluster Dataset is to benchmark health outcomes and health determinants against national and Office for National Statistics (ONS) comparator district averages. ONS comparator districts, known as Clusters, are similar to each other and so the validity of comparisons is greater.

A brief summary for each District follows and table S1 overleaf includes a summary of the statistical significance of the differences, relative to the ONS Cluster and England, for each District and for each data indicator.

The full report is included on the JSNA website at http://www.cambridgeshirejsna.org.uk/ons-cluster-dataset/ons-cluster-dataset.

National health profiles for Cambridgeshire Districts can be found at http://www.cambridgeshirejsna.org.uk/other-assessments/cambshealthprofiles and

Cambridgeshire County Council's District reports at http://www.cambridgeshirejsna.org.uk/other-assessments/cambridgeshire-district-demographic-reports

Information reports for GP led Local Commissioning Groups were produced as part of the JSNA Phase 5 and can be found on the JSNA website at http://www.cambridgeshirejsna.org.uk/healthprofiles.

Cambridge City

ONS Cluster Group is Thriving London Periphery. The health of the Cambridge population is generally similar to, or better than, the England average and is, for the majority of measures, similar to the ONS Cluster average. Rates of statutory homelessness (household based) and hospital admissions for alcohol related harm are significantly higher than those for the ONS Cluster and England. Male all cause mortality is significantly higher than in the ONS Cluster.

Important issues for Cambridge City include addressing local inequalities in health, addressing mental health needs, working in partnership to address the needs of homeless people and maintaining a focus on prevention, including alcohol related harm, smoking physical activity and obesity.

East Cambridgeshire

ONS Cluster Group is Prospering Smaller Towns. The health of the people of East Cambridgeshire is generally better than the England average and is similar to, or better than, its ONS cluster average. Only the rate of statutory homelessness (household based) is significantly higher than the cluster average and no indicators are worse than the England average.

Important issues for East Cambridgeshire include prevention and management of long term conditions such as diabetes, planning in partnership to meet the needs of an ageing population with an emphasis on mental health, and promoting parental mental and physical health.

Fenland

ONS Cluster Group is Prospering Smaller Towns. This is the same comparator group as Huntingdonshire and East Cambridgeshire. It could reasonably be argued that because deprivation scores in Fenland are higher than the other two areas, the comparator group is not ideal. The health of the people of Fenland is generally similar to, or worse than, the England and cluster averages. GSCE achievement, adult physical activity, hospital admissions for alcohol related harm, modelled prevalence of several major diseases and conditions, male all cause mortality and mortality from land based transport accidents are all significantly worse than the ONS Cluster and England averages. Levels of obesity in reception year children, the teenage pregnancy rate, female all cause mortality and premature mortality from circulatory diseases are significantly worse than the Cluster.

Important issues for Fenland include working in partnership to meet the needs of an ageing population, addressing rural isolation and improving access to services, addressing local health inequalities including teenage pregnancy rates, and the prevention and management of long term conditions such as heart disease and diabetes – including a focus on smoking and obesity.

Huntingdonshire

ONS Cluster Group is Prospering Smaller Towns. The health of the people in Huntingdonshire is generally better than on average in the England and is either better or similar to its ONS cluster group. Only the rate of statutory homelessness (household based) is significantly higher than the cluster and English averages.

Important issues for Huntingdonshire include addressing local inequalities in health, planning in partnership to meet the needs of an ageing population, and maintaining a focus on long term prevention of ill health and management of long term conditions across all age ranges.

South Cambridgeshire

ONS Cluster Group is Prospering Southern England. The health of the people of South Cambridgeshire is generally better than the England average and similar, or better than, the Cluster Group average. Only the rate of statutory homeless per 1,000 households, and hospital admissions for alcohol related harm are significantly worse than the ONS Cluster.

Important issues for South Cambridgeshire include planning in partnership to meet the needs of an ageing population, addressing transport and access to services in a predominantly rural area, and addressing health and wellbeing needs for disadvantaged groups dispersed across the area, including Gypsies and Travellers.

Table S1: Cambridgeshire Districts - summary of statistical differences with ONS Cluster Groups and England

	Indicator	Cambridge		East Cambridgeshire		Fenland		Huntingdonshire		South Cambridgeshire	
		Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England
1	GCSE achievement (%)										
2	Statutory homelessness (per 1,000 hh)										
3	Unemployment rate 16+ (%)										
4	Infant mortality rate (per 1,000 live births)										
5	Perinatal mortality crude rate (per 1,000 total births)										
6	Low birth weight babies (%) <2500g										
7	Percentage smoking in pregnancy										
8	Obesity in Year 6 year children (%)										
9	Obesity in Reception year children (%)										
10	Teenage pregnancy rate (u18) (per 1,000)										
11	Chlamydia screening in 15-24s (%)										
12	Physically active adults (%)										
13	Hospital admissions for alcohol related harm (per 100,000)										
14	Modelled CHD prevalence (%)										
15	Modelled COPD prevalence (%)										
16	Modelled hypertension prevalence (%)										
17	Modelled stroke prevalence (%)										
18	Male life expectancy										
19	Female life expectancy										
20	Male mortality from all causes (per 100,000)										
21	Female mortality from all causes (per 100,000)										
22	Mortality from all cancers (u75) per 100,000)										
23	Mortality from all circulatory diseases (u75) (per 100,000)										
24	Mortality from accidents (15-24) (per 100,000)										
25	Mortality from accidents (65+) (per 100,000)										
26	Mortality from land transport accidents (per 100,000)										

Key: statistical significance	
	Significantly better
	Not signifcantly different
	Significantly worse
	Signficance unavailable

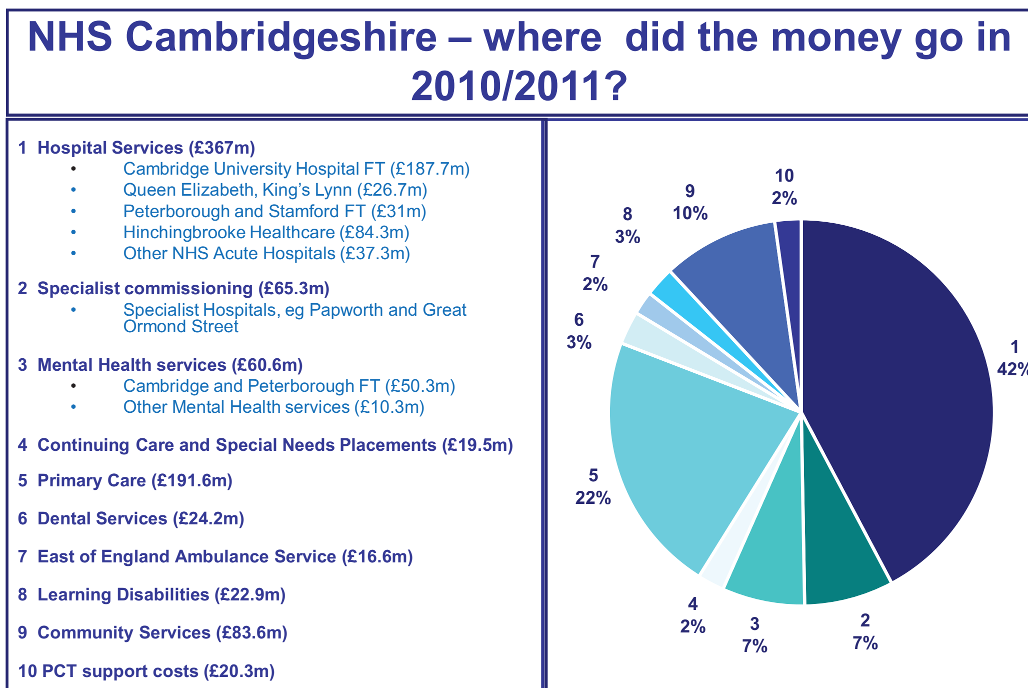
Source: NHSC ONS Cluster Dataset 2012

4. How do we Spend our Local Resources on Health and Care?

4.1 NHS Care

In the 2010/11 financial year (April 2010 – March 2011), NHS Cambridgeshire received approximately £872 million of public funds to spend on health and care for local people.

The breakdown of spend outlined below shows that about half of the total spend (49%) was on acute hospital care, a little under a quarter (22%) was on primary care – including GP practice services, drugs prescribed by GPs, and the NHS costs of local pharmacies; and about a tenth (10%) was on community health services – such as district nursing, health visiting, community hospitals and rehabilitation. Mental health services, including some in-patient care accounted for 7% of spend.



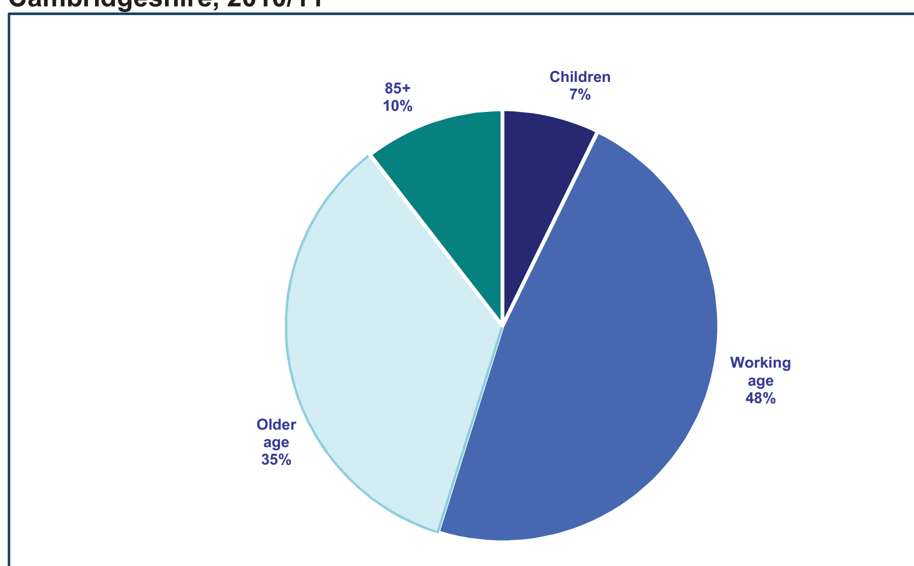
Source : Finance Directorate, NHS Cambridgeshire

4.1.1 Spend by age group – hospital admissions

The likelihood of serious illness and of needs for healthcare changes in different age groups, so in order to understand how resources are used to meet the health needs of local people, an analysis of spending of hospital care by age group in 2010/11 was completed. This showed that almost half of total hospital spend (45%) was for people aged 65+, who make up about one in six of the Cambridgeshire population.

This is not surprising, given that the likelihood of serious illness increases with age – but emphasises the importance of making sure that local healthcare provision is designed to meets the needs of older people. To support this, a more detailed analysis of activity and resource use for the care of people aged over 65 has been prepared and is available in the JSNA Older People Services and Financial Review.

Spend by age group – hospital admissions (elective and emergency, NHS Cambridgeshire, 2010/11

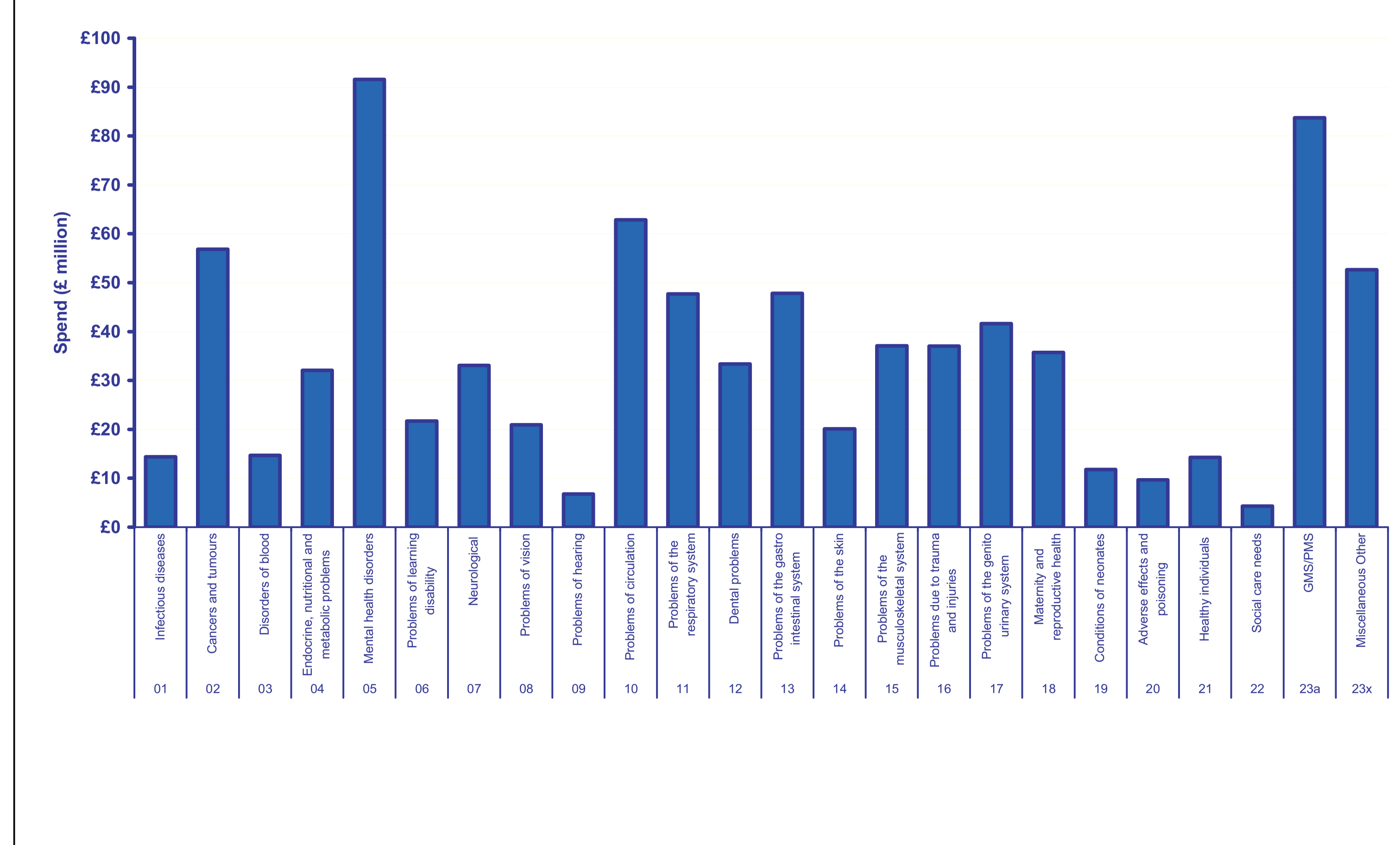


Source: Admitted Patient Care Commissioning Dataset, NHS Cambridgeshire.
Note: Tariff costs only.

4.1.2 NHS spend by disease group, 2009/10

Estimates of NHS spending on particular group of diseases are also available through Department of Health 'Programme Budgeting' data. These estimates must be regarded with some caution, as costs may be allocated in different ways in different organisations and this can skew the results. For Cambridgeshire, the programme budgeting data for 2009/10 shows that spending is spread across a range of disease groups, with the highest single area of spend being mental health problems at over £90m, followed by problems of circulation (including heart disease and stroke) at over £60m and cancers/tumours at over £55M.

Spend by NHS Cambridgeshire by disease group (2009/10 Programme Budgeting Data)

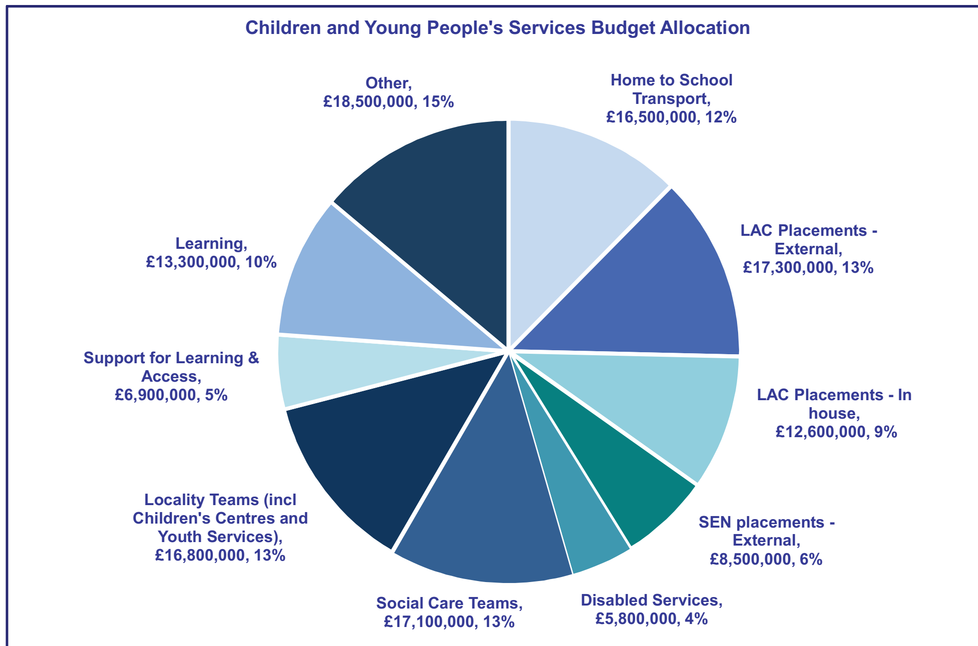


Source: Programme Budgeting Toolkit, Department of Health

4.2 Cambridgeshire County Council spend on Social Care and Prevention

4.2.1 Children and young people's services budget allocation, 2011/12

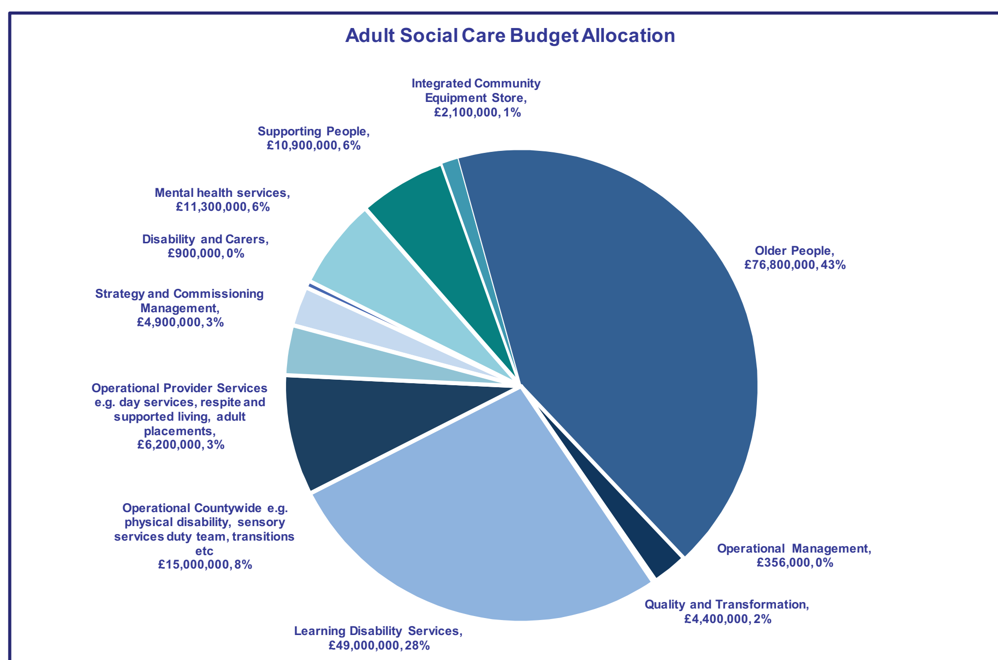
Giving children a good start in life is very important to their future health and wellbeing. The total spend on children and young people's services by the County Council, excluding direct spend on schools, is £133m. Nearly a quarter of all spend (22%) is for 'Looked after Children'; over a sixth (17%) on other social care for children, including services for disabled children, and an eighth of spend (13%) is for locality teams, including children's centres and youth services, which provide preventive interventions for children, young people and their families.



Source: Finance, Cambridgeshire County Council.

4.2.2 Adult social care budget allocation, 2011/12

The total adult social care budget of the County Council is £182m. Of this, over two fifths (43%) is spent on social care for older people aged 65+ and over a quarter (28%) on social care for people with learning disabilities. Spend on social care for people with mental health problems is 6% of the total.



Source: Finance, Cambridgeshire County Council

4.3 Other local public sector spend

The information outlined earlier in this section looks at spend on health and social care by the local NHS and the County Council. But many other local services have an impact on health and wellbeing.

Examples include local authority services for housing, transport, planning of new developments, environmental services, leisure services, libraries, adult education and trading standards; together with police services to address crime and improve community safety. The voluntary and third sector also has a major impact on factors affecting health – for example through housing associations, local services and volunteer schemes to support vulnerable people, and through a wider advocacy role.

It will be important to build further understanding of how this wide range of local public sector resources are used to support health and wellbeing, in order to maximise effectiveness and allow a focus on prevention.

5. Specific JSNA Topics

This section describes JSNA work carried out for specific topics since the process began in 2007. The year when the JSNA work was published is given in the section title.

5.1 Prevention of Ill Health in Adults of Working Age (2011)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5.

Summary JSNA is at: http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5-summary.

The Cambridgeshire JSNA has identified prevention as a key need that cuts across various population groups and ages.

Prevention may work at different levels:

- through improving the ‘wider determinants of health’ - the wider socio-economic and environmental factors which influence our behaviour. Wider determinants such as educational outcomes, employment and income and housing are closely linked to health inequalities between different groups in the population.
- through influencing individual lifestyle behaviours such as smoking, diet physical activity and alcohol use amongst people who are currently in good health, but have behaviours which increase the risk of future illness (eg smoking related lung disease, obesity related diabetes).
- through preventive interventions for people who already have health problems (‘secondary prevention’), where lifestyle changes will slow or halt the rate at which these problems worsen.

Preventing ill health necessitates integrated approaches that bring together the wider determinants of health with how people live their lives when healthy or when suffering from ill health.

Demography

The number of working age adults in Cambridgeshire is estimated as 394,870
This is predicted to increase by 7.7% (39,030 people) in the next 10 years.

Data and inequalities

- The Integrated Household Survey (April 2011) indicated that in Cambridgeshire about 20% of local adults are smokers - Fenland has the highest rates where 26.7% of the population is estimated to smoke and South Cambridgeshire has the lowest rate at 16.2%. Nearly 30% of men drink more than the recommended limits, with the highest rates being found in Cambridge City and Fenland (Source: NWPHO LAPE http://www.lape.org.uk/). Modelled estimates suggest that less than half of local adults eat more than five portions of fruit and vegetables per day; only 43% of women have high levels of physical activity compared with 50% of men (Source: JSNA Prevention of Ill Health in Adults of Working Age).

GP practices have registers of the number of their patients diagnosed with particular long term health problems. The five commonest problems seen on these registers are:

- High blood pressure (79,000 patients in Cambridgeshire)
- Depression (60,000 patients)
- Asthma (41,000 patients)
- Diabetes (24,000 patients)
- Coronary heart disease (19000 patients)

- With the exception of asthma, rates of these health problems increase with age. High blood pressure, diabetes and heart disease in particular have strong links with lifestyle behaviours such as physical activity, diet and smoking.

Evidence and best practice

A wide range of evidence for best practice in prevention of ill health is available through NICE public health guidance http://www.nice.org.uk/guidance/phg/index.jsp

Some preventive interventions have been shown to be effective in creating savings for the NHS by reducing use of health services in the short to medium term, as well as effective in improving wellbeing and healthy life expectancy. These include a range of interventions and services to help people stop smoking; brief interventions in general practice giving advice on alcohol consumption; and some contraceptive services. A much wider range of preventive interventions, such as advice on increasing physical activity and mass media campaigns have been shown to be very good value (cost effective) in improving health and wellbeing, compared to the majority of NHS treatment interventions.

Local views

For the first time a bespoke community consultation process was developed and implemented for the 'Prevention' JSNA. This involved the use of social media, an online survey and focus groups.

A persistent theme from both the data trends and the community consultation is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a whole, the current economic climate has created some new areas of concern. Unemployment rates, benefits claims, and debt have increased in Cambridgeshire in recent years, all of which may impact on people's mental health and longer term physical health. There is a particular concern with the availability and affordability of housing, increasing levels of fuel poverty, and changes to the benefits system.

Priority needs for preventing ill health amongst adults of working age

The Steering Group and a wider Stakeholder event identified the following priorities for prevention of ill health amongst adults of working age in Cambridgeshire.

- Addressing socio-economic factors with a focus on housing issues.
- Supporting people to address lifestyle issues and behaviour change
- Initiatives for Workplace Health
- Building preventive interventions into patient pathways for people with Long Term Conditions
- Addressing Domestic Violence

5.2 Children and Young People (2010)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/children-and-young-people/children-and-young-people. It contains more detailed and specific priorities and recommendations.

Demography

The number of children aged under 15 years is 104,990. It is predicted to increase by 12.5% (13,090 children) in the next 10 years.

Data and inequalities

There are key inequalities in outcomes for children and young people, and these are demonstrated in a number of key indicators, including differences in life expectancy, rates of young people not in employment, education or training, attainment rates across all key stages of education, rates of unhealthy weight, teenage pregnancies and childhood deaths.

Underpinning these outcomes is the significance of deprivation and childhood poverty - the impact of deprivation can reduce the life chances of individuals whether for those living in an area where there is much deprivation or those from disadvantaged groups found throughout the county such as those with disabilities. Looked after children and young offenders are particularly likely to have poor outcomes.

Four or more adverse childhood experiences (child abuse, parental depression, domestic abuse, substance abuse or offending) increase the risk of developing mental health problems throughout life. It is estimated that half of all mental illness (excluding dementia) starts by age 14.[18]

Evidence and best practice

National reports with evidence of best practice include: the Healthy Child Programme [1] [2] , the Marmot Review [3] and New Horizons, Confident Communities, Brighter Futures: a framework for developing wellbeing. All stress the importance of the early years and providing a good start in life together with prevention, early intervention and targeted support to those with greatest needs.

[1] Healthy Child Programme Pregnancy and the first five years of life. Department of Health, October 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563
[2] Health Child Programme from 5 to 19 years old. Department of Health. October 2009. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566
[3] Fair Society, Health Lives: Strategic Review of Health Inequalities in England post-2010. The Marmot Review, February 2010. http://www.marmotreview.org/

18 New Horizons: Confident Communities, Brighter Futures. DH March 2010

Local Views

- Priorities for local schoolchildren questioned in the 'tell us' survey were:

    - friendships and relationships
    - being a victim of crime
    - bullying

Priority needs for children in Cambridgeshire

- Ensuring that all children get a good start in life as an increasing body of evidence shows that the first few years will impact lifelong.
- Supporting good mental health and emotional wellbeing which are fundamental to achieving good health.
- Preventing/reduce the negative impact of alcohol and substance misuse, obesity and overweight, childhood accidents, child poverty, domestic violence and disabilities and the consequent inequalities in outcomes for children, young people and their families.

5.3 Older People (2011)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/older-people-including-dementia/older-people-including-dementia. It contains more detailed and specific priorities and recommendations.

Demography

In Cambridgeshire in 2009, there were an estimated 95,500 people aged 65 and over. This population is expected to grow by 80% (ie an estimated 171,900 older people) in the next 20 years. People are living longer in both 'healthy' states but also in 'poor' health.

Data and inequalities

By 2020, the percentage of people with long term conditions in Cambridgeshire is expected to rise: diabetes from 6.4% to 7.4%, cardiovascular disease from 6.0% to 6.4%, chronic obstructive pulmonary disease from 2.5% to 2.7%. The prevalence is higher in older age groups, so that by 2020 we will have >13,000 older people with diabetes, >11,000 older people with cardiovascular disease, and >4,600 older people with chronic obstructive pulmonary disease.

Mental illness is a significant public health issue amongst older people with high disability adjusted life years lost. Simple modelling that assumes the relationship between age and frailty remains the same as it is now, indicates that over the next 20 years:

- The number of older people experiencing difficulty in managing alone at least one domestic task (eg shopping, jobs involving climbing, floor-cleaning) is expected to almost double from 40,800 to 74,500.
- The number of older people with dementia in Cambridgeshire is expected to double from 7,000 to 14,000.

- The number of older people with depression in Cambridgeshire is expected to increase from 8,600 to 14,500.

If the current system remains unchanged, then the cost of disability benefits could rise by almost 50% in the next 20 years, while the cost of long-term care could rise by 17% by 2027/28. Additional analysis suggests that social care costs alone could double in 20 years without fundamental reform. (Glasby J (2012). Understanding Health and Social Care (Second Edition). The Policy Press, Bristol)

Evidence and best practice

If current patterns of need and care are applied to the projected numbers of older people, current provision of services is unsustainable. This drives two main themes:

- Prevention of ill health and promotion of good health.
- Reconfiguration of services to support people to live in a community setting as long as possible, avoid admission to hospital, and return to a community setting after discharge from hospital.

A recent policy paper by the University of Birmingham has attempted to identify what it calls "10 high impact changes" with regards to prevention in older people's services. These are: promoting healthy lifestyles (physical activity, diet, social activity), vaccinations, screening, falls prevention, housing adaptations and practical support, telecare and technology, intermediate care, reablement, partnership working, and personalisation.

With regards to effective mental health improvement, discrimination, participation in meaningful activities, relationships, physical health, and poverty have been found to be particularly important factors influencing the mental health and wellbeing of older people.

Confident Communities, Brighter Futures by the Department of Health identifies the following effective interventions for the promotion of wellbeing among older people: psychosocial interventions, high social support before and during adversity, prevention of social isolation, multi-agency response to prevent elder abuse, walking and physical activity programmes, learning, volunteering. It concluded that early intervention, and prevention in high risk groups, to be effective against depression and exercise and anti-hypertensive treatment to be effective in dementia.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114774

Local views

The Cambridgeshire Older People's Reference Group surveyed 260 community groups in 2008/09 and highlighted:

- 85% of older people do not access social care services.
- Most care and support is unpaid and informal.
- Men are less likely than women to participate in organised groups.
- People aged 85 and over continue to be involved in community groups.

Older people in Cambridgeshire are most concerned about: income, transport and social inclusion, access to information on services and activities, and housing, including help in the home.

Priority needs for older people in Cambridgeshire

- Appropriate planning for the expected increase in the numbers of older people with a focus on
    - Prevention of ill health and promotion of good health amongst older people.
    - Reconfiguration of services to support people to live in a community setting as long as possible, avoid admission to hospital and care homes, and return to a community setting after discharge from hospital.
- Reviewing and developing how we work together across organisations to best support people with mental health problems particularly those with dementia and their carers.
- How we support and provide care for people at the end of their life.
- It is important to capture the assets and contributions of older people and identify ways we can support, expand and utilise these assets in Cambridgeshire for both individual health and the health and wellbeing of the older population as a whole.

5.4 Adults with Mental Health Problems (2010)

Full JSNA is at: http://www.cambridgeshirejsna.org.uk/mental-health-adults-working-age/mh-adults. It contains more detailed and specific priorities and recommendations.

Demography

Mental health problems are common - with close to one in six people experiencing possible psychiatric disorder at any one time. If Cambridgeshire residents experienced roughly the national average rate of mental health problems, there would be an estimated 41,000 people in Cambridgeshire with mixed anxiety and depressive disorders, 15,000 people with generalised anxiety disorder and 11,500 with depressive disorders. Estimates for people with schizophrenia range from 580 to 2,890 and for people with affective psychosis from 1,160 to 2,890.

Data and inequalities

The JSNA for adults with mental health problems found that while mental ill health is an issue throughout the county, rates are higher in Cambridge City and Fenland.

Homeless people, Travellers and prison populations have high levels of mental ill health. Migrant workers and black and minority ethnic communities are also vulnerable and may have barriers to accessing mental health services.

In 2009/10 about 5,500 people in Cambridgeshire were estimated to be receiving specialist care from mental health services through a Care Programme.

Evidence and best practice

The evidence base for promoting community mental health and wellbeing at all ages has been summarised in the 2010 Department of Health Report 'Brighter futures: a framework for developing wellbeing'.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114774

Good practice for treatment and care of people with a range of mental health problems is available on the NICE website http://guidance.nice.org.uk/Topic/MentalHealthBehavioural#/search/?reload

Local Views

Feedback on local views from service users, gateway workers and service providers identified a range of areas where further service provision would be welcomed, including

- Support at early stages for people experiencing anxiety/stress.
- Support for people with post-natal depression.
- On going support to help people with long term severe and enduring illness post- crisis.
- More alternative to hospital admission both in a crisis and for respite.

Priority needs for mental health in Cambridgeshire

The needs identified showed common themes with those from the children and young people's and older people's JSNAs and the evidence base supports:

- Ensuring a positive start to life: Childhood and early adulthood are key periods in the development of personal resilience and educational and social skills that will provide the foundations for good mental health across the whole life course. Key interventions to promote a positive start in early life are
  - promoting parental mental and physical health
  - supporting good parenting skills
  - developing social and emotional skills
  - preventing violence and abuse
  - intervening early with mental disorders
  - enhancing play.
- Interventions that particularly help to maintain mental health for older people include reducing poverty, keeping active, keeping warm, lifelong learning, social connections and community engagement, such as volunteering.
- Interventions to increase individual, family and community resilience against mental health problems include those which reduce inequalities, prevent violence, reduce homelessness, improve housing conditions and debt management, and promote employment.

5.5 JSNA for New Communities (2010)

Full JSNA is at http://www.cambridgeshirejsna.org.uk/new-communities/new-communities. It contains more detailed and specific priorities and recommendations.

Demography

This JSNA was unusual in that it looked at the future health and wellbeing needs of communities in new housing development which do not yet exist. It is available to support future planning of developments such as Northstowe.

Data and inequalities

The initial populations in new growth areas tend to have a young age structure, with many young couples and young children, and very few older people. However, the demographic profile changes over time and so do health needs. Planning for new growth should ensure that adequate services, including healthcare services, are available to early residents and can respond to changing and diverse needs as more people move into the new developments and grow older.

Evidence and best practice

The Cambridgeshire Quality Charter for growth was developed locally and identifies best practice in developing new communities which support residents' wellbeing.

http://www.cambridgeshirehorizons.co.uk/about_horizons/how_we_do_it/quality_charter.aspx

Local Views

A local survey carried out by South Cambridgeshire District Council compared the views of people in new communities with those of established residents. It found that residents of new developments generally reported that they were in good health, which probably reflects the younger age structure of these communities. They were less likely to feel that they belonged to their neighbourhood, and more likely to perceive anti-social behaviour as being a problem locally. Satisfaction with the neighbourhood was lower than for long term residents but was still over 80%.

Priority needs for new communities in Cambridgeshire

Key needs identified in the JSNA include

- Provision of 'lifetime homes which can be adapted to the needs of residents as they become older.
- Incorporating a range for formal and informal green space into new developments.
- Identification of community development roles, (which could be funded from a variety of sources) during building of large new housing developments – to provide early social infrastructure and support the integration of new residents including young families into the community.

5.6 Gypsies and Travellers (2010)

The full JSNA is at www.cambridgeshirejsna.org.uk/travellers/travellers. It contains more detailed and specific priorities and recommendations.

Demography

Gypsies and Travellers make up almost 1% of population of Cambridgeshire, with about 5,700 people identified in the 2005 Travellers Needs Assessment. Of these 58% lived in caravans and 42% in settled housing. In the January 2010 Count of Gypsy and Traveller Caravans in England the total caravan count in Cambridgeshire was 1,278. Of these, 92% (1,180) were on authorised sites (with planning permission) and 8% (98) were on unauthorised sites (without planning permission).

Data and inequalities

- There are clear inequalities in outcomes for the Gypsy and Traveller population, often as a result of lack of secure accommodation. Gypsies and Travellers have significantly poorer health status than the rest of the population. This includes a lower life expectancy, higher infant mortality rate, poorer health outcomes and poorer access to preventative care, with evidence that mental health problems are more widespread.
- Gypsy and Traveller children remain highly disadvantaged in terms of educational achievement.
- Locally, there is experience that the Gypsy and Traveller community lack confidence and knowledge about how to access services such as health and social care and there is a tendency not to ask for external agency support.

Evidence and best practice

The evaluation of the National Pacesetters Programme[1], which involves delivering equality and diversity improvements and innovations, has identified some short term gains which included making links and engaging with community members, improving cultural awareness among healthcare staff, increasing awareness of health needs and health services among Gypsies, Roma and Travellers and raising the profile of their health needs. It is noted that many of these gains have been made in the process of involvement.
[1] Pacesetters Programme Gypsy, Roma and Traveller core strand Evaluation Report for the Department of Health. Van Cleemput P, Bissell P, Harris J, April 2010. http://www.sabp.nhs.uk/

Fenland District Council's work with Travellers has been identified nationally as an example of good practice.

Local views

- Interviews with Traveller children showed concerns about their environment such as location, lack of safe play spaces/facilities and distance/isolation from local communities. Misunderstanding by others about the nature of their identity and reluctance to reveal ethnicity for fear of bullying are particular concerns. Children expressed a constant expectation of racism and many had been exposed to racially motivated threats or attacks.

Priority needs for Gypsies and Travellers in Cambridgeshire

- Implementing the existing County wide Gypsy and Traveller strategy to improve outcomes and life chances for Gypsy and Traveller communities and promote and enable community cohesion in Cambridgeshire.
- Improving data collection and ethnic monitoring to support better planning and commissioning of services.
- Ensuring good access to health services and support especially for early intervention/prevention, health promotion, mental health and wellbeing and for those with complex health needs. Providing public health and other service information and communications in an accessible format to the Gypsy and Traveller population with appropriate content.
- Improving site management and provision, promoting good practice in education, sharing good practice across different organisations and promoting continuing community engagement between the settled and Traveller communities to reduce mistrust, fear and discrimination.

5.7 Migrant Workers (2009)

The full JSNA is at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/migrant-workers. It contains more detailed and specific priorities and recommendations.

Demography

International migrants in Cambridgeshire come from all over the world and with different socio-economic backgrounds. Since 2001, National Insurance Registrations indicate that approximately 30,000 people have come to Cambridgeshire to work. Of these, it is estimated that around 13,100 have remained for over one year, bringing the total number of Cambridgeshire residents who were born abroad to 61,500. Following EU expansion in 2004, a rapid increase in migration took place which has brought high inflows of people from the eight Eastern European accession countries (A8) to the county.

The Cambridgeshire Migration Monitoring report 2009 suggests that the number of international migrant coming to the county in 2009 fell compared to 2008 and was largely due to a fall in Polish migrants. All districts saw an overall decrease except Fenland where a decrease in Polish migrants was offset by migration from other A8 countries.

Data and inequalities

- Pupil Level School Census data published in January 2009 indicates that black, minority ethnic (BME) children, those in the category ‘white: other group’ and the categories of Gypsy/Roma and travellers comprise 13.2% of Cambridgeshire’s total school population. The data also identifies that across the county’s school population 87 languages are spoken.

- Housing is one of a number of key factors that has an important influence on people's health. Research indicates that the majority of newer migrants are living in privately rented or tied accommodation. The numbers of migrants living in houses in multiple occupation has also increased locally, especially in Fenland. This type of accommodation is often of low quality and overcrowded.

Local views

A county Migration Review workshop involving key stakeholders was held on 10 October 2011. The workshop reported that vulnerabilities still remain around housing, information support and guidance and employment exploitation. Language barriers still exist and the need for English for speakers of other languages (ESOL) courses remain.

Cultural differences regarding alcohol use was a challenge particularly in some migrants from A8 countries where unsafe drinking could have adverse effects on their health and wellbeing as well as that of others.

Priority needs for migrant workers in Cambridgeshire

A number of Migrant Impacts Fund projects have been undertaken to meet needs in recent years. Funding was used to increase the support available to children and families through the Wisbech Locality Team and also to fund interventions in Fenland and East Cambridgeshire to reduce the negative impacts of houses in multiple occupation on residents and neighbours. Resources need to be identified in order to continue projects where they have proved successful.

5.8 Homeless People and those at Risk of Homelessness (2009)

The full JSNA is at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/people-who-are-homeless-or-risk-homelessness. It contains more detailed and specific priorities and recommendations.

Demography

Homelessness describes a wide range of circumstances where people have no secure accommodation. This JSNA categorises homeless people into three overlapping groups:

- **single homeless and rough sleepers (SHRS)** - group of homeless people for whom there may be no statutory duty or simple solution (around 500 are registered with Cambridge Access Surgery);
- **statutory homeless** - those defined in law as being in priority need and entitled to housing support from local authorities (around 600 households across Cambridgeshire each year, largely families);
- **hidden homeless and those at risk of homelessness** – those not recognised by local authorities or services (thought to be much larger than the two other groups together).

Data and inequalities

The JSNA focussed on the SHRS group as these have demonstrably very poor outcomes. Physical health, drugs, alcohol, mental health and wellbeing have been recognised as priority health issues among the homeless. Amongst the patients registered at the Cambridge Access Surgery - a dedicated GP practice largely for single homeless and rough sleepers, of the 40 who are known to have died over the last five years, the average age at death was 44.

Evidence and best practice

The SHRS in Cambridge include a small number of chronically excluded adults, with chaotic lifestyles, behavioural, substance misuse and control issues, and poor mental and physical health. They are often difficult to engage with services but represent significant costs to the tax payer as prolific offenders, having frequent hospital admissions and A & E visits, and intensive users of community and housing support services. Following the findings of the JSNA a partnership funded project has been put in place to work with this group and co-ordinate preventive services, with the aim of improving outcomes and reducing the need for 'crisis' interventions. The outcomes achieved through this project are being evaluated.

Local views

A patient and stakeholder survey undertaken by the Cambridge Access Surgery in 2007 reported high levels of satisfaction with the service and that if the service as not available just under half of respondents would attend A & E or not access healthcare at all.

Priority needs for homeless people in Cambridgeshire

- Addressing the needs of chronically excluded adults, single homeless and rough sleepers in Cambridgeshire focusing on the complex interrelationships between health, housing and social care to improve outcomes. Where possible more integrated multi-agency services should be commissioned including funded posts for liaison and co-ordination between services.
- Developing methods to encourage service user and frontline staff engagement in planning, service redesign and commissioning processes. Service users' experience and perceived needs should be embedded in the planning of their own care and of wider services.
- Developing integrated information systems, data collection tools and ways of unifying individual client records so they can be used and accessed across services to allow more holistic and person-centred care.
- Developing services enabling prevention of homelessness and early intervention for the newly homeless to improve individual lives and to reduce overall homelessness. Support is particularly required at transition points such as leaving care, prison release and hospital discharge.

5.9 People with Learning Difficulties (2008)

Full JSNA is at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/adults-learning-disability

Demography

Across Cambridgeshire there are estimated to be around 10,000 people with learning disabilities aged 15 and above, the majority being people with mild learning disabilities who mainly do not require specialist health or social care support.

Data and inequalities

Cambridgeshire Learning Disability Partnership teams provide health and/or social care support to around 2,230 individuals with learning disability, of whom around 1,700 receive social care support. There is a higher than expected number of service users in Fenland. It is predicted that by 2021 the number of adults with learning disabilities needing support will increase by between 300 and 450.

- People with learning disabilities are vulnerable and at risk of being marginalised. They are more likely to:

  - be socially excluded;
  - have poorer physical and mental health;
  - have difficulties in accessing healthcare;
  - be at risk from abuse;
  - be discriminated against;
  - need support to access housing, health, employment and independent living;
  - be at greater risk of ending up in prison.

  There are estimated to be around 3,400 adults with Autistic Spectrum Disorder (ASD) in Cambridgeshire, of whom around 750 would meet the criteria for learning disability. Individuals who do not meet the criteria may still need significant support and there is a statutory responsibility on public sector agencies to assess and meet the needs of people with ASD.

Local views

- Transport is key to access in a number of areas including, improving social networks, leisure opportunities, work and housing choices.
- LDP want access to community based services and more flexible and varied day care services with more opportunities to go out into the community and to learn new skills.
- People with learning disabilities want the right to get part-time work, voluntary work or work experience as well as a full time paid job depending on their wishes. It is felt that a person centred approach and more support is needed to enable this.
- People with learning disabilities want a choice about where they live and who they live with. There are concerns about the funding for housing, particularly for tenancies.

- Consultation with people with learning disabilities and their carers highlights a number of areas where they face difficulties accessing and using health services.

Priority needs for People with Learning Disabilities in Cambridgeshire

- Supporting transition from children and young people's services to adult services.
- Ensuring access to health checks, screening and other preventive health care.
- Being treated with dignity and respect, addressing the issues outlined in the 'local views' section above.
- For carers to be consulted, valued and supported in their role, including forward planning as the carer ages.
- Receiving person-centred care and support with the option of self-directed support and personal budgets.
- Exploring increased provision of services within the county for people with learning disabilities including children, to reduce the need for high cost out of county placements.

5.10 People with Physical and Sensory Impairments and/or Long-Term Conditions (2008)

Full JSNA at http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/adults-physical-or-sensory-impairment-and-or-long-term-condition

Demography

The OPCS Survey of disability estimated that, in 2006, 8% of the Cambridgeshire population (including older people) or about 48,000 people had a disability.

Data and inequalities

- There were 3,020 disabled people of working age receiving benefits in Cambridgeshire in May 2009. Of these 2,990 were receiving Disability Living Allowance. Claimants of benefits related to disability represented about 0.8%, or one person in 125, of resident working age people in Cambridgeshire.
- Individuals with the most severe forms of physical and sensory impairment are eligible for social services support. In 2008/09, Cambridgeshire County Council Adult Social Care provided services for 2,110 clients aged 18-64 with physical disability, frailty and sensory impairment.
- There were 570 people aged between 18 and 64 who were registered with the Council as Blind and/or Partially Sighted at 31 March 2008. There were 1,510 people of all ages registered with social services in Cambridgeshire as deaf (435) or hard of hearing (1,075) at 31 March 2007.
- The likelihood of having a disability increases with a person's age.

Local views

A review of both local and national consultations with people with physical and/or sensory impairment gave the following findings:

- Housing is a major factor determining physically disabled people's health and wellbeing. It appears from national reports that most disabled people live in unsuitable accommodation.
- Physical disability also affects family members, as they often give up their employment to become carers or, if parents, they need to face the costs of a disabled child.
- People with physical disabilities tend to have less disposable income than people without disabilities. Often, this leads into debt problems and housing deprivation.
- Hospital and care staff may have negative attitudes towards physically disabled people mainly due to lack of knowledge of their condition.

Priority needs for people with a sensory or physical impairment in Cambridgeshire

- Considering how some causes of disability can be prevented – for examples through measures to reduce road traffic injuries and stroke.
- Providing effective treatment and rehabilitation services directed towards restoring function for people who are already ill or injured to reduce residual disability.
- Minimising social exclusion for people with physical and sensory impairments through implementation and monitoring of equalities legislation, promoting positive attitudes and flexible practices amongst employers, and through providing opportunities for personalised care with the option of self directed support and personalised budgets.

6. Summary of Key Health and Wellbeing Needs in Cambridgeshire

Looking at the range of JSNA work that has been carried out over the past four to five years in Cambridgeshire, key health and wellbeing needs identified for the county can be summarised as follows:

i. To focus on ensuring a positive start to life for children, given the growing evidence of the impact this will have throughout their lives. Work in a targeted way with more vulnerable families to:

   - promote parental mental and physical health
   - support good parenting skills
   - develop social and emotional skills
   - prevent violence and abuse

ii. To plan now for the significant forecast growth in the number of older people in Cambridgeshire over the next 20 years by prioritising

   - Prevention of ill health and promotion of good health amongst older people.
   - Reconfiguration of services to support older people to live in a community setting as long as possible, avoid admission to hospital/care homes, and return to a community setting after discharge from hospital.

   The evidence base as to what works in preventive services and admission avoidance to hospital or care homes for older people is still developing, so it is essential to evaluate initiatives and measure how well they are working.

iii. To recognise the major impact of common lifestyle behaviours which often start in childhood and continue throughout life – eg smoking, physical activity levels, healthy eating and alcohol use – on the development of long term health problems; and to encourage communities to support lifestyle change.

iv. To promote individual and community resilience and mental health, including promotion of social networks/self management support and community engagement. To be aware of current social and health inequalities and trends in Cambridgeshire, and monitor the potential impacts of unemployment, poor educational attainment, housing benefit/ universal credit changes, fuel poverty, debt and other social issues on local people's health and wellbeing.

v. To consider the needs and outcomes for particularly vulnerable or marginalised populations in Cambridgeshire – including Gypsies and Travellers, homeless people, migrant workers, people with learning disabilities, people with mental health needs and people with physical/sensory impairments, when developing or changing services.

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Cambridge City

This briefing provides an overview of demographic information and health priorities for Cambridge City. It complements the health profile for Cambridge City published in June 2011.[1]

Demography

In 2010, there were 119,800 people living in Cambridge City, 14% under 15 years of age and 12% over 65 years. Cambridge City has the highest concentration of the working age population (16-64 years) at 73% of its total population compared to 65% on average in Cambridgeshire. There is a noticeably higher proportion of people aged 15-34 years due to the large student population.

Table 1: Total population : population estimates, mid 2010 (CCCR&PT)

Local Authority	Age group										Total
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
Cambridge City	6,600	10,600	27,500	23,600	13,900	12,400	11,000	7,500	4,800	2,100	119,800
Cambridge City (%)	5.5%	8.8%	22.9%	19.7%	11.6%	10.4%	9.1%	6.3%	4.0%	1.7%	
East Cambridgeshire	5,300	9,600	8,700	8,400	12,300	11,900	10,600	7,500	5,000	1,700	80,800
East Cambridgeshire (%)	6.5%	11.9%	10.7%	10.4%	15.2%	14.7%	13.1%	9.3%	6.2%	2.1%	
Fenland	5,200	11,200	10,800	10,300	12,400	13,000	12,700	9,700	6,800	2,200	94,200
Fenland (%)	5.6%	11.9%	11.5%	10.9%	13.2%	13.8%	13.4%	10.3%	7.2%	2.4%	
Huntingdonshire	9,500	20,000	19,300	18,500	25,600	25,100	21,400	15,200	8,000	2,800	165,300
Huntingdonshire (%)	5.8%	12.1%	11.7%	11.2%	15.5%	15.2%	13.0%	9.2%	4.8%	1.7%	
South Cambridgeshire	9,100	18,000	14,900	15,300	22,000	21,200	19,200	14,300	8,400	2,900	145,300
South Cambridgeshire (%)	6.2%	12.4%	10.2%	10.5%	15.1%	14.6%	13.2%	9.8%	5.8%	2.0%	
Cambridgeshire	35,700	69,300	81,100	76,100	86,300	83,700	74,700	54,200	33,000	11,700	605,400
Cambridgeshire (%)	5.9%	11.4%	13.4%	12.6%	14.3%	13.8%	12.3%	8.9%	5.5%	1.9%	

Source: Cambridgeshire County Council Research & Performance Team. Note: Totals may not sum due to rounding.
Definition: Mid 2010 based single year population estimates (Note: Figures are rounded to the nearest 100).

The population of Cambridge City is forecast to increase by 26,300 (21.7%) by 2021 which is one-third of the total population increase in Cambridgeshire as a whole [2].

In terms of ethnicity, Cambridge City is the most diverse district in Cambridgeshire with 7.2% of people in the 'Other White' group compared with 4.2% in Cambridgeshire and 3.1% in the 'Chinese or Other Ethnic group' compared with 1.1% in Cambridgeshire.

Deprivation

In 2010, Cambridge City is Cambridgeshire's second most deprived district ranking 188/326 in England.[3] The percentage rank of Cambridge City is lower in 2010, indicating that the district has become more deprived relative to the national picture. There are marked and known differences in deprivation with some areas, generally in the north and east of the district that are relatively deprived. Three wards, Kings's Hedges, Abbey and Arbury are in the fifth most deprived wards in Cambridgeshire. For the specific Health and Disability domain of IMD 2010, 14 Lower Super Output Areas (LSOAs) in Cambridgeshire are within the most deprived quintile nationally. Ten of these are in Cambridge City in King's Hedges, East Chesterton, Abbey, Romsey, Petersfield, Coleridge, and West Chesterton wards.

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[1] www.healthprofiles.info Health Profile 2011. Source: Department of Health. © Crown Copyright 2011.
[2] Source: Cambridgeshire County Council Research & Performance Team mid 2010 forecasts.
[3] This s based on scores from the Index of Multiple Deprivation (IMD) which assesses socioeconomic deprivation across seven domains: income; employment; health and disability; education; skills and training; housing and distance to services; living environment and crime.

Income deprivation affecting children index (IDACI)

In terms of Income Deprivation Affecting Children, Cambridge is the most deprived district in Cambridgeshire and is in the second most deprived quintile nationally. Of the 32,482 LSOAs nationally, 14 in Cambridgeshire are within the most deprived quintile and eight of these are in Cambridge, in Abbey, East Chesterton and King's Hedges wards. In these areas, more than 40% of children aged 0-15 years live in families in receipt of benefits.

Income deprivation affecting older people index (IDAOPI)

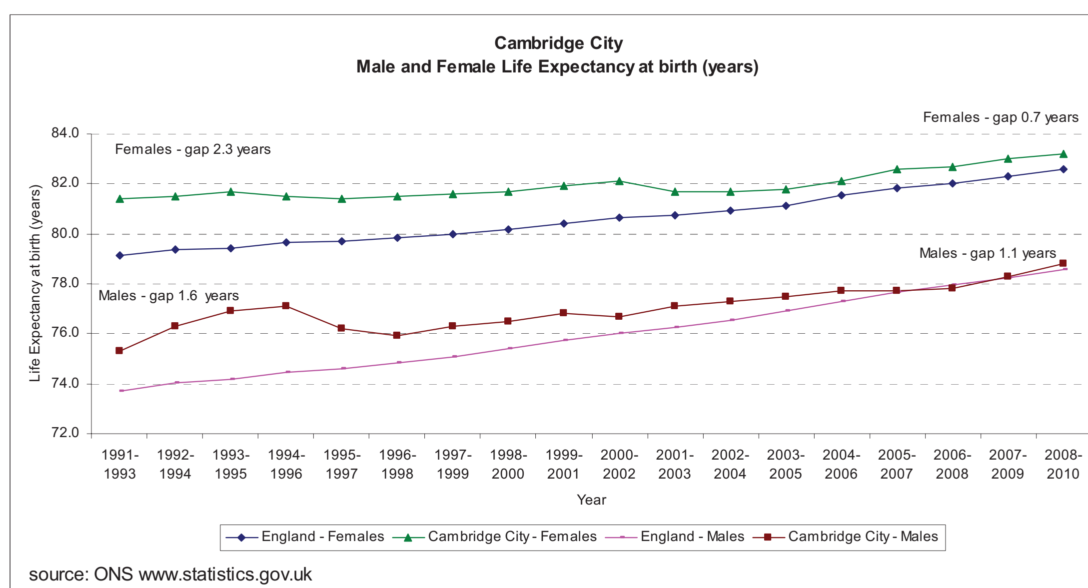
Of the 32,482 LSOAs nationally, seven in Cambridgeshire are within the most deprived quintile for income deprivation affecting older people and five of these are in Cambridge City in Abbey, Castle, Petersfield, King's Hedges and Romsey wards. In these areas 32-38% of people aged 65 and over experience income deprivation.

Life expectancy

Life expectancy for women in Cambridge City was 83.2 years in 2008-2010, above the England average but not statistically significantly so. For males the figure is 78.8 years, only just above the England average of 78.6 years (Figure 1). In both sexes, whilst life expectancy has improved, the rate of increase has not been as that seen in either England or in Cambridgeshire as a whole. Reasons for this are being explored by examining the mortality experience of both men and women in more detail but to date, reasons for this remain unclear.

However, life expectancy in the most deprived 40% of LSOAs in Cambridgeshire is statistically significantly lower than the Cambridgeshire average for both males and females. In Cambridge City, life expectancy is 6.7 years lower for men and 7.3 years lower for women in the 10% of most deprived areas of Cambridge City than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011).

Figure 1: Male and female life expectancy at birth. Cambridge City



Mortality

In 2007-2009, deaths from circulatory disease and cancer make up 61.4% of all deaths in NHS Cambridgeshire and similarly in Cambridge City these are the main

causes of death. Over the last ten years, death rates from all causes of death for both males and females and for premature deaths (those in the under 75s) from heart disease, stroke and cancer have decreased In Cambridge City and are lower than the national rates. However, the improving local trends have tended to level off in recent years and become closer to the national average. The gap in mortality between Cambridge City and Cambridgeshire's average has been increasing and has been above the county average for the last four time periods.

Figure 2: All cause mortality in people aged under 75 years. Cambridge City, Cambridgeshire and England

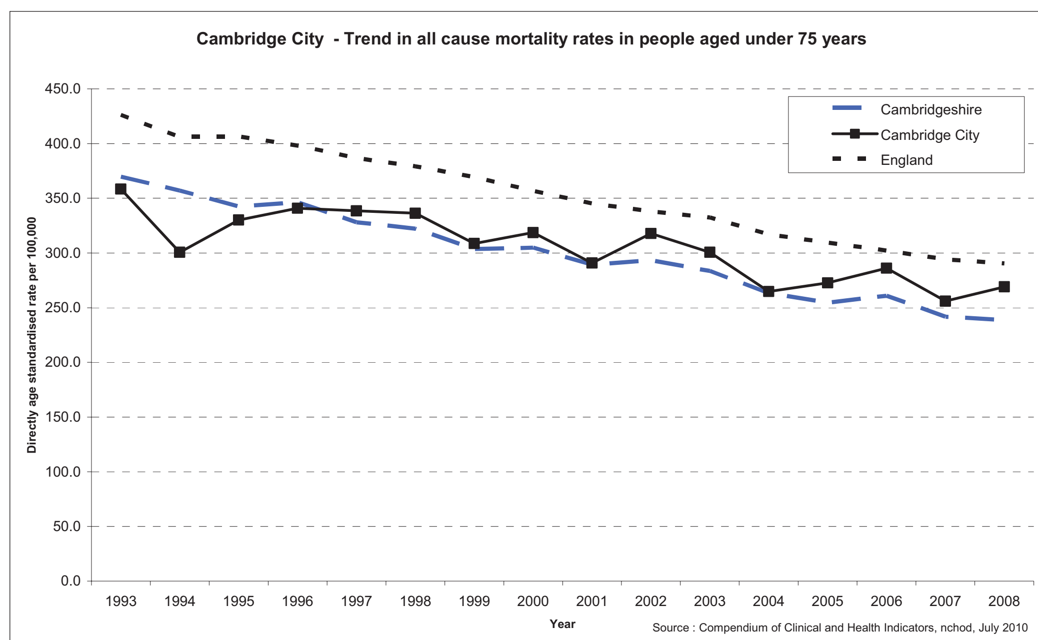


Table 2 summarises the main mortality rates 2007-2009 together with an assessment of whether the change in trend is faster or slower than the national change in trend.

Table 2: Mortality – trends and 2007/09 rates

Disease area	Cambridge City		Cambridgeshire		England	
	2007/09 rate	Trend	2007/09 rate	Trend	2007/09 rate	Trend
All Cause Mortality, all ages	549.5	↓	505.1	↓	567.1	↓
All Cause Mortality, under 75 years	274.1	↓	238.7	↓	287.8	↓
All Circulatory diseases, under 75 years	61.4	↓	56.6	↓	70.5	↓
All Cancers, under 75 years	102.7	↓	97.2	↓	112.1	↓
Suicide and Undetermined Injury, all ages	11.1	↑	8.3	↓	7.9	↓
Accidents, all ages	17.0	↓	16.3	↓	15.7	↓
Land based transport accidents, all ages	3.1	↑	5.9	↓	4.3	↓

Source: Compendium of Clinical and Health Indicators, NCHOD, March 2011 *Note: the trend is based on the annual change in rates between 1998 and 2009 (except for Land based transport accidents which are based on 1996 to 2098)*

Key
2007/09 rate

Statistically significantly higher than England	(red)
Higher than England	(orange)
Lower than England	(yellow)
Statistically significantly lower than England	(green)

Trend (Exponential Trendline)

Increasing trend	↑
Decreasing trend	↓
Faster rate of change than England	(green)
Slower rate of change than England	(yellow)
Opposite trend to England	(red)

For Cambridge City, mortality from Suicide and Undetermined Injury and Accidents (All Ages) are above the Cambridgeshire average but both are based on relatively small numbers and prone to fluctuation.

Recorded prevalence of disease in General Practice 2010/11
Quality and Outcomes Framework (QoF) Cambridge City GP Practices

The spine chart below shows data on the recorded prevalence of various conditions for all Cambridge City GP Practices combined for 2010/11. The number of people on disease registers such as coronary heart disease (CHD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD) and other conditions are shown together with the proportion of the total list size at January 2011. This gives an indication of the 'recorded prevalence' of various conditions in the local area.

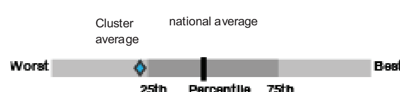
The central column displays the local % value visually in the context of the England range of values from England 'worst' to England 'best' and the key describes the colours used to demonstrate whether or not the figure is statistically significantly different to the national value. The Cambridgeshire average figure is also shown (blue diamond on the chart) and the final column displays whether or not the local value is significantly different to the Cambridgeshire average.

For Cambridge City the majority of the QoF values displayed, with the exception of the Mental Health indicator, are significantly better than that of England and of Cambridgeshire as a whole. Some caution is necessary since the figures can be an indication of under-recording rather than lower disease prevalence. Also, because the QoF percentages are not adjusted for age, the low prevalences in Cambridge are likely to be related to the younger age profile of the population.

Figure 3: Spine chart Cambridge City Quality and Outcomes (QoF) data 2010/11 compared to England and Cambridgeshire

Key Spine chart England comparison

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated



Cambridgeshire comparison

- Significantly better than Cambridgeshire average
- Not significantly different
- Significantly worse than Cambridgeshire average

	Indicator	Number of people on local registers	% of total list size	Eng avg	Eng worst	England range	Eng best	Cambs avg	Sig diff from Cambs avg
1	Asthma GP recorded prevalence (%)	8,504	5.5	5.9	7.5		3.3	6.5	
2	Atrial Fibrillation GP recorded prevalence (%)	1,826	1.2	1.4	2.9		0.4	1.5	
3	Cancer GP recorded prevalence (%)	2,165	1.4	1.6	3.5		0.6	1.8	
4	CHD GP recorded prevalence (%)	3,245	2.1	3.4	6.1		1.4	3.0	
5	CKD GP recorded prevalence 18+ (%)	3,136	2.5	4.3	10.3		1.3	3.8	
6	COPD GP recorded prevalence (%)	1,623	1.0	1.6	3.7		0.5	1.5	
7	Dementia GP recorded prevalence (%)	660	0.4	0.5	1.0		0.2	0.5	
8	Depression GP recorded prevalence(%)	12,772	8.2	8.8	16.2		2.9	10.1	
9	Diabetes GP recorded prevalence 17+ (%)	4,207	3.3	5.5	8.1		2.4	5.0	
10	Epilepsy GP recorded prevalence 18+ (%)	713	0.6	0.8	1.3		0.4	0.7	
11	Heart failure due to LVD GP recorded prevalence (%)	440	0.3	0.4	0.9		0.2	0.4	
12	Heart failure GP recorded prevalence (%)	777	0.5	0.7	1.3		0.3	0.7	
13	Hypothyroidism GP recorded prevalence (%)	3,593	2.3	3.0	5.2		1.2	3.2	
14	Hypertension GP recorded prevalence (%)	14,026	9.0	13.5	19.8		7.9	12.9	
15	Learning Disabilities GP recorded prevalence 18+ (%)	390	0.3	0.4	0.9		0.1	0.4	
16	Mental health GP recorded prevalence (%)	1,703	1.1	0.8	1.5		0.3	0.7	
17	Palliative Care GP recorded prevalence (%)	177	0.1	0.2	0.8		0.1	0.2	
18	Stroke and TIA GP recorded prevalence (%)	1,792	1.2	1.7	3.2		0.7	1.5	

Source: QoF 2010/11. Information Centre. Spine chart from West Midlands Public Health Observatory

Lifestyles

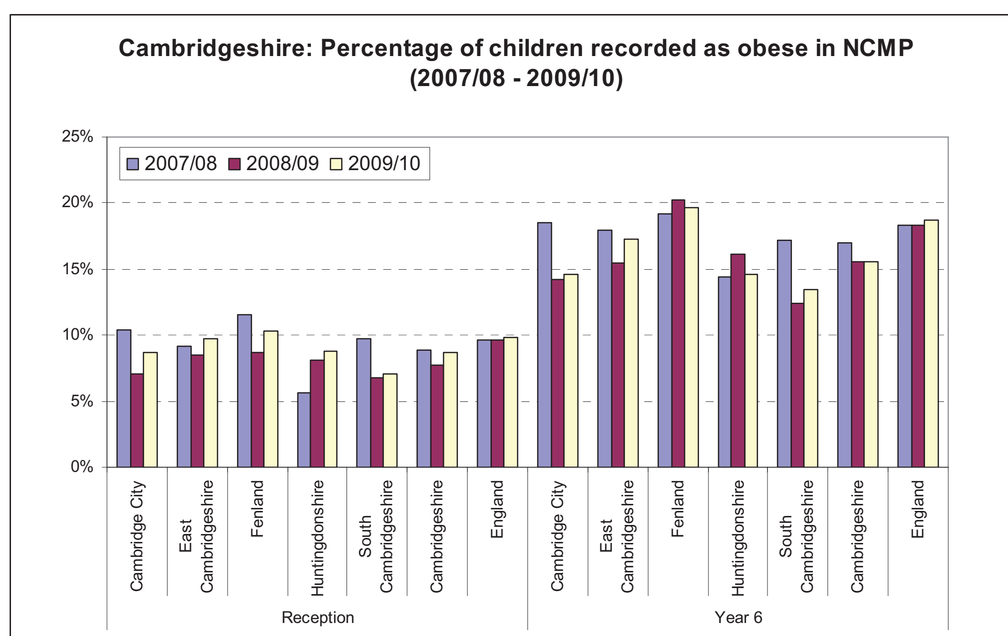
Smoking

Smoking prevalence is estimated to be slightly lower in Cambridge City (17.1%) in the adult population than in Cambridgeshire (19.9%) but this still represents over 17,000 smokers in the district. Increasing numbers of people access NHS Stop Smoking Services each year and in 2010/11 there were 1,494 people in Cambridge City who set a quit date through Camquit (the local Stop Smoking Service) of whom 705 were successful in quitting at four weeks.

Childhood obesity

Children's weight in Cambridgeshire is recorded in the National Childhood Measurement Programme (NCMP). Levels of obesity in children in Cambridgeshire are generally lower than seen nationally. An increase in the proportion of obese children between Reception and Year 6 is seen each year the NCMP has run. In Cambridge City 8.7% of children in Reception and 14.6% in Year 6 were recorded as obese in NCMP. For Year 6 children, there was little change in the rate of childhood obesity recorded in the last two years.

Figure 4: Trends in childhood obesity



Estimates of adult obesity suggest that 17.2% of adults in Cambridge City are obese.

Physical activity

Sport England surveys suggest that in Cambridgeshire (2009/10), 23.2% of people participated in at least 30 minutes of moderate intensity participation in sport and active recreation on at least three days a week. In general there have been downward trends in participation rates at district level. (see additional comments under national health profiles)

National health profiles

The national health profiles, assembled by the English Public Health Observatories (PHOs), were released in June 2011. The profiles include benchmarking of local information against the national position. The full profiles can be found at http://www.healthprofiles.info. The Spine Chart is attached at Appendix 1.

Indicators where Cambridge is significantly worse than the national average:

- Statutory homelessness
- Violent crime
- Physically active children
- Hospital stays for alcohol related harm

Statutory homelessness. The local value has improved slightly from the 2010 profile, but the national position has improved at a greater rate and this accounts for the adverse local statistical assessment in 2011.

Violent crime. Cambridge City's rate of violent crime is statistically significantly higher than in England. However, the trend shows that recorded offences are decreasing, with the rate of offences per 1,000 population at their lowest level in 2009/10 since 2002/03. Crime, particularly violent crime, is linked to mental health. They may have similar determinants such as drugs, alcohol and deprivation and victims of crime are more likely to suffer mental health problems such as depression. Those who suffer from mental illness are more likely to be victims of crime than commit crime, although violent crimes committed by people with mental illnesses are more frequently reported.

Physically active children. The rate has declined locally and improved nationally. However, there are a range of indicators for physically active children and Cambridgeshire performed well in 2009/10 for children spending more than two hours per week on school sport with improving levels of participation. Rates of Year 6 childhood obesity are around the same as last year and are significantly better than nationally. 14.6% of Year 6 children are classified as obese and fewer than average pupils spend at least three hours each week on school sport.

Alcohol Recent rates of hospital stays due to alcohol related harm are above average and this remains the case in comparison with the 2010 profile. For the population served by NHS Cambridgeshire, 8.3% of alcohol related hospital admissions are caused by alcohol specific mental and behavioural disorders in men (529 actual admissions) and 2.5% in women (159 admissions). Most of these alcohol specific mental and behavioural admissions occur in the 30-39 year old age group (over 40%). A local alcohol profile for Cambridge is included at Appendix 2 – the full profile can be found at http://www.nwph.net/alcohol/lape. This shows that Cambridge is also significantly 'worse' than England for crimes related to alcohol and binge drinking.

Please also see the local Drug and Alcohol Needs Assessments at
http://www.cambridgeshirejsna.org.uk/other-assessments/daat-needs-assessments.
Cambridge is ranked among the 20% of local authorities with the worst results on the following indicators:

- Alcohol-specific hospital admission for males and females.
- Increasing risk drinking at 22.5% (synthetic estimate).
- Binge drinking at 28% (synthetic estimate).

There were relatively high numbers of acute admissions from people in their teens and early twenties in Cambridge City compared to the other districts. However, the age profile is different with relatively more young people living in the City compared to other districts

Drug related deaths

Drug related deaths are described in the local Drugs and Alcohol Needs Assessments (referenced on previous page). For the years 2006-2008, there were 42 drug related deaths in Cambridgeshire with the highest number, and rate being in Cambridge City. The rate was 5.9 per 100,000 population compared with rates of 1.7 in Fenland and Huntingdonshire.

Mental health

Findings from the JSNA 'Mental Health in adults of working age' indicate that the prevalence of mental health issues in Cambridge City is high. The reasons for this are complex. Please see the JSNA 'Mental health in adults of working age' at http://www.cambridgeshirejsna.org.uk/mental-health-adults-working-age/mh-adults. Note also that the Cambridge Access Surgery serves homeless people. According to QOF data 2010/11, the recorded prevalence of mental illness at the surgery was 15.0% compared to the NHS Cambridgeshire average of 0.7%.

Priorities for Cambridge City

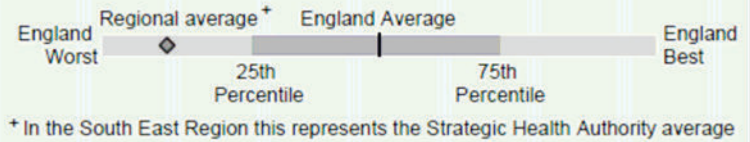
The following priorities were identified in the health profile for Cambridge.

- Addressing local inequalities in health. See the local health inequalities strategy at: http://www.cambridgeshirepct.nhs.uk/downloads/Your%20Health/OtherPublicHealthReports/Cambridgeshire%20Health%20Inequalities%20Strategy%202009-2011.pdf.
- Working in partnership to address the needs of homeless people. Please see the 'People who are homeless or at risk of homelessness' JSNA at: http://www.cambridgeshirejsna.org.uk/jsna-topics-published-previously/people-who-are-homeless-or-risk-homelessness.
- A focus on prevention, including alcohol related harm, smoking physical activity and obesity. Please see the prevention JSNA for working age adults at: http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5-prevention

Health summary for Cambridge

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	0	0.0	19.9	89.2		0.0
	2 Proportion of children in poverty	2985	16.8	20.9	57.0		5.7
	3 Statutory homelessness	126	2.74	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	464	57.6	55.3	38.0		78.6
	5 Violent crime	2118	17.8	15.8	35.9		4.6
	6 Long term unemployment	367	4.0	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	155	11.4	14.0	31.4		4.5
	8 Breast feeding initiation	1085	79.7	73.6	39.9		95.2
	9 Physically active children	5291	47.7	55.1	26.7		80.3
	10 Obese children (Year 6)	113	14.6	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	0.5	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	59	32.1	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	15.4	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	14.7	23.6	39.4		11.5
	15 Healthy eating adults	n/a	37.1	28.7	19.3		47.8
	16 Physically active adults	n/a	12.2	11.5	5.8		19.5
	17 Obese adults	n/a	14.4	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	13	14.1	13.1	27.2		3.1
	19 Hospital stays for self-harm	292	222.1	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	2353	2157	1743	3114		849
	21 Drug misuse	789	8.8	9.4	23.8		1.8
	22 People diagnosed with diabetes	4078	3.28	5.40	7.87		3.28
	23 New cases of tuberculosis	14	12	15	120		0
	24 Hip fracture in 65s and over	102	495.2	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	35	13.1	18.1	32.1		5.4
	26 Life expectancy - male	n/a	78.3	78.3	73.7		84.4
	27 Life expectancy - female	n/a	83.0	82.3	79.1		89.0
	28 Infant deaths	7	5.21	4.71	10.63		0.68
	29 Smoking related deaths	118	173.2	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	54	61.4	70.5	122.1		37.9
	31 Early deaths: cancer	89	102.7	112.1	159.1		76.1
	32 Road injuries and deaths	45	38.2	48.1	155.2		13.7

Indicator Notes

1 % of people in this area living in 20% most deprived areas in England 2007 2 % children in families receiving means-tested benefits & low income 2008 3 Crude rate per 1,000 households 2009/10 4 % at Key Stage 4 2009/10 5 Recorded violence against the person crimes crude rate per 1,000 population 2009/10 6 Crude rate per 1,000 population aged16-64, 2010 7 % of mothers smoking in pregnancy where status is known 2009/10 8 % of mothers initiating breastfeeding where status is known 2009/10 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2009/10 10 % of school children in Year 6, 2009/10 11 Weighted mean number of decayed, missing or filled teeth in 12-year-olds, 2008/09 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2007-2009 (provisional) 13 % adults aged 18+, 2009/10 14 % aged 16+ in the resident population, 2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 16 % aged 16+ 2009/10 17 % adults, modelled estimate using Health Survey for England 2006-2008 (revised) 18 Directly age standardised rate per 100,000 population under 75, 2005-2007 19 Directly age and sex standardised rate per 100,000 population 2009/10 20 Directly age and sex standardised rate per 100,000 population, 2009/10 21 Estimated problem drug users using crack and/or opiates aged 15-64 per 1,000 resident population, 2008/09 22 % of people on GP registers with a recorded diagnosis of diabetes 2009/10 23 Crude rate per 100,000 population 2007-2009 24 Directly age and sex standardised rate for emergency admission 65+, 2009/10 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.06-31.07.09 26 At birth, 2007-2009 27 At birth, 2007-2009 28 Rate per 1,000 live births 2007-2009 29 Per 100,000 population aged 35 +, directly age standardised rate 2007-2009 30 Directly age standardised rate per 100,000 population under 75, 2007-2009 31 Directly age standardised rate per 100,000 population under 75, 2007-2009 32 Rate per 100,000 population 2007-2009

For links to health intelligence support in your area see www.healthprofiles.info More indicator information is available online in The Indicator Guide.

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LAPE

Local Alcohol Profiles for England

Cambridge

Compared to England average:
- Significantly better
- Significantly worse
- Not significant
- Not calculated

England Worst · Regional Average · 25th Percentile · England Average · 75th Percentile · England Best

Months of life lost - males
Months of life lost - females
Alcohol-specific mortality - males
Alcohol-specific mortality - females
Mortality from chronic liver disease - males
Mortality from chronic liver disease - females
Alcohol-attributable mortality - males
Alcohol-attributable mortality - females
Alcohol-specific hospital admission - under 18s
Alcohol-specific hospital admission - males
Alcohol-specific hospital admission - females
Alcohol-attributable hospital admission - males
Alcohol-attributable hospital admission - females
Admission episodes for alcohol-attributable conditions (previously NI39)
Alcohol-related recorded crimes
Alcohol-related violent crimes
Alcohol-related sexual offences
Claimants of incapacity benefits - working age
Mortality from land transport accidents
Abstainers synthetic estimate
Lower Risk drinking (% of drinkers only) synthetic estimate
Increasing Risk drinking (% of drinkers only) synthetic estimate
Higher Risk drinking (% of drinkers only) synthetic estimate
Binge drinking (synthetic estimate)
Employees in bars - % of all employees

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