Public Document Pack

Cambridge City Council

CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Thursday, 25 July 2013
Time: 12.00 pm
Venue: Committee Room 1 - Guildhall
Contact: Graham Saint **Direct Dial:** 01223 457013

AGENDA

1 APOLOGIES

2 ELECTION OF CHAIR AND VICE-CHAIR

3 EXTENSION OF THE PARTNERSHIP

Members are asked to agree to the nomination of Elizabeth Locke, City-based Co-ordinator for Healthwatch, to the Partnership. Members extended an offer to a local representative of Healthwatch at the Partnership meeting on February 2013.

4 PUBLIC QUESTIONS (SEE BELOW)

This is an opportunity for members of the public to ask a question or make a statement to the Partnership. Please refer to the Public Participation section at the end of this agenda.

5 MINUTES AND MATTERS ARISING *(Pages 7 - 12)*

To approve the minutes of the meeting held on the 18th April 2013.

Progress Update.

a. Improving information flows between local GPs and Housing Officers to improve our services.

A meeting took place on 28 June to refine a common form (with attached notes) to help guide letters written by GPs conveying a patient's medical condition and their housing circumstances. Support for this draft will be sought from colleagues. An oral update will be provided.

b. Consideration of Ageing Well issues by the Diversity Forum

The Council's Diversity Forum on 17 June looked at how local services are coordinating their activities to help combat the loneliness and isolation of older people and whether a new forum is needed to coordinate local work. This was at the request of the Partnership. An oral update will be provided.

6 CLINICAL COMMISSIONING PLANS FOR THE CARE OF OLDER PEOPLE *(Pages 13 - 20)*

Nigel Smith, Local Chief Officer for Cambridgeshire Association to Commission Health, will provide a brief presentation about the about the developing **clinical commissioning plans for the care of older people**.

The CCG is looking to secure "a lead provider" for older people's services, providing an integrated acute and community pathway. The contract could cover a range of services including "acute, community, long-term care, respite care and community health, dental services; therapies and community support services. Cambridgeshire Community Services Trust is to be dissolved next year. A presentation from May 2013 is attached as background for members at pages. An update will follow shortly.

7 UPDATE ON THE WORK OF THE HEALTH AND WELLBEING BOARD

The Partnership's representative on the Board will provide an update on the discussions of the Board.

The agenda front sheet for the HWB meeting on 11 July 2013 can be found using the link below. (Please copy and paste the following into your browser).
http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Meeting.aspx?meetingID=635

The Adults Wellbeing and Health Overview and Scrutiny Committee will be meeting on 18 July 2013. The agenda can be found using the link below. (Please copy and paste the following into your browser).
http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Committee.aspx?committeeID=37

8 MESSAGES FOR CAMBRIDGE FROM RECENT JOINT STRATEGIC NEEDS ASSESSMENT TOPICS *(Pages 21 - 26)*

Wendy Quarry, JSNA Programme Manager, will outline some of the findings for Cambridge of recent Joint Strategic Needs Assessments

focusing on different client groups. A background paper is attached.

9 FORWARD PLAN *(Pages 27 - 28)*

A copy of the Partnership's Forward Plan is attached. Members are invited to consider the issues they wish to discuss at future meetings.

10 DATE OF NEXT MEETING

The next meeting is scheduled for 24th October 2013, starting at 12 noon.

Information for the Public

Location

The meeting is in the Guildhall on the Market Square (CB2 3QJ).

Between 9 a.m. and 5 p.m. the building is accessible via Peas Hill, Guildhall Street and the Market Square entrances.

After 5 p.m. access is via the Peas Hill entrance.

All the meeting rooms (Committee Room 1, Committee 2 and the Council Chamber) are on the first floor, and are accessible via lifts or stairs.

Public Participation

Some meetings may have parts that will be closed to the public, but the reasons for excluding the press and public will be given.

Most meetings have an opportunity for members of the public to ask questions or make statements.

To ask a question or make a statement please notify the Committee Manager (details listed on the front of the agenda) prior to the deadline.

- For questions and/or statements regarding items on the published agenda, the deadline is the start of the meeting.

- For questions and/or statements regarding items NOT on the published agenda, the deadline is 10 a.m. the day before the meeting.

Speaking on Planning Applications or Licensing Hearings is subject to other rules. Guidance for speaking on these issues can be obtained from Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Further information about speaking at a City Council

meeting can be found at;

https://www.cambridge.gov.uk/speaking-at-committee-meetings

Cambridge City Council would value your assistance in improving the public speaking process of committee meetings. If you any have any feedback please contact Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Filming, recording and photography

The Council is committed to being open and transparent in the way it conducts its decision-making. Recording is permitted at council meetings, which are open to the public. The Council understands that some members of the public attending its meetings may not wish to be recorded. The Chair of the meeting will facilitate by ensuring that any such request not to be recorded is respected by those doing the recording.

Full details of the City Council's protocol on audio/visual recording and photography at meetings can be accessed via:

http://democracy.cambridge.gov.uk/ecSDDisplay.aspx?NAME=SD1057&ID=1057&RPID=42096147&sch=doc&cat=13203&path=13020%2c13203

Fire Alarm

In the event of the fire alarm sounding please follow the instructions of Cambridge City Council staff.

Facilities for disabled people

Level access to the Guildhall is via Peas Hill.

A loop system is available in Committee Room 1, Committee Room 2 and the Council Chamber.

Accessible toilets are available on the ground and first floor.

Meeting papers are available in large print and other formats on request prior to the meeting.

For further assistance please contact Democratic

Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Queries on reports

If you have a question or query regarding a committee report please contact the officer listed at the end of relevant report or Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

General Information

Information regarding committees, councilors and the democratic process is available at http://democracy.cambridge.gov.uk/

CAMBRIDGE LOCAL HEALTH PARTNERSHIP 18 April 2013
12.00 - 1.35 pm

Present:

Antoinette Jackson (Chief Executive, Cambridge City Council),
Mark Freeman (Cambridge Council for Voluntary Services),
Inger O'Meara (Health Improvement Specialist, Cambridgeshire NHS),
Mike Pitt (Executive Councillor, Cambridge City Council),
Catherine Smart (Executive Councillor, Cambridge City Council),
Liz Robin (Director of Public Health, Cambridgeshire County Council),
Graham Saint (Strategy Officer, Cambridge City Council),
Toni Birkin (Committee Manager, Cambridge City Council).
Tom Dutton (Strategic Lead for Cambridgeshire Association to Commission Health)
Mike Hay (Head of Quality and Transformation, Cambridgeshire County Council)
Jas Lally (Head of Refuse and Environment, Cambridge City Council)
Alan Carter (Head of Strategic Housing)
Helen Reed (Housing Strategy Manager)
Joseph Keegan (Cambridgeshire County Council)
Sue Beechcroft (Sub-Regional Housing Strategy Coordinator)

FOR THE INFORMATION OF THE COUNCIL

13/10/CLHP Apologies

Apologies were received from Rachel Harmer, Jez Reeve, Nigel Smith, Rachel Harrison, Councillor O'Reilly, and County Councillor Paul Sales.

13/11/CLHP Public Questions

There were no public questions.

13/12/CLHP Minutes and Matters Arising

The minutes for the meeting of the 7th February 2013 were agreed as a correct record.

Matters arising:

Actions from the recent Housing and Health Workshop
At the workshop, it had been agreed that a common medical information form be developed for the partners to share. Cam Health had considered the form and felt that it could be streamlined. A GP based in Bottisham had volunteered to work it up with the City Council. A pilot scheme to test the form would then be agreed. Extending this to the neighbouring authorities, such as South Cambs, would be considered at a later date.

Mental Health Reviews and Commissioning
The partnership noted the attached briefing note showing how County Council services contributed to good mental health.

13/13/CLHP Update On The Work Of The Cambridgeshire Health and Wellbeing Board (CHWB Board)

The Partnership received an update on the work of the Cambridgeshire Health and Wellbeing Board from Dr Liz Robins, Director of Public Health.

At the first meeting of the Board on 16th April 2013, Councillor Tierney was appointed as Chair. Standing Orders and the structure of the Board were also agreed. The meeting had considered an action plan and agreed priorities that would help guide the plans of Local Health Partnerships.
The Board had considered the feedback from this Partnership, along with other Local Health Partnerships, with the following common key themes had emerging: improving responses to mental health issues (in particular, lower level mental health needs), older people and social care and providing for housing need.

The Partnership made the following comments in response to the above.

i. The Joint Strategic Needs Assessment (JSNA) was agreed to be a useful tool for many agencies and the public and one of the next steps will be to pull out the issues for each district area to help guide local priority setting. Action planning for the Health and Wellbeing Strategy was developing. However, the capacity of officers to deliver outcomes needed to be considered. Better use of partnerships and the sharing of resources is a practical way forward.
ii. The Local Health Partnerships will need to consider its own contribution and the partnerships it can utilise.

iii. A well-developed forward plan for the Board will allow Local Health Partnerships to plan their work more effectively. The initial areas of interest for the Board were the most challenging.

13/14/CLHP Update on Clinical Commissioning Plans

The Partnership received a report from Tom Dutton, Strategic Lead for Cambridgeshire Association to Commission Health) giving an update on Clinical Commissioning Plans. He suggested that more in-depth discussions about the commissioning plans could take place at future meetings. Tom said that the Local Commissioning Groups were committed to developing partnership working opportunities and looking at new ways of engaging local people in their work. He proposed that the forthcoming older people's commissioning plan will be a suitable agenda item for the next Partnership meeting. This was agreed.

The Partnership made the following comments in response to the presentation:

i. The Partnership welcomed the range of initiatives the LCG's were pursuing and their value to the City.
ii. There is a sound business case for the inclusion of services for those who were at risk of social exclusion and present activities, especially around services provided for street drinkers misusing alcohol and other drugs.
iii. Concerns were raised about the potential loss grants to smaller voluntary agencies, providing vital services, during the transfer of responsibilities and grant arrangements between the PCT and LCGs.
This was apparent for groups whose area of operation crossed boundaries between LCGs. Mark said he would look into this and give Tom a feel for the number and type of community and voluntary groups affected. Any anomalies in funding between Local Commissioning Groups could be open to challenge from the Peterborough and Cambridgeshire Commissioning Group's governing body.

13/15/CLHP Housing Related Support Services

The Partnership received a report from Joseph Keegan, (Strategic Planning Manager) regarding Housing Related Support. The Partnership was invited to comment on the future delivery of these services and the following points were raised.

i. The budget for the service was relatively small but had an impact for many households and individuals.
ii. Concerns were raised that the 'bedroom tax' criteria did not take into account the need for relatives caring for people with disabilities to have their own room. It was suggested that professionals working in this area should lobby for changes to the criteria.
iii. At the recent workshop, an agreed action had been for Alison Cole (Head of Revenues and Benefits) to attend a GP forum to give them an update on welfare reforms. This offer was still available.
iv. Concerns were expressed about the mainstreaming of formerly ring fenced housing related support.
v. More work was needed on the procurement of housing related support services as the recent restructure was just beginning to bed down.
vi. Personalised budgets were discussed. They had not developed for this service in the same way as personal care. The partnership agreed that this would be more challenging to deliver to this client group.

13/16/CLHP Housing And Health Joint Strategic Needs Assessment (JSNA)

The Partnership received a report from Sue Beecroft, Sub-Regional Housing Strategy Coordinator, regarding the Housing and Health Joint Strategic Needs Assessment.

The Partnership made the following comments.

i. Housing affordability will continue to be an issue for Cambridge and the emerging new communities.
ii. Information sharing is still being developed and protocols will be established so that numerical rather than personal information could be shared across agencies.
iii. The JSNA was a work in progress and further work would be needed.

13/17/CLHP Forward Plan

The Partnership amended the forward plan as follows:

MEETING DATE	ITEM
25th July 2013	Clinical Commissioning Plans for the care of older people – Tom Dutton
	Update on the Ageing Well project and in Cambridge and a report on the views of the Council's Diversity Forum about the need for an Aging Well Forum for Cambridge.
MEETING DATE	**ITEM**
24th October 2013	Looking at Community Safety and Health including Streetlife issues.

13/18/CLHP DATE OF NEXT MEETING

The next meeting will be on 25th July 2013.

The meeting ended at 1.35 pm

CHAIR

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NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Older People Programme
Joined up service transformation

Update and Options May 2013

Content

- Programme background
- Options
- Next steps
- Community services
- Questions

The Team

LCG / Local Leads

- Dr Paula Newton (Hunts)
- Sarah Shuttlewood (Hunts)
- Dr Paul Van Den Bent (B & Pboro)
- Cathy Mitchell (B & Pboro)
- Jana Burton (Pboro Social Care)
- Dr Michael Grande (Cam Health)
- Dr Cathy Bennett (CATCH)
- Dr John Jones (Isle of Ely)
- Chris Humphris (IoE, Wisbech)
- Adrian Loades (Cambs social care)

CCG wide

- Dr Arnold Fertig
- Dr John Jones
- Andy Vowles
- Matthew Smith
- Dr Kirsteen Macleod
- Dr Caroline Lea-Cox
- Chris Humphris
- Martin Peat (Procurement)
- Gordon Lacey (Patient Rep)
- Brian Parsons (Patient Rep)

3

Purpose

- Update on progress
- Explain options for improving services and care for older people
- Opportunity for local debate on options
- Questions and 'myth busting'

4

PROGRAMME BACKGROUND

CCG strategic priorities & outcomes

Improving out of hospital care for frail older people
(headline outcome: reduction in emergency hospital bed days for older people, plus associated patient/carer satisfaction indicator)

Improving out of hospital end of life care
(headline outcome: patients enabled to die at home where it is their preferred place of death, plus indicators of patient experience and associated patient/carer satisfaction indicator)

Reducing inequalities: coronary heart disease
(headline outcome: reducing premature deaths from CHD age <75)

What's the issue? (1)

- Population growth 2010 – 2016:

Peterborough:	Cambridgeshire:
•23% growth in 65+ population	25% growth in 65+ population
•23% growth in 80+ population	18% growth in 80+ population
•32% growth in 85+ population	22% growth in 85+ population

- Minimum financial growth / flat cash for foreseeable future

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What's the issue? (2)

- Our current model of commissioning services for older people has serious shortcomings....
  - Fragmentation
  - Incentives not aligned
  - Reactive illness service
  - Measuring specific processes not outcomes
  - Local issues such as DTOCs, high occupancy, sharing of information
- Opportunity to make significant improvement, and to innovate

8

Overall Programme Vision

- For older people to be **proactively supported** to maintain their health, well-being and independence for as long as possible, receiving care in their **home and local community** wherever possible
- For care to be provided in an integrated way with **services organised around the patient**
- To ensure that services are **designed and implemented locally**, building on best practice
- To provide the right contractual and financial **incentives** for good care and outcomes
- To work with **patients and representative groups** to design how we commission services

9

Definition of integrated care

Integrated care means

Person centred coordinated care

Coordinated care is

"My care is planned with people who work together to understand me and my carers, put me in control, coordinate and deliver services to achieve my best outcomes"

10

Local design and outcome specifications

- LCGs working in systems have developed their **local vision** for integrated older people services
- **Mapped existing** local services, identifying strengths & weaknesses
- Specified local **success criteria & outcome metrics** (over & above Emergency Bed Days & patient satisfaction measures)

11

Engagement

- Local engagement approaches
- CCG 5th March Stakeholder Event, facilitated by Chris Ham, CEO from the Kings Fund

  Over 100 delegates attended from Local health care providers, health and social care commissioners, voluntary organisations and patient representative organisations
- CCG 16 April Provider Engagement Event

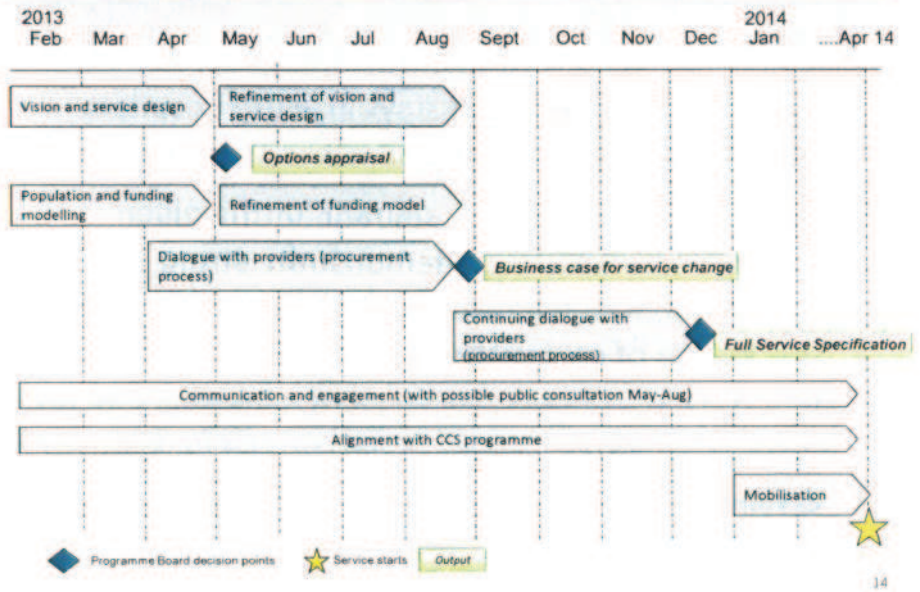
  Over 100 delegates attended from 50 organisations

Early innovation and pilots

- MDT working in several LCGs to enable front-line staff to coordinate / manage care for identified patients
- The FIRM rapid response service
- Mobile Falls pilot in Cambridge
- Care Network Community Navigators

13

Workplan



14

Children's Services - Next steps

Actions	Time-scales
Development of vision & outcomes, critical success factors and Options	10th May
All commissioners workshop to review Critical Success Factors and options	w/b 15th May or 22 May
CCG Governing Body to consider Options Appraisal, and make decision on way forward	4th June
CCS Transition Steering Group receive Options Appraisal paper for information / comment	6th June
Other commissioning bodies to consider Options Appraisal and make decision on way forward	By end of June

QUESTIONS

Cambridge Local Health Partnership

25 July 2013

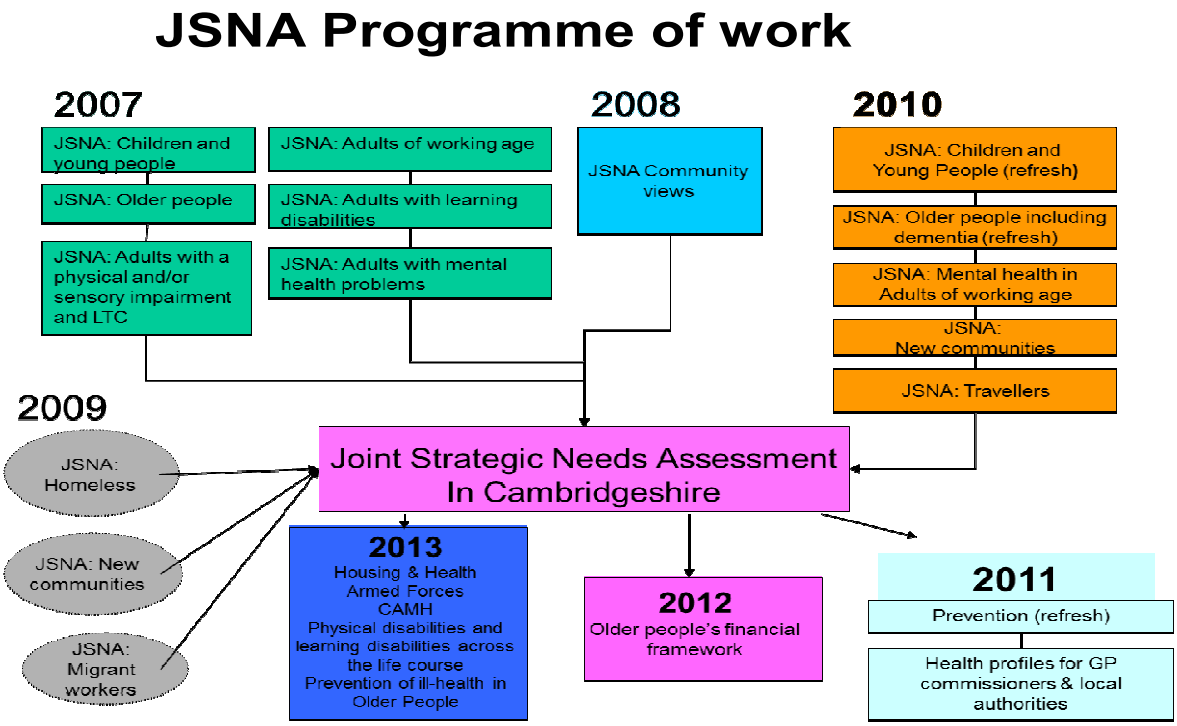
IDENTIFYING MESSAGES FOR CANMBRIDGE FROM RECENT JSNA TOPICS

Purpose of the paper

1.1 The next phase of the (JSNA) will begin shortly but members felt at the last Partnership meeting on 18 April 2013 that it would be useful to "take stock" of the messages for Cambridge, that have emerged from previous work, before moving forward. This will be helpful in setting the priorities for the Partnership and developing a shared action plan.

Background

2.1 In Cambridgeshire, officers have so far completed a number of topic based JSNAs focused on different client groups within the population. See diagram below.



Messages So Far

2.2 Members previously identified a number of issues for Cambridge, based on local evidence and practice, when responding to the consultation about the draft Health and Well-being Strategy. These issues were broadly in line with the headlines for Cambridge, set out in the Summary JSNA 2012 report that accompanied the developing Health and Well-being Strategy. Members have also considered some of the local clinical commissioning priorities.

2.3 The headline issues for Cambridge, incorporated in our response to the draft Health and Wellbeing Strategy, were:

- Local inequalities in health,
- Mental health needs,
- Homeless people and maintaining a focus on prevention, and
- Alcohol related harm.

2.4 The full JSNA Summary Report can be found here. A copy of the Health Profile for Cambridge, 2012, is attached for the information of members as Appendix 1.

Work of the Partnership

3.1 The short-term work of the Partnership has been about:

a. Improving the flow of information and the quality of communication between local GP's and local Housing Officers, so that people presenting can receive a service appropriate to their needs.
b. Looking at how the "Aging Well" initiative, including Community Navigators, can be best supported in Cambridge, taking advantage of the existing networks and support available.
c. Maintaining an overview of local provision for mental health services, taking into account work carried out by the county Adults Wellbeing and Health Overview and Scrutiny Committee, and to help improve local service delivery.

3.2 Members may wish to use this review of evidence to confirm its initial priorities.

Cambridge

This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by the English Public Health Observatories working in partnership.

www.healthprofiles.info

Population 126,000

Mid-2010 population estimate

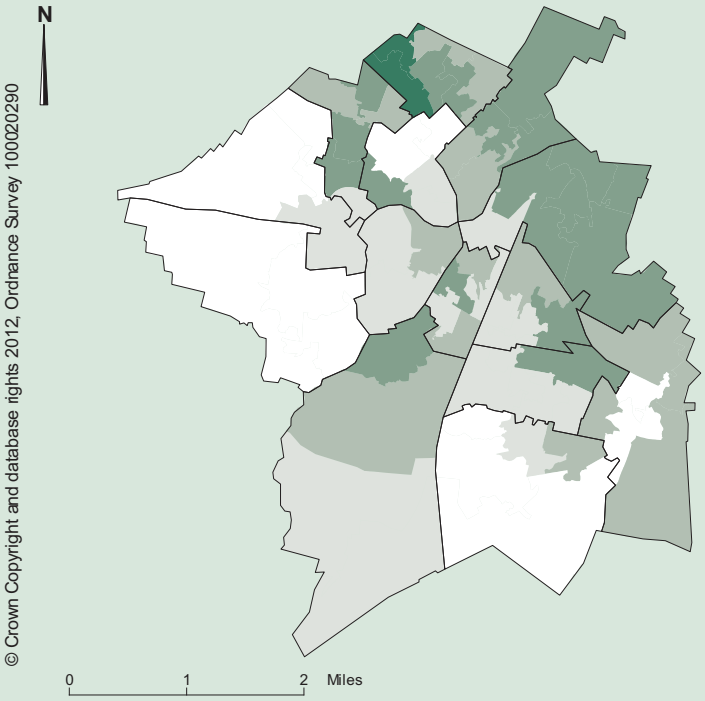
Source: National Statistics website: www.statistics.gov.uk

Cambridge at a glance

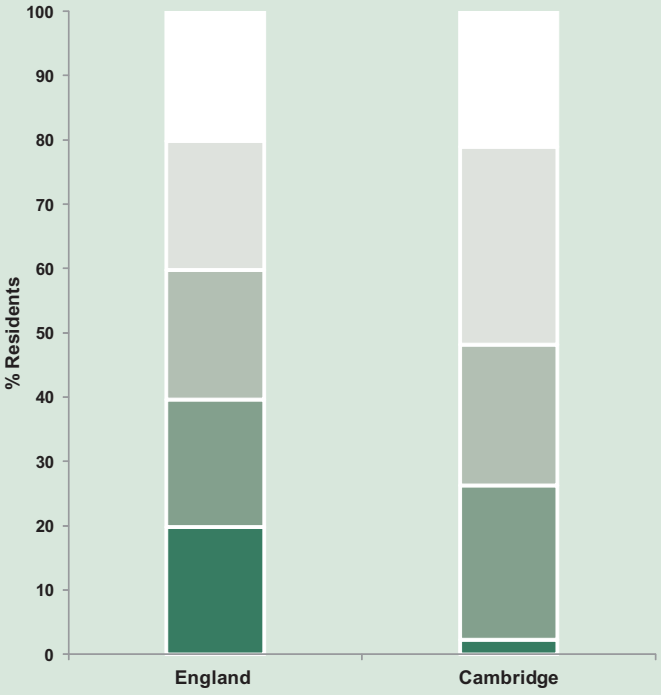
- The health of people in Cambridge is mixed compared with the England average. Deprivation is lower than average, however about 2,800 children live in poverty. Life expectancy for both men and women is similar to the England average.
- Life expectancy is 8.7 years lower for men and 10.5 years lower for women in the most deprived areas of Cambridge than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is similar to the England average.
- About 14.2% of Year 6 children are classified as obese, lower than the average for England. Levels of teenage pregnancy, GCSE attainment, breast feeding initiation and smoking in pregnancy are better than the England average.
- Estimated levels of adult 'healthy eating', smoking, physical activity and obesity are better than the England average. Rates of hip fractures and hospital stays for alcohol related harm are worse than the England average. Rates of sexually transmitted infections and smoking related deaths are better than the England average.
- Priorities in Cambridge include improving mental health, partnership working to meet the needs of homeless people and focusing on prevention, including alcohol related harm and other lifestyle issues. For more information see www.cambridgeshirejsna.org.uk.

Deprivation:
a national view

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.



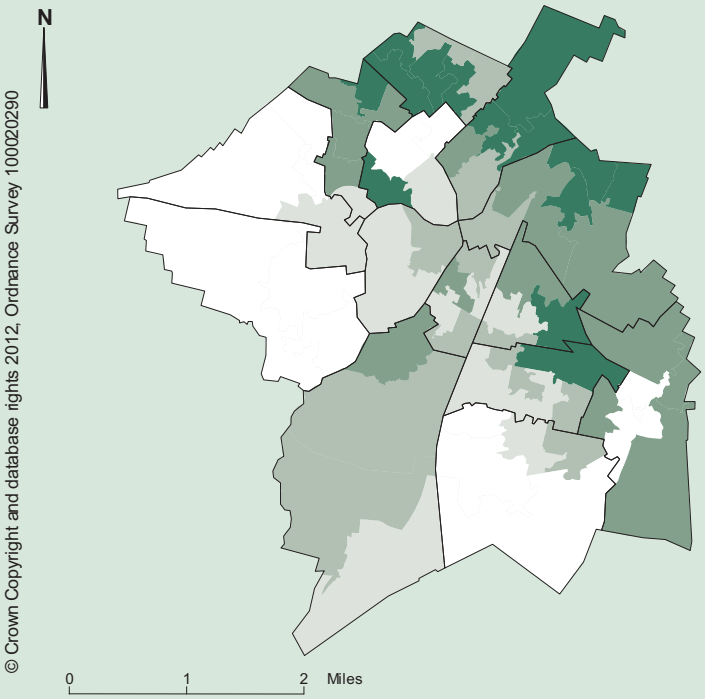
This chart shows the percentage of the population in England and this area who live in each of these quintiles.



1 - most deprived quintile | 2 | 3 | 4 | 5 - least deprived quintile

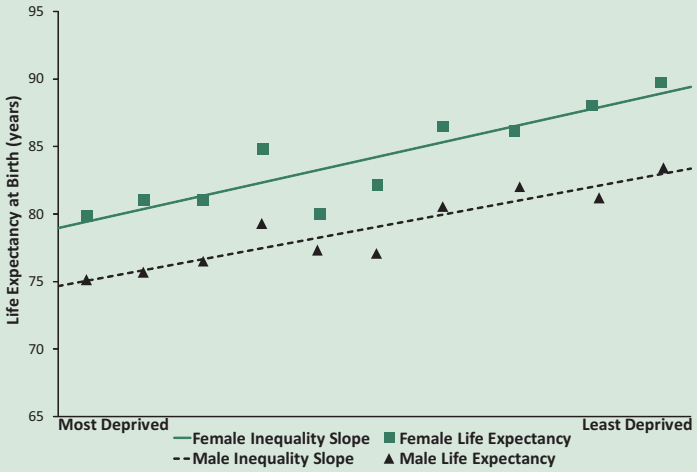
Health inequalities:
a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



Legend as above

The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life-expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 8.7 years for males and 10.5 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



Health inequalities: **changes over time**

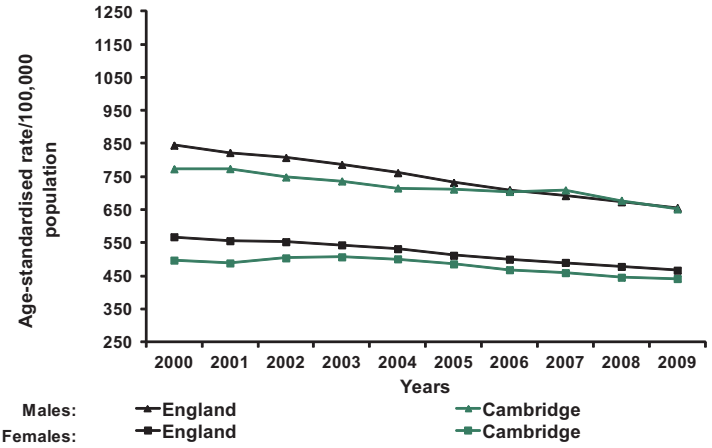
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

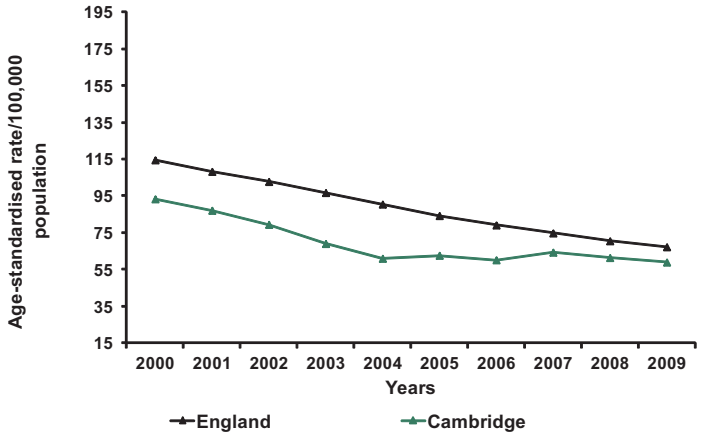
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

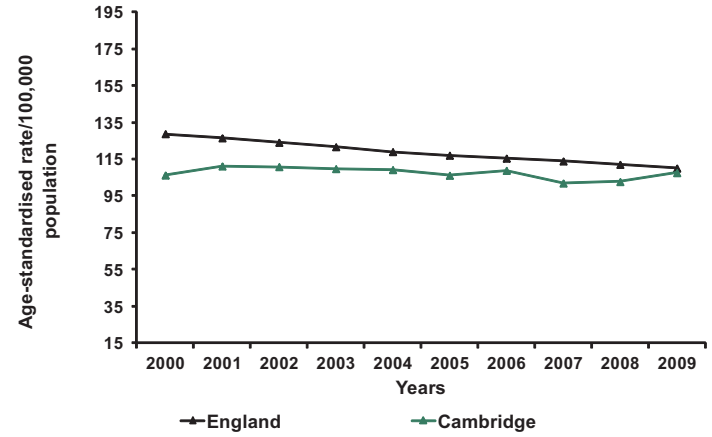
Trend 1:
All age, all cause mortality



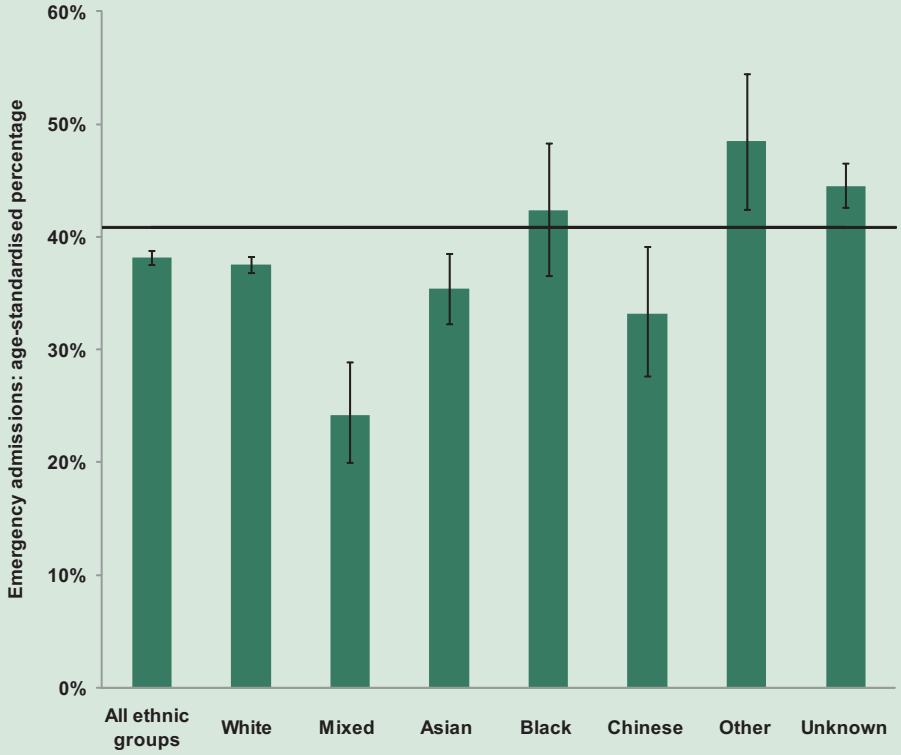
Trend 2:
Early death rates from heart disease and stroke



Trend 3:
Early death rates from cancer



Health inequalities: **ethnicity**



This chart shows the percentage of hospital admissions in 2010/11 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

Cambridge

England average (all ethnic groups)

95% confidence intervals

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

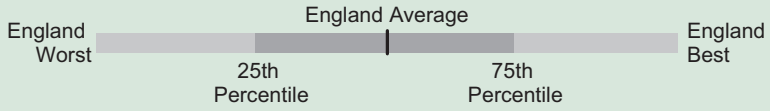
8822	6942	91	324	113	84	187	1141	**Local number of emergency admissions**
38.1%	37.5%	24.1%	35.4%	42.3%	33.2%	48.5%	44.5%	**Local value**
40.8%	41.3%	39.7%	45.3%	44.2%	37.4%	46.6%	31.1%	**England value**

Health summary for Cambridge

E07000008

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



Domain		Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1	Deprivation	2749	2.3	19.8	83.0		0.0
	2	Proportion of children in poverty ‡	2780	17.7	21.9	50.9		6.4
	3	Statutory homelessness ‡	137	3.0	2.0	10.4		0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)	549	61.6	58.4	40.1		79.9
	5	Violent crime	2294	18.9	14.8	35.1		4.5
	6	Long term unemployment	319	3.4	5.7	18.8		0.9
Children's and young people's health	7	Smoking in pregnancy ‡	160	11.0	13.7	32.7		3.1
	8	Breast feeding initiation ‡	1183	81.3	74.5	39.0		94.7
	9	Obese Children (Year 6) ‡	108	14.2	19.0	26.5		9.8
	10	Alcohol-specific hospital stays (under 18)	11	57.7	61.8	154.9		12.5
	11	Teenage pregnancy (under 18) ‡	59	32.2	38.1	64.9		11.1
Adults' health and lifestyle	12	Adults smoking ‡	n/a	16.0	20.7	33.5		8.9
	13	Increasing and higher risk drinking	n/a	24.5	22.3	25.1		15.7
	14	Healthy eating adults	n/a	37.1	28.7	19.3		47.8
	15	Physically active adults ‡	n/a	14.6	11.2	5.7		18.2
	16	Obese adults ‡	n/a	14.4	24.2	30.7		13.9
Disease and poor health	17	Incidence of malignant melanoma	17	19.2	13.6	26.8		2.7
	18	Hospital stays for self-harm ‡	387	297.1	212.0	509.8		49.6
	19	Hospital stays for alcohol related harm ‡	2479	2190	1895	3276		910
	20	Drug misuse	782	8.5	8.9	30.2		1.3
	21	People diagnosed with diabetes ‡	4207	3.3	5.5	8.1		3.3
	22	New cases of tuberculosis	16	13.2	15.3	124.4		0.0
	23	Acute sexually transmitted infections	339	270	775	2276		152
	24	Hip fracture in 65s and over ‡	131	603	452	655		324
Life expectancy and causes of death	25	Excess winter deaths ‡	33	12.4	18.7	35.0		4.4
	26	Life expectancy – male	n/a	78.8	78.6	73.6		85.1
	27	Life expectancy – female	n/a	83.2	82.6	79.1		89.8
	28	Infant deaths ‡	8	5.5	4.6	9.3		1.2
	29	Smoking related deaths	118	176	211	372		125
	30	Early deaths: heart disease and stroke ‡	52	59.0	67.3	123.2		35.5
	31	Early deaths: cancer ‡	95	107.6	110.1	159.1		77.9
	32	Road injuries and deaths ‡	47	39.1	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2009 3 Crude rate per 1,000 households, 2010/11 4 % at Key Stage 4, 2010/11 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2010/11 6 Crude rate per 1,000 population aged16-64, 2011 7 % mothers smoking in pregnancy where status is known, 2010/11 8 % mothers initiating breast feeding where status is known, 2010/11 9 % school children in Year 6 (age 10-11), 2010/11 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2008-2010 12 % adults aged 18 and over, 2010/11 13 % aged 16+ in the resident population, 2008/2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % aged 16 and over, Oct 2009-Oct 2011 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2006-2008 18 Directly age sex standardised rate per 100,000 population, 2010/11 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2009/10 21 % people on GP registers with a recorded diagnosis of diabetes 2010/11 22 Crude rate per 100,000 population, 2008-2010 23 Crude rate per 100,000 population, 2010 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2010/11 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.07-31.07.10 26 At birth, 2008-2010 27 At birth, 2008-2010 28 Rate per 1,000 live births, 2008-2010 29 Directly age standardised rate per 100,000 population aged 35 and over, 2008-2010 30 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 31 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 32 Rate per 100,000 population, 2008-2010

More information is available at www.healthprofiles.info Please send any enquiries to healthprofiles@sepho.nhs.uk

Amended Partnership Forward Plan:

MEETING DATE	ITEM
25th July 2013	What are we doing to address local health inequalities?
	Looking at Community Safety and Health including Streetlife issues.
	Update on the Ageing Well project and work in Cambridge.
MEETING DATE	**ITEM**
24th October 2013	

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