Cambridge Local Health Partnership
Friday 13 October 2015

1. Introduction

1.1 The Cambridgeshire Health & Wellbeing Board is currently seeking the views of partners in setting the strategic priorities for a refreshed Health and Wellbeing Strategy for 2018 and beyond. The current strategic priorities are shown in Appendix A.

1.2 During the life of the current (near to end) Health and Wellbeing Strategy 2012-2017 the health and wellbeing system has changed significantly with the creation of the Sustainability and Transformation Plan; greater collaboration between local authorities; and changes in local and national priorities. It is expected that a draft strategy will be pulled together in the near future. Some members may also have been involved in workshops convened on behalf of the Health & Wellbeing Board.

2. Putting forward views

2.1 The refresh of the Health and Wellbeing Strategy is an opportunity for members of the Cambridge Local Health Partnership, as a body that involves representatives that have an understanding of local issues and the needs of Cambridge residents, to put forward views about what it thinks the priorities for Cambridge should be, taking into account available evidence.

3. Focus of Cambridge Local Health Partnership

3.1 During the past 3 years the Cambridge Local Health Partnership has, as part of its agenda, looked at:

- Supported housing and homelessness – the increase in homelessness
- Sustainable Food City status and local projects – especially the relief of food poverty
- Fuel poverty and local schemes to improve energy efficiency in low income households
- Falls prevention and opportunities for partnership working

- Local mental health community support and prevention – the isolation of older people
- Local lifestyle services and local promoting physical activity programmes, including the exercise referral scheme
- New communities – work to prepare for and welcome new communities, including the early provision of facilities
- Assisting migrants and refugees in Cambridge
- Offering advice on prescription in local GP Health Centres

4. Background

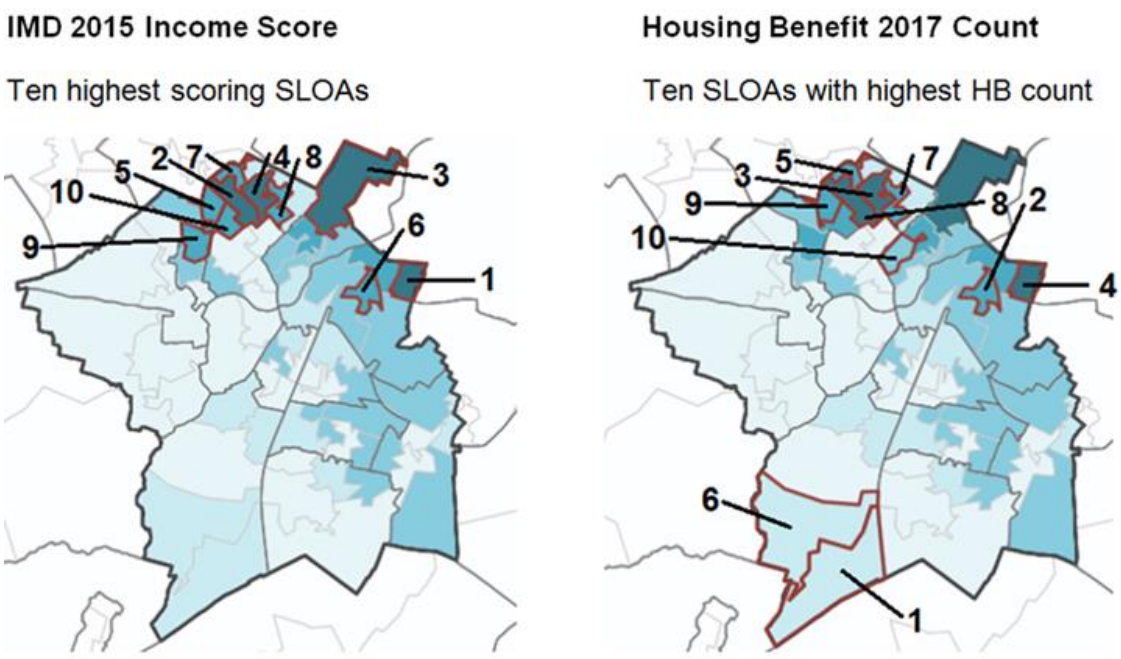
4.1 Cambridge City, as a place, has population characteristics that are shared by only a limited number of other local authorities. These include Oxford and some inner London Boroughs. These are defined by: high migration rates and population churn; a young adult population; under representation of children and the elderly; a high cost of living; high levels of social renting, and; low levels of housing affordability. Cambridge City is also a place of housing growth, having seen its population increase (by just over 15% between Census), and is, overall, a relatively prosperous place with continuing high levels of economic investment. It is also a diverse place with just over one third of its residents born outside the UK.

4.2 Within its compact urban area Cambridge City has communities living side-by-side that are amongst the least deprived (most well-off 10%) and most deprived (bottom 20%) in the country. This has led to substantial levels of inequality of income being present in the City. According to the Centre for Cities and its adaptation of the Gini Coefficient, it is the most unequal City in the country. The disparity between the most deprived areas and least derived areas is also highlighted in the difference in life expectancy for people living in the areas – a gap of 9.3 years for men and 7.4 years for women.

4.3 The City Council's recent review of its administrative records for Housing Benefit has shown a marked increase in benefit claimants in some LSOAs covering new community areas, which indicates that higher support needs will become more apparent in these areas in the

future. Presently, just over one person in ten in the City lives in a household claiming benefit. The highest proportion for a ward is just over 20% and the lowest proportion for a ward is under 5%.

Maps 1 & 2: Changes in the pattern of distribution for low income households



4.4 The City Council's refreshed Anti-Poverty Strategy gives further insight into the needs of low income groups of people. As part of the review of the Anti-Poverty Strategy a Mapping poverty 2017 report was prepared to capture and present data about low income households in the city. The above maps are taken from this report.

5. Cambridge Local Health Profile 2017

5.1 The Cambridge Health Profile 2017, Appendix B, shows summary characteristics of the Cambridge population, including the aforementioned health inequalities, and provides a national view of deprivation using the Index of Multiple Deprivation 2015, which is largely based on 2013 data. The health summary section presents a small set

of some of the most important health indicators that show how each area compares to the national average in order to highlight potential problem areas.

Significantly worse than the England average are:

- Hospital stays for self-harm
- Hospital stays for alcohol harm
- Statutory homelessness

6. Summary by JSNA Core Dataset 2017

6.1 Overall Cambridge has many health and wellbeing indicators that are better than national averages. However, there is an increasing trend of some indicators moving towards national, rather than overall local, averages and this is of some concern. Issues that the Executive Summary by JSNA Core Dataset 2017 report highlight for Cambridge are: alcohol abuse; smoking; mental health and self-harm; TB incidence; sexual health; falls and hip fractures in older people; dementia diagnosis rate; suicide; excess winter deaths. In addition there has been a marked increase in homelessness in recent years, with the Council's housing advice and homelessness service seeing a rise in the number of local people it has helped prevent becoming homeless in the last year, from 770 to 1,200.

7. Cambridge Residents' Survey 2016

7.1 Residents in Cambridge say they like living in Cambridge. In our 2016 Residents' Survey 89% of our residents told us they are satisfied with their local area as a place to live compared to 87% in 2008. 63% of our residents strongly felt that they belong to their local area compared to 48% in 2008 but slightly fewer residents at 78% agreed that people from different backgrounds get on well together in their area compared to 86% in 2008. Residents said they liked living in Cambridge because of its open spaces, opportunities to cycle, there is a lot going on and the availability of good schools but disliked the congestion, the high cost of living and the limited access to good jobs for local people.

7.2 Residents in Cambridge are said to have slightly lower levels of happiness (7.12) compared to the UK average (7.4) in the ONS Annual Population Survey but according to What Works Wellbeing is one of the most equal local authorities for overall wellbeing in the country, ranked at 28th (with 1 being the best).

8. Sources:

The City Council's draft refreshed Anti-Poverty Strategy can be viewed here:

https://democracy.cambridge.gov.uk/documents/s40075/170920%20Revised%20anti-poverty%20strategy%202017-2020%20-%20final%20v2.pdf

The 2017 Cambridge Mapping Poverty report can be viewed here:

https://www.cambridge.gov.uk/mapping-poverty

Executive Summary by JSNA Core Dataset 2017 can be viewed here:

https://cmis.cambridgeshire.gov.uk/CCC_live/Document.ashx?czJKcaeAi5tUFL1DTL2UE4zNRBcoShgo=RSlknzpU%2fFfHXWg0Z5k44nmZtEE1sgSxE5%2bxQs9%2fAeD%2b4mb1KqtkPg%3d%3d&rUzwRPf%2bZ3zd4E7Ikn8Lyw%3d%3d=pwRE6AGJFLDNlh225F5QMaQWCtPHwdhUfCZ%2fLUQzgA2uL5jNRG4jdQ%3d%3d&mCTIbCubSFfXsDGW9IXnlg%3d%3d=hFflUdN3100%3d&kCx1AnS9%2fpWZQ40DXFvdEw%3d%3d=hFflUdN3100%3d&uJovDxwdjMPoYv%2bAJvYtyA%3d%3d=ctNJFf55vVA%3d&FgPIIEJYlotS%2bYGoBi5olA%3d%3d=NHdURQburHA%3d&d9Qjj0ag1Pd993jsyOJqFvmyB7X0CSQK=ctNJFf55vVA%3d&WGewmoAfeNR9xqBux0r1Q8Za60lavYmz=ctNJFf55vVA%3d&WGewmoAfeNQ16B2MHuCpMRKZMwaG1PaO=ctNJFf55vVA%3d

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

EXECUTIVE SUMMARY

All aspects of our everyday lives have an impact on our health and wellbeing; from health services through to our environment, transport, our homes and our involvement in local communities (as described in the diagram below). This means that working to improve health and wellbeing, while respecting people's personal lifestyle choices, is everybody's business and in everybody's interest.

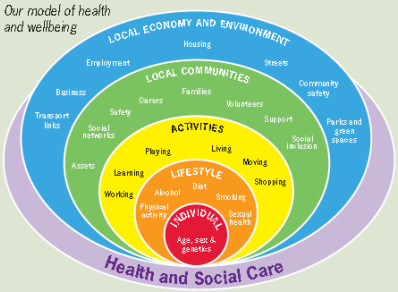
The Cambridgeshire Health and Wellbeing Board and Network brings together leaders from local organisations which have a strong influence on health and wellbeing, including the commissioning of health, social care and public health services. The Board focusses on planning the right services for Cambridgeshire and securing the best possible health and wellbeing outcomes for all residents.

Throughout Cambridgeshire each partner organisation has strategies and action plans to address specific health and wellbeing needs. The Health and Wellbeing Board believes that it can add value by working with these partners to address the issues together, for example;

- How we can address the most important local needs, now and in future;
- How we can build on the strengths in our communities;
- How we can best protect the most vulnerable people in our communities;
- How we can work together to use our resources most efficiently;
- How working together can bring the most benefit to Cambridgeshire residents.

The Cambridgeshire Health and Wellbeing Strategy 2012-17 sets out the priorities the Board and Network feel are most important for local people.

Our model of health and 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/56/10171/3511263/ARTICLE-TEMPLATE)

From June to September 2012 we consulted the public on our draft strategy asking if we had identified the right priorities for Cambridgeshire. The majority agreed with what we proposed to focus on. In response to feedback, we made "working together differently" an additional priority and included issues that local communities identified as important to them.

The Health and Wellbeing Board and Network will focus on the six priorities overleaf to improve the physical and mental health and wellbeing of Cambridgeshire residents. In particular we will work to improve the health of the worst off fastest, by targeting efforts in more disadvantaged communities and marginalised groups.

We also agreed a number of principles to make sure we make a long-term difference to health and wellbeing throughout the county and that we help those who need it most. We aim to:

- Reduce inequalities by improving the health of the worst off fastest.
- Focus on preventing ill health by promoting healthy lifestyles while respecting people's choices and for those who have an illness, preventing their condition from worsening.
- Make decisions which are based on the best possible evidence.
- Develop solutions which are cost-effective and efficient.
- Recognise that different groups and communities have different needs.
- Encourage communities to take responsibility for making healthy choices.
- Make sure services are sustainable.

This strategy is the first step in a bold vision to achieve change together. Our next steps are to identify what success will look like so we can monitor progress against these priorities.
To do this we will develop an action plan with specific responsibilities for each partner, for 2013-14.

www.cambridgeshire.gov.uk

Cambridgeshire Health & Wellbeing Board and Network will focus on these six 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 poorest fastest.

Priority 1
Ensure a positive start to life for children, young people and their families

- Strengthen our multi-agency approach to identifying children who are in poverty, who have physical or learning disabilities or mental health needs, or whose parents are experiencing physical or mental health problems.
- Develop integrated services across education, health, social care and the voluntary sector which focus on the needs of the child in the community, including the growing numbers of children with the most complex needs, and where appropriate ensure an effective transition to adult services.
- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.
- Create and strengthen positive opportunities for young people to contribute to the community and raise their self esteem, and enable them to shape the programmes and services with which they engage.
- Recognise the impact of education on health and wellbeing and work to narrow local gaps in educational attainment.

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

- Promote preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate and improve their health and wellbeing outcomes e.g. through falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.
- Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enable them to improve their quality of life and minimise the need for long stays in hospitals, care homes or other institutional care.
- Enhance services for the early prevention, intervention and treatment of mental health problems in older people, including timely diagnosis and joined up services for the care and support of older people with dementia and their carers.
- Ensure appropriate and person-centred end of life care for residents and their families and informal carers.

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

- Encourage individuals and communities to get involved and take more responsibility for their health and wellbeing.
- Increase participation in sport and physical activity, and encourage a healthy diet, to reduce the rate of development of long-term conditions, increase the proportion of older people who are active and retain their independence, and increase the proportion of adults and children with a healthy weight.
- Reduce the numbers of people who smoke.
- Promote individual and community mental health and wellbeing, prevent mental illness and reduce stigma and discrimination against those with mental health problems.
- Work with local partners to prevent hazardous and harmful alcohol consumption and drug misuse.
- Promote sexual health, reduce teenage pregnancy rates and improve outcomes for teenage parents and their children.

Priority 4
Create a safe environment and help to build strong communities, wellbeing and mental health

- Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.
- Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.
- Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.
- Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.

Priority 5
Create a sustainable environment in which communities can flourish

- Develop and maintain effective, accessible and affordable transport links and networks, within and between communities, which ensure access to services and amenities and reduce road traffic accidents.
- Ensure that housing, land use planning and development strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and long term.
- Encourage the use of green, open spaces including public rights of way, and activities such as walking and cycling.
- Seek the views of local people and 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.

Priority 6
Work together effectively

- Commit to partnership working, joint commissioning and combining resources in new ways to maximise cost-effectiveness and health and wellbeing benefits for individuals and communities.
- Identify sustainable, long-term solutions to manage the increased demand on health and social care services.
- Encourage increased partnership working with research organisations to better inform the evidence base supporting the development and evaluation of future services.
- Encourage increased involvement of service user representatives and local groups in planning services and policies.
- Recognise the importance of the Voluntary and community sector and their valuable contribution to implementing the strategy.

Cross cutting principles: Equitable • Evidence-based • Cost-effective • Preventative • Empowering • Sustainable

Public Health England

Protecting and improving the nation's health

Cambridge

District

This profile was published on 4th July 2017

Health Profile 2017

Health in summary
The health of people in Cambridge is varied compared with the England average. About 16% (2,700) of children live in low income families. Life expectancy for both men and women is higher than the England average.

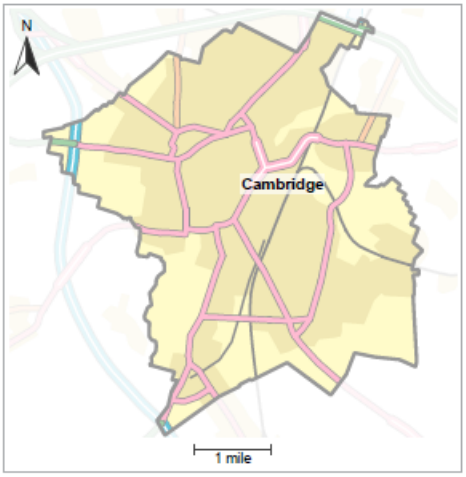
Health inequalities
Life expectancy is 9.3 years lower for men and 7.4 years lower for women in the most deprived areas of Cambridge than in the least deprived areas.

Child health
In Year 6, 11.3% (92) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 is 43*. This represents 9 stays per year. Levels of GCSE attainment are better than the England average.

Adult health
The rate of alcohol-related harm hospital stays is 818*, worse than the average for England. This represents 895 stays per year. The rate of self-harm hospital stays is 352*, worse than the average for England. This represents 598 stays per year. Estimated levels of adult excess weight and physical activity are better than the England average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment and early deaths from cancer are better than average.

Local priorities
Priorities in Cambridge include improving mental health, addressing drug and alcohol misuse, and tackling health inequalities including homelessness. For more information see http://cambridgeshireinsight.org.uk

* rate per 100,000 population



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

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

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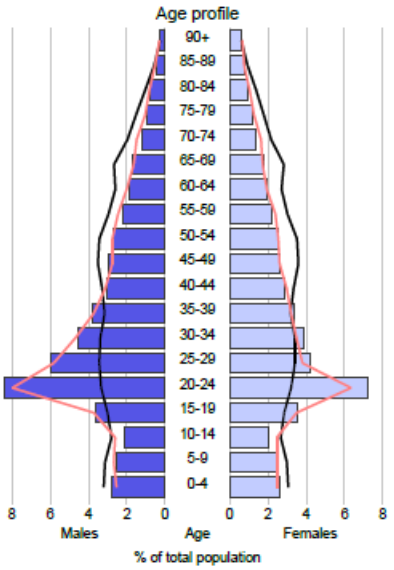
Population: summary characteristics



	Males	Females	Persons
Cambridge (population in thousands)			
Population (2015):	68	63	131
Projected population (2020):	71	63	134
% people from an ethnic minority group:	15.8%	11.7%	13.8%
Dependency ratio (dependants / working population) x 100			39.4%
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

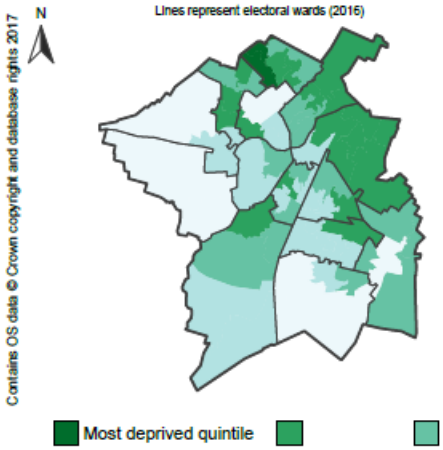
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

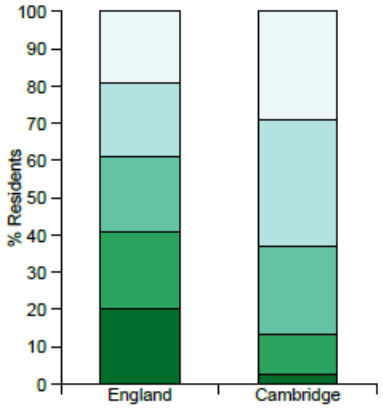
Cambridge 2015 (Male)
Cambridge 2015 (Female)
England 2015
Cambridge 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



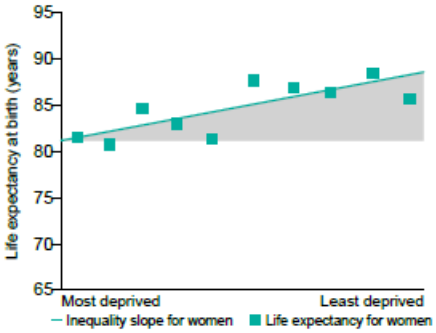
Most deprived quintile
Least deprived quintile

Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 9.3 years

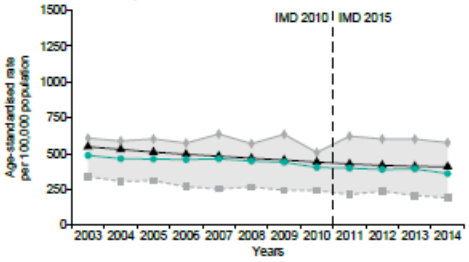
Life expectancy gap for women: 7.4 years



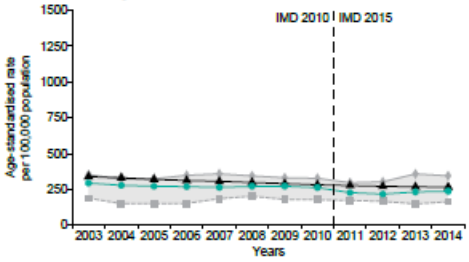
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

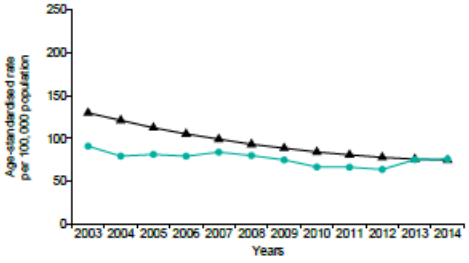
Early deaths from all causes: men



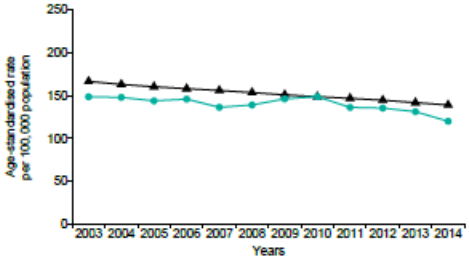
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

England average | Local average | Local least deprived | Local most deprived | Local inequality

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
- Not compared

Regional average€ | England average | England worst | England best | 25th percentile | 75th percentile

Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	13.8	21.8	42.0		5.0
	2	Children in low income families (under 16s)	2014	2,715	15.9	20.1	39.2		6.6
	3	Statutory homelessness	2015/16	108	2.3	0.9			
	4	GCSEs achieved	2015/16	487	63.3	57.8	44.8		78.7
	5	Violent crime (violence offences)	2015/16	2,078	16.2	17.2	36.7		4.5
	6	Long term unemployment	2016	153	1.6 ^20	3.7 ^20	13.8		0.4
Children's and young people's health	7	Smoking status at time of delivery	2015/16	x[1]	x[1]	10.6 $[1]	26.0		1.8
	8	Breastfeeding initiation	2014/15	739	x[1]	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	92	11.3	19.8	28.5		9.4
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	28	42.5	37.4	121.3		10.5
	11	Under 18 conceptions	2015	27	15.9	20.8	43.8		5.4
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	15.1	15.5	25.7		4.9
	13	Percentage of physically active adults	2015	n/a	69.8	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	46.7	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	191	55.8	52.4	39.0		63.1
	16	Hospital stays for self-harm†	2015/16	598	351.5	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	895	817.9	647	1,163		374
	18	Recorded diabetes	2014/15	4,943	3.3	6.4	9.2		3.3
	19	Incidence of TB	2013 - 15	38	9.8	12.0	85.6		0.0
	20	New sexually transmitted infections (STI)	2016	731	761.4	795	3,288		223
	21	Hip fractures in people aged 65 and over†	2015/16	122	660.5	589	820		312
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	80.3	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	84.1	83.1	79.4		86.7
	24	Infant mortality	2013 - 15	17	4.0	3.9	8.2		0.8
	25	Killed and seriously injured on roads	2013 - 15	151	39.2	38.5	103.7		10.4
	26	Suicide rate	2013 - 15	26	7.6	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	n/a	n/a	283.5			
	28	Under 75 mortality rate: cardiovascular	2013 - 15	164	75.8	74.6	137.6		43.1
	29	Under 75 mortality rate: cancer	2013 - 15	261	119.9	138.8	194.8		98.6
	30	Excess winter deaths	Aug 2012 - Jul 2015	198	24.6	19.6	36.0		6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.
^20 Value based on an average of monthly counts x[1] Value not published for data quality reasons $[1] There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk