Strategy to Tackle Health Inequalities in Cambridgeshire
Not a Key Decision

1. Executive summary

In 2007, the Audit Commission carried out a review of health inequalities in Cambridgeshire, and the processes being used to address them. The Review made a number of recommendations, including the need for a county-wide strategic approach to health inequalities to complement the good work going on at local level through a variety of agencies and individual projects. This has led to the development of this strategy, which all partners within the County are signing up to. The Strategy will enable the City Council in Partnership with other agencies to deliver the health inequalities identified as a priority in the Cambridge Sustainable Community Strategy and identified through the Improving Health Partnership.

Listed below are the main health inequalities for Cambridge City:

- Life expectancy difference between the healthiest and least healthy places in the City is 4 years
- One in five adults in the City are binge drinkers; with hospital stays due to alcohol harm is significantly worse than the England average.
- More than 130 deaths per year in the city are due to smoking.
- The number of elderly (over 85) has increased significantly.

2. Recommendations

The Executive Councillor is recommended:
To consider and endorse this Strategy as attached to Appendix 1.
3. Background

3.1 Tackling Health Inequalities has been a national and local priority for several years. Inequalities in health within the County have been demonstrated through research undertaken for the Joint Strategic Needs Assessment (JSNA). The priority assigned to this issue is reflected through the inclusion in Cambridgeshire Local Area Agreement of a target to improve all age all cause mortality in the 20% most socially-economically deprived areas in the county.

3.2 The Cambridgeshire Health and Wellbeing Officer Group (HWBG) have developed this Strategy, which sit within Cambridgeshire Together structures as a supporting group for the Community Wellbeing Thematic Partnership. The HWBG has senior representation from NHS Cambridgeshire, Cambridgeshire County Council, all District/City Councils, Cambridgeshire Constabulary and the voluntary sector. It links closely with district level Health Partnerships, which report into the relevant LSPs. The HWBG has played a lead role in responding at county level to the Audit Commission’s recommendations.

3.3 Drafts of the Strategy have been discussed at the July and September 2009 meetings of the Health and Well Being Officer Group, and discussed with the district health partners. It has also been circulated for comment to the Executive Councillor for Community Development and Health, Heads of Service, and presented to the LSPs. All of these partners have made a full contribution to identifying priorities for the Strategy.

3.4 The Strategy has also been presented to Corporate Management Team (CMT) to request that they cascade and implement the strategy in all services areas and to put forward ideas which will enable proactive steps to made to deliver the health targets for the City.

3.5 The main body of the strategy is split into two areas:

- Strategic Aims:

  Describes the strategic direction through the identification of four strategic aims:
  - To decrease the health inequalities found in the most socio-economically deprived areas in Cambridgeshire.
  - To decrease access inequalities that impact on health and well being
  - To decrease the health inequalities experienced by vulnerable groups that exist within the Cambridgeshire population.
  - To prevent the creation of new health inequalities

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• A Framework for Action:
  - Contains priority strategic objectives, and key actions. These represent a countywide collaborative approach to reducing health inequalities within the county. These are the priorities that partners have agreed to for reducing health inequalities. It also includes timelines for implementation from 2009-11.

3.6 The Annual Health Report 2007 describes how health outcomes are known to be closely associated with socio-economic deprivation. A commonly used measure for this is Index of Multiple Deprivation (IMD). There are three wards within the City namely, King Hedges, East Chesterton, Arbury that are in the 20% of wards with the highest deprivation scores in the county. To increase the number of people to have access to healthy lifestyle interventions (healthy eating skills, increase in physical activity, weight management, sexual health information and advice), Health Trainers have been placed into three GP Practices in these three wards.

3.7 The majority of health priorities identified for the City have also been identified in Cambridgeshire’s Local Area Agreement. These are:
  • Smoking and Tobacco Control
  • Obesity
  • Mental Health
  • Harm Reduction from Alcohol
  • Sexual Health
  • Older People

Listed below are some examples of where this strategy will enable services within Cambridge City Council to support the reduction of health inequalities in the City.

3.8 Smoking and Tobacco Control
Helping people to stop smoking through smoking cessation services has been shown to be the most effective way of decreasing inequalities in life expectancy in areas of higher socio-economic deprivation. Currently, Environmental Health Staff are being trained to level 1 smoking cessation to give advise to people during any inspections they may be carrying out and signpost them to CAMQUIT, however this Strategy should also allow individuals affected by smoking to have access to these services in areas that they live.

3.9 Obesity
Estimated levels of obesity are 17.1% in Cambridge City. Evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in
eating patterns. Both of these factors must be tackled to produce reduction in obesity. Currently, there is a wide range of Local Authority sports and leisure facilities in the City and Active Community are delivering a number of excellent services to promote active sport. However this Strategy will allow this work to be more focussed on the more deprived areas of the City and also ensure that any new growth areas will have the facilities in place to ensure new health inequalities are not created through the increase in growth

4. Implications

A) Financial
The strategy has no direct costs as services are already staffed to undertake this work as part of their day-to-day operations.

B) Staffing
There are no staff implications other than communicating and cascading of the strategy and the action plan.

C) Equal Opportunities
No implications.

D) Environmental
No implications.

E) Community Safety
No implications.

5. Background papers

These background papers were used in the preparation of this report:
Improving Health Plan
Cambridge Sustainable Community Strategy

6. Appendices

Appendix 1
Strategy to Tackle Health Inequalities in Cambridgeshire
7. Inspection of papers

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

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