Cambridgeshire County Council

NHS Cambridgeshire

Annual Public Health Report for Cambridgeshire 2009 (DRAFT)

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NHS Cambridgeshire formerly Cambridgeshire PCT

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Introduction

This Annual Public Health Report (APHR) for Cambridgeshire is written in the context of a challenging financial position, in which the most effective use of resources is of central concern to all public sector organisations. The past three years have seen the development of the Joint Strategic Needs Assessment (JSNA) for Cambridgeshire. This is a dynamic process in which a core set of information on the health and wellbeing needs and of Cambridgeshire residents is updated annually, while each year the needs of a smaller number of specific population groups are looked at in more depth. The JSNA provides a wealth of detail on the needs of the population in Cambridgeshire, and over the coming years it will be particularly important to use the JSNA to ensure that public sector resources are targeted where they are most needed. http://www.cambridgeshire.nhs.uk/default.asp?id=656

Within the local NHS there is likely to be increasing devolution of budgets and commissioning responsibilities to groups of local GP practices. Data from local GP practices on the numbers of patients they treat for a range of long term health conditions is included in this report. The prevention and care for many of these conditions is linked with services that local authorities and other agencies provide.

As always there are limits as to what the NHS and other public services can achieve for people's health, and a focus of this APHR will be on research, partly led by the University of Cambridge, which demonstrates how a simple set of lifestyle behaviours is closely correlated with increased healthy life expectancy. These behaviours are likely to be beneficial across the age range. A regional health and lifestyle survey carried out in November 2008 shows that although Cambridgeshire is generally a prosperous and 'healthy' area, only about one in six residents practiced all four healthy behaviours. It is clear that many of us hold the future of our health in our own hands – and an important role for the public sector may be to create environments which support people in carrying these behaviours out.

Early in 2009 we were reminded of the potential impact on our population of infectious diseases, when swine flu H1N1 was emerging and its severity was not yet fully established. This APHR includes a 'health protection section', with statistics on a variety of infectious diseases in Cambridgeshire.

Many of the issues flagged in previous APHRs – such as the existence of significant health inequalities within Cambridgeshire; the implications for health and social care services of a growing elderly population; and the importance of preventive services for issues such as smoking, obesity and alcohol, now have county-wide strategies and action plans to address them. These are being taken forward and monitored through multi-agency groups which report to the Cambridgeshire Together Board.
The detailed monitoring of these action plans is much more comprehensive than anything which can be provided in the APHR.
http://www.cambridgeshire.gov.uk/council/partnerships/LAA/

As always I would like to thank the Public Health Team at NHS Cambridgeshire and the Research Group at Cambridgeshire County Council for the work which underlies much of this Report. I would also like to thank the Public Health Administrative Team for their contribution to production and distribution.

Dr Liz Robin
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Section 1: Health statistics for Cambridgeshire

1.1 The Population

It is estimated that there are 595,650 people living in Cambridgeshire, around a quarter are under 20 years and around one in seven is aged 65 years and over.

Table 1:Total population: population estimates, mid 2008 (CCCRG)

Local Authority	Population
Cambridge City	117,700
East Cambridgeshire	79,400
Fenland	92,900
Huntingdonshire	163,100
South Cambridgeshire	142,500
Cambridgeshire	595,600

Source: Cambridgeshire County Council Research Group.
Definition: Mid 2008 population estimates (Note: Figures are rounded to the nearest 100) .

Cambridge City has a noticeably higher proportion of people aged 15-34 years and a smaller proportion of children and older people. This is due to the high student population in the district.

Table 2: Total population: population estimates, mid 2008 (CCCRG)

Local Authority	Age band										Total
	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
Cambridge City (num)	6,170	10,260	28,020	22,070	14,630	12,070	10,440	6,980	4,910	2,130	117,660
Cambridge City (%)	5%	9%	24%	19%	12%	10%	9%	6%	4%	2%	100%
East Cambridgeshire (num)	5,080	9,450	8,730	8,550	12,670	11,170	10,380	6,920	4,760	1,660	79,380
East Cambridgeshire (%)	6%	12%	11%	11%	16%	14%	13%	9%	6%	2%	100%
Fenland (num)	5,030	11,420	10,370	10,570	12,920	12,350	12,220	9,260	6,650	2,070	92,860
Fenland (%)	5%	12%	11%	11%	14%	13%	13%	10%	7%	2%	100%
Huntingdonshire (num)	9,340	20,520	19,280	18,120	26,590	23,950	21,280	13,720	7,650	2,760	163,210
Huntingdonshire (%)	6%	13%	12%	11%	16%	15%	13%	8%	5%	2%	100%
South Cambridgeshire (num)	8,660	17,800	15,280	15,510	22,750	20,250	19,050	12,420	7,940	2,890	142,550
South Cambridgeshire (%)	6%	12%	11%	11%	16%	14%	13%	9%	6%	2%	100%
Cambridgeshire (num)	34,280	69,450	81,680	74,820	89,560	79,790	73,370	49,300	31,900	11,500	595,650
Cambridgeshire (%)	6%	12%	14%	13%	15%	13%	12%	8%	5%	2%	100%

Source: Cambridgeshire County Council Research Group. (CCCRG)
Definition: Mid 2008 based single year population estimates (Note: Figures are rounded to the nearest 10).

By 2021 it is estimated that there will be a further 78,000 people living in Cambridgeshire. The biggest actual increases and also proportional increases are expected in Cambridge City and South Cambridgeshire.

Table 3: Total population: population forecasts, mid 2008 based (CCCRG)

Local Authority	Year				% change 2008 to 2021
	2008	2011	2016	2021	
Cambridge City	117,700	125,000	141,400	153,600	30.5%
East Cambridgeshire	79,400	79,300	80,200	81,100	2.1%
Fenland	92,900	93,100	96,300	100,300	8.0%
Huntingdonshire	163,100	165,500	165,800	166,800	2.3%
South Cambridgeshire	142,500	142,200	158,600	171,900	20.6%
Cambridgeshire	595,500	605,000	642,300	673,700	13.1%

Source: Cambridgeshire County Council Research Group Mid-2008 district level population forecasts
Note: table above: These forecasts have been produced using specific assumptions and may not be appropriate for all uses. These forecasts remain subject to revision. These figures have been rounded to the nearest 100. Totals may not add due to rounding. These forecasts are indicative and do not represent the policy of the County Council or any District Council.

In general, most local authorities in Cambridgeshire have small proportions of minority ethnic residents. However, Cambridge City has higher proportions of minority ethnic groups than England, with a higher proportion of people from 'Chinese or Other Ethnic Groups'. The minority ethnic groups in Cambridge include a high proportion of students and professionals. Cambridgeshire also has considerable populations of Travellers and migrant workers.

Deprivation levels vary widely across Cambridgeshire, with Fenland having the greater relative deprivation and South Cambridgeshire the lesser. South Cambridgeshire is the fifth least deprived local authority in England. Although Cambridgeshire as a county is prosperous with a low overall deprivation score, there are pockets of socio-economic deprivation in all of the districts.

Table 5: Indices of Deprivation 2007, Local Authority rank

Local Authority	IMD 2007 score (average of LSOA scores)	LA rank (England)*
Fenland	20.50	139
Cambridge	13.87	236
East Cambridgeshire	10.84	285
Huntingdonshire	9.31	311
South Cambridgeshire	6.55	350
Cambridgeshire	11.49	135

NB: *LA rank (England): the rank for 5 district authorities represents the relative rank within the 354 tier 2 local authorities in England where rank 1 is the most deprived authority and rank 354 the least deprived. The rank for Cambridgeshire represents the relative rank within the 149 tier 1 local authorities where rank 1 is the most deprived authority and rank 149 the least deprived.

Source: The English Indices of Deprivation 2007, Department for Communities and Local Government (DCLG).
Definition: The English Indices of Deprivation 2007 include domains at lower super output area (LSOA) for income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services housing, living environment deprivation and crime. An average score has been calculated for each local authority district based on LSOA scores weighted according to their population. This measure takes into account the full range of scores across a district and averages the LSOA scores in each district after they have been population weighted.

1.2 Mortality

There was an average of 4860 deaths of Cambridgeshire residents per year in the years 2006 to 2008. This compares with 7015 children born to residents of Cambridgeshire in the year 2007.

Life expectancy is an artificial measure created by looking at the mortality (death) rates for each age group in an area, and calculating the average expected length of life if these rates applied to someone born now. There is a close correlation in Cambridgeshire between socio-economic deprivation and life expectancy both at district level, and for smaller pockets of social deprivation.

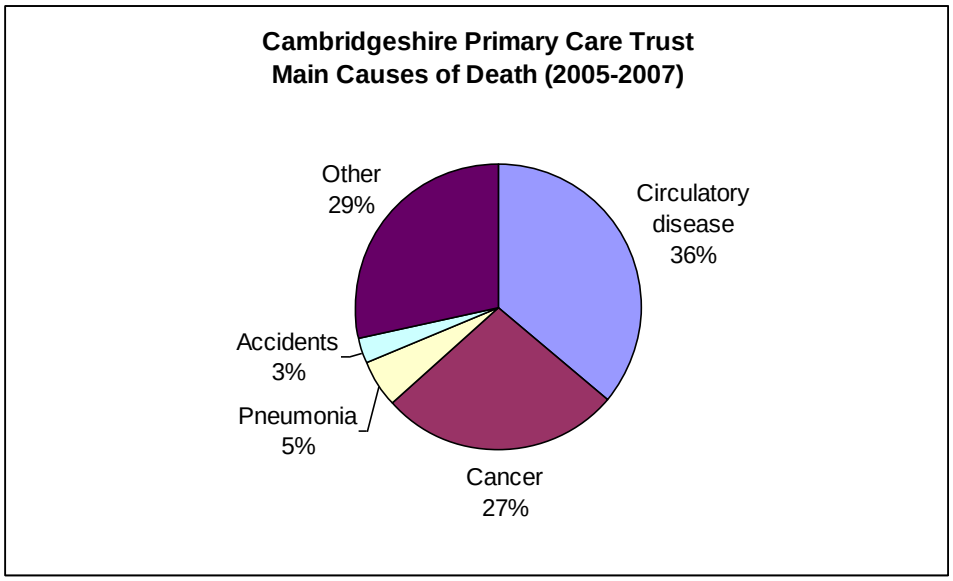
Table 7: Life expectancy at birth (years), 2006-2008

Area	Males	Females
England	77.9	82.0
East of England	78.9	82.8
Cambridgeshire	79.3	83.1
Cambridge	78.1	82.8
East Cambridgeshire	80.5	83.8
Fenland	77.3	81.3
Huntingdonshire	79.1	83.0
South Cambridgeshire	81.1	84.5

Source: ONS, Life expectancy at birth (2006-2008), November 2009.

In the years 2006-8 there was a difference of almost four years in average life expectancy between men born in Fenland (most deprived) and those born in South Cambridgeshire (least deprived), the difference for women was closer to three years.

Figure 4: Mortality: main causes of death, total population, 2005-2007



Source: Clinical and Health Outcomes Knowledge Base.

Circulatory disease and cancer are the main causes of death in the overall population. Conditions originating at the time of birth and transport accidents are the main causes of death for children.

1.3 Common long term health conditions

One of the main roles of the NHS is to ensure that people with long term health conditions receive the advice and treatment that they need and are supported in managing their condition. Much of this NHS care takes place outside hospital through GP surgeries, community health services and pharmacies, although some individuals will need an admission to hospital if their condition deteriorates. GP surgeries record the numbers of people registered with them who have been diagnosed with some long term health conditions. There are also likely to be people in the community with a long term health condition which has not yet been diagnosed.

The following table shows information from Cambridgeshire GP practice registers on the number of people diagnosed with a range of long term conditions, together with some estimates from the national public health observatories of the total number of people with these conditions. Diagnosis and recording rates for diabetes and coronary heart disease appear reasonably good, whereas there are likely to be many people with undiagnosed high blood pressure.

Condition	**Number of patients recorded on Cambridgeshire GP registers**	**Estimated total number of patients in Cambridgeshire, modelled by public health observatory**
Hypertension (high blood pressure)	77,134	138,910
Depression	56,636	
Asthma	40,506	
Diabetes	22,724	22,274
Coronary heart disease	19,007	23,385
Hypothyroidism	18,541	
Chronic kidney disease	17,946	
Stroke and transient ischaemic attack	9,201	11,154
Cancer	8,579	
Atrial fibrillation	8,492	
Chronic Obstructive Pulmonary Disease	8,357	12,483
Heart failure	4,246	
Severe mental health problem	4,224	
Epilepsy	3,436	
Dementia	2,434	
Learning disabilities	1,608	
Palliative care	572	

Indicator, Year, Data source: Quality and Outcomes Framework (QOF), 2008/9, Information Centre

The prevention and care for many of the long term health conditions described, is closely linked with services provided by local authorities and other agencies outside the NHS. A new recommendation of this Report is that **Practical ways should be found of involving GP practices in work with Local Authorities and other non-NHS organisations, to jointly plan services which are relevant to the health of their patients.**

1.4 Lifestyle issues

Research known as the 'EPIC'[1] study, carried out over several years by the University of Cambridge with an East Anglian population, has shown that there are a number of key lifestyle behaviours that have a strong association with healthy life expectancy. This research recorded baseline lifestyle behaviours of a large number of people aged 40-79 during the mid 1990s. Follow up since then has shown that people with the four 'healthy' behaviours

- Not smoking
- Being physically active
- Eating at least five fruit and vegetables a day
- Keeping alcohol consumption within recommended limits

could expect to live on average 14 years longer than people with none of the four behaviours. Because these behaviours are also known to reduce the risk of many long term health conditions such as high blood pressure, diabetes, heart disease, stroke and cancer, there is accumulating evidence that 'healthy' life expectancy as well as length of life is increased by these behaviours, reducing the requirements on local services.

Cambridgeshire participated in a survey of health and lifestyle behaviours carried out across the East of England in November 2008, from which we can calculate the approximate number of people with these key behaviours in the county. A further survey was carried out in November 2009, but at the time of writing the results are not yet fully available. There are some limitations of the work in that this was a telephone survey – not all people telephoned will have been willing to participate, some may not have reported their lifestyle entirely accurately, and some of the most vulnerable groups may not have been easy to contact through a 'phone survey. But the survey does gives us better information than the estimates we have had in the past. The table below shows the estimated number and percentage of people in Cambridgeshire with each 'healthy' behaviour.

Lifestyle behaviour	Estimated number of people aged 16+ in Cambridgeshire with the behaviour[2]	Percentage (95% confidence intervals)
Non-smoker	417,000	84.4% (82.1-86.5%)
Male – drinking within recommended limits	172,600	70.3% (72.9-80.5%)
Female – drinking within recommended limits	211,000	84.9% (84.6-90.1%)
Eats five portions of fruit and veg 5-7 days a week	233,200	47.2% (44.2-50.3%)
Male high level of physical activity[3]	115,400	47% (42.5-51.5%)
Female high level of physical activity	115,600	46.5% (42.4-50.7%)
All four healthy behaviours	**76,600**	**15.5% (13.4-17.9%)**

[1] European Prospective Investigation into Cancer and Nutrition
[2] Estimated total number of people aged 16+ in Cambridgeshire is 494,100 (mid 2008)
[3] High level of physical activity is broadly equivalent to recommended 30 minutes of physical activity 5 times a week

Whilst the survey has its limitations and is unlikely to be as accurate as the baseline information collected for the EPIC study, it provides clear evidence that even in the relatively healthy population of Cambridgeshire, there is more that individuals and families could do to engage with and improve their own long term health. There is also potential for employers, public sector agencies and businesses to further promote these healthy behaviours.

Recommendation: There is now such strong evidence for the beneficial effects on long term health of the four healthy behaviours – not smoking, being physically active, eating five fruit or vegetable portions a day, and staying within recommended alcohol limits – that all local public sector organisations should be actively involved in promoting them. This involves creating environments and workplaces which make it easy to choose these behaviours, as well as more direct promotion.

1.5 How does Cambridgeshire's health compare with other areas?

Cambridgeshire is generally a prosperous area, and as such its health statistics are likely to compare positively with the national average. This year, local analysts have compared health in Cambridgeshire not just with the national average, but with other socio-demographically similar areas as classified by the Office of National Statistics (ONS). Analyses for Cambridgeshire and all its LA districts are also presented in the Phase 3 Joint Strategic Needs Assessment – although the table for Cambridgeshire below has some further updates from the version in the JSNA.

The Local Authorities judged by ONS to be the most similar to Cambridgeshire - the county's 'ONS Cluster Group' - are those classed as being in prospering Southern England i.e. Berkshire West, Buckinghamshire, Mid Essex, Oxfordshire, Surrey, West Hertfordshire and West Kent.

Generally the people of Cambridgeshire are healthier than the England average. But compared to its cluster average, consisting of Primary Care Trusts (PCTs) with similar demographic and socio-economic characteristics, it fares less well and several of health indicators are significantly worse than the cluster average.

Life expectancy and all cause mortality for men and women are significantly better than the England average, but male all cause mortality is significantly worse than the cluster average. The premature death rate from circulatory diseases although significantly better than England is significantly worse than the cluster average, suggesting that there is room for improvement here.

Mortality from road traffic accidents and deaths and injuries from road traffic accidents are significantly higher than the England and cluster average (data from 2005/7), indicating that this is a local public health issue. Hospital admissions for alcohol related harm are significantly higher than the national average (the figure is not available for the cluster average).

General Certificate of Secondary Education (GCSE) achievement, levels of statutory homelessness, and levels of teenage pregnancy are all significantly better than the England average, but significantly worse than the cluster average. This suggests that further improvements are achievable.

The proportion of under twos receiving their first dose of Measles, Mumps and Rubella vaccine (MMR) by their second birthday is significantly worse than both the England average and cluster average. 67% of abortions take place at under 10 weeks, which is also significantly worse than both national and cluster average.

Rates of cervical screening, breast screening, seasonal flu vaccination (over-65s) and HPV vaccination are higher than the national and cluster averages.

NHS Cambridgeshire Benchmarking Spine Chart

Key Spine chart England comparison

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

ONS Cluster group – Prospering Southern England

Cluster av. National av.

Worst — 25th Percentile 75th — Best

Key Cluster comparison

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

	Indicator	Local avg number per year	Local value	Eng avg	Eng worst	England range	Eng best	Cluster avg	Sig diff from cluster avg
1	GSCE achievement (%)	3,220	53.5	48.3	29.9		64.7	58.9	■
2	Statutory homelessness (per 1,000 hh)	580	2.3	2.8	8.9		0.2	1.2	■
3	Unemployment rate (per 1,000 working age population)	16,000	5.1	6.4	14.8		2.8	4.0	♦
4	Infant mortality rate (per 1,000 live births)	29	4.1	4.8	9.0		2.2	3.4	♦
5	Abortions under 10 weeks (%)	847	66.6	73.3	46.6		85.3	77.5	■
6	Perinatal mortality rate (per 1,000)	39	5.5	7.8	12.7		4.5	6.0	♦
7	Low birth weight babies (%)	435	5.9	7.5	11.2		4.9	6.4	♦
8	Breast feeding initiation (%)	5,504	79.9	70.3	39.7		91.5	-	
9	Breast feeding 6-8 weeks (%)	978	53.5	-	-		-	-	
10	Smoking during pregnancy (%)	800	11.6	14.4	-		-	-	
11	Obesity in Reception year children (%)	455	7.8	9.6	14.7		5.9	8.0	♦
12	Obesity in Year 6 year children (%)	919	15.7	18.3	26.6		11.7	15.4	♦
13	Teenage pregnancy rate (u18) (per 1000)	290	27.2	41.2	79.1		15.1	23.7	■
14	Breast screening in 53-64s (%)	34,527	80.2	77.0	50.9		84.8	79.1	●
15	Cervical screening in 25-64s (%)	122,419	81.1	78.9	65.8		85.8	80.4	●
16	Chlamydia screening in 15-24s (%)	3,831	4.4	4.1	2.0		9.0	-	
17	MMR vaccination u2 (%)	5,669	82.2	84.9	56.3		94.7	84.2	■
18	Year 8 girls receiving HPV all 3 doses (%)	3,038	93.7	70.4	0.3		97.9	76.3	●
19	Flu vaccination in 65+ (%)	69,882	74.9	74.1	68.7		79.8	74.4	●
20	Physical activity (16+) (%)	556	22.3	21.4	13.1		28.4	24.3	♦
21	Hospital admissions for alcohol related harm (per 100,000)	10,543	1525.1	1472.5	2719.8		639.9	-	
22	Modelled CHD prevalence (%)	23,385	4.6	5.6	8.5		3.0	4.5	
23	Modelled COPD prevalence (%)	12,483	2.5	3.7	6.0		2.1	2.8	
24	Modelled diabetes prevalence (%)	22,274	3.8	4.5	6.2		3.5	3.9	
25	Modelled hypertension prevalence (%)	138,910	27.5	30.4	37.3		21.8	28.3	
26	Modelled stroke prevalence (%)	11,154	2.2	2.5	3.7		1.4	2.1	
27	Female life expectancy	-	83.1	82.0	78.8		88.9	-	
28	Male life expectancy	-	79.3	77.9	73.6		84.3	-	
29	Female mortality from all causes (per 100,000)	2,510	442.9	490.6	653.8		295.2	432.0	♦
30	Male mortality from all causes (per 100,000)	2,352	621.3	692.3	942.7		440.9	590.2	■
31	Mortality from all cancers (u75) per 100,000)	624	99.6	114.0	159.7		70.5	99.4	♦
32	Mortality from all circulatory diseases (u75) (per 100,000)	387	61.0	74.8	125.0		49.2	55.6	■
33	Mortality from accidents (15-24) (per 100,000)	12	14.7	13.7	40.6		2.5	15.1	♦
34	Mortality from accidents (65+) (per 100,000)	79	66.4	58.9	106.6		21.0	56.4	♦
35	Mortality from land transport accidents (per 100,000)	46	7.1	4.8	11.7		1.3	4.9	■

Indicator, Year, Data Source

1 academic yr 2007/08, DCSF; **2** 2007/08, DCLG; **3** 2008/09, ONS; **4** 2006-08, NCHOD; **5** 2008, NCHOD; **6** 2006-08, NCHOD; **7** 2008, NCHOD; **8** 2008/09, IC; **9** Q2 2009/10, IC; **10** 2008/09 IC; **11,12** academic yr 2008/09 NCMP; **13** 2005-07, DCSF; **14,15** 2008/09 IC; **16** Q1 2009/10 NCSP; **17,18** 2008/09 IC; **19** Oct 08-Jan 09, HPA; **20** 2008/09, Sport England; **21** 2005-07, NWPHO; **22,23** 2009 projection, APHO; **24** 2005, YHPHO; **25,26** 2009 projection, APHO; **27-35** 2006-08, NCHOD.

The district comparisons presented in the Joint Strategic Needs Assessment show that in general Cambridge City, East Cambridgeshire, Huntingdonshire and South Cambridgeshire are close to average for their ONS cluster comparators, although the rural districts tend to have high road traffic injuries and deaths. Fenland is

significantly below cluster average for several of the indicators including GCSE achievement, statutory homelessness, childhood obesity, teenage pregnancy, physical activity, male and female mortality and circulatory mortality under age 75.

Section 2: Health Protection

Whilst it is clear from the previous section that non-infectious disease, which often has strong links to lifestyle, is now the main cause of death in Cambridgeshire, the picture was very different a few generations ago when infectious disease was the main cause of mortality for all age groups. The control of infectious disease in the community remains an important aspect of public health.

2.1 Swine flu H1N1

In 2009 we were reminded of the potential impact of a new infectious disease, when swine flu H1N1 was identified as a new pandemic strain of influenza virus by the World Health Organisation. Fortunately the disease proved milder than originally feared, although it differs from normal seasonal flu in that the majority of severe cases and deaths have been amongst people aged under 65, including young children and pregnant women.

Nationally, at the time of writing, there have been over 300 deaths in England confirmed as being caused by H1N1, and significant numbers of people admitted to hospital, including critical care. Locally in Cambridgeshire a total of nearly 20,000 people contacted the national pandemic flu line, which has now closed, and were judged to meet the criteria for treatment with anti-viral medication. It's likely that other local people contracted the virus but didn't seek treatment.

Although the levels of swine flu are currently low, it is expected that the H1N1 strain will be the predominant flu virus in the next flu season. It remains important, therefore, that people who are vulnerable through a long term condition of pregnancy continue to take up the offer of swine flu vaccination.

2.2 Health care acquired infections

Acute Trusts and community hospitals in Cambridgeshire have worked hard to reduce health care acquired infections by implementing control measures that include deep cleaning of facilities, ensuring high uptake of hand washing, isolating infected cases and making changes to antibiotic policies where necessary.

There has been a steady fall in the number of cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) from 2006/7 to 2008/9 at the two major acute trusts in the county – Addenbrookes (CUHFT) and Hinchingbrooke. MRSA causes wound infections and can sometimes enter the bloodstream and cause a more widespread infection (bacteraemia).

Trust	Number of MRSA bacteraemia cases			
	2006/7	2007/8	2008/9	Apr-Sept 2009
CUHFT	81	41	30	(18)
Hinchingbrooke	15	11	6	(6)

Source: Health Protection Agency MRSA mandatory surveillance

There has also been a clear fall in the number of cases of Clostridium difficile (the most important cause of hospital acquired diarrhoea) at Addenbrookes (CUHFT) over the past two to three years. The numbers of cases at Hinchingbrooke have not reduced significantly over the period.

Trust	Number of Trust acquired Clostridium Difficile cases			
	2006/7	2007/8	2008/9	Apr-June 2009
CUHFT	n/a	373	274	(36)
Hinchingbrooke	n/a	70	80	(17)

2.3 Notifiable diseases

A notifiable disease is one that doctors are legally obliged to report to the local authority proper officer under the Public Health (Infectious Diseases) Regulations 1988. The notification will be acted upon immediately if the disease poses a risk to the local population, and collation of the data on notifiable diseases also allows comparison of trends over time.

Notifiable Diseases: 1 January 2004 – 31 December 2009

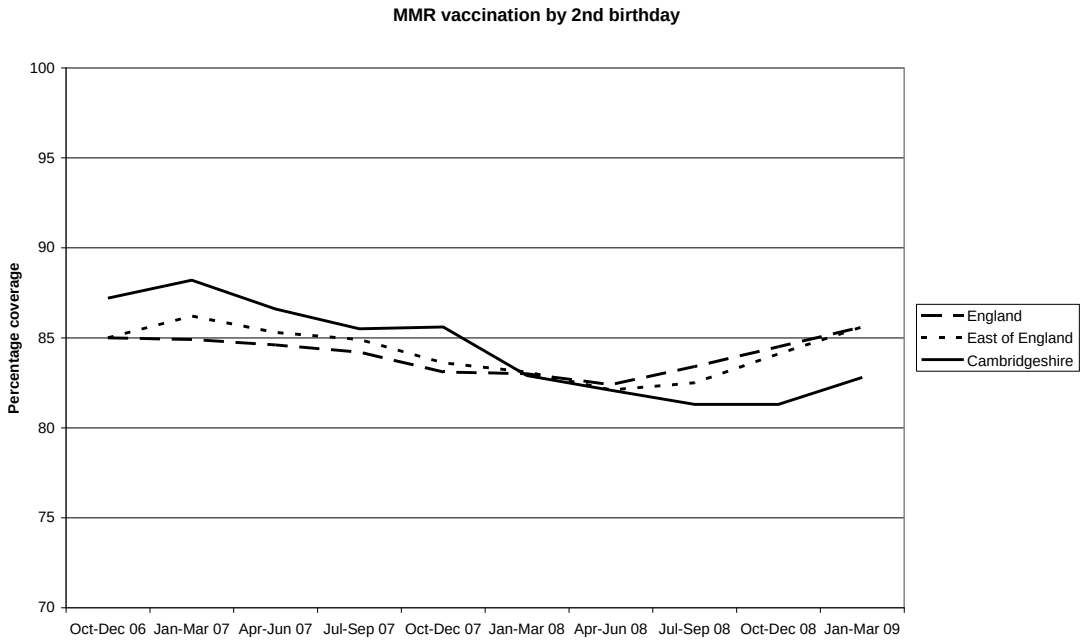
Disease	2004	2005	2006	2007	2008	2009
Dysentery	17	23	21	18	18	19
Food poisoning	937	890	962	955	964	838
Measles	9	11	49	61	51	27
Meningococcal disease (meningitis/ septicaemia)	22	11	19	21	19	16
Mumps	217	324	71	68	60	242
Rubella	8	14	9	15	17	15
Scarlet fever	23	17	40	31	14	33
Tuberculosis	30	47	42	29	57	42
Viral hepatitis (Hepatitis A,B,C,E)	88	101	95	130	125	105
Hepatitis B (acute and chronic)	45	66	46	69	70	46
Hepatitis C	36	29	44	54	47	54
Whooping Cough	8	<5	<5	<5	15	<5

Source: East of England Web Surveillance System

The trend for the majority of notifiable diseases remains stable, with some year on year variation. Years with higher rates of mumps are those in which there have been outbreaks amongst older teenagers and young adults who have not received the full MMR vaccination course. Cambridge is particularly vulnerable to this, due to the large student population. Food poisoning continues to account for the greatest numbers of notifiable diseases and there is little change in the trend. However, food poisoning figures are an indicator rather than an accurate measure of the level of food poisoning in the community being influenced by both patient and clinician behaviour.

2.4 Immunisations

Immunisation is one of the most important methods for protecting individuals and the community from serious diseases. In general immunisation rates in Cambridgeshire are fairly close to national and regional averages. However the percentage of children who have had their first dose of MMR by age two has recently fallen below the national average.



This is of concern because around 95% of children need to be vaccinated with MMR to prevent further outbreaks of Measles, Mumps and Rubella. The latest available figures for Apr-June 2009 indicate that currently in Cambridgeshire, only 80.3% of children have been vaccinated with MMR by their 5th birthday.

Recommendation: MMR is a safe vaccination which protects children against potentially serious infectious disease. Further work should be done to boost rates of MMR vaccination for two year olds within Cambridgeshire, which are currently below both regional and national averages and to increase rates for five year olds towards the World Health Organisation recommendation of 95%.

Section 3: Progress Against the recommendations of the Annual Public Health Report 2008

This section outlines the progress made to date against the six recommendations from the Annual Public Health Report 2008. The first three recommendations remained outstanding from the 2006 and 2007 reports, while the final three were new recommendations in 2008.

3.1 Outstanding recommendations from 2006 and 2007

Recommendation 1: Full implementation of the Child Health Promotion Programme (CHPP) across Cambridgeshire should continue to be a priority for local NHS community health services. This includes a holistic antenatal and postnatal family health needs assessment, which will enable early intervention and prevention of poor outcomes, and the targeting of services to those with the greatest needs. OUTSTANDING

Although significant progress has been made against this recommendation, with investment in new programmes such as the Family Nurse Partnership to support more vulnerable teenage parents, there have also been significant difficulties in taking forward comprehensive implementation of the CHPP. At the time of writing the local community health services are not achieving agreed targets for new birth visits, one year reviews, and two-three year developmental checks in the county. This is largely the result of health visitor recruitment issues, which are being addressed through a comprehensive action plan.

Progress is being made, with some successful recruitment recently, but ensuring that there is the right workforce in Cambridgeshire to support families in the early years needs a continued focus. This goes wider than the health service, also involving local authority Children's Centres and the voluntary sector. The recent national review of health inequalities by Sir Michael Marmot identified support for more vulnerable families in the early years as one of the most effective ways of tackling future inequalities in health.

Recommendation 2: NHS Cambridgeshire should ensure that health protection issues are included in its service level agreements and contracts with healthcare providers, with an emphasis on Tuberculosis (TB) services and on systems for neonatal vaccinations. ACHIEVED

Contracts with local provider services in Cambridgeshire for 2010/11 have been amended to contain clear guidance (based on national standards) for identification of neonates who will require Bacillus Calmette-Guérin (BCG) or hepatitis B vaccination, and for the provision of information on children who require vaccination or have been vaccinated to the local community Child Health System. Contracts will also include a commitment to work jointly on further development of local clinical pathways for TB services.

Recommendation 3: An additional set of health inequalities indicators for Cambridgeshire are needed, which allow real time measurement of progress, and which have a focus on children and on population groups which are most vulnerable to inequalities in health. The indicator set should be developed in the context of a strategic county-wide approach to tackling health inequalities. ACHIEVED

A Cambridgeshire Strategy for Tackling Health Inequalities has been developed over the past 18 months after consultation with Local Strategic Partnerships and key organisations. This has been overseen by the multi-agency Community Wellbeing Partnership (CWP) which reports into the Cambridgeshire Together Board, and the CWP will continue to monitor implementation of the Strategy.

The Strategy covers four key strategic areas:

- 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

The Strategy has an associated Framework for Action which contains priority strategic objectives, key actions and partners, reflecting a county-wide collaborative approach. It also includes timelines for implementation from 2009-11.

A set of indicators has been developed to monitor the Strategy, which should allow real time measurement of progress, although inevitably some measures will only be available in retrospect. These indicators cover the wider factors which affect health, such as employment and educational achievement, as well as more specific health behaviours and outcomes.

3.2 Recommendations from 2008

Recommendation 4:
Mechanisms should be established to mainstream the Joint Strategic Needs Assessment (JSNA) process and ensure that JSNAs are regularly updated and disseminated, so that JSNA information can continue to inform planning in future years. ACHIEVED

This recommendation has been achieved through putting in place a Programme Management process for the JSNA. Clear decisions are taken at the start of the annual JSNA cycle as to which aspects of existing JSNA work need updating and which new aspects of health and wellbeing, or vulnerable population groups, will be covered. These decisions are overseen by the Community Wellbeing Partnership to ensure that the range of organisations which use the JSNA can help determine the priorities within it. New work on the JSNA is then organised so that it will be completed in time to feed into different organisations' planning cycles.

A communications plan is in development for the JSNA which will ensure easy access for different organisations and the public through websites, together with

presentations of the key findings of the JSNA through written media and presentations to a wide range of audiences.

The JSNA provides a wealth of detail on the needs of the population in Cambridgeshire, and over the coming years of financial constraint it will be particularly important to use the JSNA to ensure that public sector resources are targeted where they are most required, and that the most vulnerable residents of Cambridgeshire continue to receive the services they need.
New recommendation: Given current financial constraints, public sector organisations across the county should use the information contained in the JSNA or equivalent analyses to support careful decision making about allocation of resources to meet the needs of the population, with particular consideration of geographical areas and population groups at risk of inequalities.

Recommendation 5:
Work currently being undertaken to develop a strategic approach to mental health promotion in Cambridgeshire should be considered carefully by public sector and other agencies, to ensure that protective factors for good mental health are supported and encouraged in local communities. OUTSTANDING

Although work to develop a strategic approach to promoting mental health and wellbeing in Cambridgeshire has started, this will need to align with the national 'New Horizons' Public Mental Health Framework, which will be published by the Department of Health later this spring. This will provide an evidence base for the most effective and best value methods of promoting and protecting mental health, and will allow a local communications plan to be developed which will dovetail with national campaigns. This aspect of health and wellbeing is particularly important in the light of the potential for ongoing effects of recession, such as unemployment and debt, to increase vulnerability to mental health problems.

Recommendation 6:
The good work already done to prepare multi-agency plans for health related emergencies and major incidents in Cambridgeshire, including plans for pandemic influenza, should be further built on during 2009 through testing, review, and production of training materials.

The emergence of swine flu H1N1 in 2009 saw testing and further development of existing pandemic flu plans and of co-ordinated incident management across the health and care system, to a much greater extent than would have been possible through training and exercises only.

A feature of the response was the use of teleconferences for rapid communication across organisations, both locally in Cambridgeshire, and regionally when required; and the use of regular e-mail briefings to ensure that a wide range of service providers remained up to date with the latest national and local developments. NHS Cambridgeshire staff gained considerable experience in running an 'incident room' to co-ordinate the local health system response, and mechanisms for joint working with local authorities were further developed. Not all plans needed to be implemented – for instance it was not necessary to open anti-viral collection points run by

volunteers, but good work was done to establish what would be needed in terms of equipment, training and indemnity if this step had to be taken.

The practical learning from the local swine flu H1N1 response should be mainstreamed and incorporated into plans, so that the systems developed in 2009 can be immediately set up and used again in the event of future infectious disease outbreaks of a similar nature. Swine flu H1N1 is likely to be the main influenza strain in the 2010/11 flu season, so ongoing vaccination of local patients who are vulnerable to H1N1 as a result of long term health conditions or pregnancy remains essential.

Section 4: Recommendations of the APHR 2009

Two recommendations remain outstanding from the APHR 2008, and a further four new recommendations have been made as part of this Report.

Recommendation 1 (2008): Full implementation of the Child Health Promotion Programme (CHPP) across Cambridgeshire should continue to be a priority for local NHS community health services. This includes a holistic antenatal and postnatal family health needs assessment, which will enable early intervention and prevention of poor outcomes, and the targeting of services to those with the greatest needs.

Recommendation 2 (2008): Work currently being undertaken to develop a strategic approach to mental health promotion in Cambridgeshire should be considered carefully by public sector and other agencies, to ensure that protective factors for good mental health are supported and encouraged in local communities.

Recommendation 3: Practical ways should be found of involving GP practices in work with Local Authorities and other non-NHS organisations, to jointly plan services which are relevant to the health of their patients.

Recommendation 4: There is now such strong evidence for the beneficial effects on long term health of the four healthy behaviours – not smoking, being physically active, eating five fruit or vegetable portions a day, and staying within recommended alcohol limits – that all local public sector organisations and employers should play an active part in promoting them. This means creating environments and workplaces which make it easy to choose these behaviours, as well as more direct promotion.

Recommendation 5: MMR is a safe vaccination which protects children against potentially serious infectious disease. Further work should be done to boost rates of MMR vaccination for two year olds within Cambridgeshire, which are currently below both regional and national averages and to increase rates for five year olds towards the World Health Organisation recommendation of 95%.

Recommendation 6: Given current financial constraints, public sector organisations across the county should use the information contained in the JSNA or equivalent analyses to support careful decision making about allocation of resources to meet the needs of the population, with particular consideration of geographical areas and population groups at risk of inequalities.