Cambridgeshire County Council

NHS Cambridgeshire

Cambridgeshire Joint Strategic Needs Assessment

Phase 5 Summary Report

2011

DRAFT
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1. Introduction

We are now in the fifth year of Joint Strategic Needs Assessment (JSNA) for Cambridgeshire – and have collected a wealth of information on local health and wellbeing over these years, available on website www.cambridgeshirejsna.org.uk.

JSNA is becoming increasingly important as a shared resource, through which different organisations can understand the health and wellbeing needs of communities in Cambridgeshire. It will provide an information base for the shadow Cambridgeshire Health and Wellbeing Board and Network to develop a local Health and Wellbeing Strategy.

In the past we have produced quite detailed hard copy JSNA summaries, but following the launch of the JSNA website in 2010, we have decided to produce this much briefer summary, with web links through to more detailed documents and data tables.

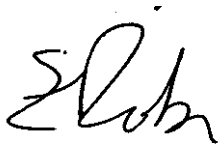
This summary starts with a brief outline of Cambridgeshire's main population characteristics, and recent trends in mortality rates from different causes.

This is followed by the main focus of this year's 'Phase 5' JSNA - which was to collect data and evidence on promoting health and preventing disease amongst adults of working age. The work has included supply of data and information by many different local organisations, together with wide ranging consultation with community groups and via an on-line survey, to find out what local people's priorities for 'prevention' are.

Because GPs are taking on new roles in Cambridgeshire, leading on the clinical commissioning of NHS services, another focus of JSNA this year has been to provide information in the most useful form to support his. GP practices in Cambridgeshire are organised into Local Commissioning Groups (LCGs), which work together to commission services for a local population of patients. We present data on the health needs of LCG patient populations.

Finally - last year's 'phase 4' JSNA focussed on the health and wellbeing needs of older people; children and young people; working age adults with mental health problems; and Gypsies and Travellers. Recommendations were made to support improvements in health and wellbeing for each of these groups, and this summary provides a link to updates on progress against these recommendations.

I would like to thank the wide range of local stakeholders and organisations who have contributed to JSNA this year; with particular thanks to Wendy Quarry who managed the overall programme, Val Thomas who led the work on prevention; David Lea who leads the public health analyst team, and Sue Hall as lead administrator.



Dr Liz Robin
Director of Public Health

2. Cambridgeshire's population

More detailed information from the Cambridgeshire Core JSNA Dataset is available on: www.cambridgeshirejsna.org.uk/webfm_send/182

It is estimated that there are 605,400 people living in Cambridgeshire. About one in six are children under 15 years of age and another one in six are aged over 65[1]. The majority of the population are working age adults.

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

Local Authority	Population
Cambridge	119,800
East Cambridgeshire	80,800
Fenland	94,200
Huntingdonshire	165,300
South Cambridgeshire	145,300
Cambridgeshire	**605,400**

Source: Cambridgeshire County Council Research & Performance Team (CCCR&PT).
Definition: Mid 2010 population estimates (Note: Figures are rounded to the nearest 100).

Population growth

The population of Cambridgeshire is forecast to increase by 13% between 2011 and 2021 (78,900 people in total), with the majority of the increase seen in Cambridge City and South Cambridgeshire[2]. The forecast increase for people aged 65+ years is 40% (40,700 people), for people of working age is 6% (25,100 people) and for children aged under 15 years is 12% (12,700 people). The increase in older people is particularly important for health and social care service planning, as service use increases with age.

Ethnicity

Cambridgeshire has a predominantly white population. Cambridge City has a higher proportion of people from non-white ethnic groups[3], when compared to the national average, many of whom are students or professionals. Ethnicity is important to health because disease rates vary across ethnic groups, as well as language and access issues.

Socio-economic deprivation

There is variation in socio-economic deprivation across Cambridgeshire although all geographical areas include some disadvantaged residents. The Index of multiple deprivation as outlined in the table below is one way of measuring this. South Cambridgeshire is one of the least socio-economically deprived local authorities nationally, while Fenland has higher levels of deprivation than the England average.

Table 2: Indices of Deprivation: Average IMD rank of Local Authorities in 2007 and 2010

Local Authority	Average IMD Rank 2007	Average IMD rank 2010	% rank 2007	% rank 2010
Cambridge	234	188	66%	58%
East Cambridgeshire	278	269	79%	83%
Fenland	125	94	35%	29%
Huntingdonshire	311	276	88%	85%
South Cambridgeshire	350	321	99%	99%

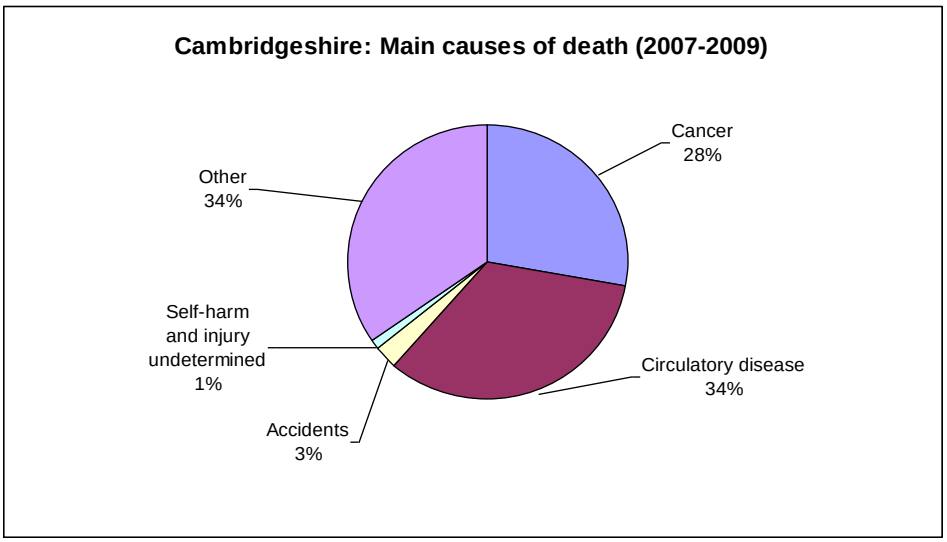
Source: The English Indices of Deprivation 2010, Department for Communities and Local Government.
Definition: The English Indices of Deprivation include domains at lower super output area (LSOA) for income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services housing, living environment deprivation and crime.

1 Cambridgeshire County Council Research Group, Mid-2010 single year population estimates.
2 Cambridgeshire County Council Research Group, Mid-2010 population forecasts.
3 2001 Census.

Mortality

There are about 4,800 deaths a year in Cambridgeshire[4]. Circulatory disease[5] (1,600 deaths a year) and cancer (1,350 deaths a year) [6] are the most common causes.

Figure 1: Main causes of death in Cambridgeshire, total population, 2007-2009



Source: ONS, Vital Statistics.

There are an average of 40 **child deaths** (aged under 15 years) per year [9] . For children, deaths from conditions present at birth and road traffic accidents are the commonest causes of death.

Trends in mortality

The table below summarises the main mortality rates for 2007 to 2009 by district, and determines whether the change in trend is faster or slower than the change seen nationally. Trends for the most common causes of death are positive across the county. It is important to note that the trends for suicide and undetermined injury, accidents and land based transport accidents are based on relatively small numbers.

Table 3: Mortality rates per 100,000 population - trends and 2007/09 rates

Disease area	Cambridge City		East Cambridgeshire		Fenland		Huntingdonshire		South Cambridgeshire		Cambridgeshire		England	
	2007/09 rate	Trend	2007/09 rate	Trend	2007/09 rate	Trend	2007/09 rate	Trend	2007/09 rate	Trend	2007/09 rate	Trend	2007/09 rate	Trend
All Cause Mortality, all ages	549.5	↓	476.0	↓	589.9	↓	501.2	↓	445.0	↓	505.1	↓	567.1	↓
All Cause Mortality, under 75 years	274.1	↓	223.6	↓	294.1	↓	234.2	↓	202.4	↓	238.7	↓	287.8	↓
All Circulatory diseases, under 75 years	61.4	↓	53.6	↓	67.5	↓	57.0	↓	47.3	↓	56.6	↓	70.5	↓
All Cancers, under 75 years	102.7	↓	90.2	↓	108.5	↓	97.3	↓	92.5	↓	97.2	↓	112.1	↓
Suicide and Undetermined Injury, all ages	11.1	↑	8.1	↑	13.9	↑	5.7	↓	7.1	↓	8.3	↓	7.9	↓
Accidents, all ages	17.0	↓	13.6	↓	23.7	↑	18.2	↑	13.5	↓	16.3	↓	15.7	↓
Land based transport accidents, all ages	3.1	↑	4.4	↓	12.9	↓	5.6	↓	6.4	↓	5.9	↓	4.3	↓

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

Key

2007/09 rate

Statistically significantly higher than England	
Higher than England	
Lower than England	
Statistically significantly lower than England	

Trend (Exponential Trendline)

Increasing trend	↑
Decreasing trend	↓
Faster rate of change than England	
Slower rate of change than England	
Opposite trend to England	

4 East of England Public Health Observatory, 2011.

5 Mainly heart disease and stroke

6 Compendium of Clinical and Health Indicators (2007-2009)

3. Prevention of ill health in adults of working age

The full JSNA for Prevention of Ill Health in Adults of Working Age including data tables which contains a wealth of detailed information and data is available on:, *http://www.cambridgeshirejsna.org.uk/cambridgeshire-joint-strategic-needs-assessment-jsna/jsna-phase-5-prevention*

The JSNA 'Prevention of Ill Health in Adults of Working Age' is based on a model where health is determined by a wide range of factors. These include the "upstream" wider determinants of health such as socio-economic factors, the health behaviours that individuals adopt, and protective actions such as screening.

The JSNA captures information on local needs for prevention through a wide range of health and well being indicators, known local views, and local examples of good practice, along with identifying gaps and areas for development. It also includes some of the substantial evidence that prevention works, that it can provide cost benefits and importantly that it can make substantial improvements to the health of the population, decrease health inequalities and effectively address health and social problems.

The development and production of the JSNA has been overseen by a very active committed Steering Group with membership from a wide range of organisations. For the first time a bespoke community consultation process was developed and implemented for this JSNA. This involved the use of social media, an online survey and focus groups. A Stakeholder Event that was well attended by representatives from the statutory and voluntary sectors reviewed the JSNA and highlighted key issues and prevention priorities.

What do we know? - The wider determinants of health

Employment and Income

- People on lower incomes and in unskilled occupations generally experience poorer health and life expectancy. On a geographical basis, there is a close link between the level of socio-economic deprivation in an area and the overall health of people living there. On average, people living in areas of deprivation become ill with long term conditions at a younger age (which may result in them leaving the workforce early) and have a shorter life expectancy.
- Overall Cambridgeshire residents experience greater prosperity and less socio-economic deprivation than other parts of England. But deprivation varies significantly across the county, with Fenland, north-east Cambridge and parts of North Huntingdon having the highest levels of relative deprivation. The same pattern exists for children living in poverty, but income deprivation for older people is more widely dispersed around the county. All parts of the county will have some residents who experience disadvantage.
- There is currently a clear negative trend across the socio-economic determinants of health related to the economic downturn, and although Cambridgeshire as whole is relatively affluent; the patterns of inequality are mostly unchanged or worsened in some cases from previous years.
- Unemployment has a negative effect on people's mental and physical health. The estimated unemployment rate in Cambridgeshire increased from 3.7% in September 2008 to 5.1% in 2010 – about one in twenty adults. The highest level of unemployment is seen in Fenland at 7.6%, which is at a similar level to the national rate at 7.7%[7]. Between August 2008 and 2010, the percentage of population receiving benefits

7 ONS, NOMIS Model-Based Estimates of Unemployment (for districts), Annual Population Survey, ONS, NOMIS.

increased across all the districts with the highest being in Fenland. In 2005-2009, the highest median household income was in South Cambridgeshire and the lowest was in Fenland.

- There is limited local data on employee health, occupational health services and prevention activities or opportunities in Cambridgeshire's workplaces. The available information gives an insight into the marked differences in reported workplace injury rates by district council area with higher rates in East Cambridgeshire and Fenland.

Housing

- Both nationally and locally, demand for both affordable and market housing significantly outstrips supply. More detailed information is provided in the Strategic Housing Market Assessment (SHMA). www.cambridgeshirehorizons.co.uk/shma. Private housing is particularly expensive in Cambridge City both to purchase and to rent. This has resulted in an increasing affordability gap between incomes and rents and house prices. In the past eight years, some 5,910 new affordable homes have been built across Cambridgeshire but the housing needs register for social rented properties has increased by around 10,000. Of concern are the planned changes to the Local Housing Allowance (LHA) which risk making rents unaffordable to some population groups. This in turn may impact on health through increased rates of overcrowding and/or homelessness, together with the broader impact on mental health of stressful life events. The Supporting People Service helped around 2000 people in 2009/10 of working age to live independently in housing across the county, but there is some inequity of provision.
- It is estimated that 35,000 households in Cambridgeshire experience fuel poverty (more than 10% of income required to heat the home). Cold homes during severe winter weather increase the risk of illness and hospital admission for infants and older people, particularly from chest infections, heart attacks and strokes. Rates of fuel poverty are rising - it was estimated that in 2008 there were 11.5% fuel poor households in Cambridgeshire compared to 6% in 2003. In addition there are Lower Super Output Areas where the proportion of the fuel poor households is above 20%. Most of those areas are in Fenland and East Cambridgeshire.
- Local data from the Citizen's Advice Bureau has shown a steady and large increase in demand for advice on housing related and other debt arrears especially in relation to fuel poverty, mortgage arrears and credit cards.

Transport

- Although there has been a reduction in deaths between 1998 and 2010 all the Cambridgeshire districts with the exception of Cambridge City have significantly worse rates of road deaths than England as a whole. The greatest number of road traffic casualties occurs in the working age population with 17 to 25 year olds having the highest casualty rate per head of population. The highest mortality rate is in Fenland followed by Huntingdonshire. The evidence for prevention is strongest for area-wide traffic calming measures such as speed bumps and safety cameras.
- Air pollution can have short term health effects through triggering respiratory conditions such as asthma, and longer term effects on both respiratory and circulatory disease. Cambridgeshire has a number of Air Quality Management Areas (AQMAs), in which levels of pollutants are subject to additional monitoring and management. Some of these AQMAs are related to heavy concentrations of road traffic. Issues of concern include the housing growth in the south of the county adjacent to existing AQMAs and the proximity of AQMAs related to industrial pollutants to more deprived communities in the north of the county.

- Ability to access transport, particularly in rural areas, can affect access to health services, and may also affect people's ability to access their social networks, which are important to maintaining mental and physical health. Nearly one in five of Cambridgeshire's population do not have access to a car or van[8]. This goes down to less than one in ten for children living in households with no access to a car or van but up to four in ten pensioners. The full JSNA contains links to detailed maps that demonstrate the patterns and inequalities for transport and access that are present in Cambridgeshire.

Education and skills

- Educational attainment is closely linked with health later in life. The expected standard of performance at the end of Key Stage 4 is five or more GCSEs including English and Maths at grades A*-C. In Fenland in 2010 less than half (45%) of candidates attained five or more GCSE grades A*-C, compared to over two thirds (68%) in South Cambridgeshire[9]. By age 19, educational achievement for pupils who were entitled to free school meals is 35% worse than for pupils who were not.
- In March 2011 4.8% of the total population cohort aged 16-18 was Not in Education or Training (NEET). Localities with the highest proportion of young people in the NEET group were in Wisbech (7.8%), Cambridge North (6.7%) and Cambridge South (6.5%). In 2009/10, more than 6,500 people (25-64 age groups) were attending courses in Adult Learning in Cambridgeshire at an average 1.8% of people in the 19 - 64 age group, which was less than in the previous years. The proportion was smallest in Cambridge City and Fenland. Identified concerns for the future are the need to increase apprenticeship starts, the decline in other funded employee qualification routes, and unmet needs for skilled workers and workers with sufficient employability skills.

What do we know? – Lifestyles

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

Smoking and tobacco

- Tobacco use remains the leading cause of preventable morbidity and mortality worldwide. In Cambridgeshire nearly 20% adults smoke, though Cambridgeshire has relatively low smoking prevalence in comparison to national and regional figures. This masks the range in smoking rates within Cambridgeshire. In Fenland the prevalence is 26.7% compared to the national figure of 21%. There are smaller areas that have rates higher than the national figure. Smoking prevalence is higher in more deprived populations and amongst the routine and manual group of workers.

Obesity

- Nationally the prevalence of obesity among adults has increased over recent years. The estimated levels of obesity in Cambridgeshire (22.1%) are significantly lower than in England (24.2%). Fenland, with estimated obesity at 25.8%, is significantly higher than the county level (22.1%) but is not in comparison to the national levels (24.2%).

8 2001 Census.

9 Cambridgeshire County Council and NHS Cambridgeshire, Children & Young People Data Profile July 2011.

- Key factors for prevention of obesity are a healthy diet and physical activity. In Cambridgeshire 67.4% population is eating less than the recommended five portions of fruit and vegetables a day.
- Surveys indicate that participation in physical activity decreases with age and that there has been an overall downward trend in rates of participation in sport locally, with the exception of Huntingdonshire and South Cambridgeshire. Fenland has the lowest levels of participation in sport but scores highly on general physical activity rates, attributable to a high number of people in manual occupations. Sports participation in all age groups is relatively low in Fenland and is generally lowest in the more deprived areas in each district, with the exception of East Cambridgeshire.

Sexual health

- Overall the rate of Sexually Transmitted Infections (STIs) in Cambridgeshire has remained consistent between 2008 and 2010 with about 5-6 cases per 1000 population. Rates are highest in the 15-24 age group. The numbers of people living with HIV in Cambridgeshire has increased since 2004 reflecting to a large degree better treatment methods. A third of HIV infected residents live in Cambridge City. Nationally there is concern about late HIV diagnoses which compromises treatment and potentially could increase the spread of the disease.
- The Cambridgeshire teenage conception rate has been consistently and significantly lower than the national and East of England with an overall downward trend over the past ten years. The rates vary across the county with Fenland having the highest rate and East Cambridgeshire the lowest in 2007-2009. Within districts there is variation in teenage conception rates.
- There were 740 sexual offences recorded in Cambridgeshire during 2008-2009 with 755 recorded sexual offences in Cambridgeshire in 2009-2010, representing a 2% increase year on year. The Cambridgeshire and Peterborough Sexual Assault Referral Centre opened in 2010 provided services to 330 people in its first year of which, 112 of those clients were from Cambridgeshire. This new Service is anticipated to identify unmet demand through increased reporting.

Substance misuse

- Consumption of alcohol above the recommended limits (21 units per week for males and 14 units per week for females) is known to be harmful to health. A local telephone survey in 2009 found that about 30% of men drank more than the recommended limit. Overall, Cambridgeshire as a county compares well to the national average on statistics for alcohol misuse and harm, but Cambridge City is above the national average for a number of indicators including hospital admissions specifically caused by alcohol, aspects of alcohol related crime, and binge drinking.
- Although there are primary prevention interventions for drug misuse, most of these target young people and not those of working age. Prevention for the working age population is mostly secondary and occurs when individuals access the treatment service. A concern for Cambridgeshire is that an estimated one third of the drug using population does not access any services.

Mental health

- In 2004-06, 13% of the England population had a possible psychiatric disorder. The percentage was higher in Cambridgeshire (15%) but not significantly so. The most recent figures on suicide rates show that these are higher than the national average in Cambridge City and Fenland, and high amongst homeless people in Cambridge City. Current service provision is more focused on mental illness and further opportunities

exist to invest in 'preventive' interventions in a range of settings. Further information is provided in the JSNA for mental health of adults http://www.cambridgeshirejsna.org.uk/mental-health-adults-working-age/mh-adults

Domestic violence

- There has been a substantial increase in reported domestic violence in recent years. In the period 2005 – 2009, the number of incidents reported to the police in Cambridgeshire has risen by more than 41.9%. The Independent Domestic Violence Advocacy Service received 324 high-risk referrals from the Constabulary in 2005. In 2008/09 that figure was1536 – this change is likely to reflect changes in referral behaviour as well as needs. Data indicate that there is a higher level of domestic abuse in Fenland, amongst women from A8 accession countries, teenage mothers, and families of Looked After Children and children subject to a Child Protection Plan. Concerns include under reporting, and the availability of services to support victims and where possible prevent further incidences.

Dental health

- Information about dental and oral health is collected at a Regional level. The most recent Adult data for the East of England indicates that oral health is improving in adults of working age particularly among the younger age group up to 45 years. However for those who do have decay or gum problems, disease can be very extensive and for many people in older middle age, dental needs can be very complex. The vulnerable and socio-economically disadvantaged groups are more likely to be at risk of poor dental and oral health. Adults who smoke, use alcohol, are binge drinkers, are obese are more likely to suffer from periodontal disease and mouth cancer.

What do we know? Prevention for people with existing health conditions

Screening

- The purpose of screening is to identify disease at an early stage, with the result that early treatment leads to better health outcomes. Local NHS screening programmes are well established and generally meet national targets for the numbers of people screened. There is insufficient information about access to screening for people in vulnerable and hard to reach groups.

Long term conditions

- Nationally there are estimated to be 15 million people living with one or more long term health conditions (LTCs) with prevalence and severity increasing with older age. These conditions are often lifestyle related and rates are generally greater amongst populations experiencing higher levels of deprivation. Examples of common LTCs include diabetes, heart disease, long term respiratory disease and stroke. Improving the health of people suffering from a long term conditions through lifestyle interventions such as stopping smoking, increased physical activity, and healthier diet can help stabilise conditions, reduce the need for health and social care, and enhance the quality of life. There are opportunities to further incorporate preventive services into patient pathways for people with LTCs.

  Long term impairments such as visual impairment, with an estimated 14,000 sufferers in Cambridgeshire, can also have their impact mitigated by preventive interventions.

Key findings from the community consultation

In the Survey responses and Focus Groups it was clear that prevention of ill health is valued by local people and that there is support for preventive activities. There was an understanding that health is a complex concept that is a consequence of the inter-relationship between the wider determinants of health, lifestyle choice and the support that is available through different services.

Improving lifestyle was seen as challenge that demanded individuals taking responsibility for their health but that it would not be achieved without supportive services. But the most common theme from the consultation was how the current economic climate is perceived as affecting people's health. Job loss, economic hardship, lack of housing and loss of motivation were seen as having a negative effect upon health.

There was acknowledgement that there are preventive services that can be accessed across the county. But there are gaps in these that to large degree reflect personal financial constraints and inability of some services to meet demand. In terms of lifestyle services the main gaps were services for promoting and protecting mental health, and workplace health schemes.

General practice was found to be inaccessible to some groups and not fully effective in terms of prevention services. Services that target socio-economic issues were seen to be experiencing stress in the current situation, particularly the Citizens' Advice Bureau.

Overall there was shared expectation that the NHS and government had responsibility to work with individuals and communities on the prevention agenda.

What is this telling us?

The persistent theme from both the data trends and the community consultation in the JSNA is that despite the generally positive wellbeing and health statistics for Cambridgeshire as a whole, the current economic climate has created trends that risk having a negative effect upon health. Unemployment rates, benefits claims, and debt have all increased in Cambridgeshire in recent years. There is a particular concern with the availability and affordability of housing, which is accompanied by concern about increasing levels of fuel poverty.

In Cambridgeshire there are long standing pockets of deprivation in geographical areas and amongst vulnerable population groups across the county. Poorer health is experienced where the impact of the negative socio-economic factors is greatest. Earlier JSNA work for specific vulnerable population groups such as Travellers and homeless people highlights specific opportunities for prevention.

Alongside the wider determinants of health are the lifestyle issues that affect health, such as levels of physical activity, smoking, healthy diet, and alcohol consumption. In some cases there are associations between these lifestyle factors and negative socio-economic indicators, but some lifestyle behaviours which impact adversely on health are present across all social groups.

The JSNA also looks at programmes that protect the population from ill health, and identified some inequalities across the county, together with opportunities to develop client/patient pathways between organisations that would help people access preventive interventions more easily.

Taking forward prevention for adults of working age in Cambridgeshire

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

- Socio-economic factors especially housing
- Lifestyle Issues
- Workplace Health
- Prevention for people with Long Term Conditions
- Domestic Violence

The Steering Group expressed a wish to continue to work together to address prevention across Cambridgeshire and to facilitate further partnership working. It thought that the lessons learnt from the JSNA could inform the overall further development of the Prevention Agenda. These include adopting a life-course approach to prevention as so many of the determinants cut across age groups and settings.

Organisations represented in the Steering Group include:

NHS Cambridgeshire
Cambridgeshire County Council
Cambridge City Council
East Cambridgeshire District Council
Fenland District Council
Huntingdonshire District Council
South Cambridgeshire District Council
Cambridgeshire Community Services
Cambridgeshire Voluntary Services Infrastructure Consortium
Citizens Advice Bureau
Job Centre Plus

4. Health profiles for GP led Local Commissioning Groups

Introduction

One of the aims of this year's JSNA programme was to introduce the JSNA to GP commissioners and make it relevant to their patient populations. In Cambridgeshire, GP practices have organised themselves into Local Commissioning Groups (LCGs), which work together to commission services for a local population of patients.

As at the time of writing there are seven GP led Local Commissioning Groups in Cambridgeshire, all of which have been recognised by the county-wide GP Clinical Senate, and have agreements in place with NHS Cambridgeshire about their commissioning responsibilities.

These Local Commissioning Groups are:

Cambridge Association to Commission Health (CATCH): The majority of GP practices in Cambridge City and South Cambridgeshire, together with a small number from North East Hertfordshire. It includes a sub-grouping of practices – **CAMHealth,** which consists of eight GP practices in or close to Cambridge City.[10]

Hunts Care Partnership: GP practices in Huntingdonshire and a small number in mid-Fenland

Hunts Health: GP practices in or on the border of Huntingdonshire

Isle of Ely Health: GP practices in East Cambridgeshire with a small number in South Fenland

Wisbech: GP practices in North Fenland

Borderline: GP practices in Peterborough, Fenland and Huntingdonshire

The Cambridgeshire public health team have been working with Local Commissioning Groups to develop health profiles for their population and to investigate potential commissioning priorities for health and wellbeing. Tables A1 and A2 overleaf provide a summary of population health indicators by LCG and shows the variation between them, which reflect geographical differences in age structure and socio-economic circumstances described earlier in this report.

The proposed LCGs in Cambridgeshire cross existing administrative and organisational boundaries and in some cases data for areas outside Cambridgeshire and Peterborough local authority boundaries were not available. The tables overleaf are grouped according to themes, but are also grouped according to data availability.

[10] For the purposes of health needs analysis, CATCH is broken down into small localities, which demonstrate different age profiles and health needs - for example between rural South Cambridgeshire populations and populations with a high proportion of students in Cambridge City.

Table A1: Summary of key population health indicators for Cambridgeshire's Local Commissioning Groups (excluding Hertfordshire and Northamptonshire practices)

Indicator/practice	Source	Borderline	CATCH							Hunts Care Partnership	Hunts Health	Isle of Ely	Wisbech	Cambridgeshire
			North Villages	South Villages	City	Cambridge City	Granta	Cam Health	CATCH					
Population - number	1	77,029	21,469	53,483	30,377	63,460	29,090	73,538	271,417	110,555	73,750	87,041	45,611	629,674
Population aged under 5 (%)	1	6.6%	6.8%	5.2%	6.2%	4.2%	8.1%	5.7%	5.6%	5.7%	6.1%	6.2%	5.8%	5.8%
Population aged >= 75 (%)	1	7.2%	6.4%	8.8%	8.9%	4.8%	4.1%	7.8%	6.9%	7.9%	6.8%	7.7%	9.1%	7.4%
Population dependency (0-14 yrs and 65+ years) (lower ratio = more dependency)	1	1.9	2.0	1.8	1.9	4.0	2.6	2.3	2.4	1.9	2.0	1.9	1.8	2.1
Deprivation (IMD 2010) (higher score = more deprived)	2	17.3	6.7	6.2	10.3	12.8	12.3	14.9	11.1	11.4	12.6	11.8	30.0	12.5
Adult Obesity - estimated prevalence (%)	3	25.8%	21.5%	20.5%	16.3%	13.3%	16.3%	17.2%	17.1%	22.7%	22.3%	24.2%	25.7%	22.1%
Adult smoking - estimated prevalence (%)	3	23.1%	17.2%	16.1%	17.7%	20.5%	20.6%	21.7%	19.4%	20.2%	23.0%	21.1%	30.7%	18.7%
Smoking cessation (quitter rate per 10,000 population aged 15+)	4	25.3	18.9	9.0	11.5	9.1	15.7	17.0	15.9	22.1	17.6	15.4	35.4	18.2
Binge drinking - estimated prevalence (%)	3	17.9%	20.6%	17.8%	19.6%	26.1%	23.4%	22.6%	22.0%	18.5%	19.6%	17.6%	15.0%	18.3%
Fruit and vegeable consumption - estimated prevalence (%)	3	27.9%	34.2%	35.8%	36.7%	39.3%	36.4%	34.8%	36.4%	30.3%	30.2%	30.1%	23.4%	32.6%
Birth rate (per 1,000 women aged 15-44)	5	63.9	72.6	54.8	62.0	31.7	62.6	50.3	49.6	58.1	61.7	63.1	61.6	55.3
Low birth weight (%under 2,500g)	5	5.9%	5.8%	5.3%	6.2%	4.7%	5.7%	6.7%	5.7%	6.5%	5.8%	7.1%	-	7.6%
Life expectancy at birth (persons)	6	81.2	82.4	84.6	81.4	84.0	81.1	80.6	82.5	82.6	80.8	81.4	79.6	81.8
Deaths from all causes (all ages/100,000)	7	513.2	456.2	379.3	512.0	382.7	534.9	549.4	464.8	452.3	541.1	491.5	576.2	489.3
Deaths from all causes (< 75 years/100,000)	7	241.8	217.8	176.9	233.9	158.8	290.1	242.6	209.6	209.3	280.1	235.2	295.9	225.9

Note: excludes Northamptonshire and Hertfordshire practices
Data for CATCH LCG are also broken down into smaller localities

Sources:
1. Quarterly age sex breakdown of registered patients, July 2011, NHS Cambridgeshire
2. Index of Multiple Deprivation 2010, OPDM and Exeter quarterly download April 2010, Anglia Support Partnership
3. Synthetic estimates, The National Centre for Social Research and the NHS Information Centre for Health and Social Care 2006/8 and Exeter quarterly download 2010, Anglia Support Partnership
4. Smoking cessation – quitter rate per 10,000 population aged 15+ years, July 2011/12 submission, CAMQUIT
5. Public Health Births File (PHBF), National Statistics, Quarterly Exeter Downloads (April 09 and April 10), NHS Cambridgeshire, April 2008 - March 2010
6. Life expectancy (years), Public Health Mortality File (PHMF), National Statistics, Quarterly Exeter Downloads (April 09 and April 10), and ERPHO life expectancy calculator April 2008 – March 2010
7. Directly age-standardised rate per 100,000 population. Public Health Mortality File (PHMF), National Statistics, Quarterly Exeter Downloads (April 09 and April 10), NHS Cambridgeshire, April 2008 - March 2010

Table A2: Summary of the percentage of patients diagnosed with specific health conditions for Cambridgeshire's Local Commissioning Groups (includes Northamptonshire and Hertfordshire practices)

Indicator/practice	Source	Borderline	CATCH								Hunts Care Partnership	Hunts Health	Isle of Ely	Wisbech	Cambridgeshire
			North Villages	South Villages	City	Cambridge City	Granta	Cam Health	Herts	CATCH					
Coronary Heart Disease Prevalence (%)	8	3.2%	2.7%	3.4%	3.1%	1.6%	1.7%	2.7%	2.8%	2.5%	3.6%	3.2%	3.4%	4.1%	3.1%
Hypertension Prevalence (%)	8	14.7%	11.9%	13.5%	12.2%	7.2%	7.3%	11.7%	12.8%	10.8%	14.6%	14.3%	12.8%	15.2%	12.8%
Stroke or Transient Ischaemic Attacks (TIA) Prevalence (%)	8	1.6%	1.3%	1.6%	1.6%	0.9%	0.9%	1.5%	1.4%	1.3%	1.6%	1.6%	1.5%	2.0%	1.5%
Atrial Fibrillation Prevalence (%)	8	1.3%	1.3%	1.6%	1.7%	0.8%	0.8%	1.5%	1.3%	1.3%	1.6%	1.5%	1.5%	1.6%	1.4%
Cardiovascular Disease Primary Prevention Prevalence (%)	8	0.6%	0.3%	0.7%	0.6%	0.3%	0.8%	0.5%	0.6%	0.5%	0.9%	0.9%	0.5%	1.0%	0.7%
Diabetes Mellitus (Diabetes) Prevalence 17+ (%)	8	5.5%	4.0%	4.8%	4.3%	2.3%	2.9%	4.3%	4.3%	3.8%	5.7%	5.2%	5.7%	6.6%	4.9%
Obesity Prevalence 16+ (%)	8	10.7%	9.2%	7.1%	6.0%	4.5%	6.9%	8.9%	10.1%	7.2%	10.6%	11.3%	12.2%	12.6%	9.5%
Depression Prevalence 18+ (%)	8	13.4%	6.8%	10.2%	9.5%	9.0%	11.7%	11.4%	13.1%	10.3%	13.4%	15.8%	13.4%	16.8%	12.5%
Mental Health Prevalence (%)	8	0.6%	0.6%	0.6%	0.9%	1.0%	1.2%	1.0%	0.4%	0.9%	0.6%	0.6%	0.5%	0.5%	0.7%
Dementia Prevalence (%)	8	0.4%	0.3%	0.4%	0.5%	0.3%	0.2%	0.7%	0.3%	0.4%	0.4%	0.5%	0.4%	0.5%	0.4%
Cancer Prevalence (%)	8	1.5%	1.7%	1.7%	2.0%	1.0%	1.2%	1.4%	1.7%	1.5%	1.7%	1.6%	1.8%	1.8%	1.6%
Chronic Obstructive Pulmonary Disease Prevalence (%)	8	1.6%	1.2%	1.2%	1.1%	0.7%	1.0%	1.3%	1.2%	1.1%	1.5%	1.5%	1.5%	2.2%	1.4%
Asthma (%)	8	6.3%	6.3%	7.5%	6.0%	4.9%	6.1%	6.5%	7.3%	6.3%	7.5%	6.8%	6.9%	6.2%	6.6%
Chronic Kidney Disease Prevalence 18+ (%)	8	4.4%	2.2%	2.9%	2.9%	1.5%	2.5%	3.3%	2.2%	2.5%	4.8%	4.4%	4.5%	3.4%	3.7%

Note: includes Northamptonshire and Hertfordshire practices
Data for CATCH LCG are also broken down into smaller localities

Sources:

8. Recorded prevalence from Quality and Outcomes Framework (QOF) 2009/10, Information Centre for Health and Social Care. Note: these are not age standardised and therefore will depend on the age structure of the locality population, as well as other factors such as deprivation. For most diseases, localities with an older age structure will have a higher prevalence.

5. Action plans resulting from the previous JSNA recommendations

Action plans have been put in place for all of the recommendations raised in the JSNA phase 4 Summary Report.

The action plans examine each of these recommendations in more detail outlining specific objectives, how they will be measured and the leads responsible for ensuring their progression.

These action plans should be read in conjunction with the JSNA reports which are also available as executive summary reports. The JSNA reports can be found at: www.cambridgeshirejsna.org.uk

Children and Young People Action Plan | JSNA Phase 4, 2010
http://www.cambridgeshirejsna.org.uk/webfm_send/173

Older People's JSNA Action Plan | JSNA Phase 4, 2010
http://www.cambridgeshirejsna.org.uk/webfm_send/176

Mental Health JSNA Action Plan | JSNA Phase 4, 2010
http://www.cambridgeshirejsna.org.uk/webfm_send/175

Travellers JSNA Action Plan | JSNA Phase 4, 2010
http://www.cambridgeshirejsna.org.uk/webfm_send/174

Homelessness Action Plan | JSNA Phase 4, October 2011
http://www.cambridgeshirejsna.org.uk/webfm_send/181