



Annual Public Health Report 2015-2016



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This report is based on ward level data. Labelled maps for current ward boundaries and for those pre May 2015 can be found at the back of this document.



Significantly worse
than England



No difference to
England



Significantly better
than England



Healthy eating



Physical activity



Stop smoking



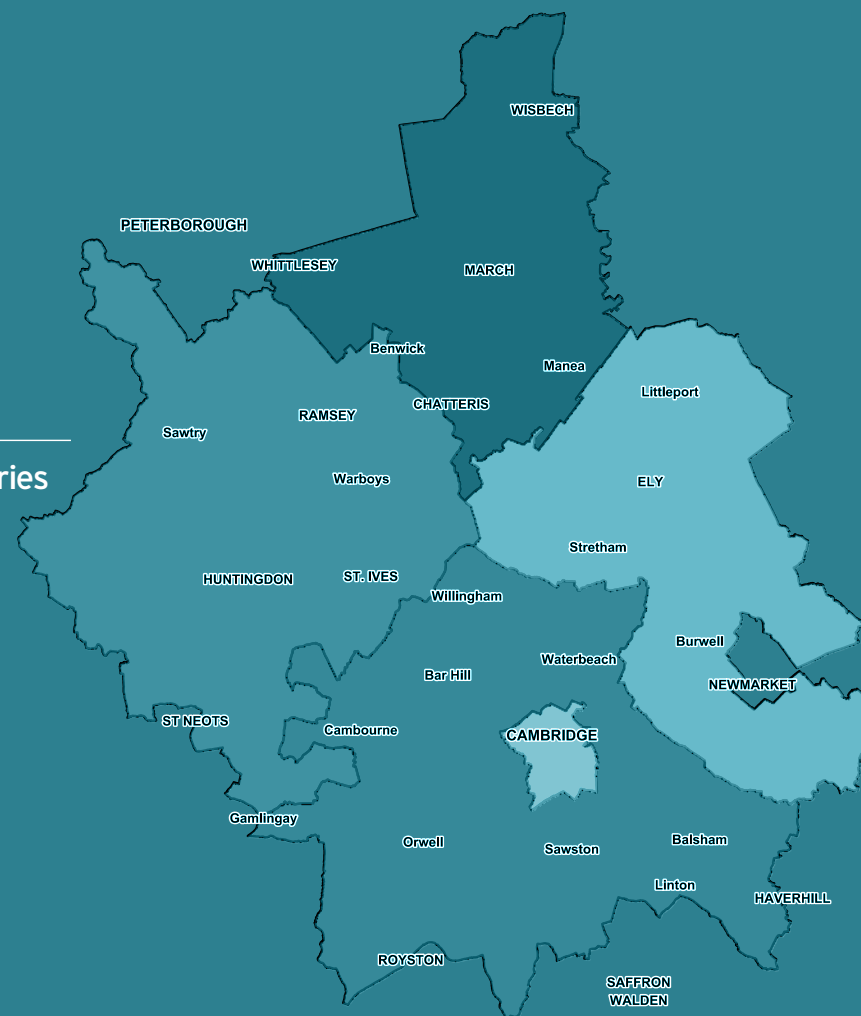
Breastfeeding



Accident
prevention



Reduce
alcohol intake



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“

This Annual Public Health Report aims to be both interesting and readable for as many people as possible. So you'll find lots of information about health in Cambridgeshire in pictograms and maps rather than traditional text and tables. There are also some inspiring examples of what local communities are doing already, to improve the health of people who live here. ”

Foreward from Dr Liz Robin

My first Annual Public Health Report for Cambridgeshire County Council (2013/14) took a broad overview of population health across Cambridgeshire, mainly at county-wide or district-wide level. My second report (2014/15) focussed on recent trends – which public health outcomes were getting better or worse over time in the county. These reports are available on www.cambridgeshireinsight.org.uk/health/aphr

Many of the factors that affect people's health start at a very local level – based on the opportunities and lifestyles in the communities where we live. This report looks at health issues at a local level – providing 'health maps' of the county broken down into individual electoral wards. It also provides brief case studies of what can be done at community level to support healthy lifestyles and wellbeing.

As a public health team we want to enter into a conversation over the coming year with all three tiers of local government and with the voluntary and community sector, understanding how we can work with communities to improve health, building on activities and assets which already exist at local level.

The information and case studies within the report provide a starting point for this conversation, which we look forward to continuing over the coming year.

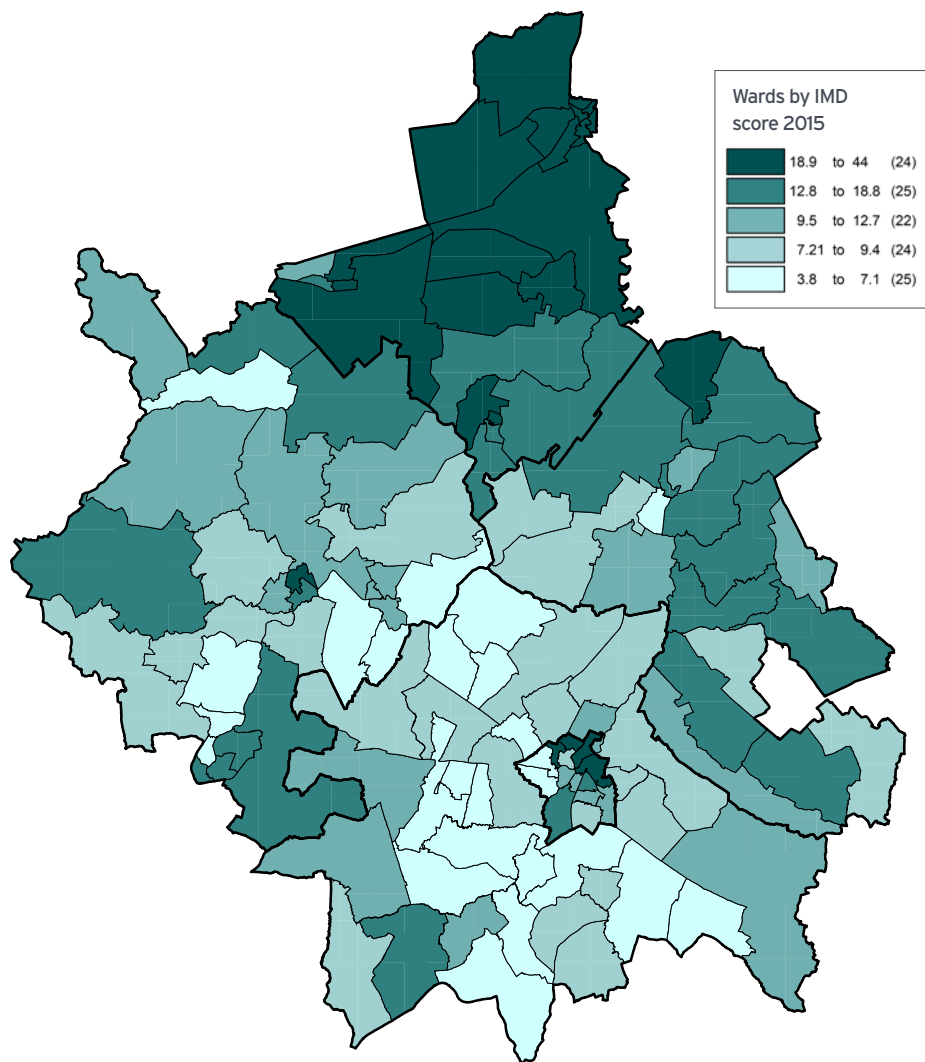


Dr Liz Robin
Director of Public Health
liz.robin@cambridgeshire.gov.uk

I would like to thank Helen Whyman and Elizabeth Wakefield from the Council's Public Health Intelligence team for their work on this report



Socio-economic deprivation

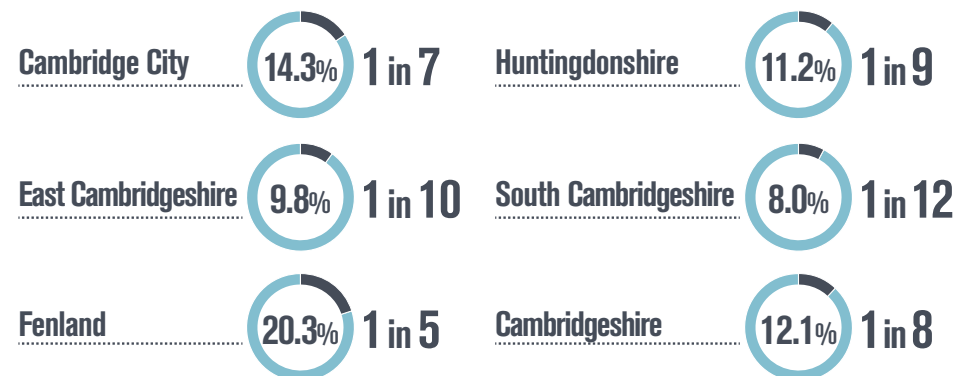


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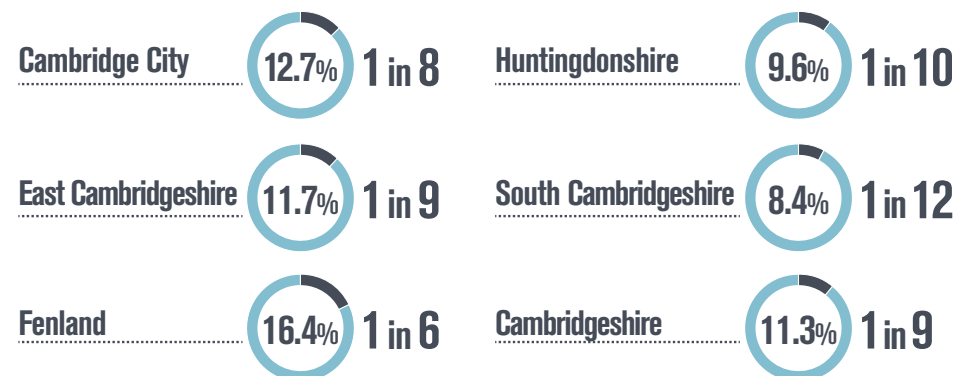
The Index of Multiple Deprivation (IMD) is summary score to indicate the levels of relative deprivation in small areas. Higher scores suggest a greater level of relative deprivation and lower scores lower levels of relative deprivation. The scores comprise data relating to income, employment, education, skills and training, health deprivation and disability, crime, barriers to housing and services and living environment.



Child poverty



Older people living in poverty



Case study

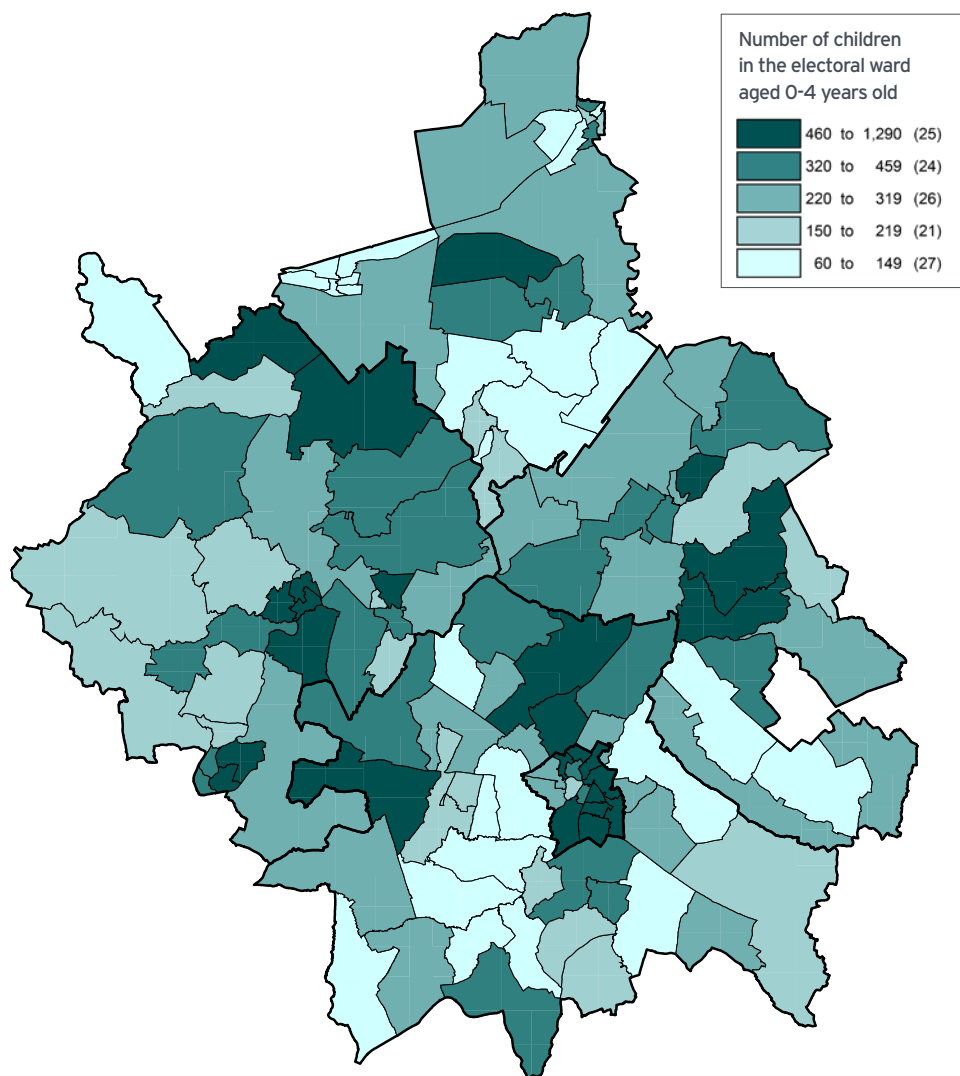
Healthy Fenland Fund

The Healthy Fenland Fund aims to build community resilience and reduce health inequalities in Fenland through engaging communities in taking steps to improve their health and wellbeing.

Small grants are available to enable the development of local projects and interventions. Community workers have been employed to enable communities to realise their assets and manage their needs, as well as to give guidance on accessing the Fund.



Children aged 0-4 years old



Note: Darker colours indicate higher numbers of population

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7,500 births a year

Highest birthrates in East Cambridgeshire and Fenland



1 in 10

mothers smoke at time of delivery



Hospital admissions for accidental and deliberate injuries

HIGHEST IN HUNTINGDON & FENLAND

6.8%

increase in the preschool population Over next 5 years

83%

83% initiate breastfeeding falls to 56% by 6-8 weeks

56%

85% OF 5 YEAR OLD CHILDREN have completed MMR vaccinations



Case study

Breastfeeding Peer Support

Breastfeeding has considerable health benefits for the child and mother. Peer support groups are effective in helping women to start breastfeeding and breastfeed for longer. Peer supporters are volunteers, recruited from the local community who have breastfed themselves and successfully completed accredited training provided by Cambridgeshire's Public Health Team, which gives them the skills to help other women breastfeed.

Trained peer supporters go on to recruit new members, which in turn increases social networking opportunities, builds relationships with professionals, increases uptake in further education or training or other voluntary roles.

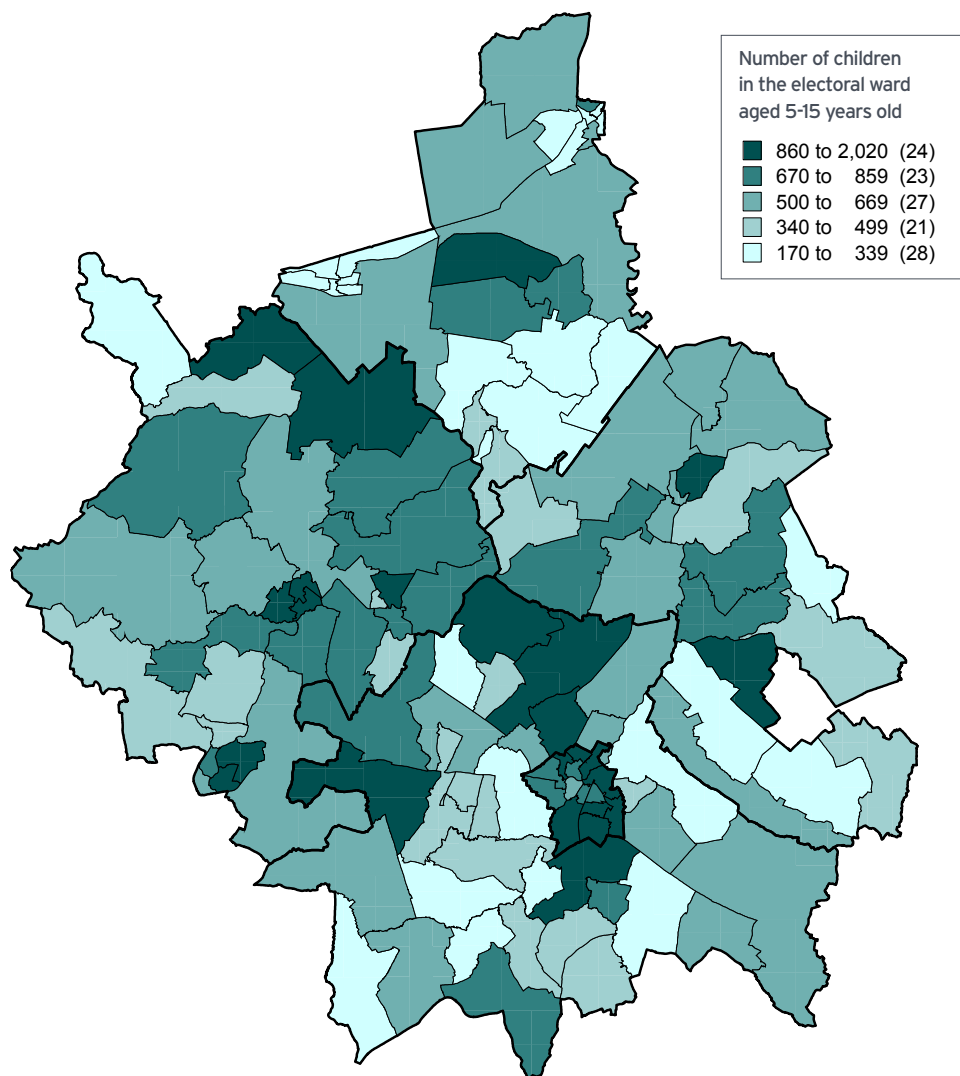


What can YOU & YOUR COMMUNITY do?





Children aged 5-15 years



Note: Darker colours indicate higher numbers of population

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1 in 12

Year 8 pupils have nothing to eat for breakfast before lessons



1 in 8

Year 10 pupils have nothing to eat for breakfast before lessons

1 in 8

Year 8 pupils had an alcoholic drink in the past 7 days

1 in 3

Year 10 pupils had an alcoholic drink in the past 7 days

2.4% Year 8 smoke regularly

x5 increase between Year 8 & 10

11.8% Year 10 smoke regularly

50% of regular Year 8 & 10 smokers want to quit

79%



84%



children aged five to fifteen do not meet the current physical activity recommendations of 60 minutes each day.



Pregnancies for every 1,000 girls aged 15-17 years in 2014

Cambridge City.....	23 in 1000
East Cambridgeshire.....	14 in 1000
Fenland.....	23 in 1000
Huntingdonshire.....	16 in 1000
South Cambridgeshire.....	10 in 1000



Case study

KickAsh

KickAsh is a school based programme that aims to reduce the prevalence of smoking amongst young people. Year 10 pupils are recruited as mentors to promote no-smoking messages to their peers. They also help design and influence the development of the programme for their school.

KickAsh is currently active in 10 schools in Cambridgeshire with over 150 mentors trained in the last year. The programme focuses on what influences pupil's decision making around smoking and related risk taking behaviours. Benefits include: building confidence, leadership opportunities, feeling valued, working with wider communities and working with professionals.

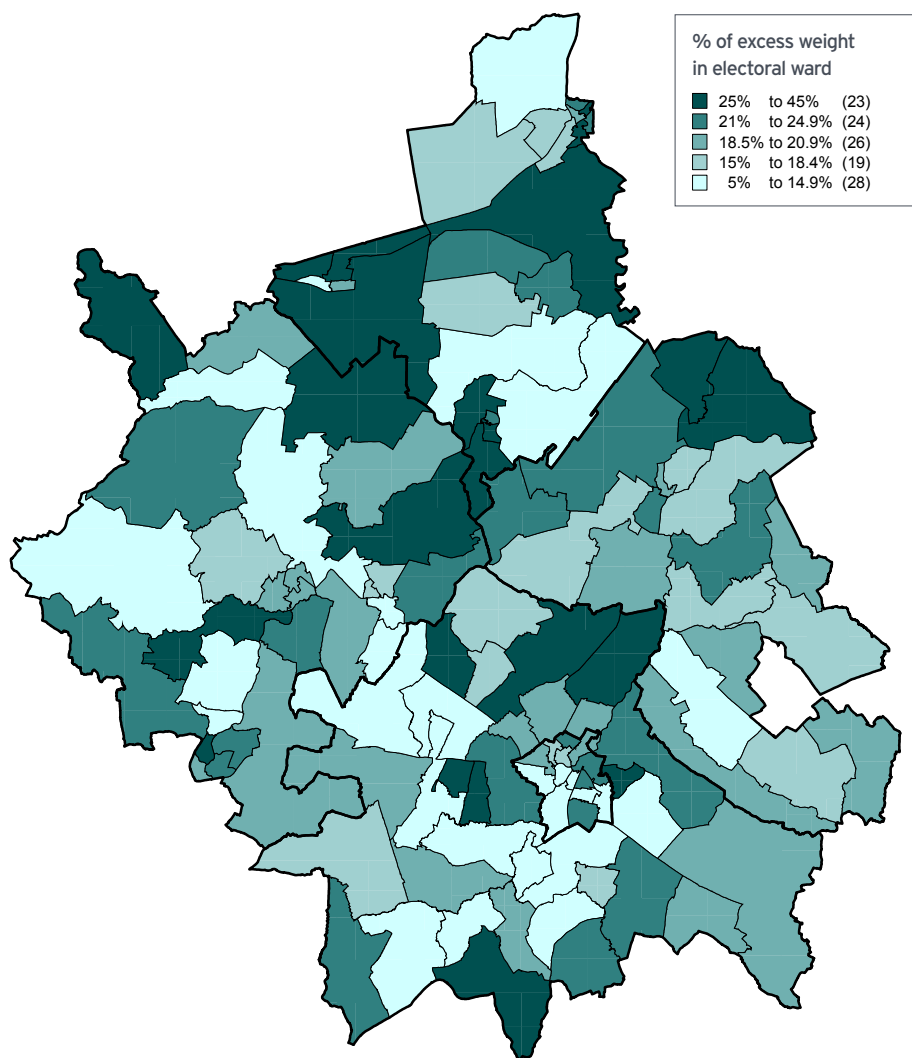


What can YOU & YOUR COMMUNITY do?

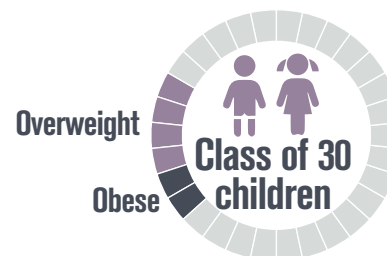




Childhood excess weight - Reception (age 4-5)

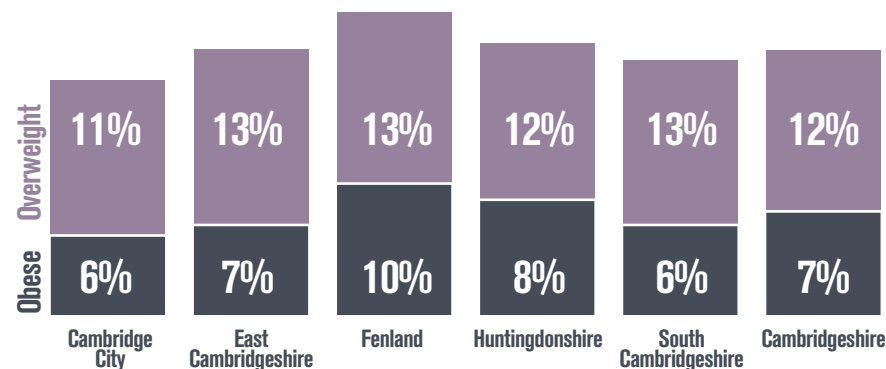


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In an average class of 30 children, 2 will be obese and a further 4 will be overweight

Reception Excess Weight



Case study



Food for Life

The Soil Association Food for Life (FFL) works with schools in Cambridgeshire to tackle health inequalities. FFL supports schools to make positive, sustainable changes around school meals and food education. FFL engages pupils and parents, teachers, caterers and the wider community and contributes to their health and wellbeing. Pupils learn where their food comes from, how it is grown and cooked and the importance of well-sourced ingredients. FFL schools benefit from a positive food culture across the whole school community.

FFL encourages schools to support their local community. This spring it is promoting school gardening activities to engage with grandparents, carers and local residents to help get their gardens ready for growing. It also supports schools to support other local community events throughout the year.

FFL have also begun working with some nurseries across the county to encourage the health and wellbeing of younger children as well as school aged children.

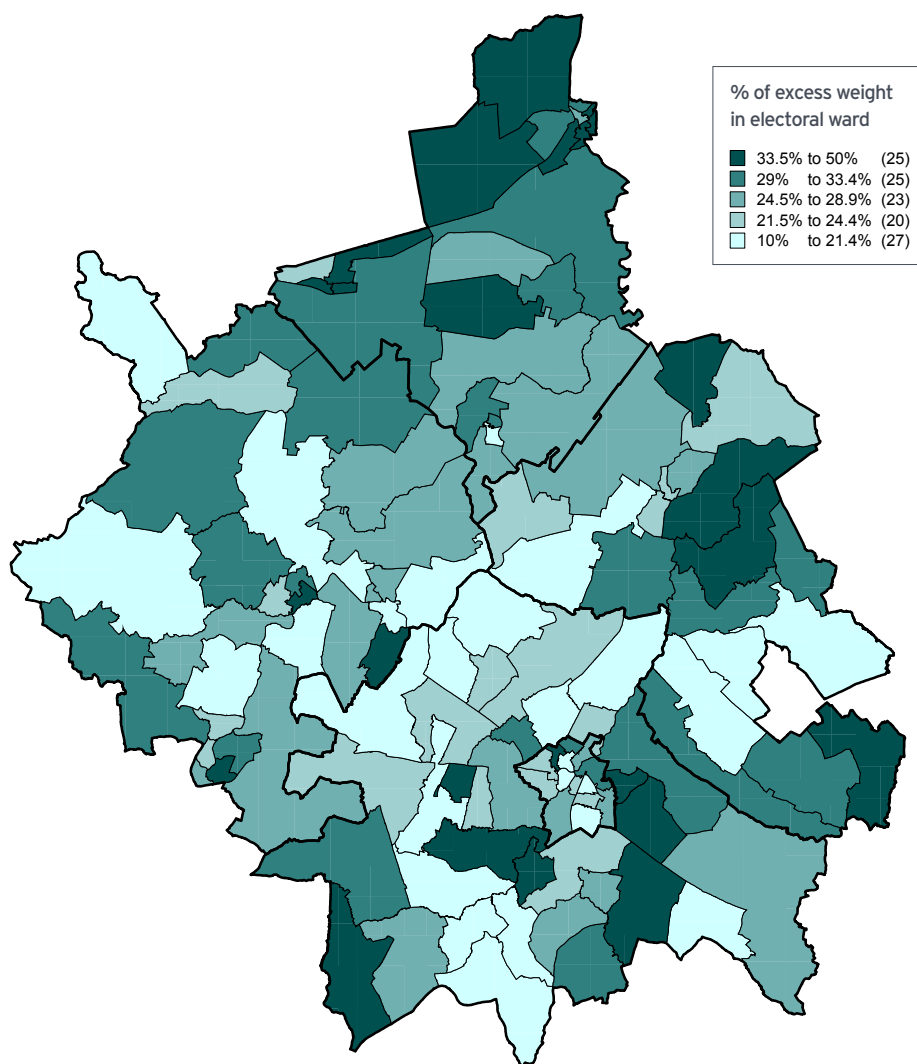


What can YOU & YOUR COMMUNITY do?





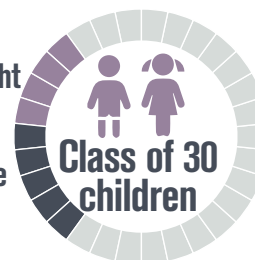
Childhood excess weight - Year 6 (age 10-11)



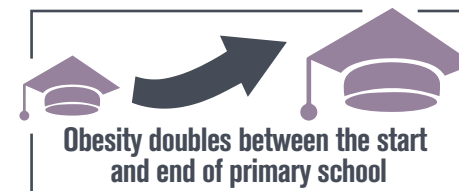
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Overweight

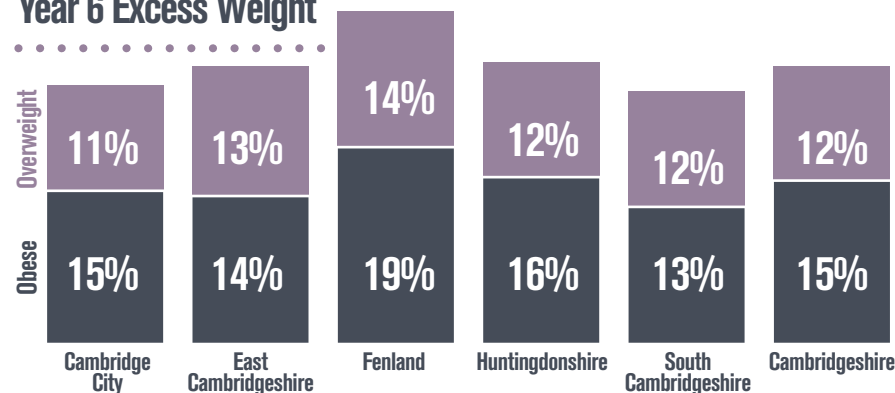
Obese



In an average class of 30 children, 5 will be obese and a further 4 will be overweight



Year 6 Excess Weight



Case study



Change4Life

Change4Life is a national campaign that was set up in 2009 to inspire anyone working with families or individuals, including the NHS, local authorities, businesses, charities, schools, families, community leaders, to play a part in improving the nation's health and wellbeing by encouraging everyone to eat well, move more and live longer. The website (www.nhs.uk/change4life/) makes resources available for local supporters, such as communities, to use with their population.

Recently Cambridgeshire supported the Sugar Smart campaign, which encouraged families to cut back on sugar, as children consume three times more sugar than the recommended maximum daily amount. Residents could follow the campaign using local social media channels. Parents were encouraged to download the free Sugar Smart App to see quickly and easily how much sugar products contain. Free Sugar Smart packs for families were distributed across the county to local children centres, libraries and leisure centres. These were also given away to school pupils.



What can YOU & YOUR COMMUNITY do?





Child and adolescent mental health

Primary School



Secondary School

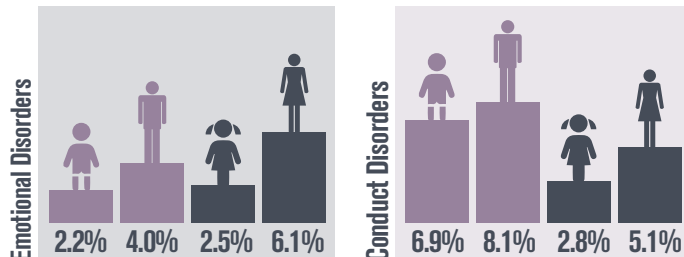


1 in 10 children have a diagnosable mental health problem



Hospital admissions as a result of self-harm in children and young people aged 10 to 24 years are high in Cambridgeshire

Increase in prevalence between Primary & Secondary school



Half of lifetime mental health problems start before the age of 14 years; 75% by 24 years old

Low to medium self esteem in Year 8 and 10 pupils higher in girls than boys



Year 8 and 10 pupils report worrying most about school work/exam/tests, careers, the way they look and relationships with friends

Less than half of pupils feel optimistic about their future

Children in the poorest households are 3 times more likely

to have a mental health problem than those growing up in better-off homes.



Case study

Comberton Village College: A Whole School Approach to Mental Health

Cambridgeshire County Council commission a range of training for those working directly with children and young people locally to develop their knowledge and skills in understanding and responding to emotional wellbeing and mental health needs. The training is delivered by Cambridgeshire and Peterborough Foundation Trust and it includes a tailored package for schools.

One school that has accessed the training on a regular basis is Comberton Village College. Corinne Davidson, Assistant Principal, describes mental health as "the biggest challenge facing schools, especially at 6th form level".

Senior staff are committed to the mental health agenda, and a large percentage of teaching and support staff have participated in the e-learning and face-to-face workshop. From this, a range of work has taken place to further ensure that there is a whole school approach to mental health, this includes:

- The Librarian has improved the availability of mental health materials and sign-posting in the library.
- Awareness posters can now be found on the back of toilet doors, flagging up mental health issues and where to get support.
- There is a mental health page in the pupil's school diaries.
- Termly support assemblies remind students about the care pathways available in the school and how to access them and who to talk to.
- A comprehensive support package of counselling.
- Mental health issues are on the agenda for certain training days for staff.
- Increased focus on mental health in the PSHE curriculum and tutor team meetings which are used by heads of year to raise awareness and discuss issues.

This greater visibility promotes more openness about mental health and stimulates conversations which will encourage young people to be more aware of their mental health needs and hopefully seek help earlier.

To find out more about the training visit: www.trainingcamh.net

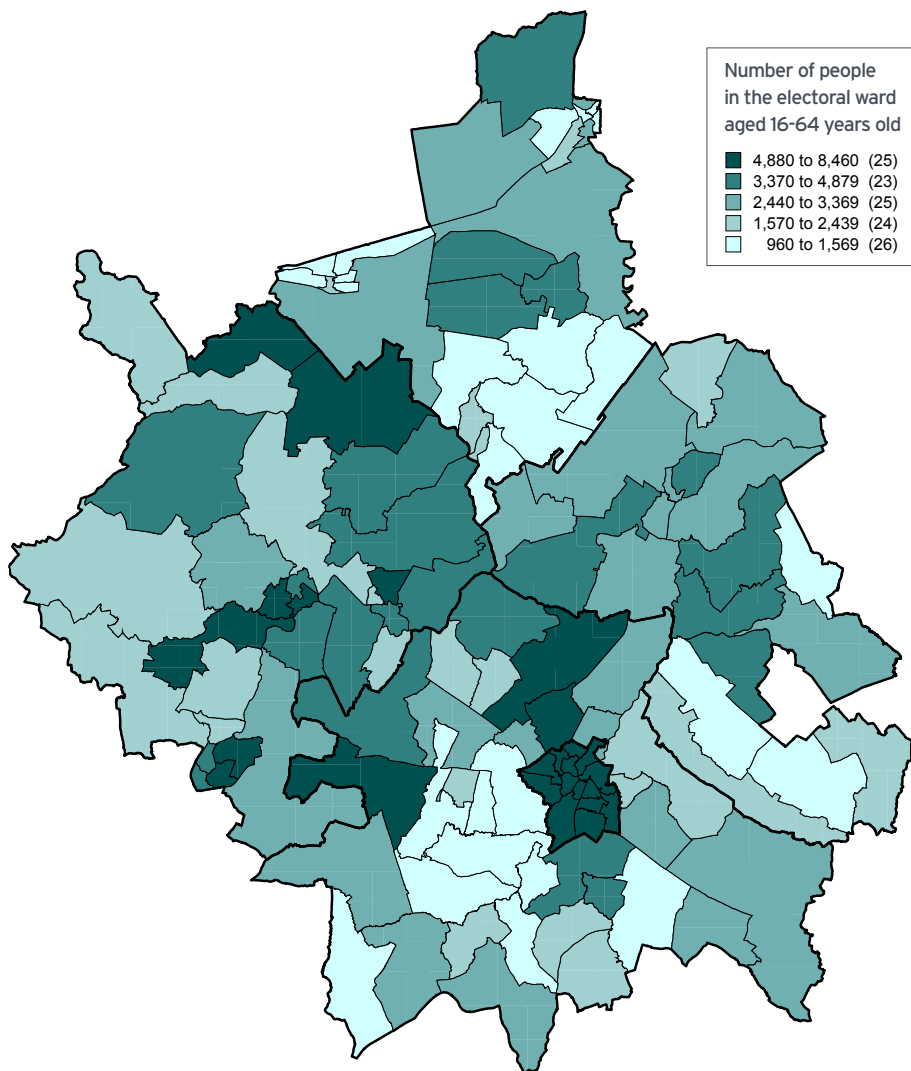


What can YOU & YOUR COMMUNITY do?





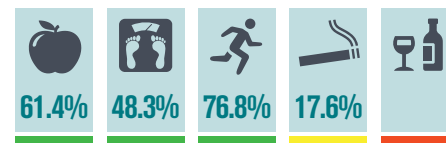
People aged 16-64 years



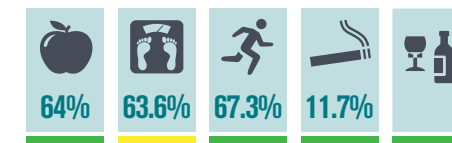
Note: Darker colours indicate higher numbers of population

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Cambridge City



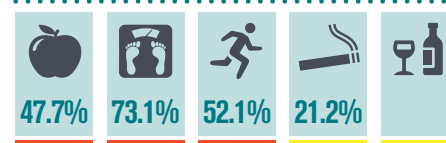
South Cambridgeshire



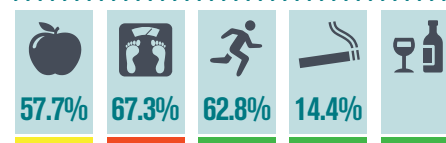
East Cambridgeshire



Fenland



Huntingdonshire



Healthy eating symbol

Proportion of the population meeting the recommended five fruit or vegetables per day, 16+ years, 2014

Excess weight

Percentage of adults classified as overweight or obese, 16+ years, 2012-2014

Physical activity

Percentage of adults achieving at least 150 minutes of physical activity per week, 16+ years, 2014

Smoking

Percentage of adults who smoke 18+ years 2014

Alcohol

Hospital admissions for alcohol-related conditions (narrow definition), all ages, 2013/14

Case study

Workplace Health Programme

Workplace health programmes support improvements in employee health and can reduce sickness absence. Locally Business in the Community (BITC) works with private sector workplaces, particularly in the areas of higher deprivation. Volunteer Health Champions are recruited and trained to offer support to employers to improve the health of their workforce by organising initiatives that promote health and wellbeing, as well as signposting to relevant local services.

Sexual Health Champions

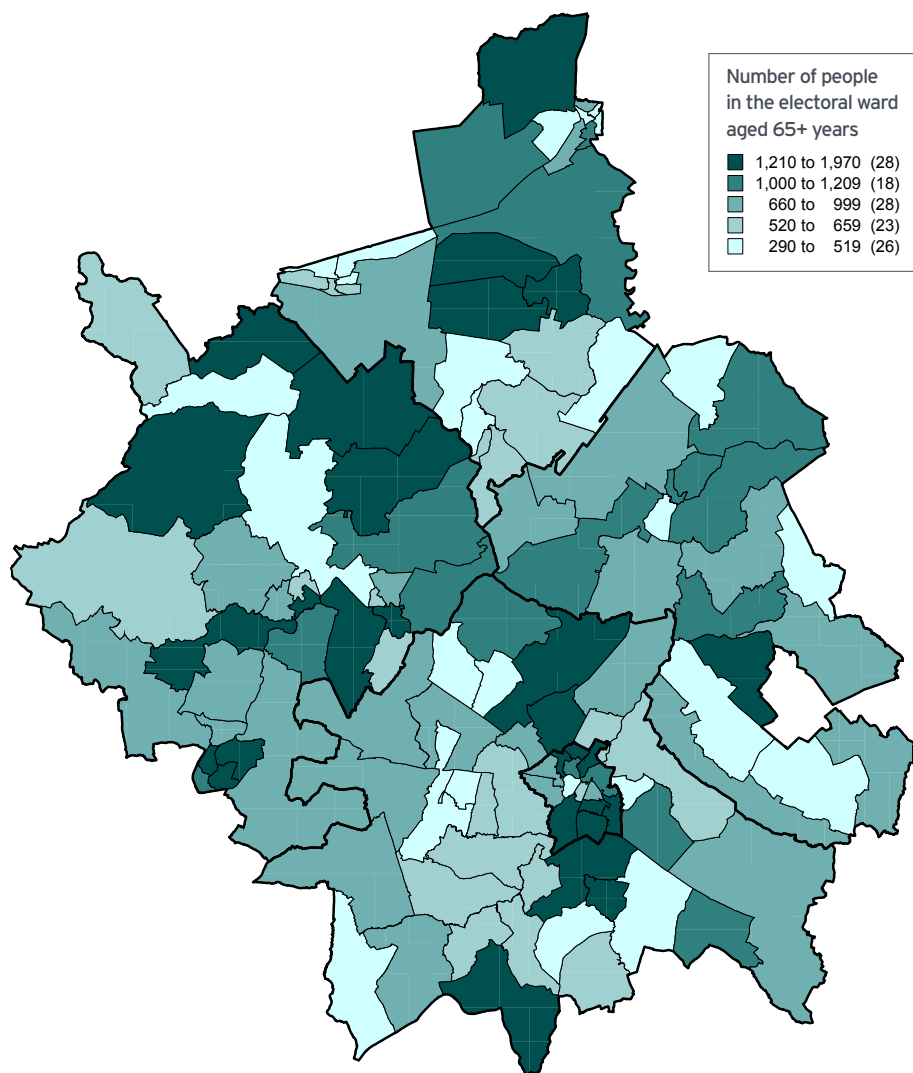
Through DHIVERSE community volunteers are trained as Sexual Health Champions to promote sexual health and HIV prevention, with notable success in Black, Asian and Minority Ethnic groups. Volunteers have recently been recruited from Men who have Sex with Men communities.

What can YOU & YOUR COMMUNITY do?



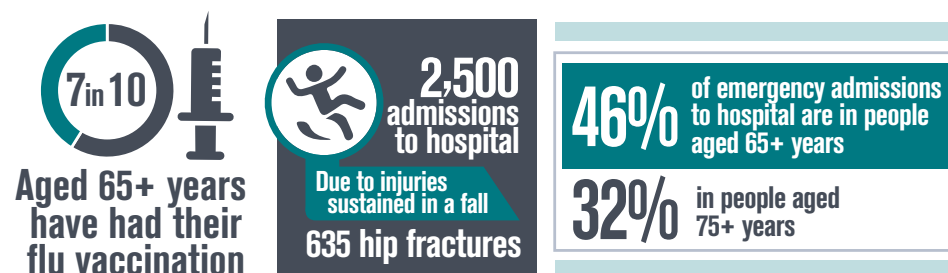
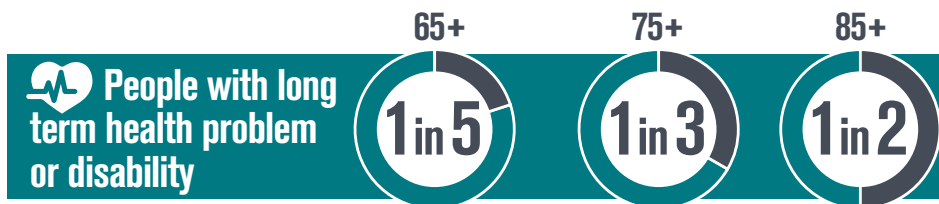
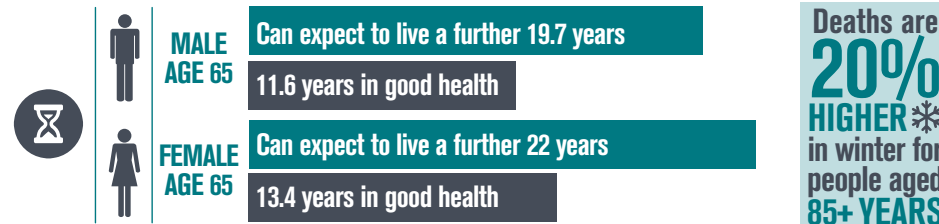


Older people aged 65+ years



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Estimated that **7,000** people living with dementia
1 in 5 males and **1 in 3** females aged **90+ years**

Case study



Dementia Friends

Dementia Friends is a national campaign to increase understanding and knowledge of dementia in communities. A Dementia Friend learns about what it's like to live with dementia and then turns that understanding into action by learning more about dementia and the ways to help. For example by telling friends about Dementia Friends or visiting someone living with dementia. A Dementia Friends Champion is a volunteer who encourages others to make a positive difference to people living with dementia in their community.

Information on training sessions and how to become a volunteer are available www.dementiafriends.org.uk

What can YOU & YOUR COMMUNITY do?



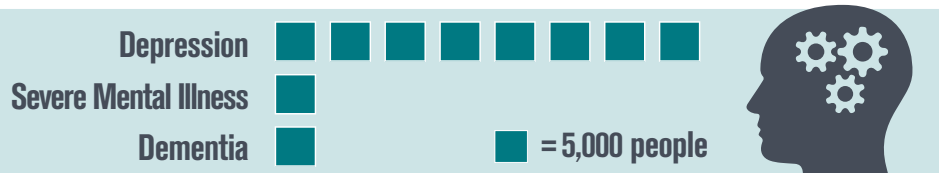


Adult mental health

1 in 4 people will experience at least one mental problem in the year
over **125,000 adults** in Cambridgeshire



Experienced a common mental health problem, such as depression, anxiety and phobia in the last week.



Almost 38,000 people on GP depression registers;
Over 5,000 with severe mental illness (schizophrenia, bipolar disorder, or other psychosis) and 4,500 with dementia

50 suicides or deaths from undetermined intent a year

38% HIGHER Recorded depression in the most deprived areas

1 in 10 ADULTS IN CAMBRIDGESHIRE WERE UNHAPPY WITH THEIR LIVES YESTERDAY

Almost **1 in 5** HAD HIGH ANXIETY LEVELS



Case study



Resilient Together

Resilient Together is a three-year, Cambridgeshire County Council-funded project focused on Wisbech and the Southern Fringe of Cambridge.

This work started in October 2015 and aims to build resilience at a community level using the Asset Based Community Development Approach. It also aims to increase awareness of mental health issues, tackle stigma and increase capacity of the community to respond to mental-health related issues.

An example of how the project has supported one young woman is the case of Claire (fictitious name to maintain anonymity).

Claire has been in touch with the Resilient Together Team since January 2016, and has discussed the positivity of cultural diversity in Wisbech and how by regularly practising random acts of kindness she has come to build a strong set of local friendships.

Claire said she would like to support residents who want to develop their confidence in crafts and poetry skills.

Since the project's connection with Claire:

- She is now developing a craft workshop for residents to take part in.
- She has supported a resident feeling anxious with their confidence and they are now selling crafts out in the community and are earning from this.
- The Resilient Together Team are putting her in connection with 5 other local residents- 'connectors'. These connectors are interested in building on the existing strengths and assets of the community.
- Claire has put the project into contact with 3 other connectors who will be attending an upcoming meeting.
- Residents have helped Claire with her own personal challenges and she has helped/ helps others with their mental wellbeing and practical skills.
- Community resident connections can support with the 5 ways to wellbeing, e.g. in this case study there is evidence of residents 'learning', 'giving' and 'connecting'.

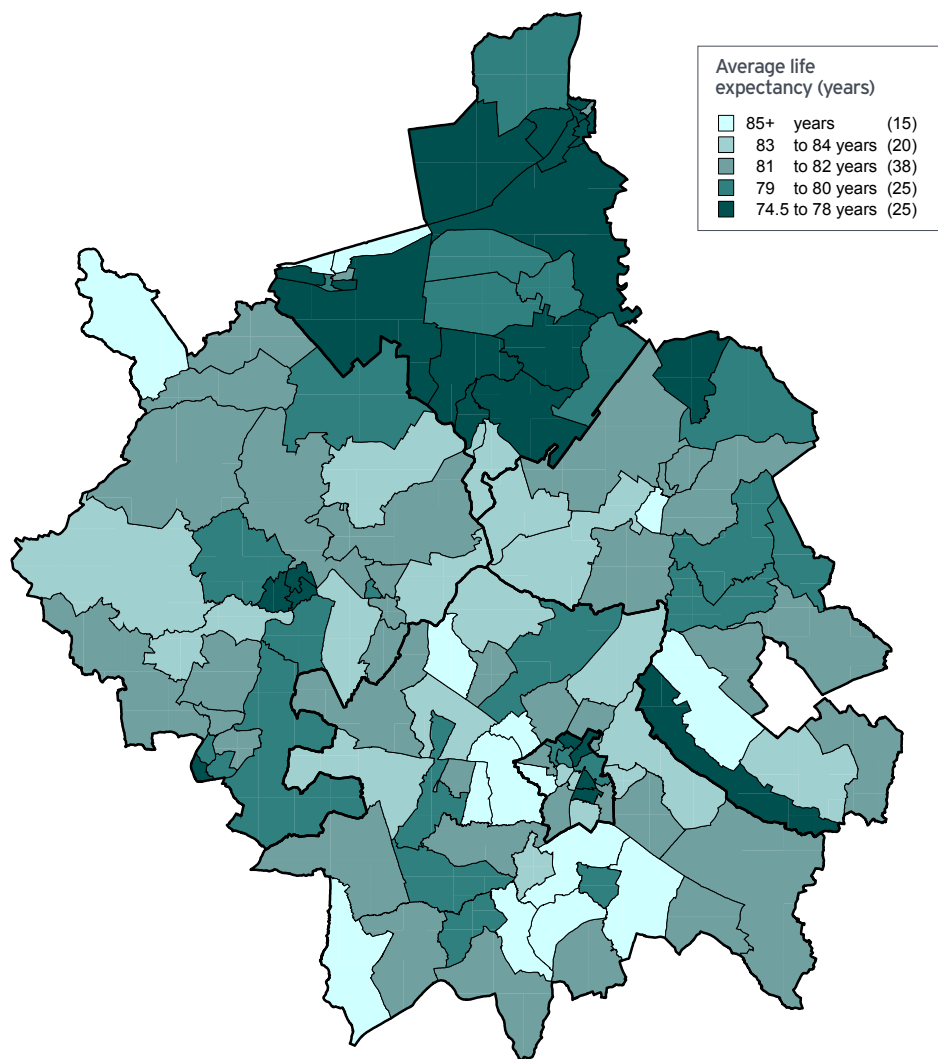


What can YOU & YOUR COMMUNITY do?





Male life expectancy



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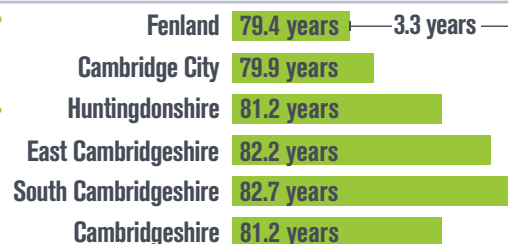


Average male life expectancy at birth is **81.2 years**



3.3 years LESS than females

Male life expectancy

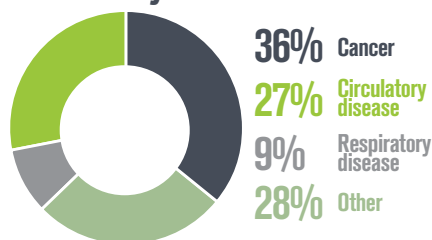


In 2015 there were **2,700** male deaths a year

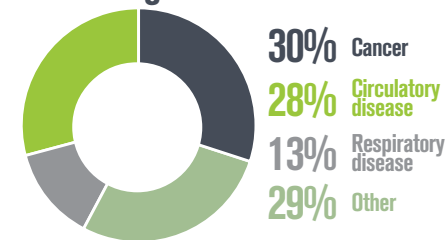
35% AGED UNDER 75 YEARS

Main Causes of Death

Under 75 years



All ages



Circulatory disease is a general term that describes a disease of the heart or blood vessels, such as coronary heart disease and stroke. Respiratory disease includes asthma, chronic obstructive pulmonary diseases (COPD) such as emphysema and bronchitis.



Case study

Gypsies and Travellers

Gypsies and Travellers are the largest ethnic minority group in Cambridgeshire; on average life expectancy for Gypsies and Travellers is about 10-12 years less than non-traveller residents and experience of ill health is five times more likely.

Cambridgeshire's Public Health Travellers Team work with the communities to improve their knowledge and skills in improving health and well-being. The Travellers Literacy Project has enabled learners to be more aware of how to access GP services, how to make health choices and has led to improved mental health, self-esteem and confidence.

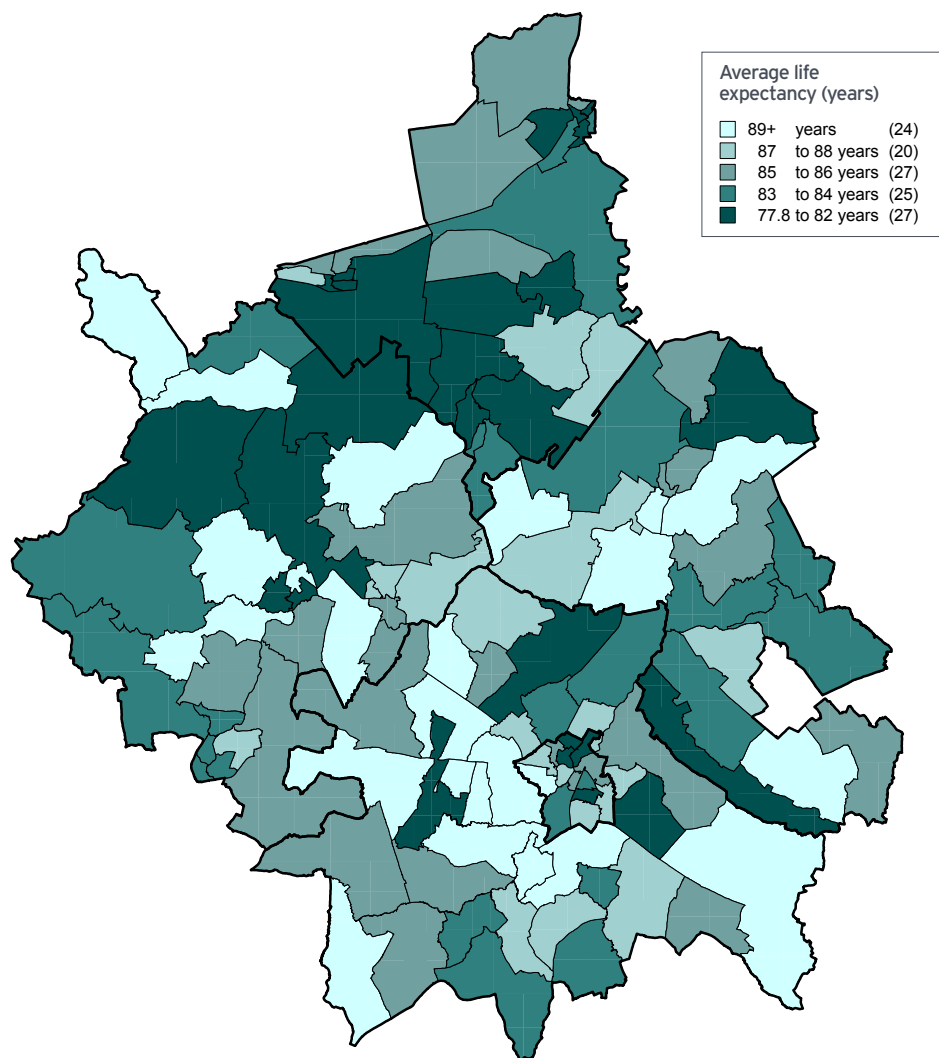


What can YOU & YOUR COMMUNITY do?





Female life expectancy



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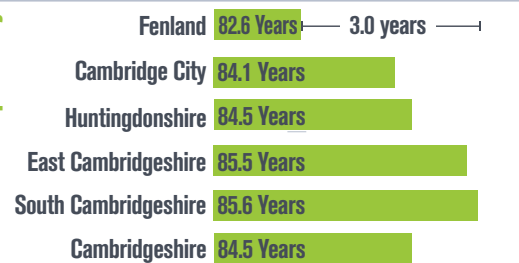


Average female life expectancy at birth is **84.5 years**



3.3 years
MORE
than males

Female life expectancy

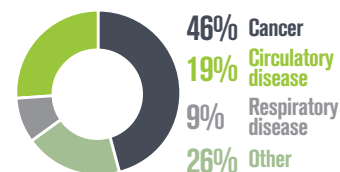


In 2015 there were **2,700** female deaths a year

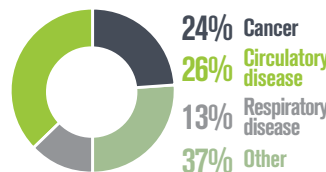
23% AGED UNDER 75 YEARS

Main Causes of Death

Under 75 years



All ages



Circulatory disease is a general term that describes a disease of the heart or blood vessels, such as coronary heart disease and stroke. Respiratory disease includes asthma, chronic obstructive pulmonary diseases (COPD) such as emphysema and bronchitis.



Case study

Health Walks

Health Walks are free evidence based interventions that support psychological wellbeing, as well as promoting physical activity. Regular walking has been shown to reduce the risk of chronic illnesses, such as heart disease, type 2 diabetes, asthma, stroke and some cancers. Organised local health walks bring together groups of up to 40 individuals who may have low levels of physical activity and/or be socially isolated.

The Fenland Explorer Project

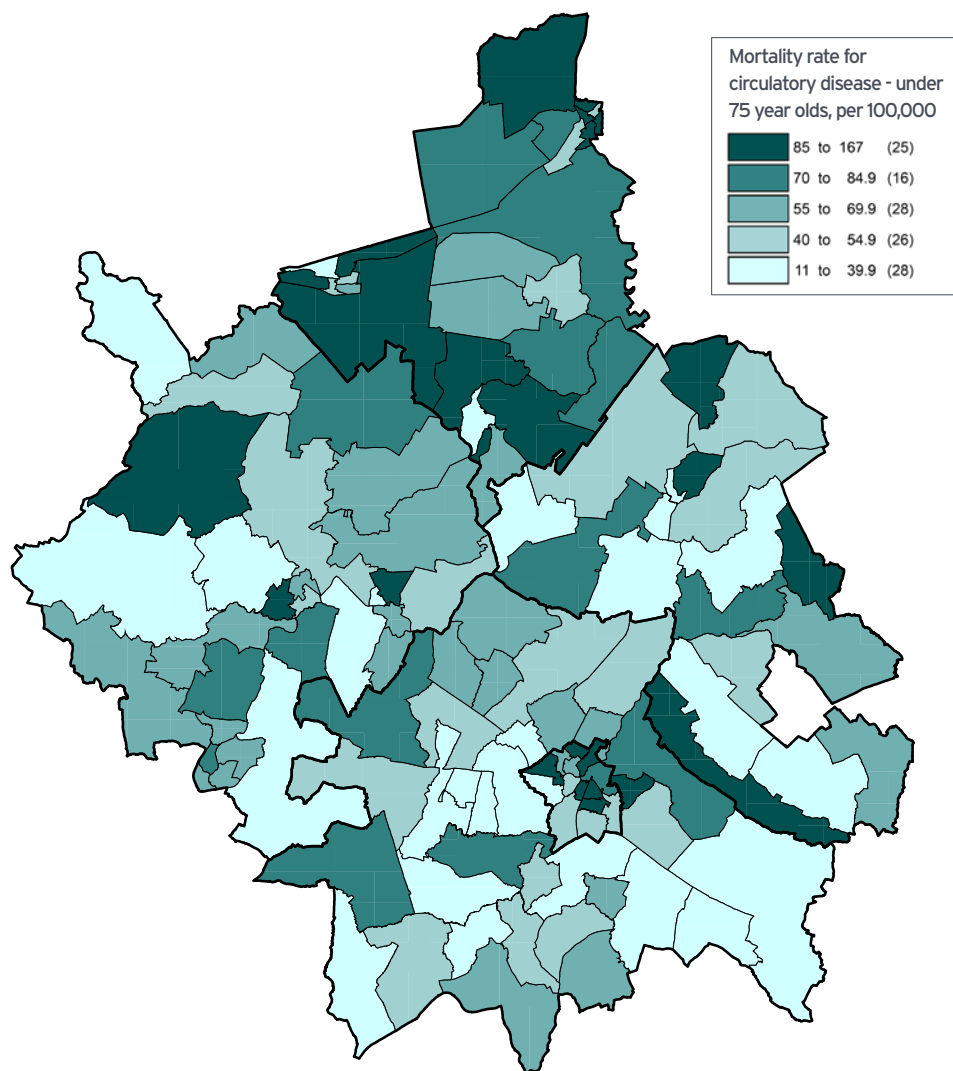
The Fenland Explorer Project trained volunteers from the community to undertake street based research in Wisbech, March, Chatteris, Whittlesey and the College of West Anglia with the aim of understanding high smoking prevalence in Fenland. The findings are being used for ongoing engagement of communities in smoking prevention and the Stop Smoking Services. The volunteers reported increased knowledge, communication skills and confidence.



What can YOU & YOUR COMMUNITY do?



Circulatory disease and diabetes



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Coronary Heart Disease



Stroke



High Blood Pressure



Irregular heartbeat



Diabetes



■ = 10,000 people recorded GP disease registers



Increase in recorded prevalence in fifth most deprived areas

22%

Coronary Heart Disease

21%

Stroke

15%

High Blood Pressure

38%

Diabetes



Mortality: in 2015 1,450 cardiovascular deaths a year

UNDER 75 YEARS

26%

75-84 YEARS

28%

85+ YEARS

46%

CORONARY HEART DISEASE

42%

STROKE

25%

HYPERTENSION

7%



Case study

Health Trainers

Health Trainers offer tailored advice, motivation, skills and practical support to individuals who want to adopt healthier lifestyles. They focus on those in greatest need and in more disadvantaged communities.

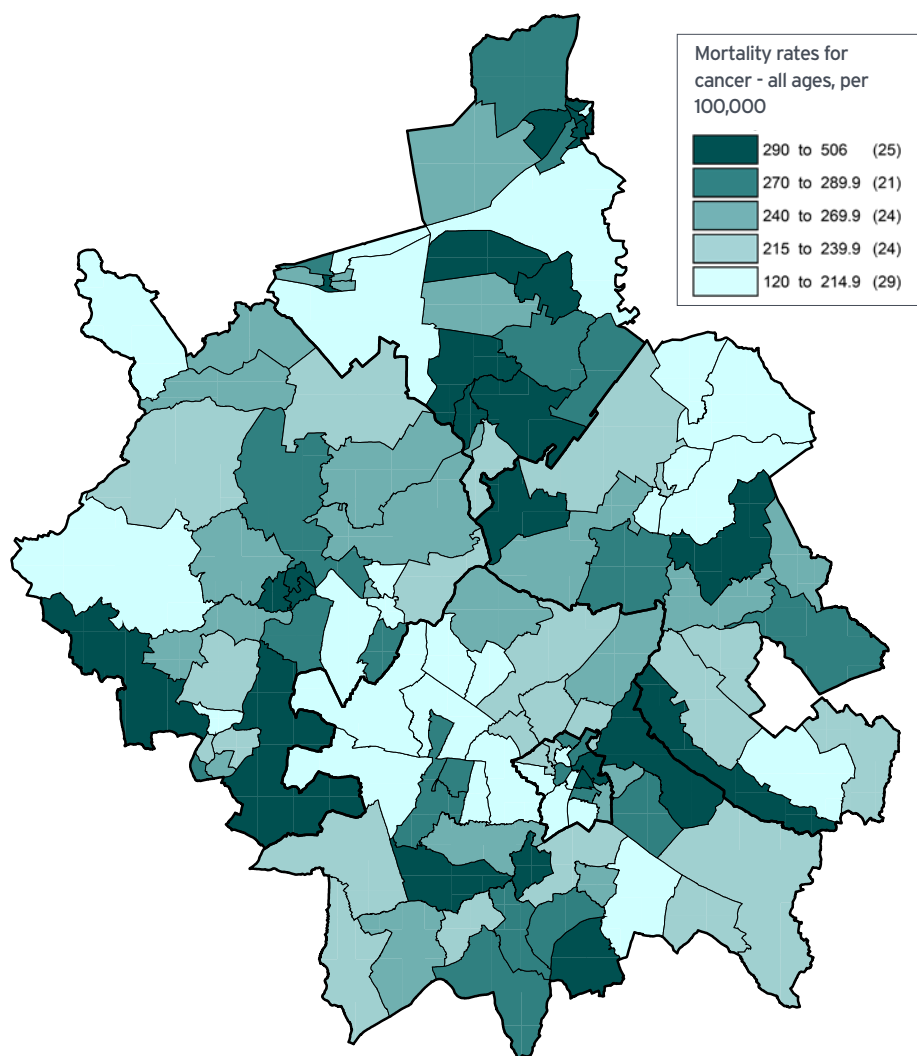
The local integrated Lifestyles service includes community engagement workers who develop links with communities and health trainers, with the aim to increase the knowledge and skills needed to take responsibility for their own health. For example, healthy walks or cooking classes for parents.

What can YOU & YOUR COMMUNITY do?





Cancer



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UPTAKE OF SCREENING

Breast 75.3%

Cervical 72.7%

Bowel 58.1%



New cases (registrations) of cancer (per year)

3,400



Deaths from cancer (per year)

1,440

Breast 16%

Breast 7%

Lung 10%

Lung 17%

Bowel 14%

Bowel 10%

Prostate..... 13%

Prostate..... 8%



Case study



Healthier Options

Healthier Options is a local initiative to support local food businesses to provide healthier food and drink choices to customers. There are many benefits for both the business and the customer, including supporting better health outcomes.

Businesses are required to make a pledge to improve their menu. This may include reducing salt, fat and sugar content, increasing fruit and vegetables or making healthier choices the default option. Healthier Options Members are promoted via the website, helping customers to know where they can buy a healthier meal.

Healthier Options engages with the local community through its website, twitter and facebook. Some local residents have signed up to become Healthier Options Ambassadors and actively help promote the initiative to local businesses.

Visit www.healthier-options.org.uk for further information.



What can YOU & YOUR COMMUNITY do?



Health and wellbeing data tools for communities

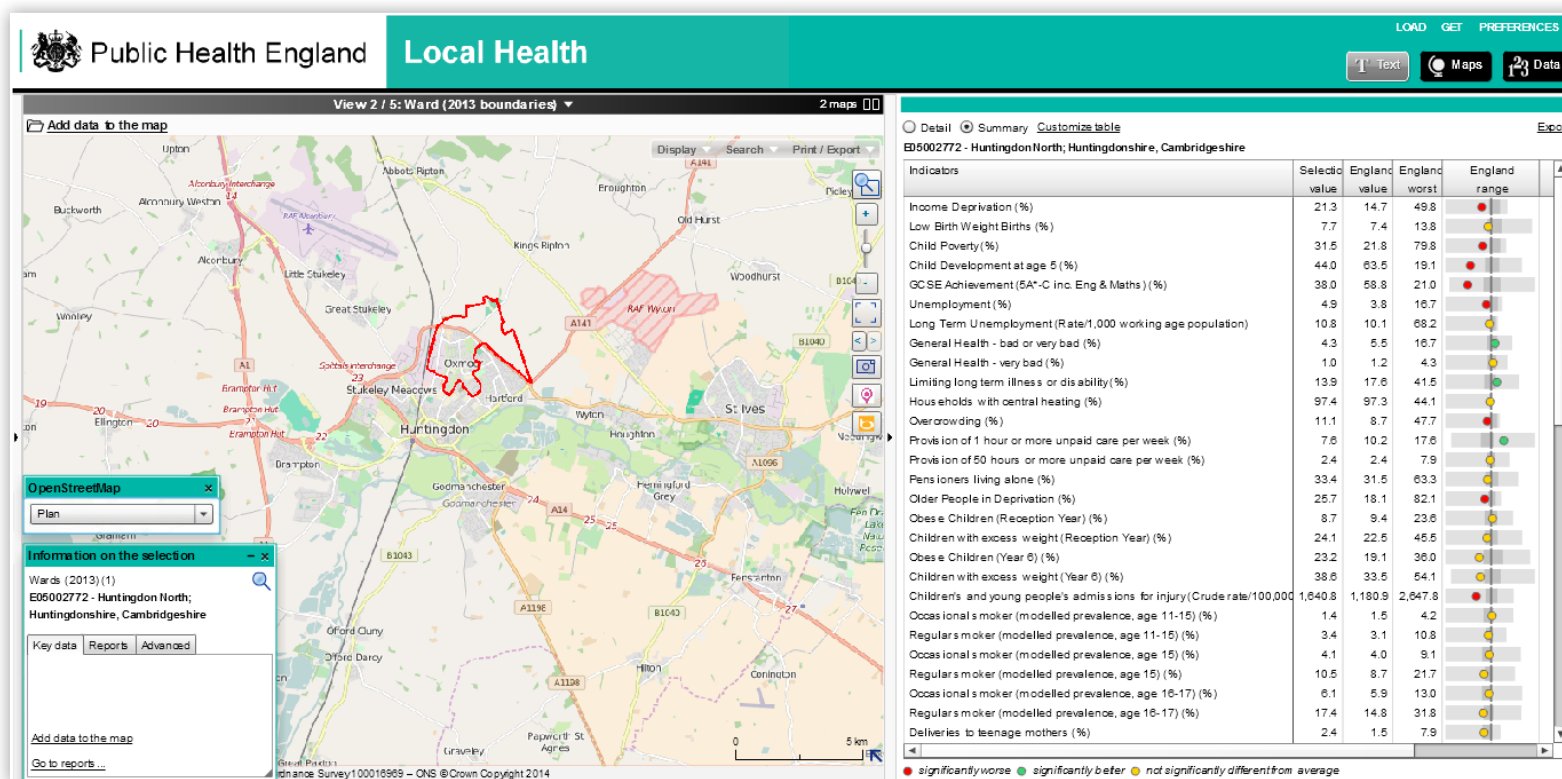
What data tools are available to help communities identify priorities for improving health and wellbeing of their population?

Local Health

Local Health presents data at ward level for a variety of health and health-related measures (www.localhealth.org.uk). A summary of the data are shown in spine chart format, with a coloured dot presenting statistical difference to England. In general the red dots present areas to initially focus on, but it is important to note that there could be adverse trends in an area that aren't presenting in the data.

For example, a ward could be experiencing an increasing trend in childhood obesity but the latest data are not showing as different to England, but it is still important to take action.

There are currently 62 Indicators available at ward level, which include; demographics, deprivation, child development, education, employment, health and care indicators, housing, childhood obesity, adult lifestyle estimates, modelled smoking prevalence, hospital admissions, cancer incidence, causes of death and life expectancy. All indicators are presented in a spine chart or available in a downloadable ward report.



Health and wellbeing data tools for communities

Examples of ward level outliers in health-related indicators from Local Health



High emergency hospital admissions for Coronary Heart Disease

Fenland	Clarkson	Huntingdonshire	Godmanchester	South Cambridgeshire	Bourn
	Elm and Christchurch		Huntingdon East		
	Hill		Huntingdon North		
	Kirkgate		Ramsey		
	March North		St Ives South		
	Medworth		St Neots Eaton Socon		
	Parson Drove and Wisbech St Mary		St Neots Eynesbury		
	Peckover				
	Roman Bank				
	Staithe				
	Waterlees				



High alcohol related hospital admissions

Cambridge City	Abbey	Fenland	Clarkson	Huntingdonshire	South Cambridgeshire	Sawston
	Arbury		Elm and Christchurch			
	Cherry Hinton		Hill			
	Coleridge		Kirkgate			
	East Chesterton		March East			
	King's Hedges		March North			
	Romsey		March West			
			Medworth			
			Parson Drove and Wisbech St Mary			
			Peckover			
			Roman Bank			
			Staithe			
			Waterlees			



High emergency hospital admission for hip fracture in people aged 65 years and over

Cambridge City	King's Hedges	Fenland	Bassenhally	Huntingdonshire	St Neots Eaton Socon	South Cambridgeshire	Histon and Impington
			Benwick				
			Coates & Eastrea				
			Waterlees				

For further information please contact CCCPublicHealthIntelligenceTeam@cambridgeshire.gov.uk

Health and wellbeing data tools for communities

Cambridgeshire Insight

Locally we have Cambridgeshire Insight, a web based tool that presents local health and wellbeing data at ward and district level. The Public Health Atlas includes maps, comparisons to other wards, rates and trends.

To date the indicators include; population estimates, housing-led population forecasts, deprivation, life expectancy and mortality, general health and long-term illness, lifestyles, sexual health, teenage pregnancy, mental health, fertility and births.

<http://atlas.cambridgeshire.gov.uk/Health/atlas/atlas.html>



Annex A: Progress on previous opportunities for action

This Annex reports on progress against opportunities for action identified in previous Annual Public Health Reports.

Annual Public Health Report 2015

A focus on promoting the health of school age children, including mental health

We are reviewing how best to promote the health of school age children with partner agencies, with services working in a more integrated way. We are working closely, with health colleagues in particular, around the redesign of children's mental health services, and the need to maximise prevention opportunities. Our Public Mental Health Strategy outlines how we plan to do this.

www.cambridgeshireinsight.org.uk/health/healthtopics/mh

A whole system approach to healthy diet and physical activity - reversing the trend in obesity

A whole system "Healthy Weight Strategy" is currently being developed with a wide group of local partner organisations, and will be launched in 2016. This will call for a range of initiatives that includes policy, practical interventions, community engagement and measures to support individuals and communities to adopt healthier behaviours.

Supporting a positive approach to healthy ageing

A new Long Term Conditions Joint Strategic Needs Assessment (JSNA) describes population needs for adults and older people living with multiple health conditions in Cambridgeshire. It provides important evidence and information to support the commissioning of services across health and social care.

The JSNA encourages awareness and signposting of available public health improvement programmes and services across Cambridgeshire.

www.cambridgeshireinsight.org.uk/JSNA/LTCs-across-the-lifecycle-2015

A recent Healthy Ageing and Prevention Summit focussed on action to sustain wellbeing in later life. The agreed local priorities were described and endorsed as:

- increasing physical activity and reducing injurious falls
- ensuring holistic approaches and care for older peoples' mental health
- strengthening a place-based approach to healthy ageing
- avoiding admissions for people with multiple conditions and complex needs

These local priorities have all been taken forward within multi-agency working groups, through the Better Care Fund and other major health and social care sector workstreams.

Annex A: Progress on previous opportunities for action

Annual Public Health Report 2014

Targeted work to understand and address high rates of smoking

The latest data available indicates that generally smoking prevalence has improved since 2012 but smoking rates remain higher in Fenland and for manual workers than the average for Cambridgeshire residents. The Cambridgeshire County Council Public Health Team are using intelligence from social marketing research commissioned in 2014/15 that provides an insight into community views on smoking to inform targeted approaches.

This includes campaigns and workplace initiatives focusing upon workplaces that have predominantly manual workers. Cambridgeshire is also working with neighbouring local authorities on tobacco related campaigns and engagement work, including a focus on illicit tobacco sales.

A focus across organisations on inequalities in the early years

Trend data shows that although the percentage of children in poverty in Cambridge has improved over the last few years, in Fenland it has remained static and is now significantly worse than the national average.

Although showing some improvement, the percentage of children receiving free school meals in Cambridgeshire who have achieved a good level of development at the end of reception remains below the national average.

Cambridgeshire Children's and Young People's services already have a strong focus on inequalities in the early years through a range of programmes and targeted activity. The commissioning of health visiting and 'family nurse partnership' services transferred from NHS England to the County Council in October 2015, providing further opportunities for joint working and addressing inequalities in early years health and development.

Working with communities in Fenland on health and lifestyles

The Healthy Fenland Fund has been established that both engages and strengthens communities alongside supporting them to take forward community led initiatives, as described in the case study earlier in this report.

Building a preventive approach to mental health in the county

The latest figures for suicide rates in the county (3 year average, 2012-14) have shown little change and are similar to the national average. Rates of self-harm amongst young people aged 10-24 have been increasing and were higher than the national average in 2013/14 (the latest available data). The Council, working with a wide range of organisations, has produced a Public Mental Health Strategy (2015-17) that focuses on promoting better mental health and preventing mental illness. The strategy has three areas of focus: a life course approach to promoting mental health; developing a wider environment that supports mental health; and addressing the links between physical and mental health.

An action plan has been produced as part of the strategy detailing the work that is being undertaken across these three areas. The strategy forms an important part of wider preventative work that is currently being undertaken by a range of statutory and voluntary sector agencies.

www.cambridgeshireinsight.org.uk/health/healthtopics/mh

Reviewing reasons for lower coverage of individual vaccination and screening programmes and taking action to address this

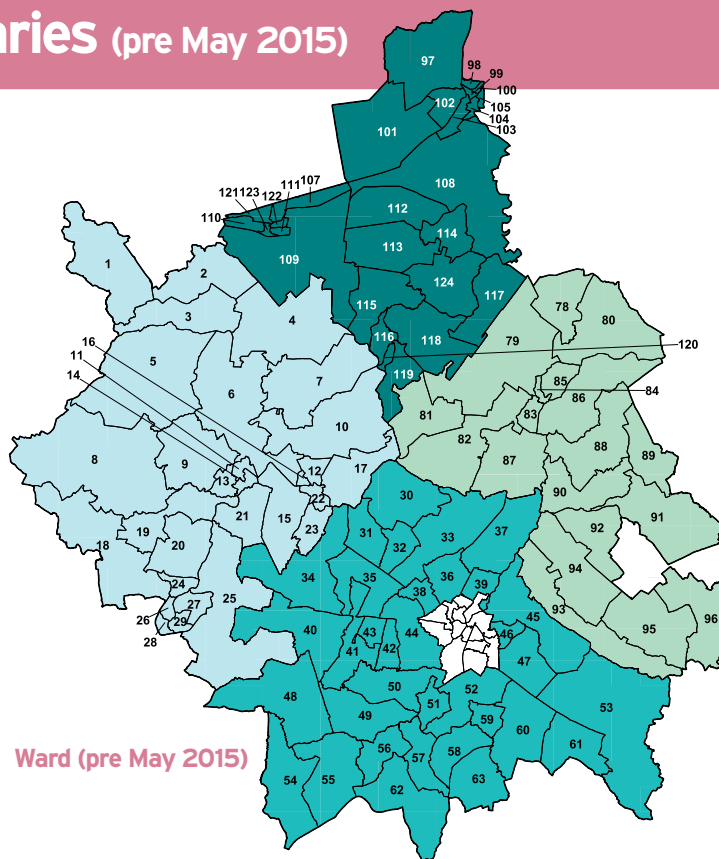
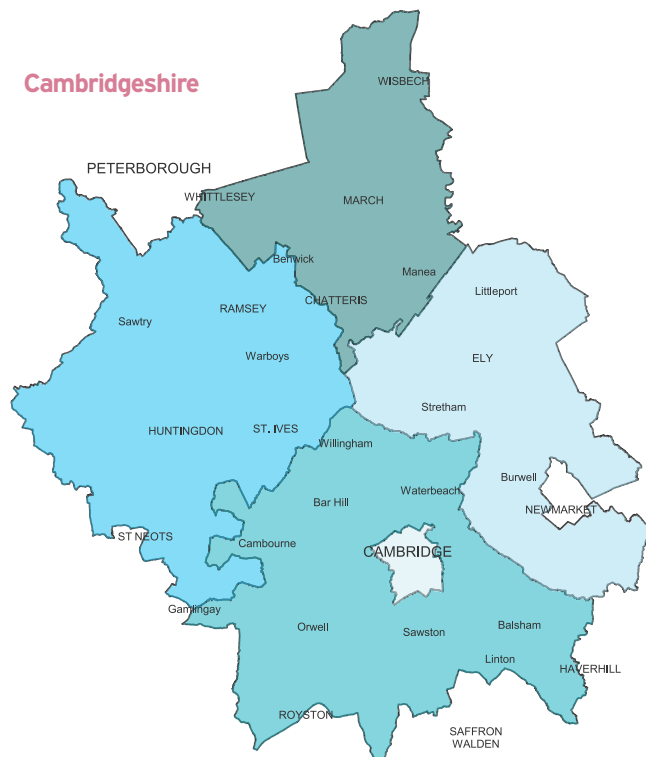
As the most recent figures show, adverse trends in coverage of childhood immunisation and cervical screening are continuing to cause concern in Cambridgeshire. Work to improve access has led to a welcome increase in breast screening uptake. For immunisations NHS England, which is the commissioner of childhood immunisation and adult screening programmes has set up a joint task group with the County Council to review why childhood immunisation coverage is falling and to develop solutions.

This follows on from earlier work to make sure that the database used to track childhood immunisation coverage is updated when children move in and out of the County, and that the data we are using is robust. Over the past year a task group convened by NHS England has met to identify issues that are affecting cancer screening uptake and work is in hand to address these issues. Funding is being provided by NHS England for targeted communications work for both immunisation and screening.



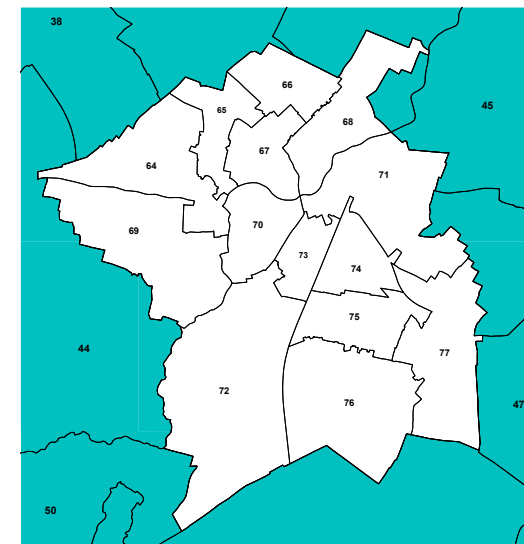
Annex B: Ward boundaries (pre May 2015)

Cambridgeshire



Ward (pre May 2015)

Cambridge City wards

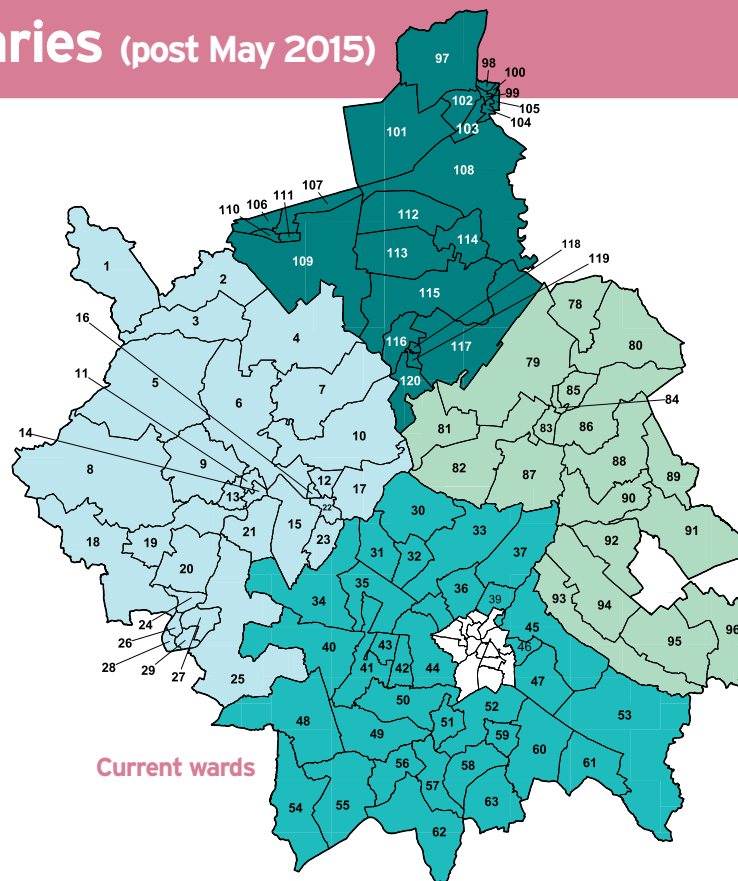
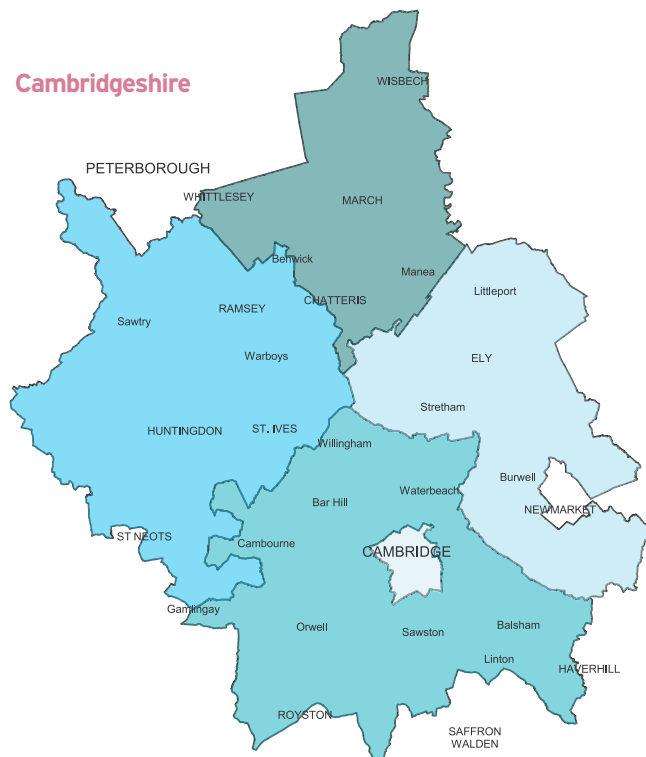


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|--------------------------------|------------------------------|---------------------------|------------------------------------|---------------------|----------------------|---------------------------------------|----------------------------------|
| 1. Elton and Folksworth | 16. St Ives West | 30. Willingham and Over | 45. The Wilbrahams | 59. Sawston | 76. Queen Edith's | 93. Bottisham | 108. Benwick, Coates and Eastrea |
| 2. Yaxley and Farcet | 17. Earith | 31. Swavesey | 46. Teversham | 60. The Abingtons | 77. Cherry Hinton | 94. The Swaffhams | 109. St Andrews |
| 3. Stilton | 18. Kimbolton and Staughton | 32. Longstanton | 47. Fulbourn | 61. Linton | 78. Littleport West | 95. Dullingham Villages | 110. Lattersey |
| 4. Ramsey | 19. Brampton | 33. Cottenham | 48. Gamlingay | 62. Melbourn | 79. Downham Villages | 96. Cheveley | 111. March North |
| 5. Sawtry | 20. Buckden | 34. Papworth and Elsworth | 49. Orwell and Barrington | 63. Duxford | 80. Littleport East | 97. Roman Bank | 112. March West |
| 6. Upwood and The Raveleys | 21. Godmanchester | 35. Bar Hill | 50. Haslingfield and The Eversdens | 64. Castle | 81. Sutton | 98. Waterlees | 113. March East |
| 7. Warboys and Bury | 22. St Ives South | 36. Histon and Impington | 51. Harston and Hauxton | 65. Arbury | 82. Haddenham | 99. Clarkson | 114. Doddington |
| 8. Ellington | 23. Fenstanton | 37. Waterbeach | 52. The Shelfords and Stapleford | 66. King's Hedges | 83. Ely South | 100. Kirkgate | 115. Slade Lode |
| 9. Alconbury and The Stukeleys | 24. Little Paxton | 38. Girton | 53. Balsham | 67. West Chesterton | 84. Ely West | 101. Parson Drove and Wisbech St Mary | 116. Manea |
| 10. Somersham | 25. Gransden and The Offords | 39. Milton | 54. The Mordens | 68. East Chesterton | 85. Ely North | 102. Peckover | 117. Birch |
| 11. Huntingdon North | 26. St Neots Eaton Ford | 40. Bourn | 55. Bassingbourn | 69. Newnham | 86. Ely East | 103. Medworth | 118. Wenneye |
| 12. St Ives East | 27. St Neots Priory Park | 41. Caldecote | 56. Meldreth | 70. Market | 87. Stretham | 104. Hill | 119. The Mills |
| 13. Huntingdon West | 28. St Neots Eaton Socon | 42. Comberton | 57. Fowlmere and Foxton | 71. Abbey | 88. Soham North | 105. Staithe | 120. Delph |
| 14. Huntingdon East | 29. St Neots Eynesbury | 43. Hardwick | 58. Whittlesford | 72. Trumpington | 89. Isleham | 106. Bassenhally | 121. Kingsmoor |
| 15. The Hemingfords | | 44. Barton | | 73. Petersfield | 90. Soham South | 107. Elm and Christchurch | 122. St Marys |
| | | | | 74. Romsey | 91. Fordham Villages | | 123. Wimblington |
| | | | | 75. Coleridge | 92. Burwell | | |



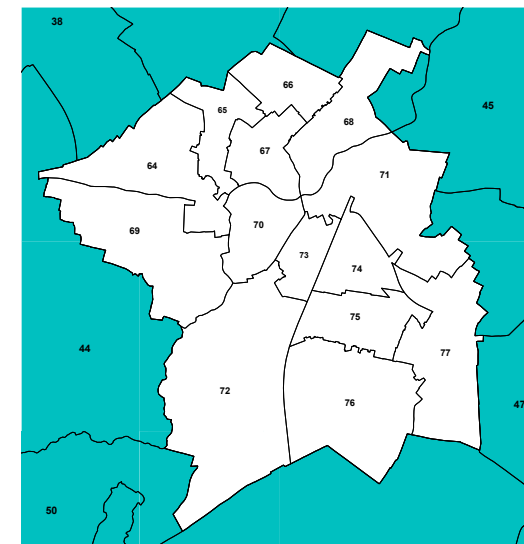
Annex B: Ward boundaries (post May 2015)

Cambridgeshire



Current wards

Cambridge City wards



1. Elton and Folksworth	16. St Ives West	29. St Neots Eynesbury	43. Hardwick	57. Fowlmere and Foxton	73. Petersfield	90. Soham South	106. Stonald
2. Yaxley and Farcet	17. Earith	30. Willingham and Over	44. Barton	58. Whittlesford	74. Romsey	91. Fordham Villages	107. Bassenhally
3. Stilton	18. Kimbolton and Staughton	31. Swavesey	45. The Wilbrahams	59. Sawston	75. Coleridge	92. Burwell	108. Elm & Christchurch
4. Ramsey	19. Brampton	32. Longstanton	46. Teversham	60. The Abingtons	76. Queen Edith's	93. Bottisham	109. Benwick, Coates & Eastrea
5. Sawtry	20. Buckden	33. Cottenham	47. Fulbourn	61. Linton	77. Cherry Hinton	94. The Swaffhams	110. St Andrews
6. Upwood and The Raveleys	21. Godmanchester	34. Papworth and Elsworth	48. Gamlingay	62. Melbourn	78. Littleport West	95. Dullingham Villages	111. Lattersey
7. Warboys and Bury	22. St Ives South	35. Bar Hill	49. Orwell and Barrington	63. Duxford	79. Downham Villages	96. Cheveley	112. March North
8. Ellington	23. Fenstanton	36. Histon and Impington	50. Haslingfield and The Eversdens	64. Castle	81. Sutton	97. Roman Bank	113. March West
9. Alconbury and The Stukeleys	24. Little Paxton	37. Waterbeach	51. Harston and Hauxton	65. Arbury	82. Haddenham	98. Waterlees Village	114. March East
10. Somersham	25. Gransden and The Offords	38. Girton	52. The Shelfords and Stapleford	66. King's Hedges	83. Ely South	99. Clarkson	115. Doddington & Wimblington
11. Huntingdon North	26. St Neots Eaton Ford	39. Milton	53. Balsham	67. West Chesterton	84. Ely West	100. Kirkgate	116. Slade Lode
12. St Ives East	27. St Neots Priory Park	40. Bourn	54. The Mordens	68. East Chesterton	85. Ely North	101. Parson Drove & Wisbech St Mary	117. Manea
13. Huntingdon West	28. St Neots Eaton Socon	41. Caldecote	55. Bassingbourn	69. Newnham	86. Ely East	102. Peckover	118. Birch
14. Huntingdon East		42. Comberton	56. Meldreth	70. Market	87. Stretham	103. Medworth	119. Wenneye
15. The Hemingfords				71. Abbey	88. Soham North	104. Octavia Hill	120. The Mills
				72. Trumpington	89. Isleham	105. Staithe	

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