Annual Public Health Report

INTRODUCTION

The transfer of public health responsibilities from the NHS to local authorities in April 2013 includes a requirement for directors of public health to prepare an independent annual report on the health of local people . This continues a tradition going back to the reports of the Medical Officers of Health in 19th century England – although the data and information available to directors of public health is now far more detailed and comprehensive.

This annual report will have as its main focus the new national Public Health Outcomes Framework (PHOF) – which provides us with detailed information on how well Cambridgeshire is doing compared with other areas for a range of health outcomes, as well as the lifestyle and environmental factors which influence health. The PHOF is available on aninteractive website which is updated quarterly, and is designed to be accessible and understandable for the general public as well as specialist staff. www.phoutcomes.info

There is also a range of detailed local information about health and health inequalities, available from Cambridgeshire Insight and from the Cambridgeshire Joint Strategic Needs Assessments (JSNA) at:

www.cambridgeshireinsight.org.uk/health

www.cambridgeshireinsight.org.uk/jsna

This annual public health report focuses on a picture of current public health issues in Cambridgeshire, using data from recent years. The impact of population growth and ageing over the next decade will be very important for health in Cambridgeshire, and will be the subject of a future report.

The new public health duties of local authorities provide a range of opportunities to improve health in innovative ways, particularly by influencing environmental and lifestyle factors. It also provides new opportunities to work with wider Council services to support the needs and access to health services of vulnerable or disadvantaged groups who are particularly likely to experience poor health.

I would like to thank all the public health staff who have shown their dedication to improving health in Cambridgeshire during a long period of transition and change. I would also like to thank Council staff and elected members who helped us through the transfer and welcomed us into the Council. There is no doubt that there is a huge commitment locally to public health, and I hope we can translate this into even better health for local people in Cambridgeshire over the coming years.

Dr Liz Robin

Director of Public Health

Cambridgeshire County Council

Contents

Sources

Public Health England. Public Health Outcomes Framework Data Tool. Available at: http://www.phoutcomes.info/

Department of Health. Improving outcomes and supporting transparency – Part 2: Summary technical specifications of public health indicators. November 2013. ©Crown copyright. Available at:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263662/2901502_PHOF_Improving_Outcomes_PT2_v1_1.pdf

SECTION 1: THE PUBLIC HEALTH OUTCOMES FRAMEWORK

Background to the Public Health Outcomes Framework

The Public Health Outcomes Framework (PHOF) was developed by the Department of Health, alongside the Adult Social Care Outcomes Framework and the NHS Outcomes Framework, as part of the implementation of the Health and Social Care Act 2012.

The framework focuses on two high-level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

Additionally, the framework covers the full spectrum of public health across four 'domains':

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality.

The PHOF has been widely consulted on, and is a means through which the Secretary of State for Health provides strategic leadership for public health across a range of organisations. Each indicator is monitored quarterly and updated at www.phoutcomes.info. Inevitably, because of the time taken to collate data and then analyse the differences between local authorities across England, some of the indicators are one or two years out of date. However, the framework gives a unique national overview of the key issues in public health, allowing local authorities to benchmark their public health performance against other authorities in their region and across England.

The Department of Health works with and consults national and local partners to ensure that the metrics included in the framework are as robust and useful as possible. The robustness of the data, the ability to compare performance against other local authorities and the wide range of public health indicators which make up the framework make it a very useful data set.

On a local level, the PHOF highlights some of the issues which we know to have an impact on health in Cambridgeshire, such as high rates of smoking in some communities.Many of the indicators are broken down by both county and district, so that comparisons can be made between different areas of the county. This level of detail allows for more targeted services in areas of the county where the need is greatest.

Technical notes

Local data in the Public Health Outcomes Framework are benchmarked against the England average. The national PHOF Data Tool does not always provide an assessment of significance against the England average – however, the data that make this possible are sometimes available and so we have made the equivalent assessments locally. Sometimes the PHOF clearly indicates that figures show 'better' or 'worse' than the England average and these are coded red/amber/green. Sometimes the meaning of the data may be less certain (e.g. where there are data collection problems), and these indicators are coded as significantly higher or lower than the average, using a dark blue/amber/light blue code.

For some indicators, the national PHOF Data Tool has only published county level data – where possible we have collated the equivalent or similar data for districts to aid interpretation. National level indicators and indicators not currently published are excluded from the charts presented.

Overarching indicators

The overarching PHOF indicators of life expectancy and healthy life expectancy are positive for Cambridgeshire as a whole.

Life expectancy represents the average number of years that a baby born today could expect to live if he or she experienced the current age-specific death rates of the area in which they live throughout their life. Healthy life expectancy reflects not just how long we live but how well we live. It provides a measure of the number of years a baby born today could expect to live in good general health if they also experience the current levels of good general health of the area in which they live throughout life.

Healthy life expectancy is significantly above the England average for women in Cambridgeshire and similar for men. On average, a woman born today in Cambridgeshire can expect to live 67.8 years in good health (3.6 years longer than the national average) and a man 64.5 years (1.3 years longer than the national average). District data are not currently available, but similar datafor disability-free life expectancy also compare favourably.

Life expectancy overall is significantly above the national average for both men and women for the county and for all districts except Fenland, which is similar to the national average. On average, a woman born today in Cambridgeshire can expect to live for 84.6 years and a man 81.0 years compared with national averages of 83.0 years and 80.1 years respectively.

It is important to remember, however, that a 'green' rating does not mean that there are no problems. For example, there are still about 700 deaths a year in Cambridgeshire of people aged less than 65 years[1], many of which could be prevented. District and county level data can also mask small areas and population groups with lower life expectancy. Slope indices of inequality (SII) indicate notable differences in life expectancy between the least and most deprived populations – this is particularly apparent in Cambridge, where there are large differences in deprivation from one area of the city to another.

Measures of life expectancy provide a useful summary of the overall health status of the population as they represent the combined effect of risk and lifestyle factors, disease, and the effectiveness of healthcare interventions. Seeing improvement in these measures can take many years, and so it is important to use the supporting set of shorter term indicators on the following pages to focus local efforts in improving public health.

[1]Health and Social Care Information Centre (ONS death registrations)

Indicator				Period	Cambs	Cambridge	East Cambs	Fenland	Hunts	South Cambs
0.1	i	Healthy life expectancy (HLE) at birth	Males	2009-11						
			Females							
		Proxy for districts: Disability-free life expectancy at 16	Males	2007-09						
			Females							
	ii	Life expectancy (LE) at birth	Males	2010-12						
			Females							
0.2	iii	SII in LE at birth within each local authority (years)	Males	2010-12	7.1	9.6	6.2	3.8	6.1	3.0
			Females		5.0	10.0	2.5	2.0	3.6	0.3
	iv	Gap in LE at birth between each local authority and England	Males	2010-12						
			Females							

Key:

Statistical significance compared to the England average:											
	Better		Similar		Worse		Lower		Similar		Higher

n (n)	Local value (England value), significance not assessed
	Data not currently available

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Domain 1 – Improving the wider determinants of health

Wider determinants of health describe the broader aspects of society which contribute to people's health and wellbeing.

Cambridgeshire as a county compares favourably to the national average for many wider determinants. Levels of child poverty are lower than average, though it should be noted nearly 16,000 children still live in poverty in the county. The percentage of young people not in education, employment or training is also lower than average. In adults, indicators relating to violence, crime, noise, homelessness, use of green space, fuel poverty and social isolation are generally better than the England average.

The percentage of children receiving free school meals achieving a good level of development at the end of receptionis worse than the national average in Cambridgeshire, at 31% compared with 36%. The percentage of this group achieving the expected level in phonics screening checks by the end of Year 1 is also low at 49% compared with 56% nationally. Similar data on levels of child development at district level indicate Fenland's children fare worse than the national average. Pupil absence is also worse than the national average in Fenland (although this data is from 2011/12). These issues are important as children from less well-off families are more at risk of poor development, which is linked with experiencing ill health in later life.

Amongst adults, although employee sickness absence in Fenland is similar to the England average, a greater proportion of working days are lost due to absence (2009-11 data). Sickness absence and days lost reflect both the health of the population and the provisions available for people with long-term conditions to stay in or return to work.

The percentage of adults receiving secondary mental health services living independently is lower than the England average in Cambridgeshire.However, this is due to data quality issues in Cambridgeshire which are currently being resolved.

The rate of people killed or seriously injured on Cambridgeshire's roads per 100,000 residents is significantly higher than the national average, and the same pattern is seen across all districts except Cambridge. This indicator is partly influenced by the high levels of through-traffic on major roads through the county and many people killed or injured may not be Cambridgeshire residents. Casualty rates per vehicle kilometre travelled are actually lower than the national average and are falling.[1] Road accident death rates among the county's residents as a whole are also falling and similar to the England average but they remain significantly higher in Fenland.[2]

In Cambridge City a number of wider determinants of healthare higher than their England averages, such as re-offending rates and the number of re-offences committed. Offending behaviour is often linked to physical and mental health and tackling it needs a multi-agency approach. Complaints about noise are worse in Cambridge than the national average, consistent with the district being a major urban centre. Exposure to noise affects quality of life and well-being. Another wider determinant of health that is worse than the England average in Cambridge is fuel poverty (defined as households which have higher fuel costs than the median average and who, if they spent enough to adequately heat their homes, would be left with a residual income below the official poverty line) at 16% compared to 11% on average in England.

Indicator				Period	Cambs	Cambridge	East Cambs	Fenland	Hunts	South Cambs
1.1	i	Children in poverty - all dependent children under 20		2011						
	ii	Children in poverty - under 16s only		2011						
1.2	i	Children achieving a good level of development at end of reception	All children	2012/13						
			Free school meals							
	ii	% Y1 children achieving expected level in phonics screening check	All children	2012/13						
			Free school meals							
		Proxy: Pupils achieving a good level of development		2012						
1.3		Pupil absence		2011/12						
1.4		First-time entrants to the youth justice system		2012						
1.5		16-18 year olds not in education, employment or training		2012						
1.6	i	Adults with a learning disability living in stable accommodation		2012/13						
	ii	Adults receiving secondary mental health services living independently		2012/13						
1.8	i	Employment rate gap for those with a long-term health condition (% point gap)		2012	1.9 (7.1)	8.2	0.3	4.6	-3.3	-1.4
	ii	Employment rate gap for those with a learning disability (% point gap)		2011/12	68.1 (63.2)					
	iii	Employment rate gap for those receiving secondary mental health services (% point gap)		2012/13	67.9 (62.3)					
1.9	i	Employees sickness absence		2009-11						
	ii	Working days lost due to sickness absence		2009-11						
1.10		Number of people reported killed or seriously injured on the roads		2010-12						
1.11		Domestic abuse incidents reported to police		2012/13						
1.12	i	Emergency hospital admissions for violence		2010/11 - 12/13						
	ii	Violence against the person offences		2012/13						
	iii	Sexual offences in police recorded crime data		2012/13						
1.13	i	Proportion of offenders who re-offend		2011						
	ii	Average number of re-offences committed per offender		2011						
1.14	i	Complaints about noise		2011/12						
	ii	Population exposed to road and rail transport noise of ≥65 dB(A) (0700 – 2300)		2006/07						
	iii	Population exposed to road and rail transport noise of ≥55 dB(A) (2300 – 0700)		2006/07						
1.15	i	Homelessness acceptances		2012/13						
	ii	Households in temporary accommodation		2012/13						
1.16		People using green space for exercise/health reasons		03/2012-02/2013						
1.17		Households that experience fuel poverty		2011						
1.18	i	Social isolation in adult social care users		2012/13						
	ii	Social isolation in adult carers		2012/13						

Key:

Statistical significance compared to the England average:											
	Better		Similar		Worse		Lower		Similar		Higher

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Domain 2 – Health improvement

Health improvement describes lifestyle and personal health factors contributing to health outcomes, which public health services often seek to address.

The county of Cambridgeshire as a whole compares well to the England average on many indicators relating to health improvement, although for a number of measures this varies by district.

The proportion of babies born with a low birth weight is low in Cambridgeshire, and the initiation of breastfeeding and its continuation to 6-8 weeks after birth are both higher than average, which is beneficial for infant health and health later in life. The percentage of children aged 10-11 who are overweight or obese is low for the county and hospital admissions for injuries in young people are also below or similar to the England average. Self-reported measures of wellbeing, which reflect positive mental health, are similar to the national average.

The percentage of Cambridgeshire's routine and manual workers who smoke is higher than the national average at 36% compared with 30% nationally. In Fenland, smoking is particularly high – around 30% of all adults and 49% of routine and manual workers in Fenland smoke, the highest rates of all local authorities in the East of England. Smoking is the greatest cause of preventable ill health and premature mortality and is a major risk factor for lung cancer, a number of other cancers, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking currently accounts for around 750 preventable deaths in Cambridgeshire every year.[1]

As well as levels of smoking, there are a number of other lifestyle factors which are worse than the national average in Fenland. Levels of overweight and obesity in young children aged 4-5 in Fenland are higher than the national average at 25% of children compared with 22% nationally. Excess weight in children often leads to excess weight and associated poor health in adulthood. The percentage of adults who are overweight or obese is also significantly high in Fenland at 72% compared to 64% nationally, and levels of physical activity are low. Obesity and low physical activity levels increase people's risk of diabetes, heart disease, cancer, muscle and joint problems and depression.

These lifestyle factors are of particular concern, as they may lead to poorer healthy life expectancy and worsening health inequalities in the future.

Huntingdonshire has a higher proportion of adults classified as overweight or obese compared with the national average but does well on all other health improvement indicators for which data are currently available.

Indicator				Period	Cambs	Cambridge	East Cambs	Fenland	Hunts	South Cambs
2.1		Low birth weight of term babies		2011						
2.2	i	Breastfeeding initiation		2012/13						
	ii	Breastfeeding prevalence at 6-8 weeks after birth		2012/13						
2.3		Smoking at time of delivery		2012/13						
2.4		Under 18 conception rate	All	2012						
			Under 16	2012						
2.6	i	Children aged 4-5 classified as overweight or obese		2012/13						
	ii	Children aged 10-11 classified as overweight or obese		2012/13						
2.7	i	Hospital admissions for unintentional and deliberate injuries	0-14 years	2012/13						
			0-4 years							
	ii	Hospital admissions for unintentional and deliberate injuries (15-24 years)		2012/13						
2.8		Emotional wellbeing of looked-after children (average score)		2012/13	14.5 (14.0)					
2.12		Proportion of adults classified as overweight or obese		2012						
2.13	i	Physically active adults		2012						
	ii	Physically inactive adults		2012						
2.14		Adults smoking	All	2012						
			Routine/Manual	2012						

Key:

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Domain 2 – Health improvement (cont.)

The percentage of non-opiate drug users successfully completing treatment in Cambridgeshire is lower than the national average. Successfully completing drug treatment is beneficial for both physical and mental health, as well as improving parenting skills and preventing re-offending which is often linked to substance misuse.

Recorded diabetes in Fenland is significantly higher than the national average, which is likely to be linked with higher obesity rates and lower physical activity levels described earlier. Conditions associated with diabetes can have considerable impacts on quality of life and on use of health services.

The latest screening coverage figures for breast cancer are worse than the England average in Cambridgeshire, having previously been better than average, and at district level, Cambridge and South Cambridgeshire fare worse. Breast cancer screening coverage in Cambridge is particularly low at 67% compared with 76% nationally. Temporary issues which may have affected this included the loss of a site for the breast screening mobile in 2012, and the lower screening coverage figures are now in process of being resolved.

Cervical cancer screening coverage is also notably lower than average in Cambridge at 64% compared with 74% nationally, the lowest of all local authorities in the region. The transient nature of the population in Cambridge, with young adults often moving in and out of the city, presents a difficulty to achieving higher cervical screening coverage. The early detection of breast cancer and prevention of cervical cancer are effective health interventions. Promoting screening activities and engaging eligible populations is required to increase screening coverage.

The percentage screened for diabetic retinopathy currently presented in the PHOF is significantly below the national average in Cambridgeshire, although local data suggest that this is improving. Diabetic retinopathy is one of the most common causes of blindness in the UK and uptake of screening in people with diabetes should be encouraged.

Although Cambridgeshire does well in offering free NHS Health Checks to its eligible population, a lower than national average percentage of people who are offered one go on to take up the offer and receive a check. Take-up fell to 47% in 2012/13 compared to 49% nationally and the latest data for 2013/14 show a further fall to 39%.[2] Encouraging take up of Health Checks is important in preventing cardiovascular disease and identifying opportunities for intervention, particularly in more deprived areas where disease rates are higher .

In Cambridge, emergency hospital admission rates due to falls amongst older people are significantly higher than the national average. Falls are the largest cause of emergency hospital admission in older people and can have significant long-term impacts on health and the need for social care support.

[1] Public Health England. Local Tobacco Control Profiles for England. Available at: http://www.tobaccoprofiles.info/

[2] NHS Health Check Data. Available at: http://www.healthcheck.nhs.uk/interactive_map/midlands_and_east_of_england/anglia_and_essex/?la=Cambridgeshire&laid=48 [Accessed 09/05/2014]

Indicator			Period	Cambs	Cambridge	East Cambs	Fenland	Hunts	South Cambs
2.15	i	Successful completion of drug treatment - opiate users	2012						
	ii	Successful completion of drug treatment - non-opiate users	2012						
2.17		Recorded cases of diabetes	2012/13						
2.18		Alcohol-related hospital admissions	2012/13						
2.19		Early diagnosis of cancer	2012						
2.20	i	Cancer screening coverage - breast cancer	2013						
	ii	Cancer screening coverage - cervical cancer	2013						
2.21	vii	Diabetic retinopathy screening	2011/12						
2.22	i	Eligible population offered an NHS Health Check	2012/13						
	ii	Eligible population offered an NHS Health Check who received one	2012/13						
2.23	i	Self-reported wellbeing - life satisfaction	2012/13						
	ii	Self-reported wellbeing - life worthwhile	2012/13	Not calculated					
	iii	Self-reported wellbeing - happiness	2012/13						
	iv	Self-reported wellbeing - anxiety	2012/13						
2.24	i	Emergency hospital admissions due to falls (aged	2012/13						
	ii	Emergency hospital admissions due to falls (aged 65-79)	2012/13						
	iii	Emergency hospital admissions due to falls (aged 80+)	2012/13						

Key:

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Domain 3 – Health protection

Health protection includes prevention of the spread of infectious disease in the community and protection from chemical hazards.

HPV[1] vaccination coverage among 12-13 year old girls is higher than the national average, an important step in protection against cervical cancer, as is PPV[2] vaccination coverage in over 65s (protection from pneumococcal infection). The incidence of tuberculosis (TB) across Cambridgeshire is low. Many health protection indicators, however, are currently worse than the national average in Cambridgeshire.

The rate of chlamydia diagnoses is significantly lower than the England average for the county and, where data are available, for all districts except Huntingdonshire. This could be due to low prevalence of chlamydia infection in the population (which is good), but the PHOF currently describes higher diagnosed chlamydia rates as preferable as they tend to indicate that testing coverage is higher. Higher rates of diagnosis are desirable to pick up and treat asymptomatic infections thus reducing further transmission. In Cambridgeshire the coverage of the chlamydia screening programme is high, but even though the screening programme focuses specifically on high-risk populations, the rate of positive tests is still low.

The majority of childhood vaccination rates are below the national average for Cambridgeshire, which is of considerable concern. This may be linked to administrative issues, such as failure to update records when children move in or out of the county, and needs further investigation. DTaP/IPV/Hib[3] in 1 and 2 year olds, MenC[4] in 1 year olds, PCV[5] and PCV booster in 1 and 2 year olds respectively, and one-dose MMR[6] in 2 and 5 year olds are all below national average coverage rates. Vaccination coverage is closely related to levels of disease and monitoring coverage can highlight possible drops in population immunity.

In adults, although the rate of seasonal flu vaccination in people aged 65+ is better than the England average, coverage in at-risk groups aged under 65 with certain medical conditions is worse than the national average in Cambridgeshire at 48% compared with 51% nationally. Many local authorities in the East of England region rate worse than the national average for this measure. Vaccination of at-risk groups is important as they are more at risk of developing serious illness from flu itself and of flu exacerbating illness relating to existing conditions.

[1] Protection from human papilloma virus

[2] Protection from pneumococcal infection (pneumococcal polysaccharide vaccine)

[3] Protection from diphtheria, tetanus, whooping cough (pertussis), polio and Hib (*Haemophilus influenza* type b)

[4] Protection from meningitis C infection

[5] Protection from pneumococcal infection (pneumococcal conjugate vaccine)

[6] Protection from measles, mumps and rubella (German measles)

Indicator				Period	Cambs	Cambridge	East Cambs	Fenland	Hunts	South Cambs
3.1		Fraction of mortality attributable to air pollution (%)		2011	5.39 (5.36)	5.70	5.08	5.20	5.43	5.40
3.2	i	Chlamydia diagnoses (aged 15-24) - old NCSP data		2011						
	ii	Chlamydia diagnoses (aged 15-24) - CTAD data		2012						
3.3	i	Hepatitis B vaccination coverage	1 year olds	2012/13	Suppressed					
			2 year olds		Suppressed					
	iii	DTaP/IPV/Hib vaccination coverage	1 year olds	2012/13						
			2 year olds							
	iv	MenC vaccination coverage (1 year olds)		2012/13						
	v	PCV vaccination coverage (1 year olds)		2012/13						
	vi	Hib/MenC booster vaccination coverage	2 year olds	2012/13						
			5 year olds							
	vii	PCV booster vaccination coverage (2 year olds)		2012/13						
	viii	MMR vaccination coverage for one dose (2 year olds)		2012/13						
	ix	MMR vaccination coverage for one dose (5 year olds)		2012/13						
	x	MMR vaccination coverage for two doses (5 year olds)		2012/13						
	xii	HPV vaccination coverage (females 12-13 year olds)		2012/13						
	xiii	PPV vaccination coverage (aged 65 and over)		2012/13						
	xiv	Flu vaccination coverage (aged 65 and over)		2012/13						
	xv	Flu vaccination coverage (at risk individuals)		2012/13						
3.4		Persons presenting with HIV at a late stage of infection		2010-12 / 2009-11				Suppressed		
3.5	i	TB treatment completion within 12 months		2012						
	ii	TB incidence		2010-12						
3.6		NHS organisations with sustainable development management plan		2012/13						

Key:

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Domain 4 – Healthcare public health and preventing premature mortality

Healthcare public health describes using a population health approach – looking at health outcomes for an entire group of people – to ensure local health services meet needs effectively. Premature mortality is affected by both the quality of healthcare and longer-term preventive public health measures, such as encouraging residents to stop smoking or increase their physical activity.

Cambridgeshire as a whole is better than the national average for rates of infant mortality, mortality from all causes considered preventable and for mortality from communicable disease. The county also fares better than the national average for premature mortality from a variety of diseases: cardiovascular disease, cancer, liver disease, respiratory diseases and communicable disease. Rates of premature mortality continue to decline, locally and nationally; one exception to this is rates of liver disease, which both locally and nationally have shown a slight increase over the last ten years.

At district level, Fenland is currently close to the national average for premature mortality across all conditions, and trends in Fenland generally follow the national average.

Among other indicators relating to healthcare public health, Cambridgeshire and its districts compare favourably with the national average for tooth decay in children, emergency readmissions within 30 days of discharge from hospital, and preventable sight loss.

In Cambridge, the rate of hip fractures in people aged 65 and over is significantly higher than the national average, although this has varied from year to year. Only 1 in 3 sufferers of hip fracture return to their previous levels of independence and 1 in 3 move into long-term care.

While many people in Cambridgeshire can expect to live long and healthy lives, it is important to remember that many people still die prematurely, and often this is related to disadvantage and/or preventable causes. Using healthcare public health indicators and tailoring local health services to the needs of Cambridgeshire residents will help to reduce these inequalities.

Indicator			Period	Cambs	Cambridge	East Cambs	Fenland	Hunts	South Cambs
4.1		Infant deaths	2010-12						
4.2		Tooth decay in children aged 5	2011/12						
4.3		Mortality rate from causes considered preventable	2010-12						
4.4	i	Under 75 mortality rate from cardiovascular diseases	2010-12						
	ii	Under 75 mortality rate from cardiovascular diseases (preventable)	2010-12						
4.5	i	Under 75 mortality rate from cancer	2010-12						
	ii	Under 75 mortality rate from cancer (preventable)	2010-12						
4.6	i	Under 75 mortality rate from liver disease	2010-12						
	ii	Under 75 mortality rate from liver disease (preventable)	2010-12						
4.7	i	Under 75 mortality rate from respiratory diseases	2010-12			Not calculated			
	ii	Under 75 mortality rate from respiratory diseases (preventable)	2010-12		Not calculated	Not calculated			
4.8		Mortality rate from communicable diseases	2010-12						
4.10		Mortality rate from suicide and injury of undetermined intent	2010-12			Not calculated			Not calculated
4.11		Emergency readmissions within 30 days of discharge	2011/12						
4.12	i	Preventable sight loss: age-related macular degeneration	2011/12						
	ii	Preventable sight loss: glaucoma	2011/12						
	iii	Preventable sight loss: diabetic eye disease	2011/12						
	iv	Preventable sight loss: sight loss certifications	2011/12						
4.14	i	Hip fractures in people aged 65 and over	2012/13						
	ii	Hip fractures in people aged 65 to 79	2012/13						
	iii	Hip fractures in people aged 80 and over	2012/13						
4.15	i	Excess Winter Deaths Index: All ages - single year	08/2011-07/2012						
	ii	Excess Winter Deaths Index: Aged 85+ - single year	08/2011-07/2012						
	iii	Excess Winter Deaths Index: All ages - 3-yr average	08/2009-07/2012						
	iv	Excess Winter Deaths Index: Aged 85+ - 3-yr average	08/2009-07/2012						

Key:

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SECTION 2: COMMON THEMES

Looking across the domains of the Public Health Outcomes Framework, there are some clear common themes for health in Cambridgeshire.

Geographical health inequalities

While the population of Cambridgeshire as a wholehas significantly better life expectancy than the national average, life expectancy in Fenland is similar to the national average, indicating a clear geographical inequality within the county.

In addition, some of the lifestyle behaviours likely to have the greatest impact on future health and life expectancy – smoking, physical activity and obesity – are significantly worse in Fenland than nationally. This means there is a real possibility that geographical health inequalities in Cambridgeshire may worsen rather than improve. Higher than average work days lost to sickness in Fenland (2009/11 data) and higher resident death rates from road traffic accidents are also of concern.

There are some indications that disadvantage through the life course may be starting early for Fenland residents. A lower percentage of pupils aged 4-5 years reach a good level of development, and a higher proportion are obese, when compared with national averages. Pupil absence from school is also higher than average (2011/12 data).

Although overall life expectancy is good in Cambridge, the index of inequality between different areas of the city is greater than in other parts of Cambridgeshire. There are also a cluster of issues which are worse or higher than the national average, including reoffending rates, complaints about noise, and fuel poverty. In addition, there are higher rates of hospital admission for falls amongst older people. Whilst this could be related to the presence of a large easily accessible hospital close to the city, the high rate of admissions due to hip fracture amongst older people indicates a genuine problem.

Other health inequalities

Many of the indicators used to measure health inequalities are only available on a geographical basis. But there are signs in Cambridgeshire that in the more prosperous parts of the county, good 'average' figures for health indicators may be masking poor outcomes for people on low incomes or who are otherwise disadvantaged. This is apparent early in life in the figures for children achieving a good level of development at the end of reception, and children in year 1 achieving the expected level in a phonics screening check. In general, children in Cambridgeshire are doing as well as or better than average for these indicators, but children receiving free school meals in Cambridgeshire are doing worse than children receiving free school meals in the country as a whole.

While overall smoking rates in Cambridgeshire are similar to the national average, smoking rates among people working in routine and manual jobs are higher in Cambridgeshire than they are for routine and manual workers nationally. Half of all long-term smokers will die prematurely as a result of their habit, with an average reduction in length of life of 10 years for a 30 year old smoker who continues

to smoke throughout adulthood.In the longer term this will lead to higher rates of early death and disability for this group, although this may be hidden amongst good 'average' figures for Cambridgeshire and the majority of its districts.

Marginalised and disadvantaged groups

One potential weakness of the PHOF is that while it can show the headline health indicators for Cambridgeshire and for very broad geographical areas or socio-economic groups, it lacks information about specific communities or groups within the local population who are at higher risk of poor health outcomes. This means that information from the PHOF needs to be supplemented by local knowledge. A useful source of local information is the group of Cambridgeshire Joint Strategic Needs Assessments (JSNAs) available at www.cambridgeshireinsight.org.uk/jsna

Communities and population groups who may be at particularly high risk of poor health outcomes in Cambridgeshire and who have been the subject of a local JSNA include migrant workers:www.cambridgeshireinsight.org.uk/currentreports/migrant-workers,

Gypsies and Travellers:www.cambridgeshireinsight.org.uk/currentreports/travellers,

and people who are homeless or at risk of homelessness www.cambridgeshireinsight.org.uk/currentreports/people-who-are-homeless-or-risk-homelessness.

It should be noted that these JSNAs were prepared in 2009 and 2010, and it is likely that new issues may have emerged since then – for example, people at risk of homelessness may have been affected by recent changes in the benefits system, and new migrant communities may have developed.

Mental health

The YouChoose survey of local residents carried out by the Council during budget planning for 2014/15 asked residents what they considered to be priority services for public health. Services promoting and supporting mental health scored highest, with 49% of local residents putting them in the top three priorities for public health. Feedback from stakeholder organisations on the Cambridgeshire Health and Wellbeing Strategy (2012-17) also emphasised the importance of mental health, with a common theme being gaps in services for people in the community perceived as having mental health problems, who did not necessarily fit the criteria for intervention by mainstream services. Concerns about people with mental health problems who become caught up in the criminal justice system have also been expressed both nationally and locally.

The number of mental health indicators in the Public Health Outcomes Framework is limited, but Cambridgeshire is generally similar to or better than the national average. Rates of suicide and undetermined injury are better locally than the national average, while measures of general wellbeing, reflecting positive mental health, are similar to the average. Social isolation amongst users of adult social care services and amongst carers are respectively similar to and better than the national average. Although the proportion of people who are living independently while receiving secondary mental health services appears significantly worse than average, this is known to be due to data collection problems.

It may be that the community feedback in the YouChoose survey is the result of mental health problems being very common, with one in four adults likely to experience a mental health problem such as anxiety or mild to moderate depression over the course of a year. The more detailed nationally developed 'Community Mental Health Profiles 2013' http://www.nepho.org.uk/cmhp/

also show some areas of possible concern, for instance the proportion of patients recorded on GP registers as diagnosed with depression in Cambridgeshire is higher than the national average, while hospital admissions for self-harm for both adults and for children and young people[1] are also higher than the national average. Conversely, hospital admissions for mental illness and overall contacts with mental health services are lower than the national average.

[11] Public Health England Child Health Profiles - http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101633

Uptake of screening and vaccination services

National and international vaccination programmes are amongst the most successful public health interventions, protecting children and adults from infectious diseases which in the past used to cause high levels of death and disability. National screening programmes have also been successful in reducing deaths and disability from cancer and other causes.

The coverage of a screening or vaccination programme is the percentage of people form the whole eligible population who receive the vaccination or screening test. A surprising feature of the Public Health Outcomes Framework benchmarking for Cambridgeshire is that in spite of the generally healthy population, the coverage of several vaccination and screening programmes is below the national average. It is also noticeable that in some cases there has been recent deterioration, with figures for 2012/13 being lower than previous years.

Vaccinations or screening tests in Cambridgeshire which have coverage lower than the national average include several childhood vaccinations, particularly those given at age one or two, coverage of flu vaccination for people aged under 65 with long term health problems, breast screening, diabetic retinopathy screening, and health improvement programmes which involve elements of screening such as NHS Health Checks.

There are a number of reasons why vaccination or screening coverage can be low. The most obvious is that people have been sent an invitation and decided not to accept it. This can be affected by people's understanding of the benefits of the intervention, and by how accessible the intervention is, both in terms of the place where it is delivered and the times when it is available. Coverage can also appear low as a result of administrative issues. For example, if the list of patients to be invited is not kept up to date, people who no longer live in the area may still besent invitations. This can also mean that people who have recently moved into the areaare missed, which is of more concern. Alternatively, people may receive the vaccination or screening test, but this information is not recorded on the coverage monitoring database.

Following a period of significant NHS reorganisation, the responsibility for commissioning vaccinations and screening programmes has recently moved to NHS England, while responsibility for chlamydia screening is with local authorities. This provides opportunities to review the reasons for below average coverage in each of the programmes identified, and ensure that administrative processes are effective, information for the public is clear, and services are accessible.

OPPORTUNITIES FOR ACTION

While the overall picture of health in Cambridgeshire is positive, the new Public Health Outcomes Framework provides robust datasets and evidence to identify where we are doing less well compared to other areas. This provides opportunities to review our current service provision across partner agencies, and learn from good practice elsewhere.

From the data and evidence highlighted in this report, recommendations for further focus include:

Targeted work to understand and address high rates of smoking

Rationale: Smoking remains the most important avoidable cause of premature death in the UK. Rates of smoking in Fenland are now amongst the highest nationally, and rates amongst manual workers across the county are above average. There is evidence from other areas in England for sustained programmes, in addition to core smoking cessation services, that are successful in reducing smoking prevalence.

A focus across organisations on inequalities in the early years

Rationale: There is evidence for county-wide inequalities in development at reception age for children eligible for free school meals. Good work is already happening through the Cambridgeshire 'Narrowing The Gap Strategy', and there may be further opportunities for partner organisations to support this.

Work with communities in Fenland on health and lifestyles.

Rationale: Low rates of physical activity and high rates of obesity in both children and adults are seen in Fenland, and this is associated with higher levels of diabetes. Taken together with high rates of smoking and road traffic deaths, current lifestyle behaviours in Fenland may lead to worsening inequalities in future. There is already good work to address local health issues through the Fenland Health and Wellbeing Partnership, and there may be further opportunities to develop and support this.

Build a preventive approach to mental health in the county

Rationale: There is evidence from the YouChoose survey and from Health and Wellbeing stakeholders that concerns about mental health are a community priority. There is mixed evidence of need from the PHOF and from Community Mental Health Profiles, with a need for further analysis and understanding. The evidence base for preventive measures to improve community mental health is increasing.

Review reasons for lower coverage of individual vaccination and screening programmes, and take action to address this

Rationale: Several vaccination and screening programmes in Cambridgeshire have lower uptake rates than the national average. The reasons for this are likely to vary across the different programmes. Other areas have achieved improvements in vaccination rates and screening uptake by improving administrative processes and implementing NICE[2] guidance.

[2] National Institute for Health and Clinical Excellence

Working in Partnership

Very few public health issues can be addressed by one organisation working alone, and I'm aware of how much effective and dedicated work to improve health and reduce inequalities is already going on in Cambridgeshire across statutory, voluntary and community organisations, often with limited or decreasing resources. The Cambridgeshire Health and Wellbeing Strategy provides an overall framework for this, and reflects consultation with stakeholders and the public. I hope the new evidence in this report will provide support for this work, and will be useful in taking forward shared priorities.