CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

Thursday, 30 January 2020

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

Shire Hall
Castle Hill
Cambridge
CB3 0AP

10:00

Civic Suite Room 1a, Pathfinder House, St Mary's Street, Huntingdon, PE29 3TN
[Venue Address]

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Changes in Membership of the Cambridgeshire Health and Wellbeing Board**	
3	**Minutes - 30th May 2019**	**5 - 14**
4	**Minutes Action Log**	**15 - 18**

DECISIONS

5	**Cambridgeshire Pharmaceutical Needs Assessment 2020 - Consultation Requirements**	**19 - 22**

6	**Annual Public Health Report 2019**	**23 - 56**
7	**Cambridgeshire Health and Wellbeing Board Agenda Plan**	**57 - 62**
8	**Date of Next Meeting**	

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Roger Hickford (Chairman)

Councillor Mark Howell Councillor Samantha Hoy Councillor Linda Jones and Councillor Susan van de Ven

Jessica Bawden (Appointee) Charlotte Black (Appointee) Tracy Dowling (Appointee) Julie Farrow (Appointee) Councillor Geoff Harvey (Appointee) Mr Mike Hill (Appointee) Councillor Julia Huffer (Appointee) Councillor Nicky Massey (Appointee) Val Moore (Appointee) Wendi Ogle-Welbourn (Appointee) Councillor John Michael Palmer (Appointee) Stephen Posey (Appointee) Liz Robin (Appointee) Jan Thomas (Appointee) Zephan Trent (Appointee) Caroline Walker (Appointee) Ian Walker (Appointee) Councillor Susan Wallwork (Appointee) Matthew Winn (Appointee)

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

Clerk Name: James Veitch

Clerk Telephone: 01223 715619

Clerk Email: James.Veitch@cambridgeshire.gov.uk

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https://tinyurl.com/CommitteeProcedure

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Agenda Item No:3

A MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 30th May 2019

Time: 10.00am-12:00pm

Venue: The Kreis Viersen Room, Shire Hall, Castle Street, Cambridge, CB3 0AP

Present:

Cambridgeshire County Council (CCC)
Councillor Roger Hickford (Chairman)
Councillor Mark Howell
Councillor Linda Jones
Councillor Susan van de Ven
Dr Liz Robin - Director of Public Health
Wendi Ogle-Welbourn - Executive Director: People and Communities
Daniel Snowdon – Democratic Services Officer
James Veitch - Democratic Services Officer Trainee

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jan Thomas - CCG, Accountable Officer (Vice-Chair)

City and District Councils
Councillor Geoff Harvey – South Cambridgeshire District Council
Councillor Jill Watkin-Tavener- Huntingdonshire District Council

NHS Providers
Keith Reynolds - North West Anglian Foundation Trust (NWAFT) (Substituting for Caroline Walker)
Matthew Winn - Cambridgeshire Community Services NHS Trust (CCS)
Tracy Dowling – Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)

Healthwatch
Val Moore - Healthwatch

Apologies:
Caroline Walker – North West Anglia Foundation Trust (NWAFT)
Chris Malyon – Section 151 Officer, Cambridgeshire County Council
Stephen Posey – Papworth Hospital NHS Foundation Trust
Councillor Joshua Schumann – East Cambridgeshire District Council
Vivienne Stimpson - NHS England Midlands and East Director of Nursing
Councillor Samantha Hoy- Cambridgeshire County Council
Jessica Bawden - CCG, Director of Corporate Affairs
Julie Farrow - Chief Executive of the Hunts Forum of Voluntary Organisations

143. NOTIFICATION OF CHAIRMAN/CHAIRWOMEN

The Board noted that on the 14th May 2019, the County Council appointed Councillor Roger Hickford as Chairman of the Cambridgeshire Health and Wellbeing Board (HWB) for the municipal year 2019/20.

144. ELECTION OF VICECHAIRMAN/CHAIRWOMEN

Members noted that the Board's Standing Orders required that a Vice-Chairman/woman be elected from one of three representatives from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).

It was resolved unanimously:

> To elect Jan Thomas as Vice-Chairwoman of the Cambridgeshire Health and Wellbeing Board.

145. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above.

The representative from Healthwatch stated that she was now the chair of the Integrated Commissioning Board since April 2019, for the remainder of the 2019/20 municipal year.

146. MINUTES - 28TH MARCH 2019

The minutes of the meeting on 28th March 2019 were agreed as an accurate record and signed by the Chairman.

147. MINUTES – ACTION LOG

The Action Log was reviewed and the following update was noted:

Minute 136: Clinical Commissioning Group (CCG) Planning for 2019/20 and the NHS 10 Year Plan - The representative from Healthwatch stated that the meeting between Jessica Bawden, Jan Thomas and Julie Farrow had been positive, however the voluntary sector was still unclear on how the commissioning process was going to be finalised. A follow up meeting had been arranged.

148. SCHEME OF AUTHORISATIONS FOR PHARMACY CONSOLIDATION

The Board received a report requesting that they delegate responsibility to the Director of Public Health, in consultation with the Chair and Vice-Chair, for responding to notifications of pharmacy consolidations on behalf of the Health and Wellbeing Board, in order for the Board to fulfil its statutory duties. The Senior Public Health Manager stated that the HWB had a statutory duty to respond to applications for consolidations within 45 days of notification. The Board however was not always scheduled to meet within the 45-day time-period and therefore delegated authority to respond was being requested.

Arising from the discussion:

- The Chairman sought clarification as to whether other HWBs had this problem and if so, had they delegated responsibility for the response. The Senior Public Health Manager stated that he had not checked other Boards' procedures, but suggested that other HWBs would have the same problem.

- An Elected Member sought clarity regarding the definition of a 'gap in provision'. The Senior Public Health Manager stated that a 'gap in provision' accounted for a range of different factors such as; the number of pharmacies per population, distance between pharmacies, access, type of services they provided and opening hours. If the merging of two pharmacies had any negative implications for any of these factors, it could be considered a gap. The Chairman suggested with agreement from the Member that in future, the draft response should reiterate the criteria. The Director of Public Health stated that in the event of an application being received she would circulate the draft response to the Board and invite comments. (**Action required, Director of Public Health)**

- An Elected Member noted the governance changes proposed for the HWB and how this could lead to the 45-day consultation period no longer being an issue for the Cambridgeshire HWB. The Chairman stated that the remit of the 'Core' and 'Whole System' Joint Sub-Committee would not cover this issue. The Director of Public Health confirmed that the Pharmaceutical Needs Assessment (PNA) was a statutory duty for both Cambridgeshire and Peterborough's HWBs and would be outside the remit of the Joint Sub-Committees.

- An Elected Member commented that the Local Member should also be consulted when the response was being drafted.

- An Elected Member queried why Pharmacy Consolidation Applications happened so rarely. The Senior Public Health Manager advised that it had been influenced by the new pharmacy contract; Cambridgeshire had not received an application under the current PNA. He commented further that such applications although rare did attract public concern.

It was resolved unanimously to:

a) Note the statutory duty of the Health and Wellbeing Board to respond to "Excepted Applications" termed a "Consolidated Application", and

b) Delegate authority to the Director of Public Health in consultation with the Chair, Vice-Chair and Local Members to respond to notifications from NHS England of "Excepted Applications" termed a "Consolidated Application" on behalf of the Board.

149. FEEDBACK FROM THE JOINT DEVELOPMENT SESSION WITH CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

The Board received a report providing an update from the joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards, held on the 28th March 2019, which the Local Government Association had facilitated. The session had discussed the creation of a new system vision that could help negate some of the challenges facing in the current local system. Board members were informed that progress had been achieved regarding agreeing the local priorities, which would assist in formulating the Health and Wellbeing Board Strategy (HWBS). The session had also discussed the joint working arrangements between Cambridgeshire and Peterborough through the creation of Joint-Sub-committees.

Arising from the discussion:

- The representative from Healthwatch informed the Board that they had organised a working group that would validate the results from the independent consultation on the NHS Long Term Plan. Board members noted that they had a strong data set based on 750 completed surveys, 43 people attending the focus groups and over 1000 pieces of feedback, which could be drawn upon for future research. The Chairman noted the positive nature of the research and asked who had completed the surveys. The representative from Healthwatch confirmed that with advice from the CCG and the Sustainability Transformation Partnership (STP) they had received feedback from: children and young people, refugees, asylum seekers, new settled migrants and older people. The Head of Public Health Business Programmes commented that she would be attending this group and the research would feed into the HWBs.

It was resolved to:

Note and comment on the content of the HWB Joint Development Session update report.

150. UPDATE ON TERMS OF REFERENCE FOR THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD AND CREATE A FURTHER JOINT SUB-COMMITTEE WITH PETERBOROUGH'S BOARD

The Board received a report that sought to update the terms of reference of the Cambridge Health and Wellbeing Board by aligning them with those of the Peterborough Health and Wellbeing Board. The report also sought to amend the terms of reference for the Joint Cambridge and Peterborough Health and Wellbeing Board and create further joint sub-committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.

The Director of Public Health thanked the Democratic Services team who had provided advice and guidance during the drafting of the report and confirmed that the proposal had been discussed with partners across the system. Following discussions with the Monitoring Officer, it had been decided to revise the terms of reference (TORs) for both the Cambridgeshire and Peterborough HWBs to ensure that the functions of the HWBs used the same wording, which would enable clear delegation to the joint sub-committees. The only other change in the Cambridgeshire HWB TORs was the removal of the Chief Finance Officer (Section 151) from the membership list. The Board noted the comments of the Director of Public Health regarding an amendment to the TORs relating to the chairmanship of the Joint Sub-Committees. The Chairs would alternate annually, but to ensure stability the first year would extend to the end of the 2020/21 municipal year. The Board noted that the report and TORs would require the approval of the Constitution and Ethics Committee and Full Council.

In discussion:

- An elected Member raised concerns regarding the membership of the 'Whole System' and 'Core' Joint Sub-Committee and how it could create looser working arrangements between Committees. The Director of Public Health commented that it was challenging to balance the membership of the Sub-Committees, but stated that she believed there were clear routes for the views and decisions of the Health Committee, with its responsibilities for public health in Cambridgeshire, to be taken into both Sub-Committees. The Chairman commented that the new

proposals would provide greater opportunity for connectivity and discussion between Committees.

- An elected Member also raised her concerns regarding the loosening of the relationship between the HWB and Health Committee. She commented that the responsibilities and expertise of the Health Committee needed to connect with the HWB.

- The Executive Director, People and Communities stated that across the system they had attempted to create a more local, placed based delivery system. She was confident that work at a local level would be undertaken to ensure that the priorities of the HWBs were being implemented.

- An Elected Member commented that there was not sufficient time at the development session on 28th March to discuss the matter fully.

- An Elected Member sought clarification regarding the additions to the delegated authority of the Cambridgeshire HWB. The Director of Public Health confirmed that this had occurred due to the consolidation of both Cambridgeshire and Peterborough's HWB TORs and the need to have the same wording regarding functions of the HWB Boards.

- An Elected Member expressed her concerns regarding the delegated authority of the 'Core' Joint Sub-Committee. She commented that the Sub-Committee had limited democratic representation, but seemed to be making significant decisions regarding joint commissioning across health and social care, without any reference to other CCC Committees or the HWB. The Director Public Health stated that authority would be delegated when the issue involved both Cambridgeshire and Peterborough.

- An Elected Member reiterated their concerns regarding a democratic deficit being established. The Director of Public Health stated that they did not want the 'Core' Joint Sub-Committee to stop communicating with other Committees or to meet in private. She suggested they could circulate the papers for the Core Joint Sub-Committee to HWB Board Members for review. **(Action Required - Director of Public Health)**The Chairman agreed and stated it was an oscillating landscape but agreed that they should be as transparent as possible.

- An Elected Member expressed concerns regarding the quantity and clarity of the text found in the report. She commented that she believed that in the report reference should be made to the 'Core' Joint Sub-Committee 'picking up' the delegated functions of the 'Whole System' Joint Sub-Committee. The Director of Public Health stated the report was structured this way because of the legal guidance they had received.

- The Board's CCS representative commented that discussions should not be duplicated at different meetings across the system and encouraged the Board to move forward with the proposals and begin to plan the future agenda.

- The Chairman commented that he supported the proposals largely based on their proposed efficiency; he noted that the review would allow them to change the dynamics of the Joint Sub-Committees if required.

- The Vice-Chairwoman drew attention to the membership of other HWBs and queried why the Cambridgeshire HWB did not contain representation from the Police, Fire and other public services. The Director of Public Health agreed to take forward reviewing the membership of the Board.

  An Elected Member suggested that it was not appropriate for a review to be undertaken in 2021, and proposed that it should be should reviewed next year. In light of the discussion, the Chairman agreed that the review would be undertaken in 2020.

- The representative from CCS suggested thorough consideration was required regarding the membership of the new Joint Sub-Committees.

- The representative from NWAFT stated that he was supportive of the process presented in the report

- It was proposed by the representative from Healthwatch with the unanimous agreement of the Board that delegated authority of the Cambridgeshire HWB should keep under consideration the financial and organisational implications of joint and integrated working across health and social care be amended to include the impact on people's experience. The Director of Public Health informed the Board that the amendment would also have to be agreed by Peterborough's HWB.

- An Elected Member queried when the 'Whole System' Joint Sub-Committee would be reviewed and asked would the review include its effectiveness. The Director of Public Health stated that they could review it in 2020 after a year, and confirmed that the review would analyse the effectiveness of the Sub-Committee.

- The Executive Director, People and Communities stated that the authority already had joint working arrangements such as her role and the Director of Public Health. This had highlighted the benefits and effectiveness of joint working arrangements.

- The Vice Chair suggested that work needed to be undertaken to facilitate more integrated working arrangements.

- The Chairman thanked all officers involved in the production of the report. He requested that a review of the functioning and effectiveness of the Joint Sub-Committee be undertaken within one year. **(Action Required, Director of Public Health)**

It was resolved to:

a) Endorse the updated terms of reference of the Cambridgeshire Health and Wellbeing Board and the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising both Boards) and refer these to the Constitution and Ethics Committee for recommendation to Full Council

b) Endorse the proposed terms of reference for the new sub-committee of the Health and Wellbeing Boards, and refer this to the Constitution and Ethics Committee for recommendation to Full Council.

c) Review the function and effectiveness of the Joint Sub-Committees after one year

151. EAST CAMBRIDGESHIRE & FENLAND LIVING WELL PARTNERSHIP UPDATE

The Board received a report providing an update on the East Cambridgeshire & Fenland Living Well Partnership (LWP). The Environmental Manager at East Cambridgeshire District Council drew the Boards attention to the Background and Main Issues section of the report. The Head of Public Health Business Programmes drew the Boards attention to the Summary and Next Step section of the report.

In discussion:

- An Elected Member questioned whether the Board had an agreed approach for the further development of LWPs.

- An Elected Member commented that the Board needed more information to comment upon LWPs being used as a district based partnership. The Head of Public Health Business Programmes reiterated the fact that the landscape was changing. Until it was known what the Primary Care Networks, (PCNs) were going to look like, they could not predict the position they would be in to input into the LWPs. Officers commented further that there was value in working at a local district level but were unsure how it would operate with new LWPs engagement.

- The Vice-Chair stated that a contractual change was being undertaken by Primary Care to create Primary Care Networks (PCN). This was a change that required new infrastructure and to initiate a movement to promote a new way of working. She raised her concerns at the quantity of work given to these new PCNs. She stated that the PCNs were very important in the long term, however they were newly formed structures and therefore the Board should reflect on the fact that different PCNs would develop at different rates. She suggested presenting a report to the Board in eight months' time.

- The Executive Director: People and Communities stated that work was being undertaken in Cambridgeshire through the Communities & Partnership Committee regarding the infrastructure required to deliver a more placed based approach, in particular focusing on the 'Think Communities' initiative. She commented further that all partners in the systems agreed that a more placed based approach was required and drew attention to the role of the Board in taking the approach forward.

- The representative from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) suggested that the Board should review which structures were most effective to deliver care to specific communities. She noted that this could happen over the next year as the PCNs developed and 'Think Communities' established itself.

- The Chairman with agreement of the Board requested a report be brought back to the Board in the new year. (**Action Required, Democratic Services Officer Trainee).**The Director of Public Health commented that although it would be beneficial to bring the report back in the new year, if there were further developments within the LWPs then officers should have the endorsement to act so as not to hold back progress, and brief the Board as appropriate.

- The representative from the CCS commented that the Board should be supporting and empowering the LWPs to deliver on its six priorities and be less concerned

regarding the lack of representation from the PCNs on the LWP or the changing landscape of the system. The Environmental Manager suggested that they would have to review the Terms of Reference (TOR) of the LWP to make sure they are appropriate while moving forward.

It was resolved to:

Consider and comment on the content of the report

152. CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES PROGRESS REPORT

The Board received a report providing an update on the progress against its three agreed priorities for 2018/19. The Director of Public Health stated that the report collated the feedback from a number of different groups who were leading on different aspects of the priorities. Attention was drawn to the key issues relating to the three key priorities and the three appendices found within the report.

In discussion:

- The Chairman asked whether the Board could receive calendar invitations to future STP meetings. **(Action Required- Democratic Services Officer Trainee)**

- The Vice-Chair informed the Board that the all STP meetings were now held in public, the last meeting was very well attended but the venues had not yet been confirmed. .

- An Elected Member welcomed the paper. She commented that it would be interesting to see how the work on Fast Food Policy developed, and noted that this linked with the increase of litter and overall environmental health. She commented that it was positive to see 'active travel' being discussed.

- An Elected Member queried the changes made to the staffing structure by the Change, Grow, Live (CGL) service. The Director of Public Health commented that this had been a significant programme overseen by the Health Committee to recommission drug and alcohol services in order amalgamate the two services. The service provider had been changed to CGL, whose operating model had focused more on peer support for ex-users and recovery.

- An Elected Member asked how long it would take the changes made in response to Delayed Transfers of Care (DTOC) issues to become embedded in the normal culture of the system. The representative from the CPFT commented that a culture around the constant attention and review of DTOC was now embedded. She emphasised that strong leadership and joint working across system partners was needed. She informed the Board that the system is continuing to review the DTOC data and that the current processes being used were the most effective for current demand. She advised that DTOC would require constant attention.

- The Vice-Chair commented that the system needed to begin to change public expectations regarding hospital being the most appropriate place to receive

care. She suggested that funding for DTOC could be more effectively spent on expectation management.

- The Executive Director, People and Communities stated that the she believed that the HWB was set up to help challenge the concept of health and social care integration. She commented that although DTOC posed a challenge to the system discussions should now move away from DTOC and focus much more on how communities could help system users.

- The representative from Healthwatch commented that the results from the work on the NHS Long Term Plan had showed a willingness from communities to have conversations with officers earlier.

- The representative from CPFT suggested that placed based work should be performed to try and prevent people from being admitted to hospital, this work could be taken forward through the Integrated Communities that were placed around the PCNs. She believed that older people in communities would rather stay out of hospital. DTOCs could be avoided if hospital admissions were prevented.

- The representative from the NWAFT commented that further integration between primary and secondary care was required in order to tackle DTOCs. Further dialogue with the public was required also in order to manage expectations and better inform the public of the role of hospitals, patients and carers.

- The Vice-Chair informed the Board that there had been improvements in DTOC performance at both Cambridge University Hospital (CUH) and Peterborough City Hospital however, there remained issues at Hinchingbrooke Hospital.

It was resolved to:

Note and comment on the progress against the Cambridgeshire HWB priorities since the performance update provided in January 2019

153. CAMBRIDGESHIRE HEALTH AND WELLBENG BOARD FORWARD AGENDA PLAN

Members noted the revised Agenda Plan tabled at the meeting that included the new 'Core' and 'Whole System' Joint Sub-Committees following the Board's endorsement of the changes to the Board's Terms of Reference

154. DATE OF NEXT MEETING

10:00am, Thursday 28th November 2019, Kreis Viersen, Shire Hall, Cambridge

Chairman

HEALTH & WELLBEING BOARD ACTION LOG: May 2019

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting date: 31 January 2019		
Minute 125 **Health and Wellbeing Strategy- Renewing the Health and Wellbeing Strategy**	The Chairman asked officer whether the role of the voluntary sector in Peterborough's Health and Wellbeing Board could be addressed if Option B was selected. The Executive Director, People and Communities confirmed that she would address this issue. **Action: Wendi Ogle-Welbourn** **Update 25.03.19:** Wendi Ogle-Welbourn spoken to Leader of Peterborough City Council. Conversations to take place with Peterborough City Volunteer Centre and Hunts Forum. **Update 21.06.19:** Wendi Ogle-Welbourn had a meeting in June with PCC and PCVS **Update 08.01.20:** Democratic Services requested update from Wendi Ogle-Welbourn's Office **Update 13.01.20**: Helen Gregg informed Democratic Services that she would follow up action.	**In Progress**
Minute 126 **Cambridgeshire Health and Wellbeing Priorities: Progress Report**	The representative from NWAFT raised concerns regarding how they could improve the vacancy rates in the health and social care system. The Chairman agreed that the Board needed more information on the delivery and costs. He suggested the officers could bring the report back to the HWB as soon as possible and they could allocate more time to the item. **Action: Liz Robin** **Update 3.05.19:** The Cambridgeshire and Peterborough STP will be providing a report to Cambridgeshire Health Committee in July, on how it is working to address health and care	**Completed**

	workforce issues including vacancy rates. It is proposed that the STP report to Health Committee is circulated to HWB Board members to provide this information. **Update 23.09.19:** Circulated to HWB.	

Meeting date: 28 March 2019		
Minute 138 **Public Service Reform: Combined Authority Update**	An elected Member requested if the Terms of Reference (TOR) for the Independent Commission. The Director of Strategy and Assurance stated he would circulate the Independent Commission's TORs and membership list to the Board. **Action: Paul Raynes** **Update 09.01.20: Circulated to the Board.**	**Completed**
Meeting date: 30 May 2019		
Minute 148 **Scheme of Authorisations for Pharmacy Consolidation**	The Director of Public Health stated that in the event of an application being received she would circulate the draft response to the Board and invite comments. **Action: Liz Robin**	
Minute 150 **Proposal to Update the Terms of Reference for the Cambridgeshire Health and Wellbeing Board and to Create Further Joint Sub-Committee with Peterborough's Board.**	The Director of Public Health suggested they could circulate the papers for the Core Joint Sub-Committee to HWB Board Members for review **Action: Liz Robin**	**Completed**

Minute 150 **Proposal to Update the Terms of Reference for the Cambridgeshire Health and Wellbeing Board and to Create Further Joint Sub-Committee with Peterborough's Board.**	The Chairman requested that a review of the functioning and effectiveness of the Joint Sub-Committee be undertaken within a twelve month period. **Action: Liz Robin** **Update 08.01.2020:** Liz Robin to check with Councillor Hickford and Holdich whether this review will be taken separately by both Parent Boards or by the Whole System Joint Sub-Committee.	**Ongoing**
Minute 151 **East Cambridgeshire & Fenland Living Well Partnership Update**	The Chairman with agreement of the Board requested a report be brought back to the Board in the new year. **Action: James Veitch**	**Completed**
Minute 152 **Cambridgeshire Health and Wellbeing Priorities Progress Report.**	The Chairman asked whether the Board could receive calendar invitations to future STP meetings. **Action: James Veitch** **Update 25.07.2019 - Meeting invitations sent out**	**Completed**

Agenda Item No:5

CAMBRIDGESHIRE PHARMACEUTICAL NEEDS ASSESSMENT 2020: CONSULTATION REQUIREMENTS

To: **Cambridgeshire Health and Wellbeing Board**

Meeting Date: **30th January 2020**

From: **Iain Green - Senior Public Health Manager Environment and Planning**

Recommendations: **The Board is asked to:**

a) **Delegate authority to the Director of Public Health in consultation with the Chair and Vice Chair to approve the consultation draft of the Cambridgeshire Pharmaceutical Needs Assessment for public consultation.**

	Officer contact:		***Member contact:***
Name:	Iain Green	Names:	Councillor Roger Hickford
Post:	Senior Public Health Manager Environment and Planning	Post:	Chairman, Cambridgeshire Health and Wellbeing Board.
Email:	iain.green@cambridgeshire.gov.uk	Email:	Roger.hickford@cambridgeshire.gov.uk
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1.0 PURPOSE

1.1 The purpose of this paper request the Cambridgeshire Health and Wellbeing Board (HWB) to delegate to the Director of Public Health in consultation with the Chair and Vice Chair to approve the consultation draft of the Cambridgeshire Pharmaceutical Needs Assessment for public consultation.

2.0 Background

2.1 All HWBs have a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

2.2 The PNA has two key purposes:

- Firstly, it presents a summary of the number and distribution of pharmaceutical providers in Cambridgeshire and the access and services they provide in the context of local priorities. This information will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.

- Secondly, it provides an overview of locally commissioned services and potential future opportunities for pharmaceutical providers to contribute to improving the health and wellbeing of local residents. This can be used to inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

3.0 MAIN ISSUES

3.1 A PNA was undertaken for Cambridgeshire during June-December 2016 and published by the Board on 6th July 2017. The PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

3.2 Guidance from NHS England require each Health and Wellbeing Board "to publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment having published its first pharmaceutical needs assessment by 1st April 2015, therefore the next revised assessment needs to be published no later than July 2020.

3.3 The previous PNAs have been brought to the HWB Board for approval at the consultation stage seeking approval to consult the public and stakeholders on that version. Due to the restricted time available and the need to have a draft ready for consultation by mid-March 2020 it will not be possible to bring a consultation version of the PNA to the HWB Board for approval to consult. The final version of the Cambridgeshire PNA will be brought back to the board for approval at its July meeting.

Process for producing the Cambridgeshire PNA 2020

3.4 The development of the revised PNA for 2020 will be overseen by a multiagency steering group, with representation from the County Council, the Clinical Commissioning Group, Healthwatch, the Local Medical Committee (a corresponding member), the Local Pharmaceutical Committee and NHS England.

3.5 The statutory 60 day public consultation on a draft PNA report will be undertaken from mid-March 2020 to mid-May 2020. In the process of undertaking the PNA and the public consultation, the Steering group on behalf of the Cambridgeshire HWB will seek the views of a wide range of stakeholders including but not limited to the public sector and the third sector organisations working with children, older people, people with disabilities, people with long term conditions, community support groups, Homelessness organisations to identify issues that affect the commissioning of pharmaceutical services and how pharmaceutical providers can help to meet local health needs and priorities.

3.6 All pharmacies and dispensing GP practices in Cambridgeshire will be asked to complete a questionnaire describing their own service provision and their views on local pharmaceutical provision.

3.7 Posters to advertise the PNA Consultation to the general public will be sent to all community pharmacies, GP practices and local libraries. Respondents will be encouraged to complete the questionnaire online, although some paper copies with freepost envelopes will be available in these venues and additional paper copies can be requested from the Public Health department. Letters informing stakeholders of the PNA consultation and specifically inviting responses will be sent to neighbouring HWBs, Parish and Town Councils, District Councils, local MPs, local NHS providers, the Local Medical Committee and a wide range of voluntary sector organisations.

3.8 A range of views will be sought on the provision and accessibility of pharmacy services in Cambridgeshire, including any local intelligence on perceived gaps in provision particularly linked to new settlements.

3.9 The feedback gathered in the consultation will be used to review and revise the PNA and a final version will be presented to the Cambridgeshire Health and Wellbeing Board in July 2020 for formal adoption.

3.10 As the Health and Wellbeing Board will not be meeting at a suitable time to comment or agree the draft of the Cambridgeshire PNA for consultation an advance draft will be circulated to board members for comment prior to the formal consultation, and the decision to approve the draft for consultation will rest with the Director of Public Health with Chair and Vice Chair.

4 LINKS TO HEALTH AND WELLBEING STRATEGY PRIORITIES

4.1 The PNA for Cambridgeshire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are

described in the Cambridgeshire Joint Strategic Needs Assessment (JSNA). The PNA does not duplicate these detailed descriptions, and should be read alongside the JSNA.

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 IMPLICATIONS

5.1 The Health and Wellbeing Board has a statutory responsibility to publish and keep up to date a PNA for its area. The PNA is used by NHS England when making decisions on applications to open new pharmacies or make changes to their existing regulatory requirements. Any decisions made by NHS England based on the PNA may be appealed and challenged via the courts; it is therefore important that PNAs comply with regulations and that mechanisms are established to keep the PNA up to date.

5.2 The final PNA document will be reviewed by the CCC legal team before it is published, to ensure that the PNA complies with regulations.

6 SOURCES

Source Documents	Location
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.	http://www.legislation.gov.uk/uksi/2013/349/contents/made
The Cambridgeshire Pharmaceutical Needs Assessment 2017	https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/Cambridgeshire-Pharmaceutical-Needs-Assessment-2017-FULL-DRAFT-REPORT-FOR-CONSULTATION-v2_0.pdf

Agenda Item No:6

ANNUAL PUBLIC HEALTH REPORT 2019

To:	**Cambridgeshire Health and Wellbeing Board**
Meeting Date:	**30th January 2020**
From:	**Dr Liz Robin - Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not Applicable** *Key Decision:* **No**
Purpose:	**To present the Annual Public Health Report for Cambridgeshire 2019 to the Health and Wellbeing Board**
Recommendation:	**The Cambridgeshire Health and Wellbeing Board is asked to discuss and comment on the findings of Cambridgeshire Annual Public Health Report 2019**

	Officer contact:		***Member contacts:***
Name:	Dr Liz Robin	Names:	Councillor Roger Hickford
Post:	Director of Public Health	Post:	Chairman, Cambridgeshire Health and Wellbeing Board
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Roger.Hickford@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398

1. BACKGROUND

1.1 The Health and Social Care Act (2012) includes a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people.

Previous Annual Public Health Report for Cambridgeshire (2018)

1.2 The previous APHR (2018) focussed on two specific themes:

- Achieving the 'Best start in life' for babies and young children in Cambridgeshire, and reviewing some key factors which affect health and development up to the age of five.
- The international Global Burden of Disease study (GBD), which for the first time (funded by Public Health England) had provided an analysis of health and disease at English local authority level. The GBD emphasised the importance of smoking as an ongoing cause of premature deaths, and the importance of poor diet and high body mass index as a cause of both premature deaths and of disabling health conditions, with associated use of health and care services.

1.3 The APHR (2018) also made the following two recommendations:

- The recent Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough provided a range of recommendations to support outcomes for children in their early years and reduce inequalities in school readiness, and these recommendations should be taken forward.
- The Global Burden of Disease study emphasised the importance of smoking and tobacco as a cause of premature death in Cambridgeshire, but with the exception of Fenland, progress in reducing smoking rates across the county has slowed. A new multi-agency strategy and action plan to address smoking rates in Cambridgeshire should be developed.

1.4 Both of these recommendations have been followed:

- The Early Years Social Mobility Peer Review findings for Cambridgeshire and Peterborough have been taken forward through developing a multi-agency 'Best Start in Life' Strategy, which will be used to test new ways of working and service models. This is available on Best Start in LIfe Strategy.
- The multi-agency Cambridgeshire and Peterborough Tobacco Alliance have developed a draft Smoking and Tobacco Strategy and Action Plan including campaigns, a focus on pathways into services to support pregnant smokers to quit, and joint work with primary care in areas with the highest smoking rates.

2. MAIN ISSUES

Cambridgeshire Annual Public Health Report 2019

2.1 This year's APHR 2019 (Annex A) focusses on the following issues

- The new Index of Deprivation IoD (2019), which reviews the social, economic and environmental circumstances of communities across England, and has just been updated for the first time in four years. The IoD (2019) scores a range of indicators for all geographical areas in England, to provide a deprivation ranking from the most to the least deprived. Because there is a very close relationship between social and economic deprivation and poor health, information in the IoD (2019) is key to understanding the health and wellbeing of Cambridgeshire residents.
- An update on recent trends in the lifestyles and health behaviours of local residents, which are likely to impact on future health and wellbeing
- A brief review of key health outcomes, with a focus on mental health and life expectancy.

2.2 Based on these findings, the APHR 2019 recommends two key areas for ongoing focus over the coming year

2.2.1 **Continuing action to address health inequalities in Fenland**:
The Index of Deprivation (2019) ranks Fenland in the 20% most deprived local authorities nationally for health and disability deprivation. Health inequalities in Fenland require ongoing focus from all organisations concerned with health and wellbeing, with clear measures to address and monitor both the root causes of health inequalities in the area, and the increased needs for health and care services associated with this. Ongoing action is needed to tackle those health outcomes for adults where Fenland does worse than the national average, and to ensure that the more positive picture of early health outcomes for Fenland's children, continues into later life.

2.2.2 **Taking a place- based approach to health and its determinants** Key health, wellbeing and deprivation issues show wide variation across neighbourhoods and communities in Cambridgeshire. The priority issue for one community may be addressing geographical barriers to accessing services, in another it may be low incomes and high rates of disability, and in another addressing aspects of the living environment such as air quality. This emphasises the importance of the 'Think Communities' place based approach to public service delivery – through which public sector organisations work together with communities to understand their issues, to build on the assets within each neighbourhood, and to solve problems jointly with residents.

3. ALIGNMENT WITH CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY PRIORITIES

The Annual Public Health Report (2019) provides information relevant to all six of the Cambridgeshire Health and Wellbeing Strategy priorities:

Priority1: Ensure a positive start to life for children, young people and their families.

Priority 2: Support older people to be independent, safe and well.
Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
Priority 5: Create a sustainable environment in which communities can flourish.
Priority 6: Work together effectively.

Source Documents	**Location**
Annual Public Health Report (2018)	http://cambridgeshireinsight.org.uk/health/aphr

Cambridgeshire County Council

CAMBRIDGESHIRE'S

ANNUAL PUBLIC HEALTH REPORT

2019

TABLE OF CONTENTS

INTRODUCTION

When Annual Public Health Reports were first produced in the nineteenth century by local authority Medical Officers of Health, they were the main source of available information about health statistics in the local area. This is no longer the case - as detailed and frequently updated health statistics are available on the internet, both for Cambridgeshire and nationally.

Over the past year, Cambridgeshire County Council and Peterborough City County Council have worked together on the website Cambridgeshire Insight https://cambridgeshireinsight.org.uk/, which now holds a wealth of up to date information about the health and wellbeing of Cambridgeshire residents. Annex A of this report provides more details about the information available.

This Annual Director of Public Health Report (2019) focusses on a small number of topics where new information has become available in the past year. The first is the new Index of Deprivation IoD (2019), which reviews the social, economic and environmental circumstances of communities across England, and has just been updated for the first time in four years. The IoD (2019) scores a range of indicators for all geographical areas in England, to provide a deprivation ranking from the most to the least deprived. Because there is a very close relationship between social and economic deprivation and poor health, information in the IoD (2019) is key to understanding the health and wellbeing of Cambridgeshire residents.

The second focus of the report will be to provide an update on recent trends in the lifestyles and health behaviours of local residents, which are likely to impact on future health and wellbeing. d

Finally, the Report will review trends for some key health outcomes, and will make a small number of recommendations for issues to focus on in the coming year.

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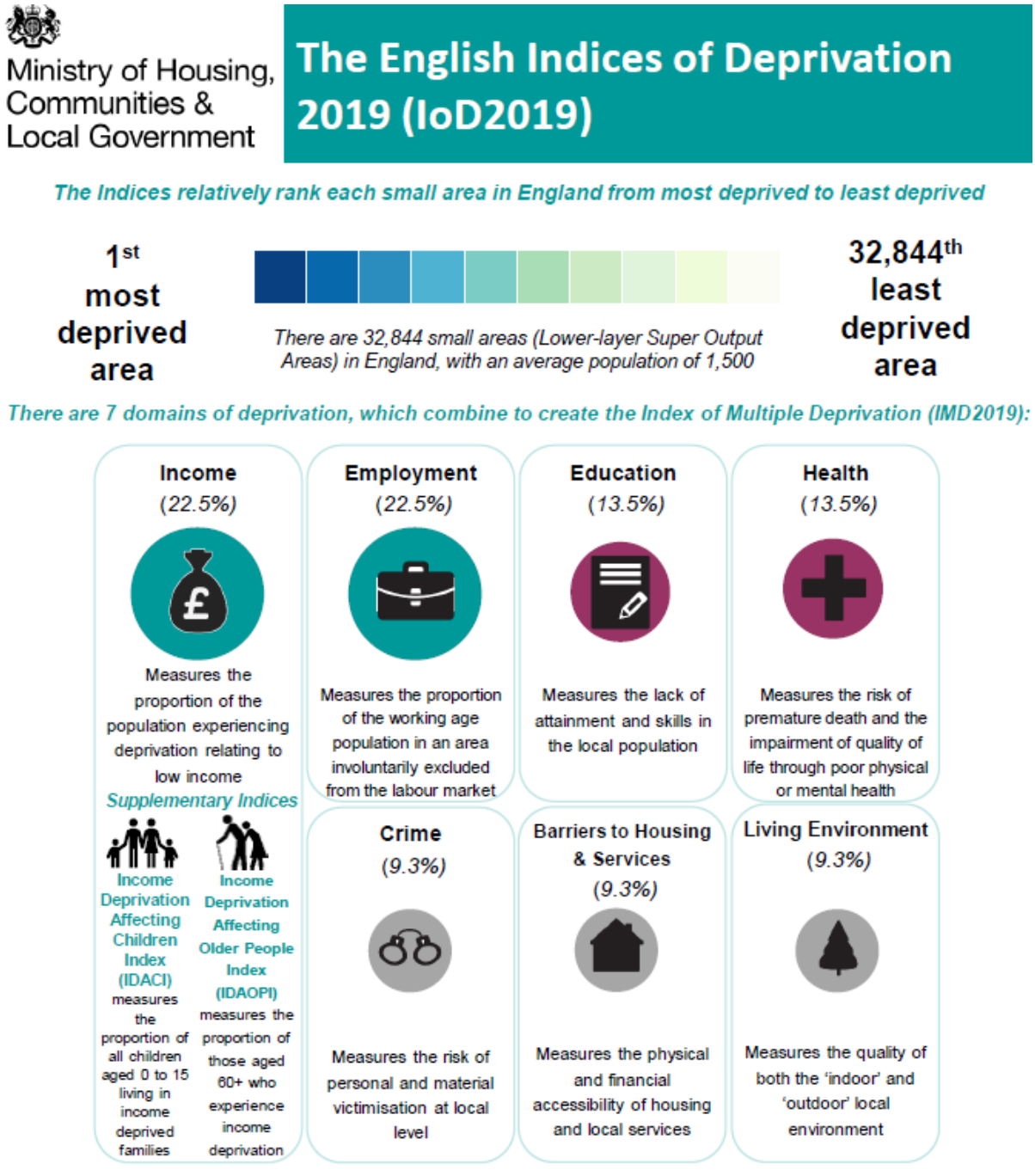
Dr Liz Robin
Director of Public Health
Cambridgeshire County Council

SECTION 1: HEALTH DETERMINANTS AND THE INDEX OF DEPRIVATION 2019

People's health outcomes are closely linked with their social and economic circumstances. The latest Index of Deprivation (IoD) 2019 provides nationally benchmarked information on key social and economic factors, as outlined in the infographic below. The overall IoD score for an area is correlated with health outcomes such as life expectancy, which is lower in more deprived areas. Residents of more deprived areas are also more likely to have long term illness or become depressed.

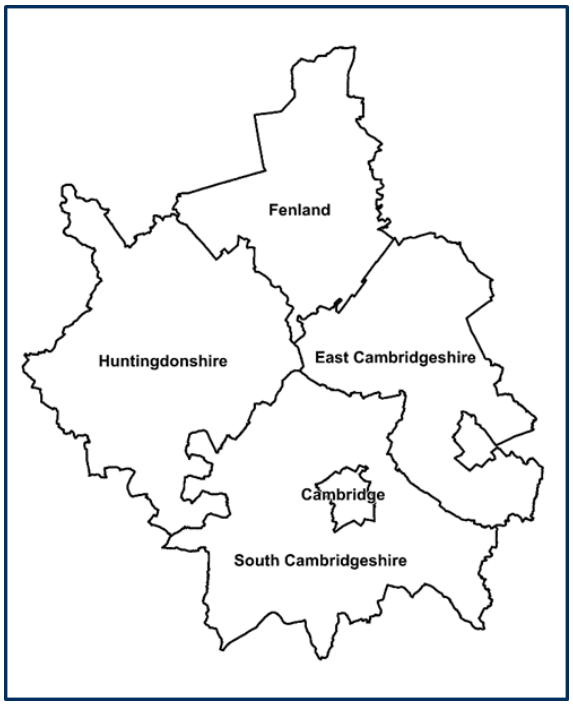


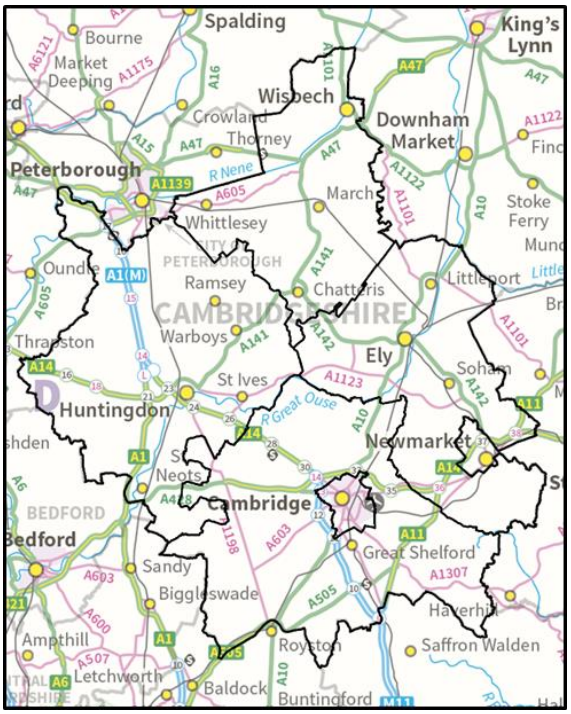
1.1 Cambridgeshire and Districts: Overall Index of Deprivation (2019) rank

The IoD (2019) is calculated for lower super output areas (LSOAs) with about 1,500 residents each. These LSOA scores can be grouped together to give an overall deprivation ranking for a local authority. When the rank of the average IoD (2019) score for Cambridgeshire is calculated in this way, Cambridgeshire ranks 132nd least deprived out of 151 upper tier (County and Unitary) local authorities in England. This puts Cambridgeshire into the least deprived 10-20% of upper tier local authorities nationally.

Cambridgeshire County Council contains five District/City Councils as shown on the map below.

Map of Cambridgeshire Local Authority districts and major market towns



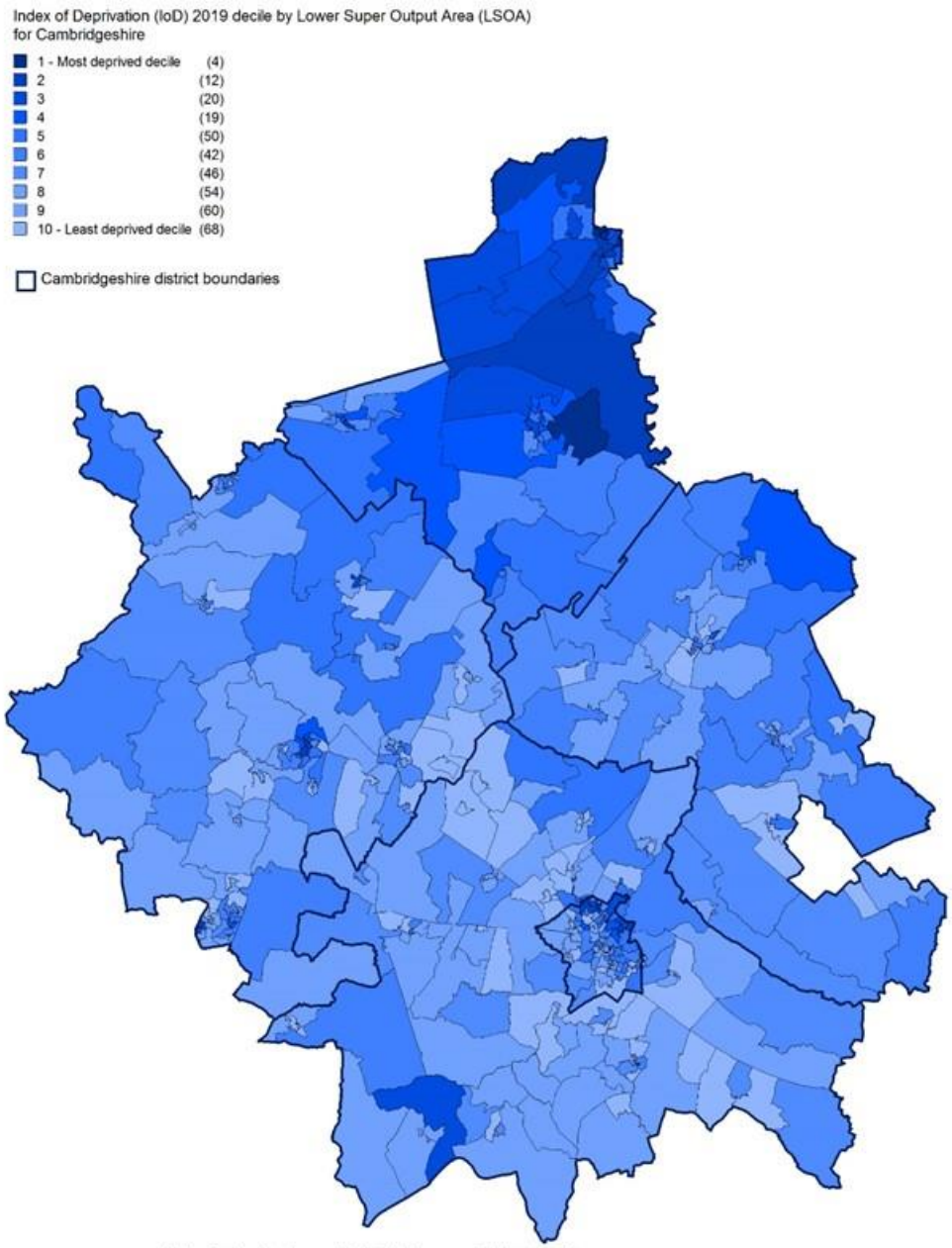


Each District/City Council can also be given an IoD (2019) 'average score' ranking out of the 317 lower tier (Unitary and District) councils in England. Rank 1 is the most deprived and rank 317 the least deprived. There is local variation between the different District/City Council rankings – in particular, Fenland continues to rank as more deprived than other areas in Cambridgeshire and is in the most deprived 20-30% of local authorities in England.

Cambridge City	Rank 210: in the least deprived 30-40% of LAs nationally
East Cambridgeshire	Rank 272: in the least deprived 10-20% of LAs nationally
Fenland	Rank 80: in the **most** deprived 20-30% of LAs nationally
Huntingdonshire	Rank 248: in the least deprived 20-30% of LAs nationally
South Cambridgeshire	Rank 301: in the least deprived 10% of LAs nationally

When deprivation scores are mapped across Cambridgeshire by Lower Super Output Area (neighbourhoods of about 1500 residents), it's clear that while deprivation generally increases moving north in the county and is highest in Fenland, there are internal variations in deprivation between neighbourhoods within each district – with some areas of high deprivation in Cambridge City, Huntingdon and other parts of the county.

Cambridgeshire Lower Super Output Areas – Index of Deprivation 2019

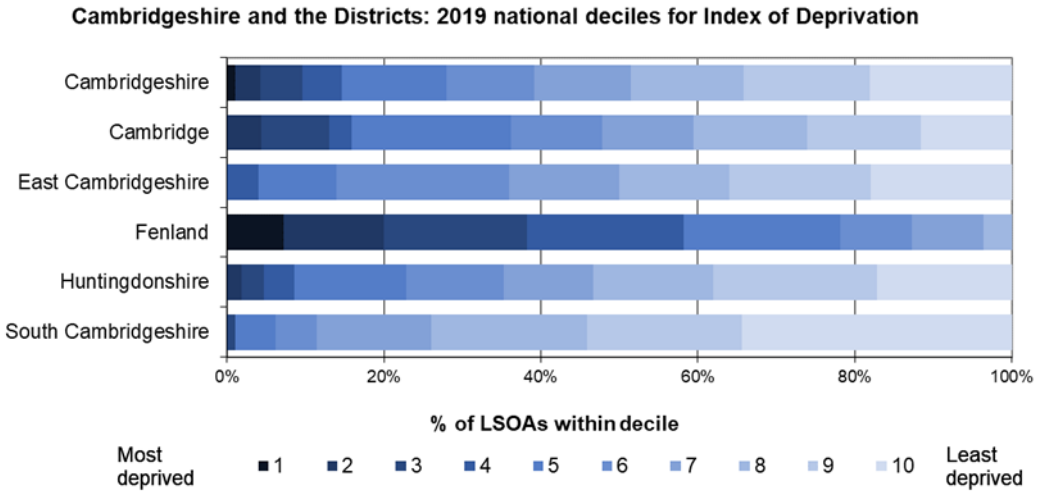


Note: Darker blue is used to highlight areas of high deprivation
Source: Index of multiple deprivation (IMD) 2019, Ministry of Housing, Communities & Local Government

Index of Deprivation (2019) DNA Charts

An alternative way of presenting the information shown on the map is called a 'DNA chart'. Instead of plotting each Lower Super Output Area (LSOA) onto the geographical map of an area, the LSOA neighbourhoods from that area, are lined up in IoD (2019) rank order, and colour coded by the national decile (10% banding) in which they fall. The national DNA chart would have ten colour coded bands of equal size (10% each).

The chart below shows the same information as the map on the previous page for Cambridgeshire and for each of its District/City Council areas. It shows that Fenland has many neighbourhoods in the more deprived IoD 2019 deciles (darker coloured), while most of South Cambridgeshire's neighbourhoods are in less deprived (lighter coloured) deciles.

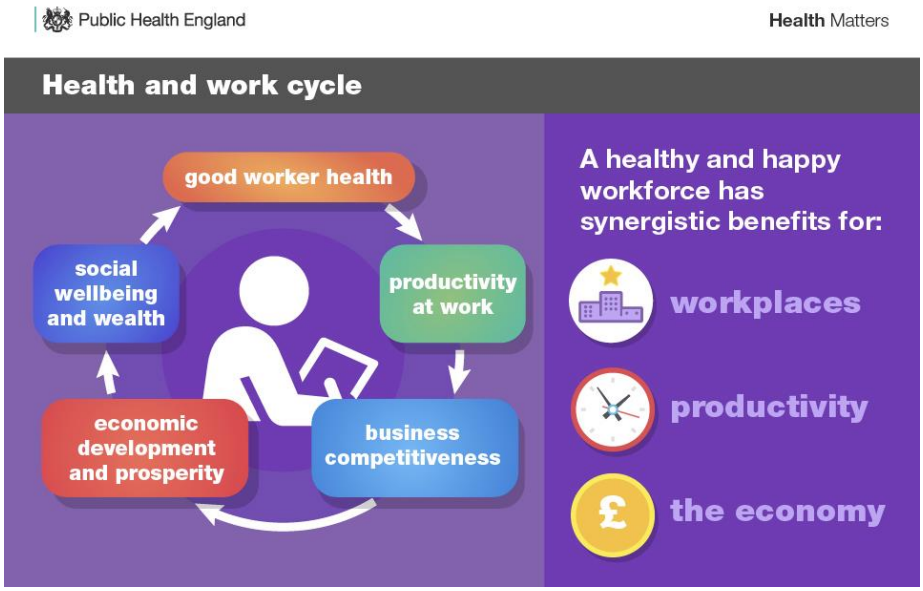


In the following sections, DNA charts for Cambridgeshire and its districts will be presented for each of the individual domains of the Index of Deprivation (2019). If you are interested in seeing the information presented on a geographical map, this can be accessed on Maps of IoD 2019

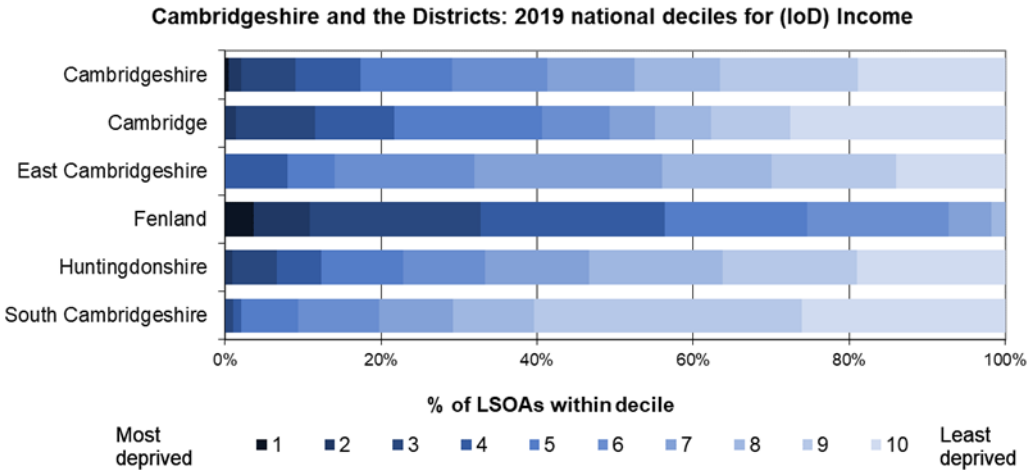
1.2. Income and Employment Deprivation

Income and employment are the two most significant domains in the IoD (2019) making up 45% of the total scoring. The 'Income' domain measures the proportion of the population experiencing deprivation relating to low income, and the employment domain measures the proportion of people excluded from the labour market. For deprivation related to low income, Cambridgeshire ranks 132nd least deprived out of 151 upper tier local authorities and for deprivation related to exclusion from the labour market, Cambridgeshire ranks as 135th least deprived. This means that for both income and employment deprivation, Cambridgeshire is in the 10-20% least deprived local authorities nationally.

For an individual, employment is one of the most important determinants of physical and mental health; the long-term unemployed have a lower life expectancy and worse health than those in work. An adequate income helps individuals and families to live a healthy lifestyle – including being able to afford a varied diet with good levels of fruit and vegetables and keeping their homes warm in winter.

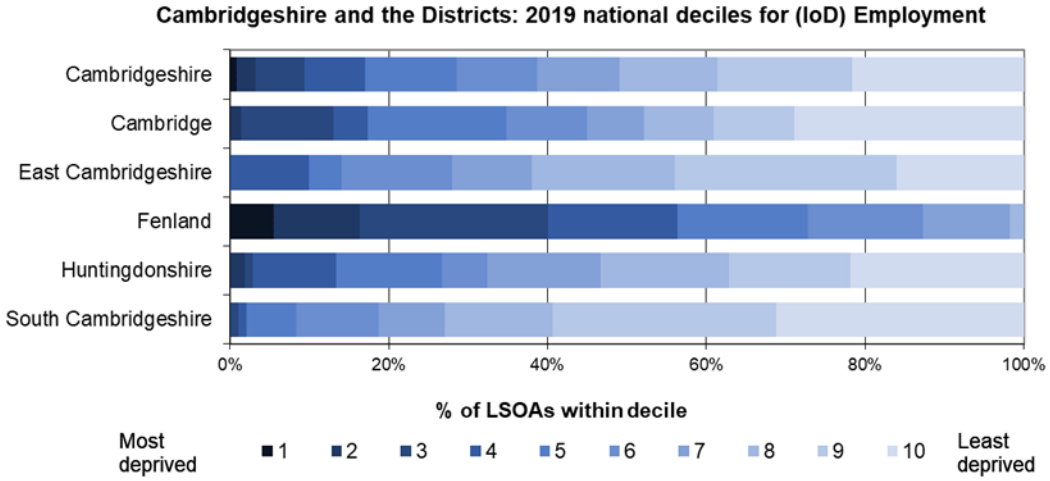


What the Cambridgeshire DNA chart for Income Deprivation, below, shows is that in spite of the very positive picture overall, there is wide variation between neighbourhoods, in respect of deprivation related to low income. It is clear that a higher proportion of neighbourhoods in Fenland experience relatively low incomes - with two LSOAs in Wisbech in the most deprived 10% in England. In contrast, around a quarter of LSOAs in South Cambridgeshire are in the least deprived 10% nationally. Between these extremes there is quite wide internal variation within all Cambridgeshire districts, for income deprivation.



Source: MHCLG

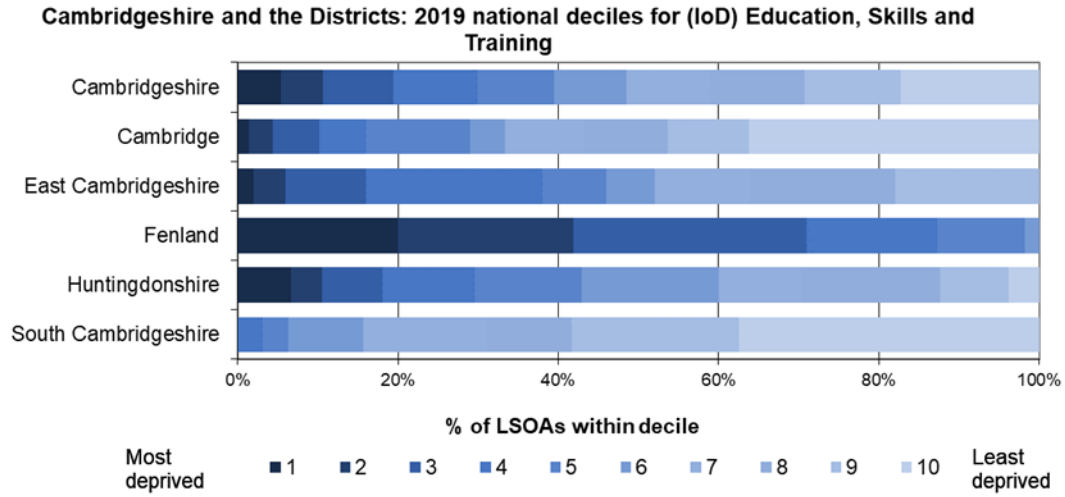
The picture of Employment Deprivation related to exclusion from the labour market is similar, with a positive picture overall, but marked differences between Fenland and the rest of Cambridgeshire, and between neighbourhoods within District/City Council areas.



Source: MHCLG

1.3 Education, training and skills deprivation

The Education, Training and Skills domain makes up 13.5% of the total IMD (2019) score. It measures the lack of educational attainment and skills in a population. Cambridgeshire ranks 112th out of 151 upper tier local authorities in England for Education, Training and Skills deprivation, placing it in the 20-30% least deprived decile. While this is still positive overall, over 5% of LSOAs in Cambridgeshire are in the most deprived 10% nationally.

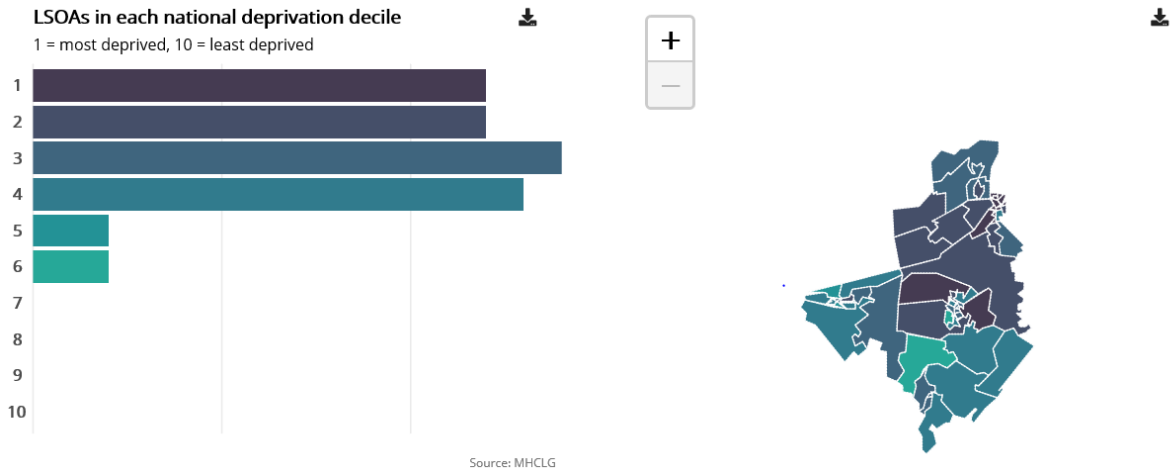


Source: MHCLG

The Cambridgeshire DNA chart shows that lack of education and skills is a particular issue for the Fenland population, but in all districts, apart from South Cambridgeshire, there is one or more LSOAs in the most deprived 10% nationally for this measure. Low

educational attainment is linked with poorer health in later life. It means a significant number of local residents will find it more difficult to access, understand and act on information which would help them to stay healthy, and to manage their illnesses.

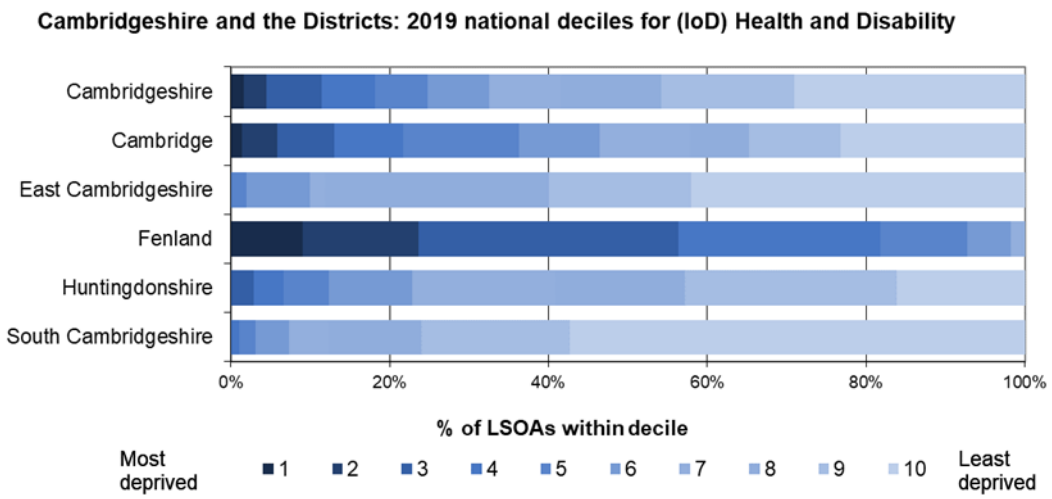
More detail about Education, Training and Skills deprivation in Fenland is given in the chart and map of Fenland below. This shows that over a fifth of neighbourhoods in Fenland are in the most deprived 10% nationally for education and skills, and none are in the least deprived 40%. Overall, Fenland ranks in the 3% most deprived District/Unitary Councils nationally for this measure. This means that healthcare organisations in the area need to provide patient information and education materials that can be understood by residents at all educational levels.



1.4 Health and disability deprivation

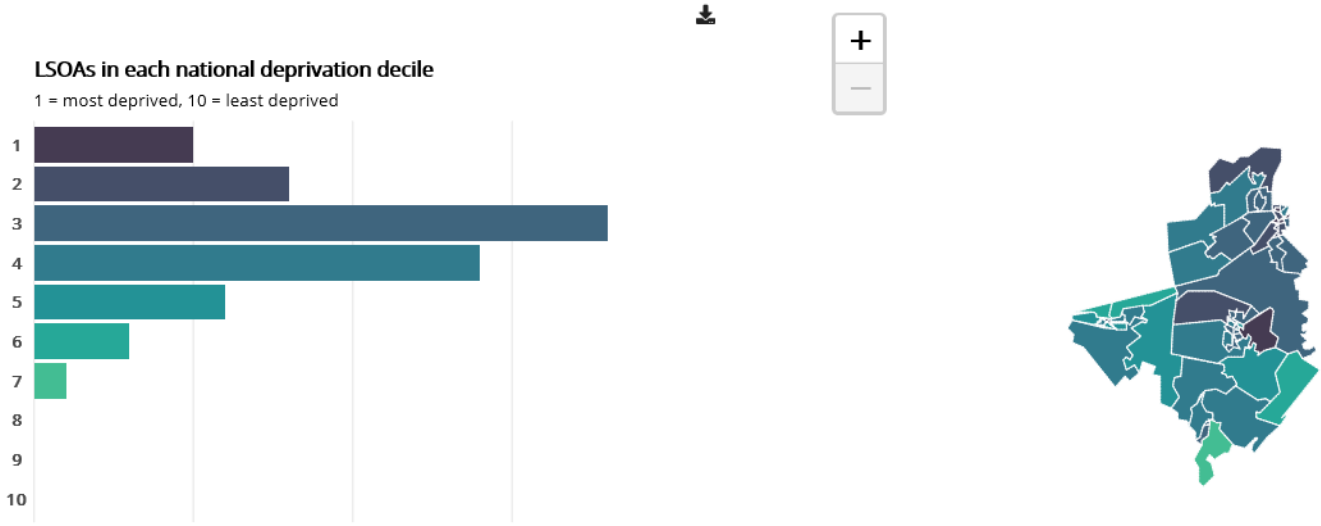
The IoD (2019) Health and Disability domain makes up 13.5% of the total IoD (2019) score. It measures the risk of premature death and the impairment of quality of life through poor physical or mental health. Cambridgeshire ranks 127th out of 151 upper tier local authorities in England, placing it in the 10-20% least deprived decile nationally.

The Cambridgeshire DNA chart for Health and Disability deprivation shows wide variation between districts – with no LSOAs in either South or East Cambridgeshire in the most deprived 30% nationally, while more than half of Fenland LSOAs are in the most deprived 30%.



Source: MHCLG

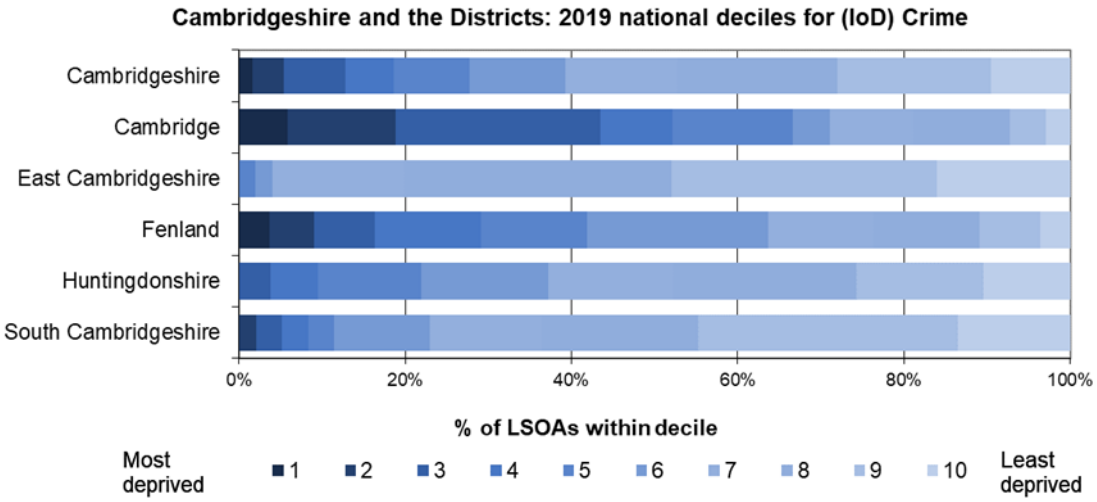
Overall, Fenland ranks 61st out of 317 District/Unitary local authorities in England for Health and Disability deprivation, placing it in the 10-20% most deprived areas for this measure. More detail is given in the chart and map of Fenland below.



Source: MHCLG

1.5 Crime deprivation

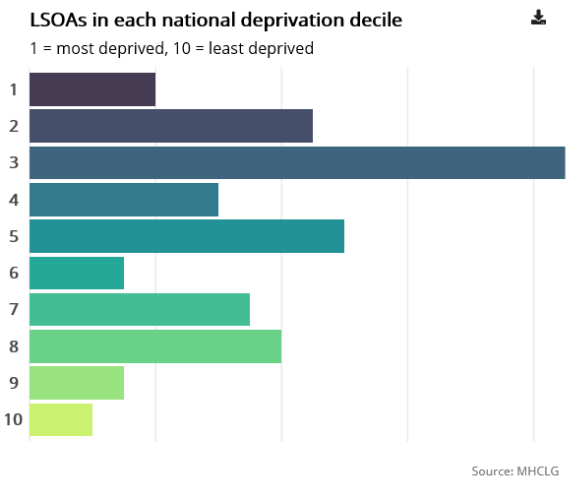
The IoD (2019) Crime domain makes up 9.3% of the total IoD (2019) score. It measures the risk of personal and material victimisation at the local level. Cambridgeshire ranks 124th out of 151 upper tier local authorities in England for the Crime domain, meaning that it is in the 10-20% least deprived nationally.

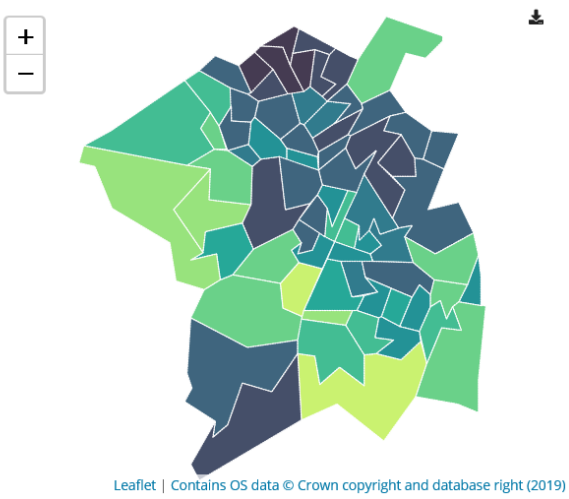


Source: MHCLG

In contract to the deprivation measures looked at so far, for which Fenland was the most deprived area in the county, Cambridge City has the highest levels of crime related deprivation, with four LSOAs in the 10% most deprived nationally, compared with two in Fenland. East Cambridgeshire has the lowest levels of crime related deprivation with no LSOAs in the most deprived 40% nationally.

Crime deprivation in Cambridge City



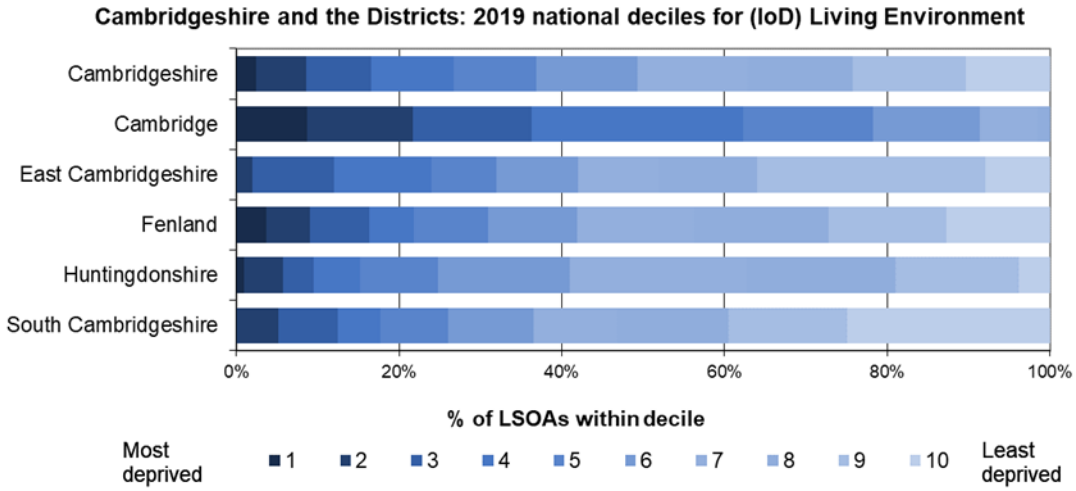


1.6 Living Environment deprivation

The IoD (2019) Living Environment domain makes up 9.3% of the total IoD (2019) score. It measures the quality of both the 'indoor' and 'outdoor' local environment, both of which are important for healthy living. Cambridgeshire scores 106th out of 151 upper tier local authorities in England, placing it in the 20-30% least deprived decile.

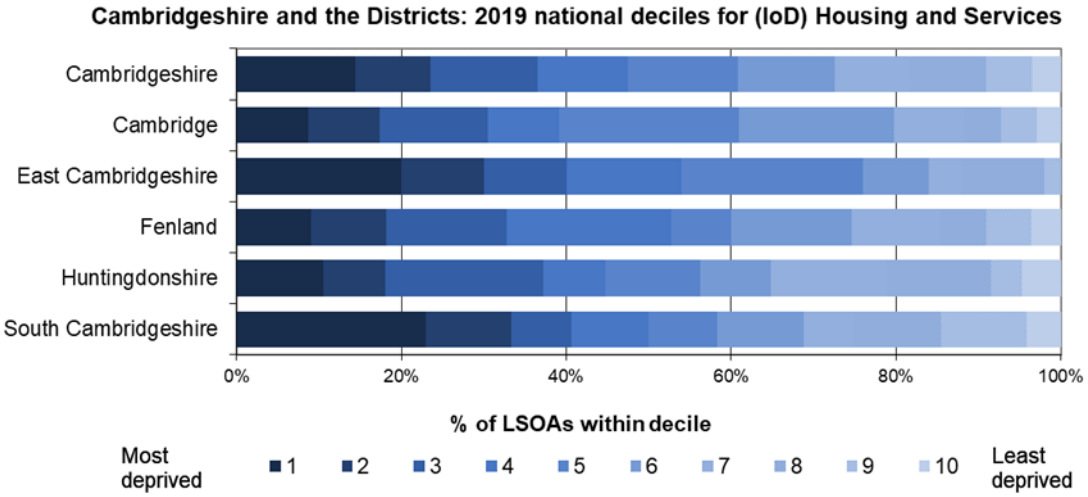
The Cambridgeshire DNA chart shows that Cambridge City scores worse on this domain, with 6 LSOAs in the 10% most deprived nationally. Overall, Cambridge City

scores 56th of 317 District/Unitary authorities nationally, which means it is in the 10-20% most deprived local authority decile for living environment deprivation.



1.7 Barriers to housing and services

The IoD (2019) Barriers to Housing and Services domain makes up 9.3% of the total IoD (2019) score. It measures the physical and financial accessibility of housing and local services. Cambridgeshire ranks 44th out of 151 upper tier authorities for this domain, placing it in the 20-30% most deprived local authorities. The rural areas of East Cambridgeshire and South Cambridgeshire have the highest levels of deprivation for this measure, with East Cambridgeshire ranking in the 10-20% most deprived local authorities nationally.



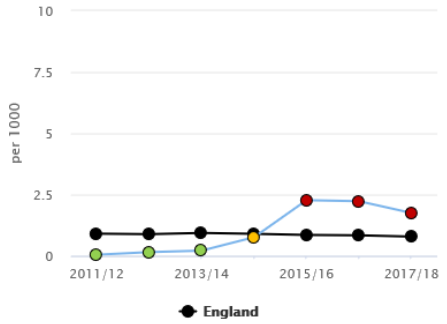
Source: MHCLG

1.8 Homelessness and Rough Sleeping

The high rates of population growth and increase in house prices are well documented in Cambridgeshire, and particularly in Cambridge City. While the numbers of households placed in temporary accommodation have remained better than the national average in the County, there have been above average numbers of statutorily homeless households not in priority need in Cambridge City since 2015/16 as shown in the chart below.

1.15i - Statutory homelessness - Eligible homeless people not in priority need Cambridge — Crude rate - per 1000

Export chart as image | Show confidence intervals | Export table as CSV file



Recent trend:

Period		Cambridge				East of England region	England
		Count	Value	Lower CI	Upper CI		
2011/12		2	0.0	0.0	0.2	0.5	0.9
2012/13		7	0.2	0.1	0.3	0.4*	0.9
2013/14		10	0.2	0.1	0.4	0.5	0.9
2014/15		36	0.8	0.5	1.1	0.4	0.9
2015/16		108	2.3	1.9	2.7	0.6*	0.9
2016/17		111	2.2	1.8	2.7	0.7*	0.8
2017/18		88	1.8	1.4	2.2	0.6	0.8

Source: Ministry of Housing, Communities & Local Government

Numbers of rough sleepers also increased in Cambridge City between 2010 and 2016, although with some decrease between 2016 and 2018; while numbers of rough sleepers in Fenland showed a rapid increase between 2017 and 2018.

Number of people sleeping rough in Cambridgeshire and the Districts, 2010-2018

Area	2010	2011	2012	2013	2014	2015	2016	2017	2018
Cambridge	6	12	20	9	10	18	40	26	27
East Cambridgeshire	<5	<5	<5	<5	<5	<5	<5	<5	<5
Fenland	11	7	8	10	7	6	7	9	23
Huntingdonshire	<5	<5	<5	<5	<5	<5	<5	<5	<5
South Cambridgeshire	<5	<5	<5	<5	<5	<5	<5	<5	<5
Cambridgeshire	21	26	33	24	22	27	54	45	56

SECTION 2: TRENDS IN LIFESTYLE AND HEALTH BEHAVIOURS

2.1 The best start in life

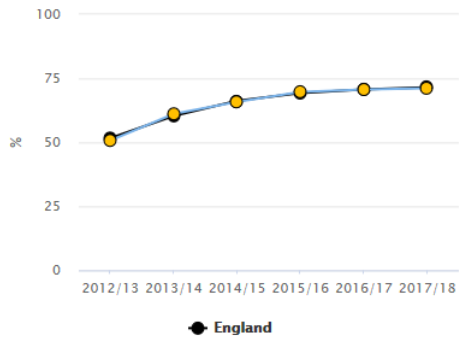
The Annual Public Health Report (2018) looked in detail at the health of Cambridgeshire's children from pre-birth to age 5.

Cambridgeshire Annual Public Health Report 2018

2.1.1 Early childhood development and 'school readiness'

While the health of Cambridgeshire's children was generally good, the main area of concern was early childhood development and school readiness for children in disadvantaged circumstances eligible for free school meals. If children aren't ready to thrive at school, this can affect their future educational attainment and life chances, including longer term health outcomes. The latest results for children in Cambridgeshire show that inequalities in school readiness continue to be of concern.

School readiness at age 5 – all Cambridgeshire pupils, 2012/13 – 2017/18



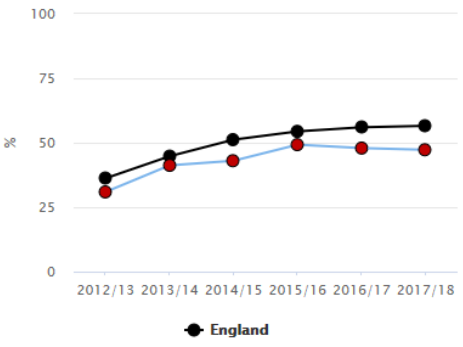
Recent trend: ↑

Period		Cambridgeshire Count	Value	Lower CI	Upper CI	East of England region	England
2012/13	●	3,615	50.8%	49.6%	51.9%	51.8%	51.7%
2013/14	●	4,424	61.2%	60.0%	62.3%	60.9%	60.4%
2014/15	●	4,805	65.8%	64.8%	66.9%	66.6%	66.3%
2015/16	●	5,280	69.7%	68.7%	70.7%	69.7%	69.3%
2016/17	●	5,394	70.7%	69.6%	71.7%	71.4%	70.7%
2017/18	●	5,228	71.2%	70.1%	72.2%	72.1%	71.5%

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Source: Department for Education

School readiness at age 5 –Cambridgeshire pupils with free school meal status, 2012/13 – 2017/18



Recent trend: ↑

Period		Cambridgeshire Count	Value	Lower CI	Upper CI	East of England region	England
2012/13	●	262	30.9%	27.9%	34.1%	34.6%	36.2%
2013/14	●	329	41.2%	37.9%	44.7%	44.1%	44.8%
2014/15	●	302	43.0%	39.4%	46.7%	50.1%	51.2%
2015/16	●	364	49.3%	45.7%	52.9%	53.5%	54.4%
2016/17	●	429	47.9%	44.7%	51.2%	55.4%	56.0%
2017/18	●	364	47.3%	43.8%	50.8%	55.4%	56.6%

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

Source: Department for Education

2.1.2 Smoking in pregnancy

Another area of concern in the 2018 Annual Public Health Report was the high rates of smoking in pregnancy for mothers in Wisbech and surrounding areas, who use maternity services at Queen Elizabeth hospital. Figures for 2018/19 show that this remains an issue with nearly a quarter of mothers in this area smoking up until the birth of their baby. This compares with around one in fifteen mothers, for mothers using the Rosie Maternity Unit in Cambridge.

Smoking at time of delivery percentages, Cambridgeshire & Peterborough Maternity Units, April 2018 – March 2019

Maternity Unit	Main area served (Cambridgeshire & Peterborough patients only)	Percentage of women smoking at time of delivery Apr 2018-Mar 19
Rosie Maternity Unit Cambridge	Cambridge City, South Cambridgeshire, East Cambridgeshire	6.5%
Hinchingbrooke Hospital Maternity Unit	Huntingdonshire, South Fenland	10.0%
Peterborough City Hospital Maternity Unit	Peterborough, central and western parts of Fenland	13.2%
Queen Elizabeth Hospital, Kings Lynn	North Fenland (Wisbech area)	23.3%

Source: Cambridgeshire & Peterborough Clinical Commissioning Group

2.1.3 Childhood immunisations

Childhood immunisations are an important way to protect children and adults against potentially life threatening infectious disease. The childhood immunisation programme in England is delivered by GP practices. The national benchmark is for at least 90% (preferably 95%) of children to be vaccinated, and this helps to protect all children by reducing the risk a disease will spread. The table below shows that, in general, immunisation rates in Cambridgeshire are above both the national average and the 90% benchmark, showing an improving trend in recent years, from a position which was worse than national averages. However, the percentage of children who have had two doses of MMR (measles, mumps and rubella) vaccine at age five remains of concern, at below the 90% benchmark. In addition, the generally positive trends for immunisation rates over the past five years in Cambridgeshire shown in the table below, mask a very recent downturn in immunisation uptake between 2017/18 and 2018/19.

Childhood Immunisation Summary, Cambridgeshire & England 2018/19

Indicator	Cambridgeshire	England		England Trend
Dtap/IPV/Hib (1 year old)	93.6%	92.1%	No Change	Getting Worse
Dtap/IPV/Hib (2 years old)	95.2%	94.2%	Getting Better	Getting Worse
PCV	94.3%	92.8%	Getting Better	Getting Worse
PCV Booster	92.2%	90.2%	Getting Better	Getting Worse
MMR for one dose (2 years old)	92.0%	90.3%	Getting Better	Getting Worse
MMR for one dose (5 years old)	95.2%	94.5%	Getting Better	Getting Better
MMR for two doses (5 years old)	86.7%	86.4%	Getting Better	Getting Worse
Flu (2-3 years old)	56.4%	44.9%	Getting Better	Getting Better
Hib/MenC booster (2 years old)	92.1%	90.4%	Getting Better	

Below benchmark goal	Meets benchmark goal	Above benchmark goal

Source: Public Health England

2.2 Risk factors and health behaviours

The Annual Public Health Report 2018 identified that for Cambridgeshire residents.

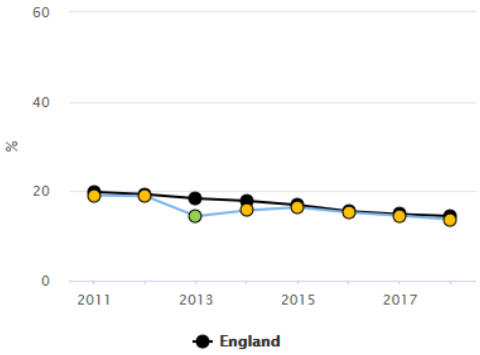
- About 15% (one in six) of years of life lost for Cambridgeshire residents in 2016 can be attributed to smoking.
- Over 10% (one in ten) years of life lost can be attributed to dietary risks, over 10% to high blood pressure and over 10% to drug and alcohol use.

Cambridgeshire Annual Public Health Report 2018

2.2.1 Smoking

As outlined above, smoking is the most significant risk behaviour for premature death for Cambridgeshire residents, with about one in six years of life lost prematurely resulting from smoking. Trends in the percentage of adults who smoke in Cambridgeshire follow the national average, which is falling gradually, and smoking rates in all Cambridgeshire District/City Council areas are also similar to average.

Smoking prevalence in adults (18+), Cambridgeshire trend, 2011 - 2018

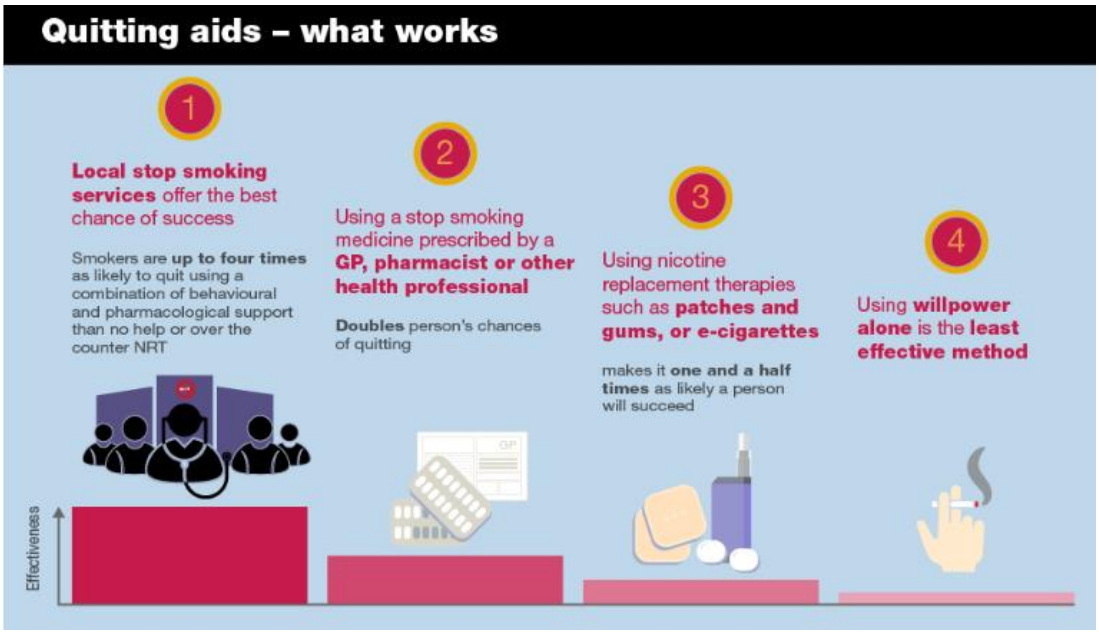


Recent trend: –

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2011	●	94,207	19.1%	16.5%	21.6%	19.3%	19.8%
2012	●	94,111	18.9%	16.3%	21.6%	18.3%	19.3%
2013	●	71,991	14.4%	12.2%	16.6%	17.5%	18.4%
2014	●	79,332	15.7%	13.2%	18.2%	17.7%	17.8%
2015	●	83,500	16.4%	13.8%	19.0%	16.6%	16.9%
2016	●	77,905	15.3%	12.9%	17.6%	14.4%	15.5%
2017	●	74,710	14.5%	11.5%	17.6%	14.2%	14.9%
2018	●	70,687	13.7%	11.0%	16.4%	14.0%	14.4%

Source: Annual Population Survey (APS)

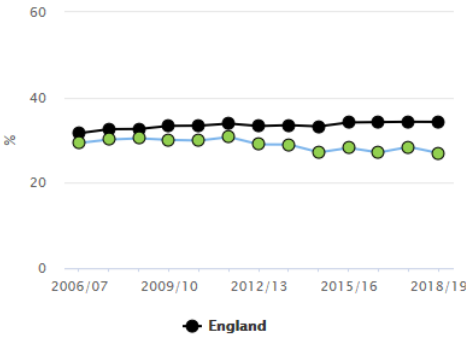
Source: Annual Population Survey/Public Health England



2.2.2 Dietary factors and obesity

The most reliable information collected on overweight and obesity in Cambridgeshire is the national childhood measurement programme – which weighs and measures children in reception year and year 6 of primary school. Childhood overweight is linked to physical activity levels as well as diet, but diet plays a key role. Trends over the last ten years in Cambridgeshire have shown a decrease in the percentage of children in both reception year and year 6 who are overweight or obese, whereas the national trend has been increasing. However over a quarter of year 6 pupils are still overweight or obese, and there is a link to socio-economic deprivation - with Fenland having rates similar to the national average.

Prevalence of overweight (include obese) year 6 pupils – National Child Measurement Programme, Cambridgeshire Trend 2006/07 – 2018/19



Recent trend: ⬇

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2006/07	●	1,205	29.4%	28.0%	30.8%	*	31.7%
2007/08	●	1,565	30.2%	28.9%	31.4%	30.9%	32.6%
2008/09	●	1,724	30.4%	29.3%	31.6%	30.7%	32.6%
2009/10	●	1,655	30.1%	28.9%	31.3%	31.4%	33.4%
2010/11	●	1,569	29.9%	28.7%	31.2%	31.7%	33.4%
2011/12	●	1,655	30.7%	29.5%	32.0%	31.7%	33.9%
2012/13	●	1,568	29.0%	27.8%	30.2%	31.0%	33.3%
2013/14	●	1,636	29.0%	27.8%	30.2%	31.1%	33.5%
2014/15	●	1,524	27.2%	26.0%	28.3%	30.7%	33.2%
2015/16	●	1,592	28.2%	27.0%	29.4%	31.7%	34.2%
2016/17	●	1,556	27.1%	26.0%	28.3%	31.5%	34.2%
2017/18	●	1,732	28.4%	27.3%	29.6%	31.7%	34.3%
2018/19	●	1,708	27.0%	25.9%	28.1%	31.4%	34.3%

Source: NHS Digital, National Child Measurement Programme

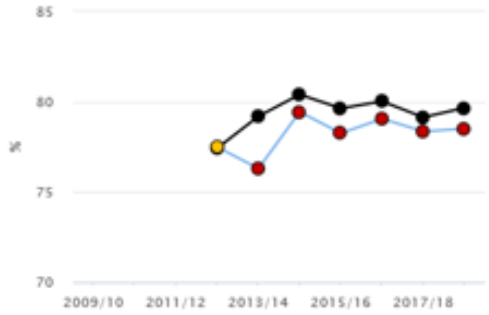
Source: National Child Measurement Programme/NHS Digital/Public Health Outcomes Framework

A sample of adults in each Cambridgeshire district is asked about their eating habits, weight and physical activity in a national survey every year. In the most recent survey (2018) Cambridgeshire residents were more likely to eat five fruit or vegetables a day, less likely to be overweight or obese and more likely to be physically active than the national average. However this is no cause for complacency as over half of Cambridgeshire residents are still overweight or obese. In addition, Fenland District has rates of adult obesity and inactivity which are significantly higher than the national average.

2.2.3 High blood pressure (hypertension)

High blood pressure (hypertension) is an important risk factors for cardiovascular disease, stroke and kidney disease. Some cases are not diagnosed, and when diagnosed, not all cases are treated effectively. For GP practices in Cambridgeshire & Peterborough Clinical Commissioning Group, the proportion of patients with high blood pressure treated successfully to achieve a blood pressure of 150/80 or less is slightly worse than the national average and has been stable over the past four years.

Proportion of patients with hypertension and blood pressure <= 150/90 mmHg



Period		NHS Cambridgeshire and Peterborough CCG				East of England (East) NHS region	England
		Count	Value	Lower CI	Upper CI		
2012/13		87,550	77.5%	77.2%	77.7%	77.3%*	77.4%
2013/14		87,140	76.3%	76.0%	76.5%	78.3%*	79.2%
2014/15		92,035	79.4%	79.2%	79.7%	80.1%*	80.4%
2015/16		92,165	78.2%	78.0%	78.5%	79.3%*	79.6%
2016/17		94,766	79.1%	78.8%	79.3%	79.4%*	80.0%
2017/18		95,863	78.4%	78.1%	78.6%	78.4%*	79.1%
2018/19		98,004	78.5%	78.3%	78.7%	79.3%	79.7%

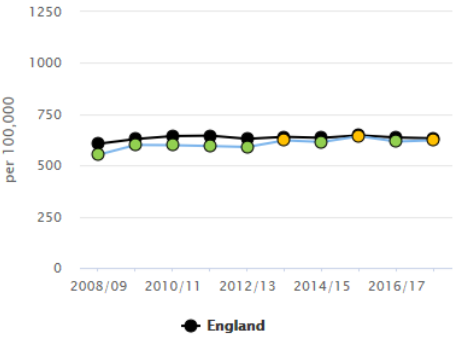
Source: Quality and Outcomes Framework (QOF), NHS Digital

Source: Public Health Outcomes Framework

2.2.4 Alcohol and drug misuse

The supply of illicit drugs is an issue for local policing as well as for drug misuse treatment services. Local statistics on drug related deaths – which can involve both illicit and prescribed drugs, show that rates are similar to the national average except in Fenland where they increased to a rate which was significantly above average in 2016-18. Hospital admission rates for alcohol related conditions in Cambridgeshire are similar to the national average and have been stable in recent years. This masks alcohol related hospital admissions in Cambridge City and Fenland which are both significantly above the national average.

Rate of hospital admissions for alcohol-related conditions, Cambridgeshire, 2008/09 – 2017/18



Recent trend: –

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2008/09		3,168	552	533	572	490	606
2009/10		3,464	600	580	621	531	629
2010/11		3,503	599	579	619	542	643
2011/12		3,536	595	575	615	559	645
2012/13		3,526	590	571	610	552	630
2013/14		3,782	622	603	643	582	640
2014/15		3,772	614	595	634	580	635
2015/16		3,981	643	623	663	588	647
2016/17		3,849	617	597	636	579	636
2017/18		3,929	623	604	643	594	632

Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Public Health Outcomes Framework

Rate of hospital admissions for alcohol-related conditions, Cambridgeshire & the Districts, 2008/09 – 2017/18

Area	Rate of admission episodes for alcohol-related conditions per 100,000
Cambridge	721
East Cambridgeshire	589
Fenland	726
Huntingdonshire	542
South Cambridgeshire	633
Cambridgeshire	623

Source: Public Health Outcomes Framework

2.2.5 Cancer screening

Cancer screening programmes are offered to all residents of Cambridgeshire when they reach the relevant age. These programmes help to identify cancers at an early stage when they are more likely to be treatable. In Cambridgeshire as a whole, the proportion of residents who take up the offer of screening is generally good, with rates of breast and bowel screening above the national average. For cervical screening, rates are slightly better than the national average for women aged 50-64, but worse than the national average for women aged 25-49.

This overall positive picture masks significant differences between districts, with Cambridge City having the lowest uptake in the East of England for cervical screening and second lowest for breast screening. It is possible that these poor rates are related to high population mobility among adults of working age, with people moving in and out of the City – and this may need tailored approaches to address the issue. Residents of Fenland also have bowel cancer screening rates which are worse than the national average, and the same is true for cervical screening age 50-64.

Cervical Cancer Screening Coverage, Cambridge, 2010 - 2019

C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old) New data Cambridge Proportion - %

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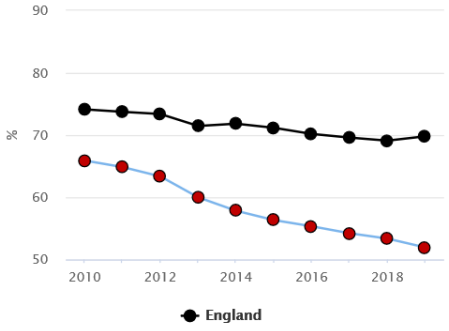
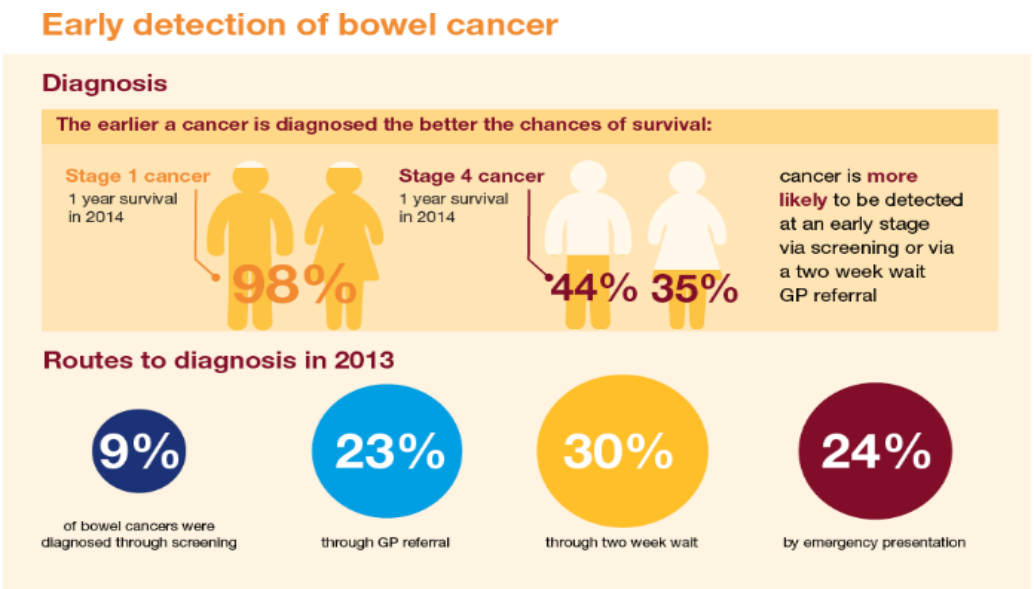


Recent trend:

Period		Cambridge				East of England region	England
		Count	Value	Lower CI	Upper CI		
2010		15,570	65.9%	65.3%	66.5%	76.4%*	74.1%*
2011		15,799	64.9%	64.3%	65.5%	75.8%*	73.7%*
2012		16,005	63.4%	62.8%	63.9%	75.1%*	73.4%*
2013		15,770	60.0%	59.4%	60.6%	73.4%*	71.5%*
2014		15,897	57.8%	57.2%	58.4%	72.9%*	71.8%*
2015		16,328	56.3%	55.8%	56.9%	72.5%*	71.2%*
2016		16,800	55.3%	54.8%	55.9%	71.9%*	70.2%*
2017		17,158	54.2%	53.7%	54.8%	71.4%*	69.6%*
2018		17,652	53.4%	52.8%	53.9%	71.1%*	69.1%*
2019		18,073	51.9%	51.4%	52.5%	71.9%*	69.8%*

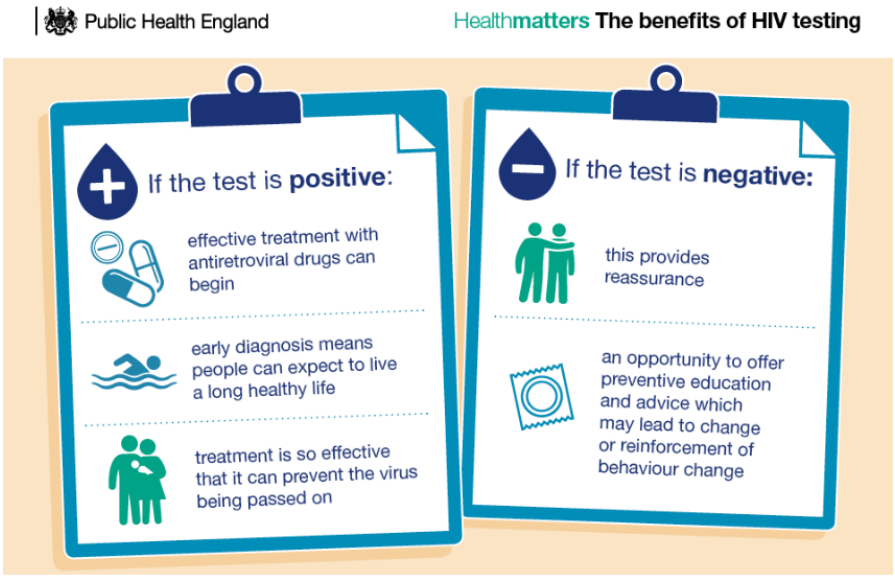
Source: NHS Digital (Open Exeter) / Public Health England

Source: Public Health Outcomes Framework



2.2.6 Sexual health: testing and treatment

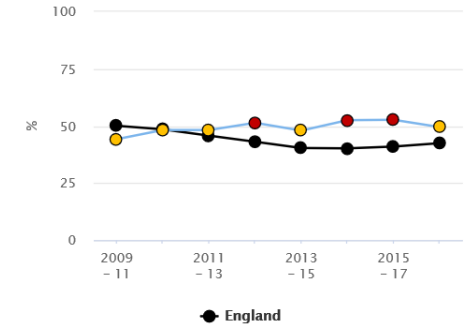
Easy access to clinics and/or on-line tests for sexually transmitted infections (STIs) is important, to make sure that these infections are identified and treated promptly and don't spread further within the local population. It is particularly important to identify HIV infections early, as late treatment increases the risk of complications and life threatening disease.



In recent, years Cambridgeshire has faced challenges achieving the national standard that fewer than 50% of HIV diagnoses should be made at a late stage. The rate of late diagnosis improved slightly in 2016-18 and the 50% national standard was just met.

D07 - HIV late diagnosis (%) Cambridgeshire — Proportion - %

Export chart as image | Show confidence intervals | Export table as CSV file



Recent trend: –

Benchmarking against goal: <25% | 25% to 50% | ≥50%

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2009 - 11	●	42	44.2%	34.0%	54.8%	52.3%	50.1%
2010 - 12	●	54	48.2%	38.7%	57.9%	51.4%	48.5%
2011 - 13	●	54	48.2%	38.7%	57.9%	52.1%	45.7%
2012 - 14	●	56	51.4%	41.6%	61.1%	52.1%	43.1%
2013 - 15	●	47	48.0%	37.8%	58.3%	50.5%	40.3%
2014 - 16	●	52	52.5%	42.2%	62.7%	48.0%	40.2%
2015 - 17	●	49	52.7%	42.1%	63.1%	48.2%	41.0%
2016 - 18	●	49	49.5%	39.3%	59.7%	48.4%	42.5%

Source: Public Health England

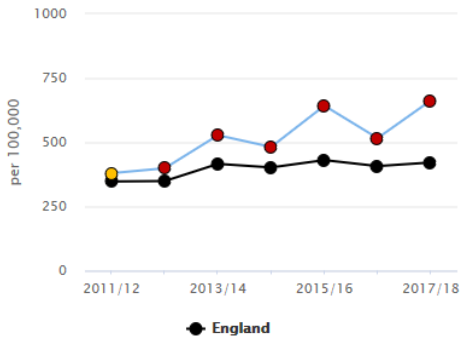
SECTION 3: KEY HEALTH OUTCOMES

This section of the Annual Public Health Report reviews trends in mental health outcomes and overall life expectancy, using benchmarked data from Public Health England

3.1 Mental Health

The Cambridgeshire Annual Public Health Report 2017 highlighted rising rates of hospital admission for self-harm among young people as a concern. Hospital admissions, as a result of self-harm, have been in higher in Cambridgeshire than England for six consecutive years and are among the highest in the East of England region. Some of this difference may be due to different NHS treatment pathways for self-harm, with an admission to hospital, rather than another form of treatment being more likely in Cambridgeshire. But rates are clearly rising more rapidly than the national picture, in spite of an active NHS Local Transformation Plan for child and adolescent mental health services.

Rate of hospital admissions for self-harm in 10-24 year olds, Cambridgeshire, 2011/12 – 2017/18



Recent trend: –

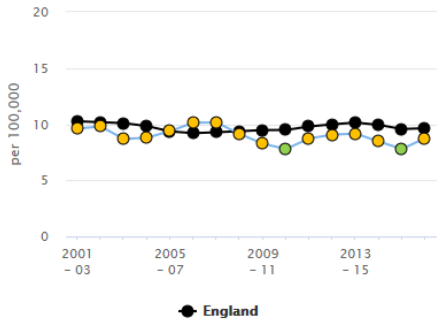
Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2011/12		459	379.7	345.7	416.1	262.7	347.4
2012/13		474	398.7	363.6	436.3	291.4	348.9
2013/14		622	527.5	486.8	570.6	378.5	415.8
2014/15		567	481.8	442.9	523.2	354.8	401.9
2015/16		763	642.5	597.7	689.8	411.2	430.5
2016/17		606	516.1	475.8	558.9	353.1	407.1
2017/18		777	662.7	616.9	711.0	387.9	421.2

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Source: Public Health Outcomes Framework

Suicide rates among adults in Cambridgeshire have remained similar to or below (better than) the national average in recent years, and all Cambridgeshire District/City Council areas are also similar to or below the national average.

Rate of suicide, Cambridgeshire, 2001-03 – 2016-18



Recent trend: –

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03		139	9.6	8.1	11.4	9.6	10.3
2002 - 04		145	9.8	8.3	11.6	9.6	10.2
2003 - 05		130	8.7	7.2	10.3	9.3	10.1
2004 - 06		134	8.8	7.4	10.4	9.1	9.8
2005 - 07		144	9.4	7.9	11.1	8.8	9.4
2006 - 08		160	10.1	8.6	11.8	9.0	9.2
2007 - 09		161	10.2	8.6	11.9	8.9	9.3
2008 - 10		145	9.1	7.7	10.8	8.9	9.4
2009 - 11		131	8.3	6.9	9.8	8.8	9.5
2010 - 12		127	7.8	6.5	9.3	8.9	9.5
2011 - 13		145	8.7	7.4	10.3	8.9	9.8
2012 - 14		153	9.1	7.7	10.6	9.0	10.0
2013 - 15		155	9.2	7.8	10.7	9.3	10.1
2014 - 16		144	8.5	7.1	10.0	9.7	9.9
2015 - 17		132	7.8	6.5	9.2	9.3	9.6
2016 - 18		150	8.8	7.4	10.2	10.0	9.6

Source: Public Health England (based on ONS source data)

Source: Public Health Outcomes Framework

3.2 Life expectancy

Nationally, changes in life expectancy since 2012/14 have been closely correlated with the Index of Deprivation, with an ongoing increase in life expectancy in the least deprived areas but some decrease in life expectancy in the most deprived 30% of communities (Office for National Statistics).

This picture is reflected in Cambridgeshire where life expectancy has been stable on average, but there has been a fall in both male and female life expectancy in Fenland, which sits in the 20-30% most deprived areas in the national Index of Deprivation.

Female life expectancy at birth, Cambridgeshire, 2001-03 – 2015-17

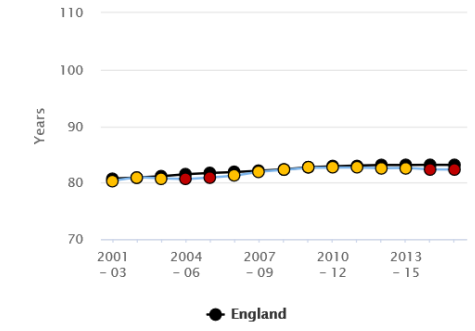
Recent trend: –

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03		-	81.8	81.6	82.1	81.4	80.7
2002 - 04		-	82.0	81.7	82.3	81.6	80.9
2003 - 05		-	82.3	82.0	82.5	81.8	81.1
2004 - 06		-	82.6	82.3	82.9	82.2	81.5
2005 - 07		-	82.9	82.6	83.1	82.4	81.7
2006 - 08		-	83.0	82.7	83.2	82.6	81.9
2007 - 09		-	83.3	83.0	83.6	82.8	82.1
2008 - 10		-	83.6	83.3	83.9	83.0	82.3
2009 - 11		-	84.2	83.9	84.5	83.4	82.7
2010 - 12		-	84.3	84.1	84.6	83.5	82.9
2011 - 13		-	84.4	84.1	84.7	83.6	83.0
2012 - 14		-	84.3	84.1	84.6	83.7	83.1
2013 - 15		-	84.4	84.1	84.6	83.7	83.1
2014 - 16		-	84.3	84.1	84.6	83.7	83.1
2015 - 17		-	84.3	84.0	84.5	83.7	83.1

Source:
Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017)
Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

Source: Public Health Outcomes Framework

Female life expectancy at birth, Fenland, 2001-03 – 2015-17



Recent trend: –

Period		Fenland				East of England region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03		-	80.3	79.7	81.0	81.4	80.7
2002 - 04		-	81.0	80.3	81.6	81.6	80.9
2003 - 05		-	80.8	80.1	81.4	81.8	81.1
2004 - 06		-	80.6	79.9	81.3	82.2	81.5
2005 - 07		-	80.9	80.2	81.6	82.4	81.7
2006 - 08		-	81.2	80.5	81.9	82.6	81.9
2007 - 09		-	81.9	81.2	82.6	82.8	82.1
2008 - 10		-	82.3	81.6	82.9	83.0	82.3
2009 - 11		-	82.6	82.0	83.3	83.4	82.7
2010 - 12		-	82.7	82.0	83.3	83.5	82.9
2011 - 13		-	82.7	82.0	83.3	83.6	83.0
2012 - 14		-	82.5	81.9	83.2	83.7	83.1
2013 - 15		-	82.6	81.9	83.3	83.7	83.1
2014 - 16		-	82.3	81.6	83.0	83.7	83.1
2015 - 17		-	82.3	81.7	83.0	83.7	83.1

Source:
Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017)
Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

Male life expectancy at birth, Cambridgeshire, 2001-03 – 2015-17

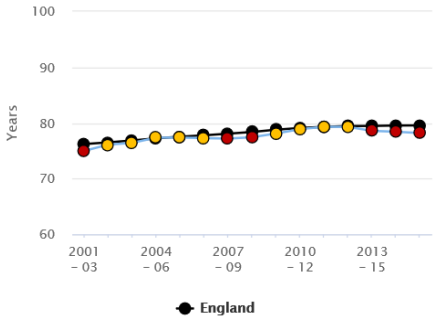
Recent trend: –

Period		Cambridgeshire				East of England region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03		-	77.5	77.2	77.8	77.3	76.2
2002 - 04		-	77.8	77.5	78.1	77.6	76.5
2003 - 05		-	78.2	77.9	78.5	77.9	76.8
2004 - 06		-	78.6	78.3	78.9	78.2	77.2
2005 - 07		-	78.9	78.6	79.2	78.5	77.5
2006 - 08		-	79.2	78.9	79.5	78.8	77.8
2007 - 09		-	79.6	79.3	79.8	79.1	78.1
2008 - 10		-	79.9	79.6	80.2	79.3	78.4
2009 - 11		-	80.4	80.2	80.7	79.7	78.8
2010 - 12		-	80.9	80.6	81.1	80.0	79.1
2011 - 13		-	81.0	80.8	81.3	80.2	79.3
2012 - 14		-	81.0	80.8	81.3	80.3	79.4
2013 - 15		-	80.9	80.6	81.1	80.3	79.5
2014 - 16		-	81.0	80.7	81.3	80.4	79.5
2015 - 17		-	81.0	80.7	81.3	80.4	79.6

Source:
Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017)
Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

Source: Public Health Outcomes Framework

Male life expectancy at birth, Fenland, 2001-03 – 2015-17



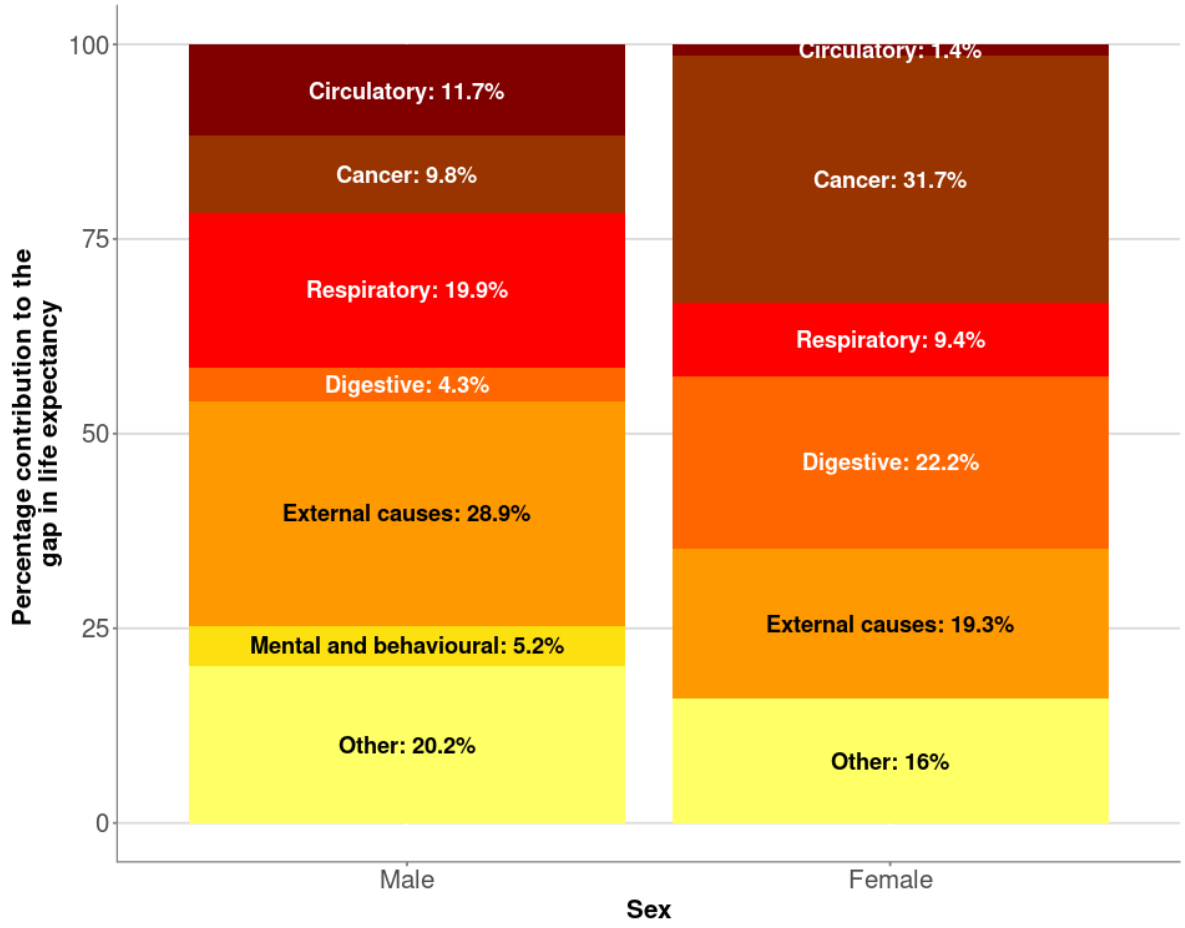
Recent trend: –

Period		Fenland				East of England region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03		-	75.0	74.2	75.8	77.3	76.2
2002 - 04		-	76.1	75.3	76.9	77.6	76.5
2003 - 05		-	76.4	75.7	77.2	77.9	76.8
2004 - 06		-	77.3	76.6	78.1	78.2	77.2
2005 - 07		-	77.4	76.7	78.1	78.5	77.5
2006 - 08		-	77.3	76.5	78.0	78.8	77.8
2007 - 09		-	77.2	76.5	77.9	79.1	78.1
2008 - 10		-	77.4	76.7	78.2	79.3	78.4
2009 - 11		-	78.1	77.4	78.8	79.7	78.8
2010 - 12		-	78.9	78.2	79.6	80.0	79.1
2011 - 13		-	79.3	78.6	80.0	80.2	79.3
2012 - 14		-	79.3	78.6	80.0	80.3	79.4
2013 - 15		-	78.6	77.9	79.3	80.3	79.5
2014 - 16		-	78.4	77.7	79.1	80.4	79.5
2015 - 17		-	78.2	77.5	78.9	80.4	79.6

Source:
Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017)
Index of Multiple Deprivation 2010 and 2015 (IMD 2010 / IMD 2015) scores from the Department for Communities and Local Government.

An analysis by Public Health England of the causes of the difference in life expectancy between Fenland and England in 2015-17, shows that for males, the most prominent difference is for deaths from external causes such as injury, poisoning and suicide, which make up nearly 30% of the total. The second most prominent cause of difference is deaths from respiratory causes such as flu, pneumonia and chronic lung disease, which make up nearly 20%. For females the two most prominent causes of the difference in life expectancy between Fenland and England are deaths from cancer at over 30% of the total, and deaths from ‘digestive’ causes, including alcohol related disease such as chronic liver disease and cirrhosis, which make up over 20% of the difference.

Scarf chart showing the breakdown of the life expectancy gap between Fenland as a whole and England as a whole, by broad cause of death, 2015-17



Source: Public Health England Health Inequalities Segment Tool

SECTION 4: KEY FINDINGS FOR ONGOING REVIEW

The overall Index of Deprivation (2019) for Cambridgeshire emphasises the diversity of issues across the geography of one county. This could lead to a very complex set of recommendations, but instead I would like to emphasise two key findings/recommendations for ongoing review:

4.1 Continuing to address health inequalities in Fenland

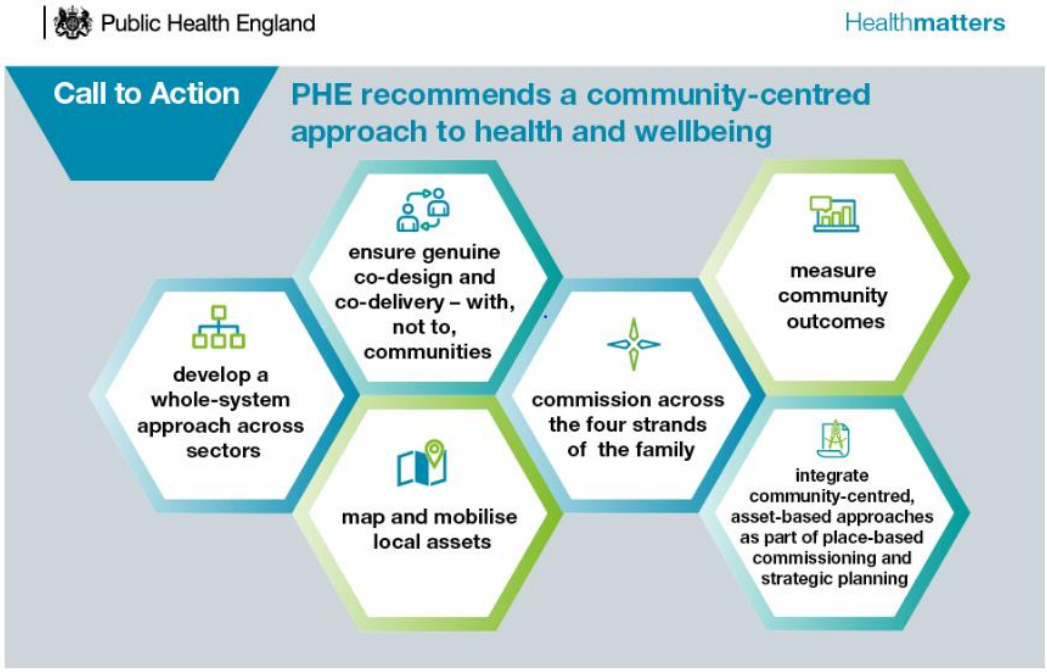
It's clear that, at District level, Fenland experiences higher overall levels of deprivation than the rest of Cambridgeshire, including for education and skills, low incomes, exclusion from employment, health and disability. This is associated with lower life expectancy than the national average, and higher rates of adult obesity, alcohol and drug problems. On a more positive note, many children's public health outcomes in Fenland, which are commonly linked with deprivation, such as teenage pregnancy, childhood dental health and childhood obesity, are similar to the national average. Health inequalities in Fenland require ongoing focus from all organisations concerned with health and wellbeing, with clear measures to address and monitor both the root causes of health inequalities in the area, and the increased need for health and care services associated with this. Ongoing action is needed to tackle those health

outcomes for adults where Fenland does worse than the national average, and to ensure that the more positive picture of early health outcomes for Fenland's children, continues into later life.

4.2 Taking a place- based approach to health and its determinants

While Fenland has the highest overall Index of Deprivation (2019) score, Cambridge City experiences higher deprivation than the other districts in Cambridgeshire for both crime and living environment. Residents will be aware of these issues and their potential impact on health. Deprivation related to geographical and financial barriers to accessing services (including health services) and housing are highest in the prosperous rural districts of East and South Cambridgeshire. This means that residents of different areas will rightly have different concerns and will want different issues to have the highest priority.

At small area (LSOA) level, looking at communities of around 1500 people there is also considerable variation within each district – so all districts will have some neighbourhoods with worse than average levels of deprivation and some with relatively low deprivation levels. The extent of internal inequality between neighbourhoods and communities is greatest in Cambridge City. Key deprivation issues may be related to geographical barriers to accessing services in one community, to low income and high disability rates in another, and to poor living environment in a third. This emphasises the importance of the 'Think Communities' place based approach to public service delivery – through which public sector organisations work together with communities to understand their issues, to build on the assets within each neighbourhood, and to solve problems jointly with residents.



ANNEX A: FINDING INFORMATION ON PUBLIC HEALTH OUTCOMES

LOCAL INFORMATION

Cambridgeshire Insight: Interactive map https://cambridgeshireinsight.org.uk/ lets you click on your electoral ward or enter a postcode and see a short report on your area's population, economy, housing, education and health outcomes.

Cambridgeshire Insight: Public Health Intelligence reports & data

https://cambridgeshireinsight.org.uk/health/localphi/resources/ contains an array of Peterborough-specific public health intelligence data, including a local health profile, Public Health Outcomes Framework (PHOF) summaries, annual public health report and a link to Peterborough's Health & Wellbeing Strategy. Links are also included to Public Health England (PHE) and Cambridgeshire & Peterborough Clinical Commissioning Group

Cambridgeshire Insight: Children and young people and older people

https://cambridgeshireinsight.org.uk/health/popgroups/ provides further information on health outcomes for children and young people and older people in Cambridgeshire and Peterborough.

Cambridgeshire Insight: Health Topics

https://cambridgeshireinsight.org.uk/health/topics/ brings together detailed information on specific health topics, such as risk factors for ill health and specific diseases and conditions.

Cambridgeshire Insight: Joint Strategic Needs Assessment

https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/ provides information on the Health and Wellbeing Board's strategic assessments of health and wellbeing needs.

Be Well in Cambridgeshire https://www.bewellcambridgeshire.co.uk/ provides information on how to look after your own health and wellbeing, including local services and opportunities which support you in maintaining a healthy lifestyle, and day to day social media communications.

NATIONAL INFORMATION

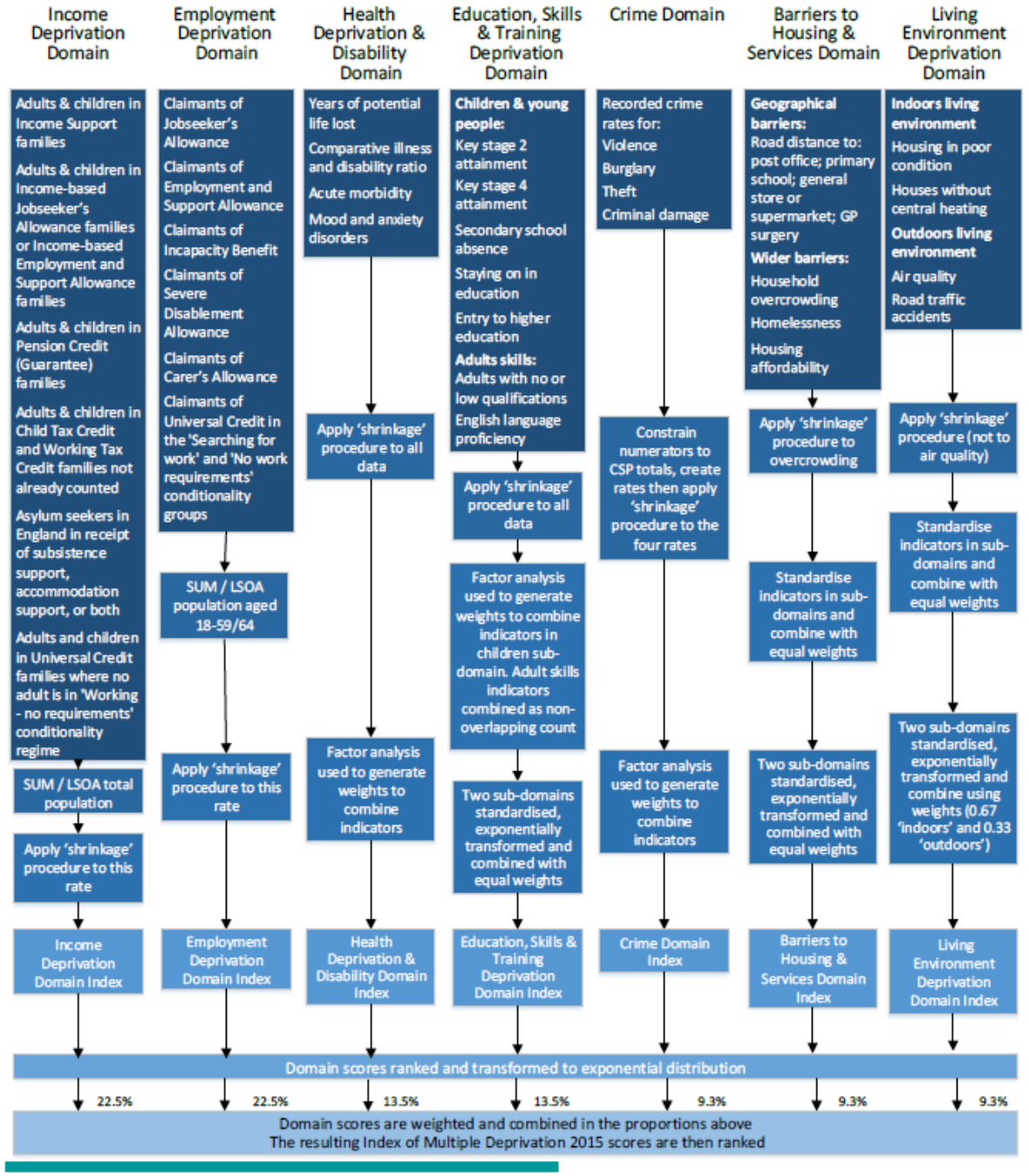
The Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework is the main portal for Public Health England's Knowledge and Intelligence service. It provides interactive profiles on a wide range of public health outcomes and is updated every three months. Through the easy to use interactive functions it is possible to:

- Compare public health outcomes in Cambridgeshire and its districts to national and regional averages, and to groups of similar local authorities
- Look at trends in public health outcomes over time
- Create charts, profiles and maps of public health outcomes in a specified area.

Local Health at www.localhealth.org.uk/ is the Public Health England portal, which provides information at electoral ward level. It can be used to produce electoral ward health profiles and charts, or group wards together to make a health profile of a larger area.

ANNEX B: SUMMARY – INDEX OF DEPRIVATION (2019) DOMAINS, INDICATORS & DATA

Figure 3: Summary of the domains, indicators and data used to create the Indices of Deprivation 2019



26 The English Indices of Deprivation 2019 - Statistical Release

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN WITH INTEGRATED CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEE MEETINGS

Agenda Item No:7

Updated 22.01.20

(All Meetings Approved By Full Council)

MEETING DATE	ITEM	REPORT AUTHOR	ORGANISATION
30th January 2020 Venue – Side 1a, Civic Suite, Pathfinder House, Huntingdonshire District Council.	**Cambridgeshire Health and Wellbeing Board – 9:30-10:30.** **Development Session – 10:45 - 12:15.**		**CCC - Democratic Services**
	Apologies and Declarations of Interest	Oral	
	Changes in Membership of the Cambridgeshire Health and Wellbeing Board	Oral	
	Minutes of the Meeting on 30 May 2019	Oral	
	Action Log Update	James Veitch	
	Options Paper on Cambridgeshire Pharmaceutical Needs Assessment –	Iain Green	
	Cambridgeshire Annual Public Health Report	Liz Robin	
	Agenda Plan	James Veitch	
	Date of Next Meeting	2nd July 2020	

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN WITH INTEGRATED CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEE MEETINGS

March 5th 2020 Council Chamber, Shire Hall, Castle Street, Cambridge, CB3 0AP.	**Health and Wellbeing Board Whole System Joint Sub-Committee**		**CCC - Democratic Services**
	Apologies and Declarations of Interest	James Veitch	
	Minutes of the Meeting on 24th September 2019	Councillor John Holdich	
	Action Log	James Veitch	
	Progress review on Joint HWB Strategy Consultation / Think Communities Health Agreement	Liz Robin/Adrian Chapman	
	Public Health Peer Review – 1 year on	Kate Parker/Liz Robin	
	JSNA Core Dataset	David Lea	
	Annual Health Protection Report (Cambridgeshire & Peterborough)	Laurence Gibson/Tiya Balaji	
	Alliances Update	Marian Moaney(South Alliance) Mustafa Malek (North Allicance)	
	Agenda Plan	James Veitch	
	Date of next meeting	4th June 2020	

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN WITH INTEGRATED CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEE MEETINGS

4th June 2020 Venue – Council Chamber, Town Hall, Bridge Street, Peterborough, PE1 1HF.	**Health and Wellbeing Board Whole System Joint Sub-Committee.**		**PCC Democratic Services**
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 5th March 2020	Oral	
	Action Log Update	James Veitch	
	Agenda Plan	James Veitch	
	Date of Next Meeting	26th November 2020	
4th June 2020 **Straight after Whole System (See above).** **Please note that this meeting is not confirmed.**	**Health and Wellbeing Board Core Joint Sub-Committee.**		
	Apologies and Declarations of Interest	Michelle Rowe	
	Minutes of the Meeting on tbc	Councillor Roger Hickford	
	Action Log	Michelle Rowe	
	Agenda Plan	Michelle Rowe	
	Date of next meeting		

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN WITH INTEGRATED CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEE MEETINGS

2nd July 2020 Council Chamber, Shire Hall, Cambridge. – 12pm.	**Cambridgeshire Health and Wellbeing Board**		
	Apologies and Declarations of Interest	James Veitch	
	Notification of the Chairman/ Chairwoman	Oral	
	Notification of the Vice Chairman/ Chairwoman	Oral	
	Minutes of the Meeting on 30th January 2020		
	Action Log	James Veitch	
	Sign off the Pharmaceutical Needs Assessment		
	Living Well Partnership update		
	Review of Joint Health and Wellebeing Arrangments	Liz Robin	
	Agenda Plan	James Veitch	
	Date of Next Meeting 26th November 2020		
September Date 2020 – Venue TBC	**Health and Wellbeing Board Core Joint Sub-Committee**		
	Apologies and Declarations of Interest		
	Minutes of the Meeting on 4th June 2020.		
	Action Log		
	Agenda Plan		
	Date of next meeting.		

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN WITH INTEGRATED CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEE MEETINGS

26th November 2020 Venue - Kreis Viersen, Shire Hall, Cambridge.	**Cambridgeshire Health and Wellbeing Board**		**CCC - Democratic Services**
	Apologies and Declarations of Interest		
	Minutes of the Meeting on 2nd July 2020		
	Action Log		
	Person's Story		
	Agenda Plan		
	Date of Next Meeting	24th June 2021.	
December 2020, Venue TBC	**Health and Wellbeing Board Whole System Joint Sub-Committee.** **And** **Health and Wellbeing Board Core Joint Sub-Committee**		
	Apologies and Declarations of Interest		
	Minutes of the Meeting on 4th July 2020		
	Action Log		
	Agenda Plan		

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN WITH INTEGRATED CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEE MEETINGS

24th June 2021 Venue - Kreis Viersen, Shire Hall, Cambridge.	**Cambridgeshire Health and Wellbeing Board**		**CCC - Democratic Services**
	Apologies and Declarations of Interest		
	Minutes of the Meeting on 26th November 2020		
	Action Log Update		
	Person's Story		
	Agenda Plan		
	Date of next meeting		