Agenda Item No: 5

Public Health Strategic Items and Tobacco Control focus

To:	Adults and Health Committee
Meeting Date:	9 December 2025
From:	Executive Director for Adults, Health and Commissioning
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	N/A
Executive Summary:	Public Health leads a range of strategic areas to deliver against the priorities in the overarching strategic plan. This paper summarises these strategies and key areas of focus, as well as suggested timelines for updates to committee. The paper then summaries the tobacco strategy actions against eight strategic ambitions.
Recommendation/s:	The committee is asked to note and support the strategic direction of the plans outlined in the paper.

Officer contact:
Name: Sally Cartwright
Post: Director of Public Health
Email: SallyE.Cartwright@cambridgeshire.gov.uk

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 The Public Health (PH) Strategic Plan 2025-2030 is strongly aligned with all seven of the Council's ambition, as detailed below.

1.2 Net zero carbon emissions for Cambridgeshire by 2045, and the Council's communities and natural environment are supported to adapt and thrive as the climate changes.
The strategic plan seeks to embed Marmot principles into the Council's approach to supporting health and tackling inequalities. This has the explicit role of pursing environmental sustainability in tandem with health equity and developing healthy and sustainable communities.

1.3 Travel across the county is safer and more environmentally sustainable.

Influencing active travel infrastructure is embedded within pillar 1 (relating to health place and environment), with activity including embedding health inequalities into prioritisation for funding of transport infrastructure by supporting the future development of the Local Cycling and Walking Infrastructure Plans (LCWIP) and working with the Active Travel team.

1.4 Health inequalities are reduced.

The PH strategic plan interweaves tackling inequalities throughout the strategic areas for action. "Work with early years, education, and health visiting to identify service improvements resulting from health inequalities deep dive, and embed health inequalities outcomes reporting"

1.5 People enjoy healthy, safe and independent lives through timely support that is most suited to their needs.

Supporting the local population to remain healthy is prioritised throughout public health strategic actions. In particular, the third strategic action relating to addressing complex needs highlights the variety of ways that residents, including the most vulnerable individuals within the County, will be supported to live healthy and independent lives.

1.6 People are helped out of poverty and income inequality.

Tackling poverty is a key component of the second pillar of our priorities, as well as being weaved in other areas of work, such as working to increase uptake of free school meals.

1.7 Places and communities prosper because they have a resilient and inclusive economy, access to good quality public services and social justice is prioritised.

The strategy highlights a range of activity that links to this ambition. Including undertaking an Employment and Health Joint Strategic Needs Assessment (JSNA).

1.8 Children and young people have opportunities to thrive.

One of the four areas for action is the "best start in life" which seeks to improve the health and well-being of children and young people within the County, including through

developing opportunities for auto-enrolment of free school meals, providing mental health support and establishing e-invites for immunisation.

2. Background

2.1 The Public Health Strategic Plan seen previously by committee in June 2025 outlines the priorities and approaches to be undertaken by the local authority's public health team, in partnership with the wider council and other partners, to improve health and wellbeing within the county and ensure people are receiving the support they need.

2.2 The intended outcome of the strategy is an improvement in healthy life expectancy and reduction in the gap in life expectancy, and reduction in key public health outcomes, including a reduction in suicide rates, a reduction in percentage of children living in poverty, a reduction in childhood obesity and a reduction in smoking prevalence.

2.3 A number of strategic areas of work are led by public health to deliver against the priorities in the plan. This paper: summarises some of these key areas and gives an outline of the strategic direction of some of these items; suggests a timeframe for some of these items to be reported back to committee; gives more detailed update on the tobacco strategy as an example of a strategic priority.

3. Main Issues

3.3 The public health plan has identified a key ambition within Cambridgeshire: '*Improve healthy life expectancy and reduce gap in life expectancy between groups in society through actions focused on prevention of ill health across the life course'*. The strategy has four pillars of focus to reach this ambition, and is also underpinned by a council wide commitment to priorities health equity.

3.5 The four areas of strategic action are:

1. Best start in life: Giving young people the best start in life – ensuring preventive approach and building resilience from conception, across early years and school years.
2. Making Cambridgeshire a healthy place to live and work: Building health equity through system-wide action on the building blocks of health, including income, education, employment, housing, and the physical environment.
3. Addressing complex needs: Improving equity for those with more complex needs including substance misuse, mental ill health, Gypsy, Roma and Traveller communities, the homeless, and other inclusion health groups.
4. Prioritising ill health prevention: Prioritising ill health prevention through system-wide actions to tackle obesity, physical activity, smoking, poor mental health and prevention focused health and care.

3.6 These feed into 2 overarching goals:

1. Increase healthy life expectancy by 2 years for women and men by 2030.
2. Reduce the gap in life expectancy between the highest and lowest populations in the County from 12 years to 10 years by 2030.

3.7 Key strategic areas of work led by public health to deliver against these strategic priorities are summarised in the following table, with a suggested timeframe to update Committee further on these items.

Strategic area	**Summary of strategic approach**	**Potential timeline for committee update**
Best start in life: Giving young people the best start in life – ensuring preventive approach and building resilience from conception, across early years and school years.		
Early years	Delivering through commissioning of the Healthy Child Programme, with focus on continued improvement of the uptake and quality of the 2.5 year check to support the school readiness agenda. This will include looking at reducing inequalities, informed by our recent equity audit. Close partnership working with Children, Education and Families leadership team on local implementation of the national Best Start in Life strategy and development of Family Hubs.	Oversight via CYP Committee
Oral health	Working with local provider and ICB on data-informed expansion of supervised toothbrushing to tackle inequalities. Oral health network established and initiatives to support priority groups developed including low income and GRT families. Part of Best Start in Life strategy / Family Hubs implementation.	Oversight via CYP Committee
Healthy schools	Mobilisation of our new expanded Health Schools service, delivering health improvement education and interventions for the school-aged population. This includes an enhanced offer for smoking and vaping education and cessation, and delivery of sexual health education including condom distribution (c-card scheme). Partnership working through the School-aged Health Improvement Partnership, co-led with Service Director for Education.	Oversight via CYP Committee
Mental health	To implement JSNA recommendations and HWB priority we are working closely with the ICB on a strategic review and redesign of mental health services for children and young people (CYP), to inform future local commissioning intentions. As commissioners we jointly commission the YOUnited programme, and recently recommissioned a 'Wellbeing in Education' service for children struggling to attend school due to mental health and complex needs. We have also established a related Emotional-Based School Avoidance (EBSA) taskforce with system partners.	Reporting to HWB/ICP Board January 2026. Oversight via CYP Committee.

A healthy place to live and work: Building health equity through system-wide action on the building blocks of health inc income, education, employment, housing, health place and environment		
Work and health	The Employment and Health JSNA was approved by the HWB in October 2025. It identified 4 key strategic ambitions that cover eight themes. Deliverables have been mapped against these themes. 1. Address the multiple and complex barriers to employment. This will require further development and expansion of system wide cross sector collaboration to deliver holistic and personalised approaches 2. Adopt a targeted and preventative approach to address employment disparities across geographies and the groups identified in the JSNA. 3. Increase access to education and skills that will enable and maintain employment and labour market. 4. Develop workplace programmes to engage employers and increase "Good Work" across Cambridgeshire and Peterborough, targeting areas where there is a high level of low pay and low skills jobs.	March 2026
Housing and health	The Housing and Health JSNA will be approved by the Health and Wellbeing Board in March 2026. It is focussed on fuel poverty and damp and mould. While it is still in progress, it is likely to include recommendations about strengthening our response to those in crisis, better identification of those in need through all partners, simplifying referral pathways, joining up with energy efficiency programmes and better data sharing to identify those in greatest need and inequity.	
Built and natural environment and health	Working with district councils and county planners: (a) developing an approach to reduce hot food takeaways and reduce advertising of foods that are high in fat, sugar and salt. (b) ensuring health is considered within Local Plan development, NSIPs and large developments (c) strengthening waste planning policies, and particularly around cumulative impacts (d) opportunities to join up complementary work between Public Health and the Natural Environment	
Transport and health	Working with the CPCA and transport planners within Cambridgeshire County Council there will be an assessment of what more can be done to improve road safety, increase active travel, noise and air pollution from traffic, and the impact of access to services for Cambridgeshire's rural communities.	

Addressing complex needs: improving equity for those with more complex needs including substance misuse, mental ill health, gypsy Roma and traveller, homeless		
National drug strategy delivery	The Cambridgeshire & Peterborough Drug and Alcohol Strategy (2022-2027) delivers on the National Drugs Strategy 'From Harm to Hope' at a local level. The strategy is overseen by the Cambridgeshire and Peterborough Combatting Drugs Partnership (CDP) which is a multi-agency forum that is accountable for delivering the outcomes locally (requirement from Central Government). The key priorities are 1. Whole Systems Approach 2. Early Intervention & Prevention 3. Minimise harm and protecting health 4. Treatment & Recovery 5. Tackling Crime and Disorder (safer communities)	January 2026
Suicide prevention strategy	The Cambridgeshire and Peterborough Suicide Prevention strategy 2025-2029 was approved by the Health and Wellbeing Board in October 2025, and covers 5 priority areas for action: 1. Equip professionals and the public with the skills and awareness to prevent suicide 2. Focus as a system on improving the treatment and support for people with affective disorders to prevent suicides 3. Promote awareness and action within our system to prevent suicide in other priority risk groups 4. Use data to drive preventive action and support following suicide attempts and suspected suicides 5. Improve the capacity and coverage of suicide bereavement support services to support more people bereaved by suicide Implementation of the strategy will be led by a new Suicide Prevention manager, and delivered through the multi-agency steering group which includes NHS, Police and VCSE providers.	Autumn 2026
Prioritising ill health prevention: system wide actions to tackle causes of ill health including obesity, physical activity, smoking, poor mental health and prevention focussed health and care		
Tobacco Control Strategy	The Cambridgeshire and Peterborough Tobacco Control Strategy has 8 Strategic ambitions each one having a range of deliverables. The multi-agency Cambridgeshire and Peterborough Tobacco Alliance has endorsed these strategic objectives. 1. Prevention: Target children and young people in schools and settings (vapes and tobacco) . Bespoke	June 2026

	interventions for vulnerable children such as those with special educational needs. 2. Increase the number of smokers who access Stop Smoking Services Stop Smoking Services: Achieve National ambition: treat 5% smokers p.a 3. Target groups with highest smoking rates: redesign services to improve access and offer. 4. Improve pathways to services: Build on Treating Tobacco Dependency Programme and better integrate stop smoking services into clinical pathways 5. Diversify the stop smoking offer: digital, apps, Alan Carr one day sessions 6. Targeted communications bespoke for certain groups but also for professionals and communities 7. Smokefree environments: organisational policies e.g. smoking shelters, staff training, environmental policies. 8. Enforcement: Illegal sales of vapes and tobacco, smoking related litter regulation. 9.	
Alcohol harm prevention strategy	An alcohol harm prevention strategy is being developed with partners, with aims to 1. Reduce alcohol-related harm. 2. Strengthen prevention and early support. 3. Work together to improve health and reduce inequalities.	March 2026
Physical activity strategy	The draft physical activity strategy, Moving More for Health has a vision "to create a more active Cambridgeshire, where moving more is part of everyday life and everyone has the opportunity to benefit—whatever their age, background or ability" Five strategic priorities provide the framework for delivery: • Moving Together – Place-Based Approaches: co-designing local solutions with communities and districts. • Moving Well – Active Travel and Healthy Environments: creating safer, greener, more walkable and cyclable places. • Moving Through Life – Active Settings: embedding activity in schools, workplaces, and care settings. • Moving Beyond Barriers – Fair and Targeted Support: focusing on seldom-heard groups and those facing disadvantage. • Moving the System – Prevention and System Leadership: integrating movement into policy, commissioning, and workforce development.	March 2026

	This is currently being discussed and developed with partners from across the system.	
Obesity strategy	There is an Obesity Framework that within its four pillars captures the system wide priority pillars: 1. Children and Young People 2. Place, Neighbourhood and Communities 3. Early Intervention, Obesity Related Conditions, Services, Pathways. 4. Whole System e.g. These pillars are underpinned by cross cutting themes: • Policies • Addressing health inequalities and health inequities • Poverty impacts • Enablers e.g. behaviour insights, training. Each pillar will have a place/neighbourhood systems approach except when a whole system approach is required.	January 2026
Sexual health strategy	The draft Cambridgeshire and Peterborough Sexual and Reproductive Health Strategy 2025-2031 is being finalised through stakeholder events in November 2025 to co-produce action plans. It focuses on 3 priority outcomes, and on prevention through reducing inequalities: • Reduce HIV late diagnosis and end new HIV transmissions • Improve reproductive health outcomes • Reduce rates of Sexually Transmitted Infections (STIs) in target populations. Alongside this systemwide strategy, we deliver on our strategic aims through our commissioned services: the integrated Contraception and Sexual Health (iCaSH) service and related prevention service, and Healthy Schools service.	Early 2026

3.8 The full Cambridgeshire and Peterborough's Tobacco Control Strategy and the Delivery Plan for Cambridgeshire is appended to this paper.

4. Conclusion and reasons for recommendations

4.1 Public health leads on a number of strategic areas as part of the delivery of the strategic plan. These take a partnership approach to impact on the key drivers of health across

Cambridgeshire, to improve healthy life expectancy and reduce health inequalities across the population.

4.2 The committee is asked to note and support the direction of the strategies across the strategic plan delivery, and of the specific plans that underpin the tobacco strategy outlined in this paper.

5. Significant Implications

5.1 Finance Implications

The work of the Council's public health team is funded by the public health grant. Any financial implications arising from the work plans and strategies will be considered within the context of the annual public health grant. All decisions with financial implications will be subject to established governance processes and approved at the appropriate level.

5.2 Legal Implications

The strategic plan itself doesn't have any significant legal implications. However, for work deriving from this, all relevant procurement activity will be compliant with the Council's Contract Procedure Rules.

5.3 Risk Implications

Public Health directly contributes to the council's general duty to improve the health of the public. While having a clear public health strategy is not a statutory requirement, it is widely expected and there are reputational implications if absent. Without a defined strategy, there is a risk of fragmented efforts and a lack of prioritisation, which could hinder the effective delivery of important public health work.

5.4 Equality and Diversity Implications

The whole Council approach outlined in the strategy seeks to ensure that health equity is embedded in activity throughout the Council and aligned with the Council's EDI strategy. An Equality Impact Assessment has not been completed as part of this overall strategy, but they will be completed when work affecting specific communities or groups is undertaken.

6. Source Documents

6.1 None.

7. Accessibility

7.1 The information contained in this report is available in an accessible format on request from the report author.