



CAMBRIDGESHIRE'S

**ANNUAL
PUBLIC HEALTH
REPORT**

2019

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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.



Dr Liz Robin
Director of Public Health
Cambridgeshire County Council



SECTION 1: HEALTH DETERMINANTS AND THE INDEX OF DEPRIVATION 2019

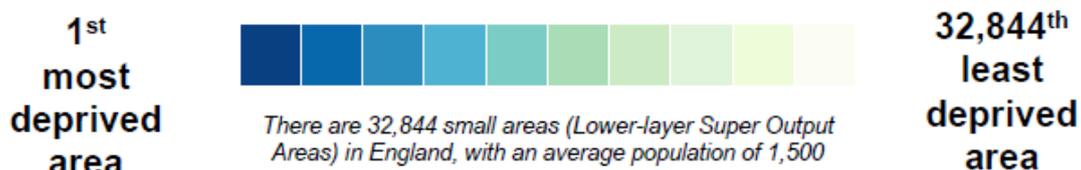
People's health outcomes are closely linked with their social and economic circumstances. The latest Index of Deprivation (IoD) 2019 provides nationally benchmarked information on key social and economic factors, as outlined in the infographic below. The overall IoD score for an area is correlated with 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.



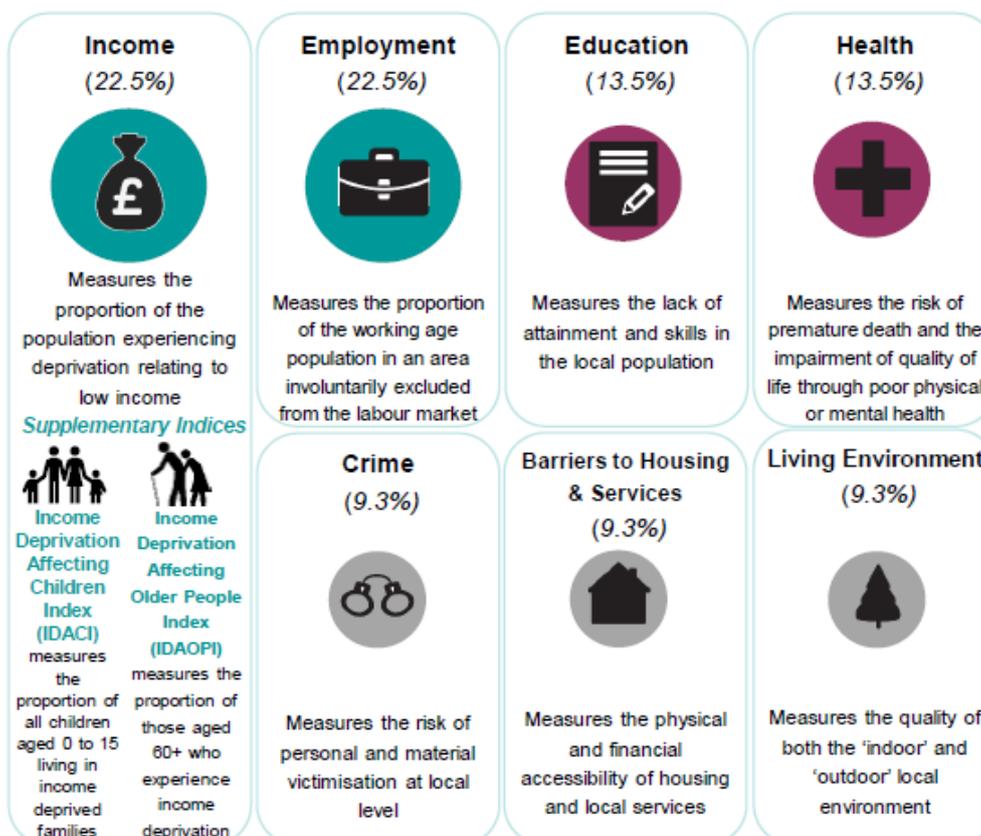
Ministry of Housing,
Communities &
Local Government

The English Indices of Deprivation 2019 (IoD2019)

The Indices relatively rank each small area in England from most deprived to least deprived



There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD2019):

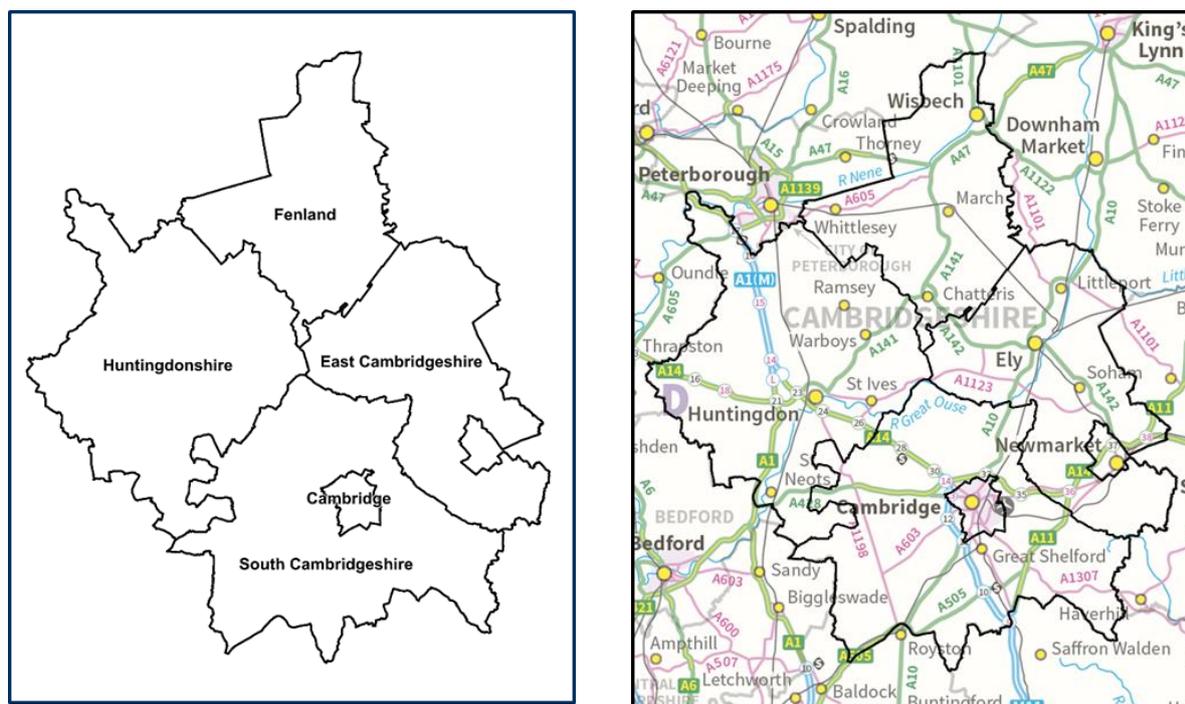


1.1 Cambridgeshire and Districts: Overall Index of Deprivation (2019) rank

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

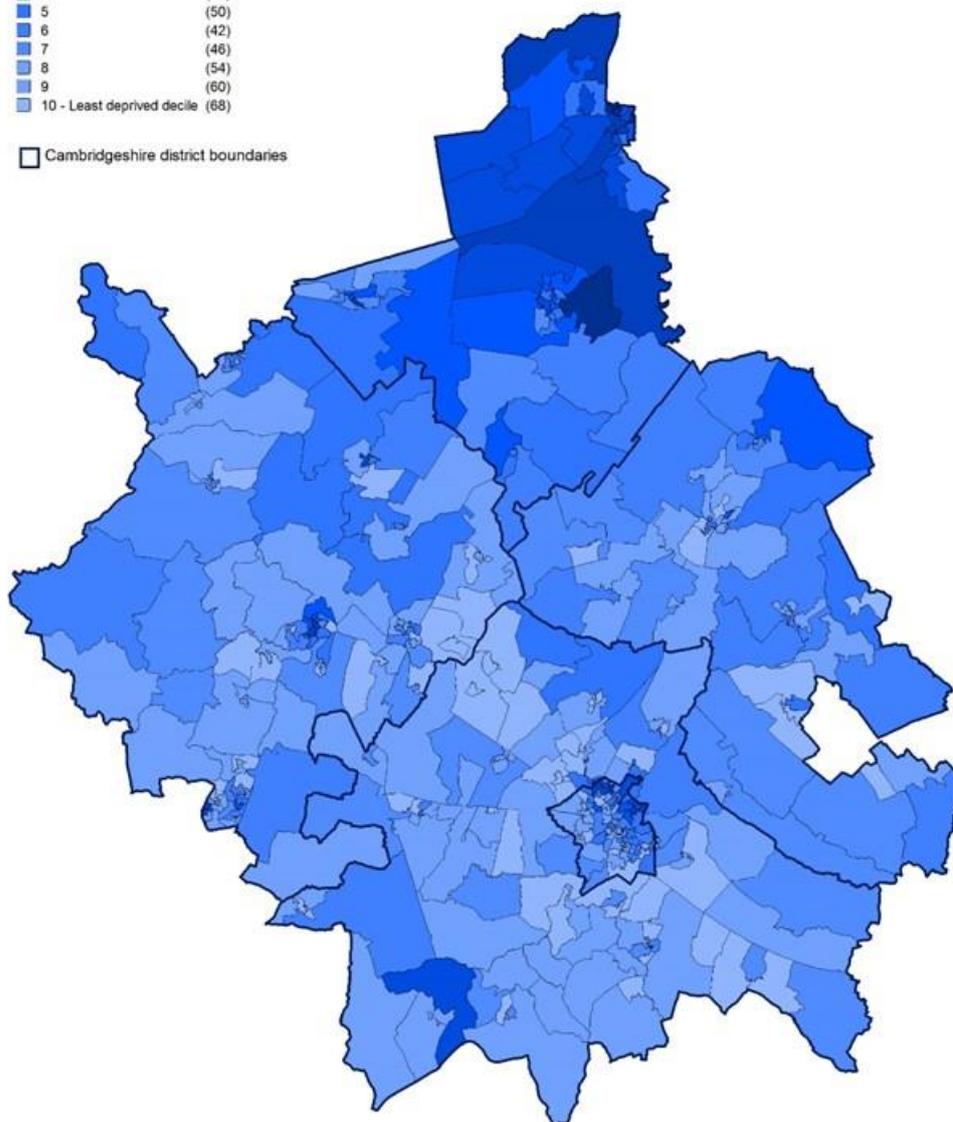
When deprivation scores are mapped across Cambridgeshire by Lower Super Output Area (neighbourhoods of about 1500 residents), it's clear that while deprivation generally increases moving north in the county and is highest in Fenland, there are internal variations in deprivation between neighbourhoods 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

Index of Deprivation (IoD) 2019 decile by Lower Super Output Area (LSOA) for Cambridgeshire

1 - Most deprived decile	(4)
2	(12)
3	(20)
4	(19)
5	(50)
6	(42)
7	(46)
8	(54)
9	(60)
10 - Least deprived decile	(68)

□ Cambridgeshire district boundaries

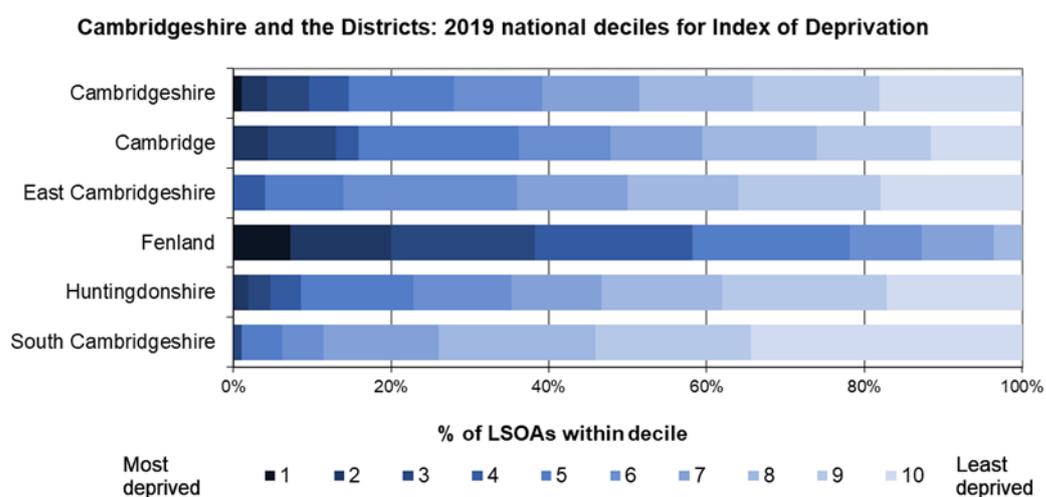


Note: Darker blue is used to highlight areas of high deprivation
Source: Index of multiple deprivation (IMD) 2019, Ministry of Housing, Communities & Local Government
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Index of Deprivation (2019) DNA Charts

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.

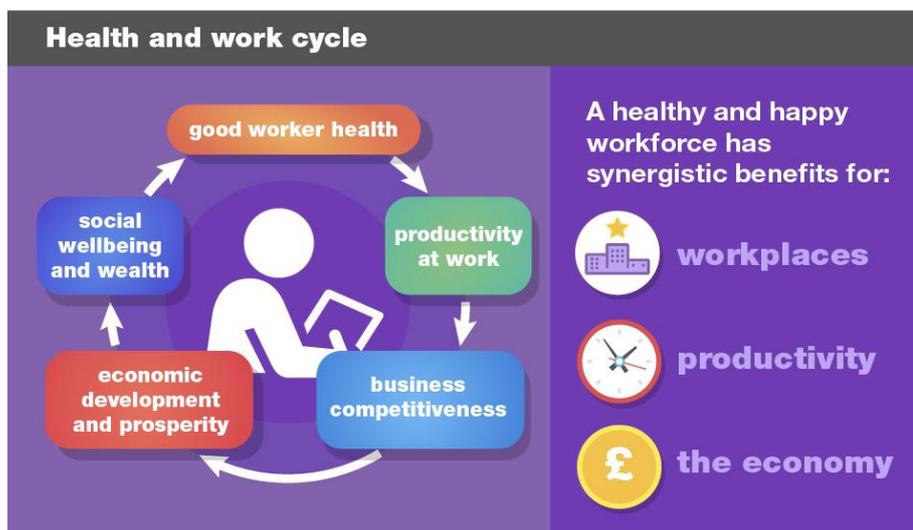


In the following sections, DNA charts for Cambridgeshire and its districts will be presented for each of the individual domains of the Index of Deprivation (2019). If you are interested in seeing the information presented on a geographical map, this can be accessed on [Maps of IoD 2019](#)

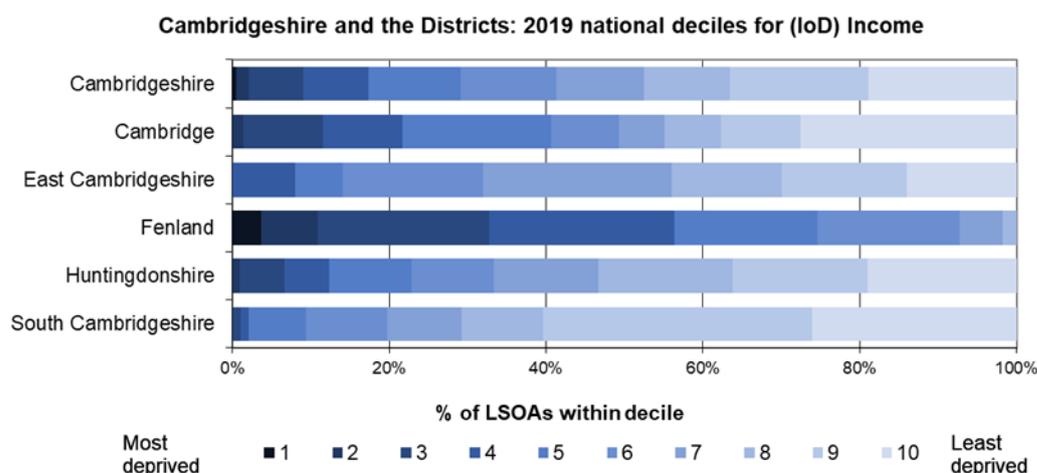
1.2. Income and Employment Deprivation

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.

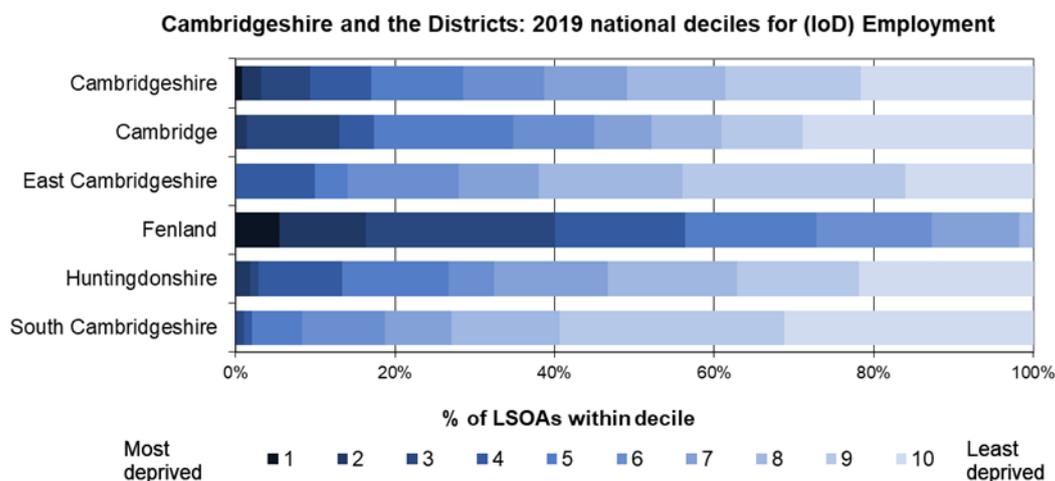


What the Cambridgeshire DNA chart for Income Deprivation, below, shows is that in spite of the very positive picture overall, there is wide variation between neighbourhoods, in respect of deprivation related to low income. It is clear that a higher proportion of neighbourhoods in Fenland experience relatively 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

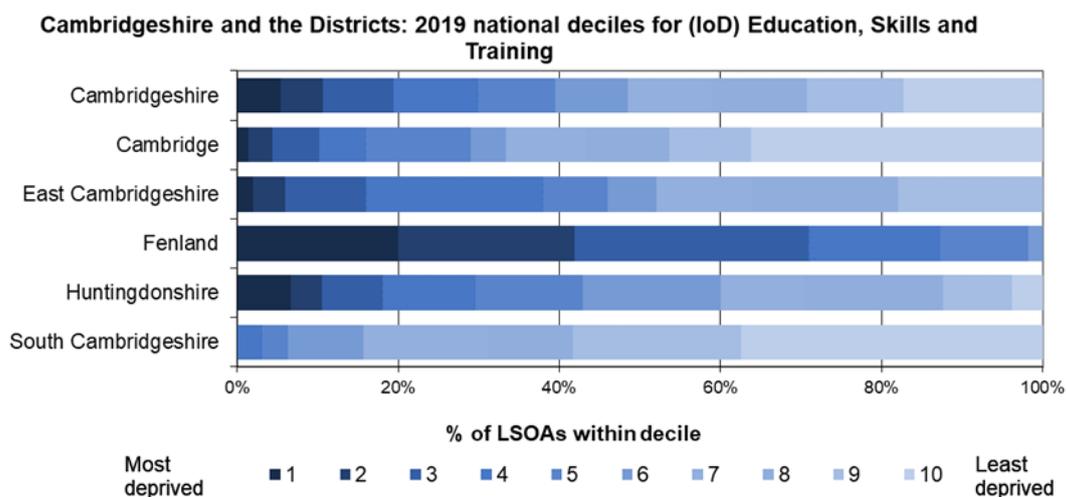
The picture of Employment Deprivation related to exclusion from the labour market is similar, with a positive picture overall, but marked differences between Fenland and the rest of Cambridgeshire, and between neighbourhoods within District/City Council areas.



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.

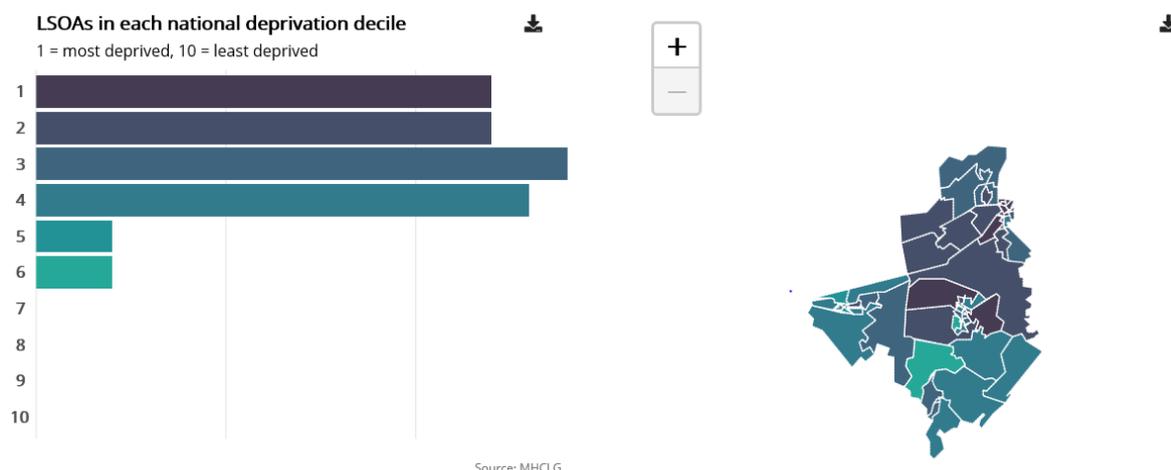


Source: MHCLG

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.

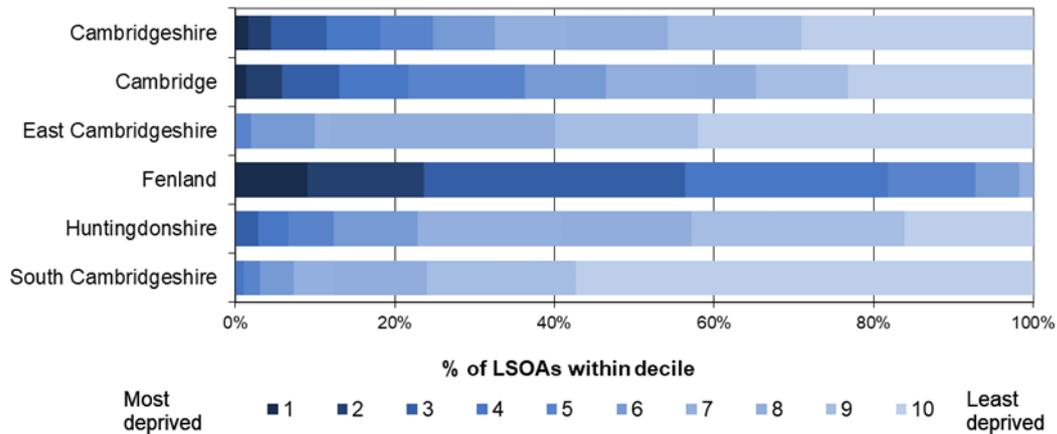


1.4 Health and disability deprivation

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.

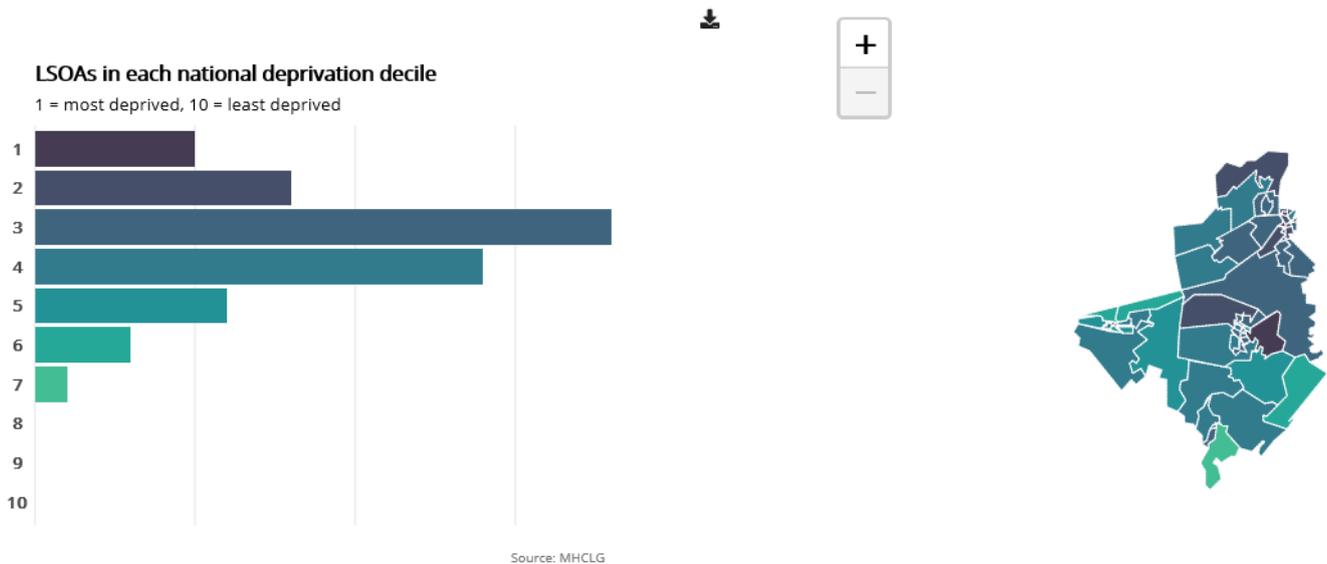
The Cambridgeshire DNA chart for Health and Disability deprivation shows wide variation between districts – with no LSOAs in either South or East Cambridgeshire in the most deprived 30% nationally, while more than half of Fenland LSOAs are in the most deprived 30%.

Cambridgeshire and the Districts: 2019 national deciles for (IoD) Health and Disability



Source: MHCLG

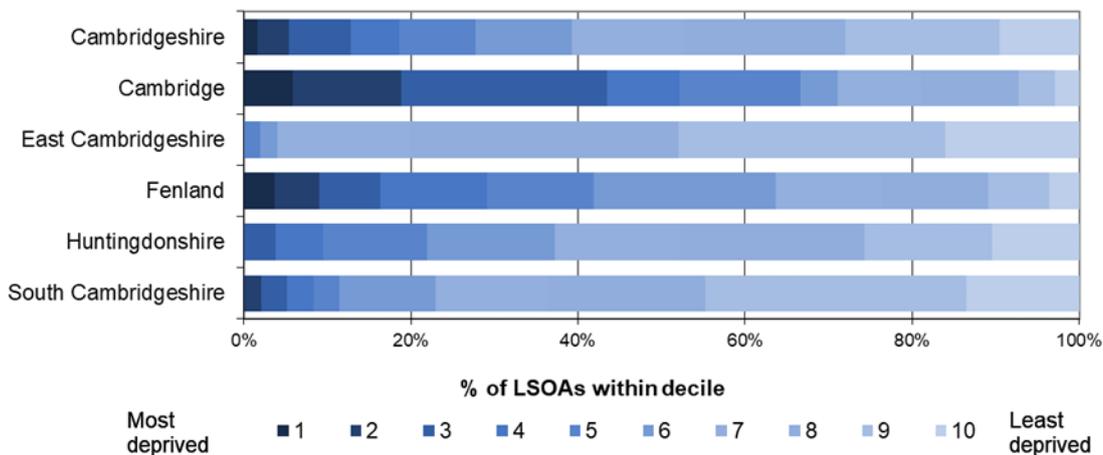
Overall, Fenland ranks 61st out of 317 District/Unitary local authorities in England for Health and Disability deprivation, placing it in the 10-20% most deprived areas for this measure. More detail is given in the chart and map of Fenland below.



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.

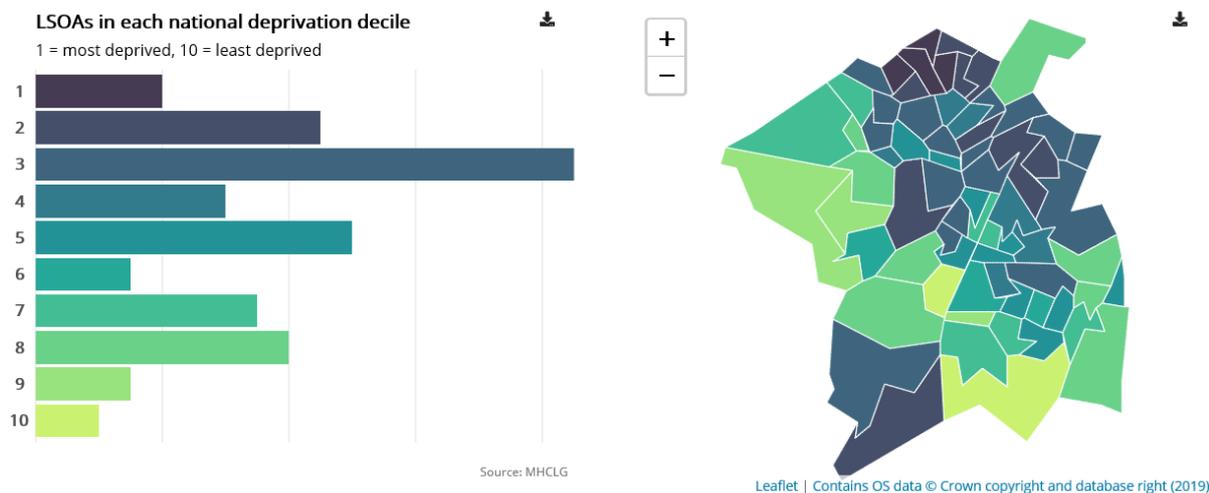
Cambridgeshire and the Districts: 2019 national deciles for (IoD) Crime



Source: MHCLG

In contrast 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

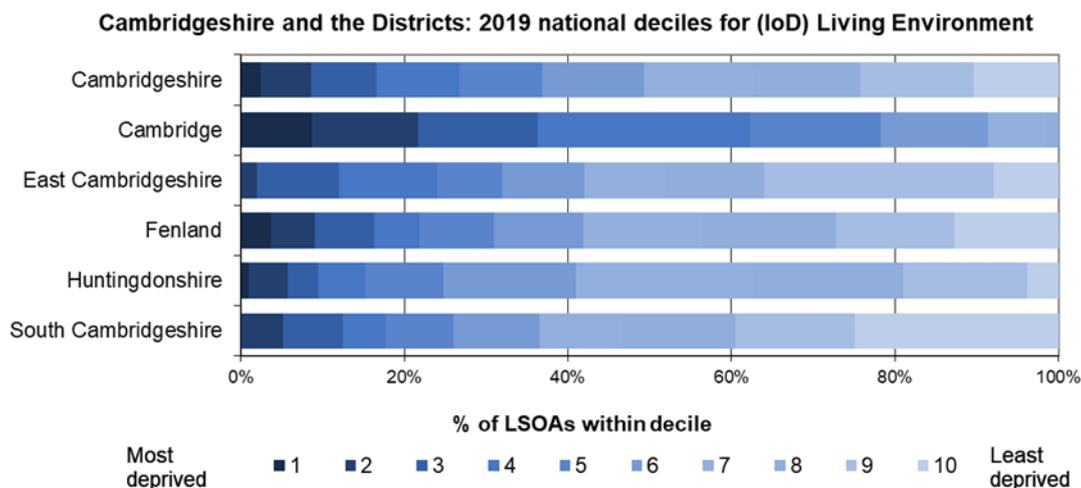


1.6 Living Environment deprivation

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.

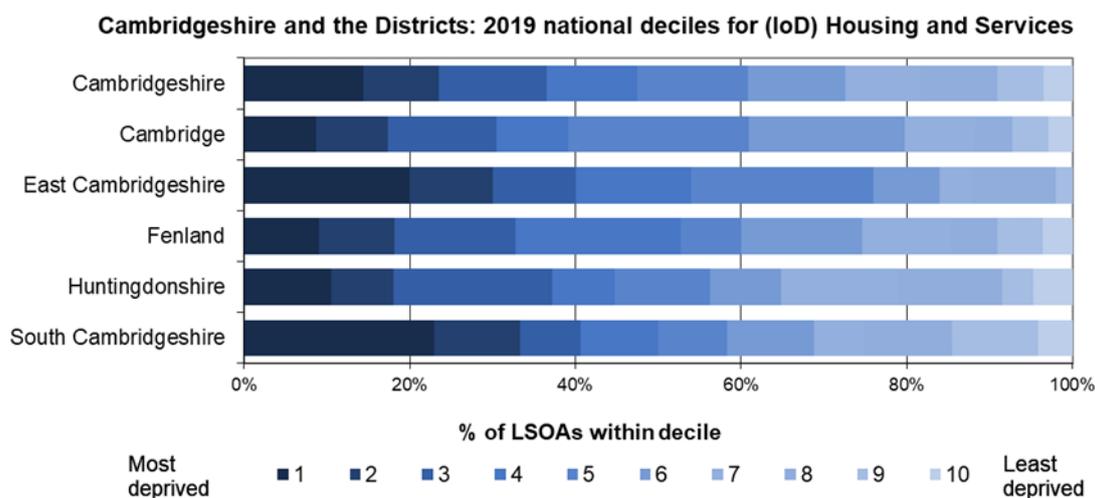
The Cambridgeshire DNA chart shows that Cambridge City scores worse on this domain, with 6 LSOAs in the 10% most deprived nationally. Overall, Cambridge City

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.



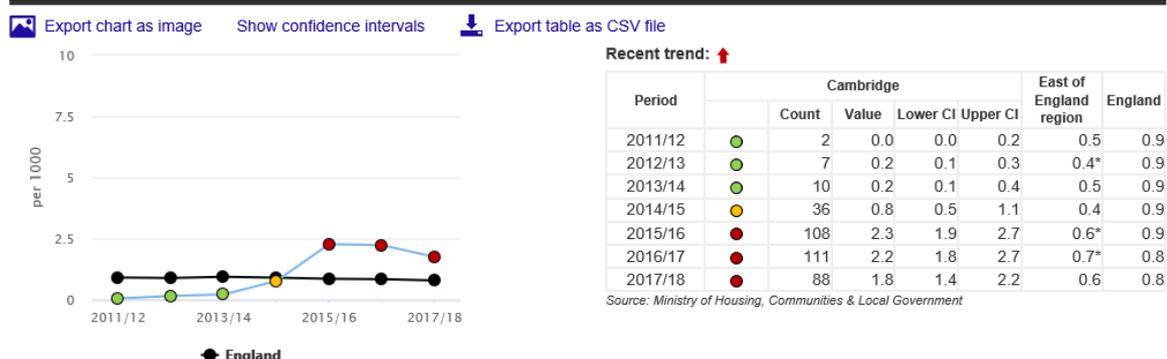
Source: MHCLG

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



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

Public Health England

Health Matters



SECTION 2: TRENDS IN LIFESTYLE AND HEALTH BEHAVIOURS

2.1 The best start in life

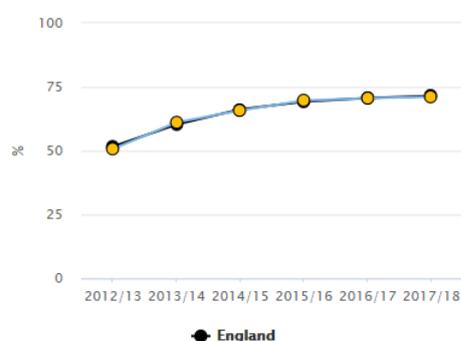
The Annual Public Health Report (2018) looked in detail at the health of Cambridgeshire’s children from pre-birth to age 5.

[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



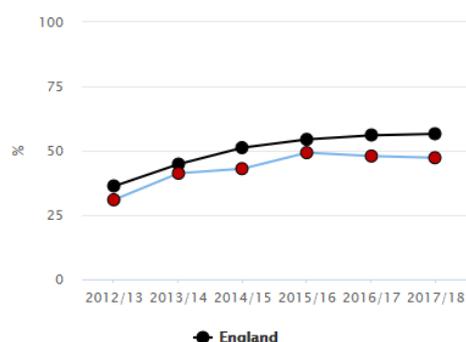
Recent trend: ↑

Period	Cambridgeshire				East of England region	England
	Count	Value	Lower CI	Upper CI		
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				East of England region	England
	Count	Value	Lower CI	Upper CI		
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 Year s 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

Smoking in pregnancy



Smoking during pregnancy causes up to:

2,200 premature births,
5,000 miscarriages and
300 perinatal deaths every year in the UK.

It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:



premature birth



low birth weight



problems of ear, nose and throat



respiratory conditions



obesity



diabetes

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
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Source: Public Health England

2.2 Risk factors and health behaviours

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

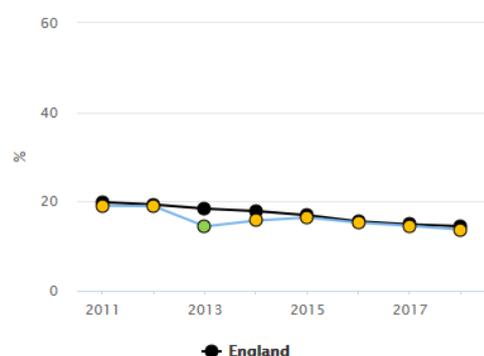
- About 15% (one in six) of years of life lost for Cambridgeshire residents in 2016 can be attributed to smoking.
- Over 10% (one in ten) years of life lost can be attributed to dietary risks, over 10% to high blood pressure and over 10% to drug and alcohol use.

[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

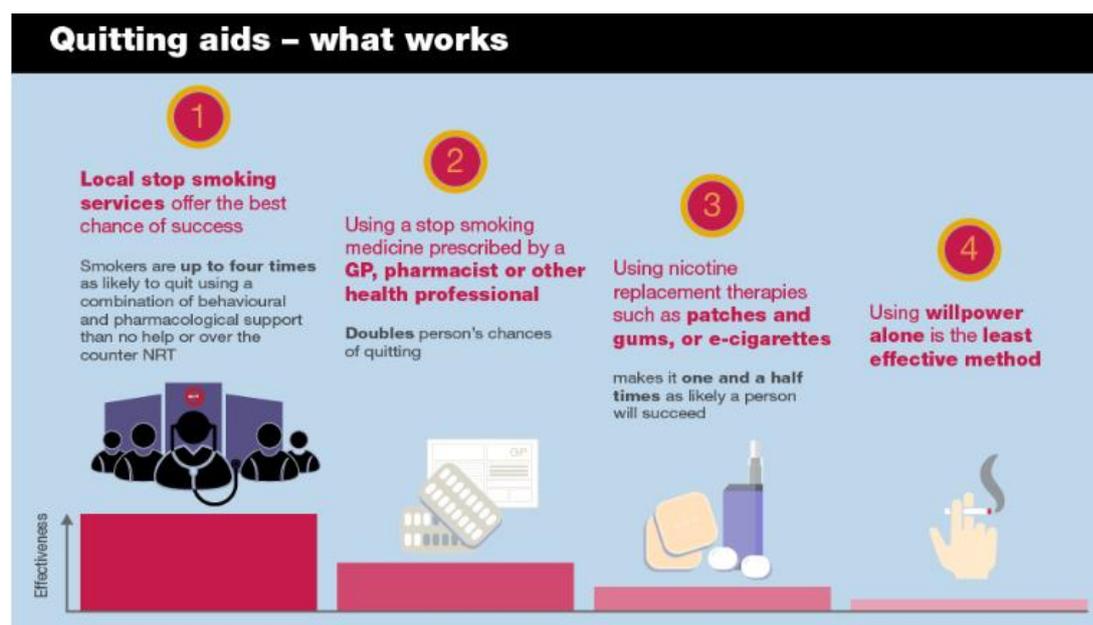


Recent trend: –

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)

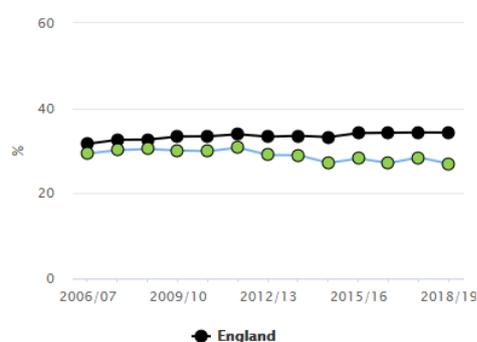
Source: Annual Population Survey/Public Health England



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%

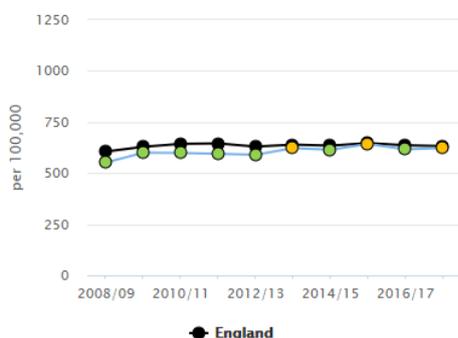
Source: Quality and Outcomes Framework (QOF), NHS Digital

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

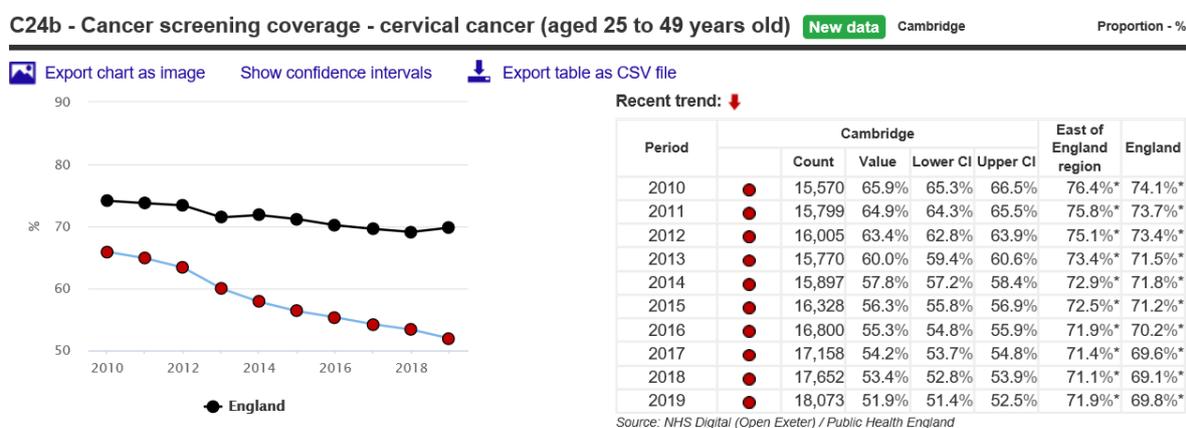
Source: Public Health Outcomes Framework

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



Source: Public Health Outcomes Framework

Early detection of bowel cancer

Diagnosis

The earlier a cancer is diagnosed the better the chances of survival:

Stage 1 cancer
1 year survival
in 2014



Stage 4 cancer
1 year survival
in 2014



cancer is **more likely** to be detected at an early stage via screening or via a two week wait GP referral

Routes to diagnosis in 2013

9%

of bowel cancers were diagnosed through screening

23%

through GP referral

30%

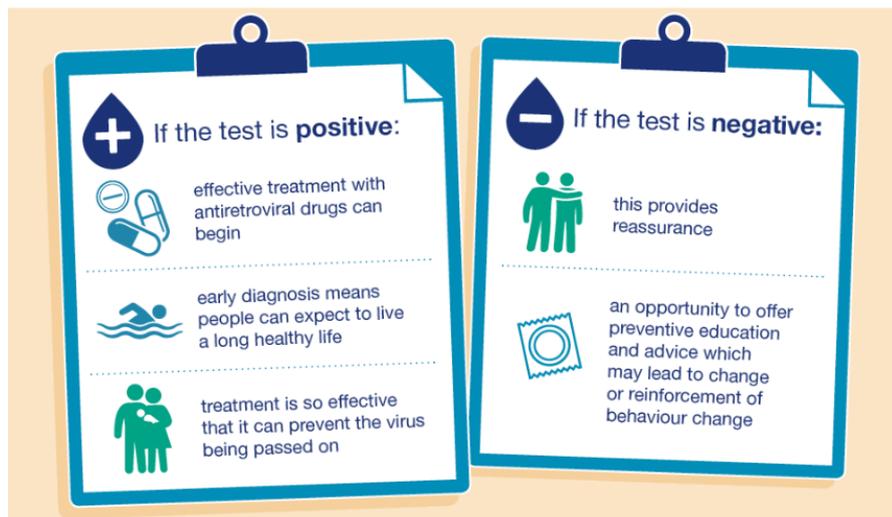
through two week wait

24%

by emergency presentation

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.

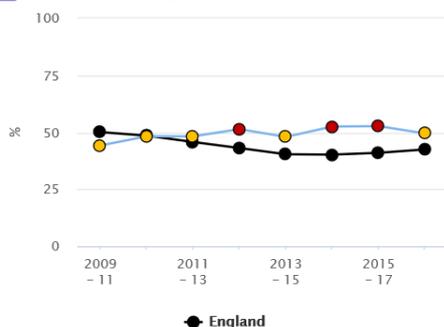


In recent years Cambridgeshire has faced challenges achieving the national standard that fewer than 50% of HIV diagnoses should be made at a late stage. The rate of late diagnosis improved slightly in 2016-18 and the 50% national standard was just met.

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

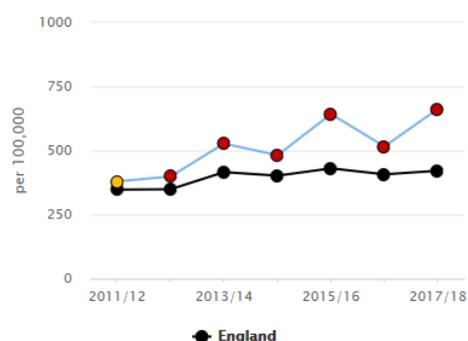
SECTION 3: KEY HEALTH OUTCOMES

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 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: –

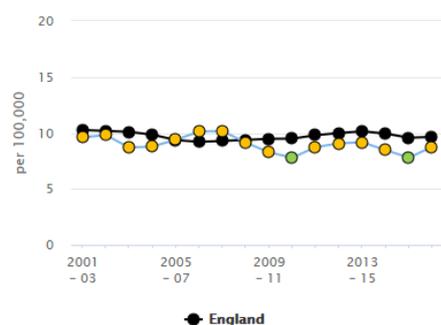
Period	Cambridgeshire				East of England region	England
	Count	Value	Lower CI	Upper CI		
2011/12	459	379.7	345.7	416.1	262.7	347.4
2012/13	474	398.7	363.6	436.3	291.4	348.9
2013/14	622	527.5	486.8	570.6	378.5	415.8
2014/15	567	481.8	442.9	523.2	354.8	401.9
2015/16	763	642.5	597.7	689.8	411.2	430.5
2016/17	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)

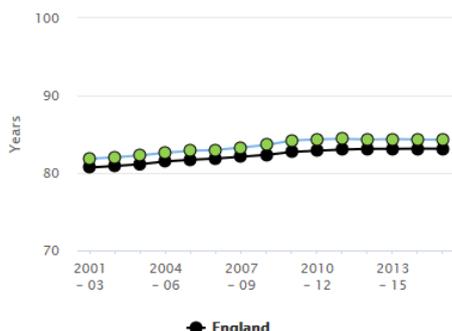
Source: Public Health Outcomes Framework

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



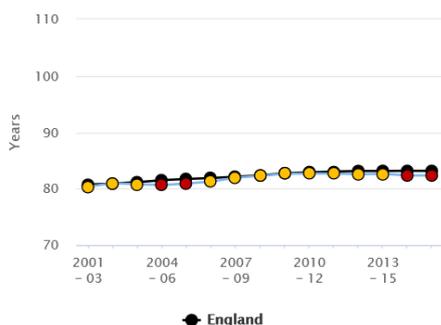
Recent trend: –

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

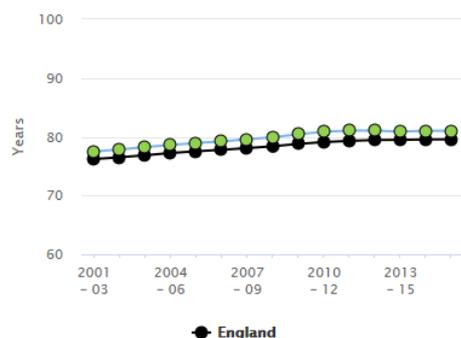


Recent trend: –

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: –

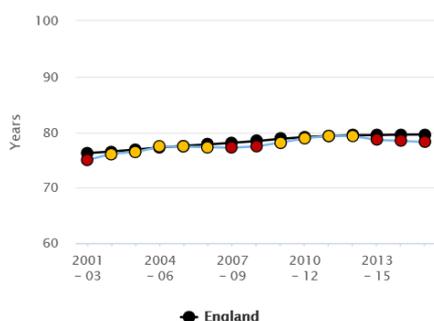
Period	Cambridgeshire				East of England region	England
	Count	Value	Lower CI	Upper CI		
2001 - 03	-	77.5	77.2	77.8	77.3	76.2
2002 - 04	-	77.8	77.5	78.1	77.6	76.5
2003 - 05	-	78.2	77.9	78.5	77.9	76.8
2004 - 06	-	78.6	78.3	78.9	78.2	77.2
2005 - 07	-	78.9	78.6	79.2	78.5	77.5
2006 - 08	-	79.2	78.9	79.5	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: –

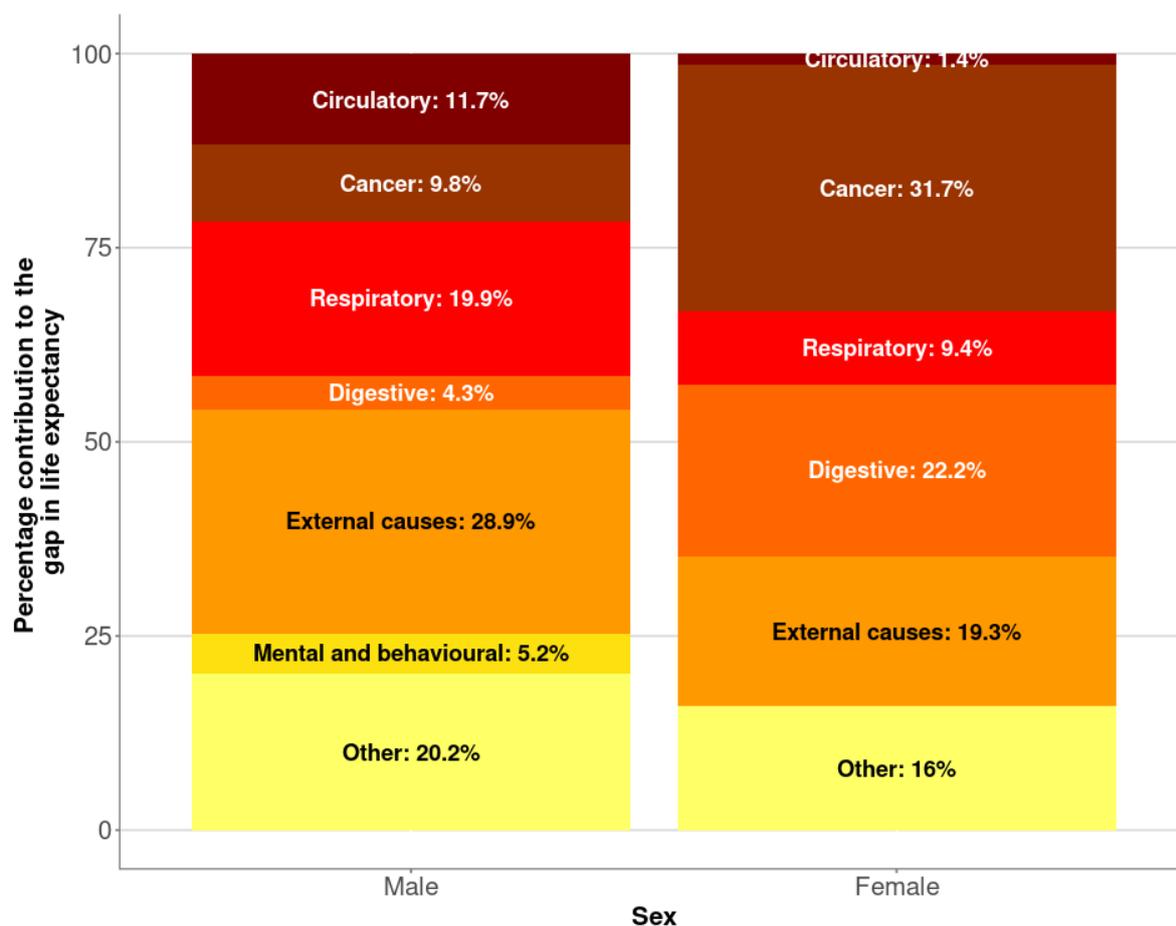
Period	Fenland				East of England region	England
	Count	Value	Lower CI	Upper CI		
2001 - 03	-	75.0	74.2	75.8	77.3	76.2
2002 - 04	-	76.1	75.3	76.9	77.6	76.5
2003 - 05	-	76.4	75.7	77.2	77.9	76.8
2004 - 06	-	77.3	76.6	78.1	78.2	77.2
2005 - 07	-	77.4	76.7	78.1	78.5	77.5
2006 - 08	-	77.3	76.5	78.0	78.8	77.8
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.

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

