

Cambridgeshire District ONS Cluster Dataset 2012

Summary

The ONS Cluster Dataset 2012 includes comparative data for the Local Authority Districts in Cambridgeshire. The aim of the Cluster Dataset is to benchmark health outcomes and health determinants against national and Office for National Statistics (ONS) comparator averages. ONS comparator areas, known as Clusters, are similar to each other and hence the validity of comparisons is enhanced.

A brief summary for each District follows and table S1 overleaf includes a summary of the statistical significance of the differences, relative to the ONS Cluster and England, for each District and for each data indicator.

Cambridge City

ONS Cluster Group is Thriving London Periphery. The health of the Cambridge population is generally similar to, or better than, the England average and is, for the majority of measures, similar to the ONS Cluster average. Rates of statutory homelessness (household based) and hospital admissions for alcohol related harm are significantly higher than those for the ONS Cluster and England. Male all cause mortality is significantly higher than in the ONS Cluster.

Important issues for Cambridge City include addressing local inequalities in health, working in partnership to address the needs of homeless people and maintaining a focus on prevention, including alcohol related harm, smoking physical activity and obesity.

East Cambridgeshire

ONS Cluster Group is Prospering Smaller Towns. The health of the people of East Cambridgeshire is generally better than the England average and is similar to, or better than, its ONS cluster average. Only the rate of statutory homelessness (household based) is significantly higher than the cluster average and no indicators are worse than the England average.

Important issues for East Cambridgeshire include addressing local health inequalities, planning in partnership to meet the needs of an ageing population and maintaining a focus on prevention, including promotion of physical activity across the age range.

Fenland

ONS Cluster Group is Prospering Smaller Towns. The health of the people of Fenland is generally similar to, or worse than, the England and cluster averages. GSCE achievement, adult physical activity, hospital admissions for alcohol related harm, modelled prevalence of several major diseases and conditions, male all cause mortality and mortality from land based transport accidents are all significantly worse than the ONS Cluster and England averages. Levels of obesity in reception year children, the teenage pregnancy rate, female all cause mortality and premature mortality from circulatory diseases are significantly worse than the Cluster.

Important issues for Fenland include working in partnership to meet the needs of an ageing population, addressing rural isolation and improving access to services, addressing local health inequalities and maintaining a focus on prevention including smoking, obesity and sexual health.

Huntingdonshire

ONS Cluster Group is Prospering Smaller Towns. The health of the people in Huntingdonshire is generally better than on average in the England and is either better or similar to its ONS cluster group. Only the rate of statutory homelessness (household based) is significantly higher than the cluster and English averages.

Important issues for Huntingdonshire include addressing local inequalities in health, planning in partnership to meet the needs of an ageing population and maintain a focus on long term prevention of ill health across all age ranges.

South Cambridgeshire

ONS Cluster Group is Prospering Southern England. The health of the people of South Cambridgeshire is generally better than the England average and similar, or better than, the Cluster Group average. Only the rate of statutory homeless per 1,000 households, and hospital admissions for alcohol related harm are significantly worse than the ONS Cluster.

Important issues for South Cambridgeshire include planning in partnership to meet the needs of an ageing population, addressing transport and access to services and the health needs of Gypsies and Travellers.

The full report is included on the JSNA website at <http://www.cambridgeshirejsna.org.uk/ons-cluster-dataset/ons-cluster-dataset>. National health profiles for Cambridgeshire Districts can be found at <http://www.cambridgeshirejsna.org.uk/other-assessments/cambshealthprofiles> and Cambridgeshire County Council's District reports at <http://www.cambridgeshirejsna.org.uk/other-assessments/cambridgeshire-district-demographic-reports>.

NHS Cambridgeshire Public Health Intelligence Team, March 2012

Table S1: Cambridgeshire Districts - summary of statistical differences with ONS Cluster Groups and England

	Indicator	Cambridge		East Cambridgeshire		Fenland		Huntingdonshire		South Cambridgeshire	
		Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England	Local value significance c/w Cluster	Local value significance c/w England
1	GCSE achievement (%)										
2	Statutory homelessness (per 1,000 hh)										
3	Unemployment rate 16+ (%)										
4	Infant mortality rate (per 1,000 live births)										
5	Perinatal mortality crude rate (per 1,000 total births)										
6	Low birth weight babies (%) <2500g										
7	Percentage smoking in pregnancy										
8	Obesity in Year 6 year children (%)										
9	Obesity in Reception year children (%)										
10	Teenage pregnancy rate (u18) (per 1,000)										
11	Chlamydia screening in 15-24s (%)										
12	Physically active adults (%)										
13	Hospital admissions for alcohol related harm (per 100,000)										
14	Modelled CHD prevalence (%)										
15	Modelled COPD prevalence (%)										
16	Modelled hypertension prevalence (%)										
17	Modelled stroke prevalence (%)										
18	Male life expectancy										
19	Female life expectancy										
20	Male mortality from all causes (per 100,000)										
21	Female mortality from all causes (per 100,000)										
22	Mortality from all cancers (u75) per 100,000)										
23	Mortality from all circulatory diseases (u75) (per 100,000)										
24	Mortality from accidents (15-24) (per 100,000)										
25	Mortality from accidents (65+) (per 100,000)										
26	Mortality from land transport accidents (per 100,000)										

Key: statistical significance	
	Significantly better
	Not significantly different
	Significantly worse
	Significance unavailable

Source: NHSC ONS Cluster Dataset 2012

Cambridgeshire District ONS Cluster Dataset 2012

Introduction

Cambridgeshire is a relatively affluent area and tends to fare well on many health indicators when compared to the national average. Due to this it can be difficult to prioritise health needs for the area from these national comparisons. It may therefore be useful to compare areas with similar demographic and socio-economic characteristics, to see how they compare in health outcomes, and where improvements can feasibly be made. Cambridgeshire consists of five district councils: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire, which all have different characteristics and health needs.

For this reason the Cluster Dataset benchmarks the constituent districts of Cambridgeshire with the England average and also the appropriate Office of National Statistics (ONS) Cluster. The ONS Clusters are based on the 2001 Area Classification, which groups together geographic areas according to key characteristics common to the population in that grouping. These groupings are called clusters, and are derived using census data. These groups should provide more useful benchmarks than the national or regional average as it enables comparison with areas of a similar demographic, household type, housing, socioeconomic, employment and industry sector composition. There are three levels of hierarchy within the ONS cluster benchmarks: supergroup, group and subgroup. This Cluster Dataset uses the 'group' cluster as the comparison, which is the level of hierarchy recommended to be used by ONS. There are 12 cluster groups under this hierarchy.

Cambridge City is in the Thriving London Periphery cluster; East Cambridgeshire, Fenland and Huntingdonshire are all in the Prospering Smaller Towns cluster and South Cambridgeshire is in the Prospering Southern England cluster. Table 1 shows the local authority members of these four groups.

This dataset gives some background demographic information and shows how the areas are doing against the England average and cluster average for a number of health indicators (26 public health indicators for the local authority districts) in the form of a presentation tool known as a spine chart.

In previous years, the Cluster Dataset has included NHS Cambridgeshire and a comparison with the Prospering Southern England PCT comparator areas. Due to PCT boundary changes, it has not been possible to include the Cambridgeshire level comparisons this time. There is no ONS Cluster for Cambridgeshire County Council.

Table 1: Cambridgeshire Districts: ONS cluster groups and their members

Cluster group	Cluster group members			
LA area Thriving London Periphery	Bromley Cambridge Hillingdon	Kingston-upon-Thames Oxford Reading	Richmond upon Thames Sutton Watford	
LA area Prospering Smaller Towns	Adur Ashford Babergh Bath and North East Somerset Blaby Boston Braintree Breckland Bridgnorth Broadland Bromsgrove Broxtowe Bury Canterbury Castle Morpeth Castle Point Castlereagh Charnwood Cheltenham Cherwell Chester Chorley Colchester Congleton Cotswold County of Herefordshire Crewe and Nantwich Daventry Derbyshire Dales Durham	East Cambridgeshire East Dorset East Dunbartonshire East Northamptonshire East Renfrewshire East Riding of Yorks Eastleigh Fareham Fenland Forest of Dean Gedling Hambleton Harborough Harrogate High Peak Hinckley and Bosworth Huntingdonshire Kettering Kings Lynn and West Norfolk Lewes Lichfield Macclesfield Maidstone Maldon Malvern Hills Melton Mendip	Mid Bedfordshire Mid Devon New Forest Mid Suffolk Monmouth Newark and Sherwood North Dorset North Down North Kesteven North Shropshire North Somerset North Warwickshire North West Leicestershire Oadby and Wigston Oswestry Poole Ribble Valley Richmondshire Rugby Rushcliffe Rutland Salisbury Sedgemoor Selby Shrewsbury and Atcham Solihull South Bedfordshire South Derbyshire South Gloucestershire	South Holland South Kesteven South Norfolk South Northamptonshire South Ribble South Somerset South Staffordshire St. Edmundsbury Stafford Staffordshire Moorlands Stirling Stockport Stratford-on-Avon Stroud Suffolk Coastal Taunton Deane Tewkesbury Trafford Tynedale Vale of Glamorgan Vale Royal Warrington Warwick Wealden Welwyn Hatfield West Lancashire West Lindsey West Oxfordshire West Wiltshire Wychavon Wyre Forest York
LA area Prospering Southern England	Aylesbury Vale Basingstoke and Deane Bracknell Forest Brentwood Chelmsford Chiltern Dacorum East Hampshire East Hertfordshire Elmbridge Epping Forest Epsom and Ewell	Guildford Hart Hertsmere Horsham Kennet Mid Sussex Mole Valley North Hertfordshire North Wiltshire Reigate and Banstead Rochford	Runnymede Sevenoaks South Bucks South Cambridgeshire South Oxfordshire Spelthorne St.Albans Surrey Heath Tandridge Test Valley Three Rivers	Tonbridge and Malling Tonbridge Wells Uttlesford Vale of White Horse Waverley West Berkshire Winchester Windsor and Maidenhead Woking Wokingham Wycombe

Interpreting the spine chart

A spine chart is a method of summarising information and presenting how an area is performing against a benchmark on a number of indicators. In this case the benchmark is the England average which is illustrated by the red line. The blue diamond marks the cluster average benchmark value, and the circle the local Cambridgeshire or district area value.

The colour of the circle indicates whether the area is statistically significantly worse, better, or no different than the England average for a particular indicator. The local value may be different from the national value due to chance, therefore statistical tests have been used to determine if observed local value is different from the England average by more than chance alone i.e. if it is significantly better (green circle) or worse (red circle). The significance level is set at 95%. This means that there is only a one in 20 probability that the result observed is due purely to chance. If the local value is not significantly different from the England value the circle is white. If the significance cannot be calculated it is a grey circle. This may be because the indicator is based on a modelled estimate and not an actual value, or the comparator values are not available.

The amount of variability around an indicator is displayed by the grey bars. The dark grey bar represents the interquartile range (the middle 50% of values) of all the PCTs or local authorities (LAs) in England. The light grey bar represents the skew of the data. If the worst and best values are equidistant from the mean the light grey bar will extend across the chart. If the data are skewed towards the worst values the light grey bar will extend to the left hand side and if the data are skewed towards the best values the light grey bar will extend to the right hand side.

The spine chart shows where the cluster average lies for that particular indicator, but it does not show whether the local value is statistically significantly different from the cluster group average. This is shown in the right hand column next to the spine chart. If the local area is statistically significantly better than the cluster average this is shown by a green circle; statistically significantly worse a red square; not statistically significantly different an amber diamond. If the row is blank this is because either the significance could not be calculated as in the case for modelled estimates, or the cluster average value was not available.

The methodology behind the spine chart and significance calculation, and the detailed metadata for all of the indicators in the spine chart are available in a separate document. Data sources are listed at the foot of each page underneath the spine chart.

The spine charts displayed are calculated using a modified version of the West Midlands Public Health Observatory Spine Chart Creator tool, which is publically available to download.¹

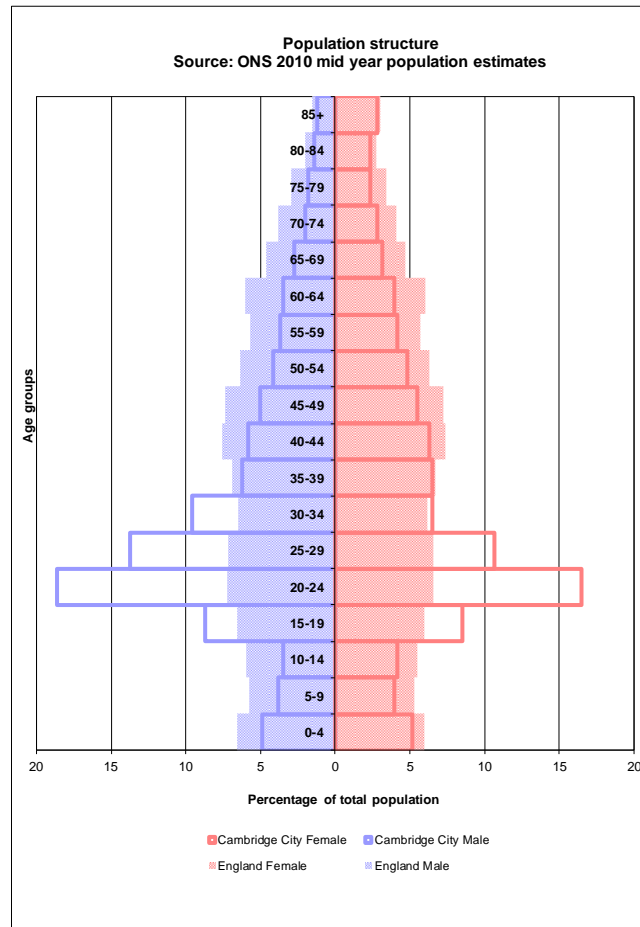
¹ WMPHO Spine Chart Creator tool <http://www.wmpho.org.uk/tools/> (Accessed 11/3/2010)

Table 2: Acronyms used in the spine chart

Acronym	Description
%	percentage
APHO	Association of Public Health Observatories
Avg	Average
CBR	Crude Birth Rate
CCCRPT	Cambridgeshire County Council Research & Performance Team
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
DCSF	Department for Children, Schools and Families
DCLG	Department for Communities and Local Government
DfT	Department for Transport
DH	Department of Health
GP	General Practitioner
hhs	households
HPA	Health Protection Agency
IC	The Information Centre for Health and Social Care
IMD	Indices of Multiple Deprivation
LA	Local authority
NCHOD	National Centre for Health Outcomes Development
NCMP	National Child Measurement Programme
NCSP	National Chlamydia Screening Programme
ONS	Office for National Statistics
TFR	Total Fertility Rate
u75	under 75 years old
YHPHO	Yorkshire and Humber Public Health Observatory

Cambridge City Council

- ONS cluster group is Thriving London Periphery.
- It is a relatively prosperous city and is ranked in the least deprived half of local authorities on its IMD 2010 score.
- The 2010 CCCRPT population estimate is 119,800, which is lower than the ONS estimate of 125,700 for the same year.
- The CCCRPT has forecast the population to grow by 23% by 2021.
- The birth rate is much lower than the national average
- It has a large proportion of the population in their late teens, twenties and early thirties, which is largely due to a large student and young professional population in the city.
- Cambridge City has a higher proportion of residents from non-white British ethnic backgrounds compared to England, most notably 'White Irish or other ethnic group' and 'Chinese or other ethnic group'.



Indicator	Year	Cambridge City	England
IMD score (rank out of 326)	2010	15.6 (193)	n/a
Total population	2010	119,800	52,234,000
Projected population	2021	147,400	56,432,500
Crude birth rate per 1,000 females aged 11-49	2010	47.1 (95% CI 45 - 49)	65.5 (95% CI 65-66)
Number of births	2010	1,552	687,007
Total period fertility rate	2010	1.7 (95% CI 1.6 - 1.8)	1.99 (95% CI 1.99 - 2.00)
Population ≤15 (%)	2010	17,200 (14.4%)	9,151,100 (17.5%)
Population 65+ (%)	2010	14,400 (12.0%)	8,606,300 (16.5%)
White British (%)	2009	89,000 (73.5%)	42,893,300 (82.8%)
White Irish or other ethnic group (%)	2009	9,900 (8.2%)	2,419,900 (4.7%)
Mixed (%)	2009	3,000 (2.5%)	956,700 (1.8%)
Asian or Asian British (%)	2009	10,200 (8.4%)	3,166,800 (6.1%)
Black or Black British (%)	2009	3,800 (3.1%)	1,521,400 (2.9%)
Chinese or other ethnic group (%)	2009	5,100 (4.2%)	851,600 (1.6%)

Source: IMD 2010 - DCLG; Population and forecasts – ONS (England) /CCCRPT(Districts); CBR and TFR - NCHOD

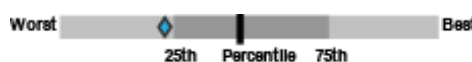
Cambridge City Benchmarking Spine Chart

Key Spine chart England comparison

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

ONS Cluster group – Thriving London Periphery

Cluster av. National av.



Key Cluster comparison

- Significantly better than cluster average
- ◆ Not significantly different
- Significantly worse than cluster average

	Indicator	Local avg number per year	Local value	Eng avg	Eng worst	England range	Eng best	Cluster avg	Sig diff from cluster avg
1	GCSE achievement (%)	464	57.6	55.3	38.0		78.6	61.4	◆
2	Statutory homelessness (per 1,000 hh)	137	3.0	2.0	10.4		0.0	2.2	■
3	Unemployment rate 16+ (%)	-	5.6	7.7	15.1		0.8	-	
4	Infant mortality rate (per 1,000 live births)	8	5.5	4.6	9.3		1.2	4.1	◆
5	Perinatal mortality crude rate (per 1,000 total births)	11	7.3	7.5	12.5		3.2	7.1	◆
6	Low birth weight babies (%) <2500g	81	5.2	7.3	11.5		4.3	7.0	●
7	Percentage smoking in pregnancy	155	11.4	14.0	31.4		4.5	8.3	■
8	Obesity in Year 6 year children (%)	108	14.2	19.0	26.5		9.8	17.4	◆
9	Obesity in Reception year children (%)	76	8.4	9.4	14.7		4.8	8.6	◆
10	Teenage pregnancy rate (u18) (per 1,000)	59	32.2	38.1	78.4		5.7	32.6	◆
11	Chlamydia screening in 15-24s (%)	13,931	46.6	25.2	6.6		74.9	-	
12	Physically active adults (%)	-	25.0	22.3	13.4		30.8	23.0	◆
13	Hospital admissions for alcohol related harm (per 100,000)	2,353	2156.6	1742.8	3114.3		849.5	1618.7	■
14	Modelled CHD prevalence (%)	3,652	3.5	5.8	9.7		3.3	4.4	●
15	Modelled COPD prevalence (%)	2,117	2.0	3.6	6.6		2.0	3.3	●
16	Modelled hypertension prevalence (%)	23,527	22.5	30.5	41.6		21.5	26.8	●
17	Modelled stroke prevalence (%)	1,708	1.6	2.6	4.2		1.5	2.0	●
18	Male life expectancy	-	78.8	78.6	73.6		85.1	-	
19	Female life expectancy	-	83.2	82.6	79.1		89.8	-	
20	Male mortality from all causes (per 100,000)	390	652.0	656.0	932.3		431.9	602.3	■
21	Female mortality from all causes (per 100,000)	432	441.5	467.1	632.7		283.5	418.7	◆
22	Mortality from all cancers (u75) per 100,000	95	107.6	110.1	159.1		77.9	100.2	◆
23	Mortality from all circulatory diseases (u75) (per 100,000)	52	59.0	67.3	123.2		35.5	59.4	◆
24	Mortality from accidents (15-24) (per 100,000)	-	7.8	11.3	60.7		0.0	8.5	◆
25	Mortality from accidents (65+) (per 100,000)	9	40.6	57.1	121.0		17.5	44.8	◆
26	Mortality from land transport accidents (per 100,000)	-	1.9	3.7	15.1		0.3	2.4	◆

Indicator, Year, Data Source

1 academic yr 2010/11, DfE; 2 2010/11, DCLG; 3 Jun 2010-Jul 2011, NOMIS; 4,5 2008-10, NCHOD; 6 2010 NCHOD; 7 2009/10, DH; 8,9 academic yr 2010/11 NCMP; 10 2008/10 ONS; 11 2010/11 NCSP; 12 Oct 2009 - Oct 2011, Sport England; 13 2009/10 NWPFO; 14-17 2011 projection erpho; 18-26 2008-10, NCHOD. (Numbers less than five suppressed due to disclosure)

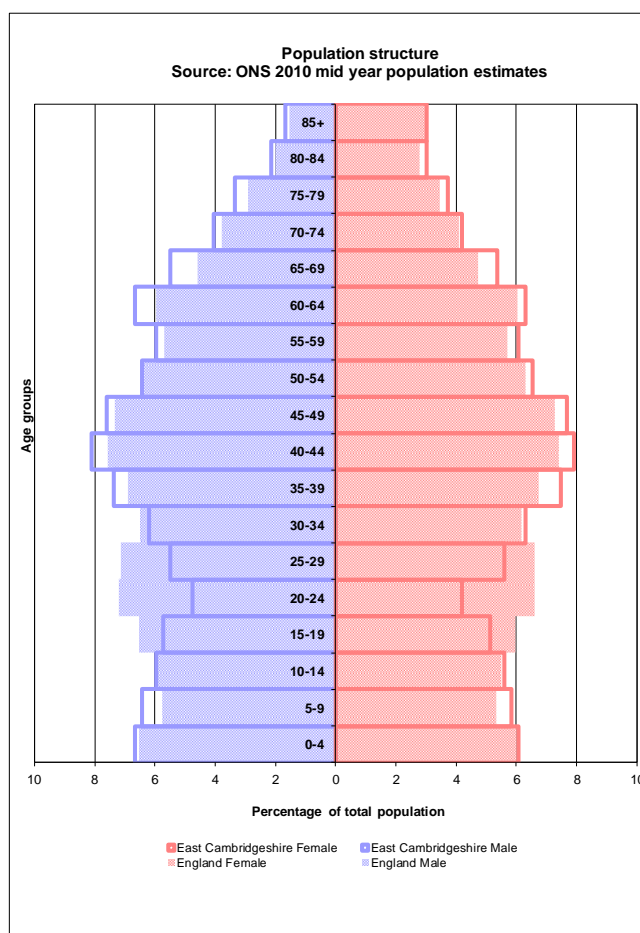
Key Messages

The health of the Cambridge population is generally similar to, or better than, the England average. Hospital admissions for alcohol related harm and the rate of statutory homelessness are significantly worse than both the England and cluster averages. Male mortality from all causes is significantly worse than the cluster average, although not statistically significantly worse than the England average. The percentage of women smoking in pregnancy is worse than the cluster average, although significantly better than the England average.

The prevalence of obesity in Year 6 children is significantly better than the England average and similar to the cluster average. Chlamydia screening in young people aged 15-24 is significantly above the England average (cluster comparisons not yet available) and this shows an improvement on previous years' figures. Around one in four adults participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week), as measured in the Active People's Survey 4/5. This is significantly better than the England figure and similar to the cluster average.

East Cambridgeshire District Council

- ONS cluster group is Prospering Smaller Towns.
- East Cambridgeshire is a relatively affluent area and is in the least deprived 20% of local authorities in England based on IMD score 2010.
- The 2010 CCCRPT population estimate is 80,900 which is lower than the ONS estimate of 84,900 for the same year.
- The CCCRPT has forecast the population to grow by 8.8% by 2021.
- Both the crude birth rate and the total period fertility rate are above the national average.
- East Cambridgeshire has a similar population structure to the England average, although it has proportionally less people in their 20s and men of retirement age but more people in their late 30s and 40s.
- Compared to the national average, East Cambridgeshire is less ethnically diverse, but has a slightly higher proportion of white Irish or white other persons.



Indicator	Year	East Cambridgeshire	England
IMD score (rank out of 326)	2010	10.4 (280)	n/a
Total population	2010	80,900	52,234,000
Projected population	2021	88,000	56,432,500
Crude birth rate per 1,000 females aged 11-49	2010	69.2 (95% CI 65 - 73)	65.5 (95% CI 65-66)
Number of births	2010	1,091	687,007
Total period fertility rate	2010	2.2 (95% CI 2.0 - 2.3)	1.99 (95% CI 1.99 - 2.00)
Population ≤15 (%)	2010	14,900 (18.4%)	9,151,100 (17.5%)
Population 65+ (%)	2010	14,200 (17.6%)	8,606,300 (16.5%)
White British (%)	2009	73,900 (88.1%)	42,893,300 (82.8%)
White Irish or other ethnic group (%)	2009	4,200 (5.0%)	2,419,900 (4.7%)
Mixed (%)	2009	1,200 (1.4%)	956,700 (1.8%)
Asian or Asian British (%)	2009	1,700 (2.0%)	3,166,800 (6.1%)
Black or Black British (%)	2009	1,500 (1.8%)	1,521,400 (2.9%)
Chinese or other ethnic group (%)	2009	1600 (1.9%)	851,600 (1.6%)

Source: IMD 2010 - DCLG; Population and forecasts – ONS (England) /CCCRPT(Districts); CBR and TFR - NCHOD

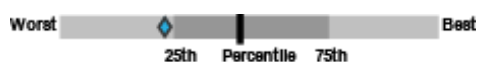
East Cambridgeshire Benchmarking Spine Chart

Key Spine chart England comparison

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

ONS Cluster group – Prospering Smaller Towns

Cluster av. National av.



Key Cluster comparison

- Significantly better than cluster average
- ◇ Not significantly different
- Significantly worse than cluster average

	Indicator	Local avg number per year	Local value	Eng avg	Eng worst	England range	Eng best	Cluster avg	Sig diff from cluster avg
1	GCSE achievement (%)	533	60.4	55.3	38.0		78.6	57.9	◇
2	Statutory homelessness (per 1,000 hh)	72	2.1	2.0	10.4		0.0	1.6	■
3	Unemployment rate 16+ (%)	-	5.2	7.7	15.1		0.8	-	
4	Infant mortality rate (per 1,000 live births)	-	3.2	4.6	9.3		1.2	3.8	◇
5	Perinatal mortality crude rate (per 1,000 total births)	6	5.7	7.5	12.5		3.2	6.6	◇
6	Low birth weight babies (%) <2500g	61	5.6	7.3	11.5		4.3	6.4	◇
7	Percentage smoking in pregnancy	111	11.4	14.0	31.4		4.5	14.7	●
8	Obesity in Year 6 year children (%)	118	16.6	19.0	26.5		9.8	16.7	◇
9	Obesity in Reception year children (%)	61	6.8	9.4	14.7		4.8	8.3	◇
10	Teenage pregnancy rate (u18) (per 1,000)	25	17.5	38.1	78.4		5.7	29.4	●
11	Chlamydia screening in 15-24s (%)	2,016	24.3	25.2	6.6		74.9	-	
12	Physically active adults (%)	-	20.5	22.3	13.4		30.8	23.0	◇
13	Hospital admissions for alcohol related harm (per 100,000)	1,522	1448.6	1742.8	3114.3		849.5	1926.7	●
14	Modelled CHD prevalence (%)	3,711	5.5	5.8	9.7		3.3	5.8	●
15	Modelled COPD prevalence (%)	1,801	2.7	3.6	6.6		2.0	3.1	●
16	Modelled hypertension prevalence (%)	20,295	30.0	30.5	41.6		21.5	32.0	●
17	Modelled stroke prevalence (%)	1,779	2.6	2.6	4.2		1.5	2.6	◇
18	Male life expectancy	-	81.5	78.6	73.6		85.1	-	
19	Female life expectancy	-	84.6	82.6	79.1		89.8	-	
20	Male mortality from all causes (per 100,000)	320	518.7	656.0	932.3		431.9	603.2	●
21	Female mortality from all causes (per 100,000)	332	393.1	467.1	632.7		283.5	437.6	●
22	Mortality from all cancers (u75) per 100,000	86	88.3	110.1	159.1		77.9	101.5	●
23	Mortality from all circulatory diseases (u75) (per 100,000)	53	53.0	67.3	123.2		35.5	56.4	◇
24	Mortality from accidents (15-24) (per 100,000)	-	16.0	11.3	60.7		0.0	14.6	◇
25	Mortality from accidents (65+) (per 100,000)	9	46.3	57.1	121.0		17.5	58.0	◇
26	Mortality from land transport accidents (per 100,000)	-	4.5	3.7	15.1		0.3	4.9	◇

Indicator, Year, Data Source

1 academic yr 2010/11, DfE; 2 2010/11, DCLG; 3 Jun 2010-Jul 2011, NOMIS; 4,5 2008-10, NCHOD; 6 2010 NCHOD; 7 2009/10, DH; 8,9 academic yr 2010/11 NCMP; 10 2008/10 ONS; 11 2010/11 NCSP; 12 Oct 2009 - Oct 2011; 13 2009/10 NWPHO; 14-17 2011 projection erpho; 18-26 2008-10, NCHOD. (Numbers less than five suppressed due to disclosure)

Key Messages

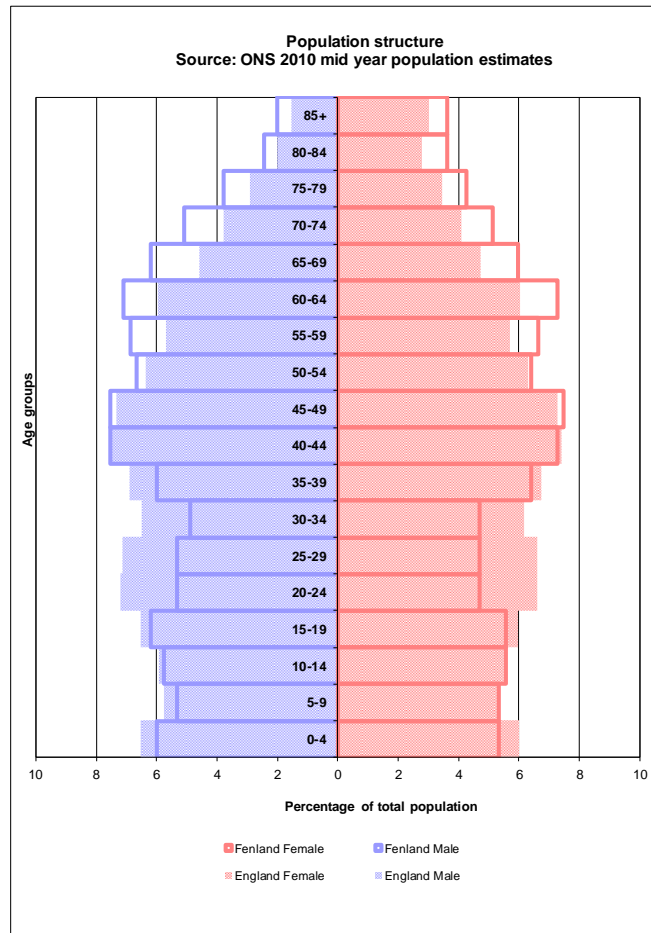
The health of the people of East Cambridgeshire is generally better than the England average and is similar to, or better than, its ONS cluster average. Out of all the indicators measured here there is only one which is significantly worse than the cluster average (the rate of statutory homeless per 1,000 households) and none are worse than the England average.

The proportion of obese children in Reception and Year 6 is significantly better than England but not the cluster. Female life expectancy, male and female all cause mortality and mortality from both circulatory disease and all cancers are also significantly better than the England and, in most cases, the cluster average figures. Teenage conception rates are significantly lower than both the England and cluster rates, as are hospital admissions for alcohol related harm and smoking in pregnancy.

Around 1 in 5 adults participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week), as measured in the Active People's Survey 3. This is comparable to the England and cluster average.

Fenland District Council

- ONS cluster group is Prospering Smaller Towns.
- Fenland is a relatively deprived local authority. It is in the most deprived 40% of LAs according to the IMD score 2010.
- The 2010 CCCRPT population estimate is 94,200 which is higher than the ONS estimate of 91,900 for the same year.
- The CCCRPT has forecast the population to grow by 14% by 2021.
- Both the crude birth rate and the total period fertility rate are above the national average.
- There are proportionally more older people in Fenland compared to the England average and less people in their 20s and early 30s.
- The population of Fenland is less ethnically diverse than the England average.



Indicator	Year	Fenland	England
IMD score (rank out of 326)	2010	22.3 (112)	n/a
Total population	2010	94,200	52,234,000
Projected population	2021	107,500	56,432,500
Crude birth rate per 1,000 females aged 11-49	2010	72.0 (95% CI 68 - 76)	65.5 (95% CI 65-66)
Number of births	2010	1,127	687,007
Total period fertility rate	2010	2.4 (95% CI 2.3 - 2.5)	1.99 (95% CI 1.99 - 2.00)
Population ≤15 (%)	2010	16,400 (17.4%)	9,151,100 (17.5%)
Population 65+ (%)	2010	18,500 (19.6%)	8,606,300 (16.5%)
White British (%)	2009	84,200 (91.8%)	42,893,300 (82.8%)
White Irish or other ethnic group (%)	2009	1,800 (2.0%)	2,419,900 (4.7%)
Mixed (%)	2009	1,000 (1.1%)	956,700 (1.8%)
Asian or Asian British (%)	2009	2,000 (2.2%)	3,166,800 (6.1%)
Black or Black British (%)	2009	1,900 (2.1%)	1,521,400 (2.9%)
Chinese or other ethnic group (%)	2009	800 (0.9%)	851,600 (1.6%)

Source: IMD 2010 - DCLG; Population and forecasts – ONS (England) /CCCRPT(Districts); CBR and TFR - NCHOD

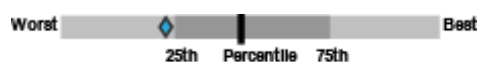
Fenland Benchmarking Spine Chart

Key Spine chart England comparison

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

ONS Cluster group – Prospering Smaller Towns

Cluster av. National av.



Key Cluster comparison

- Significantly better than cluster average
- ◇ Not significantly different
- Significantly worse than cluster average

	Indicator	Local avg number per year	Local value	Eng avg	Eng worst	England range	Eng best	Cluster avg	Sig diff from cluster avg
1	GCSE achievement (%)	450	45.6	55.3	38.0		78.6	57.9	■
2	Statutory homelessness (per 1,000 hh)	72	1.8	2.0	10.4		0.0	1.6	◇
3	Unemployment rate 16+ (%)	-	8.3	7.7	15.1		0.8	-	
4	Infant mortality rate (per 1,000 live births)	-	3.9	4.6	9.3		1.2	3.8	◇
5	Perinatal mortality crude rate (per 1,000 total births)	9	8.5	7.5	12.5		3.2	6.6	◇
6	Low birth weight babies (%) <2500g	91	8.0	7.3	11.5		4.3	6.4	◇
7	Percentage smoking in pregnancy	121	11.4	14.0	31.4		4.5	14.7	●
8	Obesity in Year 6 year children (%)	174	19.1	19.0	26.5		9.8	16.7	◇
9	Obesity in Reception year children (%)	98	10.5	9.4	14.7		4.8	8.3	■
10	Teenage pregnancy rate (u18) (per 1,000)	63	38.3	38.1	78.4		5.7	29.4	■
11	Chlamydia screening in 15-24s (%)	2,131	21.9	25.2	6.6		74.9	-	
12	Physically active adults (%)	-	17.9	22.3	13.4		30.8	23.0	■
13	Hospital admissions for alcohol related harm (per 100,000)	2,445	2025.6	1742.8	3114.3		849.5	1926.7	■
14	Modelled CHD prevalence (%)	5,628	7.5	5.8	9.7		3.3	5.8	■
15	Modelled COPD prevalence (%)	2,951	3.9	3.6	6.6		2.0	3.1	■
16	Modelled hypertension prevalence (%)	26,637	35.5	30.5	41.6		21.5	32.0	■
17	Modelled stroke prevalence (%)	2,407	3.2	2.6	4.2		1.5	2.6	■
18	Male life expectancy	-	77.5	78.6	73.6		85.1	-	
19	Female life expectancy	-	82.4	82.6	79.1		89.8	-	
20	Male mortality from all causes (per 100,000)	512	700.8	656.0	932.3		431.9	603.2	■
21	Female mortality from all causes (per 100,000)	511	470.0	467.1	632.7		283.5	437.6	■
22	Mortality from all cancers (u75) (per 100,000)	125	107.2	110.1	159.1		77.9	101.5	◇
23	Mortality from all circulatory diseases (u75) (per 100,000)	84	69.3	67.3	123.2		35.5	56.4	■
24	Mortality from accidents (15-24) (per 100,000)	-	24.9	11.3	60.7		0.0	14.6	◇
25	Mortality from accidents (65+) (per 100,000)	18	74.6	57.1	121.0		17.5	58.0	◇
26	Mortality from land transport accidents (per 100,000)	11	11.0	3.7	15.1		0.3	4.9	■

Indicators, Year, Data Sources

1 academic yr 2010/11, DfE; 2 2010/11, DCLG; 3 Jun 2010-Jul 2011, NOMIS; 4,5 2008-10, NCHOD; 6 2010 NCHOD; 7 2009/10, DH; 8,9 academic yr 2010/11 NCMP; 10 2008/10 ONS; 11 2010/11 NCSP; 12 Oct 2009 - Oct 2011; 13 2009/10 NWPHO; 14-17 2011 projection erpho; 18-26 2008-10, NCHOD. (Numbers less than five suppressed due to disclosure)

Key Messages

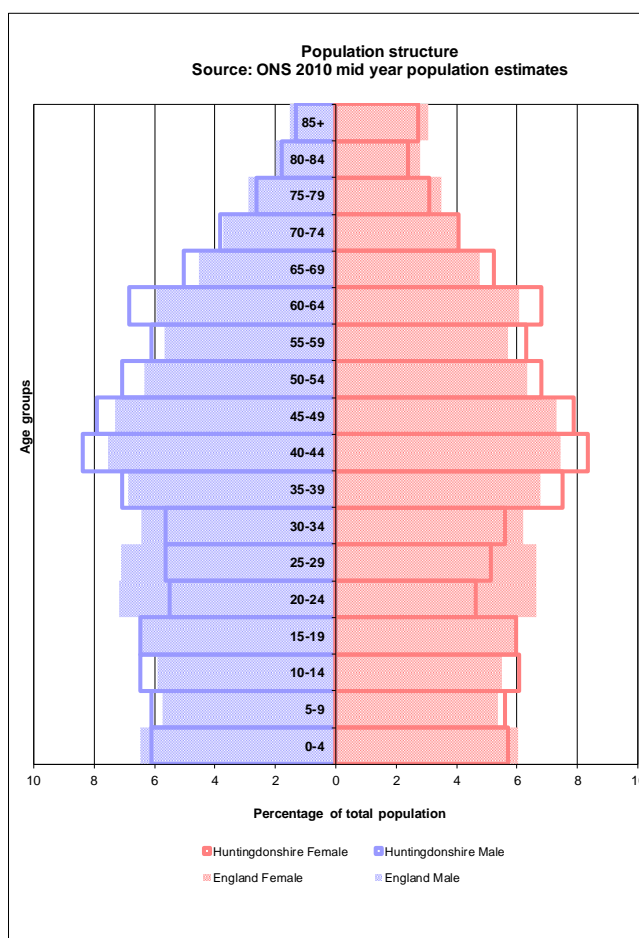
The health of the people of Fenland is generally similar to, or worse than, the England and cluster averages. The percentage of students achieving 5 GCSEs grades A*-C including English and Mathematics is notably, and significantly, lower than the national and cluster averages. This is also true for physically active adults, hospital admissions for alcohol related harm and land based transport accidents. One in five children in Year 6 and one in ten children in Reception are obese, with the proportion of Reception children being significantly higher than the cluster average.

Smoking in pregnancy is significantly better in Fenland compared to both the national and cluster averages.

Male all cause mortality is significantly higher than England and the cluster. Female all age all cause mortality, premature mortality from circulatory disease and teenage conceptions do not differ significantly to England, but are significantly higher than the cluster.

Huntingdonshire District Council

- ONS cluster group is Prospering Smaller Towns.
- Huntingdonshire is a relatively affluent area and is in the least deprived 15% of local authorities based on the IMD score 2010.
- The 2010 CCCRPT population estimate is 165,300, which is lower than the ONS estimate of 167,300 for the same year.
- The CCCRPT has forecast the population to grow by 9.5% by 2021.
- The crude birth rate is similar to the national average. However, the total period fertility rate is above the national average.
- The population structure is similar to the England average, although there are proportionally less people in the in their 20s and early 30s and of retirement age.
- Huntingdonshire is less ethnically diverse than the England average.



Indicator	Year	Huntingdonshire	England
IMD score (rank out of 326)	2010	10.6 (274)	n/a
Total population	2010	165,300	52,234,000
Projected population	2021	181,000	56,432,500
Crude birth rate per 1,000 females aged 11-49	2010	64.6 (95% CI 62 - 67)	65.5 (95% CI 65-66)
Number of births	2010	2,018	687,007
Total period fertility rate	2010	2.2 (95% CI 2.1 - 2.3)	1.99 (95% CI 1.99 - 2.00)
Population ≤15 (%)	2010	29,500 (17.8%)	9,151,100 (17.5%)
Population 65+ (%)	2010	26,000 (15.7%)	8,606,300 (16.5%)
White British (%)	2009	146,000 (88.1%)	42,893,300 (82.8%)
White Irish or other ethnic group (%)	2009	7,000 (4.2%)	2,419,900 (4.7%)
Mixed (%)	2009	2,500 (1.5%)	956,700 (1.8%)
Asian or Asian British (%)	2009	4,100 (2.5%)	3,166,800 (6.1%)
Black or Black British (%)	2009	2,200 (1.3%)	1,521,400 (2.9%)
Chinese or other ethnic group (%)	2009	3,900 (2.4%)	851,600 (1.6%)

Source: IMD 2010 - DCLG; Population and forecasts – ONS (England) /CCCRPT(Districts); CBR and TFR - NCHOD

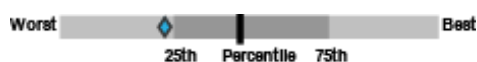
Huntingdonshire Benchmarking Spine Chart

Key Spine chart England comparison

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

ONS Cluster group – Prospering Smaller Towns

Cluster av. National av.



Key Cluster comparison

- Significantly better than cluster average
- Not significantly different
- Significantly worse than cluster average

	Indicator	Local avg number per year	Local value	Eng avg	Eng worst	England range	Eng best	Cluster avg	Sig diff from cluster avg
1	GCSE achievement (%)	1,048	57.5	55.3	38.0		78.6	57.9	◆
2	Statutory homelessness (per 1,000 hh)	169	2.4	2.0	10.4		0.0	1.6	■
3	Unemployment rate 16+ (%)	-	5.8	7.7	15.1		0.8	-	
4	Infant mortality rate (per 1,000 live births)	7	3.5	4.6	9.3		1.2	3.8	◆
5	Perinatal mortality crude rate (per 1,000 total births)	11	5.5	7.5	12.5		3.2	6.6	◆
6	Low birth weight babies (%) <2500g	126	6.2	7.3	11.5		4.3	6.4	◆
7	Percentage smoking in pregnancy	213	11.4	14.0	31.4		4.5	14.7	●
8	Obesity in Year 6 year children (%)	271	17.7	19.0	26.5		9.8	16.7	◆
9	Obesity in Reception year children (%)	124	7.7	9.4	14.7		4.8	8.3	◆
10	Teenage pregnancy rate (u18) (per 1,000)	78	24.5	38.1	78.4		5.7	29.4	●
11	Chlamydia screening in 15-24s (%)	5,882	30.6	25.2	6.6		74.9	-	
12	Physically active adults (%)	-	21.6	22.3	13.4		30.8	23.0	◆
13	Hospital admissions for alcohol related harm (per 100,000)	3,482	1736.5	1742.8	3114.3		849.5	1926.7	●
14	Modelled CHD prevalence (%)	6,651	5.0	5.8	9.7		3.3	5.8	●
15	Modelled COPD prevalence (%)	3,373	2.5	3.6	6.6		2.0	3.1	●
16	Modelled hypertension prevalence (%)	38,666	29.0	30.5	41.6		21.5	32.0	●
17	Modelled stroke prevalence (%)	3,178	2.4	2.6	4.2		1.5	2.6	●
18	Male life expectancy	-	80.5	78.6	73.6		85.1	-	
19	Female life expectancy	-	84.0	82.6	79.1		89.8	-	
20	Male mortality from all causes (per 100,000)	594	562.1	656.0	932.3		431.9	603.2	●
21	Female mortality from all causes (per 100,000)	633	415.6	467.1	632.7		283.5	437.6	●
22	Mortality from all cancers (u75) per 100,000	182	95.7	110.1	159.1		77.9	101.5	◆
23	Mortality from all circulatory diseases (u75) (per 100,000)	99	51.3	67.3	123.2		35.5	56.4	◆
24	Mortality from accidents (15-24) (per 100,000)	-	12.4	11.3	60.7		0.0	14.6	◆
25	Mortality from accidents (65+) (per 100,000)	23	70.2	57.1	121.0		17.5	58.0	◆
26	Mortality from land transport accidents (per 100,000)	8	4.9	3.7	15.1		0.3	4.9	◆

Indicator, Year, Data Source

1 academic yr 2010/11, DfE; 2 2010/11, DCLG; 3 Jun 2010-Jul 2011, NOMIS; 4,5 2008-10, NCHOD; 6 2010 NCHOD; 7 2009/10, DH; 8,9 academic yr 2010/11 NCMP; 10 2008/10 ONS; 11 2010/11 NCSP; 12 Oct 2009 - Oct 2011; 13 2009/10 NWPFO; 14-17 2011 projection erpho; 18-26 2008-10, NCHOD. (Numbers less than five suppressed due to disclosure)

Key Messages

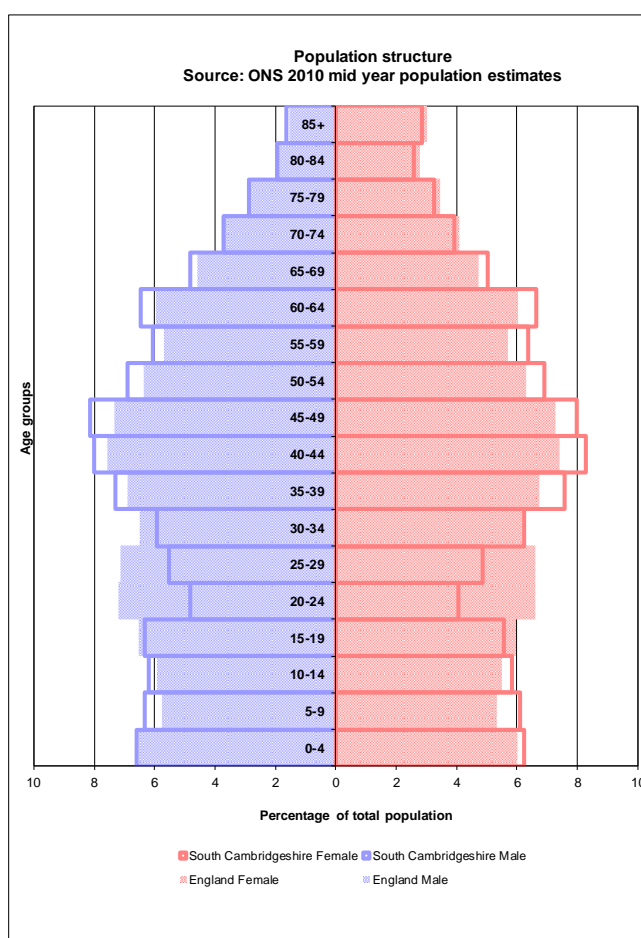
The health of the people in Huntingdonshire is generally better than the England average and, for many indicators, it is also better than its cluster group average. For example, the teenage conception rate is significantly better than both the national and cluster average. Male and female all-cause mortality are also significantly better than both the national and cluster averages. The only indicator which is worse than the national and cluster average is the rate of statutory homeless per 1,000 households.

Mortality from land transport accidents, which has been an issue for the district in previous years, appears to have improved and is now similar to the national average.

Obesity levels of children in Reception year and Year 6 are significantly lower than the national average and are similar to the cluster average. Around one in five adults participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week), as measured in the Active People's Survey 3. This is comparable to the England and cluster average.

South Cambridgeshire District Council

- ONS cluster group is Prospering Southern England.
- South Cambridgeshire is a very affluent area. It is in the least deprived 5% of local authorities based on their IMD score 2010.
- The 2010 CCCRPT population estimate is 145,200 which is lower than the ONS estimate of 146,400 for the same year.
- The CCCRPT has forecast the population to grow by 13% by 2021.
- Both the crude birth rate and the total period fertility rate are similar to the national average.
- There is a higher proportion of children, teenagers and adults in their late 30s and early 40s, but notably proportionally less young adults than the national average.
- The population is less ethnically diverse than the England average.



Indicator	Year	South Cambridgeshire	England
IMD score (rank out of 326)	2010	7.1 (322)	n/a
Total population	2010	145,200	52,234,000
Projected population	2021	164,300	56,432,500
Crude birth rate per 1,000 females aged 11-49	2010	65.0 (95% CI 62 - 68)	65.5 (95% CI 65-66)
Number of births	2010	1,749	687,007
Total period fertility rate	2010	2.0 (95% CI 1.9 - 2.1)	1.99 (95% CI 1.99 - 2.00)
Population ≤15 (%)	2010	27,100 (18.7%)	9,151,100 (17.5%)
Population 65+ (%)	2010	25,600 (17.6%)	8,606,300 (16.5%)
White British (%)	2011	125,400 (86.8%)	42,893,300 (82.8%)
White Irish or other ethnic group (%)	2011	7,400 (5.1%)	2,419,900 (4.7%)
Mixed (%)	2011	2,500 (1.7%)	956,700 (1.8%)
Asian or Asian British (%)	2011	4,200 (2.9%)	3,166,800 (6.1%)
Black or Black British (%)	2011	2,400 (1.7%)	1,521,400 (2.9%)
Chinese or other ethnic group (%)	2011	2,700 (1.9%)	851,600 (1.6%)

Source: IMD 2010 - DCLG; Population and forecasts – ONS (England) /CCCRPT(Districts); CBR and TFR - NCHOD

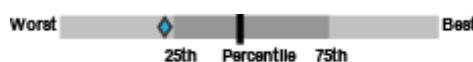
South Cambridgeshire Benchmarking Spine Chart

Key Spine chart England comparison

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

ONS Cluster group – Prospering Southern England

Cluster av. National av.



Key Cluster comparison

- Significantly better than cluster average
- ◇ Not significantly different
- Significantly worse than cluster average

	Indicator	Local avg number per year	Local value	Eng avg	Eng worst	England range	Eng best	Cluster avg	Sig diff from cluster avg
1	GCSE achievement (%)	1,083	68.8	55.3	38.0		78.6	63.9	●
2	Statutory homelessness (per 1,000 hh)	72	1.2	2.0	10.4		0.0	0.8	■
3	Unemployment rate 16+ (%)	-	4.0	7.7	15.1		0.8	-	
4	Infant mortality rate (per 1,000 live births)	6	3.6	4.6	9.3		1.2	3.4	◇
5	Perinatal mortality crude rate (per 1,000 total births)	10	5.6	7.5	12.5		3.2	6.0	◇
6	Low birth weight babies (%) <2500g	105	6.0	7.3	11.5		4.3	6.4	◇
7	Percentage smoking in pregnancy	197	11.4	14.0	31.4		4.5	10.3	◇
8	Obesity in Year 6 year children (%)	172	12.7	19.0	26.5		9.8	14.8	◇
9	Obesity in Reception year children (%)	96	6.2	9.4	14.7		4.8	7.5	◇
10	Teenage pregnancy rate (u18) (per 1,000)	52	20.1	38.1	78.4		5.7	21.9	◇
11	Chlamydia screening in 15-24s (%)	5,060	34.9	25.2	6.6		74.9	-	
12	Physically active adults (%)	-	25.7	22.3	13.4		30.8	24.3	◇
13	Hospital admissions for alcohol related harm (per 100,000)	2,797	1606.9	1742.8	3114.3		849.5	1477.8	■
14	Modelled CHD prevalence (%)	5,059	4.4	5.8	9.7		3.3	4.8	●
15	Modelled COPD prevalence (%)	2,474	2.1	3.6	6.6		2.0	2.6	●
16	Modelled hypertension prevalence (%)	34,168	29.5	30.5	41.6		21.5	29.4	◇
17	Modelled stroke prevalence (%)	2,339	2.0	2.6	4.2		1.5	2.3	●
18	Male life expectancy	-	81.3	78.6	73.6		85.1	-	
19	Female life expectancy	-	85.1	82.6	79.1		89.8	-	
20	Male mortality from all causes (per 100,000)	528	518.1	656.0	932.3		431.9	557.6	●
21	Female mortality from all causes (per 100,000)	533	367.4	467.1	632.7		283.5	409.8	●
22	Mortality from all cancers (u75) per 100,000	147	89.4	110.1	159.1		77.9	95.4	◇
23	Mortality from all circulatory diseases (u75) (per 100,000)	72	44.5	67.3	123.2		35.5	49.0	◇
24	Mortality from accidents (15-24) (per 100,000)	-	17.9	11.3	60.7		0.0	10.8	◇
25	Mortality from accidents (65+) (per 100,000)	15	45.3	57.1	121.0		17.5	52.2	◇
26	Mortality from land transport accidents (per 100,000)	7	4.7	3.7	15.1		0.3	3.6	◇

Indicator, Year, Data Source

1 academic yr 2010/11, DfE; 2 2010/11, DCLG; 3 Jun 2010-Jul 2011, NOMIS; 4,5 2008-10, NCHOD; 6 2010 NCHOD; 7 2009/10, DH; 8,9 academic yr 2010/11 NCMP; 10 2008/10 ONS; 11 2010/11 NCSP; 12 Oct 2009 - Oct 2011; 13 2009/10 NWPFO; 14-17 2011 projection erpho; 18-26 2008-10, NCHOD. (Numbers less than five suppressed due to disclosure)

Key Messages

The health of the people of South Cambridgeshire is generally better than the England average and similar, or better than, the cluster group average. The majority of indicators are significantly better than the England average. The only indicators which are significantly worse than the cluster average are the rate of statutory homeless per 1,000 households, and hospital admissions for alcohol related harm, although both indicators are significantly better than the England average.

The proportion of students gaining at least 5 GCSEs grades A*-C including English and Mathematics is notably higher than both of the comparators. The level of obesity in Reception year and Year 6 children is significantly lower than the national average.

Male and female all age all cause mortality rates are significantly lower than both the national and cluster averages, with male and female life expectancy significantly higher.

