Last year my report focussed on a ‘cross-sectional’ view of public health outcomes in Cambridgeshire – looking at the most recent health statistics, identifying issues of concern, and recommending the following opportunities for action:

- Targeted work to understand and address high rates of smoking
- A focus across organisations on inequalities in the early years
- Working with communities in Fenland on health and lifestyles
- Building a preventive approach to mental health in the county
- Reviewing reasons for lower coverage of individual vaccination and screening programmes and taking action to address this

I’m pleased to say that progress has been made in all of these areas, summarised on pages 28 and 29 of this Report, and further public health grant funding will be invested in them as part of the Council’s 2015/16 Business Plan.

This year’s Annual Public Health Report does not lose sight of the important issues outlined above, but adds a broader focus, looking at the changes and trends in public health outcomes over recent years. Developing a clear understanding of which public health outcomes are improving and which are deteriorating, helps us to identify emerging problems and target resources early to address them. The Report is structured around the ‘life course’ – starting with local health outcomes for children and moving through adulthood to old age.

There are positive trends for some important health outcomes in Cambridgeshire: life expectancy is improving in all parts of the county, including more deprived areas although inequalities remain, and there are fewer premature deaths from heart and circulatory disease. Teenage pregnancies have fallen over the past decade and smoking rates have also fallen in the most recent survey, although more years of data will be needed to confirm this.

An area of concern is that the proportion of children and adults who are overweight or obese has risen nationally over the past two decades, and although the trend may be flattening it is not reversing. Meanwhile, trends for mental health, including children and young people, and for alcohol use show a mixed picture. The coverage of some screening and vaccination programmes, identified as an area for action in last year’s Report, has shown further deterioration locally. The increasing numbers of older people in Cambridgeshire, while positive overall, emphasises the importance of enabling people to maintain their health and independence while they age.

Based on the data in this Report, I would like to recommend three new opportunities for public health action, while recognising that further work still needs to be done on last year’s recommendations:

- A focus on promoting the health of school age children, including mental health
- A whole system approach to healthy diet and physical activity – reversing the trend in obesity
- Supporting a positive approach to healthy ageing

Further detail of the rationale behind these recommendations is given on page 29.


Finally, I would like to thank the analysts from the Cambridgeshire Public Health Intelligence Team for their contribution to this Report, and in particular Jon Moore who has provided clearly presented visual data and carefully considered commentary throughout. I would also like to thank the County Council’s Health Committee for their leadership and challenge this year on a wide range of public health issues.
Looking at measures of life expectancy, and its variation by area and deprivation, gives us an overview of the general health experienced by our population.

**HOW LONG MIGHT WE LIVE?**

Children in Cambridgeshire can expect to live long and healthy lives across all of our districts. If a boy born now in Cambridgeshire experiences the same life chances, healthcare and death rates as those seen today throughout his life, on average he can expect to live to the age of 81, and a girl can expect to live to the age of 85. For the boy, the first 66 years of life can be expected to be in good health and for the girl, the first 65 years.

Healthy life expectancy is higher than the England average in Cambridgeshire for both sexes. The number of years lived in good health has increased in men in the county but decreased in women.

Life expectancy continues to increase across all districts in the county, as it does nationally. Life expectancy is above the national average in East Cambridgeshire, Huntingdonshire and South Cambridgeshire for men and women, and in Cambridge for women. Life expectancy is similar to the national average for men in Cambridge and for both men and women in Fenland.

Although life expectancy fares well compared with the national average at district level, babies born in the more socio-economically deprived areas of the county cannot expect to live as long as those in less deprived areas. In the 20% most deprived electoral wards in the county, for men and women combined, life expectancy is 2.5 years shorter than in the other 80% of wards (80.6 years compared with 83.1 years). Positively, however, life expectancy is increasing in both groups and the gap appears to be reducing. Differences in average life expectancy between people living in the least and most deprived areas in Cambridgeshire are mainly due to deaths from coronary heart disease, stroke, cancer and respiratory disease. In women, digestive conditions such as liver disease and cirrhosis are also an important factor, and in men, deaths from injury, poisoning and suicide play a part.

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1 Socio-economic deprivation refers to the Communities and Local Government Index of Multiple Deprivation (IMD) 2010. IMD scores for small areas are calculated based on a combination of scores for income, employment, health, education, crime, access to services and living environment to give a relative level of multiple deprivation experienced by an area.

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**LIFE EXPECTANCY IS INCREASING** in Cambridgeshire as it is nationally and the difference by deprivation in the county appears to be getting smaller.
A good start in life is vital for health and wellbeing throughout life. Levels of poverty in childhood give us an overview of a number of wider determinants of health. Promoting a smoke-free pregnancy, breastfeeding wherever possible and getting children vaccinated is important for a healthy infancy and to protect our children. As our children grow, their readiness for school and lifestyles become important predictors of health and wellbeing in adulthood. Teenage pregnancy, mental health and educational attainment influence our children’s preparedness for life as an adult.

**EXperiencing poverty in childhood**

12% of children under 16 in Cambridgeshire live in households considered to be in poverty, where incomes are much lower than the norm. Although this percentage is better than the England average (19%), this still represents over 13,000 children across the county. An extra 1,500 dependents under the age of 20 also live in income-deprived households.

The percentage of children living in poverty in Cambridgeshire has remained stable and much below the England average since 2006. Child poverty is consistently lower than the average in Cambridge, East Cambridgeshire, Huntingdonshire and South Cambridgeshire. The percentage in Fenland has remained stable but at a much higher level than the rest of the county. Improvements nationally have not been matched in Fenland and the district is now significantly worse than the England average with 21% of children living in poverty. The percentage of children in poverty in Cambridge was at a similar level to Fenland in 2006 but has improved noticeably in recent years.

Experiencing poverty in childhood is linked to poorer health in adulthood and premature mortality.
A healthy pregnancy and new-born baby

Not smoking during pregnancy is important for both the development of the baby and the health of the mother. 11% of new mothers in Cambridgeshire were smokers at the time of delivering their baby in 2013/14, around 750 women. The percentage of women smoking during pregnancy in Cambridgeshire has been lower or similar to the average for England over the last four years.

Although data are not available at district level, we know that smoking in the general population is higher in our more deprived communities and so smoking during pregnancy is also likely to be more common in these groups. Smokers have more complications during pregnancy and labour and there are consequences for the long-term health of the baby. Encouraging women to quit smoking during pregnancy can also help them to quit long-term giving health benefits for the mother and reduced exposure to second-hand smoke in the child.

The starting and continuation of breastfeeding of infants is another key factor to give our children a healthy start in life. The percentage of mothers who start breastfeeding continues to be higher than the national average in Cambridgeshire with 83% of women giving their babies breast milk in the first 48 hours after birth. The percentage still breastfeeding at 6–8 weeks after births falls to around 56% but remains higher than the average for England.

Trend data at district level are limited but we know that the percentages are much lower in Fenland, with 70% breastfeeding in the first 48 hours after birth and 37% at 6–8 weeks. Breast milk provides ideal and cost-free nutrition for babies and protects them from gastro-intestinal and respiratory infections. There are also health benefits for the mother, such as a faster return to pre-pregnancy weight.
The vaccination of children against infectious disease in Cambridgeshire appears to be lower than the national average and has shown a decline in recent years. We know that some of the trends may result from data collection changes, but this is still an area of concern. Drops in coverage can warn of possible increases in levels of infection in the population in future.

The DTaP/IPV/Hib vaccine protects against diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). The percentage of our children vaccinated has dropped below the national average, with 93.7% receiving all three doses by the age of one year and 94.4% by the age of two. Although coverage remains above the goal to vaccinate 90% of children, the fall is a concern. According to the data collected, around 450 two-year-olds each year may not be fully vaccinated against these diseases.

A similar pattern is seen for other vaccinations scheduled for the first few months of life, including Meningococcal group C disease (Men C) and Pneumococcal disease (PCV).

Similar trends are also seen for booster vaccinations scheduled for shortly after a baby’s first birthday. Hib/MenC and PCV booster coverage have fallen below the average for England in Cambridgeshire in recent years.
The percentage of children protected against measles, mumps and rubella (German measles) (MMR) is also lower than the national average in Cambridgeshire. Coverage had been getting better but appears to have fallen again. The percentage of children receiving one dose before the age of two is 89.9% in Cambridgeshire, below the national average of 92.7% but around the 90% goal. The percentage receiving the full two doses by the age of five hasn’t followed the improvement seen nationally and remains below the 90% target at 85.9% coverage; according to the data collected, around 1,100 five-year-olds in Cambridgeshire may not be fully protected against measles, mumps and rubella each year. Measles, mumps and rubella are very infectious, common conditions that can have serious complications.

National vaccination programmes are among the most successful public health interventions but their effectiveness depends on achieving high take-up among those eligible to protect individual health and prevent the spread of infection. Reasons for declines in coverage may be related to low take-up of invitations to attend, invitations being missed due to people moving house, or to families living temporarily in the UK vaccinating their children according to their home country schedule.

3 in 20 children may not receive the full course of MMR vaccination before their fifth birthday.
Ready for school?

In 2013/14, 61% of children in Cambridgeshire achieved the expected level of social, emotional and physical development, and communication, literacy and mathematical skills before they started Year 1 of school. This is similar to the national average.

School readiness varies by district with just 53% of children achieving the expected level in Fenland, below the national average; a better than average percentage (66%) achieve the expected level in South Cambridgeshire. Among children eligible for free school meals, the percentages are low at 41% for the county, below the national average of 45%.

Year 1 pupils undergo a short phonics screening check to ensure they have learned the skills to translate print into speech to an adequate standard. The check helps teachers to identify children in need of additional support. The percentage of all children achieving the expected level in Cambridgeshire is similar to the national average and increasing. Nationally, children receiving free school meals have a lower level of achievement on this check, with 61% achieving expected levels, and amongst children receiving free school meals in Cambridgeshire the figure is 58%.

Achieving a good level of development during the early years is linked to health in childhood and later life as an adult. Children from more socio-economically deprived backgrounds may be at risk of poorer development.

**58% of children eligible for free school meals in Cambridgeshire achieve the expected level in phonics (61% nationally)**

**41% of children eligible for free school meals in Cambridgeshire are ‘ready for school’ (45% nationally)**
CHILDREN’S LIFESTYLES – EXCESS WEIGHT

The National Child Measurement Programme measures the weight and height of children in Reception, at age 4/5, and in Year 6, at age 10/11, in state-maintained schools each year. Based on these measurements, around 21% of Reception age children and 29% of Year 6 children are classified as overweight or obese in Cambridgeshire, lower than the average for England (23% and 34% respectively).

In four- and five-year-olds, the percentage with excess weight appeared to be increasing for the county as a whole up to 2011/12 but has shown positive signs of decline since then. In many years, the percentage in Fenland was significantly higher than the England average but has fallen to a level similar to the average in the most recent year of measurement. Increasing proportions of children are being classed as overweight or obese in East Cambridgeshire and Huntingdonshire where levels have risen to similar to the national average.

In children aged 10–11, the percentages with excess weight have remained relatively stable across the county and most districts, in contrast to a steady increase being seen for England as a whole.

Looking at obesity alone, around 8% of Reception age children in Cambridgeshire are obese, below the national average (9%). In Year 6 children, although below the national average of 19%, the percentage of children that are obese is double that of Reception at 16%. Patterns in obesity are similar to excess weight, with higher rates in Fenland than the other districts. Trends over time appear to be relatively stable.
CHILDREN’S LIFESTYLES – SMOKING, ALCOHOL AND PHYSICAL ACTIVITY

The Health Related Behaviour Survey is a comprehensive survey undertaken by over 8,500 Year 8 and Year 10 pupils in Cambridgeshire every two years and includes a number of questions relating to lifestyles.

SMOKING

In 2014, 1% of Year 8 and 7% of Year 10 pupils reported that they smoked regularly with around half wishing to give up. Prevalence is higher in girls than boys, in children in care and in children in single parent families. Smoking is also more common in children who describe themselves as lesbian, gay, bisexual, and transgender, and those eligible for free school meals. The proportion of Year 10 children in the county who reported never having smoked, however, has increased from 54% in 2008 to 65% in 2014 and positive trends are seen across the districts.

ALCOHOL

Approximately one in eight Year 8 pupils and over one in three Year 10 pupils in Cambridgeshire reported having drunk alcohol in the past seven days, with prevalence being higher in boys than girls. The percentage of Year 10 pupils reporting drinking alcohol in the previous week, however, has decreased for the county as a whole and across the districts.
Enjoyment in physical activities tends to decrease with age and is noticeably lower in girls than boys. Only 60% of girls enjoyed physical activity in Year 10 compared to 72% in Year 8. The percentage of all Year 10 pupils that enjoy physical activity has fallen across the county; particular falls were seen in Fenland but this has improved in the latest survey. Pupils reported that lack of time and shyness were the main reasons that stopped them from doing as much sport or exercise as they would like.
Teenage Pregnancy

The rate of pregnancy among girls aged under 18 has fallen locally and nationally over the last ten years. Teenage pregnancies are more likely to be unplanned and around 50% end in abortion.

In Cambridgeshire, there are around 170 conceptions in girls aged under 18 each year, a rate significantly below the average for England. About 35 conceptions occur in under 16-year-olds, again well below the national average.

Rates have been similar to or lower than the national average across all of our districts over the last ten years and we still continue to see decline, which is positive news. Rates in Cambridge increased up to 2009 but have declined again recently. Rates in Fenland are falling but perhaps not as quickly as they are nationally.

Bringing up a child can be difficult for teenage mums and both young parents and their children are more likely to experience poorer health in future. Teenage mothers may not finish their education and can have poorer mental health; their children are more likely to live in poverty and have accidents and behavioural problems.
MENTAL HEALTH IN YOUNG PEOPLE

Self-harm in young people is an important indicator of mental health and wellbeing. Hospital admissions for self-harm in children and young people aged 10–24 are increasing in Cambridgeshire at a faster rate than experienced nationally, with rates being noticeably higher in girls than boys. Admissions are higher from the 20% most deprived areas in Cambridgeshire. The majority of admissions are due to intentional self-poisoning. Self-harm can occur for a variety of reasons and is linked to other problems such as depression and emotional problems which require psychological support.
Educational attainment is important for later life as it plays a key role in future income, housing and other material resources, all of which influence health. It can be influenced by both the quality of education children receive and family socio-economic circumstances.

In 2013/14, the percentage of children achieving five or more A*–C GCSEs in Cambridgeshire, including English and maths, was similar to the national average at 56%. Achievement was best in Cambridge (65%) and South Cambridgeshire (62%) and worst in Huntingdonshire (53%), East Cambridgeshire (51%) and Fenland (47%).

The way GCSE achievement is measured has changed and so it is difficult to assess trends over time, but past data show consistently above average performance in South Cambridgeshire and below average performance in Fenland. In the latest data, multiple GCSEs and resits are excluded – this appears to improve Cambridge’s performance against the average but reduce the achievement for the other districts.

In 2013/14, 56% of children in Cambridgeshire achieved 5 or more A*-C GCSEs including maths and English.
Rates of unemployment give us a strong indication of the socio-economic circumstances of an area and its likely health and wellbeing experience. Lifestyle factors become increasingly important as causes of disease, with smoking, alcohol consumption, obesity and physical activity contributing to cancer, diabetes and heart conditions, for example. Identifying and reducing risk of disease through screening programmes, health checks and immunisation contributes to population health.

Looking at rates of suicide gives us an understanding of the most serious mental health issues faced by our population. Living a healthy adult life sets us up for a healthy and long life in older age.

**UNEMPLOYMENT**

There are strong links between unemployment and physical and mental health. Ill health, long-term limiting illness and higher prevalence of alcohol use and smoking are also associated with unemployment.

The percentage of the population unemployed and claiming job seekers allowance is below the England average in Cambridgeshire at round 1% of the population, just over 3,500 claimants.

Patterns in claimant figures in our area closely follow those seen nationally. Unemployment rose to higher levels between 2009 and 2013 but has fallen again to levels similar to 2008. The percentage in Fenland has been consistently higher than our other districts but is still similar to or below the national average.

The figures presented represent people unemployed and claiming job seekers allowance. Further people may be unemployed and seeking work but not claiming job seekers allowance or unemployed and not seeking work.

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**Legend:**
- Cambridgeshire
- Cambridge
- East Cambs
- Fenland
- Huntingdonshire
- South Cambs
- England average

**Unemployment**

![Unemployment Graph](chart.png)
A HEALTHY LIFESTYLE = TOBACCO FREE

Smoking is still the most important cause of preventable ill health and early death in the UK. In Cambridgeshire, around 14% of adults are estimated to smoke. Although this is below the national average of 18%, it represents around 68,000 smokers across the county.

The prevalence of smoking in Cambridgeshire has fallen, as it has nationally. Rates are consistently higher though in Fenland compared to the other districts and up until 2012 were increasing – we need further data to see if the fall in 2013 is continued.

Smoking is more common among people working in routine or manual professions. 27% of these workers are estimated to smoke in the county, similar to the national average of 29%. Data suggest smoking rates have been higher in this group in Fenland and East Cambridgeshire.

Data from GP practices across the county also show us that smoking prevalence is strongly linked to levels of deprivation. Practices serving more deprived areas, regardless of district, tend to have higher rates of smoking, including practices in Fenland, Cambridge and the major towns in Huntingdonshire and East Cambridgeshire.

Smoking is a major risk factor for many diseases, such as lung cancer and many other cancers, chronic obstructive pulmonary disease and heart disease. About half of long-term smokers will die earlier as a result of smoking. High numbers of hospital admissions are caused by smoking related conditions.

THE HIGHEST RATES OF SMOKING ARE SEEN IN FENLAND, AMONG ROUTINE AND MANUAL WORKERS AND IN MORE DEPRIVED AREAS OF THE COUNTY.
A healthy lifestyle = drinking responsibly

The consumption of alcohol contributes to a range of health conditions and admissions to hospital. Alcohol-related conditions include liver disease, hypertension, oesophageal and other cancers and mental and behavioural disorders. Drinking alcohol is also linked to hospital admissions due to accidents and injuries and toxic effects of consumption, and causes considerable costs to the NHS.

The rate of admission to hospital due to alcohol-related conditions or causes is lower than the national average in Cambridgeshire but this varies by sex and district. There are around 3,500 admissions per year among Cambridgeshire residents where an alcohol-related condition or cause is the main reason for admission. For men, admission rates appear to be increasing very slightly in Cambridgeshire, as they are nationally, but are lower than the England average. Rates for men in Cambridge were increasing up to 2010/11 but have since fallen again. Rates in Cambridge and Fenland are higher than the other districts but similar to the England average.

For women, rates are generally lower than for men but have also been increasing slightly both in the county and nationally, and in contrast to men, are similar to the England average. In fact, in Cambridge and Huntingdonshire, rates of alcohol-related hospital admissions for women are higher than the national average according to the latest data. Positively, rates in Cambridge do appear to be falling slightly but the rates among Huntingdonshire women are increasing.

In 2012/13, alcohol-related hospital admissions for women were higher than the national average in Cambridge and Huntingdonshire.
A HEALTHY LIFESTYLE = EATING WELL AND BEING ACTIVE

Excess weight, diet and physical activity all have a significant impact on health. Obesity is a major determinant of premature mortality and avoidable ill health, increasing the risk of diabetes, heart disease, cancer, muscle and joint problems and depression. Physically active people have a 20-35% lower risk of cardiovascular disease, reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer, and better mental health.

EXCESS WEIGHT

Nearly two-thirds of adults in Cambridgeshire (65%) are estimated to be overweight or obese, similar to the national average of 64%. 22% are estimated to be obese, similar to the national average of 23%. The percentage of adults with excess weight varies by district, with higher than average percentages in Fenland (72%) and Huntingdonshire (69%) and lower than average percentages in Cambridge (54%). Similar patterns are seen for obesity alone.

Robust local authority level data for excess weight and obesity are relatively new and so trend data are not available. However, national data from the Health Survey for England show an increasing trend in obesity over many years, with some signs of levelling off recently. The percentage obese is slightly higher in women than in men.

NEARLY TWO-THIRDS OF CAMBRIDGESHIRE’S POPULATION ARE ESTIMATED TO BE OVERWEIGHT OR OBESE

Physical Activity

People are more likely to be physically active in Cambridgeshire compared with the national average, with 60% doing the recommended level of physical activity per week compared with 56%. However, a lower than average percentage of the population is physically active in Fenland (51%). The higher than average percentage of excess weight in Huntingdonshire is not reflected in the physical activity figures where the percentage doing the recommended level of activity is better than average.
**BREAST AND CERVICAL SCREENING**

NHS programmes for breast and cervical screening aim to detect cancers and signs of cancer at earlier, more treatable stages.

**BREAST SCREENING**

Women aged between 50 and 70 are invited to attend breast screening every three years. 73% of women take up this offer in Cambridgeshire, below the national average of 76%. This means around 18,000 eligible women not being screened per year. Although breast screening may also detect cancers that may never have been found or become life-threatening, early detection through screening saves one life for every 200 women screened, saving 1,300 lives every year in England.

The percentage screened has fallen in Cambridgeshire and across all the districts since 2012 and all districts except Huntingdonshire now have screening coverage rates below the national average. The percentage of eligible women screened in Cambridge is particularly low at 65%. Nationally, coverage rates have remained stable.

There has been a problem, particularly in Cambridge, in finding appropriate locations to base the mobile breast screening units. As a result of this, the time between screens has increased and led to a reduction in recorded uptake. This problem has been addressed and screening rates are slowly rising. The annual screening rate for 2014/15 will be available in late May, when we will be better able to judge if the rate is increasing.

**CERVICAL SCREENING**

Women are invited to attend cervical screening every three years between the ages of 25 and 49 and every five years between 50 and 64. Around 74% of women take up this offer in Cambridgeshire, slightly below the national average. Around 44,000 eligible women are not screened each year.

The percentage screened has fallen across Cambridgeshire since 2010 but national coverage is more stable. Although the percentage of women attending screening remains better than the national average in East Cambridgeshire, Huntingdonshire and South Cambridgeshire, rates are falling. Coverage in Cambridge is particularly low at 62%, has been consistently lower than the England average for a number of years, and has fallen more quickly than elsewhere.

Early detection and treatment of symptoms can prevent 75% of cervical cancers developing. Up to 4,500 lives may be saved by cervical screening in England each year.

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**LEGEND:**

- **Cambridgeshire**
- **Cambridge**
- **East Cambs**
- **Fenland**
- **Huntingdonshire**
- **South Cambs**
- **England average**
Influenza is a highly infectious respiratory disease spread by small droplets coughed or sneezed into the air by those infected.

All people aged over 65 are eligible for flu vaccination and coverage in Cambridgeshire in 2013/14 was slightly above the national average, at 74% compared with 73%, though below the goal of 75%. In risk groups aged six months to 65 years, however, coverage in Cambridgeshire was slightly worse than the England average in 2013/14 at 50% compared with 52% – again the goal is 75%. Coverage in the county has generally fallen recently in contrast to a small increase nationally.

High risk groups eligible for flu vaccine include people with chronic respiratory heart, kidney, liver and neurological diseases, people with diabetes and people with HIV and AIDS, for example. Over 31,000 eligible at-risk patients are not vaccinated against flu each year in the county.

People in risk groups are at greater risk of developing serious complications from flu such as pneumonia. Vaccination against flu plays a key part in protecting individual health and preventing spread of infection in the population.

### Risk-group vaccination coverage by age group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Cambridgeshire</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number at risk</td>
<td>Percentage vaccinated</td>
</tr>
<tr>
<td>6 months to &lt;2 years</td>
<td>200</td>
<td>17</td>
</tr>
<tr>
<td>2 years to &lt;16 years</td>
<td>6,600</td>
<td>42</td>
</tr>
<tr>
<td>16 years to &lt;65 years</td>
<td>56,500</td>
<td>51</td>
</tr>
</tbody>
</table>

**LEGEND:**

- **Cambridgeshire**
- **England average**
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease by identifying those at risk, raising awareness and supporting people to reduce their risk of disease. Anyone not already diagnosed with one of these conditions and aged between 40 and 74 is eligible for a Health Check.

Around 182,000 people in Cambridgeshire are eligible for an NHS Health Check. Of these, around 25% have been offered a health check so far, nearly two years into the five-year programme, above the national average of 18%. However, just 41% of health checks offered have been taken up and completed, below the national average of 49%. We are doing relatively well at offering health checks in the county, but we are struggling with take up and delivery of the check.

The percentage of checks offered that go on to be received has been consistently lower than the England average each quarter in Cambridgeshire. Take up has also fallen over the last 12 months.

Only 41% of those people in the county who are offered a health check go on to receive one — this is below the national average.

**NHS Health Checks**

25% of people eligible for a health check have been offered one in Cambridgeshire so far.

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**LEGEND:**

- Cambridgeshire
- England average
ADULT MENTAL HEALTH – SUICIDE

Suicide is an important cause of premature death, especially in young adults.

In Cambridgeshire, there are around 50 deaths from suicide each year in people aged 15 or over. Overall, in Cambridgeshire the suicide rate is similar to the national average and the trend locally is generally stable. At district level, the numbers of suicide deaths are small and can vary annually and hence it is hard to draw firm conclusions. Within the last ten years or so, Cambridge and Fenland have tended to have rates higher than the national average but there appears to be a decreasing trend in Cambridge over recent years. There tends to be more suicide deaths in men than women in Cambridgeshire and this is the same as found nationally.

Suicides and the aftermaths of suicide have wide ranging impacts on families, communities and society. Although the numbers of deaths are small, they often occur at young ages and so can account for considerable numbers of years of life lost compared to other causes of death.

Deaths rates from suicide are similar in Cambridgeshire to the national average.

Slightly higher rates of suicide have been seen in Cambridge and Fenland during the last ten years.
Early deaths from cardiovascular disease

Cardiovascular disease (CVD) is a general term which describes disease of the heart or blood vessels. CVD deaths in men and women aged under 75 have declined substantially over recent decades, both nationally and locally, influenced by better treatments and improving lifestyles. The rate of under 75 CVD deaths is lower than the England average in Cambridgeshire for both men and women, as well as for Cambridge, East Cambridgeshire, Huntingdonshire and South Cambridgeshire. Rates in Fenland are more similar to the England average.

CVD causes around 300 deaths every year in people aged under 75 in Cambridgeshire. 70% of these deaths are in men. Note the similar trends but different scales on the graphs for men and women.

In light of what we know about the causes of CVD and public health interventions, a proportion of CVD deaths are considered preventable – around 64% of early CVD deaths in Cambridgeshire. The rate of preventable under 75 CVD deaths in Cambridgeshire is lower than the national average, with around 190 deaths each year. Rates have fallen locally and nationally. Although rates are higher in Fenland than the other districts, they have reduced notably and caught up with the England average over the last ten years.

Rates of cardiovascular disease deaths under the age of 75 in Cambridgeshire are below the national average, but there are higher rates in Fenland than in other districts.
EARLY DEATHS FROM CANCER

Although deaths from cancer in men and women aged under 75 have fallen over recent decades, cancer is the biggest cause of death in under 75s in England. The rate of under 75 cancer deaths in Cambridgeshire is lower than the England average for both men and women. Around 650 early deaths each year occur due to cancer in Cambridgeshire, just over half (53%) are in men.

Early deaths in men from cancer have declined for the county as a whole and in Huntingdonshire, East Cambridgeshire and South Cambridgeshire, as they have nationally. However, rates in Fenland and Cambridge are more stable. Rates in East and South Cambridgeshire are notably lower than the average for England but more similar in the other districts.

Early deaths in women from cancer have also declined for the county as a whole, as they have nationally, but are more variable by district. Rates in Huntingdonshire have declined consistently, while rates in other districts have tended to fluctuate more. In the most recent data, district rates are generally below the national average but similar to the national average in Fenland.

In light of what we know about the causes of cancer and public health interventions, a proportion of cancer deaths are considered preventable – around 55% of early cancer deaths in the county. The rate of preventable under 75 cancer deaths in Cambridgeshire is lower than the national average, with around 360 deaths each year. Rates have fallen nationally, for the county and the districts, though rates remain more similar to the average in Fenland.
Focus on our older population

With significant improvements in healthcare and lifestyles, an increasingly large percentage of our population is made up of people aged over 65. A larger population of older people means a larger population potentially affected by certain challenges to health in later life. Additional deaths occur during winter related to cold weather, and older people are at risk of falls and hip fracture. Older people are increasingly likely to require support from adult social care and social isolation becomes an important factor in older people’s mental health. As well as simply living longer, we also want to live healthy for longer.

Winter – a challenging time for health

Greater numbers of people are known to die during the winter months, often related to circulatory and respiratory diseases. Excess winter deaths are additional deaths which occur between December and March compared to the numbers we would expect to occur if the rates of death were the same as during the rest of the year. In Cambridgeshire around 180 additional deaths occur during the winter months each year, 12% more than the rest of the year. Around two thirds of excess winter deaths are in people aged 85 or over.

Excess winter deaths in Cambridgeshire are lower than the national average but with variation by district. In East Cambridgeshire, Fenland, Huntingdonshire and South Cambridgeshire, excess winter deaths have fallen, but in Cambridge they have increased. Having said this, the measure of excess winter deaths does not take into account the detailed age structure of the population, and so interpretation of trends is more difficult.

Excess deaths in winter are influenced by winter temperatures, the level of disease in the population, and factors such as housing conditions and heating availability.
FALLS AND HIP FRACTURES

The rate of hospital admissions for injuries due to falls is above the national average in Cambridgeshire. Around 2,600 admissions occur each year, 69% of which are in women and 69% in over 80-year-olds. A higher than average rate of admissions is seen among both men and women in Cambridge. In men, rates are relatively stable, as they are nationally, but with a suggestion of a recent increase in East Cambridgeshire. In women, however, rates are increasing for the county as a whole and in all districts except Fenland, in contrast to a nationally stable trend. Rates are consistently higher in Cambridge compared to the other districts.

Hip fracture can be a proxy measure for a serious fall. Around 700 emergency admissions occur each year in Cambridgeshire due to hip fractures, 71% of which are in over 80-year-olds.

The rate of emergency hospital admission for hip fracture is similar in Cambridgeshire to the national average and for all districts except Cambridge. Rates in Cambridge appear to be higher than average but there has been a lot of variation in the data over recent years. Rates appear to be stable across the county, as they are nationally.

Falls are the most common cause of emergency hospital admission in older people and can have significant long-term outcomes. The majority of falls occur in the home. Falls resulting in hip fracture are particularly serious and one in three people affected end up moving into long-term social care.
STAYING SOCIALLY ACTIVE

Social isolation and loneliness are linked to poor mental health and physical health. The percentage of adult social care users in the county that have as much social contact as they would like is similar to the England average at 46% compared with 45%. The percentage is also increasing in the county, as it is nationally but there is still plenty of scope for improvement.

Supporting people to remain connected to family, friends and their community is an important step in tackling loneliness and improving health for social care users.

46% of adult social care users have as much social contact as they would like in Cambridgeshire.
This section will provide a brief review of progress against the opportunities for action identified in 2014, all of which require ongoing work, and will propose three new areas, based on the findings of this Annual Public Health Report.

REVIEW OF PROGRESS

TARGETED WORK TO UNDERSTAND AND ADDRESS HIGH RATES OF SMOKING

There appears to have been an improvement in smoking prevalence in Cambridgeshire between 2012 and 2013 (the latest data available), but smoking rates are still much higher in Fenland and for manual workers than the average for Cambridgeshire residents. During 2014/15 the County Council public health team commissioned a social marketing company to carry out engagement work in Fenland and the wider county to understand community views on smoking, and what would influence smokers to consider quitting. Going forward, Cambridgeshire will be working with neighbouring local authorities on tobacco related campaigns and engagement work, including a focus on illicit tobacco sales.

A FOCUS ACROSS ORGANISATIONS ON INEQUALITIES IN THE EARLY YEARS

Trend data shows that although the percentage of children in poverty in Cambridge has improved over the last few years, in Fenland it has remained static and is now significantly worse than the national average. Although showing some improvement, the percentage of children receiving free school meals in Cambridgeshire who have achieved a good level of development at the end of reception remains below the national average. Cambridgeshire Children’s and Young People’s services already have a strong focus on inequalities in the early years through a range of programmes and targeted activity. October 2015 will see a new opportunity to address inequalities in early years health and development when commissioning of health visiting and ‘family nurse partnership’ services transfers from the NHS to local authorities. County Council staff are working closely with NHS England to make sure that this transfer proceeds smoothly.

WORKING WITH COMMUNITIES IN FENLAND ON HEALTH AND LIFESTYLES

Life expectancy and healthy life expectancy in Fenland remain below the average for Cambridgeshire and although there appears from the latest survey to be some improvement in smoking rates, Fenland residents still experience worse than national average rates for excess weight in adults, physical activity and inactivity rates, and the percent of working days lost to sickness absence. Working closely with the Fenland Health and Wellbeing Partnership, County Council staff have held engagement events with communities and stakeholders in Fenland, and received a clear message that we need to work with communities on issues which are important to them locally. To achieve this, public health grant funding will be used to set up a Healthy Fenland Fund with a focus on supporting and engaging in local community led initiatives.

BUILDING A PREVENTIVE APPROACH TO MENTAL HEALTH IN THE COUNTY

The latest figures for suicide rates in the county (2013) have shown little change and are similar to the national average. Rates of self-harm amongst young people aged 10–24 have been increasing and were higher than the national average in 2012/13 (the latest available data). The Council, working with a wide range of organisations, has produced a draft Public Mental Health Strategy with three areas of focus: a life course approach to promoting mental health; developing a wider environment that supports mental health; and addressing the links between physical and mental health. At the time of writing, a public consultation on the Strategy is about to be concluded and a final version will shortly be brought to the Council’s Health Committee.
A Children and Young People's Emotional Wellbeing and Mental Health Strategy (2014–16) has been agreed across Cambridgeshire County Council, Peterborough City Council and local NHS commissioners, which emphasises widening, coordinating and enhancing the range of early intervention mental health support available.

**REVIEWING REASONS FOR LOWER COVERAGE OF INDIVIDUAL VACCINATION AND SCREENING PROGRAMMES AND TAKING ACTION TO ADDRESS THIS**

As the most recent figures show, adverse trends in coverage of both childhood immunisation and adult screening programmes are continuing to cause concern in Cambridgeshire. Significant work has been done over the past year to make sure that the database used to track childhood immunisation coverage is updated when children move in and out of the County, and that the data we are using is robust. NHS England, which is the commissioner of childhood immunisation and adult screening programmes has set up joint task groups with the County Council to review why childhood immunisation and adult screening coverage is falling and to develop solutions. Funding is being provided by NHS England for targeted communications work.

**NEW OPPORTUNITIES FOR ACTION IN 2015**

**A FOCUS ON PROMOTING THE HEALTH OF SCHOOL AGE CHILDREN, INCLUDING MENTAL HEALTH**

*Rationale:* Recent trend data shows some improvements in the health of secondary school children in Cambridgeshire – more children who have never smoked, fewer children who have drunk alcohol in the past week, and a reduction in teenage pregnancies since 2004. However childhood obesity rates, while not deteriorating, have not shown significant improvement since measurements first started in 2006/7. There are also some worsening trends – fewer 14–15 year olds describe themselves as enjoying physical activity, and rates of hospital admission for self harm among young people are increasing. Reviewing approaches to promoting the health of school age children would enable a focus on these issues, at a point when the Council is taking on lead responsibility for the whole Healthy Child Programme age 0–19.

**A WHOLE SYSTEM APPROACH TO HEALTHY DIET AND PHYSICAL ACTIVITY – REVERSING THE TREND IN OBESITY**

*Rationale:* While the rapid rise in obesity seen in the 1990s and early 2000s appears to have slowed and possibly be levelling off, there is still no reversal of the trend, meaning that many more people than in the past are at risk of the long-term health consequences of obesity, such as diabetes. The transfer of public health to local authorities allows a focus on the wider environmental issues which affect diet and physical activity – with the potential to influence transport strategies to promote walking, cycling and use of public transport, to follow healthy food policies in a variety of local authority venues and services; and to protect children’s wellbeing when considering sites of take-away food venues. Environmental approaches complement lifestyle and weight management services also commissioned by the County Council. Further development of a whole system approach will be required to reverse recent obesity trends.

**SUPPORTING A POSITIVE APPROACH TO HEALTHY AGEING**

*Rationale:* Increases in life expectancy over the past ten years in Cambridgeshire and nationally should be celebrated, but – together with the larger numbers of people reaching old age as a result of the post war ‘baby boom’ – it brings with it the challenges of an ageing population. There is increasing evidence for the importance of preventive factors such as remaining physically active from mid-life, and maintaining social networks, which will help older people to maintain their health and independence in the longer term. We need more understanding of the ways in which wider society can support this positive approach to ageing.
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