Cambridgeshire County Council

CAMBRIDGESHIRE'S

ANNUAL PUBLIC HEALTH REPORT

2018

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INTRODUCTION

When Annual Public Health Reports were first produced in the nineteenth century by local authority Medical Officers of Health, they were the main source of available information about health statistics in the local area.

This is no longer the case - as there are now excellent web based resources reporting on routine health statistics and outcomes both locally and nationally, which are available for any member of the public with an interest. Section 1 of this report provides information about and weblinks to these resources.

This Annual Public Health Report focusses on two topics where new information is available. For the first time, the national Health Profile for England (2018) includes a chapter about Health in the Early Years - and Section 2 of this report reviews similar information for Cambridgeshire about the health and development of children aged under five.

The Global Burden of Disease (GBD) Study is used by national policy makers across the world. For the first time, this year's GBD includes a breakdown of data on premature death and disability and their causes, at upper tier local authority level. Section 3 of this report briefly reviews the GBD study findings for Cambridgeshire.

Section 4 looks at the recommendations from last year's annual report and how these have been progressed, and makes further recommendations for the coming year.

Throughout the report I make use of infographics produced by Public Health England's 'Health Matters' resource, available on https://www.gov.uk/government/collections/health-matters-public-health-issues. This provides a range of easily understandable and accessible information on a range of important health issues, and is well worth a look.

In a time of limited resources, we need to ensure that as many organisations, communities and individuals as possible have good information about how we can improve health in our local communities – and I hope this report will help signpost those interested to some of the wealth of information available.

SECTION 1: FINDING INFORMATION ON PUBLIC HEALTH OUTCOMES

LOCAL INFORMATION

Cambridgeshire Insight is the main source of local information on a range of local outcomes, including public health.

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

Cambridgeshire Insight: Joint Strategic Needs Assessment https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/ provides an annually updated core dataset from the statutory joint strategic needs assessment (JSNA) across health and social care outcomes. The JSNA is led by the Cambridgeshire and Peterborough Health and Wellbeing Boards.

Cambridgeshire Insight: Health and Wellbeing https://cambridgeshireinsight.org.uk/health/ provides links to a range of detailed local and national information on public health outcomes, weekly updates on the latest national research, and other reports.

Cambridgeshire Insight: Children's health and wellbeing https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ provides further information on children's health and outcomes in the county

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

NATIONAL INFORMATION

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

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

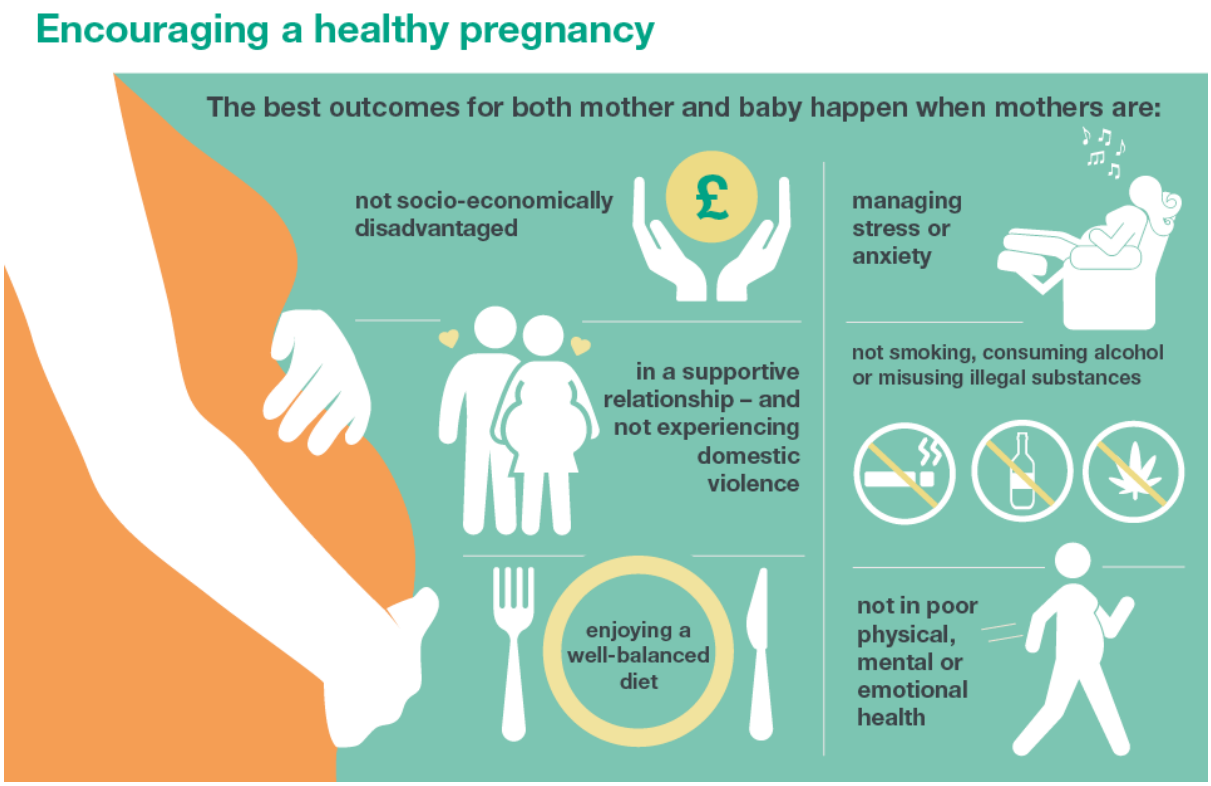
It is also possible to do this for individual District/City Council areas in Cambridgeshire, although for a more limited set of outcome indicators.

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

SECTION 2: THE BEST START IN LIFE

HEALTH IN PREGNANCY

There are some factors which influence a child's health and wellbeing, even before they are born.



TEENAGE PREGNANCY

Teenage pregnancy (usually defined as conception under the age of 18) carries a number of risks for both mother and child. The baby is more likely to have a low birth weight and has a higher risk of infant death. Because of parenting responsibilities, young mothers are less likely to finish their education and this may put them at further economic disadvantage. Rates of teenage pregnancy have more than halved nationally over the last 20 years, as a result of a long-term evidence based teenage pregnancy strategy. In Cambridgeshire the teenage pregnancy rate in 2016 was the lowest in the East of England. Rates in Cambridge City, South Cambridgeshire and East Cambridgeshire were better than the national average and in Fenland and Huntingdonshire were similar to average.

2.04 - Under 18 conceptions 2016 — Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	17,014	18.8	18.5	19.1
East of England region	↓	1,738	17.1	16.3	17.9
Peterborough	↓	99	29.8	24.2	36.3
Southend-on-Sea	↓	81	27.1	21.5	33.7
Luton	↓	86	21.7	17.4	26.8
Norfolk	↓	285	20.9	18.6	23.5
Thurrock	↓	54	18.4	13.8	24.0
Essex	↓	406	16.7	15.1	18.4
Suffolk	↓	194	16.0	13.8	18.4
Central Bedfordshire	↓	69	15.0	11.7	19.0
Bedford	↓	43	14.7	10.6	19.7
Hertfordshire	↓	295	14.4	12.8	16.1
Cambridgeshire	↓	126	12.2	10.2	14.5

Source: Office for National Statistics (ONS)

SMOKING IN PREGNANCY

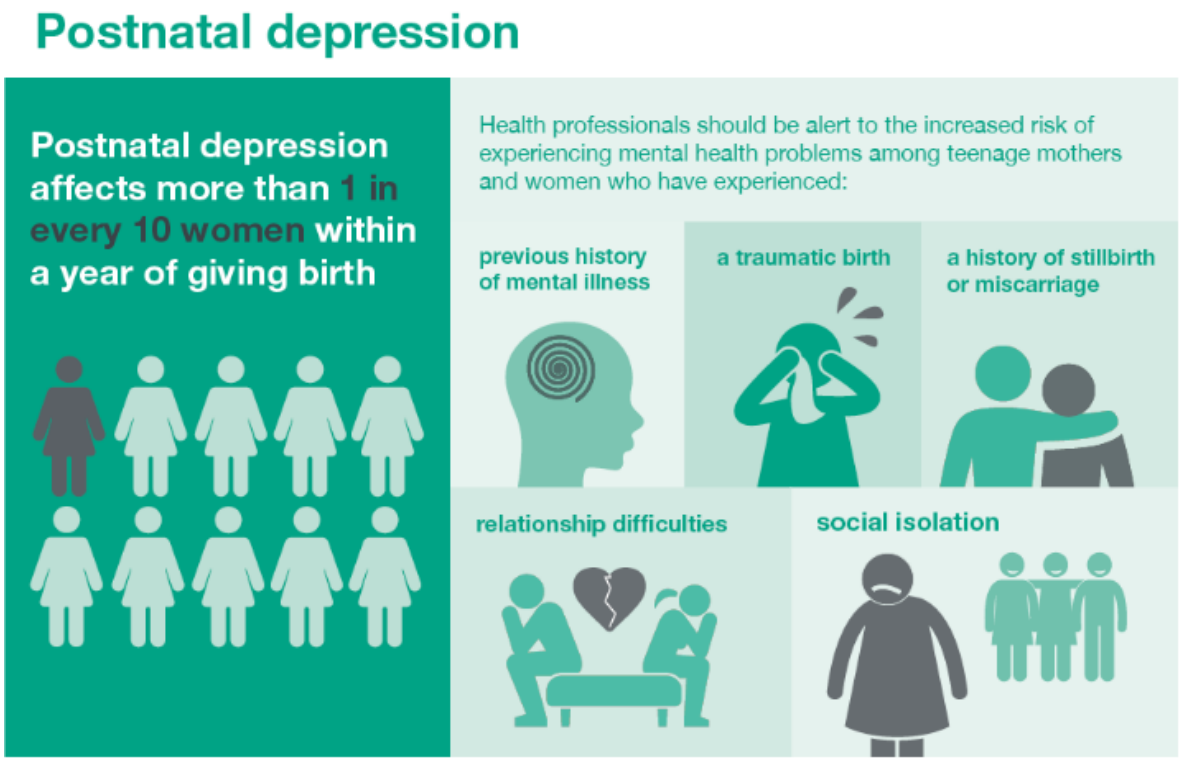
The proportion of mothers who are smokers at the time their baby is delivered is measured by hospital maternity units. The latest available national figures from 2016/17 showed that 10.7% of women were smokers at the time of delivery. The latest figures from local hospitals for April-Sept 2018 show major inequalities in the proportion of mothers smoking at the time of delivery in different parts of Cambridgeshire.

Maternity Unit	**Main area served (Cambs & Peterborough patients only)**	**Percentage of women smoking at time of delivery April-Sept 2018**
Rosie Maternity Unit Cambridge	Cambridge City, South Cambridgeshire, East Cambridgeshire	**6.2%**
Hinchingbrooke Hospital Maternity Unit	Huntingdonshire, South Fenland	**10.6%**
Peterborough City Hospital Maternity Unit	Peterborough, central and western parts of Fenland	**12.7%**
Queen Elizabeth Hospital, Kings Lynn	North Fenland (Wisbech area)	**22.8%**

HEALTH IN THE EARLY YEARS

MATERNAL MENTAL HEALTH

Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment. But many women are thought to be 'falling through the cracks' and not getting the help they need for mental health problems during and after pregnancy. The Centre for Mental Health and the Royal College of GPs highlighted that the biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.



HEALTHY NUTRITION IN THE EARLY YEARS

BREASTFEEDING

Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life, following which other drinks and foodstuffs can be introduced. But many mothers find it challenging to sustain breastfeeding. National data from 2016/17 show that at 6 to 8 weeks of age the percentage of infants who were either exclusively or partially (when formula milk has also been introduced) breastfed was only 44.4%.

In Cambridgeshire, rates of breastfeeding at 6-8 weeks are better than the national and regional average with 56.1% infants breastfed.

2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	271,813	44.4*	44.3	44.6
East of England region	–	33,997	49.2	48.8	49.6
Luton	–	1,980	57.1	55.5	58.7
Cambridgeshire	–	3,978	56.1	55.0	57.3
Bedford	–	1,174	54.7	52.6	56.8
Central Bedfordshire	–	1,612	47.7	46.1	49.4
Thurrock	–	1,196	47.7	45.8	49.7
Peterborough	–	1,452	47.1	45.3	48.9
Suffolk	–	3,442	46.0	44.9	47.1
Norfolk	–	4,102	45.7	44.6	46.7
Essex	–	6,857	45.7	44.9	46.5
Southend-on-Sea	–	985	*	-	-
Hertfordshire	–	7,219	*	-	-

Source: Public Health England National Child and Maternal Health Intelligence Network

CHILDHOOD OBESITY

Increases in both childhood and adult obesity over the past 30 years are a major public health concern. Obesity is estimated to cost wider society £27 billion per year, and we spend more per year on treating obesity and diabetes than on the police, fire service and judicial system combined.

Although the causes of childhood obesity are complex, not all young children have a diet or undertake physical activity at levels which reflect national recommendations. Linked data shows that children who were overweight or obese in Reception year (aged 4 and 5 years) were also more likely to be overweight or obese in Year 6 (age 10 to 11 years) and then again more likely to go on to be overweight or obese adults.

In Cambridgeshire, the percentage of 4-5 year olds with excess weight has decreased over the past four years, and in 2016/17 was the lowest in the East of England at 18.5%. All Cambridgeshire districts, including Fenland, had lower percentages of 4-5 year olds with excess weight than the national average.

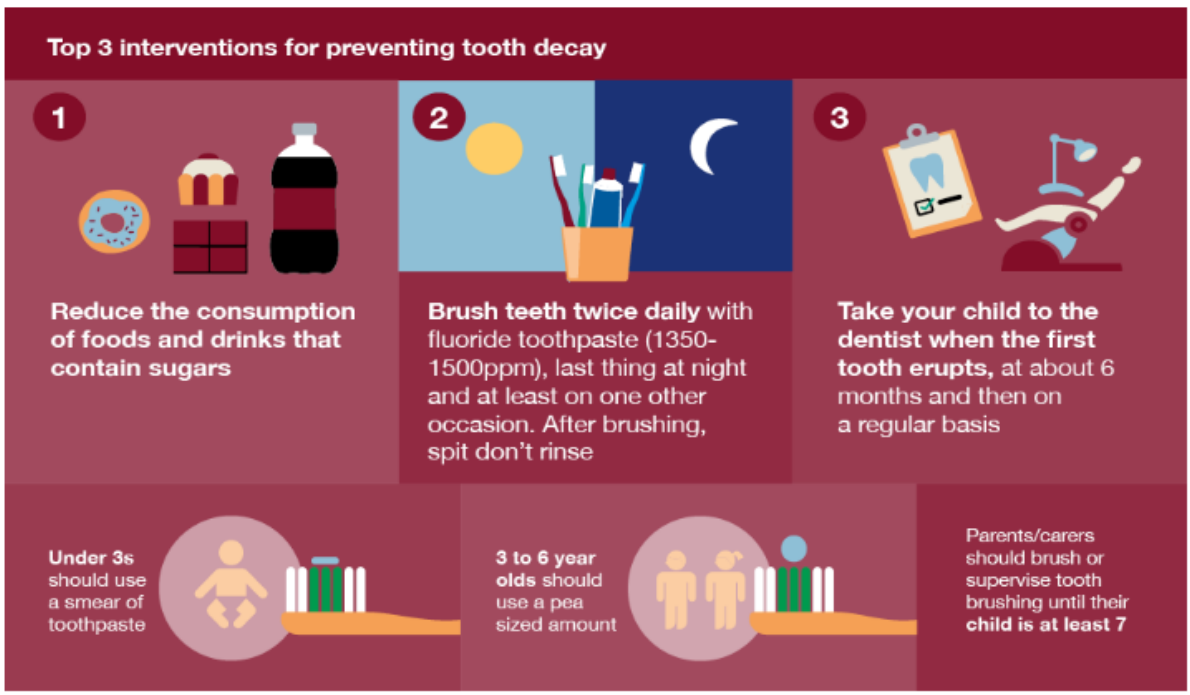
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds New data 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	142,419	22.6	22.5	22.7
East of England region	↓	14,999	21.1	20.8	21.4
Peterborough	↓	603	23.2	21.6	24.9
Norfolk	→	2,108	22.7	21.9	23.6
Luton	↓	738	22.6	21.2	24.1
Suffolk	→	1,773	22.3	21.4	23.2
Thurrock	↓	553	22.1	20.5	23.7
Southend-on-Sea	→	445	21.4	19.7	23.2
Essex	→	3,456	20.9	20.3	21.6
Bedford	↓	449	20.4	18.8	22.2
Central Bedfordshire	→	701	20.4	19.1	21.8
Hertfordshire	↓	2,901	20.0	19.4	20.7
Cambridgeshire	↓	1,272	18.5	17.6	19.5

Source: NHS Digital, National Child Measurement Programme

ORAL HEALTH

The amount of sugar which young children eat and drink, together with whether they brush their teeth and visit their dentist regularly, determines their oral health.



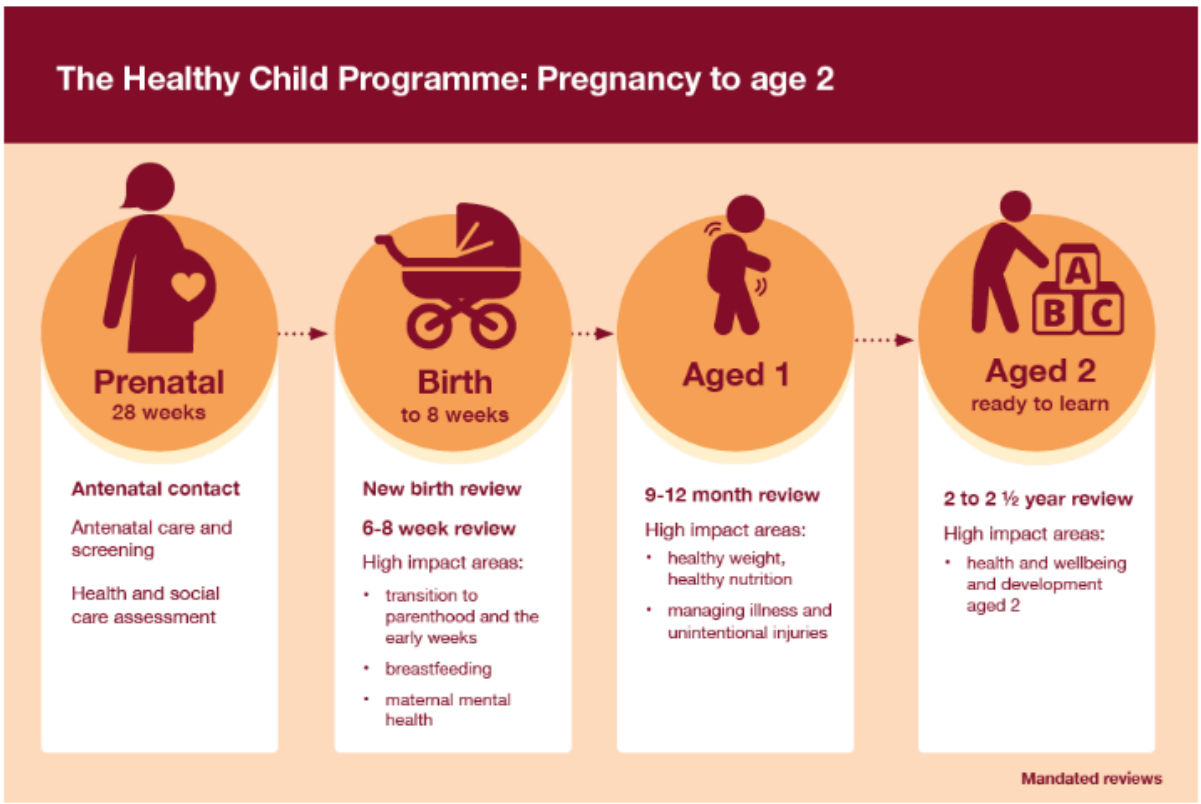
National survey data from 2016/18 shows that in Cambridgeshire, 87.1% of five year olds were free from dental decay. This was better than the national average and highest in the East of England.

THE HEALTHY CHILD PROGRAMME

The Healthy Child Programme is the heart of public health services for children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. It is delivered as a universal service for all new babies and young children, with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems.

The programme can ensure families receive early help and support upstream before problems develop further and reduce demand on downstream, higher cost specialist services. This programme is led by health visitors in collaboration with other health professionals and wider children's services such as child and family centres.

The five universal health and development reviews, most of which are directly delivered by health visitors (although some may be delivered by nursery nurses with health visitor supervision), are a key feature of the Healthy Child Programme and are nationally mandated:



READY TO LEARN AND READY FOR SCHOOL

The ASQ-3 ™ assessment is part of the healthy child programme review carried out at age 2-2½ years. It covers the development of children's physical (motor) skills, communication, problem solving and personal-social skills. The results vary by deprivation, with children from more disadvantaged backgrounds often showing lower scores – which is most noticeable in the development of communication skills. Poor communication skills in turn, are linked with more difficulty starting school and poor educational outcomes. All disadvantaged 2 year olds are entitled to 15 hours early years provision - and research shows high quality early education can reduce inequalities in educational outcomes for children living in disadvantage.

When children are aged 4-5 their 'school readiness' is measured in a school setting at the end of Reception year, using the Early Years Foundation Stage Profile (EYFSP). This generates an outcome score based on a rounded assessment of development. School readiness affects future health in that better development at this early age improves a child's ability to make the most of his or her learning opportunities, achieving higher grades and better employment prospects. These are then associated with economic prosperity and better health outcomes in the longer term

The proportion of Cambridgeshire children who achieve a good level of school readiness at the end of reception is similar to the national average, but Cambridgeshire children eligible for free school meals have significantly worse results.

Because poor 'school readiness' can lead to lower educational attainment and poorer employment prospects in the longer term, early development and school readiness is likely to be a significant driver of long term health inequalities in the county.

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception 2016/17

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	473,626	70.7	70.6	70.8
East of England region	↑	53,470	71.4	71.0	71.7
Thurrock	↑	1,904	75.8	74.1	77.4
Southend-on-Sea	↑	1,627	74.1	72.2	75.9
Essex	↑	12,650	73.5	72.8	74.1
Hertfordshire	↑	10,749	72.2	71.4	72.9
Central Bedfordshire	↑	2,611	71.7	70.2	73.2
Suffolk	↑	5,901	71.1	70.1	72.1
Cambridgeshire	↑	5,394	70.7	69.6	71.7
Norfolk	↑	6,806	70.1	69.1	71.0
Luton	↑	2,284	68.2	66.6	69.8
Bedford	↑	1,543	66.7	64.8	68.6
Peterborough	↑	1,999	63.2	61.5	64.8

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

1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception 2016/17

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	51,316	56.0	55.7	56.3
East of England region	↑	4,640	55.4	54.3	56.4
Luton	↑	290	62.4	57.9	66.7
Thurrock	↑	193	60.9	55.4	66.1
Southend-on-Sea	↑	201	60.7	55.4	65.8
Essex	↑	1,182	57.8	55.6	59.9
Peterborough	↑	244	57.3	52.5	61.9
Suffolk	↑	530	56.4	53.3	59.6
Norfolk	↑	672	53.7	50.9	56.5
Bedford	↑	130	53.3	47.0	59.4
Hertfordshire	↑	665	52.8	50.0	55.5
Central Bedfordshire	↑	108	51.9	45.2	58.6
Cambridgeshire	↑	429	47.9	44.7	51.2

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

ADVERSE CHILDHOOD EXPERIENCES

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. Research among UK adults indicates that almost half report at least one ACE and over 8% of the population report four or more. The impact of ACEs and the best way to protect against or mitigate their longer term impact is currently the subject of research both within the UK and internationally and there is currently no standardised information on ACEs, collected across all local authority areas.

SUMMARY OF KEY FINDINGS – EARLY YEARS

This Annual Public Health Report chapter has reviewed health in the early years for Cambridgeshire children. While teenage pregnancy, maintenance of breastfeeding, child oral health, and childhood obesity are challenges for health in the early years both locally and nationally, Cambridgeshire children are generally doing well compared to other areas and we are seeing positive trends.

The main areas of concern requiring further close attention are the inequalities in health and development in the early years shown in local data, which are likely to have a long term impact on outcomes. These include higher rates of smoking in pregnancy in the North Fenland area, and the low rates of school readiness for children eligible for free school meals around the county.

SECTION 3: THE GLOBAL BURDEN OF DISEASE STUDY

National policy makers have used the global burden of disease (GBD) studies for many years to understand the health of the UK population. The GBD is mainly funded by the Bill and Melinda Gates Foundation and involves many academic institutions. The annual GBD report summarises the rates of early death and disability from different diseases in the UK (and internationally), and also quantifies the impact of different causes (risk factors) – such as smoking, poor diet, and air quality on the 'burden of disease' in the UK.

This year for the first time, Public Health England has co-funded a GBD study at upper tier local authority level, which means we can review our 'burden of disease' in Cambridgeshire for the year 2016, in a similar way to national policy makers.

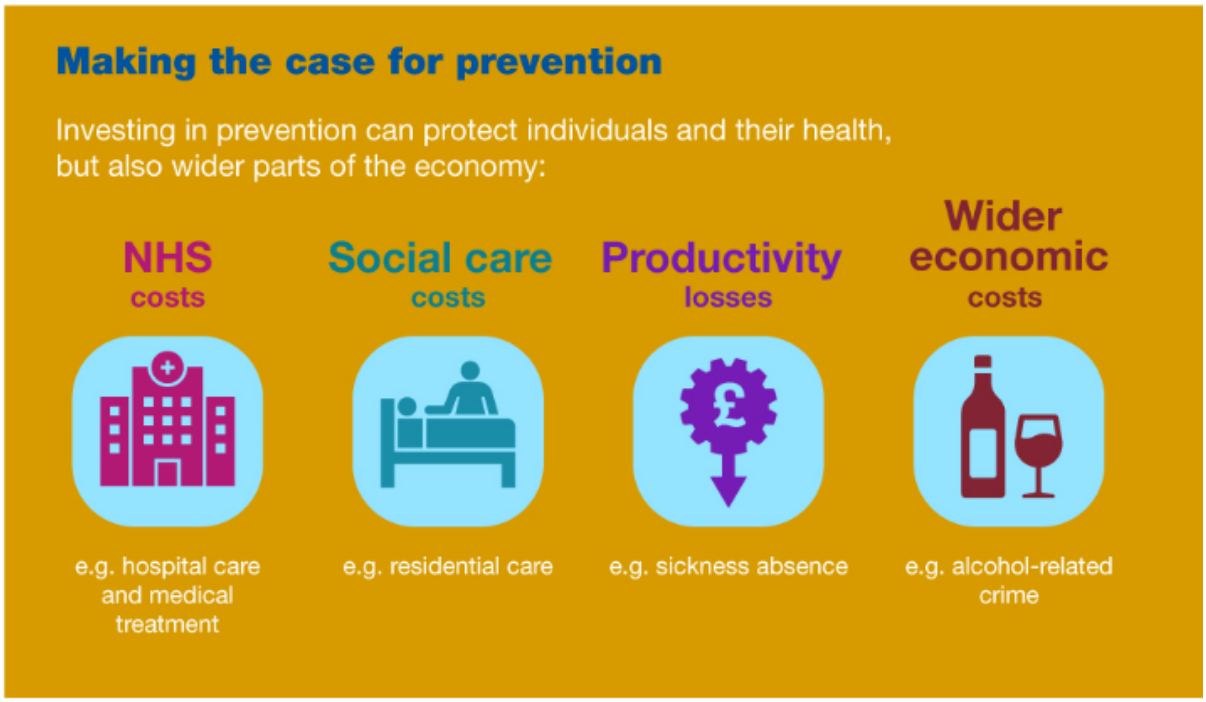
KEY CONCEPTS

Some key concepts are needed to understand the global burden of disease study:

Years of life lost (YLL) is an estimate of the average **years** a person would have lived if he or she had not died prematurely. In the GBD study, the 'standard' to which life expectancy is compared is the best life expectancy observed internationally in a population of over 5 million people.

Years lived with a disability (YLD) **Years** lived with a **disability** (**YLD**) are the number of **years** with a lower quality of **life** due to the disease. These YLDs are weighted to reflect the extent of the reduction in quality of **life** across different diseases

Population attributable fraction (PAF) for a risk factor (e.g. tobacco) is the proportional reduction in a population's diseases or deaths that would occur, if exposure to the risk factor were reduced to an alternative 'ideal' scenario (e.g. no tobacco use).

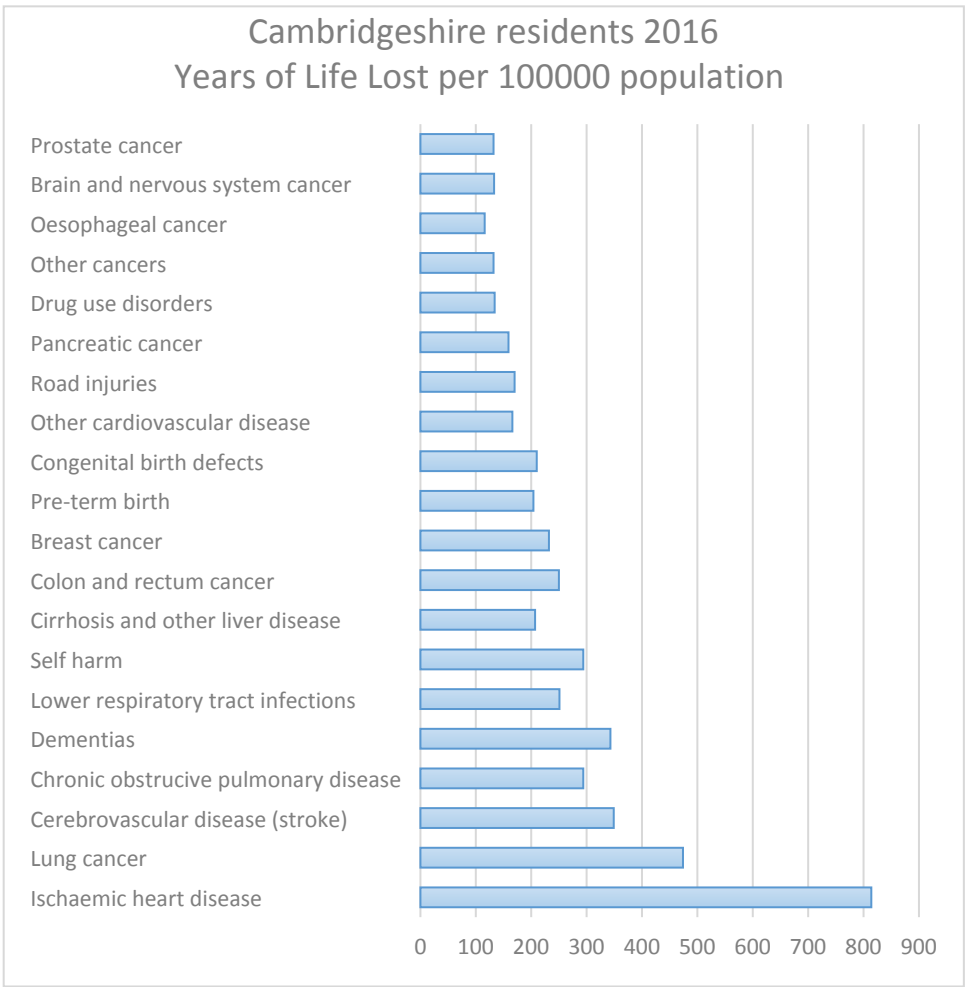


YEARS OF LIFE LOST

The chart below shows that in Cambridgeshire:

- Heart disease is the commonest cause of years of life lost (YLL) due to premature death, with over 800 years per 100,000 population in 2016.
- Lung cancer is the next commonest cause with nearly 500 years per 100,000 population.
- Stroke, chronic lung disease and dementia are the next three commonest causes
- Self-harm is the seventh most common cause of years of life lost, at almost 300 days per 100,000 population.

The total years of life lost to premature death in Cambridgeshire in 2016 (not shown on the chart) was 7,513 per 100,000 population compared to the national average of 8,941 per 100,000 population. Nationally the rates of YLL are closely related to the level of socio-economic deprivation. Overall the **pattern** of YLL for Cambridgeshire is very similar to the national picture, which also has heart disease as the most common cause of YLL, followed by lung cancer.



RISK FACTORS FOR YEARS OF LIFE LOST

The table below shows the Population Attributable Fraction (PAF) for risk factors for years of life lost due to premature death in Cambridgeshire in 2016. In essence it shows that

- About 15% (one in six) of years of life lost for Cambridgeshire residents in 2016 can be attributed to smoking
- Over 10% (one in ten) years of life lost can be attributed to dietary risks, over 10% to high blood pressure and over 10% to drug and alcohol use.
- High body mass index (obesity) follows close behind with around 9% of years of life lost attributable.
- Occupational (job related) risks account for around 4% of years of life lost and air pollution for over 3%

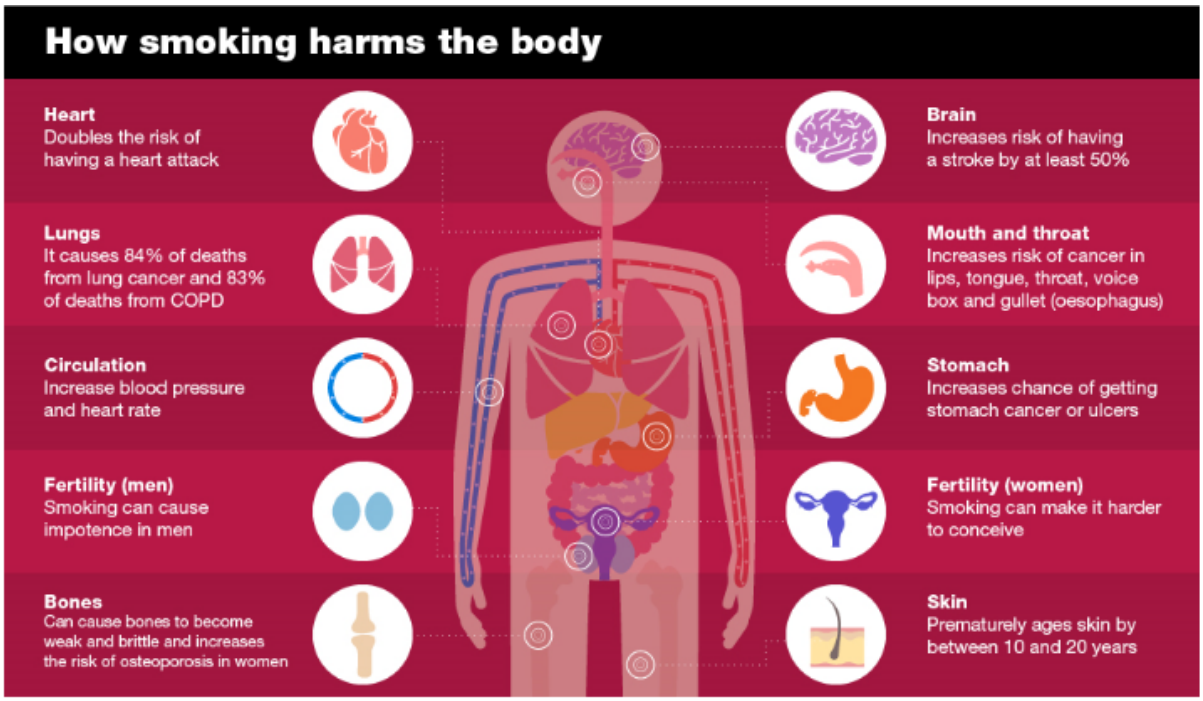
Risk factor	**PAF**
Tobacco	14.9 %
Dietary risks*	12.3 %
High systolic blood pressure	11.1 %
Alcohol and drug use	10.6 %
High body mass index	9.2%
High total cholesterol	6.3%
Occupational risks	4.2%
High fasting plasma glucose	4.5%
Air pollution	3.3%
Child and maternal malnutrition	3%
Low physical activity	1.8%
Impaired kidney function	1.5%
Unsafe sex	0.5%
Low bone mineral density	0.5%
Other environmental risks	0.2%
Sexual abuse and violence	0.1%
Unsafe water sanitation and handwashing	0.1%

* Dietary risks cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes, whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

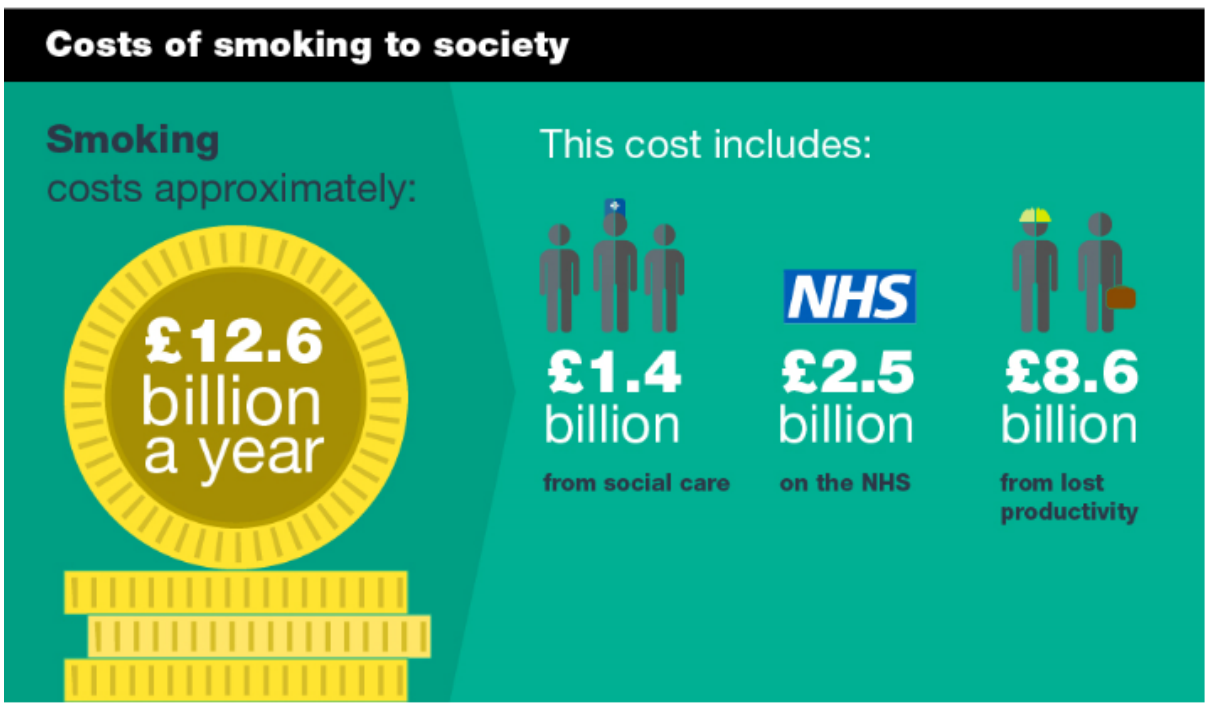
The authors of the national Global Burden of Disease Study are clear on the importance of preventable risk factors for population health. To quote from the recently published GBD findings for the UK: 'Two-thirds of the improvements to date in premature mortality can be attributed to population-wide decreases in smoking, cholesterol, and blood pressure, and about a third are due to improved therapies. Health services need to recognise that prevention is a core activity rather than an optional extra to be undertaken if resources allow.'

SMOKING AS A RISK FACTOR FOR PREMATURE DEATH

There are many reasons why smoking tobacco is the highest ranking risk factor for premature death.



Smoking also results in significant costs to wider society in the UK



In Cambridgeshire, the proportion of adults who smoke is 14.5% or about one in six. While this is similar to the national average, Cambridgeshire has worse smoking rates than other counties with similar social and demographic profiles, ranking 13th out of 16 'CIPFA comparator' counties. There has been a lot of focus recently on providing support and encouragement for Fenland residents who

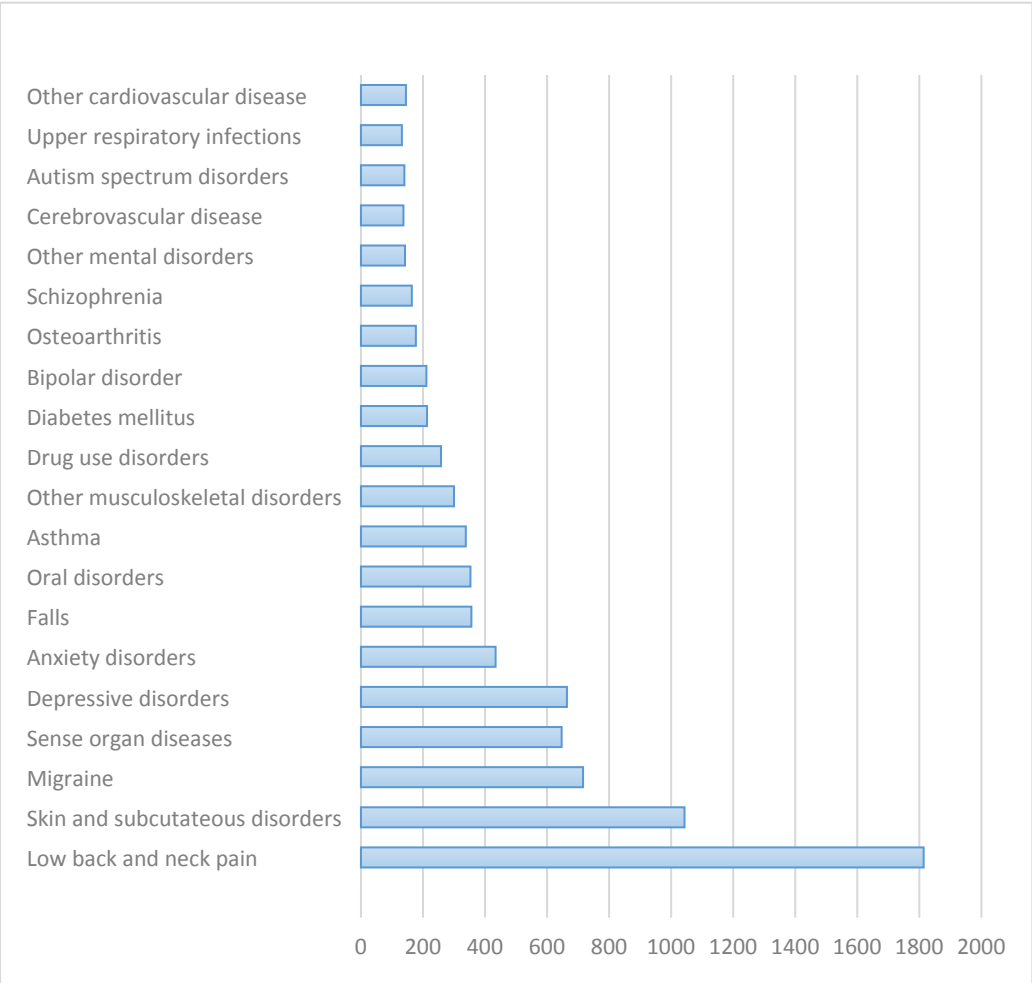
want to stop smoking, and smoking rates in Fenland have improved. But rates in the rest of the county have not changed significantly for the past few years.

YEARS OF LIFE LIVED WITH DISABILITY

The chart below shows that in Cambridgeshire, as nationally – the diseases causing years of life lived with a disability are often different to the diseases causing premature death, although there is some overlap.

- Low back and neck pain is the most significant cause of years of life lived with a disability (YLD) at over 1800 days per 100,000 population
- Skin and subcutaneous diseases are the next most significant cause at just over 1000 YLD per 100,000 population
- The next two most significant causes are migraine and sense organ diseases (e.g. deafness, blindness)
- Depression and anxiety are also important causes of years lived with a disability, ranking fifth and sixth
- Falls are the seventh most significant cause of years lived with disability.

Total years of life lived with a disability in Cambridgeshire (2016) were estimated as 10,959 per 100,000 population compared with a national average of 11,054 per 100,000 population. For many diseases local data are not available, so national data have to be used – making the estimates less reliable than those for years of life lost.



The importance of musculo-skeletal problems such as low back and neck pain, and of mental health problems such as depression and anxiety are reflected by local and national statistics on out of work benefits. These show that the most common health problems which cause people to be unable to work are in the 'musculoskeletal' and 'mental health' categories.

Many of the health problems leading to years lived with disability have preventable risk factors, although research on this is less well developed than for premature deaths. To quote again from the Global Burden of Disease study: 'In many cases, the causes of ill health and the behaviours that cause it lie outside the control of health services. For example, obesity, sedentary behaviour, and excess alcohol use all feature strongly in GBD as risk factors for diseases such as musculoskeletal disease, liver disease, and poor mental health. The GBD results, therefore, also argue for policies and programmes that deter the food industry from a business model based on cheap calories, that promote and sustain healthy built and natural environments, and that encourage a healthy drinking culture.'
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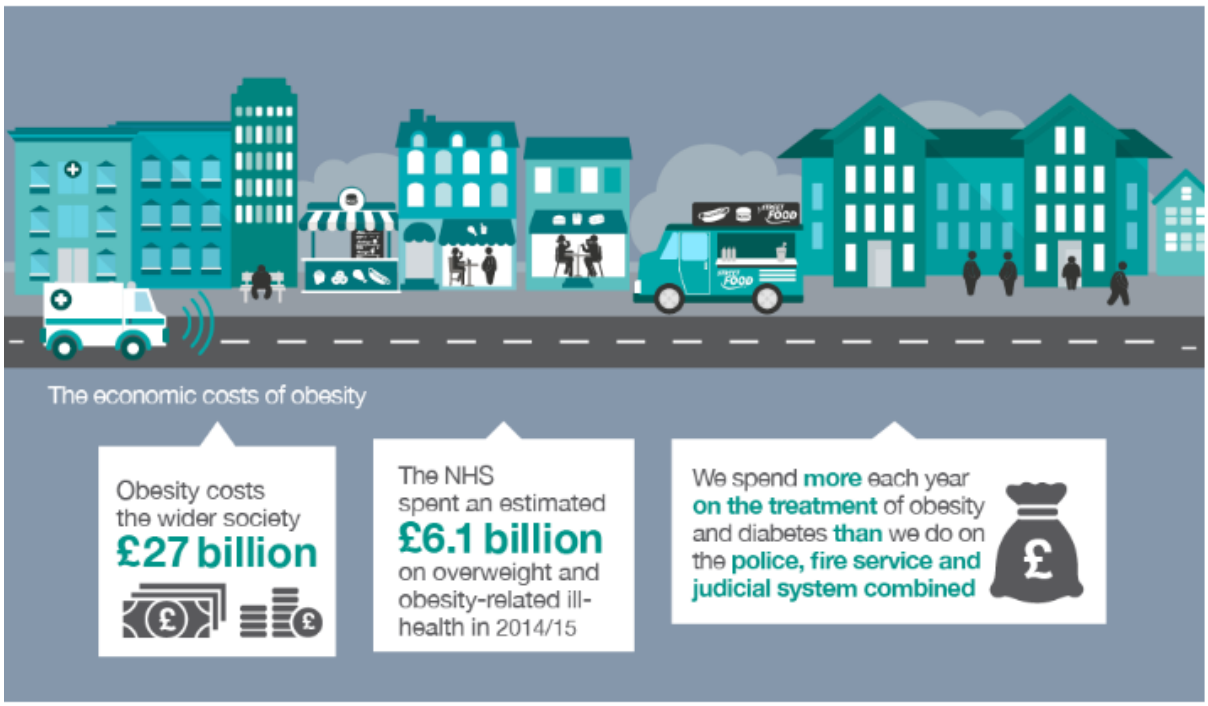


SECTION 4: PROGRESS AGAINST RECOMMENDATIONS FROM THE APHR 2017:

1. **Where possible and statistically valid, we should be mapping more health and wellbeing indicators at the local neighbourhood level to help 'fine tune' the provision, targeting and monitoring of campaigns and services.**

   The Sustainable Transformation Partnership (STP) is piloting the planning of health and care service on a 'neighbourhood' basis. This will ensure that local NHS services work closely with local authority social care and community services, and with wider voluntary sector services and community groups at a neighbourhood level. Local authority analysts are participating in a wider 'Health Analytics Community' which will map relevant health, wellbeing and service use indicators at neighbourhood level, as this work progresses.

2. **The disparity in educational outcomes between children receiving free school meals and their peers of the same age is a county-wide issue, and is consistent from the measurement of school readiness in reception year right through to GCSE attainment at age 16. Addressing this should be a key public health priority due to the impact of educational attainment on future health and wellbeing.**

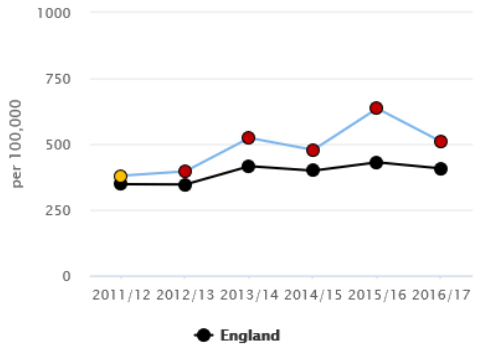
   Progress has been made on this issue through Cambridgeshire and Peterborough being one of only two areas selected to participate in a new Local Government Association Peer Review of Early Years Social Mobility. This took place in July 2018. Early years social mobility focuses on differences in early childhood development linked to more general socio-economic disadvantage, which are associated with inequalities in communication skills and readiness to start and succeed at school. The findings and recommendations of the LGA Peer Review are now being taken forward - including developing a multi-agency Early Years Strategy for Cambridgeshire and Peterborough.

3. **Joint work is already taking place across the NHS and local authorities to improve early intervention and support for young people with mental health problems, so we would hope to see these trends improving, and the impact of this work needs careful monitoring.**

   The progress made by multi-agency programmes to improve children and young people's mental health and wellbeing is overseen by the Cambridgeshire and Peterborough Children's and Young People's Emotional Wellbeing Board. New national NHS investment into local child and adolescent mental health services is channelled through the 'Local Transformation Plan' which is closely monitored through NHS data returns. There is ongoing democratic scrutiny by the County Council Health Committee. Rates of hospital admission of young people for self-harm showed some improvement in the most recent data from 2016/17, although still worse than average.

Hospital admissions as a result of self-harm (10-24 years) New data Cambridgeshire — Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2011/12		459	379.7	345.7	416.1	262.7	347.4
2012/13		474	396.2	361.3	433.6	291.2	346.3
2013/14		622	523.4	483.0	566.2	378.3	415.8
2014/15		567	477.6	439.0	518.6	354.7	398.8
2015/16		763	635.2	590.9	682.0	411.2	430.5
2016/17		606	509.1	469.3	551.3	353.0	407.1

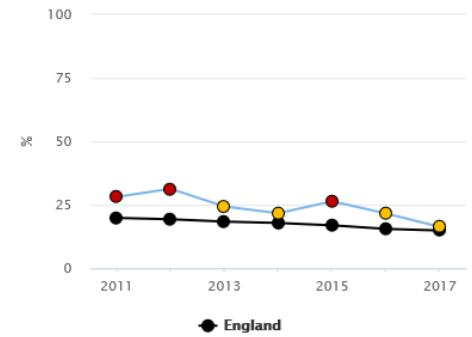
4. **The APHR 2017 demonstrated the health and wellbeing challenges for Fenland residents – in particular for the North Fenland and Wisbech area. The causes are complex, with no easy answers – but a consistent and sustainable focus on the area from a range of organisations will be needed to address the determinants of health such as educational attainment and economic development, as well as a focus from health and care providers on delivering accessible prevention, treatment and support services to meet current needs**.

   A range of work is taking place across agencies and communities to further improve outcomes in Fenland. For the Wisbech Area, the Wisbech 2020 steering group brings several partner agencies together, to make sure that this work doesn't happen 'in silos'. More information about Wisbech 2020 is available on http://www.wisbech2020vision.co.uk/.

   There has been positive progress on some important 'lifestyle' risk factors for poor health. The estimated number of adults in Fenland who smoke has reduced significantly between 2011 and 2017. The numbers of 4-5 year olds with unhealthy weight, and rates of teenage pregnancy have also improved. Challenges remain with higher than average numbers of adults having an unhealthy weight and low physical activity, and increasing rates of hospital admission for alcohol use. Life expectancy remains below the national average for both men and women.

2.14 - Smoking Prevalence in adults - current smokers (APS) New data Fenland — Proportion - %

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2011		21,402	28.1	20.1	36.2	19.3	19.8
2012		24,044	31.3	24.5	38.1	18.3	19.3
2013		18,835	24.3	17.0	31.7	17.5	18.4
2014		16,943	21.7	14.4	28.9	17.7	17.8
2015		20,887	26.4	17.2	35.6	16.6	16.9
2016		17,219	21.6	15.0	28.1	14.4	15.5
2017		13,020	16.3	10.1	22.5	14.2	14.9

Source: Annual Population Survey (APS)

RECOMMENDATIONS FOR THE COMING YEAR

It takes time and ongoing focus to achieve public health outcomes, so the four recommendations from the APHR 2017 still stand and will be reviewed again next year. There are two new recommendations from this year's Report:

5. The recent Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough provided a range of recommendations to support outcomes for children in their early years and reduce inequalities in school readiness, and these recommendations should be taken forward.

6. The Global Burden of Disease study emphasised the importance of smoking and tobacco as a cause of premature death in Cambridgeshire, but with the exception of Fenland, progress in reducing smoking rates across the county has slowed. A new multi-agency strategy and action plan to address smoking rates in Cambridgeshire should be developed.