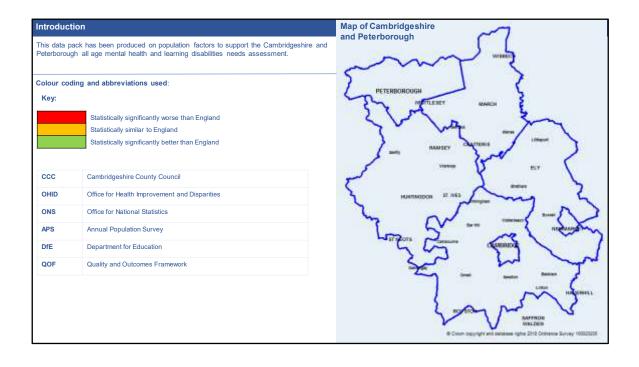
Cambridgeshire and Peterborough

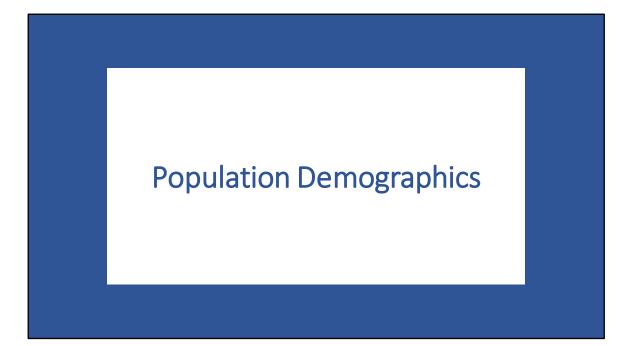
All Age Mental Health and Learning Disabilities Needs Assessment

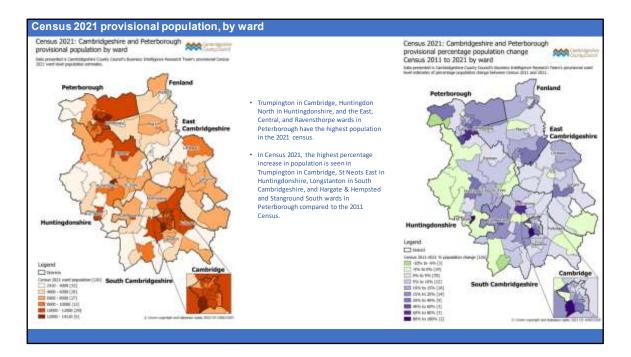
**Chapter 2: Population factors** 

# Table of Contents

- Population demographics
- <u>Vulnerable groups</u>
- Alcohol and drug use
- Smoking and health behaviours
- Access to mental health services
- Premature mortality in adults with severe mental illness







## Data from: Census 2021: Cambridgeshire and Peterborough ward level population

<u>summary (cambridgeshireinsight.org.uk)</u>, Produced by CCC Research Team, Business Intelligence

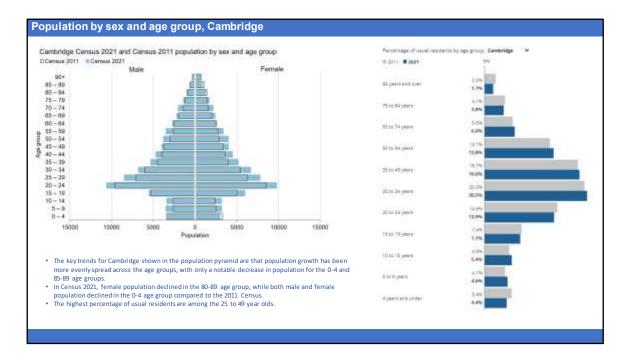
**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/demography-and-migration/

## Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## Definitions:

- Anyone in the UK and had stayed or intended to stay in the UK for a period of 12 months or more; or
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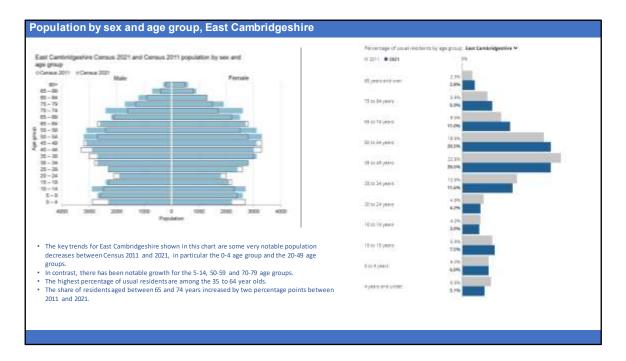


<u>Cambridgeshire Insight – Population – Census 2021 – First Results</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/

#### How life has changed in Cambridge: Census 2021 (ons.gov.uk)

Link: https://www.ons.gov.uk/visualisations/censusareachanges/E07000008/

#### Actual data can be found here:

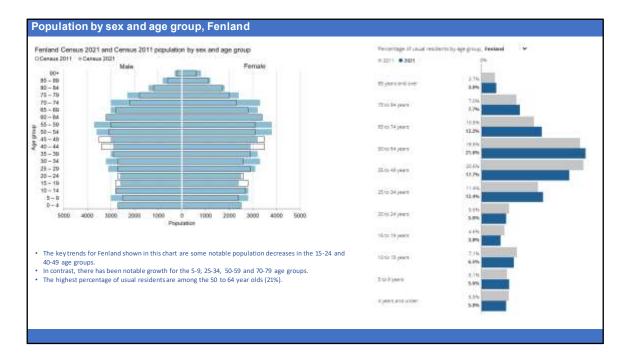


<u>Cambridgeshire Insight – Population – Census 2021 – First Results</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/

## How life has changed in Cambridge: Census 2021 (ons.gov.uk)

Link: https://www.ons.gov.uk/visualisations/censusareachanges/E07000009/

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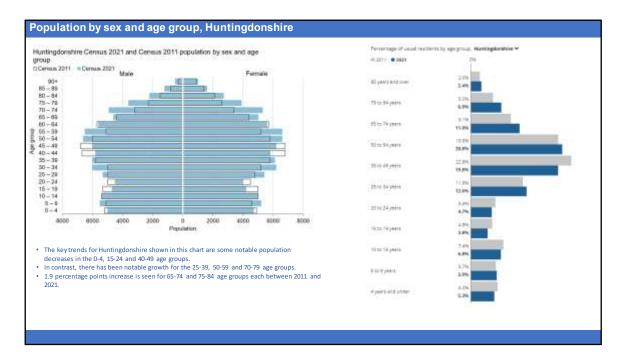


<u>Cambridgeshire Insight – Population – Census 2021 – First Results</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/

#### How life has changed in Cambridge: Census 2021 (ons.gov.uk)

Link: https://www.ons.gov.uk/visualisations/censusareachanges/E07000010/

#### Actual data can be found here:

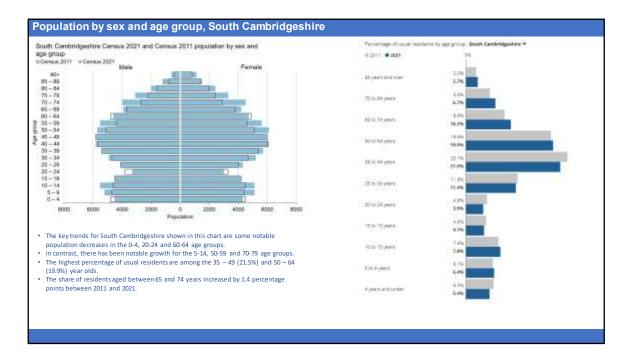


<u>Cambridgeshire Insight – Population – Census 2021 – First Results</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/

#### How life has changed in Cambridge: Census 2021 (ons.gov.uk)

Link: https://www.ons.gov.uk/visualisations/censusareachanges/E07000011/

#### Actual data can be found here:



<u>Cambridgeshire Insight – Population – Census 2021 – First Results</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/

#### How life has changed in Cambridge: Census 2021 (ons.gov.uk)

Link: https://www.ons.gov.uk/visualisations/censusareachanges/E07000012/

#### Actual data can be found here:

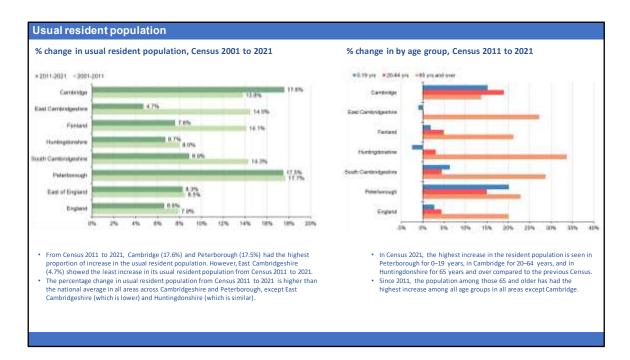


<u>Cambridgeshire Insight – Population – Census 2021 – First Results</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/

## How life has changed in Cambridge: Census 2021 (ons.gov.uk)

Link: https://www.ons.gov.uk/visualisations/censusareachanges/E06000031/

## Actual data can be found here:



## Data from: Cambridgeshire Insight – Population – Census 2021 – First Results,

Produced by CCC Research Team, Business Intelligence

Link: https://cambridgeshireinsight.org.uk/population/census-2021/first-results/ Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## Definitions:

Usual resident population:

- Anyone in the UK and had stayed or intended to stay in the UK for a period of 12 months or more; or
- Had a permanent UK address and was outside the UK and intended to be outside the UK for less than 12 months.

## High level ethnic groups:

- This slide pack uses the Census 2021 definitions of the high level ethnic groups for which respondents are asked to identify with "Asian, Asian British, Asian Welsh", "Black, Black British, Black Welsh, Caribbean or African", "Mixed or Multiple", "White", "Other ethnic group".
- White UK refers to those residents who identified themselves as in the "White:

English, Welsh, Scottish, Northern Irish or British" ethnic group. All other White ethnic groups are grouped into "White: Other ethnic group"

Carstinidge		18.2%			80.0%					
Sentricipativa	4.1%				.1%					
Delieve	8.47				91.2%					
lutting/boatsine	6.6%				175					
Cantridgearane	8.2%			1	0.2%					
Peterborough		15.4%	4.5%		80.0%					
3	19		20%	40%	10%	82%	102%			
			d 3 years and ove terborough it is al	r) whose main language	is English varies wid	delyacross Cambridge	eshire and Peter	oorough, rangi	ng from 80.0%	in Cambridge to 9
				lish well or at all in Pete	erborough (4.5%) is	higher compared to a	Il the districts in	Cambridgeshi	re.	

**Data from**: <u>Cambridgeshire Insight – Population – Census 2021 – Topic Summaries –</u> <u>Ethnic Group, National Identity, Language and Religion</u>, Produced by CCC Research Team, Business Intelligence

**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/ethnic-group-national-identity-language-and-religion/

## Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## **Definitions**:

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Percent of population by ethnic group, Census 2021												
Ethnic Group	England	East of England	Peterborough	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire				
Asian, Asian British or Asian Welsh	9.6%	6.4%	14.3%	14.8%	1.9%	1.2%	3.2%	5.8%				
Black, Black British, Black Welsh, Caribbean or African	4.2%	2.9%	4.1%	2.4%	0.8%	0.8%	1.5%	1.2%				
Mixed or Multiple ethnic groups	3.0%	2.8%	3.5%	5.1%	2.1%	1.4%	2.2%	2.8%				
Other ethnic group	2.2%	1.4%	2.7%	3.1%	0.7%	0.7%	0.7%	1.1%				
White	81.0%	86.5%	75.4%	74.5%	94.5%	95.9%	92.4%	89.0%				
White of which White: UK	73.5%	78.5%	59.5%	53.0%	86.5%	85.9%	85.2%	79.6%				
White of which White: Other ethnic group		8.0%	15.9%	21.5%	8.0%	10.0%	7.2%	9.4%				

 In Peterborough and Cambridge, the proportion of the population who identify as "Asian, Asian British, or Asian Welsh" is substantially higher than the national and East of England averages; for all other ethnic groups except "White." Peterborough and Cambridge are similar to the national averages.

The proportion of "White" ethnic group is table and the similar of the national averages.
The proportion of "White" ethnic group in East Cambridgeshire, Ferland, and Huntingdonshire is substantially higher than the national average, whereas the proportions of "Asian, Asian British, or Asian Welsh," and "Black, British, Black Welsh, Cambbean, or African" ethnic groups are notable lower than the national averages in these areas.

**Data from**: <u>Cambridgeshire Insight – Population – Census 2021 – Topic Summaries –</u> <u>Ethnic Group, National Identity, Language and Religion</u>, Produced by CCC Research Team, Business Intelligence

**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/ethnic-group-national-identity-language-and-religion/

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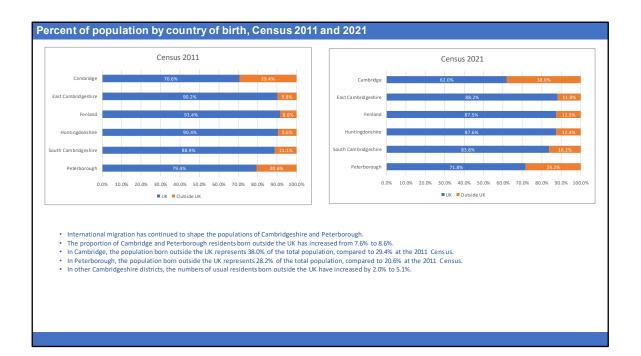
• White UK - refers to those residents who identified themselves as in the "White: English, Welsh, Scottish, Northern Irish or British" ethnic group. All other White ethnic groups are grouped into "White: Other ethnic group"

#### Gypsy, Roma and Traveller population, Census 2021

Area Name	All usual resident population	Gypsy, Roma or Traveller (GRT) population	Proportion of GRT population (%)		
Cambridge	145,674	998	0.7		
East Cambridgeshire	87,762	383	0.4		
Fenland	102,462	775	0.8		
Huntingdonshire	180,832	401	0.2		
South Cambridgeshire	162,118	656	0.4		
Cambridgeshire	678,849	3,214	0.5		
Peterborough	215,671	1,565	0.7		
East of England	6,335,074	18,905	0.3		
England	56 490 048	167.015	0.3		

 The proportion of Gypsy, Roma and Traveller population in all Cambridgeshire districts and Peterborough is higher than the regional and national averages, except Huntingdonshire which is lower.

**Source**: Office for National Statistics, Census 2021 **Link**: https://www.nomisweb.co.uk/

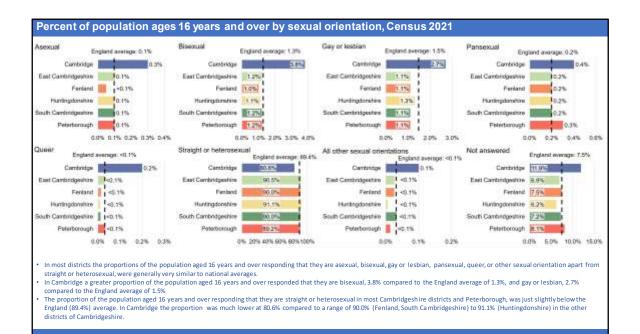


Data from: https://cambridgeshireinsight.org.uk/population/census-2021/topic-

<u>summaries/demography-and-migration/</u>, Produced by CCC Research Team, Business Intelligence

**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/demography-and-migration/

Actual data can be found here:



Data from: <u>Cambridgeshire Insight – Population – Census 2021 – Topic Summaries –</u> <u>Sexual Orientation and Gender Identity</u>, Produced by CCC Research Team, Business Intelligence

#### Intelligence

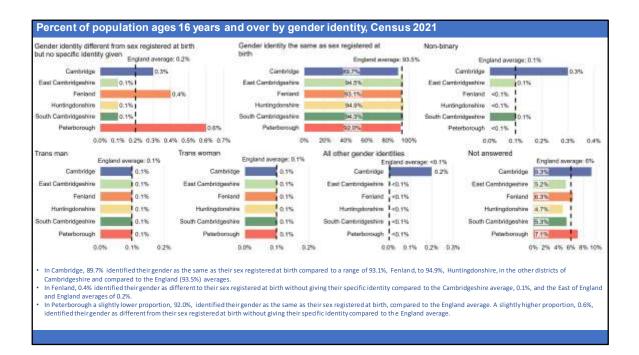
**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/sexual-orientation-and-gender-identity/

#### Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

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Data from: <u>Cambridgeshire Insight – Population – Census 2021 – Topic Summaries –</u> <u>Sexual Orientation and Gender Identity</u>, Produced by CCC Research Team, Business Intelligence

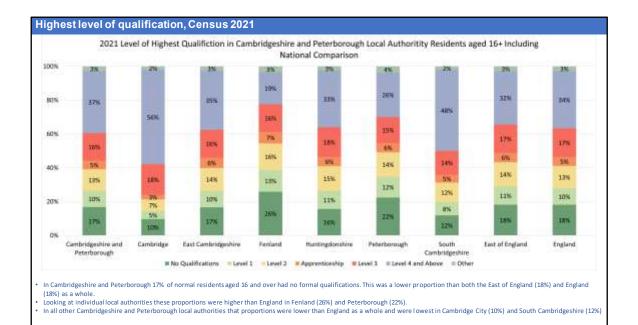
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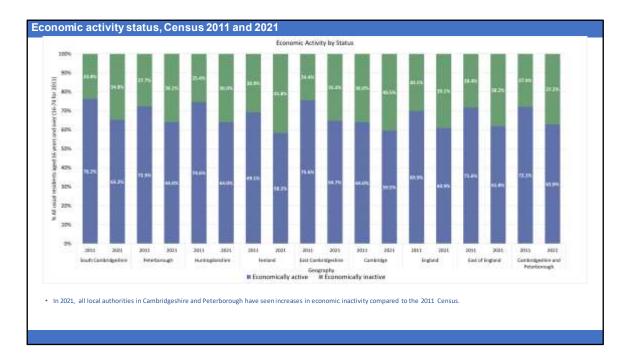
<u>Education</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topicsummaries/education/

#### Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

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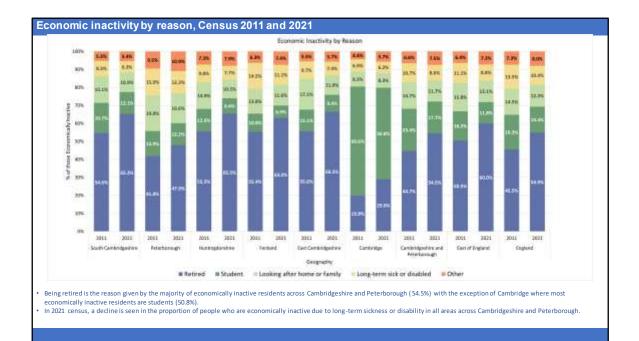
Labour Market, Produced by CCC Research Team, Business Intelligence Link: https://cambridgeshireinsight.org.uk/population/census-2021/topicsummaries/labour-market/

#### Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

**Economically Active:** Economically active is defined as those in employment plus those who are unemployed

**Economically Inactive:** People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks

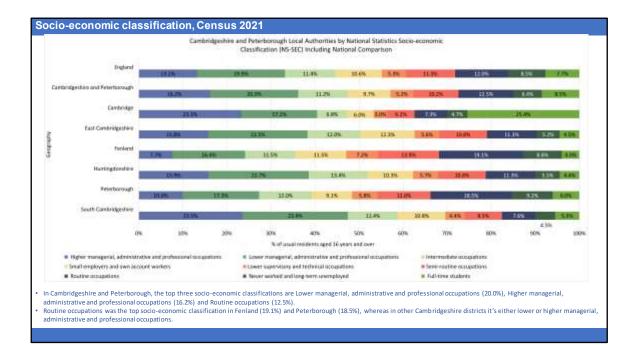


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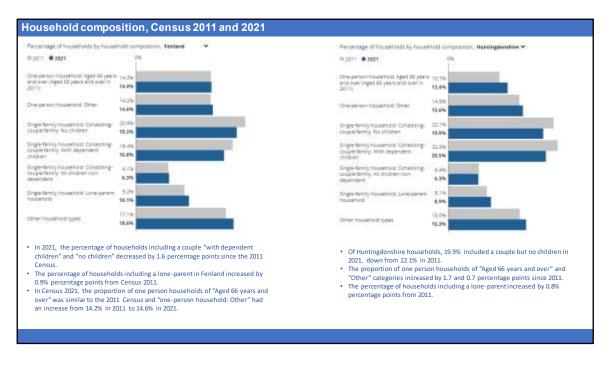
**NS-Sec:** The National Statistics Socio-economic Classification (NS-SeC) provides an indication of socio-economic position based on occupation. It is an Office for National Statistics standard classification

**Occupation**: A person's occupation relates to their main job and is derived from either their job title or details of the activities involved in their job

Percentage of hissaeholds by house	hold composition, Cambridge 👻	Percentage of households by household composition, Last Carebridgeshire 4							
# 2011 • 2021	0%	0.3011 • 2621	106						
One person household: Aged 60 years and over (Aged 65 years and over (A 2011)	11.1%	One person finuanhold: Aged 40 years and dver (Aged 55 years and over in 2011)	33.3% 12.3%						
Dre-pension household: Other	21.Ph 21.7%	Oresension name and a pre-	11.09						
Single-family household: Cohebring- scuple family No children	17.5%	Single-Yennik nosaennia: Canaborg- Issaple family Naussiane	11.0%						
Engle-family housefield. Constrain- muple family. With dependent middler.	17.4%	Single-femily nousenant: Constanting- couple fermily. With dependent conlideren	11 IN 11.76						
Engle family household. Cohebring couple family: All children non- lexenders.	199	Single-family focusement: Completing- source family AR Unight-men dependent	4.3%						
Single Particly Towartold Lone-parent Towardold	6.5% 8.7%	Single-Netwiny household: L2/e-Server Household	8.7% (Control 10)						
Other Household types	20.4% 19.4%	Other trouvenicit types	14.74 BEL						
by 1.2 percentage points since • The proportion of one person	s including a lone parent in Cambridges increased e the 2011 Census. households of "Aged 66 years and over" and in 2021 compared to the 2011 Census.	and "no children" decreased by Census. • The percentage of households i increased by 1.7 percentage po • The proportion of one person h	seholds including a couple "with dependent children" / 2.8 and 2.1 percentage points since the 2011 including a lone parent in East Cambridgeshire ints from Census 2011. iouseholds of "Aged 66 years and over" and "Other" .1 percentage points respectively than the 2011						

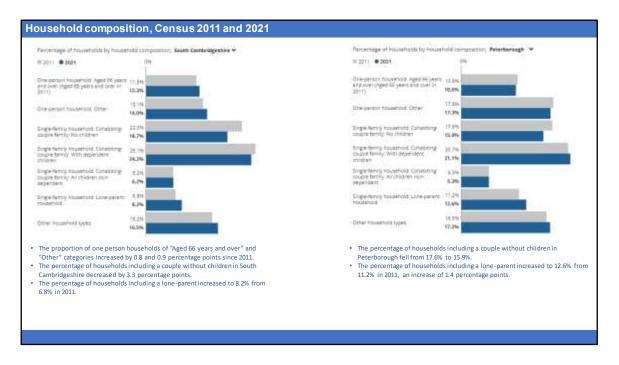
Data from: <u>How life has changed in Cambridge: Census 2021 (ons.gov.uk)</u> Link: https://www.ons.gov.uk/visualisations/censusareachanges/

Note: Census 2021 took place during the coronavirus (COVID-19) pandemic, a period of rapid and unparalleled change; the national lockdown, associated guidance and furlough measures will have affected the labour market and our ability to measure it.



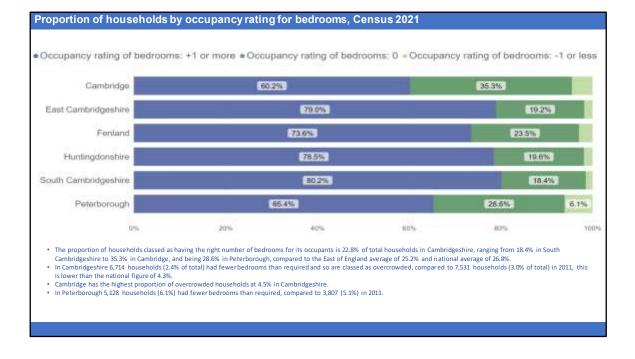
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<u>Housing</u>, Produced by CCC Research Team, Business Intelligence **Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topicsummaries/housing/

## Actual data can be found here:

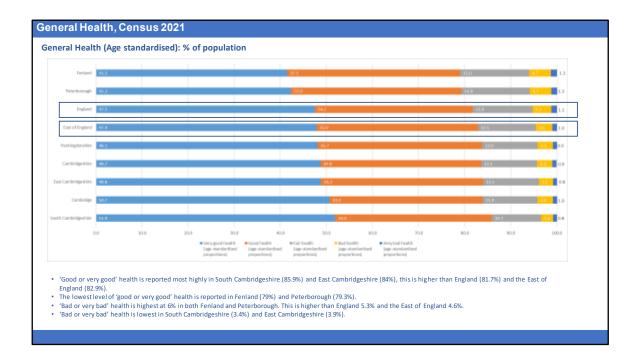
https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## An occupancy rating of:

-1 or less implies that a household's accommodation has fewer bedrooms than required (overcrowded),

+1 or more implies that a household's accommodation has more bedrooms than required (under-occupied), and

0 suggests that a household's accommodation has an ideal number of bedrooms



<u>Health, Disability and Unpaid Care</u>, Produced by CCC Research Team, Business Intelligence

Link: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/population-census-2021-topic-summaries-health/

## Actual data can be found here:

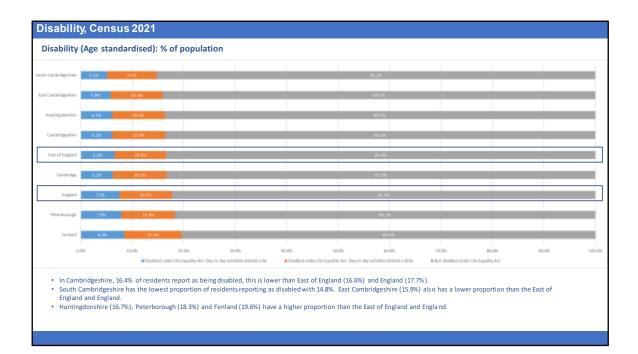
https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## **General health**

A person's assessment of the general state of their health from very good to very bad (see categories below). This assessment is not based on a person's health over any specified period of time.

- Very good health
- Good health
- Fair health
- Bad health
- Very bad health

Age-standardised proportions (ASPs) take into consideration both population size and age-structure, to compare like with like.



**Data from**: Cambridgeshire Insight – Population – Census 2021 – Topic Summaries – Health, Disability and Unpaid Care, Produced by CCC Research Team, Business Intelligence

**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/population-census-2021-topic-summaries-health/

## Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## Disability

People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled (see categories below). This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

- Disabled under the Equality Act: Day-to-day activities limited a lot
- Disabled under the Equality Act: Day-to-day activities limited a little
- Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited
- Not disabled under the Equality Act: No long term physical or mental health

#### conditions

Age-standardised proportions (ASPs) take into consideration both population size and age-structure, to compare like with like.



**Data from**: Cambridgeshire Insight – Population – Census 2021 – Topic Summaries – <u>Health, Disability and Unpaid Care</u>, Produced by CCC Research Team, Business Intelligence

**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/population-census-2021-topic-summaries-health/

## Actual data can be found here:

https://www.ons.gov.uk/census/aboutcensus/censusproducts/topicsummaries

## Number of disabled people in household

The number of people in a household who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses and are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

- No people disabled under the Equality Act in household.
- 1 person disabled under the Equality Act in household.
- 2 or more people disabled under the Equality Act in household.
- Does not apply.

#### Unpaid care, Census 2021

Unpaid care (non age standardised)														
Unpaid Care	Cambridge 2011	Cambridge 2021	East Cambridge shire 2011		Fenland 2011	Fenland 2021		Huntingdon shire 2021	Peterborough 2011	Peterborough 2021	South Cambrid geshire 2011	South Cambridg eshire 2021	Cambridge shire 2011	
Provides No unpaid care	92.1%	93.7%	90.1%	91.4%	88.9%	90.4%	90.3%	91.7%	90.4%	91.9%	89.9%	91.6%	90.3%	91.9%
Provides 1 to 19 hours unpaid care a week	5.8%	3.7%	6.8%	4.9%	6.5%	4.2%	6.6%	4.5%	5.8%	3.6%	7.5%	5.1%	6.7%	4.5%
Provides 20 to 49 hours unpaid care a week	0.8%	1.1%	1.1%	1.4%	1.6%	2.1%	1.1%	1.4%	1.4%	1.9%	0.9%	1.3%	1.1%	1.4%
Provides 50 or more hours unpaid care a week	1.3%	1.5%	2.0%	2.3%	3.1%	3.4%	2.0%	2.4%	2.4%	2.5%	1.6%	2.0%	1.9%	2.2%

• The proportion of residents providing no unpaid care has risen from 2011 to 2021 across all areas of Cambridgeshire and Peterborough.

• Breakdown of those providing unpaid care shows an unexpected increase in number of residents providing more hours of care in 2021 than in 2011.

These trends are seen in the East of England and nationally.

**Data from**: <u>Cambridgeshire Insight – Population – Census 2021 – Topic Summaries –</u> <u>Health, Disability and Unpaid Care</u>, Produced by CCC Research Team, Business Intelligence

**Link**: https://cambridgeshireinsight.org.uk/population/census-2021/topic-summaries/population-census-2021-topic-summaries-health/

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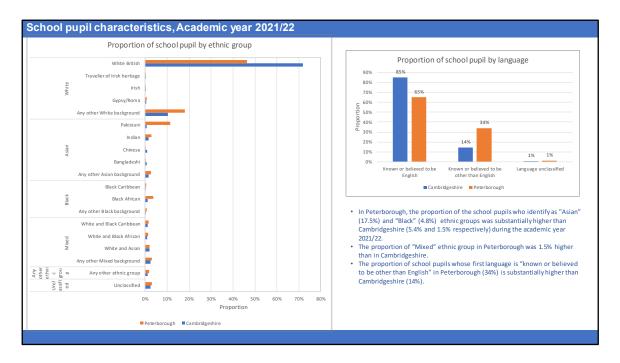
#### **Unpaid care**

An unpaid carer may look after, give help or support to anyone who has long-term physical or mental ill-health conditions, illness or problems related to old age. This does not include any activities as part of paid employment. This help can be within or outside of the carer's household.

- Provides no unpaid care
- Provides 9 hours or less unpaid care a week
- Provides 10 to 19 hours unpaid care a week
- Provides 20 to 34 hours unpaid care a week
- Provides 35 to 49 hours unpaid care a week

• Provides 50 or more hours unpaid care a week

**Note:** Census 2021 asked "Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?". People were asked to exclude anything they did as part of their paid employment. The wording of the question differs from the 2011 Census question, which began "Do you look after, or give any help or support to family members, friends, neighbours or others".

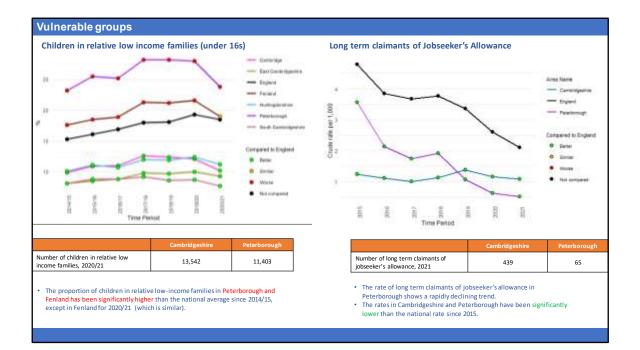


**Source**: Schools, pupils and their characteristics, 2021/22 Academic Year **Link**: https://explore-education-statistics.service.gov.uk/find-statistics/school-pupilsand-their-characteristics

## Notes:

2. Totals include state-funded nursery, primary, secondary and special schools, nonmaintained special schools and pupil referral units. Does not include independent schools





**Children in relative low income families (under 16s)**:Percentage of children (<16) in a local area, living in relative low income families. A family is defined as a single adult; or a married or cohabitating couple; or a Civil Partnership; and any dependent children.

**Data from:** https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 **Source:** The Office for Health Improvement and Disparities

*Long term claimants of Jobseeker's Allowance*: Count for jobseekers allowance claimants, 16-64 year olds claiming for more than 12 months, crude rate per 1,000 resident population, 16-64 year olds.

**Data from:** https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 **Source:** www.nomisweb.co.uk

#### Vulnerable groups

# Homelessness – Households in temporary accommodation, 2020/21

Area Name	Number	Rate per 1,000
Cambridge	96	2.2
East Cambridgeshire	13	0.3
Fenland	35	0.8
Huntingdonshire	134	1.8
South Cambridgeshire	63	1.0
Cambridgeshire	341	1.3*
Peterborough	269	3.3
England	95,400	4.0

\*Aggregated from all known lower geography values

 The rate of households living in temporary accommodation is significantly lower than the national rate in all areas across Cambridgeshire and Peterborough. Homelessness – Households owed a duty under Homelessness Reduction Act (HRA), 2020/21

Area Name	Main applic	ants 16-24 yrs	Main applicants 55+ yrs				
Ared Name	Number	Rate per 1,000	Number	Rate per 1,000			
Cambridge	155	3.5	45	2.6			
East Cambridgeshire	-	*	-	*			
Fenland	104	2.3	50	2.2			
Huntingdonshire	208	2.8	104	2.9			
South Cambridgeshire	79	1.2	40	1.3			
Cambridgeshire	546	2.4**	239	2.2**			
Peterborough	244	3.0	81	2.5			
England	61,460	2.6	24,580	2.3			

Cambridge and Peterborough have significantly higher rates of households owed a
prevention or relief duty under the HRA during the financial year, where the main applicant
is between the ages of 16 and 24.

 When compared to England, Huntingdonshire has a significantly higher rate where the main applicant is 55 or older.

**Households in temporary accommodation:** Households living in temporary accommodation secured by a local housing authority under their statutory homelessness functions.

*Data from* https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 *Source: Ministry of Housing, Communities & Local Government* 

Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs): Households owed a prevention or relief duty under the Homelessness Reduction Act, where the main applicant is aged 16-24 years, crude rate per 1,000 estimated households

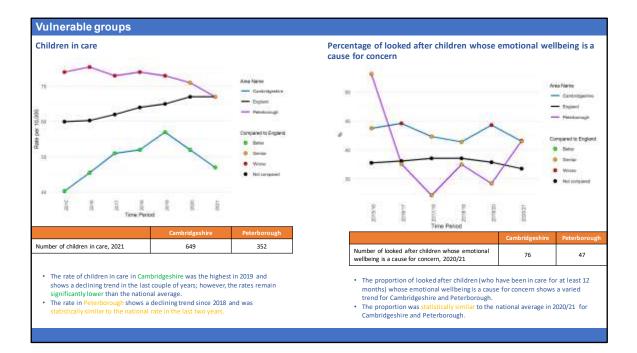
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs): Households owed a prevention or relief duty under the Homelessness Reduction Act, where the main applicant is aged 55 years and over, crude rate per 1,000 estimated households where the household reference person is aged 55 years and over

*Data from* https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 *Source: Ministry of Housing, Communities & Local Government* 

The Homelessness Reduction Act (HRA) introduced new homelessness duties which

meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018. The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult households who do not have 'priority need' under the legislation (https://www.legislation.gov.uk/ukpga/2017/13/contents/enacted).

As a result of the HRA, local authorities must provide temporary accommodation for households in a number of circumstances, which might include pending the completion of inquiries into an application, or they might spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available.



*Children in care*: Children looked after at 31 March (including adoption and care leavers), (rate per 10,000 population aged under 18 years).

*Data from* https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 *Source: Department for Education, Children looked after in England.* 

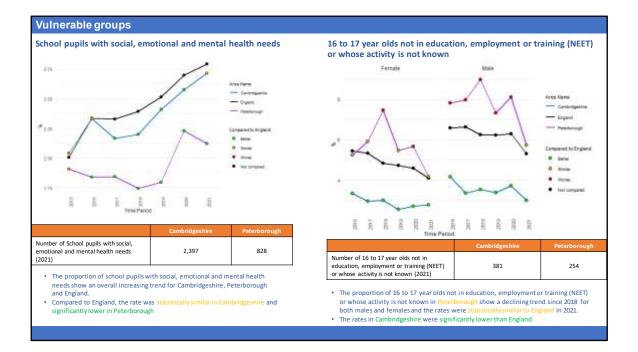
# Percentage of looked after children whose emotional wellbeing is a cause for

*concern*: Proportion of all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31 March whose SDQ score was 17 or over.

Data from https://fingertips.phe.org.uk/profile-group/mental-

health/profile/cypmh/data#page/1

Source: Department for Education.



School pupils with social, emotional and mental health needs:% of school pupils with social, emotional and mental health needs (School age) - The number of school children with Special Education Needs (SEN) who are identified as having social, emotional and mental health as the primary type of need, expressed as a percentage of all school pupils.

Data from https://fingertips.phe.org.uk/ Source: Department for Education special educational needs statistics: https://explore-education-statistics.service.gov.uk/find-statistics/special-educationalneeds-in-england

16 to 17 year olds not in education, employment or training (NEET) or whose

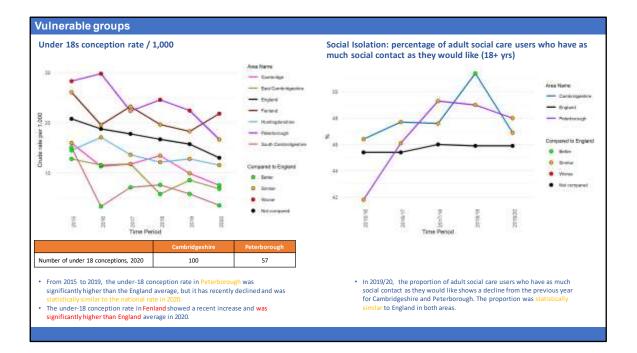
**activity is not known**: Proportion of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known.

**Data from** https://fingertips.phe.org.uk/ **Source:** Department for Education



*Children entering the youth justice system (10-17 yrs)*: Children and Young people aged 10 to 17 years cautioned or sentenced, rate per 1,000 population. *Data from* https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 *Source: Youth justice statistics - Annual statistics* 

*First time entrants to the youth justice system*: Rate of 10 to 17 year olds receiving their first reprimand, warning or conviction per 100,000 population. *Data from* https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 *Source: Figures calculated by OHID's Population Health Analysis team using crime data supplied by the Ministry of Justice and population data supplied by Office for National Statistics (ONS).* 



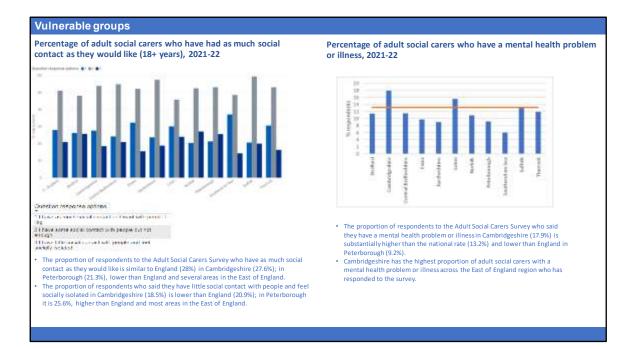
**Under 18s conception rate / 1,000**: Conceptions in women aged under 18 per 1,000 females aged 15-17.

**Data from** https://fingertips.phe.org.uk/profile/public-health-outcomes-framework **Source:** Office for National Statistics (ONS)

Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs): The percentage of respondents to the Adult Social Care Survey (service users) who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

This measure applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need.

**Data from** https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 **Source:** Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Adult Social Care Survey, NHS Digital



# Link:

https://app.powerbi.com/view?r=eyJrIjoiMGM5OGRIOTAtY2QxYy00YzAxLWEyZWEtNj I3ZWRmOTE2OWI4IiwidCl6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2 MjllMiIsImMiOjh9

This national survey takes place every other year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs). The survey seeks the opinions of carers aged 18 or over, caring for a person aged 18 or over, on a number of topics that are considered to be indicative of a balanced life alongside their unpaid caring role. Carers are included regardless of whether they have received an assessment or review in the previous year.

-reported wellbeing: people	with a low happiness score	Self-reported wellbeing: people	with a high anxiety score
Cambs	Peterborb 10	75 Camps	Peterboro 75
	25 9 9 2011/12 2014/15 2017/14 2020/2	10 21 <b></b>	10 71 <b></b>
Cambs	Peterboro	<ul> <li>Based on a self-reported wellbeing sur responded with low happiness, high ar and Peterborough is statistically simila</li> </ul>	xiety and low satisfaction in Cambridgeshire

**Self-reported wellbeing:** The percentage of respondents who answered 0-4 to the question "Overall, how happy did you feel yesterday?"

ONS are currently measuring individual/subjective well-being based on four questions included on the Integrated Household Survey:

1. Overall, how satisfied are you with your life nowadays?

2. Overall, how happy did you feel yesterday?

3. Overall, how anxious did you feel yesterday?

4.Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0-10 (where 0 is "not at all

satisfied/happy/anxious/worthwhile" and 10 is "completely

satisfied/happy/anxious/worthwhile")

In the ONS report, the percentage of people scoring 0-4, 5-6, 7-8 and 9-10 have been calculated for this indicator. The percentage of those scoring 0-4 (respondents in that area that scored themselves the lowest marks) in the question: 'Overall, how happy did you feel yesterday?' will be presented in this indicator.

**Link**: https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1 **Source**: Annual Population Survey (APS), Office for National Statistics (ONS).

#### Vulnerable groups

Violent crime - violence offences per 1,000 population, 2020/21

Area Name	Number	Rate per 1,000	<b>Recent Trend</b>
Cambridge	3,710	29.7	1
East Cambridgeshire	1,686	18.8	1
Fenland	2,886	28.3	1
Huntingdonshire	3,662	20.6	1
South Cambridgeshire	2,351	14.8	1
Cambridgeshire	14,295	21.9*	1
Peterborough	7,707	38.1	1
England	1.577.653	29.5*	1

\* Aggregated from all known lower geography values

- Peterborough has the highest level of violent offences per 1,000 for the year 2020/21, followed by Cambridge and Fenland. Recent trend shows an increase in violence offence rate across all areas.
- The rates are higher than the national average in Peterborough and Cambridge.

Violent crime - sexual offences per 1,000 population, 2020/21

Area Name	Number	Rate per 1,000	<b>Recent Trend</b>
Cambridge	281	2.3	$\rightarrow$
East Cambridgeshire	140	1.6	1
Fenland	219	2.1	<b>↑</b>
Huntingdonshire	313	1.8	<b>↑</b>
South Cambridgeshire	192	1.2	→
Cambridgeshire	1,145	1.8*	1
Peterborough	596	2.9	1
England	122,279	2.3*	→

\* Aggregated from all known lower geography values

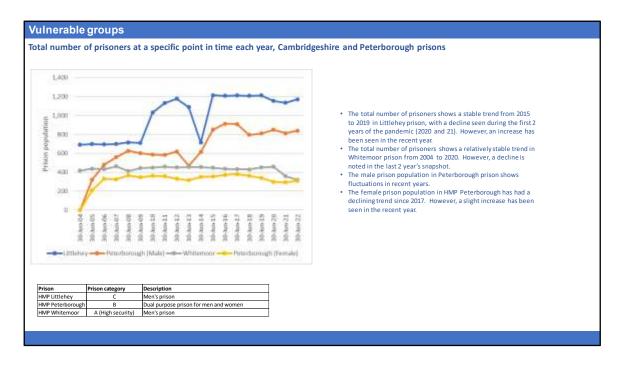
 The sexual offence rate in Peterborough is higher than all Cambridgeshire districts and England. An increasing trend is seen in Peterborough and all Cambridgeshire districts except Cambridge and South Cambridgeshire.

**Violence offences** - Violence against the person offences, based on police recorded crime data, crude rate per 1,000 population.

**Sexual offences** - Rate of sexual offences based on police recorded crime data per 1,000 population

Data from https://fingertips.phe.org.uk/profile/wider-determinants

**Source**: OHID's Population Health Analysis Team using Home Office crime data and ONS population data



**Prison population**: Total number of prisoners at a specific point in time each year. **Link**: https://www.gov.uk/government/collections/prison-population-statistics

		e highest estimated number of people le night in autumn 2021	Local authorities with number of people sle 2021 compared to pro	eping	ougho		
Redoctator	1		Local Authority	2020	2021	Difference	% Change
			Camden	42	97	55	131
Candida			Peterborough	9	36	27	300
Beater, City		-	Bristol, City of	50	68	18	-36
Mascheitter			Birmingham	17	31	14	82
brighton weit Hover		Peterborough was in the top 10 local authorities (ranked 6 <sup>th</sup> ) with the highest number of	Kingston upon Thames	14	28	14	100
diaforsugh	5	people sleeping rough on a single night between 1 <sup>st</sup> Oct and 30 <sup>th</sup> Nov 2021.	Peterborough had the 2 <sup>nd</sup> lan people sleeping rough on a s year.				
licrongnere	- 44		Estimated number of	fpeopl	e sleep	ina rouah o	n a single nig
Laviate			autumn 2021, by loca				
arremolith Distabilitation and Page	-		Local authority         Total 20           Cambridge         14           East Cambridgeshire         3		number o	of people sleepir	e highest estimate Ig rough on a single
Consult			Fenland     9       Huntingdonshire     7       Peterborough     36       South Cambridgeshire     2		night in a Cambridg	utumn 2021, fol e (14).	lowed by

**Source:** Department for Levelling Up, Housing & Communities, Rough sleeping snapshot in England: autumn 2021

**Rough sleeping snapshot England** - provides information about the estimated number of people sleeping rough on a single night between 1 October and 30 November 2021. These statistics provide a way of estimating the number of people sleeping rough across England on a single night in autumn and to assess change over time.

In response to the pandemic, particularly in 2020, the government launched a range of extra support for people sleeping rough, in addition to the support already being provided as part of the <u>Rough Sleeping Initiative (RSI)</u>.

As well as the pandemic, there are other factors that can affect the number of people who sleep rough on any given night. For example, the availability of night shelters, the weather, where people choose to sleep and the date and time chosen for the snapshot estimate. Whilst local authorities are asked to provide possible reasons for any significant changes in the numbers of people who sleep rough compared to previous years, the figures in this release are subject to some uncertainty and should be treated as estimates of the number of people sleeping rough on a single night in autumn.

# Definitions

People sleeping rough are defined as follows: People sleeping, about to bed down (sitting on/in or standing next to their bedding) or bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes' which are makeshift shelters, often comprised of cardboard boxes). The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers.

Bedded down is taken to mean either lying down or sleeping.

About to bed down includes those who are sitting in/on or near a sleeping bag or other bedding.

Link: https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021

	01 110430	hold, 2021 -	22				
		East			South		
Support needs of households owed a prevention or relief duty:	Cambridge	Cambridgeshire	Fenland	Huntingdonshire	Cambridgeshire	Peterborough	England
History of mental health problems	29.4%	40.2%	54.7%	38.3%	29.2%	14.7%	26.2%
Physical ill health and disability	14.6%	23.4%	39.8%	25.2%	23.2%	10.2%	16.9%
At risk of / has experienced domestic abuse	10.7%	13.3%	27.5%	17.2%	18.4%	6.2%	11.7%
Offending history	15.7%	14.1%	19.1%	7.2%	8.0%	5.0%	9.1%
History of repeat homelessness	14.1%	11.2%	18.4%	3.9%	6.0%	5.2%	7.1%
Drug dependency needs	12.3%	6.1%	6.8%	5.7%	2.8%	5.1%	6.3%
History of rough sleeping	11.0%	8.2%	16.8%	4.9%	3.4%	6.5%	5.4%
Alcohol dependency needs	6.6%	3.7%	7.5%	4.2%	3.4%	3.7%	4.6%
Learning disability	8.4%	7.4%	18.8%	11.0%	4.8%	2.2%	5.4%
Young person aged 18-25 years requiring support to manage independently	5.5%	1.9%	7.0%	3.8%	2.5%	2.6%	3.9%
Access to education, employment or training	7.1%	21.8%	36.6%	0.2%	0.7%	0.7%	3.4%
At risk of / has experienced abuse (non-domestic abuse)	3.6%	9.0%	11.6%	4.4%	3.4%	1.5%	3.0%
At risk of / has experienced sexual abuse / exploitation	4.4%	3.5%	10.3%	2.9%	0.9%	1.3%	2.3%
Old age	0.6%	1.9%	5.2%	1.3%	2.3%	0.8%	1.4%
Care leaver aged 21+ years	2.1%	2.4%	2.5%	0.9%	1.6%	2.0%	1.4%
Care leaver aged 18-20 years	2.8%	0.5%	1.5%	1.4%	0.5%	2.9%	1.2%
Young person aged 16-17 years	1.3%	1.1%	2.9%	1.5%	0.7%	1.1%	1.0%
Young parent requiring support to manage independently	1.8%	1.9%	2.9%	0.5%	1.4%	1.7%	1.0%
Former asylum seeker	0.5%	0.0%	0.2%	0.0%	0.2%	0.8%	1.2%
Served in HM Forces	0.0%	2.1%	1.9%	1.5%	0.9%	0.4%	0.7%

• The proportion of households owed a homelessness duty that had a history of mental health problems is higher than the national average in all Cambridgeshire districts, whereas it is lower in Peterborough.

In Fenland, the proportion of households owed a homelessness duty with other support needs are substantially higher than the national rates for most of the categories.
 The proportion of households owed a homelessness duty with support needs for access to education, employment, or training is substantially higher than the national rate in East

• The proportion of households owed a homelessness duty with support needs for access to education, employment, or training is substantially higher than the national rate in East Cambridgeshire.

**Note**: Multiple support needs can be reported per household, but each support need only once. Households can therefore be represented across multiple support needs columns. Support needs are not the same as 'priority need' and it is possible that a household with support needs is not of priority need.

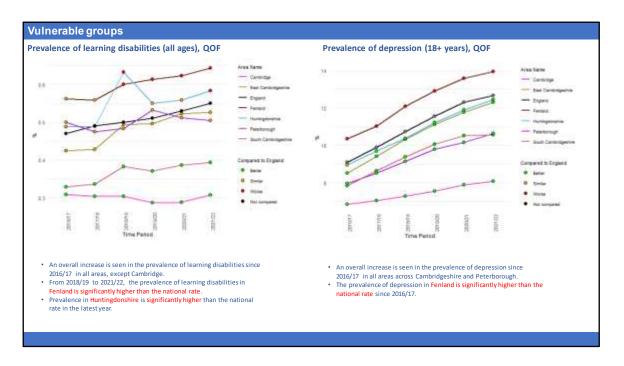
**Source**: Statutory homelessness April 2021 – March 2022, Development for Levelling Up, Housing and Communities

**Data from:** https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

## Health conditions, ICS Population

80.010	821.128	10,102	44/902	HE IN	22.178	10,210	111 2018	17.840		11384	8/607	Avenus -	0.05	7,017	7,040	C100'0	0.066	0.423	6.29 K	1,500	4,040	2,707	105.2	2,400	2,791	2341	1300	1,884	10.01	15,779	1,418	1121	1,000	2002	167
Authorn .	Dudonina	Depression	Catoor	Onterestivelin	And Federation	Oshapouna	Christel Pash	Cardeneecone Doosse (	0.000	Hunt Faiture	Chronic Robery Dawree CC.	Senan Martal (Inum (S40)	Recented Artists	Epéquit	Inflammatory Bowal Disease.	Physical Deathilly	Chorse Dwer Disagon	Pulmentary Heart Disease	intermediate Featty Rock (N	Alorted Dependence	0 onchectures	Learning Deabonly	Server Haart Fadure	High Frach, This (HFKS)	Autom COFO	End Stage Famil Fallers	Participant's Dynamics	Insertable Cancel	Matters Scheross	Love Fistore	Neurological Organ Failum	Severe Intersisted Lung Disc.	<b>Garcodosic</b>	Cysils Fibroas	Sonto Coll Disense

Source: Population and Person Insight dashboard



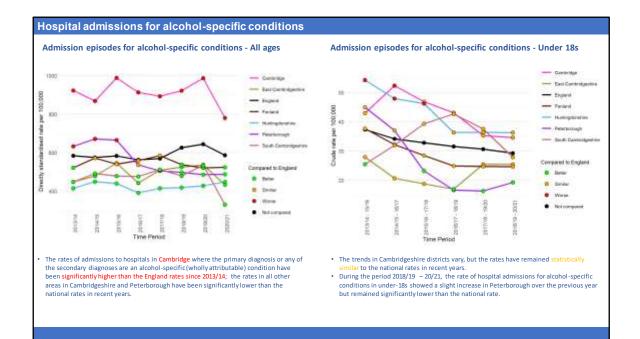
*Learning disability: QOF prevalence (all ages):* The percentage of patients with learning disabilities, as recorded on practice disease registers *Source: Quality and Outcomes Framework (QOF), NHS Digital* 

**Depression: QOF prevalence (18+ yrs):** The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.

**ForLocal authorities:** The recorded depression prevalence is the estimated number of people with depression recorded on the practice register as a proportion of the practice list size, aged 18 years or over, allocated to a local authority boundary using the postcode of the practice.

**Data from** https://fingertips.phe.org.uk/ **Source:** Quality and Outcomes Framework (QOF), NHS Digital





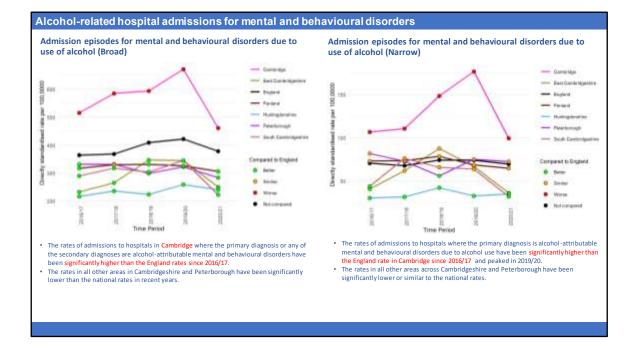
**Admission episodes for alcohol-specific conditions - All ages**: Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Directly age standardised rate per 100,000 population (standardised to the European standard population).

Data from https://fingertips.phe.org.uk/profile/local-alcohol-profiles

**Source:** Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.\*

*Admission episodes for alcohol-specific conditions - Under 18s:* Admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Crude rate per 100,000 population.

**Data from** https://fingertips.phe.org.uk/profile/local-alcohol-profiles **Source:** Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) -Mid Year Population Estimates.



Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable mental and behavioural disorders due to use of

alcohol code.

## Data from https://fingertips.phe.org.uk/local-alcohol-profiles

*Source:* Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

## Admission episodes for mental and behavioural disorders due to use of alcohol

(Narrow): Admissions to hospital where the primary diagnosis is an alcoholattributable mental and behavioural disorders due to use of alcohol code. Data from https://fingertips.phe.org.uk/local-alcohol-profiles Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) -Mid Year Population Estimates.

#### Drug-related hospital admissions for mental and behavioural disorders

Directly age standardised rate of admissions where drug-related mental and behavioural disorder were a factor, per 100,000

LTLA	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Trendline
Cambridge	274	354	425	437	296	318	~-
East Cambridgeshire	96	134	378	178	226	281	
Fenland	96	118	145	106	159	115	~~~
Huntingdonshire	78	112	84	96	84	89	$\wedge \sim -$
South Cambridgeshire	117	182	150	205	101	112	~~~-
Cambridgeshire Total	127	171	208	187	152	156	$\sim$
NHS Digital	133	169	179	193			_
Peterborough	173	190	156	151	187	125	$\sim \sim$
NHS Digital	182	198	164	153			$\sim$
C and P Total	138	176	195	179	161	148	$\sim$

Definition: admission with a diagnosis of drug related mental and behavioural disorders (ICD10 codes F11-F16, F18, F19) at any position in the record.

Source: ICB DSCRO sus\_ip\_spell\_all

Key: statistically significantly lower than CandP total statistically similar to CandP total statistically significantly higher than CandP total

Directly age standardised rate of admissions for drug-related mental and behavioural disorders, per 100,000

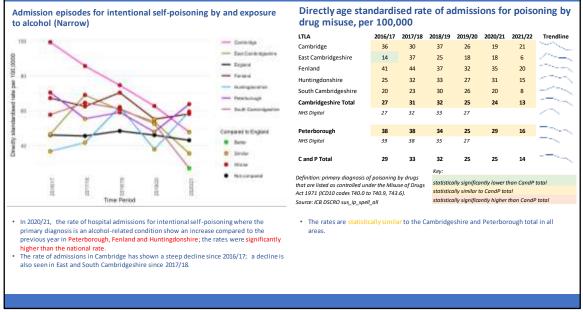
LTLA		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Trendline
Cambridg	e	10	10	17	12	6	9	$\sim$
East Cam	bridgeshire	5	2	2	4	3	1	$\sim$
Fenland		4	3	6	5	8	5	~~~
Huntingd	onshire	3	2	2	2	2	3	1
South Car	nbridgeshire	10	3	9	8	3	2	$\sim$
Cambridg	eshire Total	7	4	7	7	4	4	$\sim \sim$
NHS Digita	I	6	4	7	6			
Peterbor	ough	5	5	5	11	8	3	$\sim$
NHS Digita	I	5	6	5	11			
C and P T	otal	6	4	7	8	5	3	$\sim\sim$
					y diagnosis ders (ICD10			
tal					sus_ip_spe			

 The rates of admissions to hospitals in Cambridge where the primary diagnosis or any of the secondary diagnoses are drug-related mental and behavioural disorders have been significantly higher than the Cambridgeshire and Peterborough total since 2016/17.

 The rates in East Cambridgeshire show recent increases and have been significantly higher than the C&P rate in the last two years.

- The rates of admissions to hospitals where the primary diagnosis is drug-related mental and behavioural disorders in most areas across Cambridgeshire and Peterborough have been statistically similar to the C&P rates.
- A varied trend is noted in the rate of admission across Cambridgeshire and Peterborough.

#### Admission episodes for self-poisoning

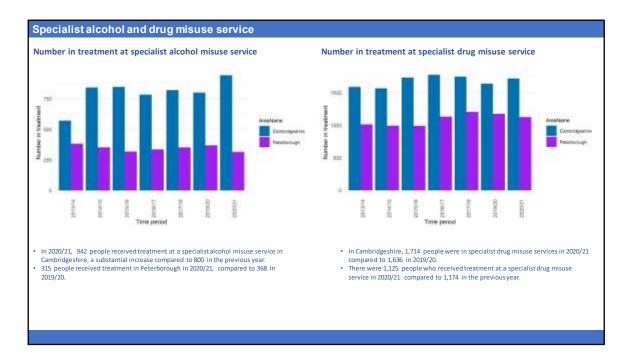


#### Admission episodes for intentional self-poisoning by and exposure to alcohol

(Narrow): A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition.

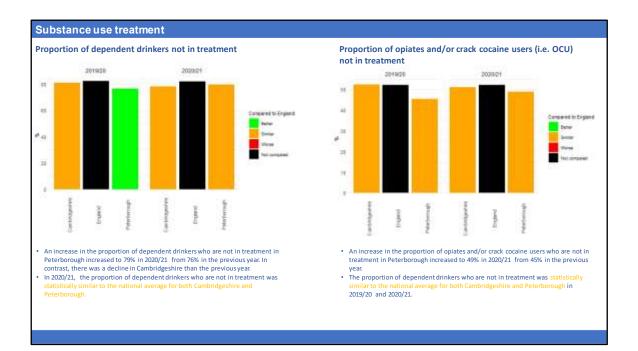
Data from https://fingertips.phe.org.uk/local-alcohol-profiles

**Source:** Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.



Number in treatment at specialist alcohol misuse services Total number of individuals who received treatment at a specialist alcohol misuse service. Data from https://fingertips.phe.org.uk/local-alcohol-profiles Source: National Drug Treatment Monitoring System

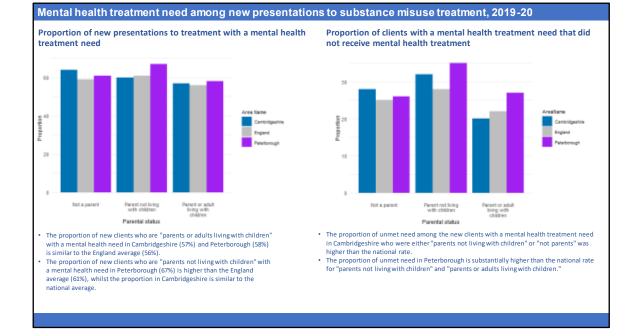
Number in treatment at specialist drug misuse services Total number of individuals who received treatment at a specialist drug misuse service. Data from https://fingertips.phe.org.uk/profile/tobacco-control Source: National Drug Treatment Monitoring System



**Proportion of dependent drinkers not in treatment:** The estimated proportion of alcohol dependent adults in the given year who were not in contact with alcohol treatment services in that year.

**Data from:** https://fingertips.phe.org.uk/public-health-dashboard-ft **Source:** National Drug Treatment Monitoring System and Estimates of Alcohol Dependence in England

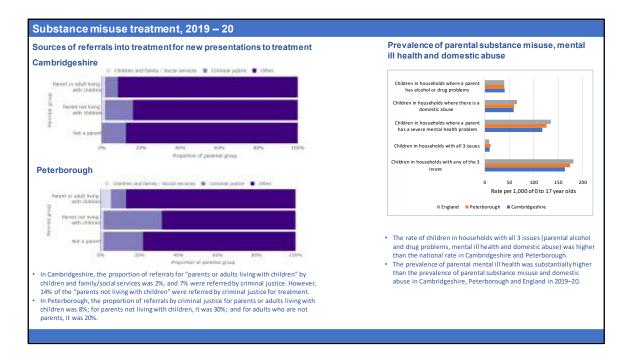
Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment: The estimated proportion of the local OCU users in the given year who were not in contact with drug treatment services for an OCU problem in that year.
Data from: https://fingertips.phe.org.uk/public-health-dashboard-ft
Source: National Drug Treatment Monitoring System and Estimates of OCU Use in England



The data refers to drug and/or alcohol clients (aged between 18 and 99) starting a new treatment journey during 2019-20 (1st April 2019 to 31st March 2020) **Mental health treatment need:** Adults who entered treatment in the year and were identified as having a mental health treatment need. The percentage is shown as a proportion of the number of new presentations to treatment during the year. **Unmet mental health treatment need:** The proportion of clients who entered treatment in the year who were identified as having a mental health treatment need: The proportion of clients who entered and were not receiving treatment for their mental health need.

**Source:** Parents with problem alcohol and drug use: Data for England, Cambridgeshire and Peterborough, 2019 to 2020, NDTMS. Link: https://www.ndtms.net/ParentalSubstanceMisuse

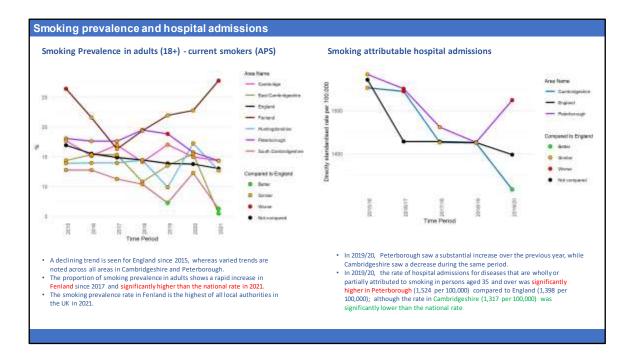
#### 54



The data refers to drug and/or alcohol clients (aged between 18 and 99) starting a new treatment journey during 2019-20 (1st April 2019 to 31st March 2020) **Source**: Parents with problem alcohol and drug use: Data for England, Cambridgeshire and Peterborough, 2019 to 2020, NDTMS.

Link: https://www.ndtms.net/ParentalSubstanceMisuse





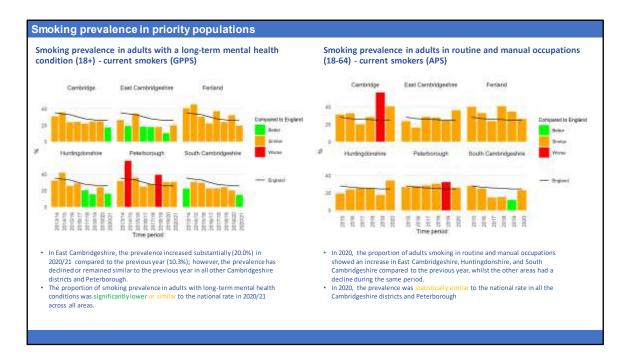
Smoking Prevalence in adults (18+) - current smokers (APS): Prevalence of smoking

among persons 18 years and over.

**Data from** https://fingertips.phe.org.uk/profile/tobacco-control **Source:** Annual Population Survey (APS)

**Smoking attributable hospital admissions:** Total number of hospital admissions for diseases that are wholly or partially attributed to smoking in persons aged 35 and over.

**Data from** https://fingertips.phe.org.uk/profile/tobacco-control **Source:** Admissions data from Hospital Episode Statistics (HES); Office for National Statistics (ONS) - mid-year population estimates; Smoking prevalence data from Annual Population Survey; and . and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'



Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS): Smoking prevalence in adults with a diagnosed long term mental health condition - current smokers (GPPS).

**Data from** https://fingertips.phe.org.uk/profile/tobacco-control **Source:** GP Patient Survey (GPPS)

Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS): Prevalence of smoking among persons aged 18-64 years in the routine and manual group Data from https://fingertips.phe.org.uk/profile/tobacco-control Source: Annual Population Survey (APS)

#### Smoking prevalence in priority populations

Smoking status at time of delivery by, England, East of England and Cambridgeshire and Peterborough Integrated Care Board April-June 2022

Geographic Area	England	East of England	NHS Cambridgeshire and Peterborough ICB
Number of smokers at time of delivery	11,290	1,181	185
% of smokers at time of delivery	8.60%	7.60%	8.10%
Number of non-smokers at time of delivery	115,399	13,379	1,972
% of non-smokers at time of delivery	88.40%	86.50%	86.90%
Number of smoking status unkown at time of delivery	3,897	912	113
% of smoking status unkown at time of delivery	3.00%	5.90%	5.00%

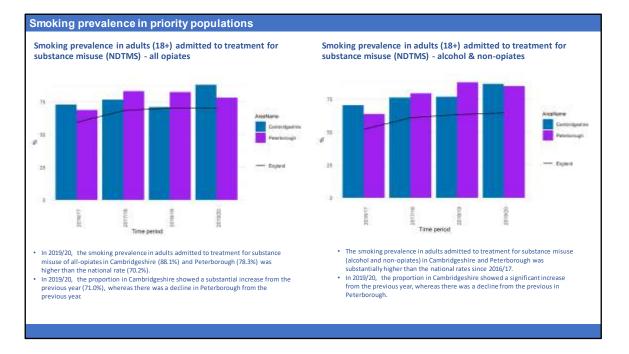
Note: Caution should be taken when interpreting this data. Due to the small number of woman setting a quit date confidence intervals at a local authority level are large.

Statistically significantly higher than England Statistically similar to the England Statistically significantly lower than England

- For quarter 1 2022-23 data the percentage of pregnant woman smoking at time of delivery was statistically significantly lower for the East of England (7.6%) compared to the national average (8.6%), while Cambridgeshire and Peterborough ICB was statistically similar (8.1%).
- Similarly the percentage of pregnant women who were non-smoking at time of delivery was statistically significantly lower for the East of England (86.5%) compared to the national average (88.4%), while Cambridgeshire and Peterborough ICB was statistically similar (86.9%).
- The percentage of women whose smoking status was unknown at the time of delivery, for East of England region and Cambridgeshire and Peterborough ICB was statistically significantly higher, 5.9% and 5.0% respectively compared to the 3.0% nationally.

**Women known to be smokers at the time of delivery** - defined as pregnant women who self-reported that they were smokers. This includes any cigarettes or tobacco at all, but excludes non-combustible nicotine products, such as e-cigarettes or other nicotine containing products. If a woman intends to give up smoking after the delivery, but was a smoker up until the delivery date they are included in this count. **Women known to be non-smokers at the time of delivery** - defined as pregnant women who self-reported that they were non-smokers (no cigarettes or tobacco at all). This count does not include women whose smoking status is not known (which is collected separately), or those who intend to give up smoking after delivery. **Women whose smoking status was not known at the time of delivery** - defined as those whose smoking status was not determined for whatever reason.

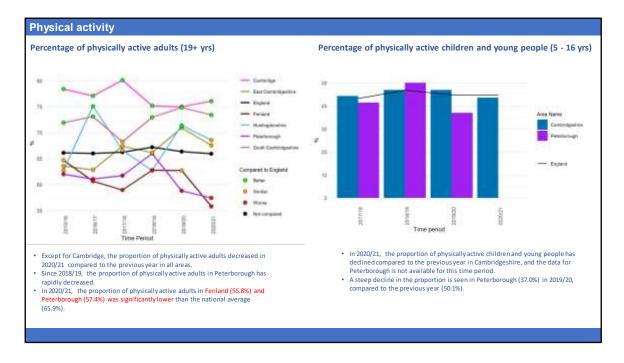
Source:



Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - all opiates: Prevalence of smoking in adults age 18+ admitted to treatment for substance misuse (all opiates).

**Data from** https://fingertips.phe.org.uk/profile/tobacco-control **Source:** The National Drug Treatment Monitoring System (NDTMS), Public Health England

Smoking prevalence in adults (18+) admitted to treatment for substance misuse (NDTMS) - alcohol & non-opiates: Prevalence of smoking in adults age 18+ admitted to treatment for substance misuse (alcohol & non- opiates). Data from https://fingertips.phe.org.uk/profile/tobacco-control Source: The National Drug Treatment Monitoring System (NDTMS), Public Health England

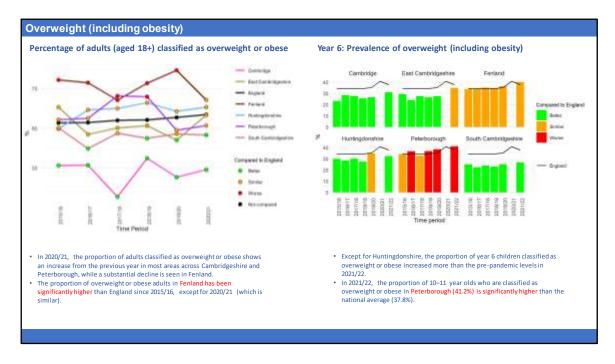


**Percentage of physically active adults:** The number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 19 and over.

**Data from** https://fingertips.phe.org.uk/profile/physical-activity **Source:** Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

**Percentage of physically active children and young people:** Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week).

**Data from** https://fingertips.phe.org.uk/profile/physical-activity **Source:** Active Lives Children and Young People Survey, Sport England



Percentage of adults (aged 18+) classified as overweight or obese: Percentage of

adults aged 18 and over classified as overweight or obese. **Data from** https://fingertips.phe.org.uk/profile/physical-activity **Source:** Annual Population Survey (APS)

**Year 6: Prevalence of overweight (including obesity):** Proportion of children aged 10-11 years classified as overweight or living with obesity. For population monitoring purposes children are classified as overweight (including obesity) if their body mass index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. The population monitoring cut points for overweight, and obesity are slightly lower than the clinical cut points used to assess individual children, this is to capture those children with an unhealthy BMI for their age and those at risk of moving to an unhealthy BMI. This helps ensure that adequate services are planned and delivered for the whole population. **Data from** *https://fingertips.phe.org.uk/profile/physical-activity* 

*Source:* Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

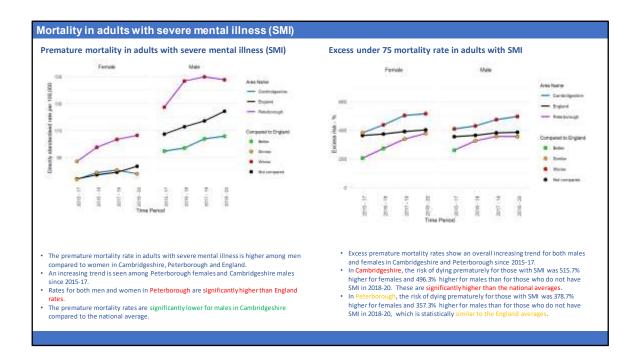
*Impact of Covid-19:* The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the coronavirus COVID-19 pandemic. In a usual NCMP

collection year, national participation rates are around 95% (over a million) of all eligible children, however in 2019/20 the number of children measured was around 75% of previous years. Despite the lower than usual number of measurements, analysis by NHS Digital indicates that figures at national and regional level are directly comparable to previous years, for all breakdowns.

The start of the 2020/21 NCMP data collection was delayed due to the COVID-19 pandemic response. In March 2021 local authorities were asked to collect a representative 10% sample of data because it was not feasible to expect a full NCMP collection so late into the academic year.

The 2021/22 NCMP was the first data collection since the COVID-19 pandemic that was unaffected by school closures and other public health measures.

# Premature mortality in adults with severe mental illness



**Note**: Adults with referrals to secondary mental health services is used as a proxy for adults with a diagnosis of SMI. This omits patients with SMI being cared for in primary care alone, and includes patients with referrals to secondary mental health services for common mental health disorders.

**Premature mortality in adults with severe mental illness (SMI):** Directly age standardised rate of deaths of adults, aged 18 - 74, with SMI, per 100,000 population. SMI is defined as having a referral to mental health services in the five years preceding death.

Data from https://fingertips.phe.org.uk/severe-mental-illness

**Source:** NHS Digital Mental Health Services Data Set and its predecessors Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset) Office for National Statistics mid-year population estimates

**Caveats**: Variations in access to secondary mental health services and referral practice in different local authorities will affect the indicator. Areas where few adults access services will have lower premature mortality in adults with SMI because only a few deaths in adults will be in people defined as having SMI. Conversely, areas where many adults access services, premature mortality in adults with SMI will be higher because more deaths in adults will be in the group defined as having SMI. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

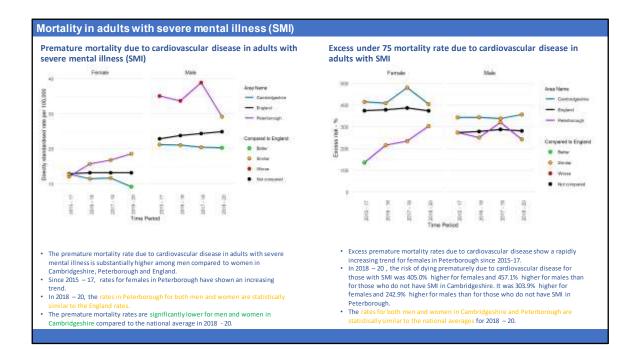
Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93581/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1

**Excess under 75 mortality rate in adults with severe mental illness (SMI)**: Measure of excess premature mortality experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death. Indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality than adults without SMI.

**Data from** https://fingertips.phe.org.uk/severe-mental-illness **Source:** NHS Digital Mental Health Services Data Set and its predecessors Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset) Office for National Statistics mid-year population estimates

**Caveats**: This indicator presents the SMI death rates relative to the non-SMI rates. High values of this indicator are the result of lower mortality in the non-SMI population and higher mortality in the SMI population. However, it is also affected by variations in access to secondary mental health services and referral practice in different local authorities. Areas with good access to services will have more of their population in the SMI cohort and that may have an impact on the mortality rate. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93582/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1



**Note**: Adults with referrals to secondary mental health services is used as a proxy for adults with a diagnosis of SMI. This omits patients with SMI being cared for in primary care alone, and includes patients with referrals to secondary mental health services for common mental health disorders.

#### Premature mortality due to cardiovascular diseases in adults with severe mental

*illness (SMI)*: Directly age standardised rate of deaths due to all cardiovascular diseases (including heart disease and stroke) in adults with SMI, aged 18 - 74, per 100,000 population. SMI is defined as having a referral to mental health services in the five years preceding death

Data from https://fingertips.phe.org.uk/severe-mental-illness

**Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: Variations in access to secondary mental health services and referral practice in different local authorities will affect the indicator. Areas where few adults access services will have lower premature mortality in adults with SMI because only a few deaths in adults will be in people defined as having SMI. Conversely, areas where many adults access services, premature mortality in adults with SMI will be higher because more deaths in adults will be in the group defined as having SMI. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93727/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1

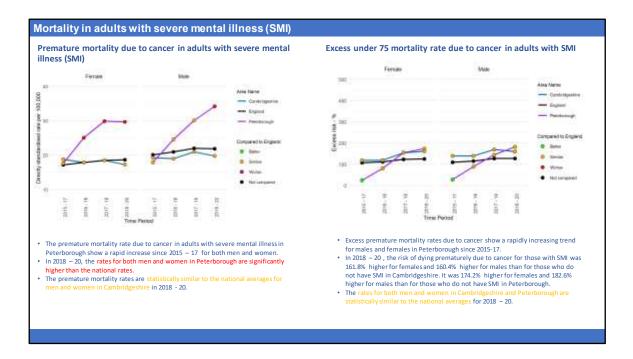
**Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)**: Measure of excess premature mortality due to all cardiovascular diseases (including heart disease and stroke) experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death.

Indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality due to all cardiovascular diseases than adults without SMI.

**Data from** https://fingertips.phe.org.uk/severe-mental-illness **Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: This indicator presents the SMI death rates relative to the non-SMI rates. High values of this indicator are the result of lower mortality in the non-SMI population and higher mortality in the SMI population. However, it is also affected by variations in access to secondary mental health services and referral practice in different local authorities. Areas with good access to services will have more of their population in the SMI cohort and that may have an impact on the mortality rate. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93731/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1



**Note**: Adults with referrals to secondary mental health services is used as a proxy for adults with a diagnosis of SMI. This omits patients with SMI being cared for in primary care alone, and includes patients with referrals to secondary mental health services for common mental health disorders.

# Premature mortality due to cancer in adults with severe mental illness (SMI):

Directly age standardised rate of deaths from all cancers in adults with SMI, aged 18 - 74, per 100,000 population. SMI is defined as having a referral to mental health services in the five years preceding death.

Data from https://fingertips.phe.org.uk/severe-mental-illness

**Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: Variations in access to secondary mental health services and referral practice in different local authorities will affect the indicator. Areas where few adults access services will have lower premature mortality in adults with SMI because only a few deaths in adults will be in people defined as having SMI. Conversely, areas where many adults access services, premature mortality in adults with SMI will be higher because more deaths in adults will be in the group defined as having SMI. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here: https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93728/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1

# Excess under 75 mortality rate due to cancer in adults with severe mental illness

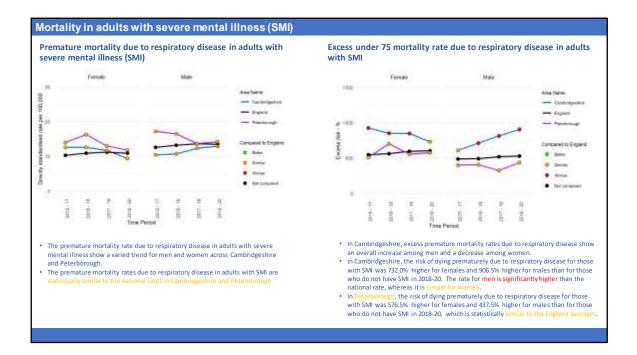
**(SMI)**: Measure of excess premature mortality due to cancer experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death.

Indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality due to cancer than adults without SMI.

**Data from** https://fingertips.phe.org.uk/severe-mental-illness **Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: This indicator presents the SMI death rates relative to the non-SMI rates. High values of this indicator are the result of lower mortality in the non-SMI population and higher mortality in the SMI population. However, it is also affected by variations in access to secondary mental health services and referral practice in different local authorities. Areas with good access to services will have more of their population in the SMI cohort and that may have an impact on the mortality rate. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93732/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1



**Note**: Adults with referrals to secondary mental health services is used as a proxy for adults with a diagnosis of SMI. This omits patients with SMI being cared for in primary care alone, and includes patients with referrals to secondary mental health services for common mental health disorders.

## Premature mortality due to respiratory disease in adults with severe mental illness

**(SMI)**: Directly age standardised rate of deaths from respiratory disease in adults with SMI, aged 18 - 74, per 100,000 population. SMI is defined as having a referral to mental health services in the five years preceding death

Data from https://fingertips.phe.org.uk/severe-mental-illness

**Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: Variations in access to secondary mental health services and referral practice in different local authorities will affect the indicator. Areas where few adults access services will have lower premature mortality in adults with SMI because only a few deaths in adults will be in people defined as having SMI. Conversely, areas where many adults access services, premature mortality in adults with SMI will be higher because more deaths in adults will be in the group defined as having SMI. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

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**Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)**: Measure of excess premature mortality due to respiratory disease experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death.

Indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality due to respiratory disease than adults without SMI.

**Data from** https://fingertips.phe.org.uk/severe-mental-illness **Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: This indicator presents the SMI death rates relative to the non-SMI rates. High values of this indicator are the result of lower mortality in the non-SMI population and higher mortality in the SMI population. However, it is also affected by variations in access to secondary mental health services and referral practice in different local authorities. Areas with good access to services will have more of their population in the SMI cohort and that may have an impact on the mortality rate. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93734/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1



**Note**: Adults with referrals to secondary mental health services is used as a proxy for adults with a diagnosis of SMI. This omits patients with SMI being cared for in primary care alone, and includes patients with referrals to secondary mental health services for common mental health disorders.

## Premature mortality due to liver disease in adults with severe mental illness (SMI):

Directly age standardised rate of deaths from liver disease in adults with SMI, aged 18 - 74, per 100,000 population. SMI is defined as having a referral to mental health services in the five years preceding death

Data from https://fingertips.phe.org.uk/severe-mental-illness

**Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: Variations in access to secondary mental health services and referral practice in different local authorities will affect the indicator. Areas where few adults access services will have lower premature mortality in adults with SMI because only a few deaths in adults will be in people defined as having SMI. Conversely, areas where many adults access services, premature mortality in adults with SMI will be higher because more deaths in adults will be in the group defined as having SMI. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

Additional information on definitions and caveats can be found here https://fingertips.phe.org.uk/search/premature#page/6/gid/8000039/pat/30000/par /al-BHxpCTj8Ee/ati/402/are/E10000003/iid/93729/age/181/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/tre-ao-1

# Excess under 75 mortality rate due to liver disease in adults with severe mental

**illness (SMI)**: Measure of excess premature mortality due to liver disease experienced by adults with SMI over adults without SMI. SMI is defined as having a referral to secondary mental health services in the five years preceding death.

Indicator is expressed as a percentage where adults with SMI can be considered to have x% higher/lower risk of premature mortality due to liver disease than adults without SMI.

**Data from** https://fingertips.phe.org.uk/severe-mental-illness **Source:** NHS Digital Mental Health Services Data Set and its predecessors; Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset); Office for National Statistics mid-year population estimates

**Caveats**: This indicator presents the SMI death rates relative to the non-SMI rates. High values of this indicator are the result of lower mortality in the non-SMI population and higher mortality in the SMI population. However, it is also affected by variations in access to secondary mental health services and referral practice in different local authorities. Areas with good access to services will have more of their population in the SMI cohort and that may have an impact on the mortality rate. Analysis of this indicator should be combined with local knowledge and consideration of other indicators in the Severe Mental Illness profile.

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