

**CAMBRIDGE CITY  
AND  
SOUTH CAMBRIDGESHIRE  
IMPROVING HEALTH PLAN  
2008-2011**

**Plan to take forward the recommendations of the health objectives of the Sustainable Community Strategies for Cambridge City and South Cambridgeshire**

**Cambridge City and South Cambridgeshire  
Improving Health Partnership  
June 2008**

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**Approved by Cambridge City and South Cambridgeshire  
Improving Health Partnership  
16 June 2008**

# Cambridge City and South Cambridgeshire Improving Health Plan

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## Chapter 1 Introduction

### 1.1 Vision

The vision for the Improving Health Plan is illustrated by these excerpts from Cambridge City and South Cambridgeshire Sustainable Community Strategies:

“The Local Strategic Partnership wants to ensure that people in Cambridge City live in sustainable communities that are that are strong, healthy, active, safe and inclusive - where the well-being of people is improved and inequalities reduced, so that people feel a sense of belonging and can fully participate in community life and share in the city’s success”

Strategic priority - Cambridge Sustainable Community Strategy

Cambridge LSP wants to see

“A reduction in the inequality in life expectancy between different parts of the City and the enhancement of personal health and wellbeing.”

“Active, healthy and inclusive communities where residents can play a full part in community life, with a structure of thriving voluntary and community organisations.

“Building successful new communities where developments have affordable homes to meet local needs and create attractive places where people want to live, supported by a range of quality services and social networks.

Strategic objectives from South Cambridgeshire Sustainable Community Strategy

### 1.2 Purpose

The purpose of this document is to provide a plan to take forward and monitor the health priorities and objectives that are identified in the sustainable community strategies (SCS) for Cambridge City and South Cambridgeshire. Cambridge City Sustainable Community Strategy (2008 -2011) was launched in January 2008 and the South Cambridgeshire Strategy is currently being completed.

### 1.3 Background

The importance of working in partnership to improve health and wellbeing has been well understood and supported in South Cambridgeshire and Cambridge City with district wide health partnerships in place from 2001 and a joint Improving Health Partnership established in 2005.

Cambridge City and South Cambridgeshire Improving Health Partnership (IHP) is a strategic partnership, setting direction and creating the environment for joint

delivery of health outcomes. The Terms of Reference of the partnership are set out in the Appendix.

The IHP has worked closely with local partners to identify priorities for inclusion in the district wide Sustainable Community Strategies for Cambridge City and South Cambridgeshire. These priorities have been based on an understanding of the health needs of the local population drawn from local demography and data sets, previous Annual Reports of Public Health as well as national public health policy.

This understanding has been further supplemented by Joint Strategic Needs Assessments (JSNA) that have been developed for Older People, Adults of 'working age', Adults with learning disabilities, Adults with mental health problems and Children and Young People. A further JSNA for adults with a physical disability is in production. A Joint Strategic Needs Assessment for Cambridgeshire: Phase 1 that brings together the key findings of all the current JSNAs will be published in June 2008. This is a new and developing process and from April 2008, it has become a shared statutory duty for the PCT and Cambridgeshire County Council to undertake a JSNA with partner agencies.

#### **1.4 Priorities**

The Sustainable Community Strategies are about improving quality of life and as such relate to the wider determinants of health such as employment, income, housing, education and environment. There are a range of partnerships that are responsible for addressing these areas and this plan, therefore, attempts to focus on those priority areas where this partnership has the lead responsibility for their monitoring and implementation. In the main, these are areas that relate to healthy living.

The IHP also has a role in maintaining an overview of local health improvement initiatives and partnership arrangements to ensure that appropriate delivery mechanisms are in place to address local priorities (see Terms of Reference in the Appendix).

The majority of the health objectives/priorities identified in the City and South Community Strategies are common to both and are also identified in Cambridgeshire's Local Area Agreement. These are

- Smoking and Tobacco Control
- Obesity (including increasing physical activity and healthy eating)
- Mental Health (including relationship to obesity and social inclusion/new growth)
- Harm reduction from Alcohol
- Sexual Health
- Older people - increasing independence and reduction in falls

South Cambridgeshire Community Strategy also identifies

- Road traffic injuries and deaths
- Travellers and new migrant population

These priorities are looked at in more detail in the forthcoming chapters, summarising why they are an issue, how they are being addressed and monitored and how the partnership can contribute to health improvement.

Detailed local background information and data is available in the public health data set and a list of other key references for overarching strategy and policy documents is included. Where appropriate, recommendations from the latest annual report of the Director of Public health (2007) are also highlighted. These and other key documents including the JSNAs are available on the public health pages of the PCT website [www.cambridgeshirepct.nhs.uk](http://www.cambridgeshirepct.nhs.uk).

Migrant population. A specific section on the migrant population has not yet been included. An extensive report on the demographic impact of Migrant Workers in Cambridgeshire has now been completed by Cambridgeshire County Council. It is anticipated that this will be used as a basis for the Improving Health Partnership to develop an understanding of the issues for migrant workers in Cambridge City and South Cambridgeshire. It will also be of considerable interest to other LSP theme groups such as the Cambridge City and South Cambridgeshire Personal and Community Development Learning Partnership.

## **1.5 Demographic change**

During the period of this Plan and beyond, the IHP faces two discrete but inter-related challenges:

### **Population growth**

Cambridgeshire County Council population forecasts show that by 2021 there are likely to be another 90,000 people living in Cambridgeshire. The biggest growth will be in South Cambridgeshire (25%) and in Cambridge City (31.5%). For the child population aged 0-19, there is forecast rise of 40% in Cambridge City and 13.9% in South Cambridgeshire.

The impact of new communities is starting to be felt:

- Cambourne under development with further planning applications
- Cambridge Northern Fringe started in 2006 (3 sites)
- Northstowe - first homes July 2009
- Cambridge East; new urban quarter possibly from 2009
- Cambridge Southern Fringe - 2008
- North West Cambridge - 2 sites - start 2008

### **The ageing population**

The number of people aged 65+ in Cambridgeshire is expected to rise by 60% between 2006 and 2021. The largest rises are in South Cambridgeshire and Huntingdonshire. People's health and usage of health services is strongly related to age. NHS expenditure for someone aged 85+ is expected to be more than ten times the expenditure for someone aged 5-15. This means that for local health and social care services, changes in the age structure of the population are likely to have as big an impact as changes in population size.

## 1.6 Health inequalities

The Sustainable Community Strategies for City and South both set out a commitment to reducing health inequalities and this principle is addressed throughout the priority areas in this plan.

The Annual Public Health Report (2007) describes how health outcomes are known to be closely associated with socio-economic deprivation. A commonly used measure of socio-economic deprivation is the Index of Multiple Deprivation (IMD) which assesses socio-economic deprivation across the seven domains of: income; employment; health and disability; education, skills and training; housing and distances to services; living environment and crime and calculates a composite 'deprivation score'.

The IMD scores show that with the exception of Fenland, the districts in Cambridgeshire are less socio-economically deprived than the England average, with South Cambridgeshire being one of the ten least deprived districts in the country. When looked at by electoral ward level, three wards in Cambridge City - King's Hedges, Abbey, East Chesterton and Arbury appear in the 20% of wards with the highest deprivation scores in the county.

When even smaller areas, roughly the size of housing estates, known as lower super output areas (LSOA) are looked at, then different patterns of disadvantage emerge. Of the fifth most disadvantaged LSOA's in Cambridgeshire, 23 out of the 73 fall in areas of Cambridge City and one is in South Cambridgeshire (within Histon and Impington ward). When Individual domains of the Index are looked at, this shows that within small areas of South Cambridgeshire there can be issues such as income deprivation and barriers to access to housing and services.

Gypsies and Travellers is a population group that suffers significantly poorer health outcomes and is particularly identified in the South Cambridgeshire Sustainable Community Strategy. This is considered in more detail in Chapter 9.

People with Learning Disabilities is another population group that is spread across the county and experiences poor health outcomes. The recent JSNA that has been undertaken will provide a detailed analysis of this population's needs and an opportunity for partners to understand how they can contribute to improving outcomes for this group.

The main cause of death in Cambridgeshire is circulatory disease (heart disease and stroke) with higher rates experienced in the more socio-economically deprived wards. In the short term, national work has shown that the most effective methods of decreasing inequalities in life expectancy in areas of higher socio-economic deprivation are likely to be:

- helping people to stop smoking through additional support to smoking cessation services
- ensuring that people with high blood pressure are treated
- ensuring that people at high risk of heart disease are treated with statins

In recognition of this, the Annual Public Health Report (2007) makes the following recommendation: 'Cambridgeshire Primary Care Trust should support GP practices and local communities in more socio-economically deprived areas of the county, to ensure patients are accessing treatment for heart disease risk factors.'

The main risk factors for heart disease include smoking, physical activity, diet and obesity and these are addressed within a wider context in subsequent chapters. The IHP will need to consider what further actions might be taken in the disadvantaged areas that have been identified in the Public Health Report. This should also take into account the PCT's plans to address the pledges set out in the East of England Strategic Health Authority's (SHA) Strategy: 'Improving Lives Saving Lives Next Steps'; in particular, Pledge 8 "We will work with Partners to reduce the differences in life expectancy between the poorest 20% of our communities and the average in each PCT."

The Annual Public Health report for Cambridge City for 2003-04 focused on promoting social inclusion in the City. The report recognised the 'social gradient' effect and that actions to promote social inclusion need to engage right across the social gradient and not concentrate solely on those most at risk of social exclusion. Thus, policy approaches to address health inequalities need to include a combination of targeted approaches to disadvantaged and at-risk groups, and universal approaches. The report recommended that we challenge current practice to ensure that it is underpinned by the evidence and experience of what is effective.

The Audit Commission has recently conducted an audit with partner agencies in Cambridgeshire to establish the effectiveness of joint working to address health inequalities. The report was published in Spring 2008 and has made a number of recommendations. Initially these are being taken forward by the new Cambridgeshire Health and Wellbeing Partnership; in particular to agree a strategic approach for tackling health inequalities across the County.

## **1.7 Performance monitoring and action plan**

The detailed action plans and performance monitoring framework for the Improving Health Plan is set out in an accompanying document. These actions will also be identified in the wider action plans of the City and South Cambridgeshire Sustainable Community Strategies that are currently being developed. The Improving Health Partnership will be the lead partnership for health objectives such as smoking, obesity, sexual and mental health but it is likely to have a contributory role for health related objectives such as road traffic accidents, older people, Travellers and harm reduction from alcohol.

A list of national indicators for monitoring outcomes is listed for each priority area. These are taken from the national indicators to be agreed with the Government for the new Cambridgeshire LAA in June 2008 (includes 34 national indicators, five local indicators and 16 statutory ones for education). Other national indicators (from the full set of 198) are also listed where they are relevant as there will be a process for monitoring all of these. A new performance monitoring and reporting system is being developed for the new LAA and LSPs, and it is the intention this plan should be in step with this process.

## Chapter 2 Smoking and Tobacco Control

### DPH Recommendation

“Reducing the prevalence of smoking continues to be a public health priority for Cambridgeshire. The successful partnership project to reduce smoking amongst school children in East Cambridgeshire and Fenland should be taken forward and extended across the county as a whole”.

### ***Why is this an issue?***

Reducing the number of smokers remains the intervention that has the most impact on health improvement.

About half of people who smoke will die from smoking related diseases such as circulatory disease (heart disease and stroke) and lung cancer. Smoking is a major contributor to health inequalities with higher death rates from heart disease experienced by people in lower socio-economic groups.

If people who have been smoking for many years stop, even well into middle age, they avoid most of their subsequent risk of lung cancer.

### **National**

In 2004 26% of adults smoked in England, which mirrors the regional East of England figure.

Currently 9% of 11-15 year olds in England are regular smokers.

It is estimated that for every £1,000 invested by the NHS in brief interventions for smoking cessation, there is a cost saving to the NHS of between £11,000 and £12,000 over the next 11 years, as a result of reductions in heart attacks and stroke.

### **Local**

Adults in South Cambridgeshire - estimated figures:

- 17% of adults smoke compared to the national average of 26%
- On average 161 deaths per year (87.2 per 100,000 population) are attributable to smoking related diseases (2002-2004 figures)

Adults in Cambridge City - estimated figures:

- 25.3% of adults smoke compared to the national average of 26%
- On average 123 deaths per year (95.0 per 100,000 population) are attributable to smoking related diseases (2002-2004 figures)

Children

- 8% students in Year 8 and 10 in Cambridgeshire defined themselves as regular smokers. This increases to 12% when including occasional smokers (Health Related Behaviour Survey (2006))
- Females tend to have higher smoking levels than males



- The most common source of obtaining cigarettes for young people was from friends followed by shops (Health Related Behaviour Survey - HRBS 2006)

With the increase in age of sales for tobacco from 16 to 18 it is likely that cigarettes may be sourced from friends at school who have older siblings.

### ***What do we want to see happen?***

- Promoting smoke free environments and reducing the number of people who smoke (South Cambridgeshire SCS)
- More people are stopping smoking in the City (Cambridge City SCS)
- An increase in the number of referrals to the Camquit service
- An increase in the number of people referred to the Camquit service who successfully quit smoking for 4 weeks

Helping people to stop smoking through smoking cessation services has been shown to be the most effective short term method of decreasing inequalities in life expectancy in areas of higher socio-economic deprivation.

Also important for reducing the number of people who smoke is the creation of smoke free environments that do not encourage smoking and support those who wish to quit.

### ***What is already happening?***

#### **Partnerships:**

- Smoke Free Cambridgeshire and Peterborough

#### **Policy:**

- NICE Public Health intervention
  - Guidance 1: Smoking cessation, March 2006
  - Guidance 5: Workplace health promotion: how to help employees to stop smoking, April 2007
  - Guidance 10: Smoking Cessation Services, Feb 2008
  - Guidance 6: Behaviour Change at population, community and individual levels
  - Guidance - Preventing the uptake of smoking by children is expected July 2008
- Health Act 2006
- East of England Health Strategy 'Improving lives Saving Lives' – Pledge 10

#### **Initiatives and services:**

Camquit - NHS stop smoking services across Cambridgeshire.

Implementation of the Health Act 2006 (securing compliance with the smoke free premises and the underage tobacco sales requirements).

Promotion of Smoke free environments by Environmental Health Departments in City and South.

### ***How we will know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- 16+ current smoking rate prevalence (NI 123)
- All cause all age mortality in the 20% most deprived areas in Cambridgeshire (NI 120)

Additional relevant national indicators

- Mortality from cancer in people aged under 75 per 100,000 directly age standardised population (NI 122)
- Mortality from circulatory diseases in people aged under 75 per 100,000 directly age standardised population (NI 121)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

### ***What are the actions for the IHP?***

The Camquit NHS Stop Smoking Service and Smoke Free Cambridgeshire and Peterborough have a key role in helping people to quit smoking through direct services and by policies to provide supportive environments. We have very challenging local targets to meet to reduce the number of people smoking. This is measured by the number of people supported to quit smoking as measured by '4 week quitters' (1379 in Cambridge City and South Cambridgeshire in 2008/09). Support by partner agencies will be vital to help achieve these and proposed ways to provide support are set out in the accompanying action plan.

Examples include:

- Promote the CAMQUIT Smoking Cessation Service.
- Support staff in partner organisations to be trained in making brief interventions and referrals to specialist services.
- Where there is sufficient demand, provide on-site stop smoking support.
- Develop a smoking cessation policy with partner organisation's workforce.
- Give support to the LPSA bid on tobacco control focused on Children and Young People including work with retailers and development of new stop smoking services for Young People.

## Chapter 3 Obesity

### DPH Recommendation

“The Countywide Partnership Strategy to prevent and address both childhood and adult obesity should be further developed and used to construct realistic multi-agency action plans”.

### ***Why is this an issue?***

Obese people have an increased risk of dying prematurely or developing Cardiovascular Disease, Type 2 Diabetes, Hypertension, Dyslipidemia, some cancers, musculo-skeletal problems and other diseases. In addition, obese people are more likely to suffer from a number of psychological problems such as low self-image and confidence, social stigma, reduced mobility and a poorer quality of life.

- Obesity and its consequences cost the NHS approximately £1 billion per year.
- The obesity epidemic will not be reversed by targeting any one aspect of lifestyle or the influences on lifestyle. Obesity prevention strategies need to address multiple facets of lifestyle and environment, aiming to effect a shift in the behaviour and culture of the whole of society.
- Inequalities exist in the distribution of obesity within the population. The prevalence of obesity and overweight is highest in people aged 45+ and, in general, the problem is worse in less-affluent sections of the population.

### **National**

- In 2006, 24% of adults (aged 16 or over) in England were classified as obese. This represents an overall increase from 15% in 1993.
- Men and women were equally likely to be obese, however women were more likely than men to be morbidly obese (3% compared to 1%)
- In 2006, 16% of children aged 2 to 15 were classed as obese. This represents an overall increase from 11% in 1995.
- Boys were more likely than girls to be obese (17% compared to 15%)
- Of children aged 8 to 15 who were classed as obese, two thirds (66%) of girls and 60% of boys thought that they were too heavy

### **Local**

#### Adults:

- Estimated levels of obesity are 16.7% for Cambridge City and 17.1 % in South Cambridgeshire, lower than the estimated county average of 25%.
- Approx 26% of adults (16 yrs+) in Cambridge City achieved a level of participation in moderate intensity (sport and recreational) of at least 30 minutes on three occasions per week. In South Cambridgeshire this was approx 20% of adults (16yrs+) which is just below the England average.
- In general, levels of participation are higher amongst males than females
- Approx 45% of adults (16+) in South Cambridgeshire and 41% of adults (16+) in Cambridge had a zero participation in moderate intensity (sport and recreational) of at least 30 minutes on three occasions per week.

- Cambridge City has noticeable higher rates of people with a limiting disability who participate in moderate intensity activity on at least 3 occasions per week over the previous 28 days, at over double the average for England (16.5% compared to 8.8%).
- Levels of participation are generally highest in people from higher socio-economic groups but in South Cambridgeshire levels of participation in the higher socio-economic group are relatively low compared to the other districts and the national average.
- Levels of non participation in physical activity is lowest in the lowest socio-economic groups
- Cambridge City has the highest levels of club membership, people receiving coaching/tuition and people involved in competition.
- South Cambridgeshire shows high level of satisfaction with sports provision
- In general all the districts in Cambridgeshire, with the exception of Fenland, have higher levels of walking and cycling than seen nationally.

#### Children:

- In February 2008, the results from the National Childhood Measurement Programme 2006/07 were released. These showed that of the children that were measured in Cambridgeshire
  - 11% of reception children were overweight and 8% were obese
  - 13% of Year 6 Children were overweight and 16% were obese.
 All of these percentages are lower than the national average. However, it is important to note that coverage i.e. the proportion of children measured was relatively low in 2006/07 compared to other areas in the country.
- On average 1 in 10 pupils eat 5 or more fruit and vegetables a day. (Cambridgeshire Health Related Behaviour Survey 2006).

#### ***What do we want to see happen?***

- Preventing obesity through promoting healthy eating, physical activity and mental health and wellbeing (South Cambridgeshire SCS)
- A reduction in the rise of obesity as monitored by annual surveys of weight and height in children (Cambridge City SCS)
- More adults participating in at least 30 minutes moderate intensity sport and or active recreation (Cambridge City SCS)
- An accessible transport system that promotes walking, cycling and the use of public transport (Cambridge City SCS)
- Improving the provision of cycling and walking in and between villages including new settlements and Cambridge City (Cambridge City SCS)

Most evidence suggests that the main reason for the rising prevalence of overweight and obesity is a combination of less active lifestyles and changes in eating patterns. Both these factors must be tackled to produce reductions in obesity with even a modest weight loss of 5-10% of body weight in an obese or overweight person resulting in health and well-being benefits.

## ***What is already happening?***

### **Partnerships**

Cambridgeshire Obesity Strategy Group  
Cambridgeshire Food and Health Group  
Cambridge & South Cambridgeshire Locality Obesity Group (working partnership being developed)  
Living Sport Partnership (County)  
Travel for Work (County)  
South Cambridgeshire Access and Transport Group

### **Joint Initiatives**

Exercise Referral schemes in City and South Cambridgeshire.  
TEAM (To Energise and Motivate) - Locally devised and evaluated community programme for families and children in South Cambridgeshire.

### **Mainstream initiatives and services**

Curriculum based work in schools, extended schools and Health Promoting Schools, School Meals Policy implementation.  
Wide range of Local Authority sport and leisure services in City and South Cambridgeshire.  
NHS obesity services with wider signposting eg 'Fit for the Future'.  
Annual weighing and measuring of children in reception and year 6 in primary schools and an accompanying targeted and wider school intervention programme.

### **Policy**

- National Obesity Strategy – Healthy Weight Healthy Lives (Jan 2008)
- Cambridgeshire Obesity Prevention & Management Strategy (in draft)
- NICE Clinical Guideline 43: Obesity – Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Dec 2006
- NICE Public Health Intervention
  - Guidance 2: Physical Activity, March 2006
  - Guidance 6: Behaviour Change at population, community & individual levels Oct 2007
  - Guidance 8: Physical Activity and Environment, Jan 2008
- NICE Public Health Guidance forthcoming :
  - workplace health promotion with reference to physical activity, May 2008
  - physical activity, play and sport for pre-school and school age children, Jan 2009
  - Promotion of Physical activity in children, Jan 2009
- East of England Health Strategy 'Improving lives Saving Lives' – Pledge 11, also 8 and 9

## ***How we will know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Obesity among primary school age children in year 6 (NI 56)

- Adult participation in sport (NI 8)
- Children travelling to school – mode of travel usually used (N198)
- Young people's participation in positive activities (NI 110)

Additional relevant national indicators

- Obesity among primary school age children in Reception year (NI 55)
- Children and Young people's participation in high-quality PE and Sport (NI 57)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

### ***What are the actions for the IHP?***

The local Cambridge City and South Cambridgeshire Obesity partnership will be a key working group to ensure the coordinated delivery of activities to tackle obesity through initiatives related to physical activity, healthy eating and mental health promotion. This group will be the local delivery arm of the forthcoming Cambridgeshire Obesity Prevention and Management Strategy.

Improving Health Partners should support the agenda by ensuring representation (or appropriate engagement) on the new local working group to maximise resources and gain synergy between service providers. The local actions are set out in the accompanying action plan and examples where partners can add value include:

- Continuing to promote the community obesity prevention programmes for children and exercise referral schemes in Cambridge and South Cambridgeshire, ensuring they continue to be resourced, evaluated and further developed.
- Reviewing sport service provision in City to identify opportunities to enhance health, link with primary care and tackle inequalities. Identify opportunities for enhanced working between Community Development and Cambridge Community Services for new programmes to support adults and families.
- IHP partners to begin implementing in their own organisations NICE Obesity Guidance 43 for local authorities, schools and early years providers, work places and the public.

## Chapter 4 Mental Health

DPH Recommendation: The new national indicator set for Local Authorities and Local Authority Partnerships includes an indicator for social cohesion 'Percentage of people who feel that they belong to their neighbourhood'. Because of the importance of social networks and social capital for health and wellbeing, it is recommended that this and/or similar indicators that reflect mutual 'trust' within communities are used to assess and monitor the social environment in both new and existing communities in Cambridgeshire.

### ***Why is this an issue?***

Mental health is fundamental to good health, wellbeing and quality of life. It impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. We all have mental health needs irrespective of any diagnosis associated with mental health. Mental health influences our ability and motivation to make healthy choices, exercise control and to adopt a healthy lifestyle.

### **National**

- One in four British adults experience at least one diagnosable mental health problem in a year, with one in six experiencing this at any given time.
- The economic and social cost of mental health problems in England was £77 billion in 2003 (Greater than the cost of crime and more than spent on NHS and social services).
- Having a low income, being unemployed, living in poor housing, low levels of education and lower social economic status are all associated with greater risk of experiencing mental health problems.
- Those with mental health problems are much more likely to have significant health risks and major health problems including obesity, smoking, heart disease, high blood pressure, respiratory diseases, diabetes and stroke.
- People with poor physical health are at higher risk of experiencing common mental health problems. Depression affects 27% of people with diabetes, 31% of people who have a stroke and 33% of cancer patients.

### **Local**

- From the indicators that are known to influence mental health, it is estimated that people living in Cambridge City are more likely to have mental health problems than other areas within Cambridgeshire.
- The social environment impacts on mental health. Locally, there has been concern of the mental distress identified in new growth areas. The importance of social cohesion in mental health and wellbeing and the need to ensure that, alongside the built environment, this is planned into new developments, has been identified. This is acknowledged in the DPH recommendation above.

### ***What do we want to see happen?***

- Ensuring good health and mental well-being through the delivery of joint service provision and community development (South Cambridgeshire SCS).

- Ensuring the early provision of leisure, community facilities and social infrastructure in the major growth areas (South Cambridgeshire SCS)
- All residents benefit from the growth of the city, in particular investment is made in community development to promote social inclusion and build the social capital essential for promoting health and wellbeing (Cambridge City SCS)
- Support given to the flourishing voluntary and community sector so that development of social capital continues to improve the quality of life in the City (Cambridge City SCS)
- Preventing obesity through promoting healthy eating, physical activity and mental health and wellbeing (South Cambridgeshire SCS)

Mental health promotion work needs to be embedded within all interventions to improve health. It is fundamental to contributing to and sustaining the range of Improving Health priorities. We want to add life to years, not just years to life.

### ***What is already happening?***

#### **Partnerships**

There are specific mental health partnerships operating at county and district level as well as wider partnerships that have a client focus such as children and young people and older people that also address mental health and wellbeing issues. Key mental health specific partnerships are:

- Cambridgeshire and Peterborough Mental Health Local Implementation Team
- Southern Cambridgeshire Adult Mental Health Working Group
- Working Together Cambridge

#### **Initiatives**

Mental health promotion work is an integral part of services and interventions that are delivered from a range of providers including the voluntary sector.

Specific areas of involvement by Cambridgeshire Community Services Public Health team:

- For people with mental health problems - work around the smoking agenda and physical health, and support around medication is being implemented.
- For the wider population - a large programme for involvement for older people has been developed and is being sustained eg Cambridgeshire Celebrates Age.

The IHP has commissioned the project

- 'Building Communities that are Healthy and Well' to take forward recommendations on the recent Public health report on the effect of the social environment on mental health (see local issues above).

#### **Policy**

- A Mental Health Promotion Strategy for Cambridgeshire will be developed in 2008/09
- A preliminary Joint Strategic Health Needs Assessment (JSNA) for mental health was undertaken (January 2008) and a more comprehensive version – Part 2 will be available in June 2008. The mental health promotion section contains evidence of good practice.
- NICE Evidence Briefing:



- Public health interventions to promote positive mental health and prevent mental disorders among adults. January 2007
- NICE Public Health Interventions
  - Guidance 12: Mental Wellbeing of children in primary education. March 2008
- Guidance 6: Behaviour Change at population, community & individual levels,
  - Guidance 9: Community engagement to improve health, Feb 2008
- NICE Public Health Intervention Guidance forthcoming:
  - Mental Wellbeing in Secondary education – July 2009
  - Workplace Mental health – October 2008
  - Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care – July 2008

### ***How will we know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- % of people who believe people from different backgrounds get on well together (NI 1)
- % of people who feel they can influence decisions in their locality (NI 4)
- Environment for a thriving third sector (NI 7)
- Young people's participation in positive activities (NI 110)
- Children who have experienced bullying (NI 69 - LAA local target)
- Overall/general satisfaction with the local area (NI 5 - LAA local target)

Additional relevant national indicators

- Percentage of people who feel that they belong to their neighbourhood (NI 2)
- Engagement in the arts (NI 11)
- Emotional health of children (NI 50)
- Adults in contact with secondary mental health services in employment (NI 150)
- Self-reported measures of people's overall health and well-being (NI 119)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

### ***What are the actions for the IHP?***

- A Mental Health Promotion Strategy will be developed in 2008/09. Partners can contribute to this by engaging in this process and subsequently by reviewing and implementing the recommendations. These will be related to the evidence base and will therefore include actions for employers which will be of particular relevance to partner organisations.
- Partners should continue to support and develop on going projects eg Cambridgeshire Celebrates age as detailed in the action plan.
- Partners to agree a process for taking forward the recommendations of the Building Communities that are Healthy and Well project (June 2008 Report).

## Chapter 5 Alcohol

### DPH Recommendation

“The potential for preventative work to reduce high rates of alcohol related hospital admissions in Cambridge City should be explored”.

### ***Why is this an issue?***

Drinking alcohol at hazardous levels, which have been defined as regularly consuming more than five units of alcohol a day for men and more than three for women, is harmful to individual health, the family and wider society. In addition, episodic ‘binge’ drinking can also be damaging. It was estimated by the UK government in 2004 that alcohol is related to half of all violent crimes, one third of domestic violence and 70% of Accident and Emergency admissions at peak times.

It is a key contributory factor to increasing existing health inequalities, for example through homelessness. Whilst moderate use of alcohol can have a beneficial effect on heart disease, at a population level the harms caused by alcohol outweigh the benefits.

### **National**

- 30% of men and 22% of women aged 16-24 drink more than the recommended weekly limits and alcohol consumption across all ages is greatest in this age group.
- Alcohol consumption by women, especially those in the age group 16-24, is increasing.

### **Local**

#### East of England

- 3.5% of all deaths in the East of England during 2002 were caused by alcohol related disease. Alcoholic liver disease, oesophageal cancer and hemorrhagic stroke are the main alcohol related causes of death.
- Alcohol costs the East of England around £60 million per year in hospital admissions and £20 million in ambulance journeys. A total of 42,000 crimes in the East of England in 2004-2005 are related to alcohol. Although this figure is high, alcohol related crime in the East of England is below the national average.
- Most PCTs in the East of England have lower than the national average proportion of people who binge drink.

#### South Cambridgeshire

- It has been estimated that 16.1% of adults in South Cambridgeshire binge drink compared to 18.2% in England (Health Survey for England)
- It is estimated that over 5000 people aged 16 and over are drinking harmfully or are dependent on alcohol; harm includes that to physical and mental health, or significant harm to others.
- Over 18,000 are estimated to be drinking hazardously; this group will include those responsible for antisocial behaviour, drink drivers and the victims of alcohol-related incidents.

- 43% of year 8 (aged 12-13) and year 10 (aged 14-15) students in South Cambridgeshire reported consuming alcohol in the 7 previous days – this was the highest percentage reported in the Cambridgeshire survey (Health Related Behaviour Questionnaire 2006).
- The rate of hospital admissions attributable to alcohol is significantly lower than the England average in males, being 790 per 100,000; the rate in females is non-significantly lower at 130 per 100,000 females (data from 2005/6).
- Alcohol-specific mortality is significantly lower than the England average in both sexes.
- Alcohol related crime and alcohol related violent and sexual crime rates, are significantly lower than the England average.

#### Cambridge City

- Cambridge City experiences the highest rate of alcohol-related harm in Cambridgeshire in many indicators where data exists. The large student population and the fact that Cambridge is a thriving regional entertainment centre have a large impact on the data. One ward within Cambridge City, Market ward, has double the density of licensed premises compared with any other in Cambridge City.
- It has been estimated that 20.61% of adults in Cambridge City binge drink compared to 18.2% in England (based on the Health Survey for England)
- It is estimated that just under 4500 people aged 16 and over in Cambridge City are drinking harmfully or are dependent on alcohol, whilst just over 18,000 are drinking hazardously.
- 28% of year 8 (aged 12-13) and year 10 (aged 14-15) students in South Cambridgeshire reported consuming alcohol in the 7 previous days – this was the lowest percentage reported in the Cambridgeshire survey (Health Related Behaviour Questionnaire 2006).
- The rate of hospital admissions attributable to alcohol is significantly higher than the England average, being 1091 per 100,000 males and 614 per 100,000 females in 2005/6.
- Alcohol-related crime rate and alcohol related violent crime rates are significantly lower than the England average, but are higher than the East of England and Cambridgeshire rates.

#### ***What do we want to see happen?***

- Reducing the harm from alcohol (South Cambridgeshire SCS)
- Fewer retail premises selling alcohol to under 18s (Cambridge City SCS)
- A reduction in alcohol related violence and anti social behaviour (Cambridge City SCS)

The World Health Organisation has identified the most cost-effective approaches for reducing alcohol related harm is to implement the following policies:

- Increase in alcohol prices
- Reducing the availability of alcohol
- Measures against drunk driving and underage drinking.

GPs and other primary care staff are the most likely to be in a position to have contact with those who may benefit from screening and to offer intervention. Evidence suggests that opportunistic intervention is successful and cost effective when compared to no intervention.

### ***What is already happening?***

#### **Partnerships**

Cambridgeshire Drug and Alcohol Team (DAAT)  
South Cambridgeshire Crime and Disorder Reduction Partnership  
Cambridge City Community Safety Partnership

#### **Policy**

- Cambridgeshire Alcohol Health Needs Assessment (in draft)
- Cambridgeshire Alcohol Strategy (working document June 2008 for publication September 2008)
- Application for certain areas in Cambridge City to be considered a “Cumulative impact area” under the Licensing Act 2003, which if successful would mean that potential new licensees would have to prove that opening new premises will not cause harm to the public
- The Cambridge City Community Safety Plan; Priorities for 2008-2011 include alcohol related anti-social behaviour and vandalism, and alcohol related violence. A further priority, domestic abuse, is linked to alcohol
- The South Cambridgeshire Crime and Disorder Reduction Partnership Rolling Plan has alcohol as an underlying theme; 2008-2011 priorities include areas related to alcohol: Anti-social behaviour and criminal damage, and domestic abuse.
- NICE Public Health Intervention
  - Guidance 7: School based interventions on alcohol. November 2007
  - Guidance 6: Behaviour Change at population, community and individual levels
- NICE Public Health Programme Guidance forthcoming:
  - Alcohol use disorders in Adults and Young People – March 2010
  - Personal, Social and health education focusing on sexual health and alcohol Sept 2009

#### **Initiatives**

- Drinksense (Cambridge City)
- Cambridge City Night Time Care Centre over festive period to reduce pressure on Addenbrooke’s A&E
- Young users service, intervention for young people with severe substance misuse problems, including alcohol, across Cambridgeshire
- A range of programmes working with young people on risky behaviour and antisocial behaviour (also see links with sexual health)
- The application of Designated Public Places Orders (DPPOs) to reduce alcohol consumption and associated anti-social behaviour in known problem areas

### ***How will we know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Substance misuse by young people (NI 115)

Additional relevant national indicators

- Alcohol-harm related hospital admission rates (NI 39)
- Perceptions of drunk or rowdy behaviour as a problem (NI 41)
- Perceptions of anti-social behaviour (NI 17)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

### ***What are the actions for the IHP?***

- An alcohol strategy for Cambridgeshire has been endorsed by the Drug and Alcohol Action Team (DAAT, June 2008). The key action for the IHP is to review this strategy and identify where the partnership and its individual member organisations can contribute to this and to the DPH recommendation.
- A specific action that has already been identified by the IHP is to explore implementation of the 'Cardiff model' for harm reduction which involves collaboration between the Acute Trust, PCT, Local Authority, licensed trade and police.

## Chapter 6 Sexual Health

### *Why is this an issue?*

Sexual health is an important part of physical and mental health. In recent years, there has been a dramatic increase in the number of sexually transmitted infections (STIs). England also continues to have the highest teenage pregnancy rate in Europe, although there have been improvements in some areas in recent years.

Many STIs have serious health consequences. HIV is associated with serious morbidity, from opportunistic infections and cancers, and a significant mortality with high numbers of years of life lost. Chlamydia infection often produces no symptoms but if untreated can lead to pelvic inflammatory disease in women and resulting infertility and ectopic pregnancy. Inadequate or delayed treatment and poor follow up of contacts can result in increased transmission of infections.

Sexual ill health is not equally distributed in the population with the highest burden borne by women, gay men, teenagers, young adults and minority ethnic groups. There is a strong link between social deprivation STI's, abortions and teenage conceptions. Teenage mothers and their babies are more likely to suffer poor health and social outcomes.

HIV services cost the NHS around £580 million per year and the total costs of treating other STIs is approximately £165 million per year.

### **Local issues:**

- Cambridgeshire has a significantly low teenage conception rate in girls aged under 18 years when compared to England and Wales.
- Cambridgeshire has a target to reduce the under 18 conception rate by 45% by 2010. The rate had been falling until 2003-05 when there was an increase that resulted in the county rating changing from green to amber. The latest figures for 2004-2006 show that the downward trend has been re-established. (Numbers aggregated over three years as they are small).
- In South Cambridgeshire Teenage conception rates are well below the national and county average but there has been a 4.9% increase from the 1998 baseline.
- In Cambridge City, the teenage conception rate in Abbey ward is well above the national average with the wards of West Chesterton, Petersfield and East Chesterton close to the national average. There has been a downward trend in the conception rate.
- The increase in STIs nationally has been reflected in Cambridgeshire eg there was a 68% increase in new diagnoses of Chlamydia between 2000 and 2005.
- The number of people living with HIV in Cambridgeshire is increasing with the highest number of people living in Cambridge City. The commonest route of infection is heterosexual sex.
- Chlamydia screening is offered opportunistically to 15 – 24 year olds but the uptake is very low at around 10% of the monthly screening target.
- 55% of year 10 students (aged 14-15) in Cambridgeshire and Peterborough did not know or answered “no” to whether they knew if there was a locally available contraceptive service. (Health Related Behaviour Questionnaire 2006). The

majority of females (aged 12-15) would like their parents to be the main source of information on sex and relationships whereas males would prefer school lessons to be their main source.

### ***What do we want to see happen?***

- Improving the sexual health of the population with a focus on young people (South SCS)
- Improving sexual health with a reduction in teenage pregnancy rates, increase in the uptake of chlamydia screening and numbers of people seen in GUM clinics within 48 hours (City SCS)

We want to see young people friendly services in community settings providing accessible and appropriate services and information. NICE guidance recommends that one to one interventions with the under 18s and at risk and vulnerable groups are effective. Partner notification is key to reducing onward transmission of infection.

### ***What is already happening?***

#### **Partnerships**

- Cambridgeshire Teenage Pregnancy Strategic Partnership group.
- City and South Sexual Health Forum
- Better Support for Teenage Parents (City and South)

#### **Policy**

- NICE Public Health Intervention
  - Guidance 3: Preventing sexually transmitted infections and reducing under 18 conceptions, February 2007
  - Guidance 6: Behaviour Change at population, community and individual levels, Oct 2007
- NICE Public Health Programme Guidance on Personal, Social and health education focusing on sexual health and alcohol – expected September 2009
- Cambridgeshire Teenage Pregnancy Partnership Strategic Plan 2008/09 (and accompanying forward Implementation Plan)
- Community Sex and Relationships Education (SRE) Policy – Cambridgeshire PSHE Service and Health Promoting Schools 2006
- Children and Young People's Relationship and Sexual health Policy and Practice Guidance in Cambridgeshire (2007)
- Guidance for professionals working with sexually active young people under the age of 18 in Cambridgeshire (2007) – Cambridgeshire Local Safeguarding Children Board (LSCB) Executive Committee
- East of England Health Strategy 'Improving lives Saving Lives' – pledge 8

#### **Initiatives**

- Chlamydia screening programme
- Cambridgeshire C Card (Condom Card) Scheme
- School based Personal and Social Health Education (PSHE) programmes including Sex and Relationships Education (SRE)
- Workforce training in SRE in mainstream partner agencies

- School based health services eg Centre 33 drop in service at Chesterton Community College
- Targeted work with at risk groups of young people, in particular Looked After Children and Care Leavers
- Teenage Parent Support projects
- Integrated and targeted youth support - work with youth service including condom schemes, service design and signposting to specialist services
- Voluntary sector interventions targeted at high risk populations eg men who have sex with men, BME minority groups.

The interventions are implemented in partnership and address risk taking behaviour that also has implications for addressing issues related to alcohol, smoking and substance misuse.

### ***How will we know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Under 18 Conception rate (NI 112)

Additional relevant national indicators

- Prevalence of Chlamydia (NI 113)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies. The Teenage Pregnancy Implementation Plan also has a detailed monitoring dataset that is used for the detailed monitoring of its strategy.

### ***What are the actions for the IHP?***

The strategy and programme to improve sexual health and reduce teenage pregnancy is based on partners working together and Improving Health Partners are asked to continue to support this ongoing work. In particular, for partners who are in contact with young people, this can be by promoting and signposting to local services and /or becoming a condom distribution site. As part of the Partnership's rolling programme, we will look at this in more depth in 2009 to identify further actions.

The Chlamydia Screening programme has challenging targets and its success is dependant on public awareness. Partners have a key role in promoting the programme to young people, including their own employees, through for example:

- Displaying posters, postcards and promoting the website for postal testing [www.cambstakeatest.com](http://www.cambstakeatest.com).
- Asking the Chlamydia Screening team to come in to give a talk to young people following by a screening session
- Becoming a screening site that can give out test kits

The details are set out in the accompanying action plan.



## Chapter 7 Older People

DPH recommendation.

Significant increases in the numbers of older people in Cambridgeshire, including those who are physically or cognitively frail, are forecast over the next fifteen years. Joint Planning between Cambridgeshire Primary Care Trust, Cambridgeshire County Council and district councils is required to meet the needs of the growing older population in a way that will maintain older people's independence and quality of life. It will also provide appropriate levels of adapted and supported housing, and ensure appropriate models of health and social care services within local communities.

### ***Why is this an issue?***

To reduce health inequalities in older age, studies show that the broader determinants of health are very important. This includes social and economic factors (poverty, housing, gender, ethnicity and isolation) as well as issues of access which include transport, information, technology, mobility, safety, discrimination in service provision). In addition, issues of participation such as public involvement, decision making, discrimination and ageism are very important.

Cigarette smoking is implicated in 8 of the top 14 causes of death for people aged 65 years or older, as well as several common conditions that require ongoing healthcare, such as heart disease and chronic obstructive pulmonary disease.

Falls represent the most frequent and serious type of accident in the over 65 age group.

### **Local**

South Cambridgeshire

- There are 21,500 people aged 65+ in South Cambridgeshire
- Between 2006 and 2011 the population aged 75 years and above is expected to rise by 1,300 (12%).
- Between 2006 and 2011 the numbers of elderly frail people will rise from 3,450 to 4,000.
- Between 2006 and 2021, there will be an 80% increase in the population aged 75 and over.
- The numbers of people of "working age" compared to the dependent population over age 65 will reduce.
- South Cambridgeshire is 372 places short of the target for sheltered accommodation with extra care.
- There are 1,600 people with dementia in South Cambridgeshire and this will rise to 1,900 by 2011 and to 2,900 by 2021.

Cambridge City

- There are 13,780 people aged 65+ in Cambridge City.
- Between 2006 and 2021 the population aged 75 years and above is expected to rise by 22%.

- Between 2006 and 2011, the numbers of frail elderly people is predicted to rise from 2,370 to 2,500.
- Five areas in Cambridge City are in the worst 10% in England for fuel poverty.
- Over 600 pensioners live alone without central heating in Cambridge.
- Cambridge City is 103 places short of the target for sheltered accommodation with extra-care places.
- There are 1,100 people with dementia in Cambridge City and this will rise to 1,200 by 2011 and to 1,400 by 2021.
- It has been estimated that 30% of people over 60 suffer a fall each year, which translates to 14,218 people in Cambridge City and South Cambridgeshire.
- 2,536 people in Cambridge City and South Cambridgeshire are likely to attend A&E in a year following a fall, with 801 needing hospital admission and at an estimated cost of £3,838,830 to health and social care.

### ***What do we want to see happen?***

- More older people enabled to live independent active lives and have the opportunity to thrive in their communities (Cambridge City SCS)
- An increase in the number of eligible people claiming income related benefits (Cambridge City SCS)
- Different generations (older and younger) and ethnic groups living harmoniously alongside each other and feeling a sense of belonging (Cambridge SCS)
- A reduction in the risk of older people falling (Cambridge City SCS)
- Promoting independence for older people and reducing falls in older people (South SCS)

We want to help people age well, promote people's independence and better support more people at home for longer. To do this we will develop further services that promote a healthy and active older age including services to reduce the impact of falls and strokes and build the capacity of community based services to support people at home.

Alongside this we will need to reconfigure our supply of sheltered accommodation with extra care, and care services in residential homes to allow us to better meet the needs of frail older people and improve the links between community based care and hospital care.

Key to achieving the outcomes set out in the Local Area Agreement is the need to make the most effective use of existing grants such as the Supporting People and the Disabled Facilities Grant.

### ***What is already happening?***

#### **Partnerships**

There are a number of county-wide multi-agency strategic partnerships:

- Adult and Social Care Joint Commissioning Group (covers Older People, Mental health, Physical and Learning Disabilities)
- Cambridgeshire Care Partnership
- LAA Older People's Group
- Cambridgeshire Home Improvement Agency (CHIA) network

- Cambridgeshire Older People and Active Communities group
- Older People's Partnership (membership from older people and is supported by the County Council)

### **Policy**

- Joint Strategic Needs Assessment (JSNA) for Older People (January 2008).
- The Joint Commissioning Strategy for older people is being refreshed. This will need joint working with the district councils and other sections of the County Council and engagement of groups involving older people. It should support the development of Practice Based Commissioning.
- A broader Older People's strategy is being developed in partnership through 'Cambridgeshire Together'
- Local Authorities' Private Sector Housing Renewal Strategies (targeting grants for disabled adaptations)
- NICE Clinical Guideline 21: Falls. Aug 05
- Nice Public health Guidance 6: Behaviour Change at population, community and individual levels
- East of England Health Strategy 'Improving lives Saving Lives' – Pledges 5,7,8,9,10

### **Initiatives**

- Health and social care services are provided through the Cambridgeshire Primary Care Trust under a section 31 Partnership Agreement, monitored by the Joint Commissioning Group
- Local organisations from the public, voluntary and community sector work together to promote social inclusion and improve access to services.
- The JSNA includes a mapping exercise of the services which are in the community for supporting people at home through intermediate care and rehabilitation services
- A Cambridgeshire falls programme is in place, but is currently being reviewed
- Local Authority Grants to enable disabled people to live independently at home (Disabled Facilities Grants)
- South Cambridgeshire District Council "return home from Hospital" grant to enable rapid discharge from hospital.

### ***How will we know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- Achieving independence for older people through rehabilitation /intermediate care (NI 125)
- People supported to live independently through social services (NI 136)
- Number of vulnerable people achieving independent living (NI 141)
- Delayed transfers of care from hospitals (NI 131)

#### Additional relevant national indicators

- Self reported measure of people's overall health and well-being (NI 119)
- Mortality rate for all circulatory diseases at ages under 75 (NI 121)
- People with a long term condition supported to be independent and in control of their condition (NI 124)
- Healthy life expectancy at age 65 (NI 137)
- Satisfaction of people over 65 with both home and neighbourhood (NI 138)
- People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently (NI 139)
- Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating (NI 187)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

#### ***What are the actions for the IHP?***

The actions for the IHP will be informed and defined by the Joint Strategic Needs Assessment for Older People and forthcoming Cambridgeshire Older Peoples Strategy and Commissioning Strategy for Older People.

Some examples of actions to be taken forward:

- Contribute to improving the health and wellbeing of older people through health promotion, particularly in smoking cessation schemes, physical activity, obesity reduction and stroke prevention.
- Ensure that those who are entitled to benefits are targeted.
- Continue to promote falls classes referral schemes, ensuring they continue to be resourced, evaluated and further developed.
- Support the LPSA bids that relate to older people in South Cambridgeshire and Cambridge City.
- Influence land use planning and appropriate provision of lifetime homes.

## Chapter 8 Road Traffic Injuries

### DPH Recommendation

"The County Council, Police, Fire and Rescue Service, Primary Care Trust and others continue to work together to reduce high rates of road traffic injuries and deaths in rural areas in Cambridgeshire. Individual campaigns and Initiatives need to be robustly evaluated and adapted to incorporate the latest available evidence"

### *Why is this an issue?*

Road traffic accidents are an important public health issue because they represent a major cause of preventable deaths, especially in younger age groups. Road traffic injuries can affect people of all ages causing significant years of life lost and a high burden of disability.

- Road traffic injuries and deaths remain the only category of mortality for which Cambridgeshire residents consistently have worse rates than the national average.
- Drivers under 25 constitute approximately one eighth of all drivers, yet they are involved in one third of fatal accidents
- One third of all road casualties are employees undertaking work related journeys.
- Drivers using mobile phones are four times as likely to be involved in crashes resulting in serious injury. There is strong evidence to suggest that using a hands-free phone is not any safer.

### **Local**

There is an increased risk of serious injury or death if involved in an accident on a rural road - 87% of main road traffic in Cambridgeshire and Peterborough occurs on rural roads (compared with 75% for Great Britain as a whole).

### South Cambridgeshire

- In 2007, 116 people were killed or seriously injured (KSI) - of these 49 were car occupants, 30 were motorcyclists, 10 pedal cyclists and 14 pedestrians (the remaining 13 were awaiting classification at the time of publication).
- Motorcyclists represent a disproportionately high number of these deaths and serious injuries. They constitute around 3% of all traffic, yet represent over 25% of all KSI casualties.
- 780 people sustained injuries in South Cambridgeshire during 2007- many of these people do not live locally.
- 32 South Cambridgeshire residents were killed in a one-year period (from 2004 -2006 pooled rates) - significantly higher than the national mortality rate.
- There were 153 injuries sustained in South Cambridgeshire by Young Drivers (17-25 years of age) - 22 of these were serious or fatal.
- Casualties from road traffic collisions occurring in South Cambridgeshire has been estimated to cost the community approximately £48 million annually.<sup>1</sup> This figure takes into account medical and healthcare costs, lost economic output,

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<sup>1</sup>Calculated from Department for Transport Highways Economics Note No. 1: 2005 Valuation of the Benefits of Prevention of Road Accidents and Casualties.

costs associated with pain, grief and suffering, material damage, police and fire service costs, insurance administration and legal and court costs.

#### Cambridge City

- There are fewer fatal accidents in Cambridge than in rural districts where average impact speeds are higher. The road accident mortality rate for Cambridge residents is less than the national average.
- 44% of all road traffic accidents involve pedal cycles. This does not mean that cycling in Cambridge is more dangerous than elsewhere; it is simply that there are many more cyclists.
- The peak age for cyclists injured in Cambridge is 19-23. 48% of the casualties are female. (Outside Cambridge there are 68% male pedal cyclist casualties compared to 32% female.)

Comprehensive local data is available from the annually produced Joint Data Casualty Data Report.

[www.cambridgeshire.gov.uk/transport/safety/strategies/joint+road+casualty+report.htm](http://www.cambridgeshire.gov.uk/transport/safety/strategies/joint+road+casualty+report.htm)

#### ***What do we want to see happen?***

- Improving road safety and reducing the rate of road injuries and deaths (South Cambridgeshire SCS)

There is no specific objective related to road safety set out in the City plan and this reflects the relatively low rates of killed and seriously injured people.

#### ***What is already happening?***

##### **Partnerships**

- Cambridgeshire and Peterborough Road Safety Partnership (has invested over £1.4 million in measures during 2007/08 in addition to the standard services delivery by the County and partner agencies)
- South Cambridgeshire Access and Transport Group
- South Cambridgeshire Community Safety Partnership

##### **Initiatives**

- Cambridgeshire County Council teams
  - Road Safety Team
  - Safer Routes to School
  - Highways and engineering
- Safety Camera Unit, publicity campaigns and educational training courses for vulnerable road users such as motorcyclists; road safety engineering works; accident remedial work and nationally acknowledged educational resources.
- 'Road Safety: We Mean Business' programme, funded by DfT and run in Partnership with the charity RoadSafe. Businesses and major employers are encouraged to promote road safety to their employees for work related journeys.
- School road safety programmes

- Law enforcement by police in relation to driver behaviour
- An accident database and analytical systems are in place to help inform practitioners on where their efforts are most likely to have an effect in reducing accidents and/or improving road safety for vulnerable road users.

### **Policy**

- NICE Public health
  - Guidance 6: Behaviour Change at population, community and individual levels
  - Guidance 8: Promoting and creating built or natural environment that encourage and support physical activity

### ***How will we know we are making a difference?***

Performance monitoring through:

New national indicators (NIs) agreed in the LAA

- People killed or seriously injured in road traffic accidents (NI 47)

Additional relevant national indicators

- Children killed or seriously injured in road traffic accidents (NI 48)

Further local monitoring indicators and targets/outcome measures as set out in the accompanying City and South Action Plan and Sustainable Community Strategies.

### ***What are the actions for the IHP?***

The main partnership with a locality overview for this area is the South Cambridgeshire Access and Transport group with Cambridgeshire County Council leading on preventive programmes.

Local partners can contribute to this by for example

- supporting campaigns and adopting employer road safety programmes.
- providing support on the evidence base and evaluation

## Chapter 9 Travellers

### DPH recommendation

Travellers make up nearly one per cent of the Cambridgeshire Population and have significantly worse health than the average. Local NHS and non NHS organisations should work together to take forward recommendations of the draft Travellers Health Strategy overseen by the Cambridgeshire Travellers Coordination Group.

### ***Why is this an issue?***

Gypsies and Travellers represent 1% of the Cambridgeshire population and the largest ethnic minority in the county. They have poorer health outcomes than the general population. Approximately one-third of Travellers are statutory homeless.

### **National**

Findings from national research commissioned by the Department of Health reported that:

- life expectancy is likely to be 10 – 12 years shorter than the rest of the population
- mothers are twenty times more likely to experience the death of a child

### **Local**

A recent Travellers Health Needs Assessment conducted in Fenland highlighted that, compared to the general population, Travellers experience:

- much lower life expectancy
- higher infant mortality rate
- poorer access to preventative care

Travellers' health is also affected by accommodation, a lack of cultural understanding by others and low literacy levels. This is highlighted by education statistics provided by Cambridgeshire County Council:

- In 2007, **no** Traveller pupils in Cambridgeshire achieved 5+ GCSEs at grades A\*- C including Maths and English. National figures are not yet released but likely to be around 45%.
- In Key Stage 4 in 2006 -7, only 51% of Traveller children were on school rolls.

### ***What do we want to see happen?***

- Tackling health inequalities by ensuring that health needs are met, particularly in the relation to the health of Travellers and new migrant populations (South Cambridgeshire SCS).
- A reduction in the inequality in life expectancy between different parts of the City and the enhancement of personal health and wellbeing (City SCS).
- More residents feeling that their area is a place where people from different backgrounds get on well together (City SCS).
- All children and young people having a sure start in life an equal opportunity to thrive within their families and communities.



Applying traditional methods to promote health and access to health care in Travelling communities has not been effective and culturally sensitive outreach work is necessary to engage Gypsies/Travellers in access to health care.

### ***What is already happening?***

#### **Partnerships**

Cambridgeshire Travellers Coordination group  
Cambridgeshire's Travellers health sub-group  
South Cambridgeshire Travellers Liaison group

#### **Policy**

- Cambridgeshire Travellers Health Strategy (2008) and action plan has been developed by the Health sub group. (Status – for final endorsement by the Travellers Coordination Group). Key areas in the strategy include:
  - Reducing inequalities by working in partnership on wider determinants and service delivery
  - Empowering Travellers to improve their health and wellbeing
  - Improved accommodation
  - Building mutual trust by increasing cultural understanding (includes developing ethnicity monitoring)
  - Raising awareness of Traveller health issues with providers of health care
  - Improving access to and use of services
- The strategy is based on a community development approach and key to this delivery is identifying resources for a team of community development and health workers.
- Regional Spatial strategy Single issue Review: Planning for Gypsy and Traveller Accommodation in the East of England. Draft Policy February 2008
- East of England Health Strategy 'Improving lives Saving Lives'- Pledges 8 and 9
- NICE Public Health Guidance 6: Behaviour Change at population, community and individual levels Oct 2007
- Guidance 9: Community engagement to improve health, Feb 2008

#### **Initiatives**

Resources to take forward the health strategy are being actively pursued through applications for LPSA reward grant funding.

Resources have been identified from the Primary Care Trust to support the development of a Travellers health team. This is to contribute to pledge 9 of the East of England Health Strategy 'Improving lives Saving Lives'. Pledge 9 is "we will ensure healthcare is as available to marginalised groups and 'looked after children' as it is to the rest of us".

There is ongoing work through mainstream health provision eg on site work with health visitors and advocacy work delivered by the Ormiston Children and Families Trust. The Cambridgeshire Public Health provider team is also working with Ormiston to develop literature for use by health and other professionals to help dispel myths associated with the Gypsy and Traveller culture.

### ***How will we know we are making a difference?***

The outcomes of the Travellers Health Strategy will potentially contribute to a wide range of indicators both within the LAA and to the wider Indicator set with some examples of these set out below. However, more directly applicable local targets and monitoring arrangements will be agreed as described in the accompanying action plan.

New national indicators (NIs) agreed in the LAA that are related are:

- Percentage of people who believe people from different backgrounds get on well together in their local area (NI 1)
- % of people who feel they can influence decisions in their locality (NI 4)
- All-age all cause mortality rate (NI 120)
- Children who have experienced bullying (NI 69 - LAA local target)

Note that work with the Travellers community will also support the targets identified in the other priority areas eg smoking prevalence, obesity among primary school children, children who have experienced bullying etc.

Additional relevant national indicators include:

- Fair treatment by local services (NI 140)
- Percentage of people who feel that they belong to their neighbourhood. (NI 2)
- Civic participation in the local area. (NI 3)
- Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks (NI 49)
- Self-reported measure of people's overall health and wellbeing (NI119)
- People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently (NI 139)
- User reported measure of respect and dignity in their treatment (NI 128)
- Early access for women to maternity services (NI 126)

### ***What are the actions for the IHP?***

Partner agencies can support the implementation of the Travellers Health Strategy/Action plan by engaging with the health sub group and supporting the development of a coordinated multi-agency health team.

Examples of specific actions include

- support the LPSA proposal on Travellers
- enable and encourage employees and elected members to participate in cultural awareness events, and disseminating resources to staff eg 'myth busting' leaflet.
- influence land use planning processes to ensure that there is adequate pitch provision in the districts and that Travellers needs are also taken into account when planning new settlements.

### Terms of Reference Cambridge City and South Cambridgeshire Improving Health Partnership

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#### Vision

Local organisations from the statutory, voluntary and community sector will work in partnership, providing strategic leadership to improve health, reduce inequalities and promote social inclusion for the population of Cambridge City and South Cambridgeshire.

#### Aim

To ensure the delivery and implementation of local health improvement priorities as identified in the Sustainable Community Strategies for Cambridge City and South Cambridgeshire and in Cambridgeshire's Local Area Agreement (LAA).

#### Objectives

The Improving Health Partnership is a strategic partnership, setting direction and creating the environment for joint delivery of outcomes. The partners will work together to

- Understand the health and well being needs, and issues related to health inequalities in the local population by drawing on and contributing to the Joint Strategic Needs Assessments.
- Identify local health priorities and ensure these are incorporated into the new sustainable community strategies for City and South and contribute to the refresh process of Cambridgeshire's LAA.
- Maintain an overview of local health improvement initiatives and partnership arrangements to ensure appropriate delivery mechanisms are in place to address both local priorities (for example new growth) and national Choosing Health targets.
- Identify areas where there are gaps and focus partnership resources on these areas to support or put in place effective health promotion interventions to create change eg for adults of working age.
- Ensure robust evaluation is in place.
- Monitor progress and achievement developing a continuous process of joint action and review.
- Develop a three year plan and integrate the actions into the three year action plans of the Sustainable Community Strategies, aligning with the commissioning timetables of the PCT, voluntary and community sector, local authorities and the LAA for joint planning purposes.

#### Principles

To achieve significant changes in the health of the local population we will take a health promotion approach that is in line with the principles of the **Ottawa Charter**, namely:

- Adopting **healthy public policies** that promote health and protect us from the impact of other people's lifestyles, eg smoke-free policies.

- Creating **supportive environments** where the way schools, communities, homes and workplaces run promotes health; the healthy choice is the easy choice.
- Ensuring **communities** have the capacity to identify and respond to their own needs where possible.
- Increasing **personal skills** so we can improve our own health; whether this is increasing the exercise we take, improving our diet, stopping smoking or practising safe sex.
- Embedding **prevention into the NHS** with health and social care professionals helping people identify how they can keep healthy and pointing them in the right direction to get support to make changes.

### **Accountability**

South Cambridgeshire LSP

Cambridge City LSP

Cambridgeshire Together (Cambridgeshire's LAA)

Cambridgeshire Health and Wellbeing Partnership (when established)

### **Membership**

The multi agency membership reflects that the main influences for improving health are the wider determinants of health that sit outside the health service.

The following partner organisations will be represented:

- Cambridge City Council
- South Cambridgeshire District Council
- Cambridge Council for Voluntary Services (CCVS)
- Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
- Cambridgeshire Constabulary – Southern Division
- Cambridgeshire County Council
- Voluntary sector organisations operating in Cambridge City and South Cambridgeshire
- Cambridgeshire Primary Care Trust
- Cambridgeshire Community Services
- LINKs (being established in April 2008)

### **Frequency of Meetings**

Meetings will be held four times per year.

### **Administration**

This will be undertaken by Cambridgeshire Primary Care Trust

### **Review**

These Terms of Reference were reviewed and agreed by the Improving Health Partnership at the meeting held on 10 March 2008 and will be reviewed in six months.

## Key References

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NHS East of England. Improving Lives, Saving Lives: Next steps  
Presentation available at: [www.eoe.nhs.uk/page.php?page\\_id=60](http://www.eoe.nhs.uk/page.php?page_id=60)

National Institute for Health and Clinical Excellence (NICE) guidance available at:  
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### Contact Details

#### Cambridgeshire Primary Care Trust

Jean Fosbeary, Public Health Administrator  
01223 885835 email [jean.fosbeary@cambridgeshirepct.nhs.uk](mailto:jean.fosbeary@cambridgeshirepct.nhs.uk)

Inger O'Meara, Health Improvement Specialist  
01223 885731 email [inger.omeara@cambridgeshirepct.nhs.uk](mailto:inger.omeara@cambridgeshirepct.nhs.uk)