

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

REPORT TO: Environmental Services Portfolio Holder
Leader & Cabinet
AUTHOR/S: Corporate Manager Health & Environmental Services /Environmental Health Officer (Public Health Specialist)

10 July 2008
11 September 2008

IMPROVING HEALTH PLAN OF THE SOUTH CAMBRIDGESHIRE AND CAMBRIDGE CITY IMPROVING HEALTH PARTNERSHIP

Purpose

1. To seek endorsement and recommendation to Cabinet of the Improving Health Plan of the South Cambridgeshire and Cambridge City Improving Health Partnership which takes forward the recommendations of the health objectives of the Sustainable Community Strategies for Cambridge City and South Cambridgeshire.
2. This is a key decision because
 - it is likely to be significant in terms of its effects on communities living or working in all the wards in the District.
 - it is of such significance to a locality, the Council or the services which it provides that the decision-taker is of the opinion that it should be treated as a key decision.

And it has been published in the Forward Plan.

Background

3. From 2001 South Cambridgeshire District Council and Cambridge City Council have worked with The Primary Care Trust (PCT) and other partners to improve the health of its population through a district wide health partnership. In 2005 the joint Improving Health Partnership (IHP) was formed to take forward the health related actions coming from:
 - (a) the Local Strategic Partnerships,
 - (b) the Cambridgeshire LAA, and
 - (c) the Sustainable Community Strategies.
4. The Cambridge City and South Cambridgeshire Improving Health Partnership (IHP) is a strategic partnership, setting the direction and creating the environment for joint delivery of health related outcomes.
5. The IHP has worked closely with local partners to identify priorities for inclusion in the district wide Sustainable Community Strategies for both 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 the Director of Public Health as well as national public health policy.
6. 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.

Considerations

7. This report needs to be read in conjunction with the improving health plan itself as there is too much information to be included within this report. The IHP 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 locally identified health priorities.
8. The majority of the health objectives/priorities identified in the Cambridge City and South Cambridgeshire Sustainable 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

The South Cambridgeshire Sustainable Community Strategy also identifies

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

Each of these health issues is outlined in the paragraphs below, with a brief explanation of the priority and where the Council can have a direct input.

Smoking and tobacco control

9. 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.

Role for South Cambridgeshire District Council

10. The PCT has 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' (a target of 1379 across Cambridge City and South Cambridgeshire in 2008/09). The Council can help the PCT achieve these targets by:
 - Promoting the CAMQUIT Smoking Cessation Service.
 - Support Council staff to be trained in making brief interventions and referrals to specialist services. (The Council has already trained one member of staff to give smoking cessation advice)
 - If there is sufficient demand, provide on-site stop smoking support.
 - Work with retailers to promote the smoking cessation advice.
 - Continue to effectively regulate the smoke free legislation.

Obesity

11. 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.

Role for South Cambridgeshire District Council

12. The Council has been asked to support the obesity work by ensuring representation on the new local working group (South Cambridgeshire and Cambridge City Locality Obesity Group) The EHO (Public Health Specialist) already represents the Council on both this locality group and the County Wide Group. The Council also provides numerous activities to reduce obesity, examples include:
 - Exercise referral for both adults and children (Fitness 4 Health and TEAM respectively).
 - Nutrition advice to caterers as part of its food hygiene programme.
 - Sports service provision via the Sport Development Section within the Council.

Mental Health

13. 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.

Role for South Cambridgeshire District Council

14. Mental issues are associated with everyday life, however some situations can exacerbate these issues, including moving to a new town (often called new town blues). The Council is working with partners to improve the community development function needed to support new growth areas. The Council can also have an input into mental health by:
 - Helping to develop and implement the recommendations of the emerging Mental Health Promotion Strategy. It will include specific actions for employers, which will be of particular relevance to the Council as a major employer in the District.
 - Continuing to support and develop on going projects e.g. Cambridgeshire Celebrates Age.

Alcohol

15. Drinking alcohol at hazardous levels, i.e. 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.
16. It is also 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.

Role for South Cambridgeshire District Council

17. The Council already has a strong role to play in reducing alcohol related harm through its licensing functions and through its work with the Crime and Disorder Reduction Partnership (CDRP). New work on alcohol related harm will be directed by the alcohol strategy for Cambridgeshire, which has been endorsed by the Drug and Alcohol Action Team (DAAT, June 2008). The Council will need to review this strategy and identify where it can contribute. The Council may also wish to work with Cambridge City Council on implementing the 'Cardiff model' for harm reduction, which involves collaboration between the Acute Trust (Addenbrookes Hospital), PCT, Local Authority, licensed trade and police.

Sexual Health

18. 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.
19. 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.
20. 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.

Role for South Cambridgeshire District Council

21. The Council has limited input to this topic, however it can work with the Chlamydia Screening programme as its success is dependant on public awareness. The Council has a role in promoting the programme to young people, including our own employees, through for example:
 - Displaying posters, postcards and promoting the website for postal testing
 - 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

Older People

22. 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.
23. 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.

Role for South Cambridgeshire District Council

24. The Council already works to improve the health of older people through:
 - Funding falls (balance and safety) courses
 - Promoting Cambridgeshire Celebrates Age
 - The work of our sheltered housing service
 - Providing grants for disabled adaptations through the Home Improvement Agency
 - Increasing the uptake of benefits via the Benefits section.

25. Other additional actions for the Council will be informed and defined by the emerging Joint Strategic Needs Assessment for Older People and the forthcoming Cambridgeshire Older Peoples Strategy and Commissioning Strategy for Older People. In the meantime some examples of actions to be taken forward include:
 - 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.
 - Influence land use planning and appropriate provision of lifetime homes.

Road Traffic Injuries

26. Road traffic accidents are an important public health issue as they are 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.

27. They 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, and 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.

28. Locally 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).

Role for South Cambridgeshire District Council

29. The main partnership with a locality overview for this topic is the South Cambridgeshire Access and Transport group (Cambridgeshire County Council has the lead on preventive programmes), however the Council can support campaigns and adopt employer road safety programmes (the Council has already developed a safe driver programme for employees)

Travellers

30. Gypsies and Travellers represent 1% of the Cambridgeshire population and are the largest ethnic minority in the county. They have poorer health outcomes than the

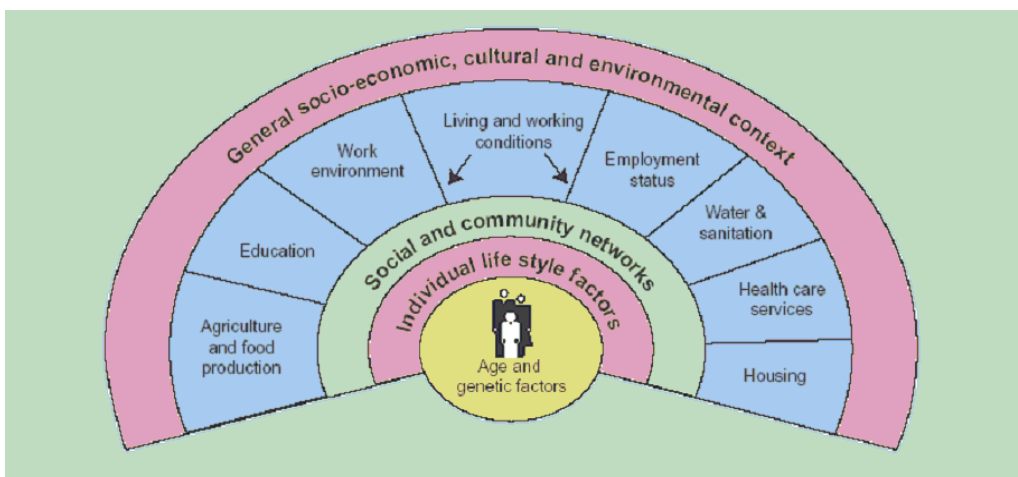
general population with approximately one-third of Travellers being statutory homeless. Life expectancy is likely to be 10 – 12 years shorter than the rest of the population and mothers are twenty times more likely to experience the death of a child. Travellers also have a higher infant mortality rate and have 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

Role for South Cambridgeshire District Council

31. The Council 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 e.g. '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.

32. The actions mentioned in points 9 to 31 above are examples of the work the Council is doing and needs to do in order to improve the health and wellbeing of our residents, it is not an exhaustive list and there are many example of good work which have not been mentioned.

33. The Council is a public health authority and in the carrying out of its functions and in the provision of its services it is a major influencer on what are called the wider determinants of health. The Council can have a major impact on the health of its population through healthy public policy development and implementation i.e. housing, planning & economic development, sport and community development and environmental health. However it must be mindful that universal policies /interventions do not produce universal effects and may adversely affect health inequalities.



Wider Determinants of Health: Dahlgren and Whitehead

34. Improving the health of our residents needs a joint effort not only between all the departments and services of the council but also with statutory and non statutory agencies.

Options

35. The action plan of the Improving Health Plan contains many actions which the Council may have a limited or minor role, it is suggested that the Council may wish to focus its efforts where it has a more direct role. And for those areas where it has limited input it should seek to influence the Local Strategic Partnership (LSP) and other partners to ensure these issues are tackled. The Council could:
- (a) Address all the actions listed in Improving Health Plan through partnership approaches,
 - (b) Address some of the actions listed in Improving Health Plan where the Council can add value.
 - (c) Or do both (a) and (b)

Implications

36. Financial	Departments with an input to the Improving Health Plan will need to investigate what actions are within existing budget and which ones may need additional funding if they are to be implemented.
Legal	None
Staffing	within existing resources
Risk Management	None
Equal Opportunities	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.

Consultations

37. The following organisations were consulted in the production of the Improving Health Plan:
- Cambridge City 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 (Provider arm of the Cambridgeshire Primary Care Trust)
 - LINKs (being established in April 2008)

Effect on Corporate Objectives and Service Priorities

38. **Work in partnership to manage growth to benefit everyone in South Cambridgeshire now and in the future**
- As mentioned in order for our new communities to be successful and healthy we need to address their health needs at the start of the planning process and the Council needs to work with other partners and agencies to promote a community development approach when building new communities.

Deliver high quality services that represent best value and are accessible to all our community
People with poorer health tend to have poorer access to services and implementing the Improving Health Plan will help to ensure our services are available to all.
Enhance quality of life and build a sustainable South Cambridgeshire where everyone is proud to live and work
Health and sustainability go “hand in hand”. By tackling the determinants of ill health we can aim to help more people make more healthy choices and reduce health inequalities.

Conclusions/Summary

39. The purpose of this report is to an overview of the Improving Health Plan. The plan provides framework to take forward and monitor the health priorities and objectives that have been identified in the sustainable community strategies (SCS) for South Cambridgeshire, which is currently being completed.

Recommendations

40. The Portfolio Holder is asked to recommend to Cabinet to:
- (a) endorse the Improving Health Plan as attached to this report,
 - (b) focus the Council’s attention on those actions listed in Improving Health Plan where the Council can add value, and
 - (c) continue to influence partners and partnerships on tackling the improving health agenda.

Background Papers: the following background papers were used in the preparation of this report:

South Cambridgeshire Improving Health Plan (attached)

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