

## Contents

- 1 Foreword
- 2 Introduction -why a health and wellbeing strategy, how the strategy has been developed, what we mean by health and wellbeing
- 3 Context and evidence base in summary
- 4 A review of 2014-17
- 5 FDC Corporate Plan and Local Plan
- 6 Strategic Priorities 2018-21

Appendix A – Our services’ contribution to health and wellbeing

Appendix B - links to other strategies

Appendix C – full evidence base

Fenland is a district with clear health inequalities when compared to the rest of Cambridgeshire. Health issues such as smoking prevalence, excess weight, coronary heart disease and alcohol related issues are worse than the Cambridgeshire average in some of Fenland's wards.

We believe that everyone has a right to enjoy good health and wellbeing and it is our vision to support this wherever possible through the services we provide, the way we deliver those services and importantly, in partnership and through collaboration, with others.

In 2014 Fenland's first strategy for health and wellbeing was developed. The strategy was in response to the changing health and social care environment at that time.

The national policy and statutory changes which were introduced by the Health and Social Care Act 2012 have provided opportunities for closer working between health organisations and Fenland Council has positioned itself clearly in this arena.

This is the second such strategy and it builds on the good work delivered by the first.

This strategy sets out progress so far and next steps to deliver against the health priorities for Fenland. It also sets the scene for future opportunities.

The focus of this second strategy is to work within those areas where opportunities will deliver the greatest results and enhance current partnership workstreams and practices.

### 2.1 Why a Health and Wellbeing Strategy for Fenland?

Since the Health and Social Care Act 2012 was introduced there has been much change in local government. In 2013 Public Health services transferred from National Health Service Primary Care Trusts to upper tier local authorities. This change created opportunities for closer working between County Council and Public Health Services. It also created opportunities for District Councils, who always had a role in health protection, to work more closely with County Council colleagues and Public Health colleagues.

The first Health and Wellbeing Strategy was the Council's 'offer' as a health service provider. It set out the Council's role in the Public Health arena and it was successful at achieving those aims.

#### Our achievements include:

- Closer working with our County Council Public Health colleagues.
- Lead on major projects such as Wisbech 2020 which is our vision for Wisbech. In 2016 we introduced a health and wellbeing work stream to that project.
- Focused on bringing in financial support to deliver projects such as our partnership with Department of Work and Pensions where we provide coaching support for those who are trying to get back to work.
- Actively pursued available resource to tackle rogue landlords and poor housing conditions.
- Worked to develop our own organisation's understanding and consideration of what health and wellbeing is through workshops and service planning.
- Continued to develop schemes such as GP referral, making use of our leisure facilities and qualified instructors.
- Gained funding to develop our 'Active Fenland' programme from Sport England through a partnership with Living Sport.
- Worked in partnership to develop a delivery plan for joint working between local authorities in Cambridgeshire .

Fenland Council invests significant resource in its services for local people. The impact of these services as reported through the Council's annual report, are wide ranging and the health benefits of the services delivered could be overlooked.

This strategy clearly sets out the health and wellbeing improvements the Council can achieve, through its service delivery. In addition, it sets out how through partnership working, it can make a difference to the health outcomes in Fenland.



# Health is everyone's business

## 2.2 Health is everyone's business - how this strategy has been developed

This Health and Wellbeing Strategy is our plan for tackling health inequalities in Fenland.

The strategy has been developed through consultation with partners, engagement workshops and alignment with other relevant strategies and delivery plans. The strategy does not sit in isolation of other key priorities and strategies in Fenland as highlighted in Appendix B.

In November 2016 and January 2017, two 'Health is Everyone's Business' workshops were delivered to the wider management team of Fenland District Council and Members at an 'all-members' seminar'. The workshops were developed and delivered by officers from Fenland District Council and public health colleagues from Cambridgeshire County Council.

### The workshops aimed to help attendees achieve the following outcomes:

- Understand how Fenland District Council services impact public health.
- Be equipped to consider the public health impact when planning, implementing and evaluating services.
- Generate ideas about how existing services improve public health.

The events provided both elected members and officers with background data about the health inequalities affecting Fenland's residents, explained through a series of presentations, and how services can impact on health and wellbeing.

The outcome of the events provided focused work-streams for this strategy.

### These are:

- Developing our Leisure offer including sport development– working collaboratively with GP's and the Clinical Commissioning Group.
- Building health outcomes into Council policy; for example using health impact assessments to support planning process.
- Supporting communities to be more resilient through collaboration with the voluntary sector, working with Town and Parish Councils and facilitating funding opportunities.
- Working collaboratively with colleagues at a strategic level; for example supporting the countywide Healthy Weight Strategy.



# Making a difference

## 2.3 What do we mean by Health and wellbeing and how do District Council Services make a difference?

The Council recognises the World Health Organisation's definition of health, which is:

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

Wellbeing is often referred to as being healthy, happy, contented, comfortable and satisfied with one's quality of life.

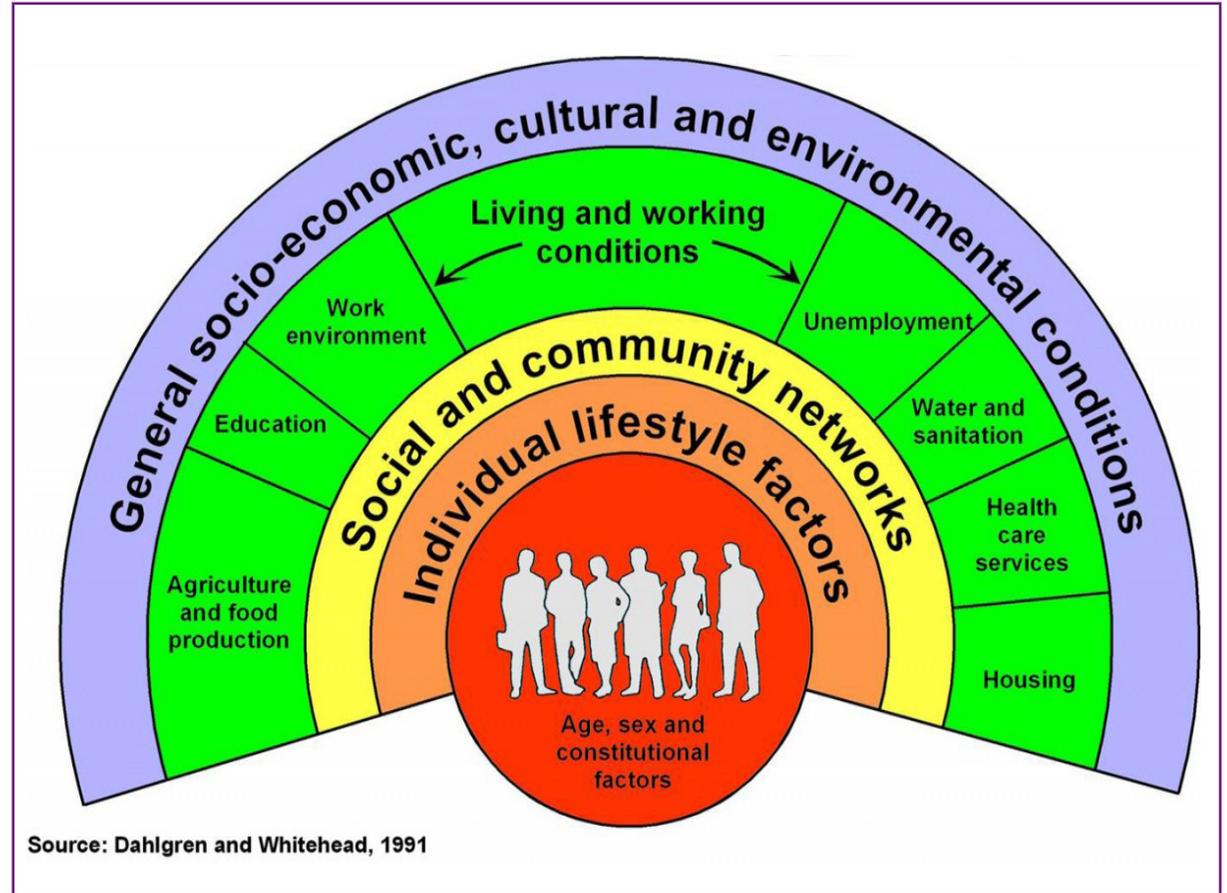
These definitions are reflected in the 'Wider Determinants of Health' model shown here and the emphasis on prevention of illness rather than the treatment of disease.

The model shows there are many different factors that combine together to affect health and wellbeing. Health is determined by a complex interaction between individual characteristics including age, sex and genetics, lifestyle and the physical, social and economic environment.

Research (Mc Giniss et al 2002) suggests that our health behaviours and social- environmental factors may contribute to 85% (40% behaviours / 45% factors) of our health outcomes with only 15% being healthcare itself.

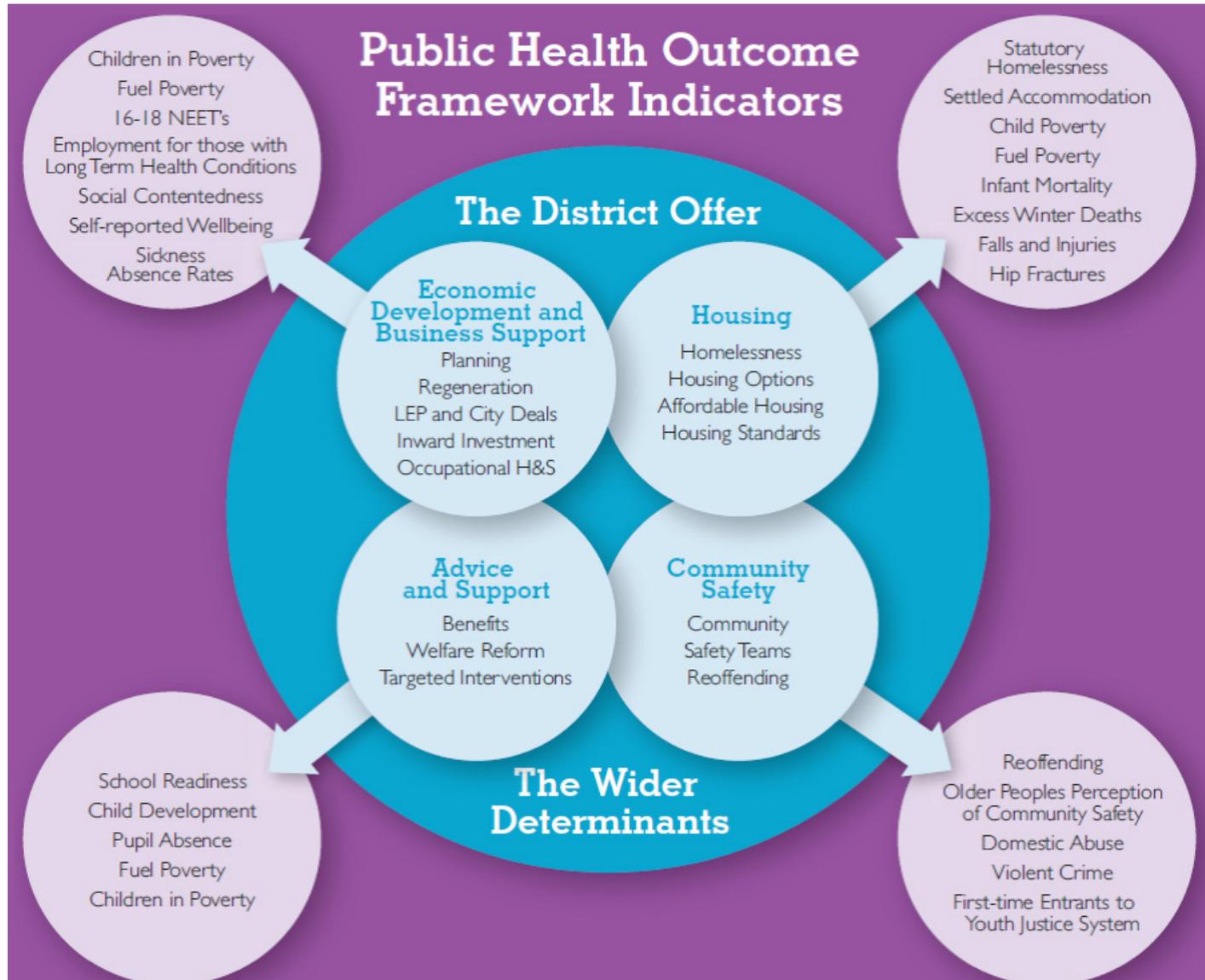
The Council recognises the wider determinants of health model as a key concept in how our organisation can contribute to the health and wellbeing of Fenland's communities. This model is widely used and sets out how the environment, culture and the economy impact on health including issues such as worklessness, housing standards and educational attainment.

Often these issues link to community problems such as anti social behaviour and a lack of community spirit.



# The District Offer

The following diagram – taken from the District Council Network’s publication ‘District Action on Public Health’ - sets out how these concepts interlink and impact on health and wellbeing in general. The inner circles set out the priority services provided by District Councils and how they may impact on public health outcomes.



## How our services impact

Looking at the Public Health Outcomes Framework indicators in the previous diagram from a Fenland District Council perspective, the table below gives a flavour as to the impact the Council has in this area. A more detailed summary of Council Services can be found in Appendix A.

### **Economic Development and Business Support**

Delivering an ambitious Local Plan setting out our vision for growth, including health outcomes within our policy.

Enabling new affordable housing to get households into suitable accommodation to meet their housing needs.

Influencing the Local Enterprise Partnership to help enable economic growth and inward investment, increasing employment outcomes for Fenland residents.

Delivering a regeneration action plan for key parts of the district and including health and wellbeing as a key outcome. Supporting businesses to maintain regulatory compliance, helping them to thrive and grow.

### **Housing**

Adaptations for vulnerable disabled residents to improve their ability to remain at home and prevent hospital admission through slips, trips and falls.

Delivering a range of housing advice services to prevent homelessness wherever possible and take action to rehouse households where it is shown that they are unintentionally threatened with homelessness.

Improving the housing conditions of residents in the private rented sector.

Access to national grants and affordable energy and warmth.

### **Community Safety**

Management and delivery of a CCTV service, helping residents to keep safe in the 4 market towns.

Coordination and management of a multi-agency Community Safety partnership and problem solving group.

Tackling environmental crime.

### **Advice and Support**

Administration and payments of housing and council tax benefits to maximize income for qualifying residents.

Golden Age Programme coordinating an information, advice and guidance programme to older residents in Fenland to improve their Health and Wellbeing.

Delivery of a community based activity programme to residents who are on Employment Support Allowance to get them into or closer to being ready for work.

# 3.0

## Context and Evidence Base

The Council's business plan has links to the public health outcomes through its priorities of Community, Environment and Economy.

### 3.1 Demography

Fenland District Council comprises a mainly rural area with four distinctive market towns. Around 95,600 people live within Fenland (Cambridgeshire County Council Business Intelligence mid-2013 based population estimates - with 75% residing within the four towns, and the rest spread across the 29 villages and rural locations).

The population is rapidly increasing and is predicted to reach 118,100 by 2036 (Cambridgeshire County Council Business Intelligence mid-2013 based population forecasts). Population age is also increasing. It is predicted that by 2036 29% of the population will be aged 65 years or over, an increase of 14,000 people (Cambridgeshire County Council Business Intelligence mid-2013 based population forecasts).

### 3.2 Deprivation

The Index of Multiple Deprivation 2015 (IMD 2015) is a composite indicator of relative deprivation that collates several factors that influence deprivation into a single score that can be compared with the national average and with other local authorities. Scores are released at lower super output area (LSOA), which is a small area geographical unit. The last IMD was produced in 2010.

A local IMD 2015 report indicates that:

- Compared to 2010, Fenland's IMD 2015 score now ranks as more deprived in national terms than previously.
- Cambridgeshire now has sixteen LSOAs in the 20% most deprived nationally, compared to nine in 2010. Twelve (75%) of these are in Fenland. Four of the LSOAs in Fenland are in the 10% most deprived nationally (F003F in Staithe, F002C and F002D in Waterlees and F003I in Medworth), all of which are in Wisbech.
- Eight of the top ten most deprived LSOAs in Cambridgeshire are in Fenland.

### 3.3 Health profile for Fenland 2017

Annually, Public Health England provides local authority health summaries. These summaries pre-dated the Public Health Outcomes Framework (PHOF), but now include many of the same indicators, as with PHOF comparing the position for Fenland with the England average.



## Context and Evidence Base

The Health Profiles include a 'spine chart', which summarises the local position for the health determinants and outcomes presented on a single page.

The current Health Profile spine chart, for 2017, is provided overleaf (Source: Public Health England. Health Profile for Fenland District Council 2017.)

The health of people in Fenland is varied when compared to the England average. The majority of health outcomes are noted to be worse or similar to the England average. Some of the health outcomes which are significantly worse or similar to the England average are:

- About 21% (3,700) children live in low income families.
- Male life expectancy is lower than the England average (78.6 years compared to 79.5 years). Within Fenland the life expectancy of men is 5.9 years lower in the most deprived areas of Fenland when compared to the least deprived areas of Fenland.
- Breastfeeding initiation rates are worse than the England average (68.8% compared to 74.3%).
- Prevalence of obese children (Year 6) is 20% (174 children), similar to the England average.
- GCSE attainment is worse than the England average.
- Hospital stays for alcohol specific conditions in under 18's is 37.6 per 100,000 population, similar to the England average. In adults, hospital stays for alcohol related harm is 731.1 per 100,000 population, worse than the England average.
- The rate of self-harm related hospital stays is 310.7 per 100,000 population, worse than the England average.
- Adult excess weight, smoking prevalence and physical activity levels are worse than the England average.

Local priorities focus on; healthy lifestyles to reduce heart disease and diabetes, meeting the needs of an aging population and improving partnership working.

### 3.4 Key points: general health

- Fenland's self-reported good or very good health was 77.8% compared with 84.2% for Cambridgeshire and 81.7% for England.
- After adjustment for population age differences, Fenland has statistically significantly fewer people reporting good or very good health compared with England as a whole.

Appendix C contains the full evidence base for the strategy.



# Health Profile spine chart for 2017

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Domain	Indicator	Period	Local count	Local value	Eng value	Regional average <sup>€</sup>		England average		Eng best
						Eng worst	Eng best	25th percentile	75th percentile	
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	25.4	21.8	42.0				5.0
	2 Children in low income families (under 16s)	2014	3,745	21.3	20.1	39.2				6.6
	3 Statutory homelessness	2015/16	*1	*1	0.9					
	4 GCSEs achieved	2015/16	531	52.2	57.8	44.8				78.7
	5 Violent crime (violence offences)	2015/16	1,424	14.6	17.2	36.7				4.5
	6 Long term unemployment	2016	86	1.4 <sup>^20</sup>	3.7 <sup>^20</sup>	13.8				
Children's and young people's health	7 Smoking status at time of delivery	2015/16	x <sup>1</sup>	x <sup>1</sup>	10.6 <sup>\$1</sup>	26.0				1.8
	8 Breastfeeding initiation	2014/15	856	68.8	74.3	47.2				92.9
	9 Obese children (Year 6)	2015/16	174	20.0	19.8	28.5				9.4
	10 Admission episodes for alcohol-specific conditions (under 18s) <sup>†</sup>	2013/14 - 15/16	22	37.6	37.4	121.3				10.5
	11 Under 18 conceptions	2015	43	26.0	20.8	43.8				5.4
Adults' health and lifestyle	12 Smoking prevalence in adults	2016	n/a	21.6	15.5	25.7				4.9
	13 Percentage of physically active adults	2015	n/a	47.9	57.0	44.8				69.8
	14 Excess weight in adults	2013 - 15	n/a	72.9	64.8	76.2				46.5
	15 Cancer diagnosed at early stage	2015	272	55.9	52.4	39.0				63.1
Disease and poor health	16 Hospital stays for self-harm <sup>†</sup>	2015/16	293	310.7	196.5	635.3				55.7
	17 Hospital stays for alcohol-related harm <sup>†</sup>	2015/16	729	731.1	647	1,163				374
	18 Recorded diabetes	2014/15	7,297	7.8	6.4	9.2				3.3
	19 Incidence of TB	2013 - 15	23	7.8	12.0	85.6				0.0
	20 New sexually transmitted infections (STI)	2016	290	475.3	795	3,288				223
	21 Hip fractures in people aged 65 and over <sup>†</sup>	2015/16	146	666.9	589	820				312
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2013 - 15	n/a	78.6	79.5	74.3				83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	82.6	83.1	79.4				86.7
	24 Infant mortality	2013 - 15	15	4.3	3.9	8.2				0.8
	25 Killed and seriously injured on roads	2013 - 15	131	44.7	38.5	103.7				10.4
	26 Suicide rate	2013 - 15	32	12.7	10.1	17.4				5.6
	27 Smoking related deaths	2013 - 15	n/a	n/a	283.5					
	28 Under 75 mortality rate: cardiovascular	2013 - 15	233	83.5	74.6	137.6				43.1
	29 Under 75 mortality rate: cancer	2013 - 15	413	145.4	138.8	194.8				98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	197	19.7	19.6	36.0				6.9



# 4.0

## Progress against the 2014-17 Health and Wellbeing Strategy

The focus of Fenland's first strategy for health and wellbeing was to raise an awareness of Council services, our position as a health partner and how we contribute to the health agenda.

We worked with our health and wellbeing partnership to create effective working relationships, to develop projects and build multi-disciplinary approaches to tackling the issues within our most deprived areas, with a focus on service transformation and efficiency.

### Our Priorities for 2014-17

#### Priority action

#### What have we done

Working more effectively with our partners

- We raised our profile with partners and the Clinical Commissioning Group.
- In partnership, we developed a plan to maximize the impact of district council policies on health.
- Lead on the introduction of a health and wellbeing plan for Wisbech 2020 Vision.
- Through our community safety partnership brought greater focus to the issue of alcohol consumption and in particular the issue of street drinking.
- We utilised services where customers had asked for additional help to remain in their own homes, such as assisted refuse collections and disabled facilities grants, to signpost relevant information on other services provided by partner authorities.
- Partners delivered training for our front line staff in relation to alcohol and smoking related issues and controls to support our multi-disciplinary approach.
- Worked with others to reduce homelessness and tackle poor housing standards for the most vulnerable.
- Supported community groups to achieve their aims and to deliver events in the four market towns and rural areas.
- With Alzheimer's Society set up and supported a Dementia Action Alliance for Fenland.
- Supported the Fenland Diverse Communities Forum to promote integration and cohesion.
- Delivered community based activities to help support people to be able to access work at Community House via a partnership with Department of Work & Pensions and Circle Housing.
- Our concessionary fares policy has enabled more than 51,000 journeys to be made using concessionary fares.
- The Hereward Community Rail Partnership has secured two hourly train services from Manea, one of two 'least accessible' places in Fenland. The community rail partnership also holds seasonal events such as the Santa Train to raise awareness of the importance of local rail transportation.
- Supported the implementation of community travel services 'FACT'.

## Progress against the 2014-17 Health and Wellbeing Strategy

### Addressing health inequities:

Lifestyle factors and its impact on coronary heart disease, smoking, physical inactivity, alcohol and excess weight. Two case studies can be found overleaf

- We reviewed our actions to tackle smoking cessation and are working to develop a tobacco alliance with our partners.
- We have supported projects in Fenland such as Healthy Employer and Healthy Options.
- Delivered an Active Fenland programme reaching out to more than 5,500 individuals.
- Through our new Leisure Strategy we have a clear direction for lifestyle and health improvement including targets for exercise referral and Let's Get Moving sessions.
- Continued to support the GP referral service achieving 140 referrals to the scheme in 16/17.
- Through our community safety work, we lead on an alcohol action plan which includes health and wider social indicators.
- Supported frontline staff to act on opportunities for signposting and health interventions.
- We have supported a department of work and pensions project to get people back to work, particularly those with low self-esteem or mental health issues.
- Become an active member of the Cambridgeshire Healthy Employer project with benefits for staff health and wellbeing.
- Golden Age events ensure services are taken to some of the most vulnerable in Fenland.
- 2015/16 Wisbech Travel Choices project was delivered engaging people to use public transport, to walk and cycle.
- Campaigns regarding road safety awareness delivered through the Community Safety Partnership.

A more detailed review of progress against the strategy can be found in our Health and Wellbeing Update July 2017 which can be found on the Council's website. We will continue to review and develop this work through this new strategy.

## Case Study 1 - Wisbech Alcohol Partnership

In order to tackle health and wider community issues associated with alcohol consumption in Wisbech the partnership group were able to implement actions across a wide range of service areas. The group now have more information and understanding in order to support the community, including tackling street drinking and associated health and community issues.

The project group is supported by Fenland District Council, Cambridgeshire County Council, Cambridgeshire Police, Cambridgeshire Fire and Rescue, Luminous Housing, Inclusion (alcohol treatment provider), Local Commissioning Group, Pharmacies and local trade.

In 2017 the group undertook awareness raising campaigns, engaged with more than 1000 people on alcohol related discussions and where needed, referred for support with issues. Front line staff in all organisations received awareness training on referral processes and access to health services. Treatment services undertook recovery walks, taking focussed services to hot spot areas for street drinking. Multi Lingual information materials have been produced.

In 2017 the project group has been successful in its bid to recruit two dedicated multi lingual outreach recovery workers to support and enhance the recovery walks and engagement with the street drinking community.

## Case Study 2 - Active Fenland Project

Active Fenland is a Sport England funded project which aims to increase sport and physical activity participation across all four of the market towns in Fenland. The project was successfully introduced to address activity levels within the Fenland community. Activity levels within a community are a recognised health measure and linked to excess weight and other health issues such as diabetes.

Over the past two years this project has reached over 4,000 individuals and seen over 55,000 attendances at community activity sessions. Active Fenland's focus in the coming year is to continue to provide activity sessions, but to also ensure that sessions are sustainable and led by the community.

As part of the Active Fenland project, Walking Football has become increasingly popular over the past year. It's designed to attract an older audience into the game in order to maintain or increase their physical activity levels. Its low risk design of walking is intended to engage the older population back into a Football who may have given up the sport due to age, illness or injury. Walking Football also offers a great social element encouraging the participants to commit long term to the activity and create a healthy habit for life.

Tony, tells us how Walking Football has made a difference to him:

"I've been coming to Walking Football for over a year now. Before coming to these sessions the last time I played was about 1965 and it wasn't for a team. I love the humour in which the game is played and now play once or twice a week. I enjoy the company of the other players as we are generally around the same age, and there is lots of opportunity to have a good chat over a cup of tea. After the game, I generally feel a bit better about myself".



# 5.0

## Fenland District Council corporate objectives and priorities

The Council's corporate priorities of community, environment and economy link clearly to the Wider Determinants of Health model.

Council services not only offer health protection but also health prevention services and the Council's Business Plan sets out how we make this contribution.

The diagram below sets out the Council's overarching corporate priorities and how these link to the wider determinants of health.

### Communities

- Supporting vulnerable members of our community
  - Promote health and wellbeing for all
- Work with partners to promote Fenland through culture and heritage

### Environment

- Deliver a high performing refuse, recycling and street cleansing service
- Work with partners and the community on projects to improve the environment and our streetscene
- Work with partners to keep people safe and their neighbourhoods by reducing crime and antisocial behaviour and promoting social cohesion

### Economy

- Attract new businesses, jobs and opportunities whilst supporting existing businesses in Fenland
- Promote and enable housing growth, economic growth and regeneration across Fenland
- Promote and lobby for infrastructure improvements across Fenland.

### 5.1 The Local Plan

The local plan makes provision for health and wellbeing to be considered within all planning decisions.

Local Plan policy 2 'facilitating health and wellbeing of Fenland residents' requires development proposals to contribute to the Council's goal of Fenland's residents achieving the highest attainable standard of health, irrespective of their race, religion, political belief, economic or social condition, sex or age.

# 6.0

## Strategic priorities 2018-2021

6.1 The evidence base within this strategy identifies there is much still to be done to tackle the health inequalities in Fenland. For some elements of the health profiles show the situation is worsening; children in low income households, hospital admissions due to falls (elderly) and hospital admissions due to alcohol related issues. The Council's priorities remain largely the same:

### Priority 1- Collaborative working- Contribute to support local Health and Wellbeing projects and outcomes in partnership with others.

- Encourage our health and other partners, to influence new development and infrastructure in the district utilising the Health and Wellbeing Local Plan policy
- Deliver the District, City and County Council joint delivery plan for public health, including the 'eyes and ears' approach of front line staff
- Support Parish and District Council's to build the resilience of communities and enable them to flourish
- Deliver our integrated sustainable transport policy working in partnership with providers
- Offer the use of leisure centre rooms to health partners to aid development of community health initiatives
- Improve how our services impact on general health and wellbeing through policy and service development making health 'everyone's business'
- Implement the Impact of Migration Fund projects

### Priority 2 – Lifestyle factors: focussing resources on vulnerable groups and wards in deprivation to tackle lifestyle factors and effects on coronary heart disease, diabetes, smoking, physical inactivity, alcohol and obesity.

- Deliver our leisure strategy
- Support the Cambridgeshire Healthy Weight Strategy
- Develop a tobacco control alliance through implementing the findings of our CLear self-assessment
- Working with community safety partners deliver the Alcohol Action Plan making best use of the licensing objectives
- Support implementation of the Cambridgeshire Healthy Employer project
- Deliver the Homelessness Trailblazer project

### Priority 3 – Mental Health including building community resilience, aspirations and general wellbeing.

- Deliver an apprenticeship scheme providing local skills development opportunities
- Provide well maintained and accessible open spaces
- Support communities to be resilient and to access funding and deliver local projects
- Coordinate and encourage inward investment to support Health and Wellbeing Outcomes for example Community Locally Led Development, Heritage Lottery and Big Lottery

The objectives above are supported by further details within the strategy's action plan.

### Economic Development & Business Support

- Planning
- Regeneration
- LEP & City Deals
- Inward Investment
- Occupational Health & Safety

### Planning Policy

- Through our core strategy setting the framework for the growth of Fenland over the decades to support economic activity, jobs, infrastructure, education & skills, housing, social & environmental issues and policies to address health inequalities.

### Planning Development

- Ensuring development proposals contribute to delivering the Core Strategy vision and undertake prevention, intervention & enforcement when this does not happen.
- Offer a building control service to ensure development meets building regulations and will be safe and energy efficient for practical use.

### Economic Development

- Influencing the LEP to help enable economic growth and inward investment to increase opportunity for Fenland Residents to improve their quality of life through different employment opportunities.
- Delivering a regeneration action plan to revitalize key parts of the district.

### Tourism

- Supporting the growth and development of a vibrant tourism offer that will be of benefit both for the well being of Fenland residents and visitors to the area.

### Human Resources

- Delivery of a range of HR policies to support supervisors and managers to manage our employees in a supportive and safe environment.
- Coordination and enabling of a health and safety policy to ensure the Council meets its health and safety statutory obligations.

- Health protection
- Health promotion
- Health improvement
- Eyes and Ears

### Environmental Health

- Work with businesses to ensure they manage noise from their activities which may impact upon health.
- Monitoring and tackling local air quality issues caused by traffic and industrial processes. Ensuring any local air quality issues are reported and vulnerable groups informed.
- Assessing land contamination and suggesting land remediation, usually through local planning applications, to determine appropriate land use to protect public health.
- Protect the public from food poisoning through food safety business audits, information and training sessions and through work with health partners to ensure serious food poisonings such as E-coli or Salmonella are investigated and controlled.
- In partnership with public health colleagues managing cases of infectious disease within the community.
- Protect employees from accidents at work through business support, information, training and audits of higher risk industry.
- Deliver health improvement brief interventions such as smoking cessation and illicit tobacco spotting. Signpost customers to other health services.
- Working with local industry to ensure environmental and health standards are managed and monitoring undertaken to ensure safe limits for the community.
- Monitor compliance for smoke free buildings and places reducing the impact of passive smoking.

### Housing

- Homeliness
- Housing Options
- Affordable Housing
- Housing Standard
- Eyes and Ears

### Private Sector Housing

- Improving the house condition of residents renting a private sector property.
- Signpost customers to other health services.
- Removing Category 1 and Category 2 health & safety risks as outlined in the Housing Health & Safety Rating System.
- Annual inspection of Caravan sites to ensure they meet legislative standards in relation to site license conditions and health and safety requirements.
- Minor works grants to vulnerable residents in the private sector to remove category 1 hazards.
- Adaptations to vulnerable disabled residents to improve their ability to remain at home and prevent hospital admissions through slips, trips and falls.

### Housing Strategy and Housing Options including homelessness

- Assessing housing needs to ensure the district can provide the right type and numbers of accommodation to meet the requirements of our population and growth.
- Negotiating and enabling to capture inward investment to deliver new affordable housing to meet a range of housing needs e.g new family housing or extra care schemes for older and frail residents.
- Delivering a range of Housing advice services to prevent homelessness wherever possible and take action to rehouse households where it is shown that they are unintentionally threatened with homelessness.
- Deliver support to households in Fenland managed temporary and hostel accommodation.
- Through Circle Housing – Roddons, allocate social and affordable housing in accordance with the Council's allocations policy to those households in greatest need (including health and medical conditions).

### Environmental

- Eyes and Ears

### Environmental Health

- Tackling community nuisance issues such as noise, pests, waste problems, low level, anti-social behaviour which impact upon community health and wellbeing.
- Working with social services and vulnerable residents to reduce health risks of hoarding and self-neglect and control broader community issues associated with such issues.

### Environmental Enforcement

- Monitoring, responding and tackling environmental crimes and responding to community needs in relation to improving the look and feel of our neighbourhoods.
- Taking action to ensure those responsible for environmental crimes are challenged and where appropriate fined or prosecuted.
- Tackling dilapidation within our towns and villages and where possible ensuring property is brought back into use and neighbourhoods amenity is protected.

### Community Safety

- Community Safety Teams
- Reoffending
- Eyes and Ears

### Community Safety including CCTV

- Coordination of Community Safety work in the district through the Fenland Community Safety Partnership to help keep Fenland residents safe.
- Management and delivery of a district wide CCTV service helping to keep residents safe in the 4 market towns.
- Coordination of partners & delivery of safety zone initiative to highlight to young people the risks with a range of issues that affect them.
- Coordination & management of a multi agency Anti Social Behaviour problem solving group tackling ASB and supporting victims of ASB.

### Licensing

- Statutory administration of 9 licensing schemes including keeping licensed premises safe and regulation of hackney carriage taxis and private hire vehicles.

### Advice and Support

- Benefits
- Welfare Reform
- Targeted Interventions
- Eyes and Ears

### Emergency Planning

- Delivering an emergency plan procedure in partnership with other public sector agencies in the event of a civil emergency including delivery of an emergency event management plan, the opening of rest centres if required and the opening of an emergency operations centre.

### Benefits

- Administration and payments of housing & council tax benefits to maximise income for residents who qualify for such support.

### Customer access

- Offering a customer access service at the 4 market towns offering information advice and guidance with regard to the delivery of Council services and signposting where appropriate to other services available.

### Community Support

- Management, maintenance and support of 67 households living on 5 gypsy & traveller sites.
- Multi agency partnership to improve the financial capability of residents living in social housing which reduces the risk of residents asking for help from illegal money lenders for example.
- Golden age programme – coordinating a multi agency approach to offer information , advice and guidance to older residents.
- Administration of a community alarm scheme to help frail older residents stay in their home and receive support as and when needed.
- Information, advice and guidance to residents in need of support at Community House, Southwell Road, Wisbech.

### Cohesion

- Coordination of a multi agency Fenland Diverse Communities Forum to deliver a range of projects and activities to support community cohesion.

### **Leisure & Parks**

- Provide accessible leisure services for all including professional fitness instructors and swimming classes.
- Deliver projects to improve inactivity levels for all ages including the opportunity to engage in sport from a young age and targeted groups such as women and girls.

### **Refuse & Cleansing**

- Maintain high levels of cleanliness in our streets, public areas and open spaces.
- Offer an assisted collection service for the more vulnerable to assist with their waste collections.

### **Cemeteries**

- Making funeral arrangements for persons who die at home without next of kin or friends who are able to make their funeral arrangements.
- Providing cemeteries and gardens of remembrance.
- Work with community groups to deliver projects and facilities the community will enjoy.

## Appendix B - Links to other strategies

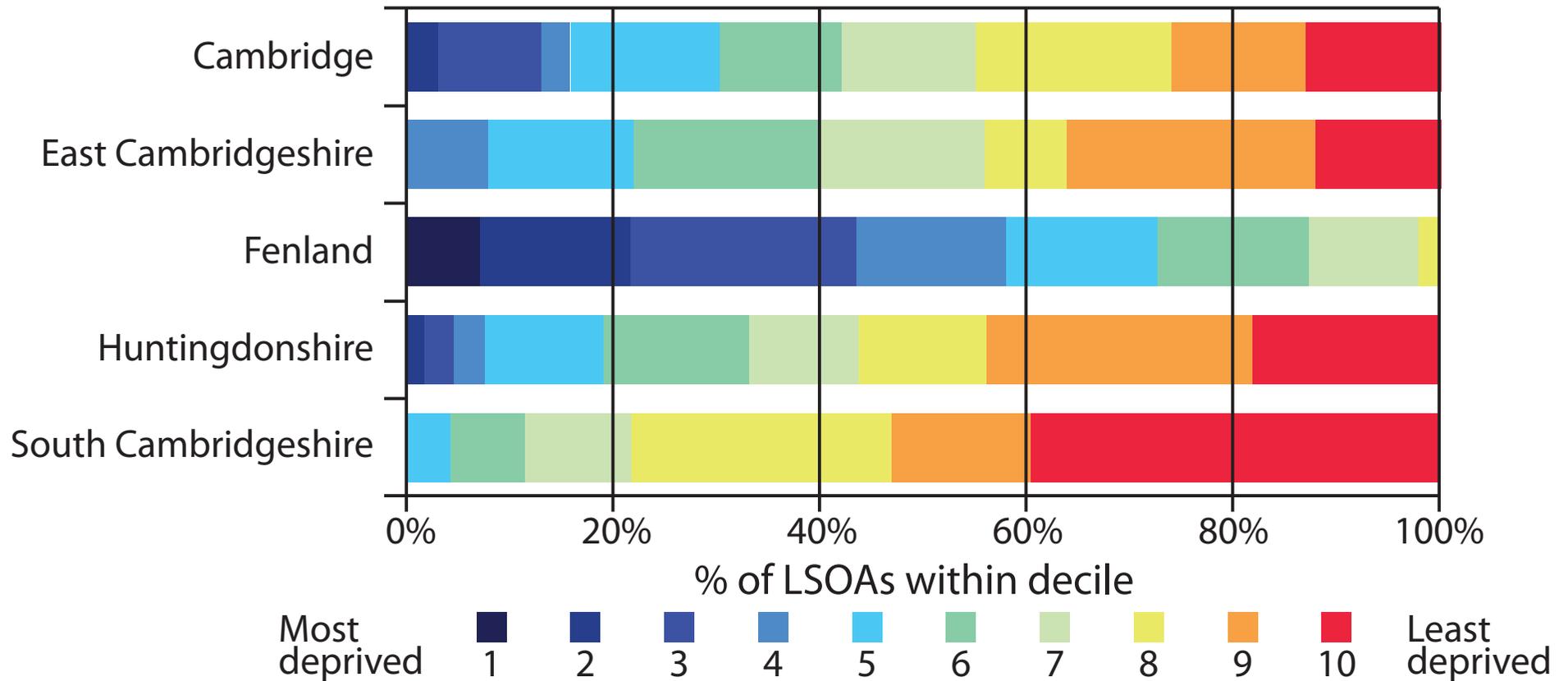
The priorities associated with this strategy link to many other plans and workstreams. These are;

- Cambridgeshire Health and Wellbeing Strategy 2012-17
- Cambridgeshire Healthy Weight Strategy
- Cambridgeshire Health and Wellbeing Board
- Fenland Health and Wellbeing Partnership
- District Council and Public Health Delivery Plan
- Cambridgeshire and Peterborough Clinical Commissioning Group 5 Year Strategic Plan
- East Cambs & Fenland Children and Young People Area Partnership Action Plan
- The County Wide Older People Multi-Agency Strategy
- The Better Care Fund Delivery Programme
- The Cambridge Sub-Region Housing Strategy Statement
- FDC Homelessness Strategy action plan
- FDC Leisure Strategy
- FDC Economic Development Strategy
- FDC Local Plan
- Fenland Community Safety Partnership Action Plan
- Fenland Tourism Action Plan

## Appendix C: Detailed evidence base

The chart below shows the percentage of Lower Super Output Areas (LSOAs) per Cambridgeshire district within each of the 10 national deciles (tenths) and indicates that Fenland has, by far, the largest extent of relative deprivation in Cambridgeshire.

### Decile from IMD 2015



Source: Cambridgeshire County Council. English Indices of Multiple Deprivation 2015, Summary Report V1.2 October 2015.

<http://cambridgeshireinsight.org.uk/file/2728/download>

More local information for IMD 2015 can be found at <http://cambridgeshireinsight.org.uk/deprivation-0>.

## Appendix C: Detailed evidence base

### Health determinants and outcomes

This section provides data for overall measures of population health status (general health and life expectancy at birth) and a summary of data from the Public Health Outcomes Framework.

The Department of Health first published the Public Health Outcomes Framework (PHOF) for England in January 2012, setting out a vision for progress in public health. The framework was revised in August 2016, presenting a refreshed PHOF for England 2016-2019; a set of indicators helping us to understand how well public health is being improved and protected.

The PHOF focuses on the overarching indicators of healthy life expectancy and life expectancy, key measures of the overall health of the population.

These overarching indicators are supported by further indicators across four domains, helping local systems to view the context and drivers of healthy life expectancy:

- Wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and premature mortality

PHOF is updated quarterly and the table overleaf is based on the May 2017 release. The national PHOF tool at <http://www.phoutcomes.info/> and Cambridgeshire County Council's local summary at <http://cambridgeshireinsight.org.uk/health/phof> show the detailed position for Fenland District Council.

The summary overleaf includes the over-arching indicators for life expectancy and an overview of those PHOF indicators where Fenland is rated as statistically 'worse' than the national (England) average in the latest May 2017 update, along with an indication of trend as indicators can change between statistical groups with each update. The remaining PHOF indicators not included here and where rated, will be either assessed as statistically better than England or statistically similar to England.

It should be noted that indicators that are not assessed as statistically worse than England can still be important public health measures with room for local improvement.

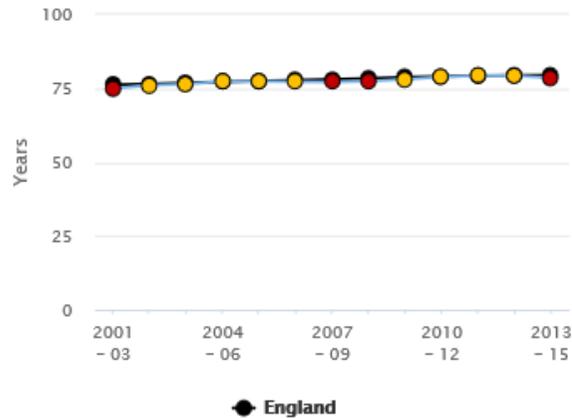
### Life expectancy from PHOF and 2011 Census General Health Questions

Life expectancy is a good overall measure of population health status. The charts and tables overleaf are taken from the national PHOF tool and show the Fenland position as colour-coded dots, representing the comparison with the national value. A red dot indicates that the Fenland position is statistically worse than the England average, a yellow dot that there is no statistical difference and a green dot that Fenland is statistically better.

## Appendix C: Detailed evidence base

### Life expectancy at birth in years – males

The table below indicates that Fenland's male life expectancy at birth tends to be around the national average. The latest figure is assessed as statistically worse than the national average.



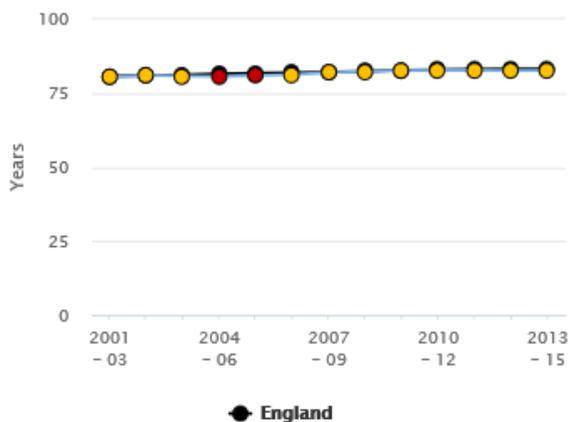
Recent trend: –

Period	Count	Value	Lower CI	Upper CI	Cambs	England
2001 - 03	●	75.0	74.2	75.8	77.5	76.2
2002 - 04	●	76.1	75.3	76.9	77.8	76.5
2003 - 05	●	76.4	75.7	77.2	78.2	76.8
2004 - 06	●	77.3	76.6	78.1	78.6	77.2
2005 - 07	●	77.4	76.7	78.1	78.9	77.5
2006 - 08	●	77.3	76.5	78.0	79.2	77.8
2007 - 09	●	77.2	76.5	77.9	79.6	78.1
2008 - 10	●	77.4	76.7	78.2	79.9	78.4
2009 - 11	●	78.1	77.4	78.8	80.4	78.8
2010 - 12	●	78.9	78.2	79.6	80.9	79.1
2011 - 13	●	79.3	78.6	80.0	81.0	79.3
2012 - 14	●	79.3	78.6	80.0	81.0	79.4
2013 - 15	●	78.6	77.9	79.3	80.9	79.5

Source: Public Health England. Public Health Outcomes Framework, May 2017. <http://www.phoutcomes.info>

### Life expectancy at birth in years – females

The table below indicates that Fenland's female life expectancy at birth tends to be around the national average. The latest figure is assessed as statistically no different to the national average and this has been the case for some years.



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	Cambs	England
2001 - 03	●	80.3	79.7	81.0	81.8	80.7
2002 - 04	●	81.0	80.3	81.6	82.0	80.9
2003 - 05	●	80.8	80.1	81.4	82.3	81.1
2004 - 06	●	80.6	79.9	81.3	82.6	81.5
2005 - 07	●	80.9	80.2	81.6	82.9	81.7
2006 - 08	●	81.2	80.5	81.9	83.0	81.9
2007 - 09	●	81.9	81.2	82.6	83.3	82.1
2008 - 10	●	82.3	81.6	82.9	83.6	82.3
2009 - 11	●	82.6	82.0	83.3	84.2	82.7
2010 - 12	●	82.7	82.0	83.3	84.3	82.9
2011 - 13	●	82.7	82.0	83.3	84.4	83.0
2012 - 14	●	82.5	81.9	83.2	84.3	83.1
2013 - 15	●	82.6	82.0	83.3	84.4	83.1

The data in this section is taken from the 2011 Census, summarised in a local report at <http://cambridgeshireinsight.org.uk/file/1842/download>.

## Appendix C: Detailed evidence base

### Directly age-standardised percentage of the population reporting good or very good health, by sex and district, Cambridgeshire, 2011

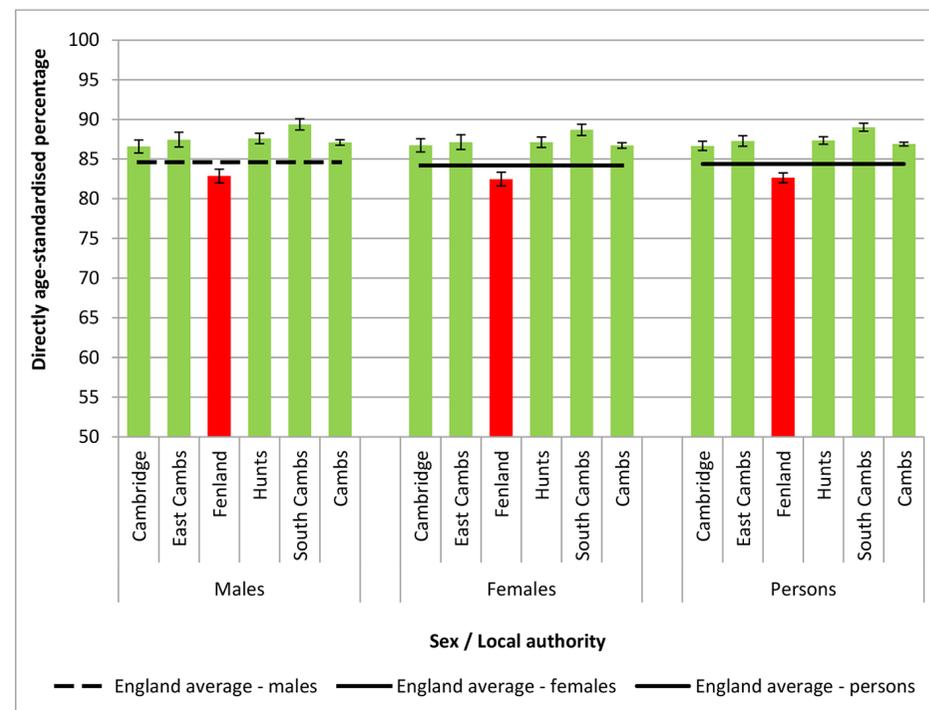
Source: Cambridgeshire PHI. Census 2011: General health status and long-term health problems and disability: age and sex-specific and age-standardised percentages. <http://cambridgeshireinsight.org.uk/file/1842/download>

- The following Fenland wards had statistically significantly fewer people reporting good or very good health, compared with the Cambridgeshire average: Clarkson, Elm and Christchurch, Hill, Kingsmoor, Kirkgate, Lattersey, March East, March North, March West, Medworth, Parson Drove and Wisbech St Mary, Peckover, Roman Bank, Slade Lode, Staithe and Waterlees.

#### Key points: long-term activity-limiting illness

- Percentages of people reporting a long-term activity-limiting illness were generally higher in Fenland at 20.4% compared with England (17.2%) and Cambridgeshire (15.1%), even in relatively younger ages.
- After adjusting for age, the percentage of people reporting a long-term activity-limiting illness was statistically significantly higher than the England average in Fenland but significantly lower in all other districts and for the county as a whole. This is shown in the chart that follows below of males, females and all persons.

Figure 1.2 Directly age-standardised percentage of the population reporting good or very good health, by sex and district, Cambridgeshire, 2011



Error bars represent 95% confidence intervals. Cambs – Cambridgeshire. Hunts – Huntingdonshire. Assessment of significance is based on overlapping confidence intervals of both the local authority and England values but the England confidence intervals are not shown on the figure.

- Significantly higher than the England average
- Not significantly different to the England average
- Significantly lower than the England average

## Appendix C: Detailed evidence base

### Directly age-standardised percentage of the population with a long-term activity limiting illness, by sex and district, Cambridgeshire, 2011

Source: Cambridgeshire PHU. Census 2011: General health status and long-term health problems and disability: age and sex-specific and age-standardised percentages. <http://cambridgeshireinsight.org.uk/file/1842/download>

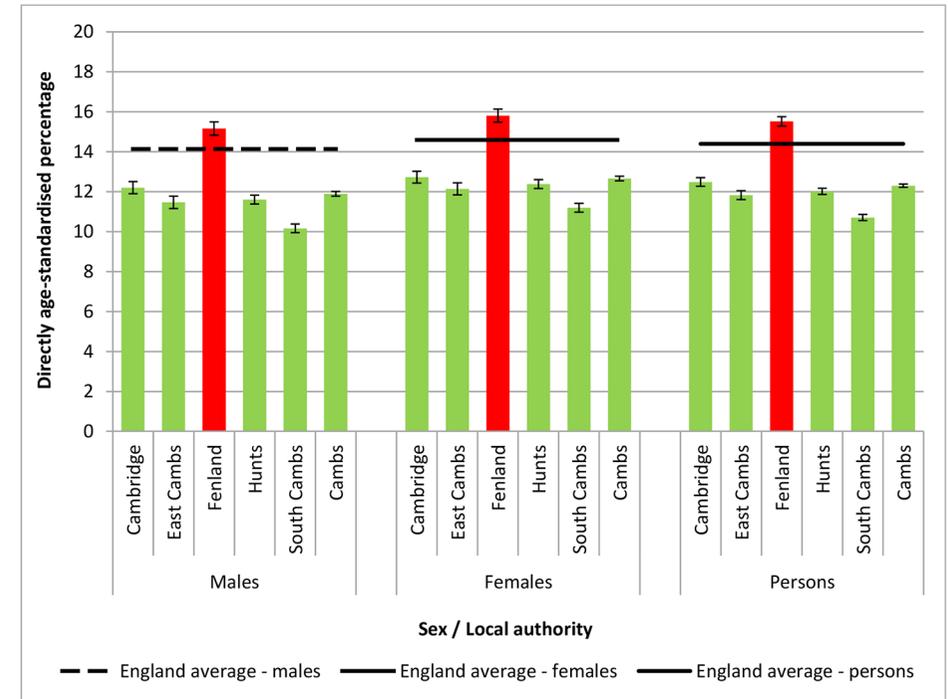
- At ward level, the age-standardised percentage reporting a long-term activity-limiting illness was statistically significantly higher than the Cambridgeshire average in Fenland wards were: Birch, Clarkson, Doddington, Elm and Christchurch, Hill, Kingsmoor, Kirkgate, Lattersey, March East, March North, March West, Medworth, Parson Drove and Wisbech St Mary, Peckover, Roman Bank, Slade Lode, St Marys, Staithe, Waterlees, Wenneye and Wimblington.

#### Summary of PHOF indicators where Fenland is worse than the England average at the May 2017 PHOF release

The table below presents an overview of those PHOF indicators where Fenland is rated as statistically 'worse' than the national (England) average for the latest available data, along with an indication of trend as indicators can change between statistical groups with each update.

As well as focusing on indicators assessed as 'worse' than England, it is important to remember that indicators rating similar to or better than the national average do not necessarily mean that they are not important public health issues as they may affect large numbers of people or disproportionately affect particular vulnerable groups or deprived areas.

Figure 2.1.2 Directly age-standardised percentage of the population with a long-term activity-limiting illness, by sex and district, Cambridgeshire, 2011



Error bars represent 95% confidence intervals. Cams – Cambridgeshire. Hunts – Huntingdonshire. Assessment of significance is based on overlapping confidence intervals of both the local authority and England values but the England confidence intervals are not shown on the figure.

- Significantly lower than the England average
- Not significantly different to the England average
- Significantly higher than the England average

# Appendix C: Detailed evidence base

Indicator (with PHOF reference)	Data time period	Latest FDC value	FDC trend	FDC trend interpretation	England and Cambs (CCC) latest values	Comparator
0.1ii - Life expectancy at birth (Male) - years	2013-2015	78.6	↑ Increasing	Improving	England = 79.5 CCC = 80.9	England
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male) - years	2013-2015	-0.9	-	Unable to assess	England = 0 CCC = +1.4	England
1.01i - Child poverty - children in low income families (all dependent children under 20) - percentage	2014	20.7%	↑ Increasing / Getting worse	Worsening	England = 19.9% CCC = 12.6%	England
1.01ii - Child poverty - children in low income families (under 16s) - percentage	2014	21.3%	→ No significant change	No change	England = 20.1% CCC = 12.9%	England
2.02i - Breastfeeding - breastfeeding initiation - percentage of all mothers who breastfeed within 48 hours of delivery	2014/15	68.8%	-	Unable to assess	England = 74.3% CCC = 83.0% (2013/14)	England
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) - crude rate per 100,000 residents	2015/16	169.1	→ No significant change	No change	England = 134.1 CCC = 145.0	England
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm - directly age-standardised rate per 100,000 residents	2015/16	310.7	↑ Increasing	Worsening	England = 196.5 CCC = 264.9	England
2.12 - Excess weight in Adults - Number of adults with a BMI classified as overweight (including obese) - from Active People Survey - percentage	2013-2015	72.9%	-	Unable to assess	England = 64.8% CCC = 63.2%	England
2.13i - Percentage of physically active and inactive adults - active adults - percentage of adults achieving at least 150 minutes of physical activity per week - from Active People Survey	2013-2015	47.9%	-	Unable to assess	England = 57.0% CCC = 58.6%	England
2.14 - Smoking Prevalence in adults - current smokers (Annual Population Survey) - percentage	2016	21.6%	↓ Decreasing	Improving	England = 15.5% CCC = 15.2%	England
2.14 - Smoking Prevalence in adult in routine and manual occupations - current smokers - (Annual Population Survey) - percentage	2016	32.9%	↓ Decreasing	Improving	England = 26.5% CCC = 26.8%	England
2.18 - Hospital admission episodes for alcohol-related conditions - narrow definition (Persons, Females) - directly age-standardised rate per 100,000 residents	2015/16	Persons = 731 Females = 614	↑ Increasing	Worsening (persons & females)	England P = 647; F = 483 CCC P = 638; F = 526	England
2.20iii - Cancer screening coverage - bowel cancer - percentage of people eligible for bowel screening who were screened	2016	53.2%	-	Unable to assess	England = 57.9% CCC = 58.7%	England
2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons, Males and Females) - directly age-standardised rate per 100,000 residents	2015/16	Persons = 2,442 Males = 2,047 Females = 2,798	↑ Increasing	Worsening (persons, males & females)	England P = 2,169; m = 1,733; F = 2,471 CCC P = 2,232; M = 1,750; F = 2,585	England
2.24iii - Emergency hospital admissions due to falls in people aged 80 years and over (Persons, Males) - directly age-standardised rate per 100,000 residents	2015/16	Persons = 6,563 Males = 6,088	↑ Increasing	Worsening (persons & males)	England P = 5,526; M = 4,367 CCC P = 5,892; M = 4,597	England
3.02 - Chlamydia detection rate (15-24 year olds) - crude rate of chlamydia detection per 100,000 resident young people aged 15 to 24	2016	1,071	→ No significant change	No change	England = 1,269 CCC = 756	England
3.05ii - Incidence of TB - crude rate per 100,000 residents	2013-2015	7.8	↑ Increasing	Worsening	England = 12.0 CCC = 6.0	Target goal (national)
3.08 - Adjusted antibiotic prescribing in primary care by the NHS	2016	1.30	-	Unable to assess	England = 1.13 CCC = 1.10	Target goal (national)
4.03 - Mortality rate from causes considered preventable (Persons, Males) - age-standardised rate per 100,000 resident population	2013-2015	Persons = 207.0 Males = 265.2	↓ Decreasing	Improving (persons & males)	England P = 184.5; M = 232.5 CCC P = 150.1; M = 188.8	England
4.04ii - Under 75 years of age mortality rate from cardiovascular diseases considered preventable (Persons) - age-standardised rate per 100,000 resident population aged under 75 years	2013-2015	57.3	↓ Decreasing	Improving	England = 48.1 CCC = 40.7	England
4.08 - Mortality rate from a range of specified communicable diseases, including influenza (Female)	2013-2015	15.6	-	Unable to assess	England = 9.6 CCC = 12.1	England

Source: Public Health Outcomes Framework (PHOF), May 2017 update at <http://www.phoutcomes.info/>





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