



Peterborough

Annual Public Health Report 2017



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Introduction

The purpose of this Annual Public Health Report is to provide a clear picture of the main health issues and trends in Peterborough.

Sitting behind this report is a wealth of web-based statistics and information, which can be accessed through the websites for Public Health England's Outcomes Framework www.phoutcomes.info and Local Health www.localhealth.org.uk.

I would like to thank the local Public Health Intelligence Team for their work in extracting and interpreting the key health data for Peterborough, and for carrying out some detailed local analyses and mapping.



A handwritten signature in black ink that reads "Liz Robin".

Dr Liz Robin

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Content of the report

This report is in three sections - the first section focusses on the social and environmental factors affecting our health and wellbeing, often called the 'determinants of health'. It includes maps of Peterborough which show how both the determinants of health and some key health outcomes vary across the area.

The **second section** takes a brief look at the main lifestyle behaviours which impact on individual health and wellbeing, and how Peterborough compares with similar local authority areas.

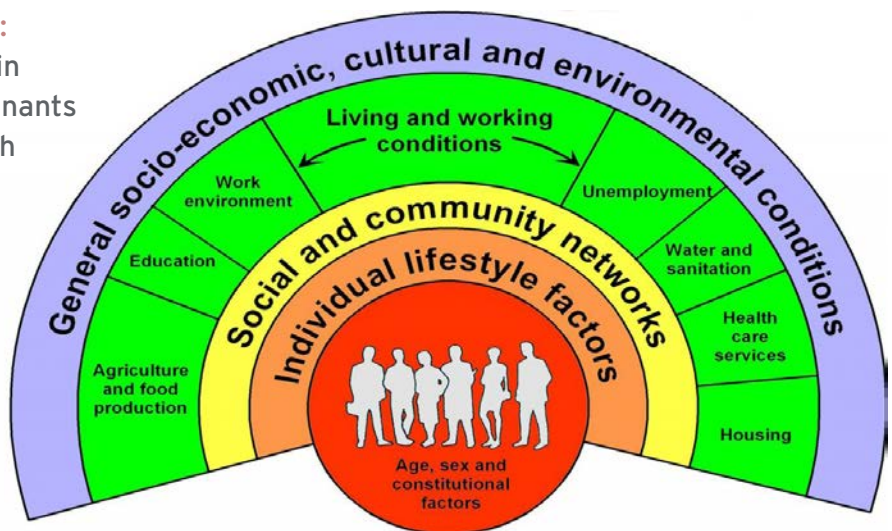
The **third section** looks at trends in health outcomes and health service use in Peterborough - many of which are improving but some of which are cause for concern.



1.0 Mapping the determinants of health and health outcomes

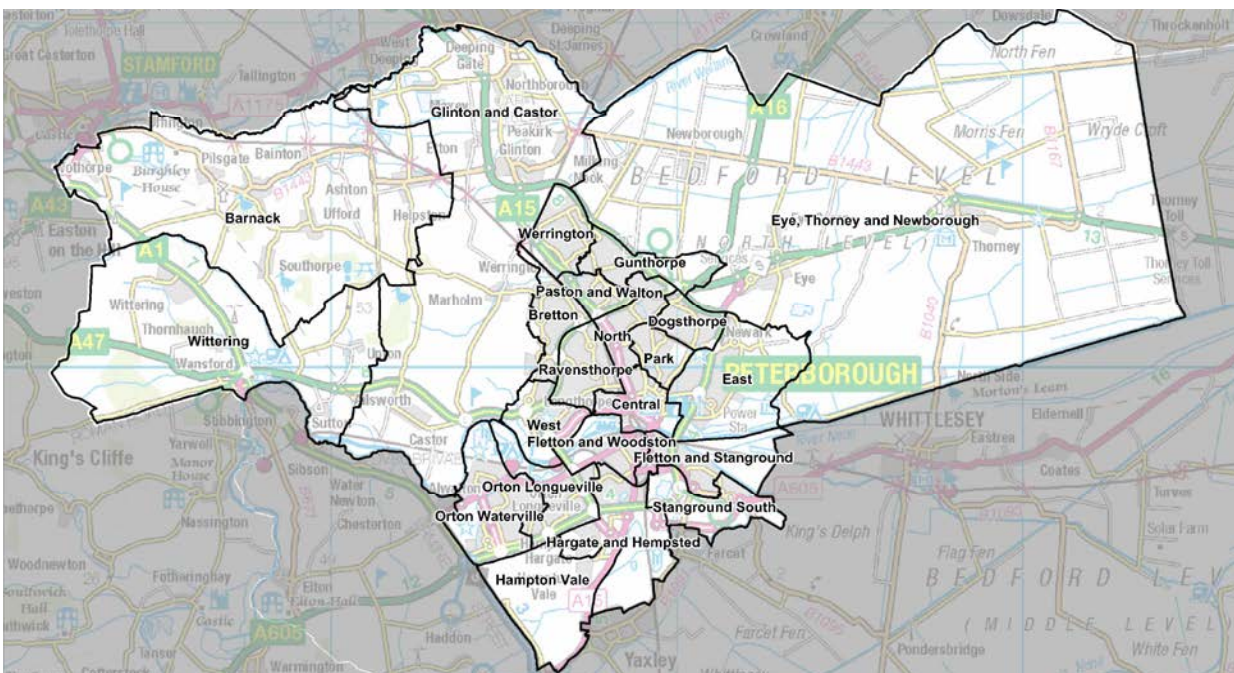
The 'rainbow' diagram describes some of the factors which affect our health and wellbeing, which are called the 'determinants' of health.

Figure 1:
The main determinants of health



Source: Dahlgren and Whitehead 1991

Map 1: Peterborough Unitary Authority Electoral Ward Boundaries, 2016 - Present



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Health is not the same in all parts of Peterborough - there are differences in the factors which affect health across the Peterborough area, and there are also differences in health outcomes.

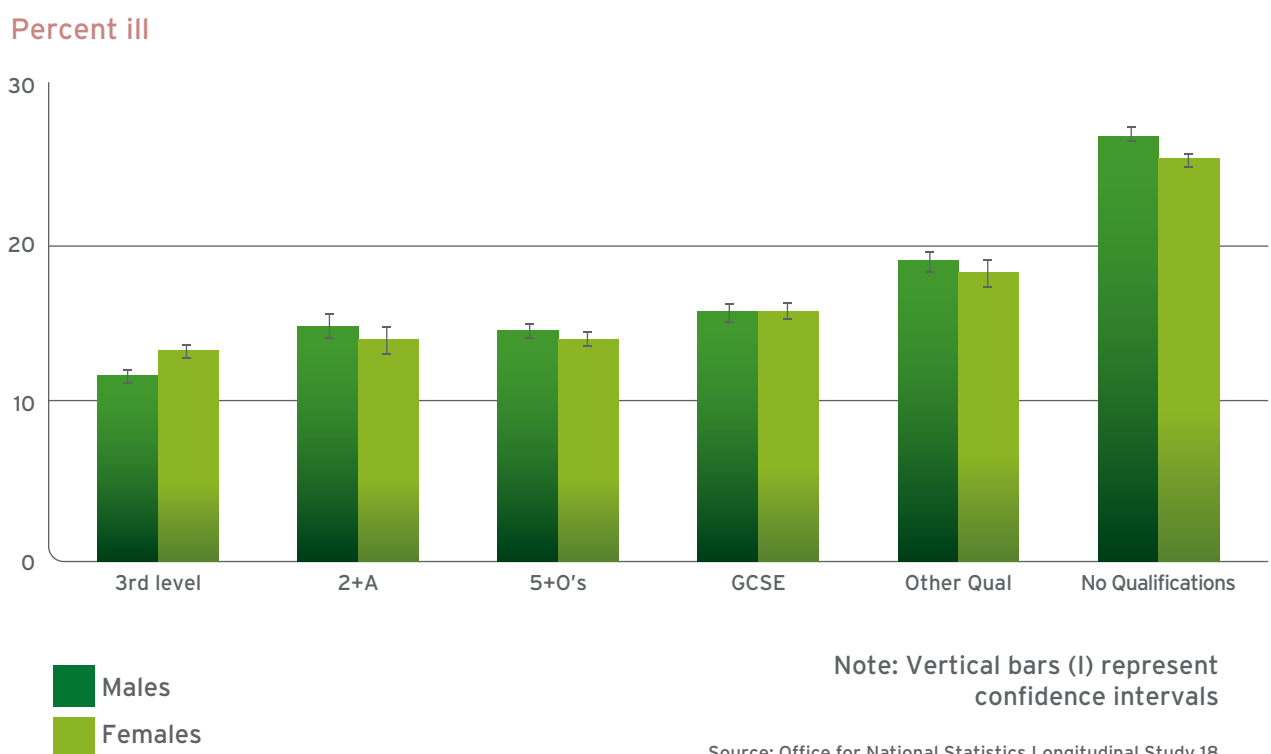
This report will use several maps of Peterborough to show in more detail where the differences are, based on neighbourhoods of about 1,500 people called 'Lower Super Output Areas (LSOAs)' and neighbourhoods of about 7,200 people called 'Middle Super Output Areas (MSOA)'.

The map on the facing page shows the whole area covered by Peterborough City Council, with the new (2016) electoral wards. It may help to refer back to it when you are looking at the health related maps later in this report.

1.1 Education and health

We know that levels of education are closely related to health. The graph below shows that nationally, for adults up to the age of 75, people with no educational qualifications are more than twice as likely to have an illness which limits their daily life than people with degree level or similar qualifications.

Figure 2: Standardised limiting illness rates in 2001 at ages 16/74, by education level recorded in 2001



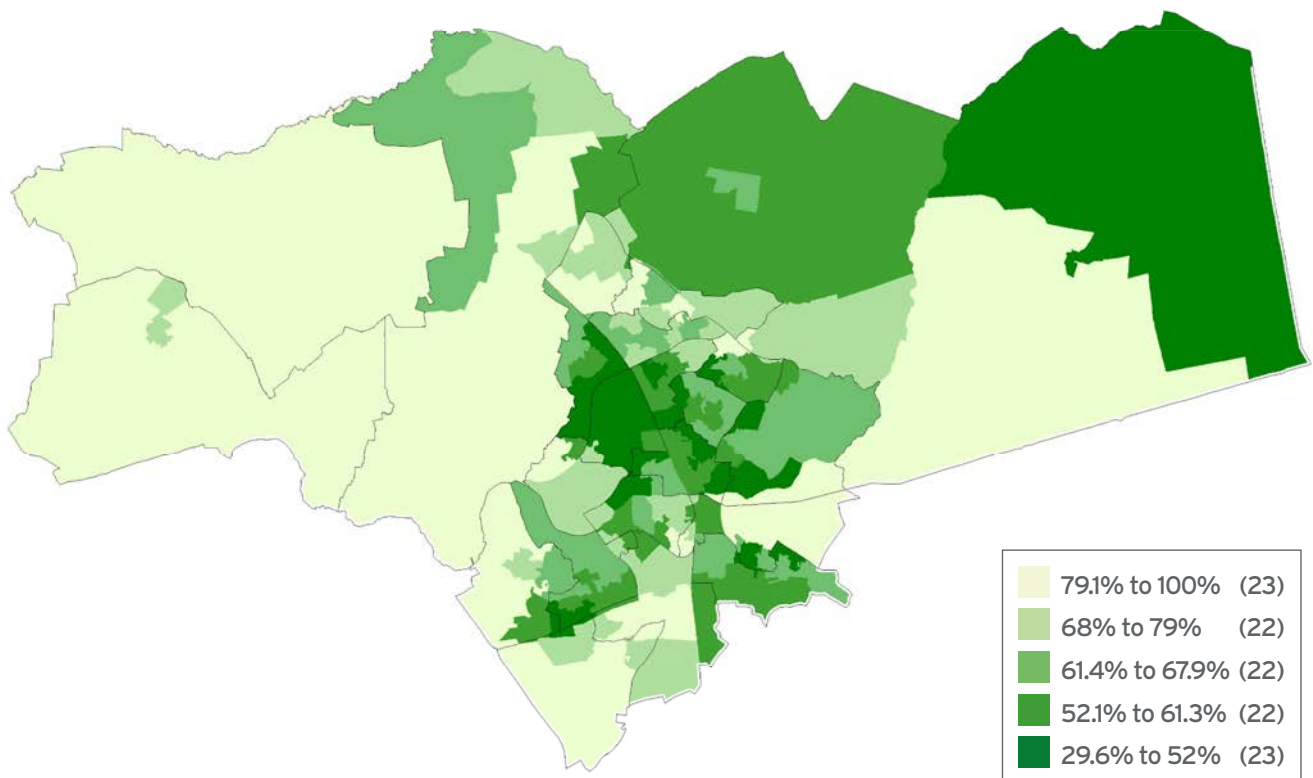


1.2 School readiness

The first step to good educational attainment is for children to be ready to start school, so that they are prepared for learning and can enjoy lessons. The 'school readiness' of pupils is measured in primary schools at the end of Reception year.

In Peterborough there are differences in the 'school readiness' of children at the end of Reception as shown in the map below. It plots outcomes in neighbourhoods of about 1,500 people. Darker areas show where there is a lower proportion of children who are ready for school. Fewer children are ready for school in some of more central urban areas of Peterborough, but also in some of the rural areas to the north east of the city.

Map 2: Percentage of pupils achieving a 'good level of development' at end of Early Years Foundation Stage in Peterborough by LSOA (2014/15) with 2016 Electoral Ward Boundaries



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The following electoral wards include LSOAs in the lowest quintile for pupils achieving a good level of development: Eye Thorney and Newborough; East, Dogsthorpe, Central, North, Ravensthorpe, Bretton, Fletton and Stanground, Stanground South, Orton Longueville, Orton Waterville and Hampton Vale



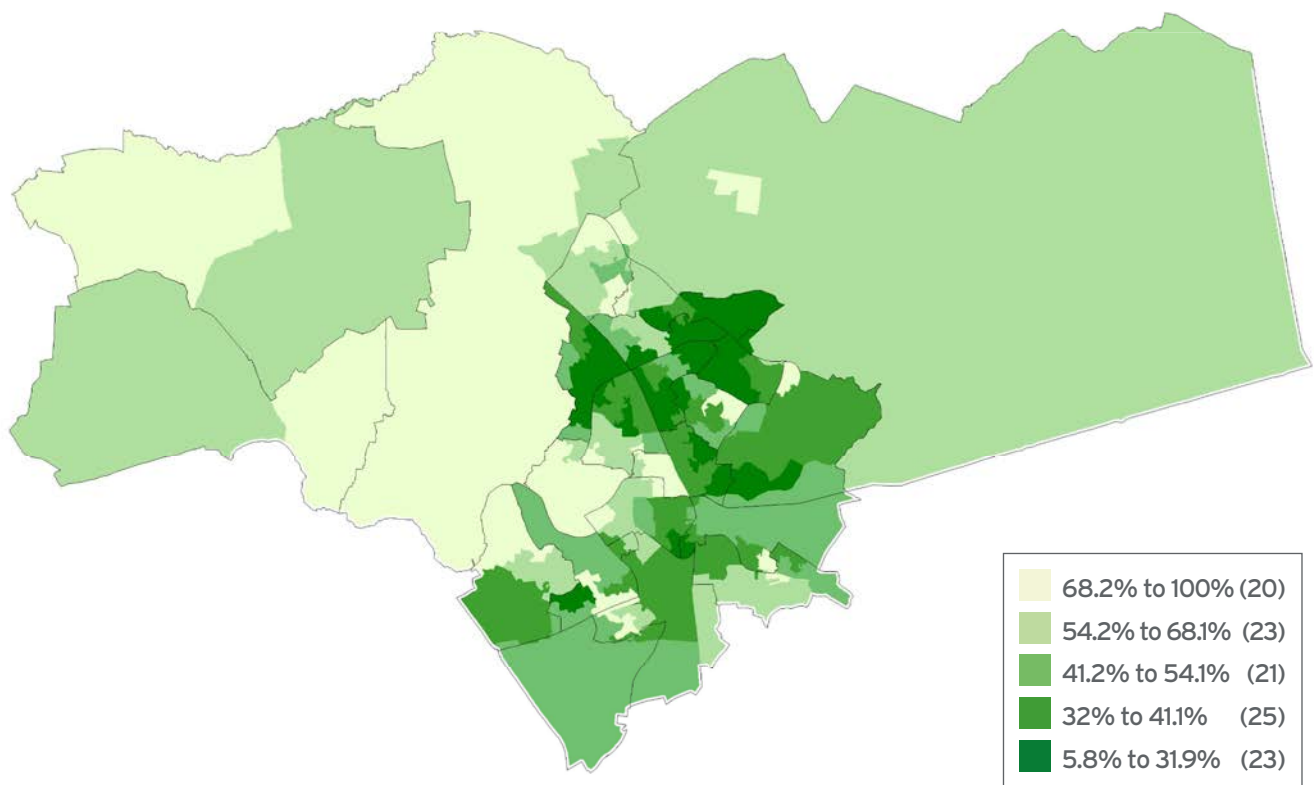
1.3 GCSE attainment

The map below shows the proportion of children achieving five or more GCSEs at grade A*-C, which is a commonly used measure of educational attainment in school year 11 (around age 16).

For this age group, the lower rates of attainment are more clearly clustered in some of the urban communities in Peterborough, with children in rural areas generally doing well.



Map 3: Percentage of pupils achieving 5+ A*-C GCSEs in Peterborough (2015/16) by LSOA with 2016 Electoral Ward Boundaries



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The following electoral wards include LSOAs in the lowest quintile for pupils achieving at least 5 GCSEs grade A-C: Gunthorpe, Paston and Walton, Dogsthorpe, North, Central, East, Bretton, Ravensthorpe, Fletton and Stanground, Fletton and Woodston, Orton Longueville.



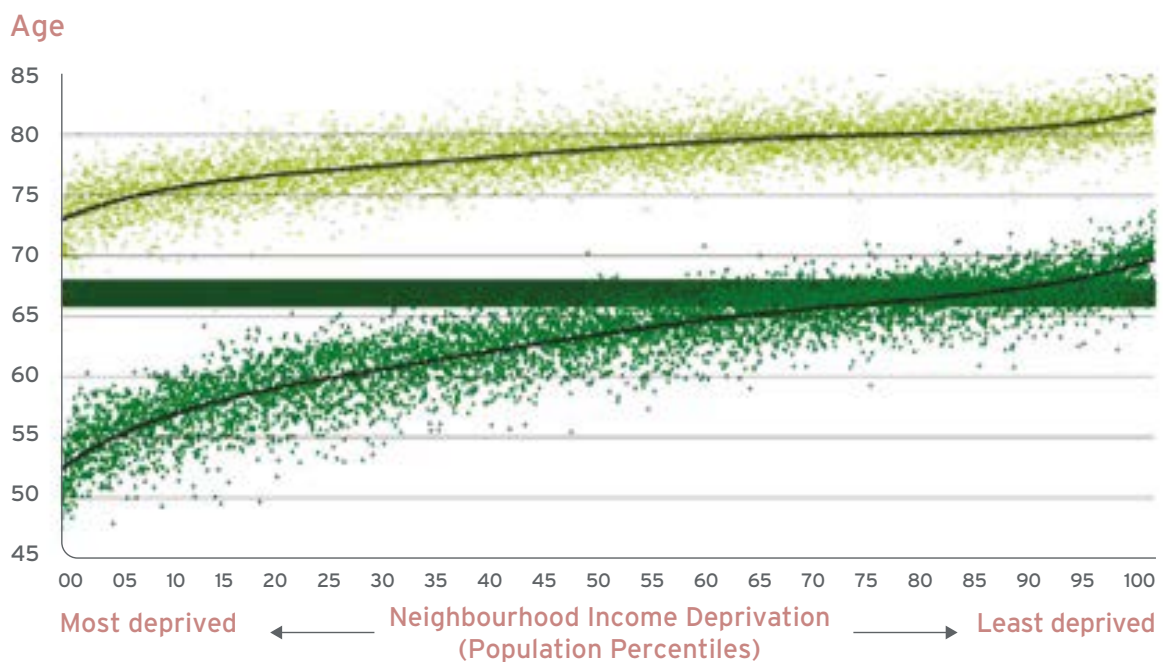
1.4 Employment and income

We know that employment and income also have a strong influence on health. National research by the Institute of Health Equity showed that while there was a difference of around 10 years in overall life expectancy between neighbourhoods with the lowest and the highest incomes, the difference in 'disability free life expectancy' was closer to 20 years.

This indicates that people who live in neighbourhoods with low average levels of income are likely to experience significant illness and disability at an earlier stage in their lives.

When we map neighbourhood income deprivation across Peterborough, it is clear that there are differences in between communities, which we would also expect to be associated with differences in health.

Figure 3: Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England 1999-2003



■ Life expectancy ■ DFLE
■ Pension age increase 2026-2046

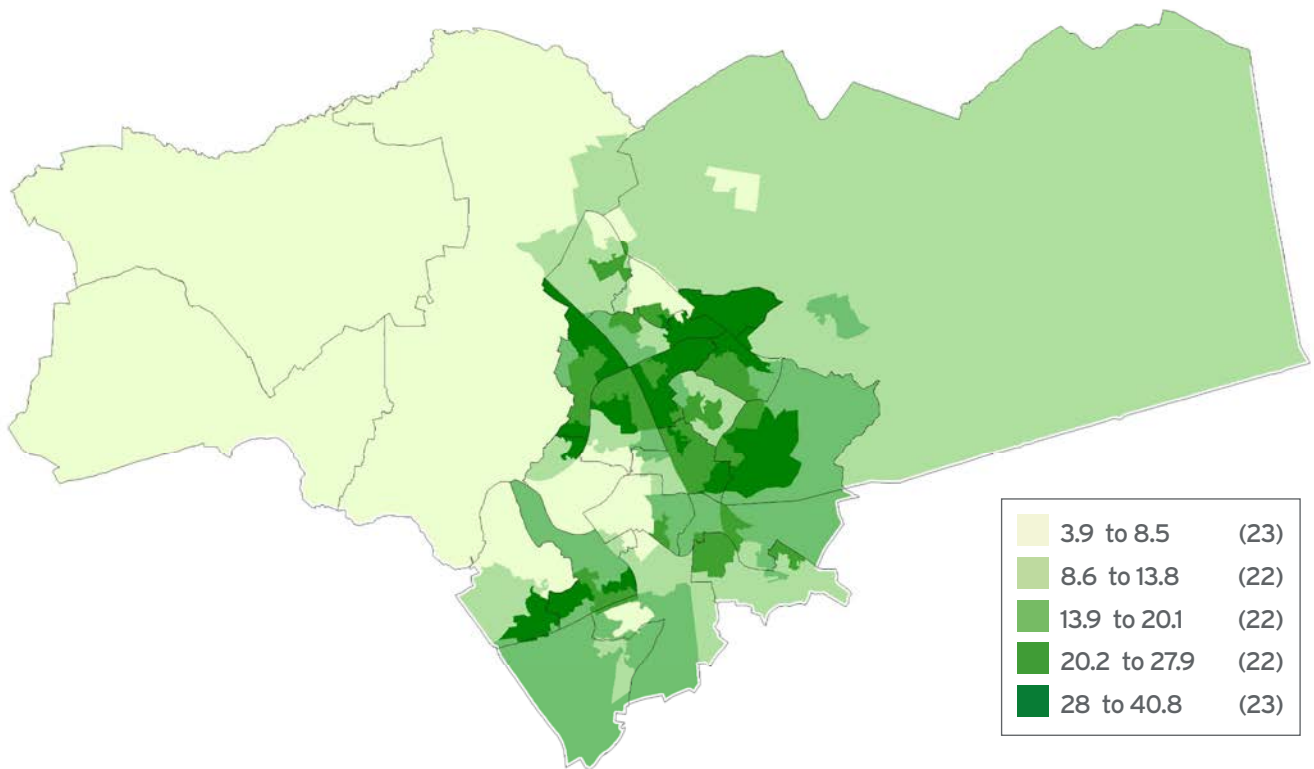
Note: Vertical bars (I) represent confidence intervals

Source: Office for National Statistics⁵



1.4 Employment and income

Map 4: Peterborough LSOAs by Index of Multiple Deprivation 2015 Income Sub-Domain Score



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The following electoral wards include LSOAs in the highest quintile for income deprivation: Gunthorpe, Paston and Walton, Dogsthorpe, East, Central, North, Bretton, Ravensthorpe, West, Orton Longueville, Orton Waterville.





1.5 Housing and health

Good housing is also important for health, as the framework for understanding housing and health produced by Public Health England shows.

Recently there has been a rise in homelessness in Peterborough with higher than average numbers of households being classed as homeless and in priority need. This in turn places pressure on the resources required to find temporary accommodation for priority households, and to provide support for them to reduce the negative health impact of insecure housing.

From  Public Health England

A framework for understanding

- **A healthy home:** warm, safe, free from hazards
- **A suitable home:** suitable to household size, specific needs of household members eg, disabled people, and to changing needs eg, as they grow up, or age
- **A stable, secure home** to call your own: without risk of, or actual homelessness or other threat eg, domestic abuse
- **Healthy communities and neighbourhoods**

Homes for people of working age



Unhealthy homes increase the risk of...

- respiratory illness
- cardiovascular problems
- mental health problems



Overcrowded homes increase the risk of...

- mental health problems
- respiratory illness
- tuberculosis
- tobacco harm



Precarious housing and homelessness increases the risk of...

- physical and mental health problems
- alcohol and drug misuse
- suicide
- tobacco harm
- tuberculosis

Underlying health issues can in turn raise the risk of being homeless or living in precarious housing

Figure 4: Homeless and in priority need - crude rate per 1,000 households

Area	Homeless and in priority need - crude rate per 1,000 households		
	2016/17 Q2	2016/17 Q3	2016/17 Q4
Peterborough	2.1	2.4	2.4
Mean (average) value for all English Single-Tier Local Authorities	0.8	0.7	0.7

Source: Local Government Association



1.6 The Index of multiple deprivation (2015)

The maps we have presented so far show how the determinants of health vary across Peterborough, but not how they compare to the national picture. One way to measure social, economic and environmental factors which affect outcomes in communities is known as the Index of Multiple Deprivation (IMD) which was last updated in 2015.

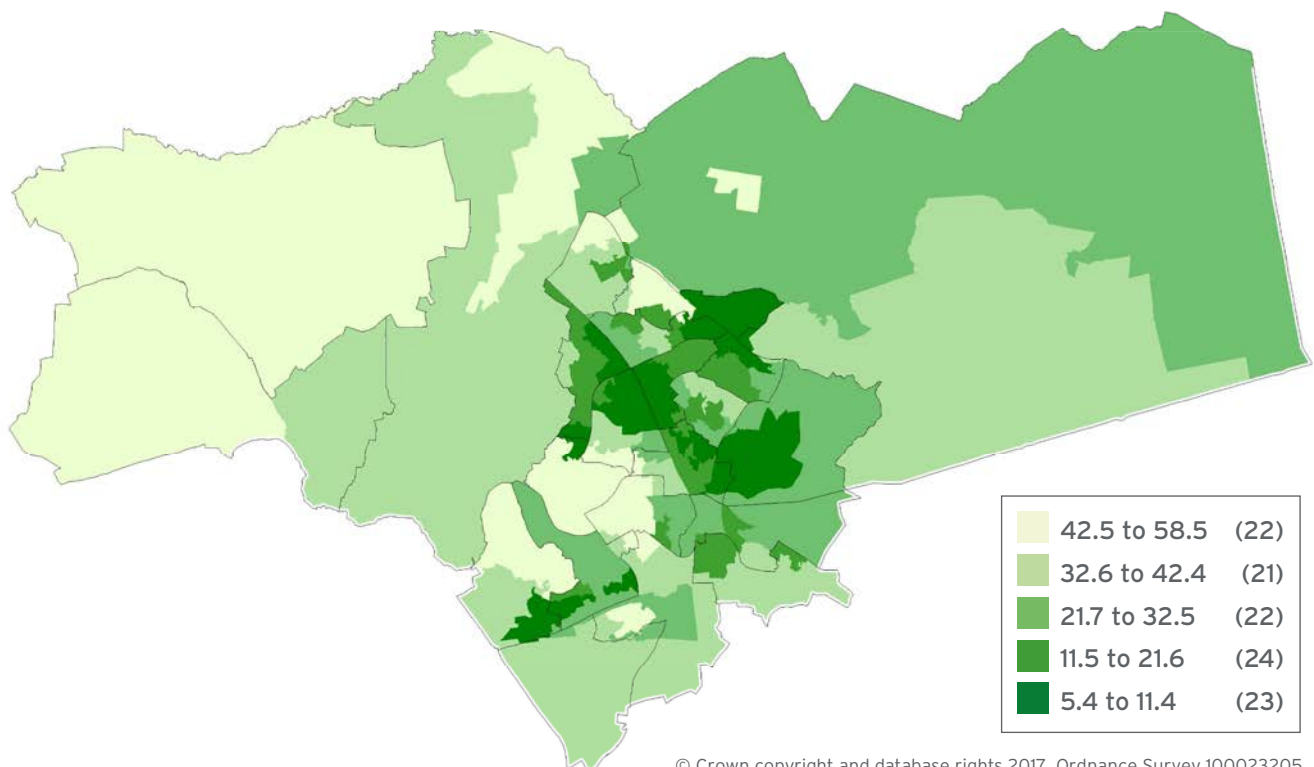
The IMD (2015) calculates a score for each neighbourhood of about 1500 people (LSOA) across England for a mix of factors - and summarises these into 'domains' as follows:

IMD (2015) Domains

- Income
- Employment
- Education, Skills and Training
- Health deprivation and Disability
- Crime
- Barriers to Housing and Services
- Living Environment

More detail of what is included in each of these domains is provided in Appendix A.

Map 5: Peterborough LSOAs by Index of Multiple Deprivation Score (2015) with 2016 - Present Electoral Ward Boundaries



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The following electoral wards include LSOAs in the highest quintile for IMD (2015) deprivation score: Gunthorpe, Paston and Walton, Dogsthorpe, East, Central, North, Bretton, Ravensthorpe, West, Orton Longueville and Orton Waterville

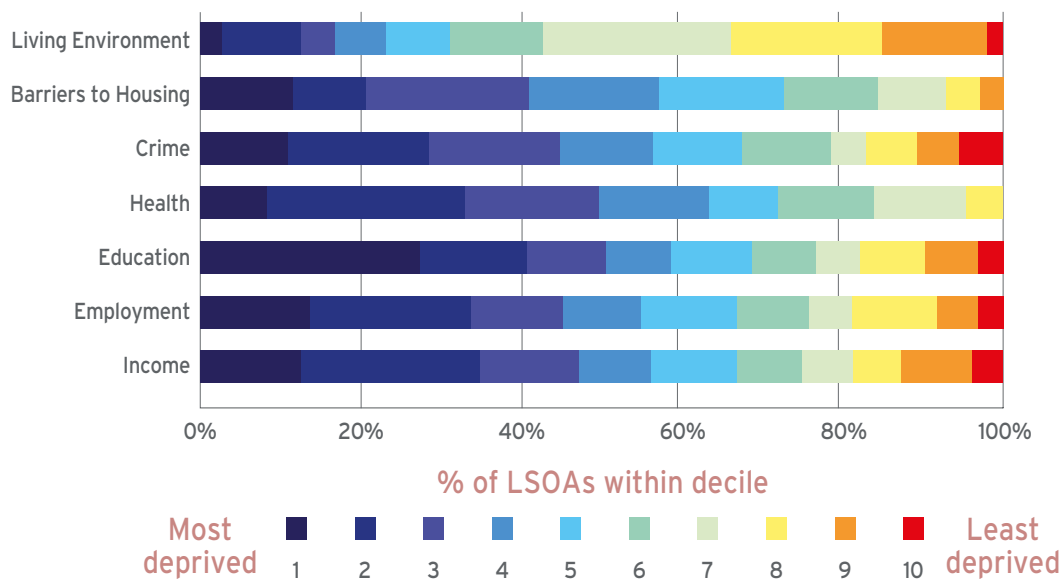


1.6 The Index of multiple deprivation (2015)

Another way of showing the information given on the map above is called a 'DNA chart'. It brings together the IMD (2015) scores for all the neighbourhoods in Peterborough and ranks them against national scores.

Darker blue bands on the chart are for neighbourhoods with worse outcomes compared to national rates, and yellow/red bands reflect neighbourhoods with better outcomes. The national DNA chart would have ten bands of equal size (10 per cent each) for each IMD domain. The local DNA chart shows how Peterborough is different from the national picture.

Figure 5: Peterborough City Council: 2015 national deciles for IMD subdomains



Source: Peterborough Public Health Intelligence/Index of Multiple Deprivation, Department for Communities & Local Government (DCLG)

For living environment, Peterborough compares well - with a higher proportion of neighbourhoods in the top five bands than the national picture. The most challenging domain compared to the national picture is education, skills and training, with a high proportion of neighbourhoods in the lowest scoring (dark blue) band.

The picture for the health domain is quite similar to that for income, employment and education domains and for barriers to housing. It is of note that there are no neighbourhoods in Peterborough in the top 20 per cent in England (red and orange bands) for the health domain, although there are some areas in these highest ranks for education, income and employment.

This reflects that health and wellbeing is a universal concern across Peterborough, although demand and the need for preventive measures will be higher in some communities than others.



1.7 Mapping health outcomes

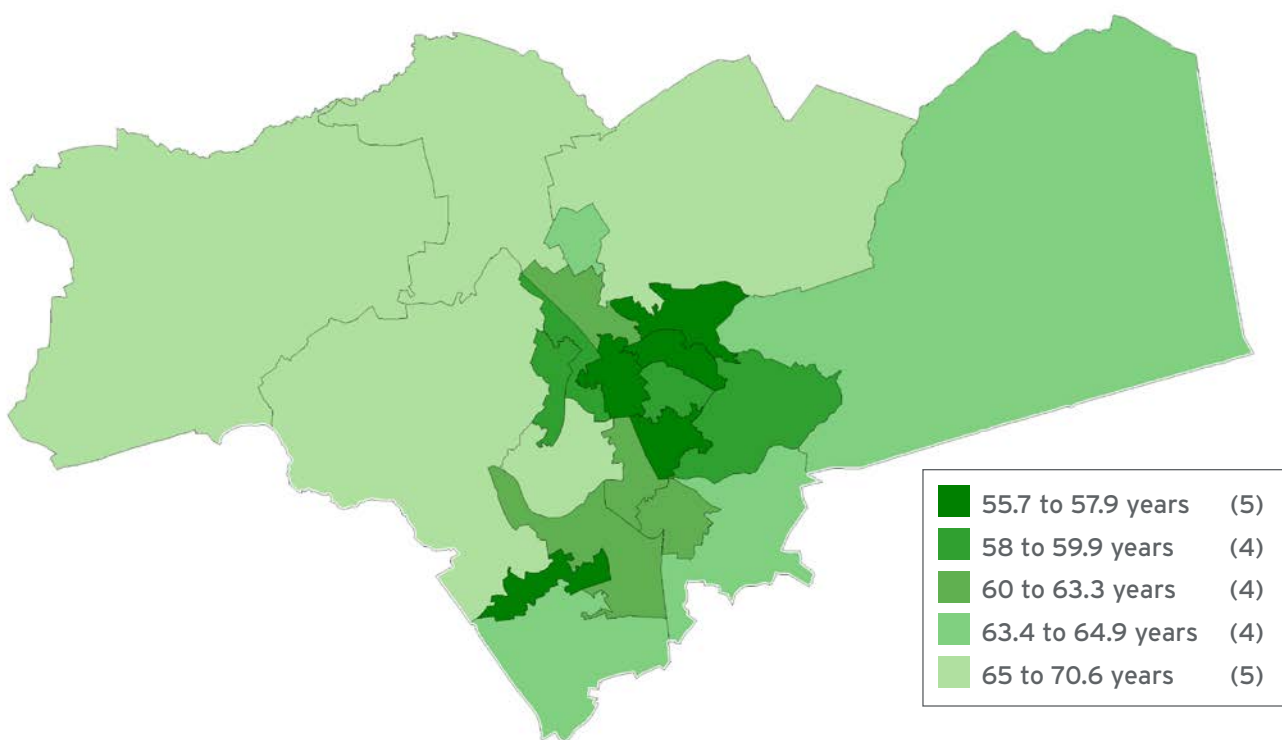
The following outcomes using local health data for Peterborough have been mapped by electoral ward and Middle Super Output Area (MSOA) rather than by smaller neighbourhoods (LSOAs).

This means that the picture is less detailed, and neighbourhoods with poorer outcomes which cross over ward boundaries may not be identified. While these maps below show outcomes for electoral wards or MSOAs, one recommendation of this report is that further work should be carried to map health outcomes at neighbourhood (LSOA) level to help us to target resources.

Healthy life expectancy

The following maps show Healthy Life Expectancy (HLE) for males and female in Peterborough by MSOA. Healthy Life Expectancy measures the average number of years a child born today would expect to live in 'good health' based on current rates of death and self-reported good health.

Map 6: Healthy Life Expectancy at birth for males across Peterborough by MSOA, 2009-13



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The following electoral wards include MSOAs in the lowest quintile for Healthy Life Expectancy for males: East, Central, Ravensthorpe, North, Dogsthorpe, Orton Waterville, Orton Longueville and Gunthorpe.



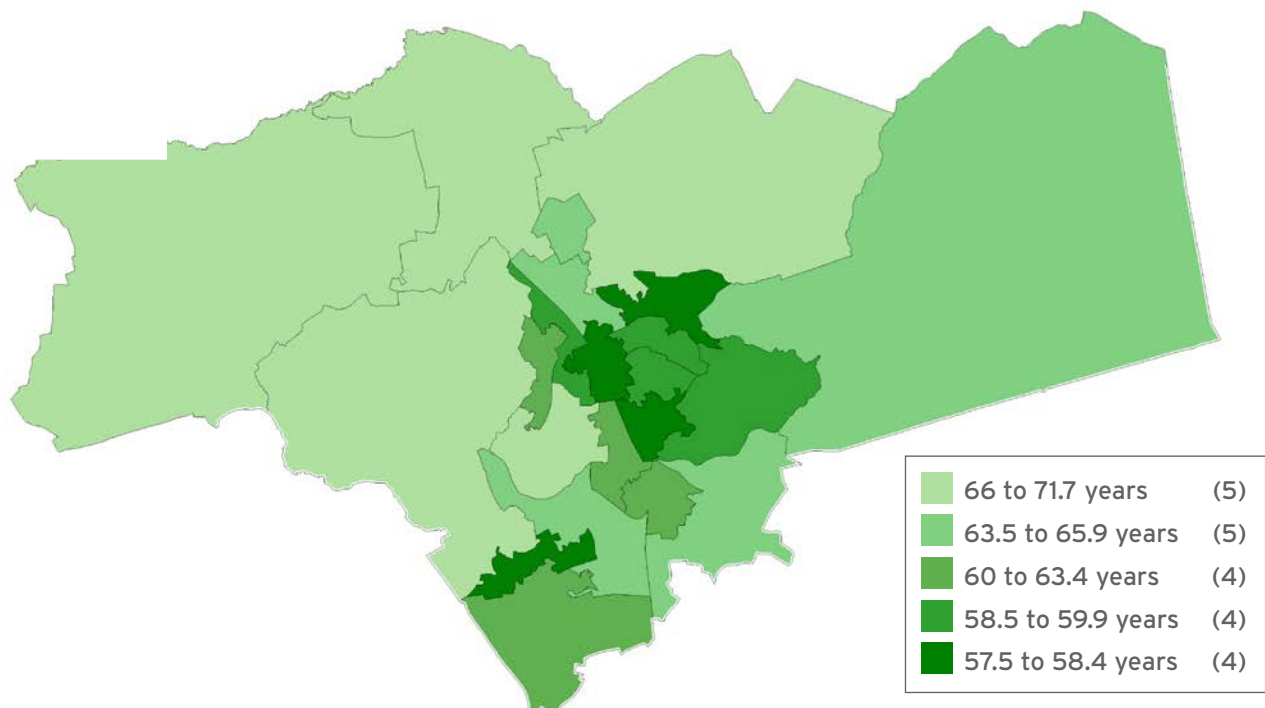
1.7 Mapping health outcomes

The maps generally reflect the pattern of the wider determinants of health across Peterborough, with lower levels of healthy life expectancy in urban areas with higher levels of deprivation and higher healthy life expectancy in rural areas.

The overall difference in healthy life expectancy between the most deprived and least deprived neighbourhoods in Peterborough during the period 2009-2013 was 14.6 years for men and 13.3 years for women.



Map 7: Healthy Life Expectancy at birth for females across Peterborough by MSOA, 2009-13



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The following electoral wards include MSOAs in the lowest quintile for Healthy Life Expectancy for females: East, Central, Park, Ravensthorpe, North, Dogsthorpe, Orton Waterville, Orton Longueville, Gunthorpe and Bretton.



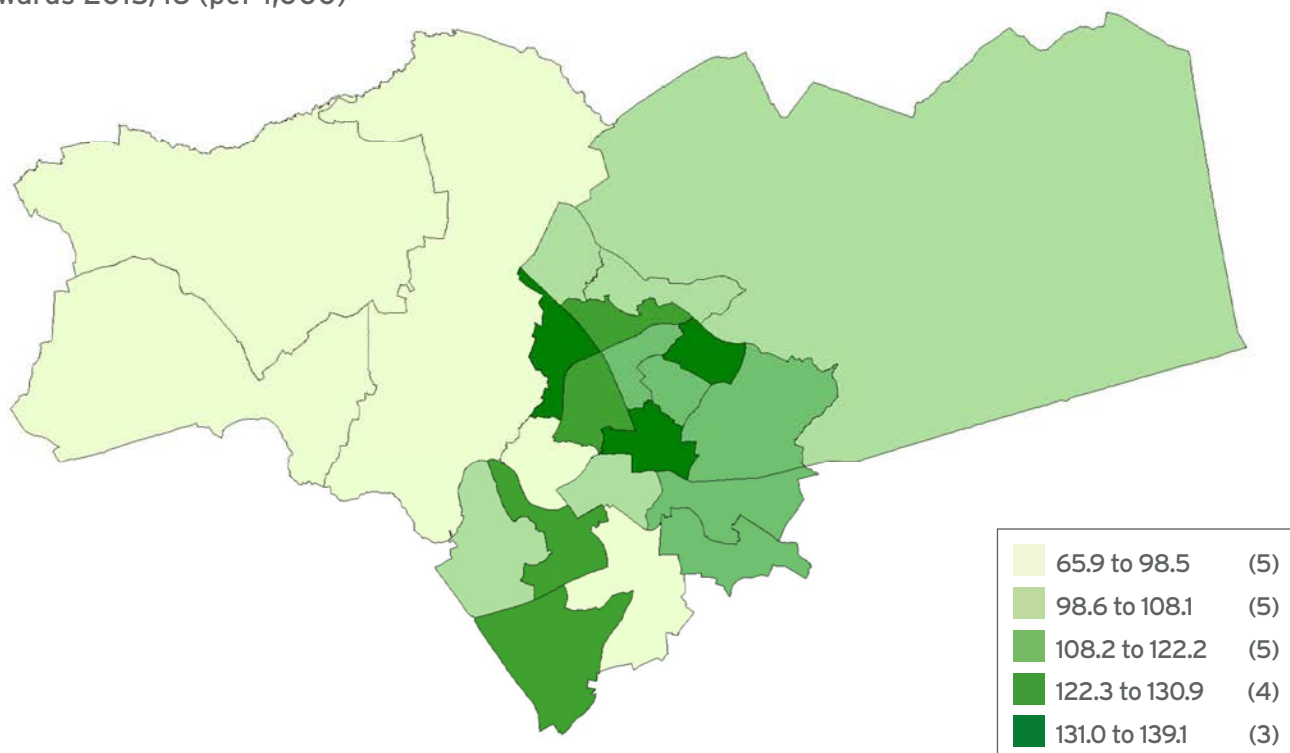
1.8 Emergency hospital admissions

The map below shows that, at a given age, the risk of being admitted to hospital as an emergency is highest among residents of Dogsthorpe, Bretton and Central electoral wards, and lowest for residents of Barnack, Wittering, Glinton and Castor, West, and Hargate and Hempsted wards.

This generally reflects the pattern of the wider determinants of health and the pattern of healthy life expectancy across Peterborough - with areas of higher socio-economic deprivation also having higher rates of hospital admission.



Map 8: Directly Age standardised emergency hospital admission rate for Peterborough electoral wards 2015/16 (per 1,000)



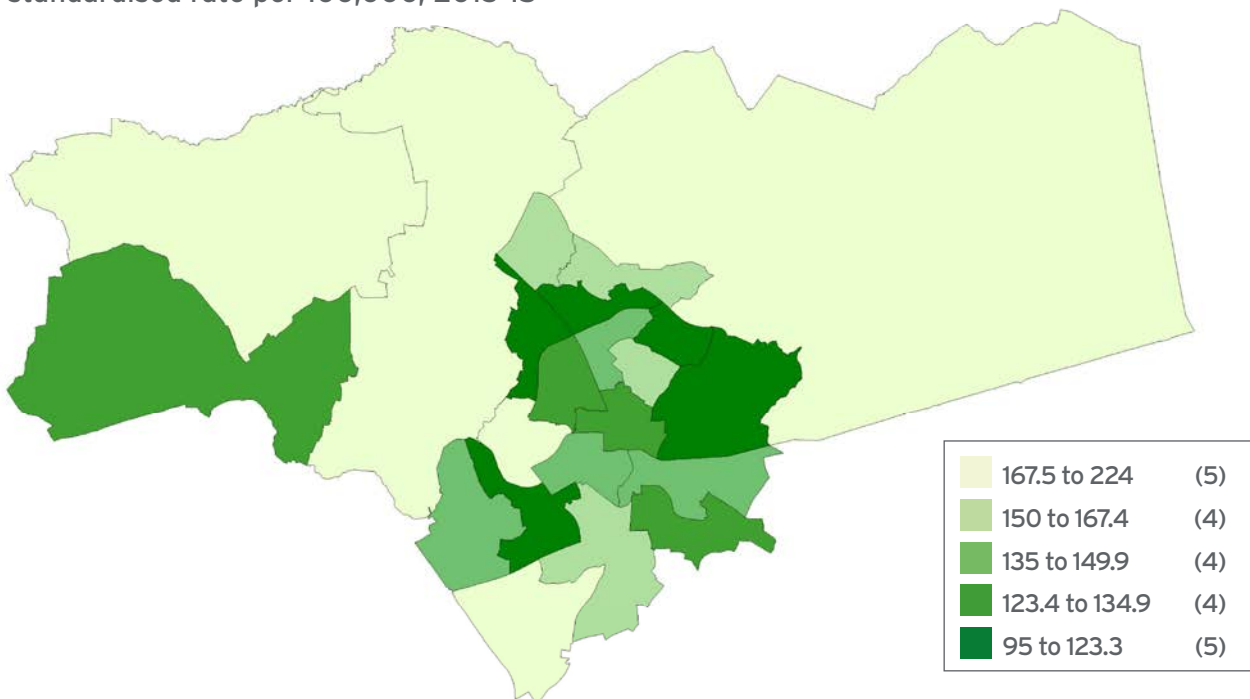
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1.9 Premature mortality

The following map shows that the risk of preventable death under the age of 75 also reflects the pattern of the wider determinants of health across Peterborough, with higher risks in urban areas with higher levels of deprivation and lower risks in rural areas.

Map 9: Preventable mortality in under 75s, Peterborough electoral wards 2016-present, directly age-standardised rate per 100,000, 2013-15



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2.0 Key lifestyle and health behaviours

How do we compare with other areas similar to Peterborough?

The first section of this report looked at differences in health between neighbourhoods in Peterborough in some detail, and compared them with the national picture. But it is also useful to compare Peterborough with local authorities that have similar social and economic environments.

The charts below show how Peterborough compares with similar local authority areas for some of the key lifestyle factors which are known to affect health and the risk of developing longer term health problems - smoking, unhealthy weight and alcohol. As well as comparing similar local authorities, the charts are also colour coded with local authorities which are significantly better than the England average coded green. Those similar to the England average coded amber and those significantly worse than the national average coded red.

The comparisons indicate that:

- Peterborough's smoking rate is similar to the national average and in the mid-range for similar local authority areas.
- Peterborough's rate of alcohol related hospital admissions is worse than the national average and in the mid to high range for similar local authority areas
- Peterborough's rate of adults with an unhealthy weight is higher than the national average and is high compared to similar local authority areas - this is likely to increase people's risk of developing health problems such as diabetes in later life.

Figure 6: Smoking prevalence in adults, Peterborough & Nearest Socio-Economic Neighbours, percentage, 2016



Compared with benchmark ■ Better ■ Similar ■ Worse

Source: Public Health Outcomes Framework



2.0 Key lifestyle and health behaviours

Figure 7: Admission episodes for alcohol-related conditions - narrow definition (persons), directly age-standardised rate per 100,000, Peterborough & nearest socio-economic neighbours, 2015/16

Area	Value	95% Lower CI	95% Upper CI
England	646.6	644.4	648.8
Medway	545.7	517.1	575.5
Thurrock	555.8	517.1	596.6
Bedford	578.6	541.4	617.6
Bury	587.3	552.2	624.0
Milton Keynes	599.1	566.8	632.8
Rochdale	618.3	584.0	654.1
Calderdale	624.4	590.4	659.9
Oldham	652.3	617.8	688.2
Luton	697.0	657.6	738.0
Peterborough	707.6	668.2	748.6
Bolton	708.7	676.9	741.6
Swindon	721.3	684.3	759.8
Telford and Wrekin	724.8	683.2	768.1
Coventry	767.7	735.7	800.6
Derby	844.0	806.5	882.7
Stockton-on-Tees	853.1	811.5	896.2

Compared with benchmark ■ Better ■ Similar ■ Worse

Source: Public Health Outcomes Framework

Figure 8: Proportion of the adult population with excess weight, percentage, Peterborough & nearest socio-economic neighbours, 2013/15

Area	Value	95% Lower CI	95% Upper CI
England	64.8	64.7	64.9
Calderdale	64.5	62.0	67.1
Luton	64.6	62.0	67.2
Coventry	64.6	62.1	67.2
Bolton	65.1	62.5	67.6
Bury	65.3	64.0	66.6
Medway	65.6	63.1	68.1
Bedford	66.0	63.5	68.5
Derby	66.0	63.5	68.5
Milton Keynes	66.7	64.2	69.2
Oldham	66.8	64.3	69.3
Rochdale	69.7	67.3	72.1
Thurrock	70.3	67.8	72.7
Swindon	70.8	68.3	73.2
Peterborough	70.8	68.3	73.2
Telford and Wrekin	71.1	68.7	73.5
Stockton-on-Tees	72.1	69.7	74.5

Compared with benchmark ■ Better ■ Similar ■ Worse

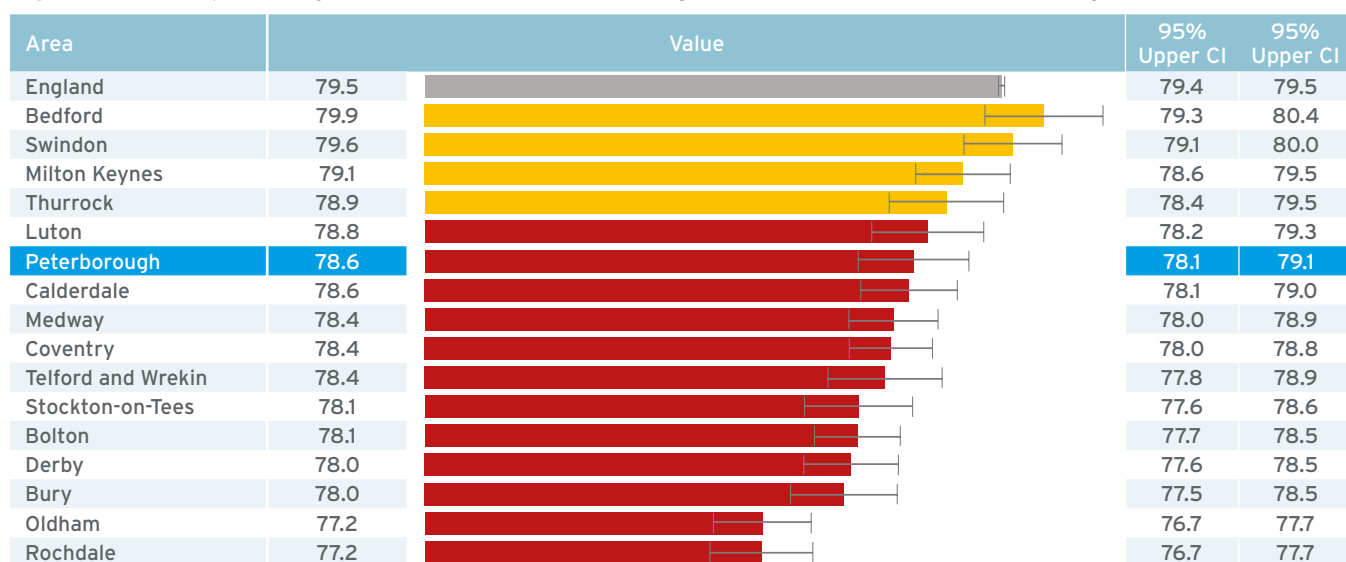
Source: Public Health Outcomes Framework



2.1 Life expectancy

The charts below shows that while life expectancy in Peterborough is significantly lower than the national average, it is in the mid-range for similar local authority areas.

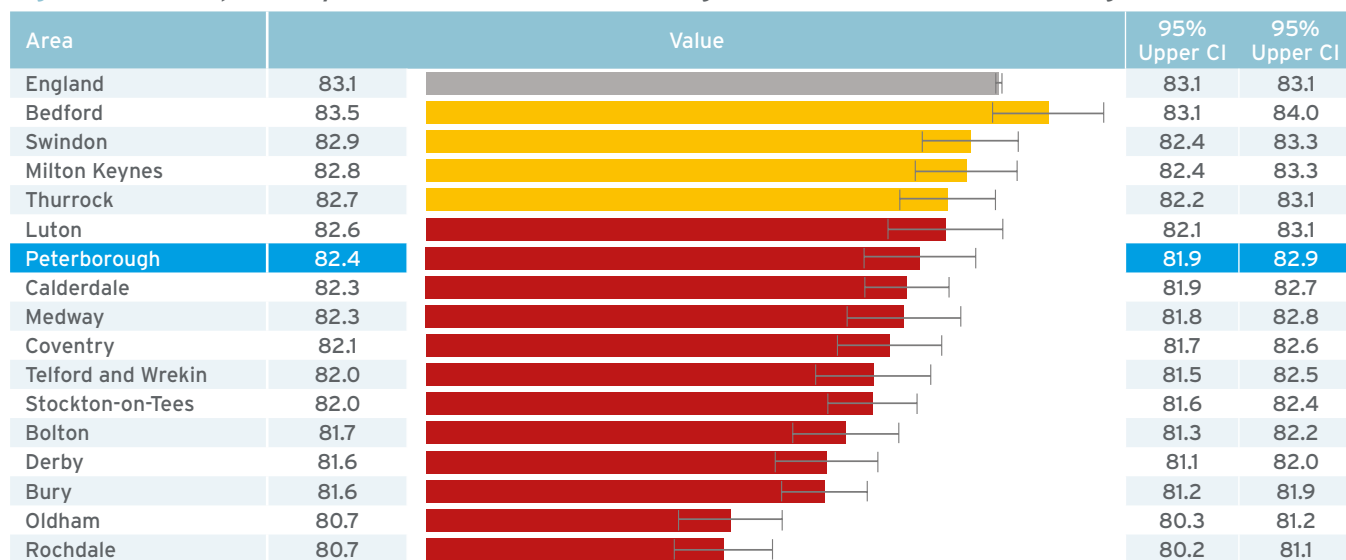
Figure 9: Life expectancy at birth (male), Peterborough & nearest socio-economic neighbours, 2013/15



Compared with benchmark Better Similar Worse

Source: Public Health Outcomes Framework

Figure 10: Life expectancy at birth (female), Peterborough & nearest socio-economic neighbours, 2013/15



Compared with benchmark Better Similar Worse

Source: Public Health Outcomes Framework



Section 3: Trend in health outcomes over time

When we look at the health and wellbeing of Peterborough residents it is important to see which health outcomes are improving and which may be getting worse - as this helps to prioritise the health issues we need to address locally.

Because ways of collecting information change we have better information on trends for some health outcomes than others - the selection of outcomes given below include those where we have at least four years of information.

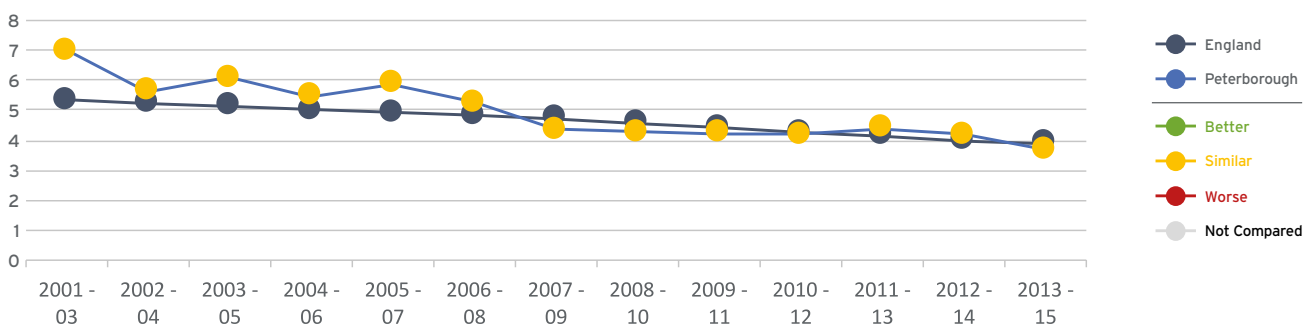
3.1 Children and young people's health

Infant mortality

The chart below shows that the infant mortality rate for children under the age of one year has fallen over the 12 years since 2001/3, and is similar to the England average.

Figure 11: Infant Mortality, Peterborough trend 2001-03 / 2013-15, crude rate per 1,000

Infant mortality



Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2001 - 03	7.0	5.4	5.1	9.4
2002 - 04	5.6	5.2	4.0	7.7
2003 - 05	6.1	5.1	4.4	8.2
2004 - 06	5.5	5.0	3.9	7.4
2005 - 07	5.9	4.9	4.3	7.8
2006 - 08	5.3	4.8	3.8	7.1
2007 - 09	4.4	4.7	3.1	6.0
2008 - 10	4.3	4.6	3.0	5.9
2009 - 11	4.2	4.4	3.0	5.8
2010 - 12	4.2	4.3	3.0	5.7
2011 - 13	4.4	4.1	3.2	5.9
2012 - 14	4.2	4.0	3.0	5.7
2013 - 15	3.7	3.9	2.6	5.1

Source: Office for National Statistics



3.1 Children and young people's health

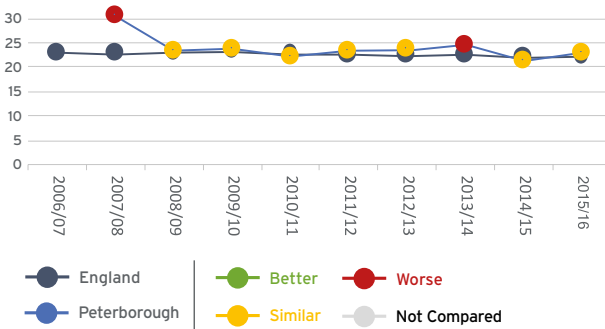
Childhood obesity

Children's height and weight have been measured in schools in England since 2006/7, due to national concerns about the rising trend in childhood obesity. In Peterborough, the proportion of children with an unhealthy weight has generally remained stable and similar to the national average, over a seven year period.

There is still more work to be done to reduce the increase in the number of children with an unhealthy weight between reception (4-5 year olds) and year 6 (10-11 year olds).

Figure 12: National Childhood Measurement Programme - reception age overweight including obese, percentage, Peterborough, 2006/07 - 2015/16

Reception age overweight including obese



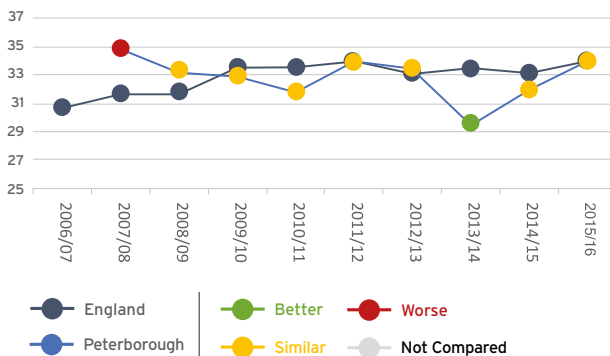
Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2006 - 07		22.9		
2007 - 08	30.5	22.6	28.5	32.5
2008 - 09	23.2	22.8	21.4	25.0
2009 - 10	23.6	23.1	21.9	25.4
2010 - 11	22.0	22.6	20.4	23.8
2011 - 12	23.4	22.6	21.7	25.1
2012 - 13	23.5	22.2	21.9	25.1
2013 - 14	24.5	22.5	23.0	26.1
2014 - 15	21.3	21.9	19.8	22.8
2015 - 16	22.8	22.1	21.3	24.4

Source: NHS Digital, National Child Measurement Programme

Figure 13: National Childhood Measurement Programme - Year 6 Age Overweight including Obese, Peterborough, Percentage, 2006/07-2015/16

Year 6 age overweight including obese



Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2006 - 07		31.7		
2007 - 08	35.8	32.6	33.4	38.3
2008 - 09	34.2	32.6	32.1	36.4
2009 - 10	33.8	33.4	31.8	36.0
2010 - 11	32.8	33.4	30.7	34.9
2011 - 12	34.1	33.9	32.0	36.2
2012 - 13	34.4	33.3	32.3	36.4
2013 - 14	30.5	33.5	28.6	32.4
2014 - 15	32.2	33.2	30.1	34.3
2015 - 16	34.2	34.2	32.3	36.2

Source: NHS Digital, National Child Measurement Programme



3.1 Children and young people's health

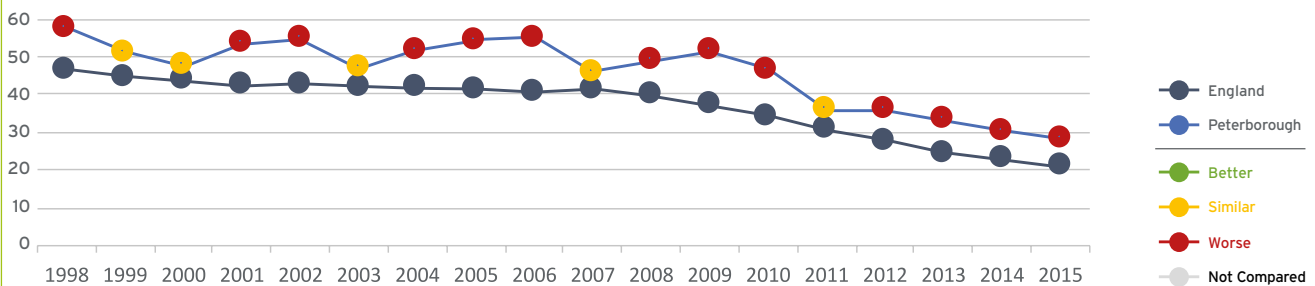
Teenage pregnancy

Another area of concern for Peterborough has been the rate of teenage pregnancy.

The chart below shows that the rate of teenage pregnancy in Peterborough has halved over seventeen years, but is still above the most recent national average.

Figure 14: Under 18 conceptions, crude rate per 1,000, 1998-2015

Under age conceptions



Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
1998	57.7	46.6	49.7	66.6
1999	51.0	44.8	43.4	59.6
2000	47.4	43.6	40.1	55.7
2001	53.3	42.5	45.5	62.0
2002	54.8	42.8	47.1	63.5
2003	46.8	42.1	39.7	54.7
2004	51.7	41.6	44.3	59.9
2005	54.2	41.4	46.7	62.7
2006	55.1	40.6	47.6	63.6
2007	45.9	41.4	39.0	53.8
2008	48.9	39.7	41.8	56.9
2009	51.3	37.1	43.9	59.5
2010	46.6	34.2	39.7	54.3
2011	36.0	30.7	30.0	42.8
2012	36.0	27.7	30.0	42.8
2013	33.4	24.3	27.7	40.0
2014	30.2	22.8	24.6	36.7
2015	28.3	20.8	22.9	34.6

Source: Public Health Outcomes Framework



3.2 Mental health

Self-harm

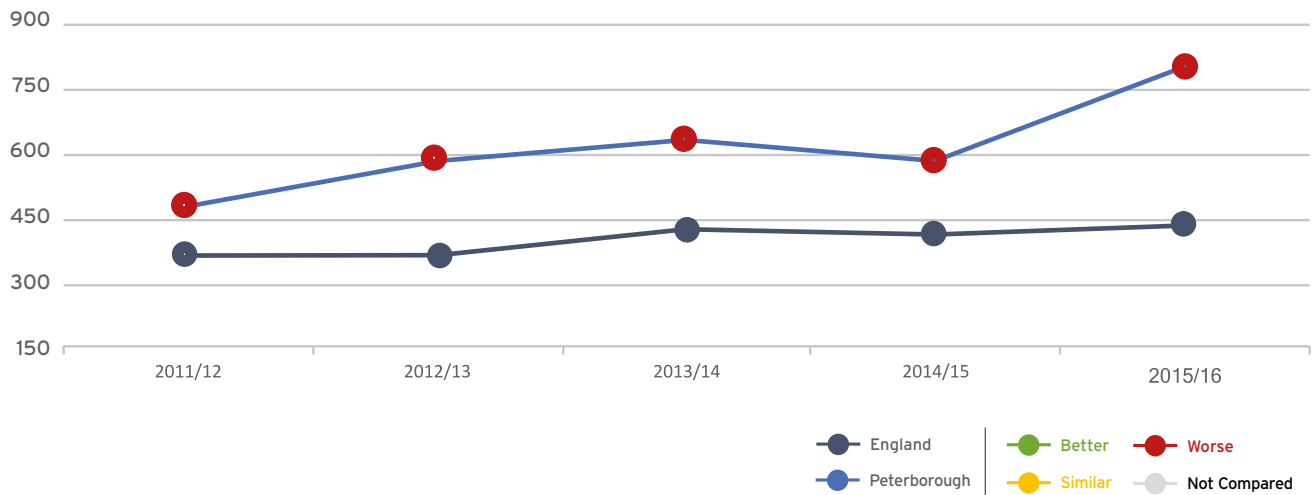
One trend of both local and national concern is young people’s mental health, and what are thought to be increasing rates of self-harm.

The graph shows that rates of hospital admission for self-harm amongst young people in Peterborough are significantly higher than the national average and both the national and local trends are increasing.

Public Health England does advise caution when interpreting trends on hospital admissions for self-harm, as increases can mean better recording of data - but the pattern is of enough concern for it to be investigated further.

Figure 15: Hospital admissions as a result of self-harm, 10-24 year olds, Peterborough, directly age-standardised rate per 100,000, 2011/12 - 2015/16

Hospital admissions as a result of self-harm



Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2011 - 12	485.2	347.4	415.4	563.4
2012 - 13	620.5	346.3	540.3	709.2
2013 - 14	678.6	415.8	594.1	771.8
2014 - 15	611.2	398.8	530.9	700.2
2015 - 16	798.7	430.5	706.7	899.3

Source: Public Health Outcomes Framework



3.2 Mental health

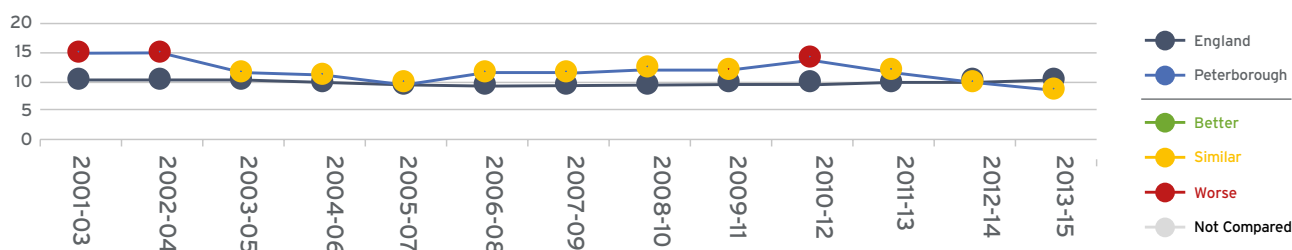
Suicide

Nationally the commonest cause of death among men aged under 50 and women aged under 35 is suicide, although the overall number of deaths from suicide is much less than deaths from cancer or heart disease which usually occur in middle to old age.

The graph below shows a positive trend for Peterborough, in that the suicide rate in has fallen in recent years through to 2015 and is similar to the national average.

Figure 16: Suicide rate (persons), directly age-standardised rate per 100,000, Peterborough, 2001/03 - 2013/15

Suicide rate (persons)



Recent trend

Year	Peterborough	England	95% Lower CI	95% Upper CI
2001 - 03	14.9	10.3	11.3	19.2
2002 - 04	14.8	10.2	11.1	19.2
2003 - 05	11.3	10.1	8.2	15.2
2004 - 06	11.0	9.8	8.0	14.8
2005 - 07	9.4	9.4	6.8	12.8
2006 - 08	11.5	9.2	8.5	15.1
2007 - 09	11.4	9.3	8.5	15.0
2008 - 10	12.0	9.4	9.0	15.8
2009 - 11	12.0	9.5	8.9	15.6
2010 - 12	13.8	9.5	10.6	17.7
2011 - 13	11.6	9.8	8.7	15.2
2012 - 14	9.8	10.0	7.2	13.0
2013 - 15	8.4	10.1	6.0	11.5

Source: Public Health England



3.3 Use of health services

We would expect the number of people needing GP appointments and hospital admissions in Peterborough to rise over time, both because the population of Peterborough is growing, and because more people are ageing and therefore more likely to need NHS services. But there are some local trends which go beyond what would be predicted from simple population growth and ageing.

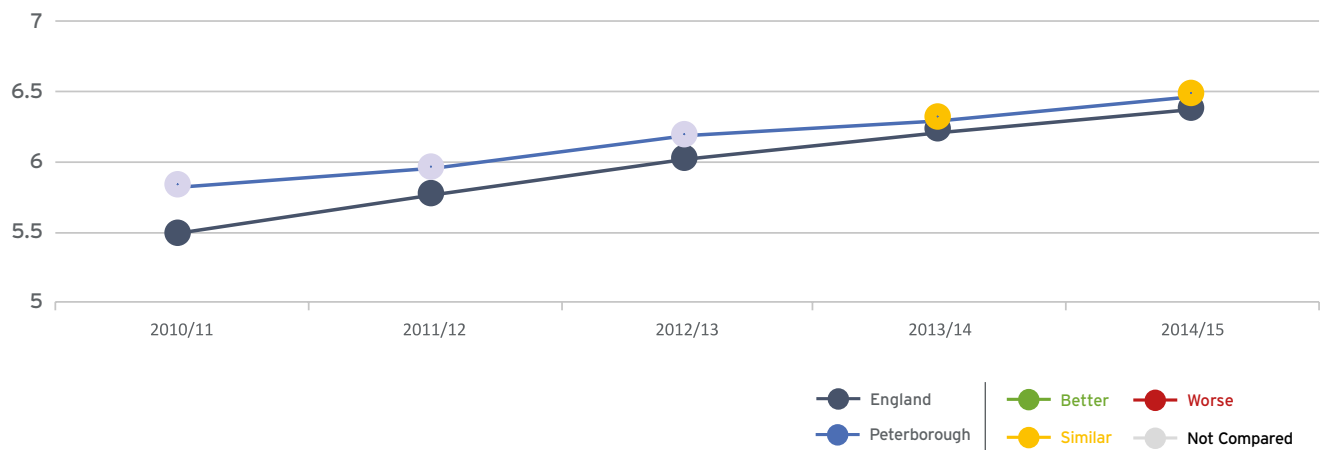
Diabetes

Both nationally and locally, the increase in the percentage of people with diagnosed diabetes is greater than would be predicted through simple ageing.

The graph shows that the percentage of people in Peterborough who have diagnosed diabetes has risen from 5.8 per cent in 2010/11 to 6.5 per cent in 2014/15. The actual number of people with diagnosed diabetes rose by about 1,700 over this period. The risk of developing diabetes is strongly associated with obesity.

Figure 17: Recorded Diabetes, Percentage, Peterborough, 2010/11 - 2014/15

Recorded diabetes



Recent trend

Year	Peterborough	England	95% Lower CI	95% Upper CI
2010 - 11	5.8	5.5	5.7	5.9
2011 - 12	5.9	5.8	5.8	6.1
2012 - 13	6.2	6.0	6.1	6.3
2013 - 14	6.3	6.2	6.2	6.4
2014 - 15	6.5	6.4	6.3	6.6

Source: Information centre for health and social care



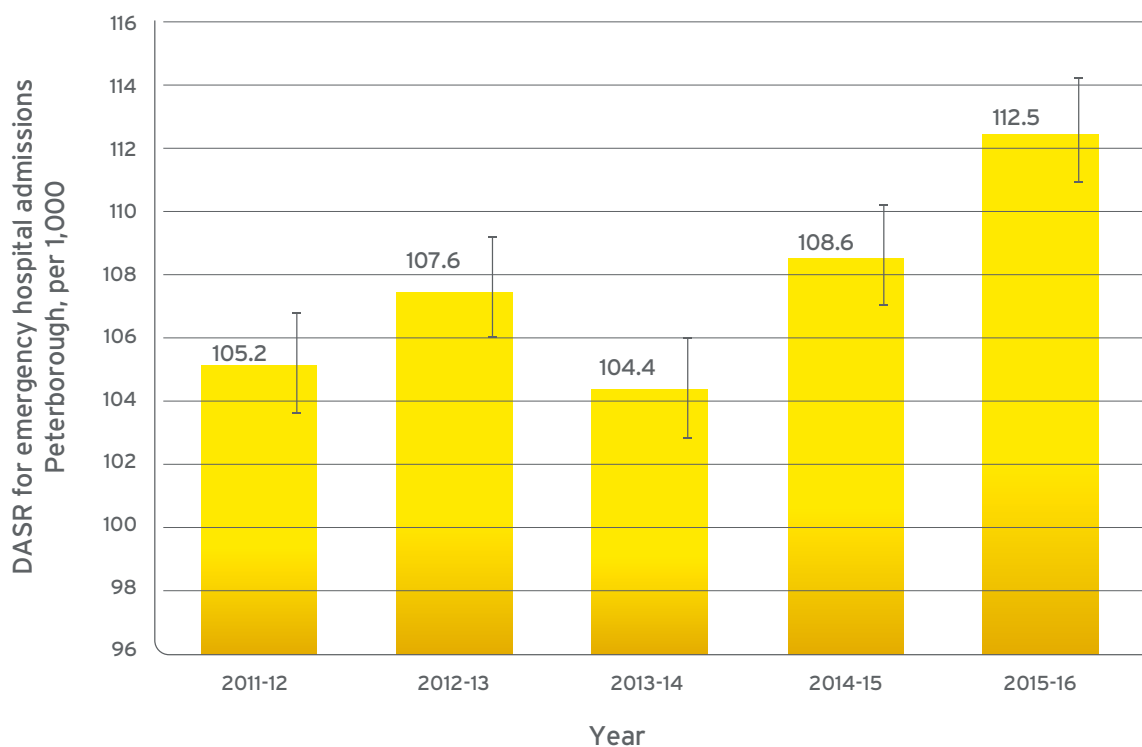
3.3 Use of health services

Emergency admissions to hospital

Another trend seen in Peterborough through to the end of the 2015/16 financial year was a rise in emergency admissions to hospital.

The rate rose by 8 per cent between the years 2013/14 and 2015/16 (after allowing for population growth and ageing) and the actual number of emergency admissions rose by about 2,200 over this period.

Figure 18: Emergency hospital admissions, directly age-standardised rate per 1,000 Peterborough, 2011-12 / 2015-16



Source: Hospital Episode Statistics



3.4 Mortality

Life expectancy

Overall trends in life expectancy in Peterborough have been positive over the twelve years to 2015, which is the latest benchmarked data available at this point.

Male life expectancy increased by 3.3 years since 2001/03 and female life expectancy by 2.7 years. This is similar to national trends in life expectancy, which means that despite the improvements, life expectancy in Peterborough remains below the national average.

Figure 19: Life expectancy at birth, males, Peterborough, 2001-03 / 2013-15

Life expectancy at birth, males



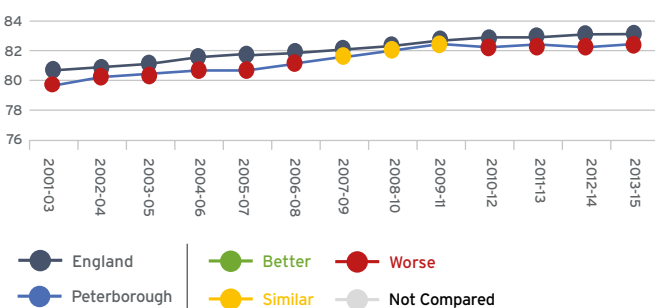
Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2001 - 03	75.3	76.2	74.7	75.8
2002 - 04	75.9	76.5	75.3	76.4
2003 - 05	76.3	76.8	75.7	76.8
2004 - 06	76.7	77.2	76.2	77.3
2005 - 07	76.5	77.5	75.9	77.0
2006 - 08	77.0	77.8	76.4	77.5
2007 - 09	77.2	78.1	76.7	77.7
2008 - 10	77.6	78.4	77.1	78.2
2009 - 11	77.6	78.8	77.0	78.1
2010 - 12	77.8	79.1	77.3	78.4
2011 - 13	78.0	79.3	77.5	78.5
2012 - 14	78.5	79.4	77.9	79.0
2013 - 15	78.6	79.5	78.1	79.1

Source: Public Health Outcomes Framework

Figure 20: Life expectancy at birth, females, Peterborough, 2001-03 / 2013-15

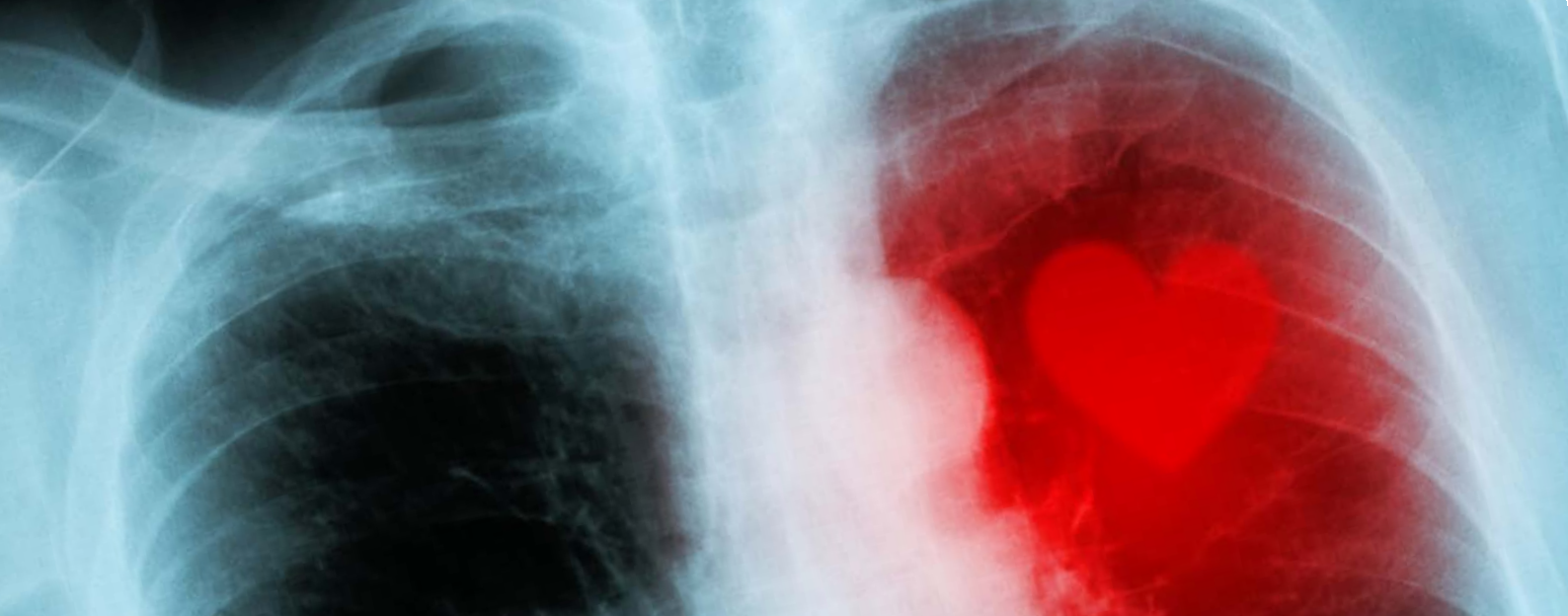
Life expectancy at birth, females



Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2001 - 03	79.7	80.7	79.1	80.2
2002 - 04	80.3	80.9	79.8	80.9
2003 - 05	80.4	81.1	79.9	80.9
2004 - 06	80.8	81.5	80.2	81.3
2005 - 07	80.7	81.7	80.2	81.3
2006 - 08	81.2	81.9	80.7	81.7
2007 - 09	81.6	82.1	81.1	82.1
2008 - 10	82.1	82.3	81.6	82.6
2009 - 11	82.4	82.7	81.9	82.9
2010 - 12	82.3	82.9	81.8	82.8
2011 - 13	82.4	83.0	81.9	82.9
2012 - 14	82.3	83.1	81.8	82.8
2013 - 15	82.4	83.1	81.9	82.9

Source: Public Health Outcomes Framework



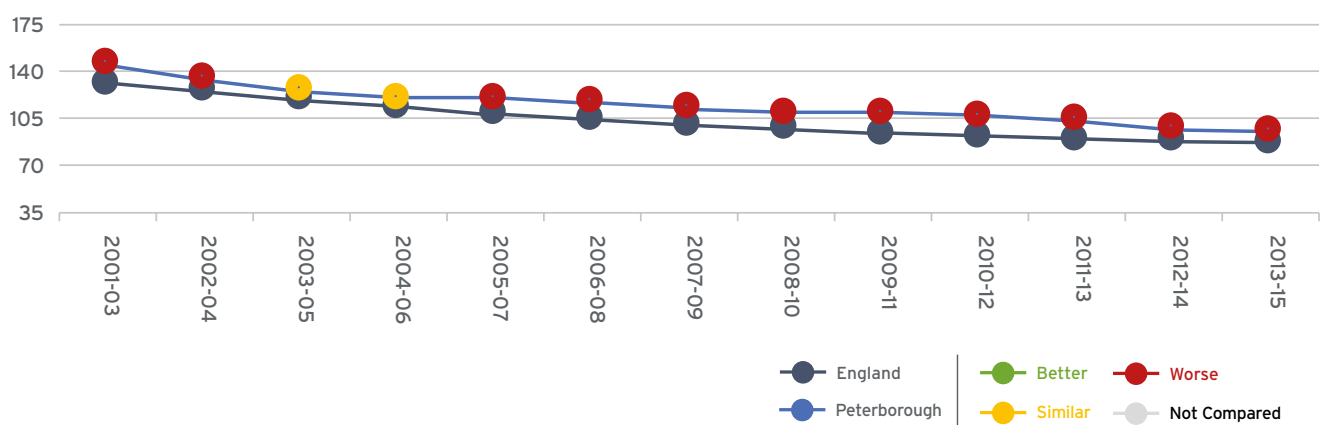
3.4 Mortality

Cardiovascular disease

It is notable that rates of death under the age of 75 from cardiovascular disease (heart disease and stroke) in Peterborough have decreased by 45 per cent since 2001/03, although because there has been a similar fall nationally, Peterborough rates for males and females combined remain worse than the national average.

Figure 21: Under 75 mortality rate from all cardiovascular diseases (persons), Peterborough trend 2001-03 / 2013-15, directly age-standardised rate per 100,000

Under 75 mortality rate from all cardiovascular diseases



Recent trend

Year	Peterborough	England	95% LowerCI	95% Upper CI
2001 - 03	156.9	138.0	143.6	171.0
2002 - 04	142.2	129.5	129.6	155.7
2003 - 05	129.5	120.9	117.6	142.3
2004 - 06	122.3	112.3	110.8	134.7
2005 - 07	121.0	105.1	109.6	133.3
2006 - 08	117.3	99.0	106.2	129.4
2007 - 09	111.3	93.1	100.5	122.9
2008 - 10	106.0	88.6	95.5	117.2
2009 - 11	106.6	84.0	96.2	117.8
2010 - 12	103.3	80.8	93.2	114.3
2011 - 13	97.9	77.8	88.1	108.5
2012 - 14	89.6	75.7	80.4	99.6
2013 - 15	86.3	74.6	77.4	96.0

Source: Public Health England

Summary of key findings

In summary there are many positive aspects to this Annual Public Health Report - Peterborough shows an improving trend for some key health outcomes including infant deaths, suicides, and premature deaths from cardiovascular disease, and while life expectancy is still worse than the national average it is in the mid-range for local authorities with similar social and economic characteristics.

But the purpose of the Report is also to identify issues which may have a negative impact on local health and wellbeing, and trends in of particular concern. Issues of concern highlighted by the data in this report include:

- A higher proportion of neighbourhoods in the lowest 10 per cent nationally for the IMD (2015) Education Skills and Training domain. Whilst this is likely to reflect a complex range of factors, there is no doubt that poorer educational outcomes are closely associated with poorer health outcomes later in life.
- Rising rates of recorded hospital admission for self-harm among young people, which is both a national and a local trend and needs further investigation.
- A higher proportion of adults in Peterborough with an unhealthy weight than both the national average and similar local authorities, and a higher than average rate of people admitted to hospital with alcohol related health problems.
- Differences between neighbourhoods within Peterborough in the social and economic determinants which affect health. These differences are associated with higher hospital admission rates and a higher risk of preventable deaths before age 75, and more work is needed to most effectively target preventive interventions.





Appendix A

Domains and indicators for the updated Index of Multiple Deprivation IMD (2015)

**Income
Deprivation
22.5%**

- Adults and children in Income Support families
- Adults and children in income-based Jobseeker's Allowance families
- Adults and children in income-based Employment and Support Allowance families
- Adults and children in Pension Credit (Guarantee) families
- Adults and children in Child Tax Credit and Working Tax credit families not already counted**
- Asylum seekers in England in receipt of subsistence support, accommodation support or both

**Employment
Deprivation
22.5%**

- Claimants of Jobseeker's Allowance (both contribution-based and income-based), aged 18-59/64
- Claimants of Employment and Support Allowance, aged 18-59/64
- Claimants of Incapacity Benefit, aged 18-59/64
- Claimants of Severe Disablement Allowance, aged 18-59/64
- Claimants of Carer's Allowance, aged 18-59/64**

**Education,
Skills and
Training
Deprivation
13.5%**

- Key Stage 2 attainment average points score
- Key Stage 4 attainment average points score
- Secondary school absence
- Staying on in education post 16
- Entry to higher education
- Adults with no or low qualifications aged 25-58/64**
- English language proficiency, aged 25-59/64**

Children and young people

Adult skills

Health Deprivation and Disability
13.5%

- Years of potential life lost
- Comparative illness and disability ratio
- Acute morbidity
- Mood and anxiety disorders

Crime
9.3%

Recorded crime rates for:

- Burglary
- Violence
- Theft
- Criminal damage

Barriers to Housing and Services
9.3%

- Road distance to: GP, supermarket or convenience store Primary school, Post Office
- Household overcrowding
- Houses affordability**
- Homelessness

Geographical Barriers

Wider Barriers

Living Environment Deprivation
9.3%

- Housing in poor condition**
- Houses without central heating
- Air quality
- Road traffic accidents

Indoors Living Environment

Outdoors Living Environment

++ New indicators ** Modified indicators

(% illustrates the weight of each domain in the Index of Multiple Deprivation)

