



Peterborough City Council

Health & Wellbeing Strategy

2016-19, Annual Review

June 2019

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1 Introduction

Producing a joint Health & Wellbeing Strategy to meet the health needs of local residents is one of the main duties of Health & Wellbeing Boards as identified in the Health & Social Care Act 2012¹ The Health & Wellbeing Board of Peterborough City Council approved the 2016-19 Health & Wellbeing Strategy for Peterborough in July 2016, after a period of collaboration between key stakeholders across the healthcare sector and members of the public to establish key priorities and goals related to the health of residents in Peterborough. The 2016-19 Health & Wellbeing Strategy is available at URL: <https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/healthcare/public-health/PCCHealthWellbeingStrategy-2016-19.pdf?inline=true> and is comprised of 12 main sections that focus on key factors that influence healthcare outcomes in Peterborough:

1. Children & Young People's Health
2. Health Behaviours & Lifestyles
3. Long Term Conditions & Premature Mortality
4. Mental Health for Adults of Working Age
5. Health & Wellbeing of People with Disability and/or Sensory Impairment
6. Ageing Well
7. Protecting Health
8. Growth, Health & the Local Plan
9. Health & Transport Planning
10. Housing & Health
11. Geographical Health Inequalities
12. Health & Wellbeing of Diverse Communities

¹ <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

Each Health & Wellbeing Strategy section performance report includes a quarterly update from the section lead on current and on-going activities, future plans and milestones, risks and key considerations. In addition to this, a number of key performance indicators have been chosen for each section in order that progress can be objectively monitored against national performance in relation to both observed numbers (e.g. mortality from all cardiovascular diseases) and statistical significance in comparison to England (e.g. directly age-standardised mortality rates, which take in to account differences in demographics between populations, such as disproportionately high percentages of older or younger people compared to England).

For each performance indicator, an appropriate partnership Board has been asked to agree both the appropriateness of the indicator and a three year improvement trajectory, encompassing the period from the start of Health & Wellbeing Strategy in 2016 through to March 2019.

This report summarises final outcome data for performance indicators for this iteration of the Peterborough Health & Wellbeing Strategy and may therefore be viewed as both an illustration of changes observed in Peterborough over the duration of this iteration of Peterborough's Health & Wellbeing Strategy and a reference document to inform the generation of the next Health & Wellbeing Strategy for the Peterborough area.

2 Health & Wellbeing Strategy 2016-19 – Annual Review 2018 Key Findings Overview

Data that show recent improvements and/or positive trends within Peterborough in relation to Health & Wellbeing include:

- The under 75 mortality rate from all cardiovascular diseases in females in Peterborough is now similar to England for the 2015-17 period having been statistically significantly higher (worse) for five consecutive pooled periods between 2009-11 and 2013-15.
- The suicide rate for all persons in Peterborough is similar to the national average, having been statistically significantly higher (worse) as recently as 2010-12.
- The crude rate of under 18 conceptions in Peterborough is statistically similar to the national average in 2017, ending a period of five consecutive years where the Peterborough value was statistically significantly higher (worse) than England.
- Rates of hospital admission episodes for alcohol-related conditions have improved from statistically significantly worse than England to similar to England for all persons and males only and remained similar to England for females over the course of the 2016-19 Health & Wellbeing Strategy.
- The rate of emergency hospital admissions due to falls in people aged 65+ in Peterborough has improved to be statistically similar to that of England after being statistically significantly higher (worse) in 2014/15 and 2015/16.

- Between April 16 – March 17 and April 18 – March 19, the number of readmissions within 28 days to Cambridgeshire & Peterborough NHS Foundation Trust reduced from 54 to 39 and the proportion readmitted reduced from 11.8% to 9.8% of all discharges for Peterborough residents.
- The proportion of the eligible population receiving an NHS health check in Peterborough has been higher (better) than the national average for each of the five years between 2013/14 and 2017/18.
- The crude rate of people killed and seriously injured on Peterborough roads has been statistically similar to England for five consecutive years, having been statistically significantly worse in 2009-11 and 2010-12.
- The number of adults with social care needs receiving short term services to increase independence rose from 739 in 2017/18 to 881 in 2018/19, an increase of 19.2%.
- The rate of clients receiving reablement services in Peterborough increased from 77.9/100,000 in 2017/18 to 97.3/100,000 in 2018/19.
- A multi-agency neglect strategy has been launched in Peterborough, with Local Safeguarding Children Boards (LSCBs) having monitored implementation through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs.
- The proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation and the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate are both better in Peterborough than the respective indicator national averages.
- The proportion of 15-24 year olds screened for chlamydia and the chlamydia detection rate within this age group are both statistically significantly higher (better) than national averages.
- 69 business in Peterborough have travel plans designed to facilitate environmentally sustainable travel, exceeding the target at the initiation of this strategy of 60 businesses.

Data that show recent negative trends and/or areas that may require further intervention to address over the course of a future Peterborough Health & Wellbeing Strategy:

- The disparity in life expectancy between the 80% of people living in the least deprived areas and the 20% living in the most deprived areas of Peterborough (Bretton, Central, Dogsthorpe, North and Orton Longueville) has increased from 1.6 years in 2011-15 to 2.1 years in 2013-17. Residents in the most deprived 20% of Peterborough electoral wards have a life expectancy of 78.9 years, compared to 81.0 years in the least deprived 80% of Peterborough electoral wards.
- The under 75 mortality rates from all cardiovascular diseases for all persons and males only in Peterborough are statistically significantly higher (worse) than in England and both rates worsened between 2014-16 and 2015-17.

- The national benchmark value for HIV late diagnosis (defined as diagnosis of HIV when patient has a CD4 count of less than 350 cells per mm³) is 25.0% or less of total cases. The Peterborough value for 2015-17 is 51.2%, worse than national benchmark goal for the seventh consecutive period.
- The crude rate of hospital admissions caused by unintentional and deliberate injuries (including self-harm) for 15-24 year olds in Peterborough has remained statistically significantly higher (worse) than England between 2011/12 and 2017/18. Peterborough is one of only four local authorities in its group of 16 nearest socio-economic comparators to be statistically significantly worse than England for this indicator.
- 2017/18 data show that Peterborough is below minimum national benchmark for three key screening and immunisation indicators: Hib/MenC booster at 2 years old (goal 95.0%, Peterborough 89.9%), PCV booster (goal 95.0%, Peterborough 90.0%) and MMR for two doses at 5 years old (goal 95.0%, Peterborough 88.6%).
- The percentage of adults classified as overweight or obese in Peterborough is 68.3% for 2017/18, statistically significantly higher (worse) than the national average of 62.0%.

Within this report, the below colour scheme is used within charts to indicate comparison to a benchmark value (usually England):

Statistically significantly better than benchmark
Statistically similar to benchmark
Statistically significantly worse than benchmark

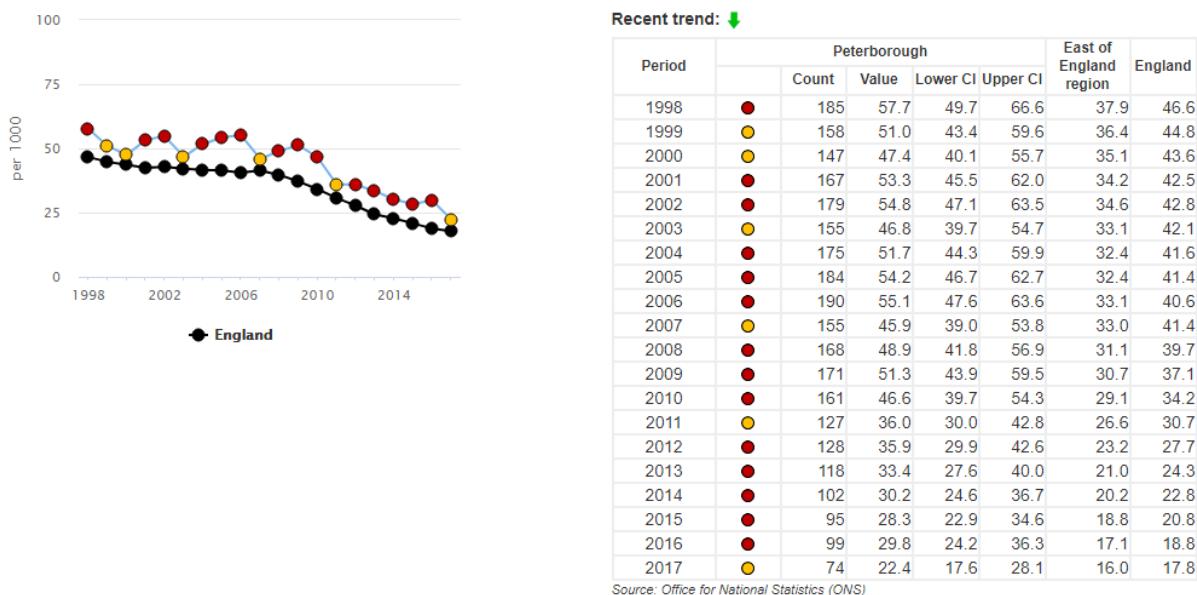
For some indicators (e.g. HIV late diagnosis and screening/immunisation goals) comparison to a benchmark goal is used instead of a calculation of statistical significance, such as the below example for HIV diagnosis:

<25.0% of total cases 'late diagnosis'
25.0% to 50.0% of total cases 'late diagnosis'
>50.0% of total cases 'late diagnosis'

3 Health & Wellbeing Strategy 2016-19 – Annual Review 2019 Key Findings by Section

3.1 Children & Young People's Health

Figure 1: Crude rate of under 18 conceptions per 1,000, 1998 – 2017



Source: Public Health Outcomes Framework

The crude rate of under 18 conceptions per 1,000 is statistically similar to the national average in 2017, ending a period of five consecutive years where the Peterborough value was statistically significantly higher (worse) than England. The total of 74 conceptions is an unprecedented low in Peterborough and results in a crude rate of 22.4/1,000. Most teenage pregnancies are unplanned and around half end in abortion; evidence suggests that many young women find raising a child difficult and births to mothers under 18 often result in poor outcomes for both the parent and the child². It is therefore a key success within the 2016-19 Peterborough Health and Wellbeing Strategy to have reduced the crude rate of under 18 conceptions to a level similar to that observed across England and to observe a general downward trend in both observed conceptions and rates in Peterborough over recent years.

Successful implementation of Peterborough Neglect Strategy:

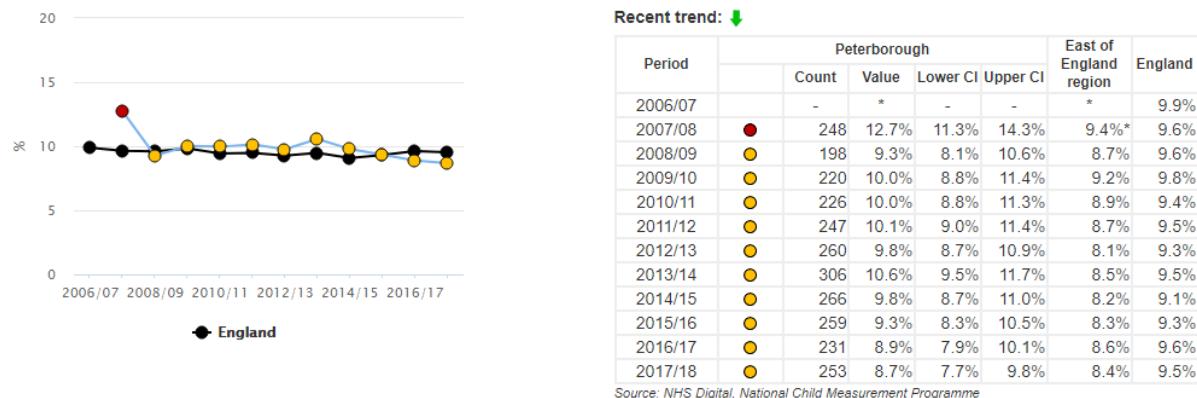
Indicator 1.5 of the 2016-19 Peterborough Health & Wellbeing Strategy relates to 'successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched'. This strategy was launched in 2016 and recent feedback states that the strategy is now live, with Local Safeguarding Children Boards (LSCBs) having

²

<https://fingertips.phe.org.uk/search/pregnancy#page/6/gid/1/pat/6/par/E12000006/ati/102/are/E06000031/iid/20401/age/173/sex/2>

monitored implementation of the strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs.

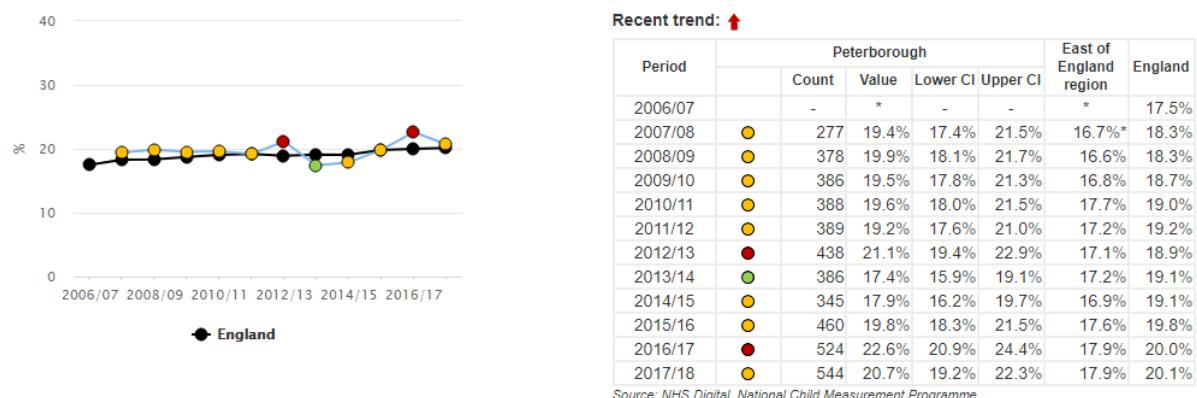
Figure 2: Reception year obesity prevalence, 2006/07 – 2017/18



Source: Public Health Outcomes Framework

Data show that the proportion of children in reception year who are obese (BMI greater than or equal to the 95th centile of the UK90 growth reference index) in Peterborough is similar to that of England and reducing over time. The 2017/18 obesity prevalence value of 8.7% in Peterborough is numerically the lowest observed since the commencement of the National Child Measurement Programme and is statistically significantly lower (better) than the first performance data gathered in Peterborough (12.7% in 2007/08, 95% confidence intervals 11.3% - 14.3%).

Figure 3: Year 6 obesity prevalence, 2006/07 – 2017/18

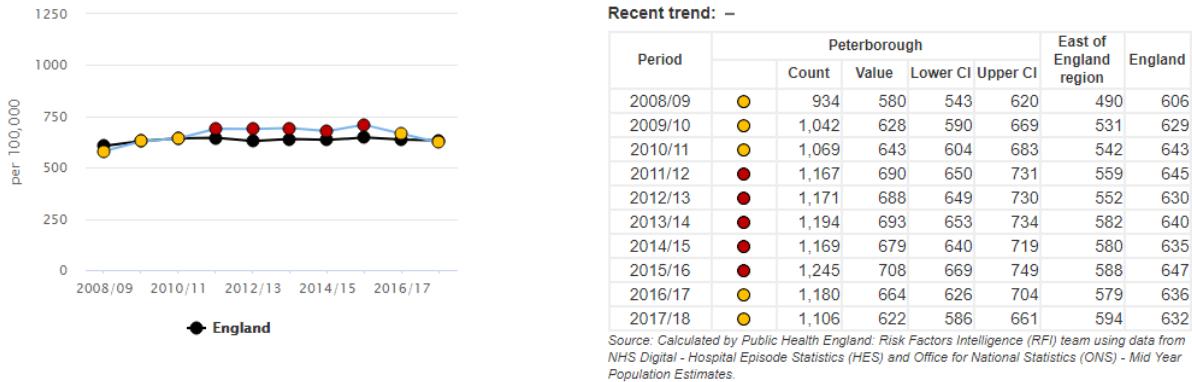


Source: Public Health Outcomes Framework

In contrast to reception year obesity prevalence, year 6 data shows a worsening obesity trend in Peterborough. Although 2017/18 data show Peterborough's obesity prevalence of 20.7% has returned to be statistically similar to England, having been statistically significantly higher (worse) in 2016/17, prevalence has increased since the 2013/14 period, within which Peterborough was statistically significantly lower (better) than the national average with prevalence of 17.4%.

3.2 Health Behaviours & Lifestyles

Figure 4: Admission episodes for alcohol-related conditions (narrow), persons, directly age-standardised rate per 100,000, 2008/09 – 2017/18

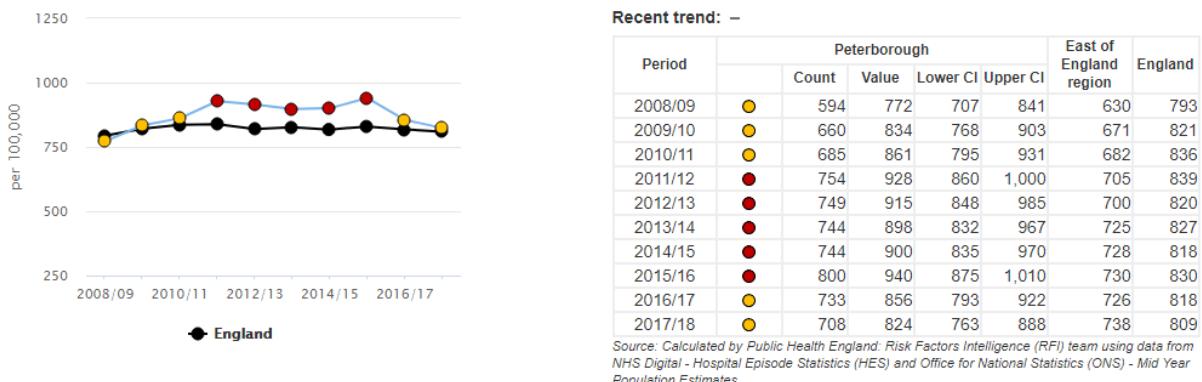


Source: Local Alcohol Profiles for England

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of health conditions. Alcohol misuse is estimated to cost the NHS approximately £3.5 billion per year and society as a whole approximately £21 billion³.

The directly age-standardised rate of admission episodes for alcohol-related conditions (narrow), persons in Peterborough is 622/100,000 in 2017/18 and has been statistically similar to England for two consecutive years. Between 2011/12 and 2015/16, Peterborough was statistically significantly worse than England for five consecutive years.

Figure 5: Admission episodes for alcohol-related conditions (narrow), males, directly age-standardised rate per 100,000, 2008/09 – 2017/18

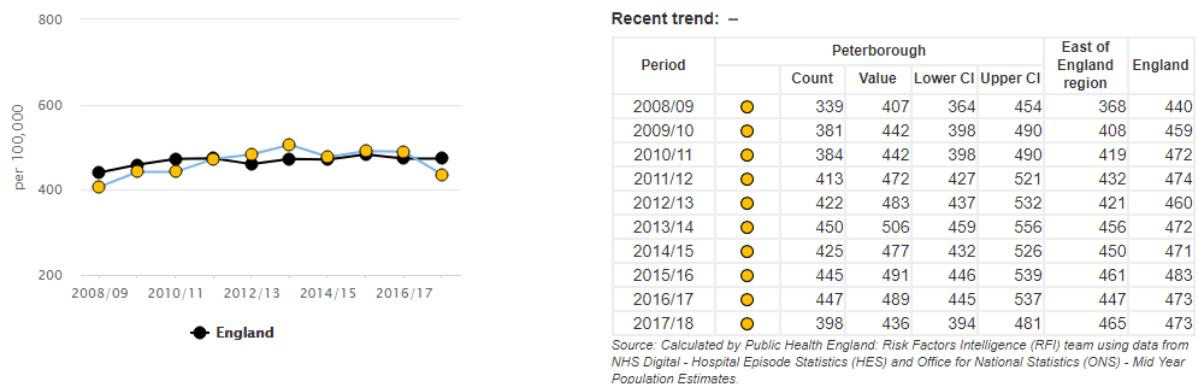


Source: Local Alcohol Profiles for England

As with the indicator for all persons, the directly age-standardised rate of admission episodes for alcohol-related conditions for males only has improved from being statistically significantly worse than England at the commencement of this Health & Wellbeing Strategy to now being statistically similar for two consecutive periods.

³ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/6/gid/1938132984/pat/6/par/E12000006/ati/102/are/E06000031/iid/91414/age/1/sex/4>

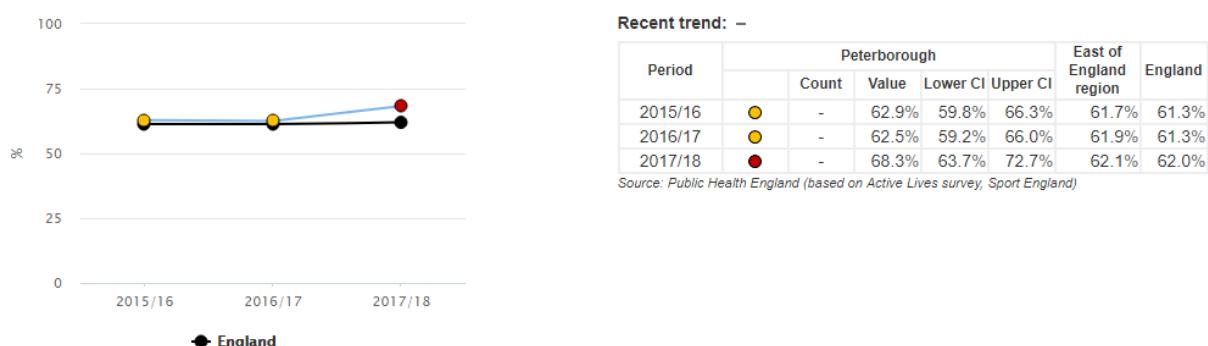
Figure 6: Admission episodes for alcohol-related conditions (narrow), females, directly age-standardised rate per 100,000, 2008/09 – 2017/18



Source: Local Alcohol Profiles for England

The directly age-standardised rate of admission episodes for alcohol-related conditions for females has been statistically similar to the national average for each of the 10 years within the above figure.

Figure 7: Percentage of adults (18+) classified as overweight or obese, 2015/16 – 2017/18



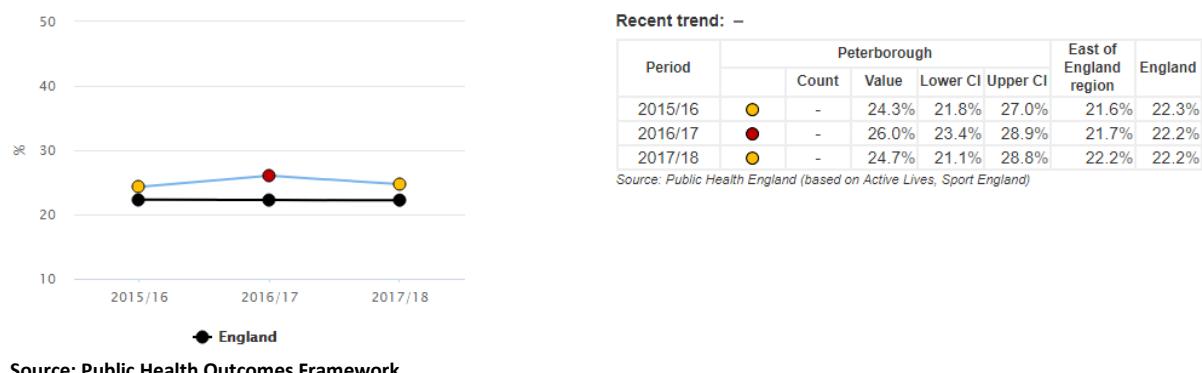
Source: Public Health Outcomes Framework

Adults are classified as overweight or obese if their body mass index (BMI) is greater than or equal to 25kg/m². Being overweight or obese is recognised as a major determinant of premature mortality and avoidable ill health and it is therefore an aspiration of government at both local and national level to reduce observed levels of obesity⁴.

Nationally, 62.0% of adults are classified as overweight or obese in 2017/18. In Peterborough, this proportion is statistically significantly higher (68.3%) and has increased by 5.8% between 2016/17 and 2017/18.

⁴ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/93088/age/168/sex/>

Figure 8: Percentage of physically inactive adults (19+), 2015/16 – 2017/18

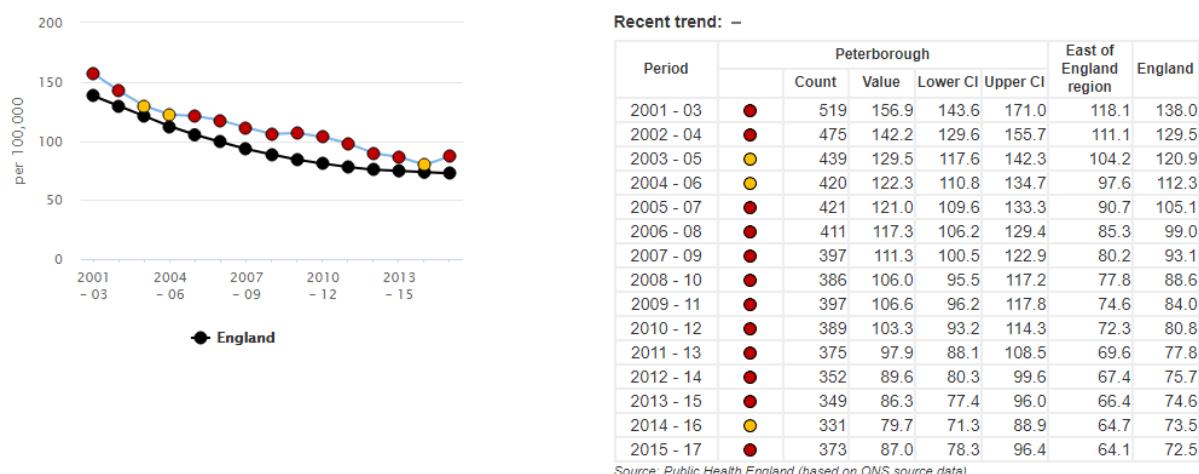


Adults (classified as those aged 19+ within this analysis) are considered physically inactive if they undertake fewer than 30 moderate intensity equivalent (MIE) minutes of physical activity per week. Physical inactivity is known to increase the risk of a number of conditions including cardiovascular disease, coronary heart disease, stroke, osteoporosis and colon/breast cancer, as well as increasing the likelihood of experiencing adverse mental health⁵.

In Peterborough, the percentage of adults who are physically inactive has improved (reduced) from 26.0% in 2016/17 (statistically significantly worse than England) to 24.7% in 2017/18 which is now statistically similar to England.

3.3 Long Term Conditions & Premature Mortality

Figure 9: Under 75 mortality rate from all cardiovascular diseases, persons, directly age-standardised rate per 100,000, 2001/03 – 2015/17



Source: Public Health Outcomes Framework

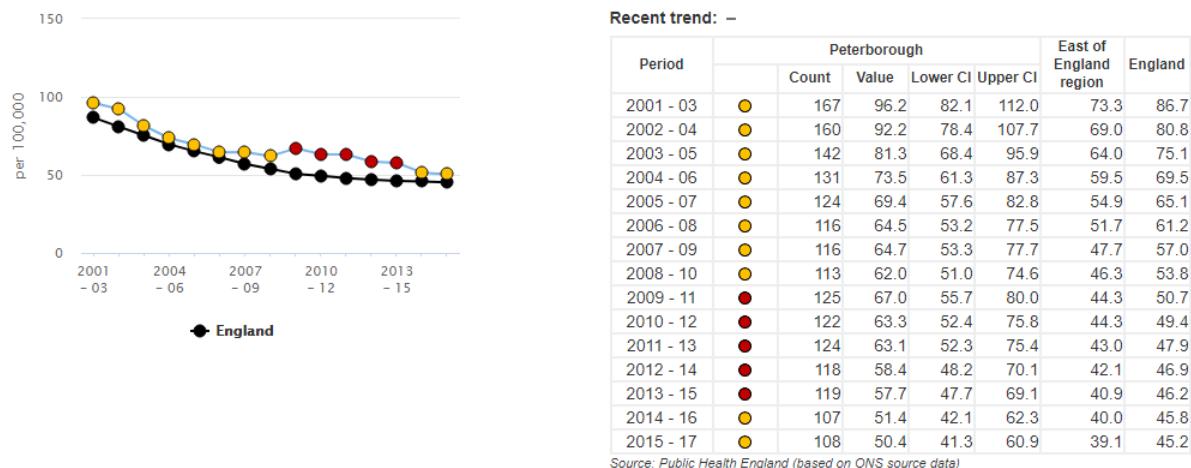
For all persons, the directly age-standardised under 75 mortality rate from all cardiovascular diseases in Peterborough increased to 87.0/100,000 in 2015-17 and has therefore returned to being

5

<https://fingertips.phe.org.uk/search/physical%20activity#page/6/gid/1/pat/6/par/E12000006/ati/102/are/E06000031/iid/93015/age/298/sex/4>

statistically significantly worse than England, as has been the case for 10 of the 11 pooled periods that cover the time period 2005-07 – 2015-17.

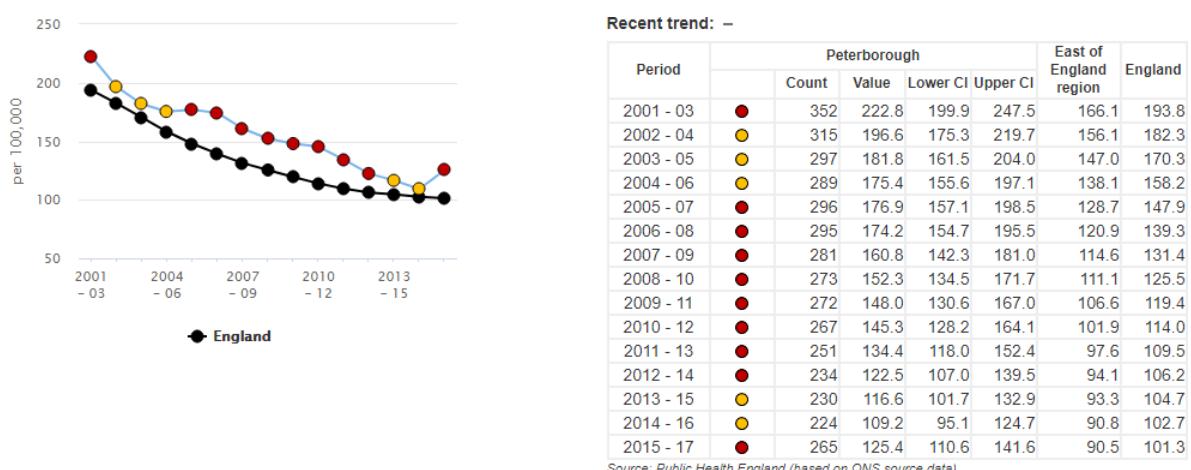
Figure 10: Under 75 mortality rate from all cardiovascular diseases, females, directly age-standardised rate per 100,000, 2001/03 – 2015/17



Source: Public Health Outcomes Framework

Over the course of this 2016-19 Health & Wellbeing Strategy, the directly age-standardised rate of mortality in females under 75 as a result of cardiovascular diseases has improved in Peterborough from statistically significantly worse than the national average to statistically similar in both 2014-16 and 2015-17.

Figure 11: Under 75 mortality rate from all cardiovascular diseases, males, directly age-standardised rate per 100,000, 2001/03 – 2015/17



Source: Public Health Outcomes Framework

Among males, the directly age-standardised under 75 mortality rate from all cardiovascular diseases has worsened to 125.4/100,000 in 2015-17 and is now statistically significantly worse than the national average, having been statistically similar in 2013-15 and 2014-16.

Figure 12: Key long term conditions & premature mortality indicators, Peterborough Health & Wellbeing Strategy 2016-19

Indicator Ref	Indicator	Peterborough Trend	Current Status
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	►	Disparity between most deprived 20% and least deprived 80% has increased between 2016/17 and 2017/18 but the difference is not statistically significant. Rate in most deprived 20% is 1,133.1/100,000, rate in least deprived 80% is 995.5/100,000
3.5	Recorded Diabetes (proportion, %)	►	Peterborough (8.7%) is statistically similar to England (8.5%).
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	►	2017/18 rate has increased (now 191.5/100,000) but is statistically similar to 2016/17 rate (188.7/100,000).
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	►	2017/18 rate has increased (now 190.0/100,000) but is statistically similar to 2016/17 rate (149.4/100,000).

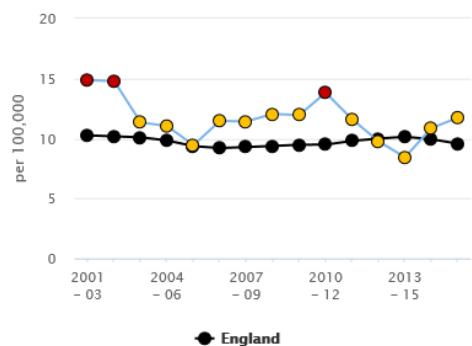
Source: Hospital Episode Statistics & Public Health England

Data for the four indicators within the table above show stable recent trends within Peterborough. For 2016/17, the directly age-standardised rate of emergency cardiovascular disease hospital admissions in the most deprived 20% of electoral wards in Peterborough is 1,133.1/100,000 compared to 995.5/1,000 in the least deprived 80% of electoral wards in Peterborough. This difference is not statistically significant. Directly age-standardised rates per 100,000 of emergency hospital admissions as a result of stroke and heart failure in Peterborough have stabilised in recent years, with no statistically significant trends observable with regards to rates for either indicator between the period 2015/16 and 2017/18.

8.7% of Peterborough residents registered with a GP practice aged 17+ have diabetes as per Quality Outcomes Framework data, similar to the national average of 8.5%. Prevalence in Peterborough has increased in line with a national rise over recent years.

3.4 Mental Health for Adults of Working Age

Figure 13: Directly age-standardised rate of suicide per 100,000 population, 3 year pooled average, persons, 2001/03 – 2015/17



Recent trend: –

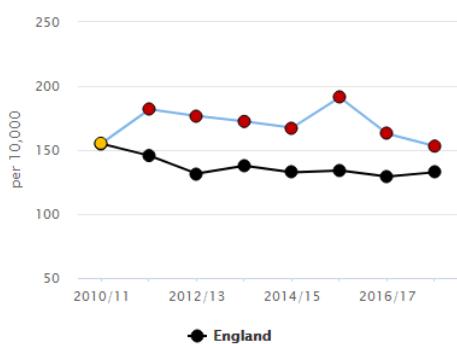
Period	Count	Value	Lower CI	Upper CI	East of England	England
2001 - 03	60	14.9	11.3	19.2	9.6	10.3
2002 - 04	58	14.8	11.1	19.2	9.6	10.2
2003 - 05	46	11.3	8.2	15.2	9.3	10.1
2004 - 06	46	11.0	8.0	14.8	9.1	9.8
2005 - 07	43	9.4	6.8	12.8	8.8	9.4
2006 - 08	53	11.5	8.5	15.1	9.0	9.2
2007 - 09	53	11.4	8.5	15.0	8.9	9.3
2008 - 10	55	12.0	9.0	15.8	8.9	9.4
2009 - 11	55	12.0	8.9	15.6	8.8	9.5
2010 - 12	65	13.8	10.6	17.7	8.9	9.5
2011 - 13	56	11.6	8.7	15.1	8.9	9.8
2012 - 14	48	9.8	7.2	13.0	9.0	10.0
2013 - 15	42	8.4	6.0	11.5	9.3	10.1
2014 - 16	54	10.9	8.1	14.2	9.7	9.9
2015 - 17	59	11.7	8.9	15.2	9.3	9.6

Source: Public Health England Suicide Prevention Profile

Suicide is a leading cause of years of life lost, particularly for relatively young men. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides⁶.

The 2015-17 directly age-standardised rate of suicide (all persons) in Peterborough is 11.7/100,000, statistically similar to the national average of 9.6/100,000. Peterborough was statistically significantly higher than England for this indicator as recently as 2010-12. However, although the Peterborough rate has been similar to England for each of the last four pooled periods for which data are available, the observed number of suicides has risen for each of the last two periods.

Figure 14: Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) per 10,000, 2010/11 – 2017/18



Recent trend: ➔

Period	Peterborough				East of England region	England
	Count	Value	Lower CI	Upper CI		
2010/11	371	155.3	139.9	171.9	120.8	154.9
2011/12	437	181.8	165.1	199.6	117.6	145.6
2012/13	415	176.5	160.0	194.4	113.0	131.5
2013/14	396	172.4	155.8	190.2	122.0	137.7
2014/15	380	167.4	151.0	185.1	121.4	132.6
2015/16	431	191.1	173.5	210.0	124.2	134.1
2016/17	357	162.8	146.3	180.6	115.3	129.2
2017/18	332	153.0	137.0	170.4	125.1	132.7

Source: Hospital Episode Statistics (HES)

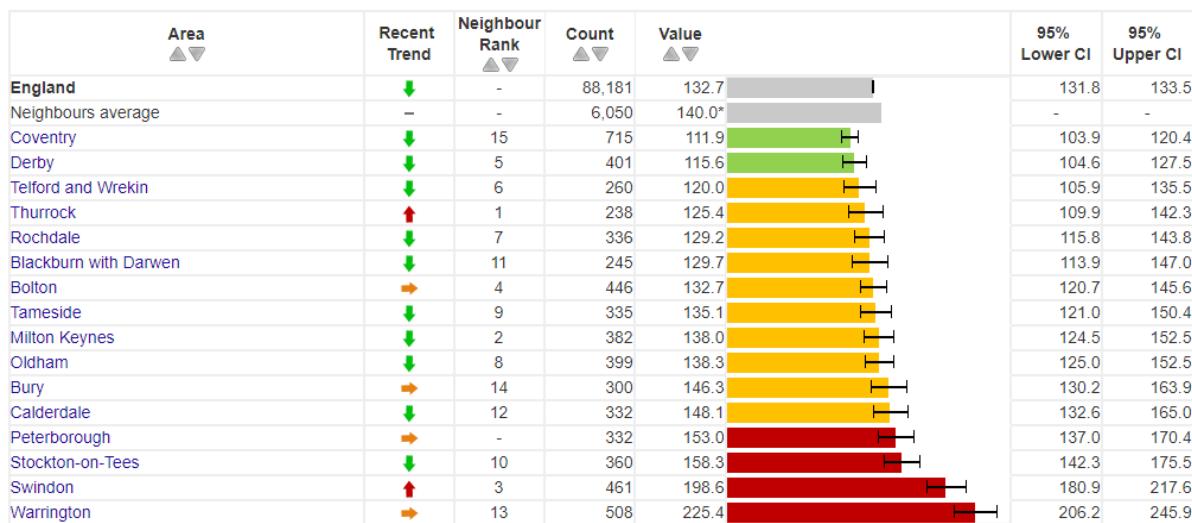
Source: Public health Outcomes Framework

⁶ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/6/gid/1938132828/pat/6/par/E12000006/ati/102/are/E06000031/iid/41001/age/285/sex/4>

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long term health issues, including mental health related to experiences⁷.

The crude rate of hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds in Peterborough has been statistically significantly higher (worse) than England for seven consecutive years and remains so for 2017/18.

Figure 15: Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) per 10,000, Peterborough & Nearest Socio-Economic Neighbours Comparison 2017-18



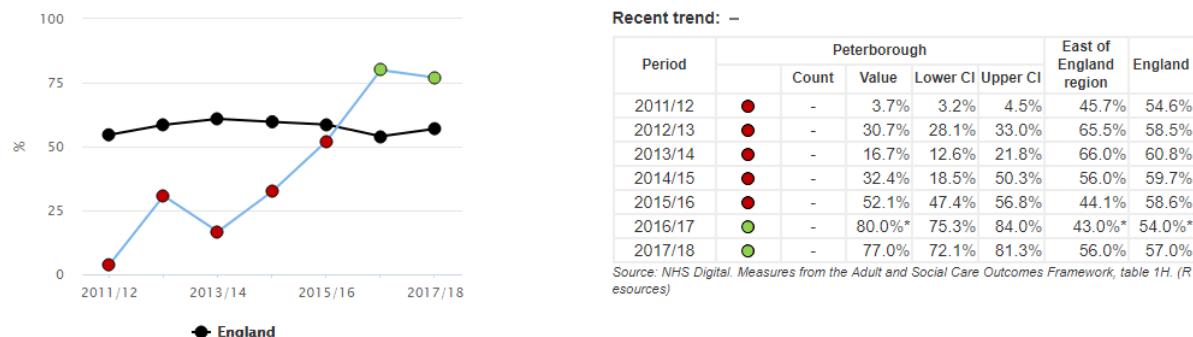
Source: Hospital Episode Statistics (HES)

Source: Public health Outcomes Framework

Peterborough is one of four local authorities within its Chartered Institute of Public Finance and Accountancy (CIPFA) group of nearest-socioeconomic comparators to have a statistically significantly high crude rate of hospital admissions caused by unintentional and deliberate injuries in children and young people. Two areas have statistically significantly low crude rates and ten areas are statistically similar to England.

⁷ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90285/age/156/sex/4>

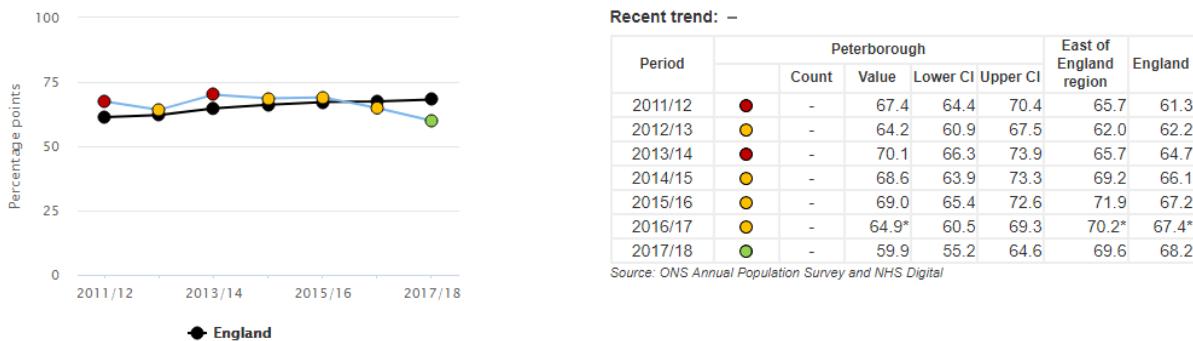
Figure 16: Proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation, 2011/12 – 2017/18



Source: Public health Outcomes Framework

The proportion of adults in contact with secondary mental health services who live in stable and appropriate accommodation is statistically significantly higher (better) than the national average in 2016/17 and 2017/18, having previously been statistically significantly lower (worse).

Figure 17: Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate, 2011/12 – 2017/18



Source: Public health Outcomes Framework

In Peterborough, the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate is 59.9 percentage points and therefore statistically significantly lower (better) than the national average of 68.2 percentage points.

Figure 18: Annual Readmission within 28 days rate, Cambridgeshire & Peterborough NHS Foundation Trust, Peterborough residents, April 2016 – March 2019

Time Period	Readmissions	Discharges	% Readmissions	Lower 95% CI	Upper 95% CI
Apr 16 - Mar 17	54	457	11.8%	9.2%	15.1%
Apr 17 - Mar 18	53	375	14.1%	11.0%	18.0%
Apr 18 - Mar 19	39	397	9.8%	7.3%	13.1%

Source: Cambridgeshire & Peterborough NHS Foundation Trust

Between April 2016 – March 2017 and April 2018 – March 2019, readmissions within 28 days to Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) decreased numerically from 54 to 39, representing a reduction from 11.8% to 9.8% of all discharges for Peterborough residents.

3.5 Health & Wellbeing of People with Disability and/or Sensory Impairment

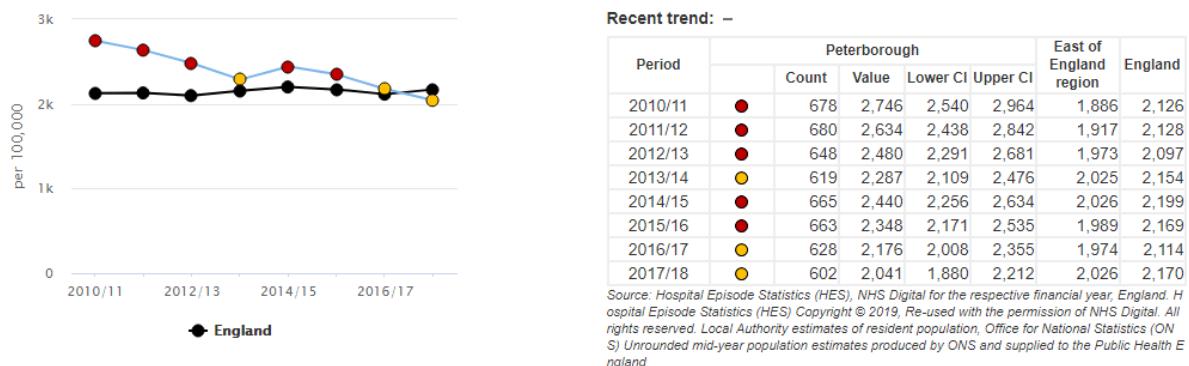
The majority of indicators within this section of the Health & Wellbeing Strategy come from the monthly data report prepared by Peterborough City Council's Adult Social Care/Business Intelligence teams, with some additional data sourced from the Adult Social Care Outcomes Framework (ASCOF).

Key findings from these data sources to conclude the 2016-19 Peterborough Health & Wellbeing Strategy for indicators relating to health and wellbeing of people with disability and/or sensory improvement include:

- An increase in the proportion of people who use adult social care services describing good levels of overall satisfaction with their care and support, from 65.8% in 2017/18 to 66.4% in 2018/19.
- The number of adults with social care needs receiving short term services to increase independence increased from 739 in 2017/18 to 881 in 2018/19 (+19.2%).
- The rate of clients receiving reablement services in Peterborough increased from 77.9/100,000 in 2017/18 to 97.3/100,000 in 2018/19.
- 81.2% of adults with learning disabilities live in their own home or with their family in Peterborough as per 2017/18 data, above the national average of 77.2%.
- The rate of long-term support needs of older adults (65+) met by admission to residential and nursing care homes in Peterborough is 441.8/100,000 for 2017/18, below the national average of 585.6/100,000.

3.6 Ageing Well

Figure 19: Emergency hospital admissions due to falls in people aged 65 and over, directly age-standardised rate per 100,000, 2010/11 – 2017/18



Source: Public Health Outcomes Framework

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes (e.g. being a major precipitant of older people moving from their own home to long-term nursing or residential care).

The directly age-standardised rate of emergency hospital admissions due to falls in people aged 65 and over in Peterborough has improved to be statistically similar to that of England in both 2016/17 and 2017/18, having been statistically significantly higher (worse) in 2014/15 and 2015/16.

Figure 20: Proportion of eligible population receiving an NHS Health Check per year, 2013/14 – 2017/18



Source: Public Health England Health Check Dashboard

The NHS health check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40-74 who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS health checks is important to identify early signs of poor health leading to opportunities for early interventions⁸.

It is of note that the proportion of people receiving an NHS health check has been statistically significantly higher than the national average in each of the five years spanning the period 2013/14 – 2017/18, although there is an observed downward trend in Peterborough, with the 2017/18 proportion falling to 8.8%.

3.7 Protecting Health

Figure 21: Screening & Immunisation Indicators, Peterborough Health & Wellbeing Strategy, 2016/17 & 2017/18 Comparison

PHOF Indicator Ref	Indicator	Benchmark Goal	Peterborough Value 2016/17 (%)	Peterborough Value 2017/18 (%)
3.03iii	Dtap/IPC/Hib (1 year old)	>95.0%	93.7	91.9
3.03iii	Dtap/IPC/Hib (2 years old)	>95.0%	96.0	94.7
3.03v	PCV	>95.0%	93.4	91.6
3.03vi	Hib/MenC Booster (2 years old)	>95.0%	90.7	89.9
3.03vi	Hib/MenC Booster (5 years old)	>95.0%	89.6	90.4
3.03vii	PCV Booster	>95.0%	90.7	90.0*
3.03viii	MMR for One Dose (2 years old)	>95.0%	91.1	90.0**
3.03ix	MMR for One Dose (5 years old)	>95.0%	95.6	95.0
3.03x	MMR for Two Doses (5 years old)	>95.0%	89.6	88.6
3.03xiii	PPV	>75.0%	72.3	71.5

Source: Public Health Outcomes Framework (PHOF)

⁸ <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/6/gid/1938132726/pat/6/par/E12000006/ati/102/are/E06000031/iid/91040/age/219/sex/4>

Key:
Above upper national benchmark goal
Meeting minimum national benchmark but not above upper national benchmark goal
Below minimum national benchmark

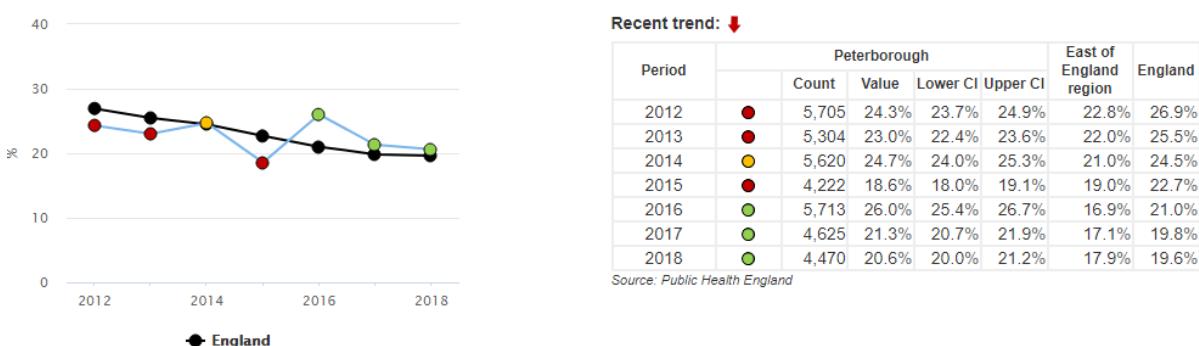
*Value is red as rounded from 89.9.

**Value is amber as rounded from 90.03.

For all indicators within the table above with the exception of PPV, the benchmark goal is 95.0% (represented by green shading in the above table). Values between 90.0% and 95.0% are shaded yellow and values below 90.0% are considered significantly below benchmark and shaded red. These thresholds are based on World Health Organisation guidance which states a requirement of 95.0% to ensure control of vaccine preventable diseases within the UK, with at least 90.0% coverage in each geo-political unit. The exception is the PPV vaccine, for which only adults aged 65+ are eligible and therefore a 75.0% benchmark value is considered appropriate⁹.

2017/18 data show that Peterborough is now below benchmark goal for three indicators – Hib/MenC Booster (2 years old), PCV Booster and MMR for two doses (5 years old) and the Peterborough value for Dtap/IPC/Hib (2 years old) has fallen from above benchmark goal (96.0%) to 94.7%.

Figure 22: Proportion of 15-24 year olds screened for chlamydia, (%), 2012 - 2018



Source: Public Health England Sexual & Reproductive Health Profiles

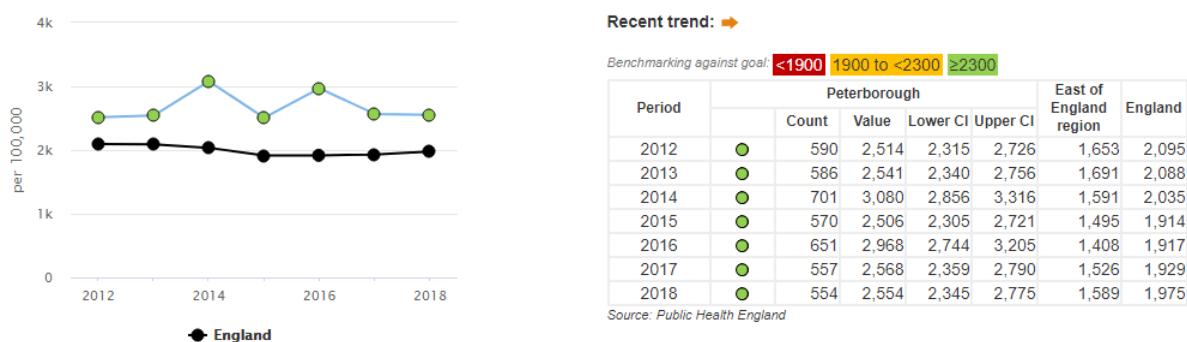
Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease, ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).¹⁰

20.6% of 15-24 year olds in Peterborough were screened for chlamydia in 2018, statistically significantly higher than the England value of 19.6%. Peterborough has now been statistically significantly above (better than) England for three consecutive years for this indicator.

⁹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/30301/age/30/sex/4>

¹⁰ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000006/ati/102/are/E06000031/iid/90776/age/156/sex/4>

Figure 23: Chlamydia detection rate (15-24 year olds), crude rate per 100,000, 2012 - 2018



Source: Public Health England Sexual & Reproductive Health Profiles

The chlamydia detection rate among 15-24 year olds in Peterborough remains above national benchmark goal of 2,300/100,000 in 2017 and has been above benchmark goal for seven consecutive years.

Figure 24: HIV late diagnosis, proportion (%), 2009/11 – 2015/17

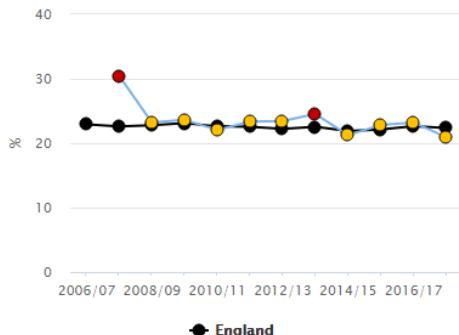


Source: Public Health England Sexual & Reproductive Health Profiles

The national benchmark value for HIV late diagnosis (defined as diagnosis of HIV when patient has a CD4 count of less than 350 cells per mm³) is <25.0%. The Peterborough value for 2015-17 is 51.2%, worse than benchmark goal for the seventh consecutive period.

3.8 Growth, Health & the Local Plan

Figure 25: National Child Measurement Programme – excess weight in 4-5 year olds, 2005/07 – 2017/18



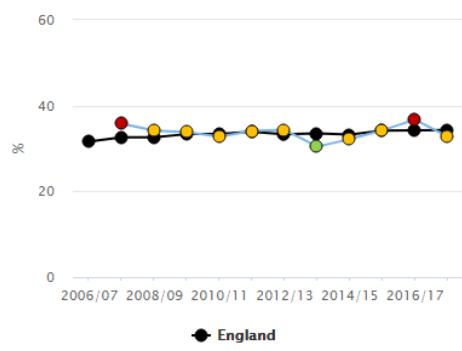
Period	Peterborough					East of England region	England
	Count	Value	Lower CI	Upper CI			
2006/07	-	*	-	-	*	22.9%	
2007/08	594	30.5%	28.5%	32.5%	22.5%*	22.6%	
2008/09	496	23.2%	21.4%	25.0%	21.8%	22.8%	
2009/10	518	23.6%	21.9%	25.4%	22.6%	23.1%	
2010/11	500	22.0%	20.4%	23.8%	22.1%	22.6%	
2011/12	569	23.4%	21.7%	25.1%	21.9%	22.6%	
2012/13	625	23.5%	21.9%	25.1%	21.1%	22.2%	
2013/14	710	24.5%	23.0%	26.1%	21.5%	22.5%	
2014/15	578	21.3%	19.8%	22.8%	20.7%	21.9%	
2015/16	632	22.8%	21.3%	24.4%	20.9%	22.1%	
2016/17	603	23.2%	21.6%	24.9%	21.1%	22.6%	
2017/18	610	20.9%	19.5%	22.4%	20.6%	22.4%	

Source: NHS Digital, National Child Measurement Programme

Source: NCMP Local Authority Profile

In 2017/18, 20.9% of 4-5 year olds in Peterborough had excess weight (defined as having a BMI on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex), similar to the national average of 22.4%. The long term trend for this indicator shows a general decrease in proportion of 4-5 year olds with excess weight in Peterborough.

Figure 26: National Child Measurement Programme – excess weight in 10-11 year olds, 2006/07 – 2017/18



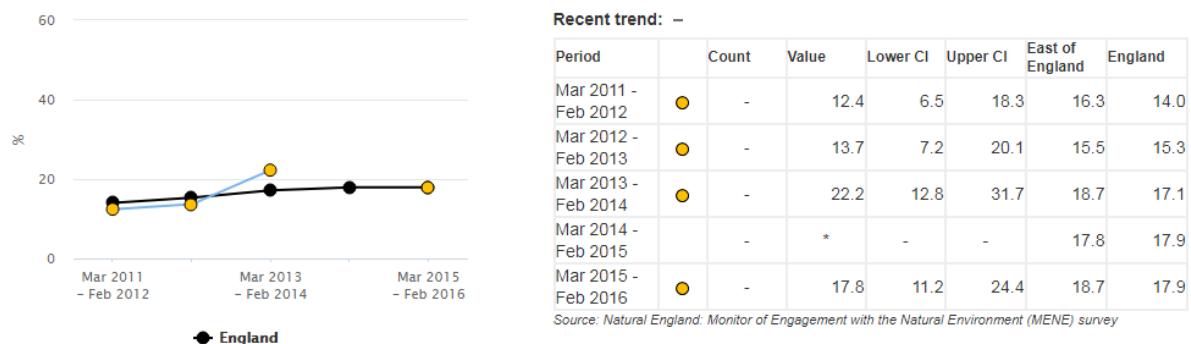
Period	Peterborough					East of England region	England
	Count	Value	Lower CI	Upper CI			
2006/07	-	*	-	-	*	31.7%	
2007/08	511	35.8%	33.4%	38.3%	30.9%*	32.6%	
2008/09	651	34.2%	32.1%	36.4%	30.7%	32.6%	
2009/10	669	33.8%	31.8%	36.0%	31.4%	33.4%	
2010/11	647	32.8%	30.7%	34.9%	31.7%	33.4%	
2011/12	690	34.1%	32.0%	36.2%	31.7%	33.9%	
2012/13	712	34.4%	32.3%	36.4%	31.0%	33.3%	
2013/14	675	30.5%	28.6%	32.4%	31.1%	33.5%	
2014/15	620	32.2%	30.1%	34.3%	30.7%	33.2%	
2015/16	794	34.2%	32.3%	36.2%	31.7%	34.2%	
2016/17	852	36.8%	34.8%	38.7%	31.5%	34.2%	
2017/18	860	32.8%	31.0%	34.6%	31.7%	34.3%	

Source: NHS Digital, National Child Measurement Programme

Source: NCMP Local Authority Profile

The proportion of 10/11 year olds in Peterborough with excess weight has varied substantially in comparison to England in recent years. For 2017/18, the Peterborough proportion fell from 36.8% to 32.8% is therefore statistically similar to the national average of 34.3%.

Figure 27: Utilisation of outdoor space for exercise/health reasons, proportion (%), Mar 11/Feb 12 – Mar 15/Feb 16



Source: Public Health Outcomes Framework

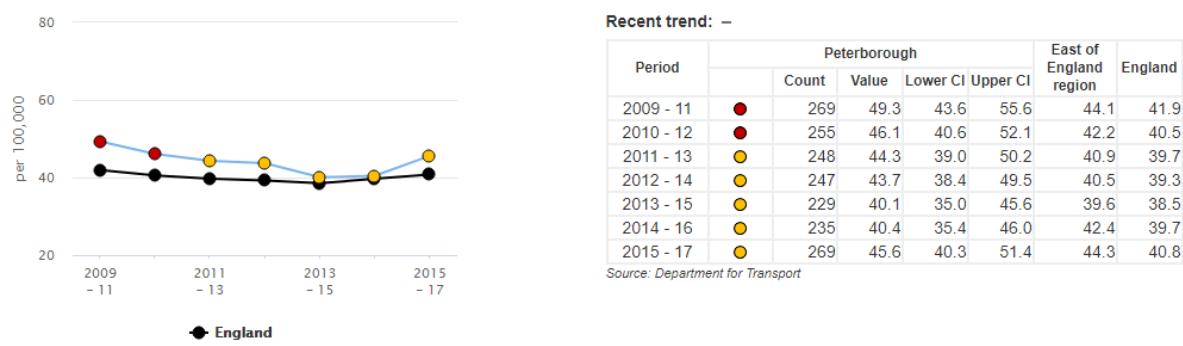
For the period March 2015 – February 2016, Peterborough has a statistically similar percentage of residents aged 16+ utilising outdoor space for exercise/health reasons to England. Data are unavailable for March 2014 – February 2015, but Peterborough has been similar to England for each of the four data periods for which data are available.

3.9 Health & Transport Planning

Peterborough businesses with travel plans:

The original target for the number of businesses in Peterborough with travel plans was set at 60 at the commencement of the 2016-19 Peterborough Health & Wellbeing Strategy. 69 businesses in the area have travel plans as of March 2019, 15.0% above target.

Figure 28: Killed and seriously injured (KSI) casualties, crude rate per 100,000, 2009/11 – 2015/17

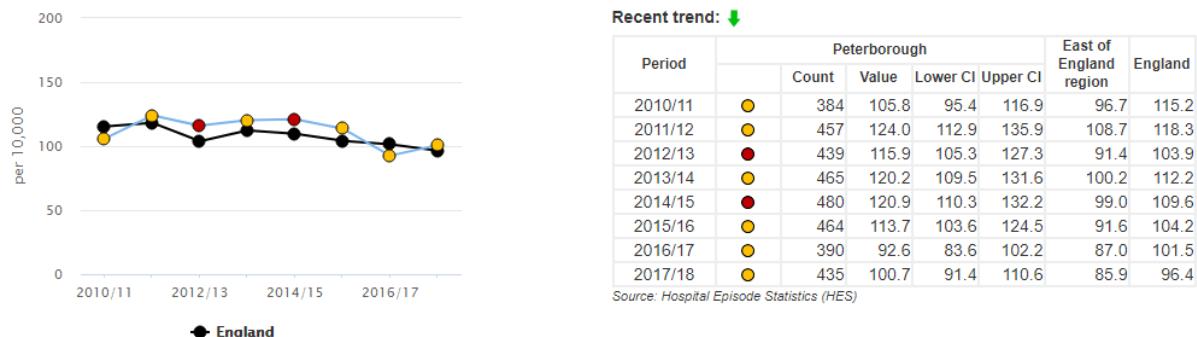


Source: Public Health Outcomes Framework

The crude rate of killed and seriously injured (KSI) casualties in Peterborough is 45.6/100,000 for 2015-17, statistically similar to the national average of 40.8/100,000. Of note, however, is an observed increase of 34 incidents between 2014-16 and 2015-17.

3.10 Housing & Health

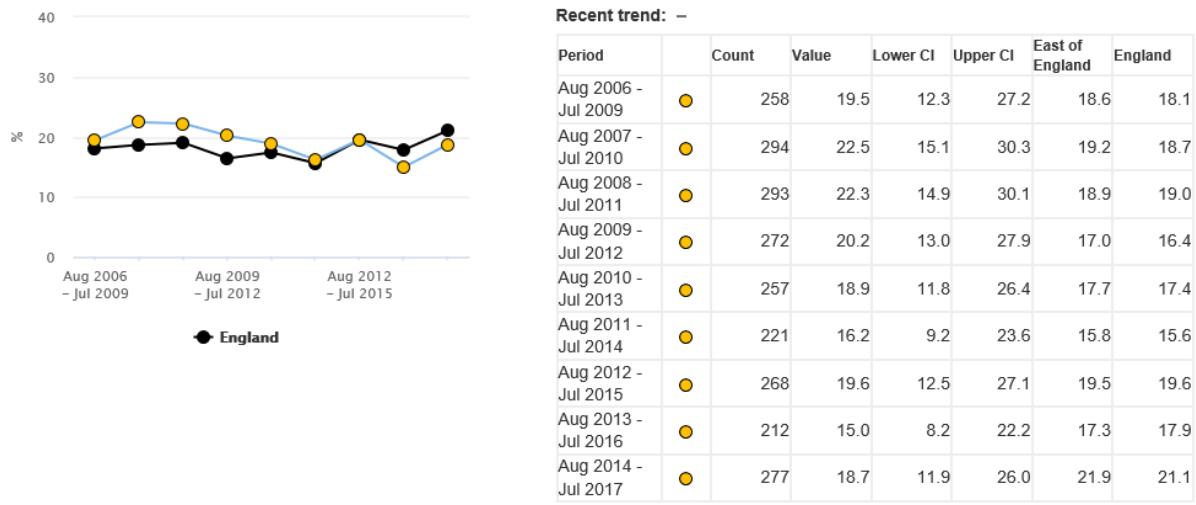
Figure 29: Hospital admissions caused by injuries in children aged 0-14 years, crude rate per 10,000, 2010/11 – 2017/18



Source: Public Health Outcomes Framework

Recent trend data shows a statistically significant reduction in hospital admissions caused by injuries in children aged 0-14 years in Peterborough. The rate within Peterborough for this indicator has been similar to that of England for three consecutive years, having been statistically significantly worse in 2012/13 and 2014/15.

Figure 30: Excess winter deaths index, 3 years, all ages, ratio, Aug 06/Jul 09 – Aug 14/Jul 17



Source: Public Health Outcomes Framework

Excess winter deaths are defined as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.¹¹ The Peterborough excess winter deaths index is statistically similar to the national average.

¹¹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/90641/age/1-sex/4>

3.11 Geographical Health Inequalities

Figure 31: Directly age-standardised rate of emergency hospital admissions, all causes, most deprived 20% of electoral wards in Peterborough, 2014-15 – 2016-17

Time Period	Number of episodes	Directly Age-Standardised Rate per 1,000	Lower Confidence Interval	Upper Confidence Interval
2014-15	5,800	117.3	114.1	120.5
2015-16	6,256	126.3	123.0	129.7
2016-17	5,670	113.9	110.8	117.0
2017-18	5,745	118.6	115.4	121.9

Source: Hospital Episode Statistics

It is a stated goal of the 2016-19 Health & Wellbeing Strategy to reduce emergency hospital admissions in the most deprived electoral wards in Peterborough (Bretton, Central, Dogsthorpe, North & Orton Longueville). The directly age-standardised rate of emergency hospital admissions per 1,000 within these electoral wards is 118.6/1,000 in 2017-18, which is a statistically similar to the rate observed in 2014-15 (117.3/1,000). Rates have stayed relatively stable over the course of this strategy period.

Figure 32: Life expectancy trend, persons, 20% most deprived and 80% least deprived electoral wards in Peterborough, 2007-11 - 2013-17

Peterborough Electoral Ward Cluster	2007-11	2008-12	2009-13	2010-14	2011-15	2012-16	2013-17
20% most deprived	78.6	79.1	79.1	79.1	79.2	79.1	78.9
80% least deprived	80.1	80.4	80.6	80.7	80.8	80.9	81.0
Disparity between 20% most deprived and 80% least deprived	1.5	1.3	1.5	1.6	1.6	1.8	2.1

Source: Peterborough City Council & Cambridgeshire County Council Public Health Intelligence

Life expectancy within the least deprived 80% of electoral wards within Peterborough has increased at a relatively steady level since 2007-11 and stands at 81.0 years for 2013-17. However, life expectancy in the most deprived 20% of Peterborough electoral wards has not increased at the same rate over this period and has fallen between 2012-16 and 2013-17 from 79.1 to 78.9 years. The Health & Wellbeing Strategy 2016-19 includes a goal to reduce the disparity in life expectancy between the most deprived 20% and least deprived 80% in Peterborough, whereas between 2007-11 and 2013-17 this disparity has increased from 1.5 to 2.1 years.

Figure 33: GCSE attainment, Deprivation Quintile Comparison, 2017-18

Deprivation Quintile	Pupils Achieving English & Maths 9-5	Total Pupils	% English & Maths 9-5
5 (Least Deprived)	89	166	53.6
4	203	370	54.9
3	153	371	41.2
2	195	715	27.3
1 (Most Deprived)	178	677	26.3
Least Deprived 80%	640	1,622	39.5
All Pupils	818	2,305	35.5

Source: Department for Education

Previously, the 2016-19 Health & Wellbeing strategy measured percentages of pupils attaining 5+ GCSEs at grades A*-C, whereas under the new GCSE system this indicator measures percentages achieving grade 5+ in both English and Mathematics. 26.3% of pupils within the most deprived quintile of Peterborough achieved grade 5+ in both English and Mathematics, which is statistically significantly lower than the overall Peterborough percentage of 35.5%. The cumulative percentage of attainment for this indicator within the most deprived two quintiles is 26.8% which is also statistically significantly lower than the Peterborough average and illustrates the high levels of disparity in outcome between the most and least affluent areas of Peterborough with regards to this indicator.

3.12 Health & Wellbeing of Diverse Communities

Work is in progress to take forward the recommendations from the Diverse Ethnic Communities Joint Strategic Needs Assessment which was completed in October 2016. This includes projects to produce and promote health and wellbeing information for diverse ethnic communities. A Video Communication project is underway with two pilot videos recently produced. These pilot videos have been created using animations and provide information about registering with a GP, out of hours services and accessing dental care as well as maternity services. The videos are being produced in English, Lithuanian, Latvian and Romanian in the first instance and will provide links to local resources in both Peterborough and Fenland. Further videos are being scoped to cover a range of topics.

A supplementary section to the diverse ethnic Communities JSNA which covers the needs of the South Asian community in Peterborough has been completed, including analysis of a health and wellbeing survey of the South Asian community to inform this supplementary section.

Additionally, a drive to improve data collection on ethnicity, particularly the recording of Eastern European ethnicities is being discussed. This is a challenging area as there are inconsistencies across the healthcare system on data recording by ethnicity.

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Appendix 1: Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Dashboards – June 2019

1. Children & Young People's Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.2	Prevalence of obesity - reception year (proportion, %)	►	Statistically similar to England	2017-18	253	8.7%	9.5%	231	8.9%

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
1.3	Prevalence of obesity - year 6 (proportion, %)	▼	Statistically similar to England	2017-18	544	20.7%	20.1%	524	22.6%
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	▼	Peterborough value has reduced for most recent data period (to April 2019) but is higher than national average	Apr-19	281	6.1%	5.2%	310	6.6%
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Local Safeguarding Children Boards (LSCBs) have monitored implementation of the neglect strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs	-	-	-	-	-	-
1.6	Under 18 conceptions (crude rate per 1,000)	▼	Statistically similar to England	2017	74	22.4%	17.8%	99	29.8%
1.7	Under 16 conceptions (crude rate per 1,000)	▼	Statistically similar to England	2017	7	2.1%	2.7%	19	5.9%

2. Health Behaviours & Lifestyles

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
2.1	Smoking Prevalence - All (proportion, %)	►	Statistically similar to England	2017	26,226	17.6%	14.9%	26,043	17.6%
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	►	Statistically similar to England	2017	-	28.5%	25.7%	-	27.9%
2.3	Excess weight in adults (proportion, %)	▲	Statistically significantly worse than England	2017-18	-	68.3%	62.0%	-	62.5%
2.4a	Physically active adults (proportion, %)	►	Statistically significantly worse than England	2017-18	-	61.7%	66.3%	-	61.1%
2.4b	Physically inactive adults (proportion, %)	▼	Statistically similar to England	2017-18	-	24.7%	22.2%	-	26.0%
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	▼	Reduction of 5.4% between 2017-18 and 2018-19 - although this decline is also observed nationally	2018-19	1,356,681	-	-	1,434,135	-
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	►	Statistically similar to England	2017-18	1,106	622	632	1,180	664
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	►	Statistically similar to England	2017-18	708	824	809	733	856
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	►	Statistically similar to England	2017-18	398	436	447	489	473

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision from CCG	-	-	-	-	-	-

3. Long Term Conditions & Premature Mortality

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	373	87.0	72.5	331	79.7
3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	265	125.4	101.3	224	109.2
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	►	Statistically similar to England	2015-17	108	50.4	45.2	107	51.4
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	►	Disparity between most deprived 20% and least deprived 80% has increased between 2016/17 and 2017/18 but the difference is not statistically significant. Rate in most deprived 20% is	2017-18	-	137.6/100,000	-	-	106.2/100,000

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
			1,133.1/100,000, rate in least deprived 80% is 995.5/100,000						
3.5	Diabetes prevalence (Quality Outcomes Framework)	►	Statistically similar to England	2017-18	11,356	6.9%	6.8%	10,684	6.7%
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	►	2017/18 rate has increased but is statistically similar to 2016/17 rate	2017-18	300	191.5	N/A	291	188.7
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	►	2017/18 rate has increased but is statistically similar to 2016/17 rate	2017-18	293	190.0	N/A	223	149.4
3.7	Outcomes for a wider range of long term conditions will be defined following completion of the long term conditions needs assessment	-	To be decided upon completion of relevant Joint Strategic Needs Assessment	N/A	N/A	N/A	N/A	N/A	N/A

4. Mental Health for Adults of Working Age

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	►	Statistically significantly worse than England	2017-18	332	153.0	132.7	357	162.8
4.2	Rates of use of section 136 under the mental health act	▲	Instances of use of S136 under the mental health act increased between 17/18 and 18/19 from 366 to 472 occurrences.	2018-19	-	472	-	-	366
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	►	Statistically similar to England	2015-17	59	11.7	9.6	54	10.9
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	►	Statistically similar to England	2015-17	43	17.1	14.7	36	14.3
4.5	Suicide Rate - Females (directly standardised rate per 100,000)	►	Statistically similar to England	2015-17	16	6.6	4.7	18	7.7
4.6	Hospital readmission rates for mental health problems (inpatient readmissions within 28 days)	►	Readmissions have reduced from 54 (11.8% of total) in Apr 16 - Mar 17 to 39 (9.8% of the total) in Apr 18 - Mar 19. This year on year change is not statistically significant.	Mar-19	39	9.8%	-	53	14.1%
4.7a	Adults in contact with mental health services in settled accommodation (persons)	▲	Statistically significantly better than England	2017-18	-	77.0%	57.0%	-	80.0%

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
4.7b	Gap in the employment rate for people in contact with secondary mental health services compared to the overall employment rate (persons)	▼	Statistically significantly better than England	2017-18	-	59.9%	68.2%	-	64.9%
4.8	Carers for people with mental health problems receiving services advice or information	►	Remains below England (statistical significance not calculated)	2013-14	5	2.9%	19.5%	5	2.6%

5. Health & Wellbeing of People with Disability and/or Sensory Impairment

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
5.1	ASCOF 1E: Supported working age adults with learning disability in paid employment (proportion, %)	▼	Statistical significance not calculated - Peterborough above national value for 17/18, although local data show reduction to 5.8% for 18/19.	2017-18	-	6.3%	6.0%	-	9.6%
5.2	ASCOF 1G: Adults with learning disabilities who live in their own home or with their family (proportion, %)	▼	Statistical significance not calculated - Peterborough above national value. Local data show reduction to 805% for 18/19.	2017-18	-	81.2%	77.2%	-	83.8%
5.3	ASCOF 2A2: Long-term support needs of older adults (65+) met by admission to residential and	▲	Statistical significance not calculated - Peterborough below national value	2017-18	-	441.8	585.6	-	439.6

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
	nursing care homes, rate per 100,000								
5.4	Numbers of adults in receipt of assistive technology	▼	Local metric - counts all those in receipt at month end March 18 = 328 - compared to end March = 19 285 - decrease although known recording issues	2018-19	-	285	-	-	328
5.5a	ASCOF 3A: Overall satisfaction of people who use services with their care and support (Adult Social Care)	▲	Score has increased from 65.5 to 65.8 between 2016-17 and 2017-18 and local data show further improvement to 66.4 for 18/19.	2017-18	-	65.8	65.0	-	65.5
5.5b	ASCOF 3B: Overall satisfaction of carers with social services (Adult Social Care)	▼	Score has decreased from 41.9 to 38.1 between 2014-15 and 2016-17. Local data show 18/19 value of 39.8 for Peterborough which would represent an improvement.	2016-17	-	38.1	37.3	-	41.9
5.6	Number of adults with social care needs receiving short term services to increase independence	▲	2018-19 value is 881 compared to 739 in 2017-18	2018-19	-	881	-	-	739
5.7	Number of clients receiving reablement per 100,000 resident population (18+, excludes Red Cross)	▲	March 2019 value is 97.3/100,000 compared to 77.9/100,000 in March 2018.	Mar-19	-	97.3	-	-	77.9

6. Ageing Well

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	►	Statistically similar to England	2017-18	602	2,041	2,170	628	2,176
6.1b	Numbers of over 40s taking up NHS health check offers per year	►	Statistically significantly better than England	2017-18	4,534	8.8%	8.3%	5,232	10.4%
6.1c	Report on take up of any preventative service commissioned directly as part of STP in the future	-	TBC	-	-	-	-	-	-
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	►	Statistically similar to England	Mar-13 (no subsequent updates)	328	176.0	178.9	332	178.1
6.3a	The proportion of people who use services who feel safe (proportion, %)	▼	Statistically significantly worse than England	2015-16	-	65.0%	69.2%	-	64.5%
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	►	Statistically similar to England	2017-18	-	85.6%	86.3%	-	88.3%
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS	-	Will be expanded as part of ongoing work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-	-

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
	care and the Social Care Outcomes Framework								
6.5	Social Isolation: % of adults carers who have as much social contact as they would like (proportion, %)	▲	Statistically similar to England	2016-17	120	33.2%	35.5%	Value unavailable	29.7%
6.6	Carer-reported quality of life score for people caring for someone with dementia	▲	Statistically similar to England	2016-17	110	7.7%	7.5%	Value unavailable	6.7%

7. Protecting Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
7.1	Percentage of eligible people screened for latent TB infection	-	Data not provided by CCG	-	-	-	-	-	-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	-	Data unavailable from CCG due to IG developments - BCG data can only be shared confidentially with local Screening & Immunisation teams	-	-	-	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	►	Statistically similar to England	2016	31	83.8%	84.4%	22	75.9%

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
7.4	Evidence of increasing uptake of screening and immunisation	▼	Peterborough currently amber or green for 7/10 chosen indicators, previously 8/10	2017-18	7/10	-	-	8/10	-
7.5	HIV late diagnosis (proportion, %)	►	Remains above benchmark goal of 50.0%	2015-17	22	51.2%	41.1%	22	50.0%
7.6a	Chlamydia-proportion aged 15-24 screened (proportion, %)	►	Statistically significantly better than England	2018	4,470	20.6%	19.6%	4,625	21.3%
7.6b	Increase in chlamydia detection rate (proportion, %)	►	Remains above benchmark goal of 2,300/100,000	2018	554	2,554	1,975	557	2,568

8. Growth, Health & the Local Plan

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
8.1	Excess weight in 4-5 year olds (% of all pupils)	►	Statistically similar to England	2017-18	610	20.9%	22.4%	603	23.2%
8.2	Excess weight in 10-11 year olds (% of all pupils)	►	Statistically similar to England	2017-18	860	32.8%	34.3%	852	36.8%
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or	►	Statistical significance not calculated - Peterborough percentage is now below England	2016	6,110	3.1%	5.5%	5,020	2.7%

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
	more during the day time (proportion, %)								
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	►	Statistical significance not calculated - Peterborough percentage is now below England	2016	10,010	5.2%	8.5%	8,190	4.5%
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	►	Statistically similar to England	2015-16	-	17.8%	17.9%	-	22.2%

9. Health & Transport Planning

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
9.1	The number of businesses with travel plans	▼	69 businesses in Peterborough have travel plans; initial target was 60 by end of this Health & Wellbeing Strategy period	2019	69	-	-	71	-
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress	-	-	-	-	-	-
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2019	1	-	-	1	-
9.4	The numbers of adults and children killed or seriously injured in road	►	Statistically similar to England	2015-17	269	45.60	40.80	235	40.4%

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
	traffic accidents (crude rate per 100,000)								

10. Housing & Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
10.1	Excess winter deaths index (3 years, all ages, Persons, Ratio)	►	Statistically similar to England	Aug 2014 - Jul 2017	277	18.7	21.1	212	15.0
10.2	Excess winter deaths index (3 years, all ages Males, Ratio)	►	Statistically similar to England	Aug 2014 - Jul 2017	85	11.2	18.1	66	9.3
10.3	Excess winter deaths index (3 years, all ages Females, Ratio)	►	Statistically similar to England	Aug 2014 - Jul 2017	192	26.8	24.0	146	20.7
10.4	Reduction in unintentional injuries in the home in under 15 year olds	►	Statistically similar to England	2017-18	435	100.7	96.4	390	92.6
10.5	ASCOF 2C2: Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	-	Value below national average	2017-18	-	0.2	4.3	-	-

11. Geographical Health Inequalities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
11.1a	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (GCSE attainment)	►	26.8% of pupils in the most deprived 40% of Peterborough areas achieved grade 9-5 in English & Mathematics in 2017-18, compared to 35.5% across all of Peterborough. This difference is statistically significant.	2017-18	-	26.8% of pupils in most deprived 40% of Peterborough areas achieved grade 9-5 in English & Mathematics.	-	-	-
11.1b	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (Benefits Claimants)	▼	The benefit claimant rate in the most deprived 20% of Peterborough electoral wards is 19.6/1,000 in June 2017, statistically significantly lower than the June 2016 rate of 21.2/1,000 in June 2016. For June 2017, rate in least deprived 80% of electoral wards is 12.7/1,000. This remains the most recent data as ONS mid-year populations are currently available to mid-year 2017	Jun-17	605	19.6	N/A	655	21.2
11.2	Increase in life expectancy in wards with highest levels of deprivation	▼	Life expectancy for most deprived 20% of Peterborough wards is 78.93 years for 2013-17, a decrease from 79.12 years in 2012-16. In the least deprived 80% of electoral wards, life expectancy increased over this period from 80.91 to 80.99 years	2013-17	-	78.93	N/A	-	79.12
11.3	Reduction in emergency hospital admissions from wards with the highest levels of deprivation (Bretton, Central, Dogsthorpe, North,	►	Rate has increased between 2016-17 and 2017-18 from 113.9/1,000 to 118.6/1,000, although the increase is not statistically significant.	2017-18	5,745	118.6	N/A	5,670	113.9

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
	Orton Longueville) (directly standardised rates per 100,000)								
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	►	4 week quit percentage fell between 2015-16 and 2016-17 from 35.5% to 29.2%.	2016-17	240	29.2%	N/A	260	35.5%
11.5	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	Disproportionately high level of health checks delivered to most deprived 20%	In 2016/17, 28.0% of health checks were delivered to residents registered with practices within the most deprived 20% of practices. The merger of multiple practices to form the Octagon group (Nene Valley, Hodgson, Thorney & Eye, Jenner, Minster, Park Road, Huntly Grove and Westgate) leads to difficulty in obtaining full accuracy for this indicator in subsequent years due to provision of one collective set of values for Octagon.	2016-17	1,344	28.0%	N/A	1,965	35.5%
11.6	Slope index of inequality in life expectancy at birth	►	Has increased from 8.4 to 9.3 years for males and has remained at 5.8 years for females in most recent refresh - both statistically similar to England	2015-17	-	Male 9.3, Female 5.8	-	-	Male 8.4, Female 5.8

12. Health & Wellbeing of Diverse Communities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
12.1	We will work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	-	-
12.2	Outcome measures for health and wellbeing of migrants will be developed following completion of the JSNA	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	-	-