

# Peterborough JSNA 2012

## Executive Summary & Recommendations

# How we are presenting the recommendations

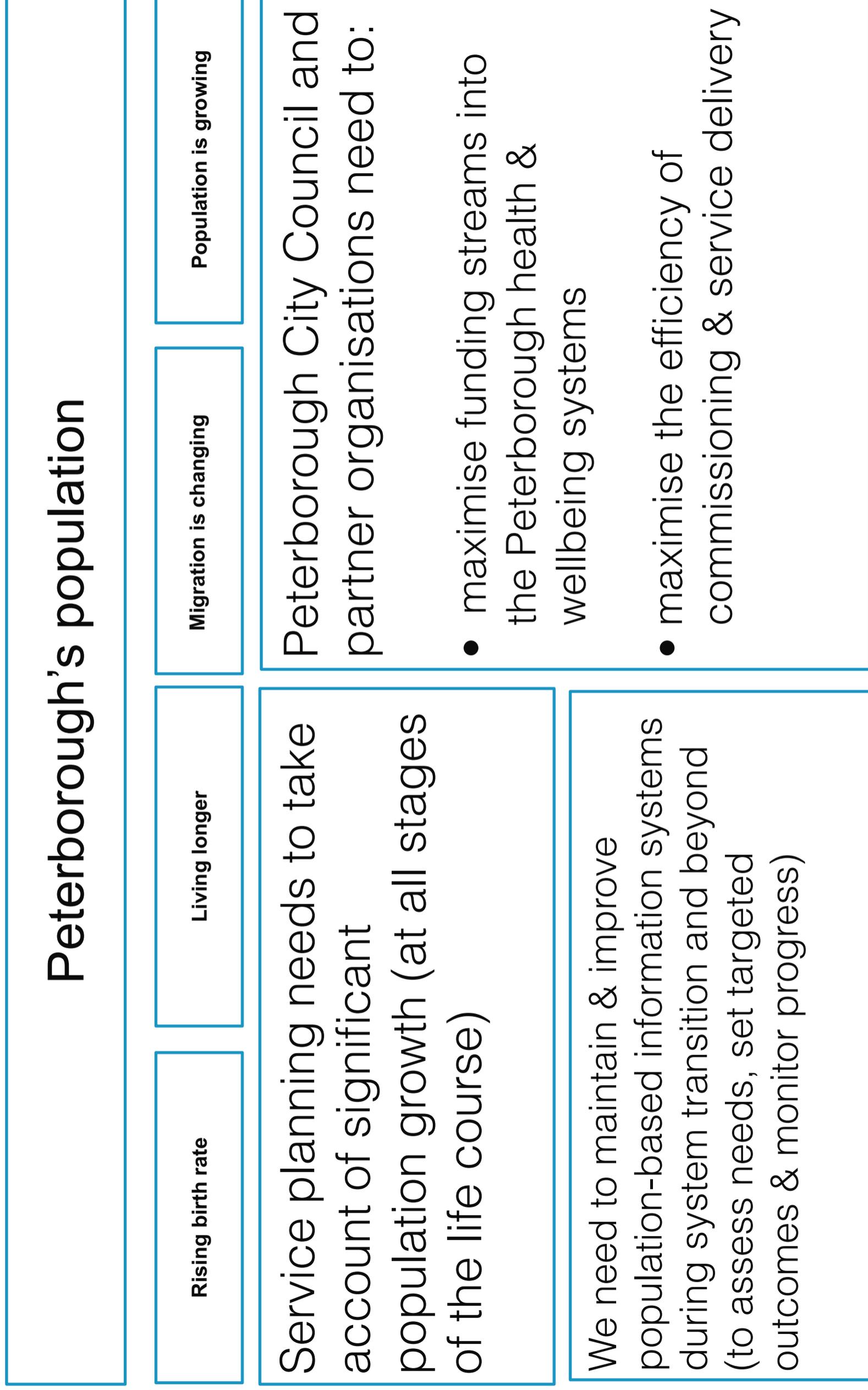
Topic			
Conclusion	Conclusion	Conclusion	Conclusion
<ul style="list-style-type: none"><li>• Recommendation</li><li>• Recommendation</li><li>• Recommendation</li></ul>			<ul style="list-style-type: none"><li>• Recommendation</li><li>• Recommendation</li><li>• Recommendation</li></ul>

# Peterborough JSNA 2011 – initial findings

## Peterborough's population

Rising birth rate	Living longer	Migration is changing	Population is growing
<ul style="list-style-type: none"> <li>Peterborough's birth rate is much higher than its statistical neighbours</li> <li>The number of births to people in Peterborough is growing. There are around 3,000 births per year, which would rise to 3,500 by 2021 if the trend continued</li> <li>Peterborough has a statistically significantly high fertility rate</li> <li>Peterborough has a slightly higher than average infant mortality rate (0-1 years), although the trend is decreasing</li> </ul>	<ul style="list-style-type: none"> <li>Average life expectancy for males in Peterborough is 77.2 years and for females 81.5 years – both lower than the national average and, when compared to similar cities, Peterborough has the lowest life expectancy for both males and females</li> <li>Whilst the life expectancy for the population of Peterborough is increasing, it has not been keeping pace with that experienced nationally</li> <li>The gap in female life expectancy at birth, when compared with England, has reduced from 1.0 years (2006-2008) to 0.8 years (2007-2009)</li> <li>For male life expectancy there has been an increase in the gap compared to England from 0.9 in 2006-2008, to 1.1 years in 2007-2009</li> </ul>	<ul style="list-style-type: none"> <li>There is no single system for measuring migration flows in and out of Peterborough</li> <li>The migrant worker population coming to Peterborough are more recently from Lithuania and Latvia rather than from Poland as in the previous JSNA</li> <li>80% of migrant workers are from Europe</li> <li>Births to women from the A8 countries have increased greatly between 2000 and 2009, now accounting for 14% of all live births – almost 90% of these births are to mothers from Poland</li> </ul>	<ul style="list-style-type: none"> <li>Peterborough's population is 172,800 (2010 estimate) and will increase to an estimated 192,400 by 2021</li> <li>This represents a growth of 11% between 2010 and 2021</li> <li>A larger estimated percentage growth can be seen in the following age groups:             <ul style="list-style-type: none"> <li>65 – 74 (26%)</li> <li>75 – 84 (21%)</li> <li>85+ (52%)</li> </ul> </li> </ul>

# Peterborough JSNA 2012 – initial recommendations



## Peterborough's population

Rising birth rate

Living longer

Migration is changing

Population is growing

Service planning needs to take account of significant population growth (at all stages of the life course)

Peterborough City Council and partner organisations need to:

- maximise funding streams into the Peterborough health & wellbeing systems
- maximise the efficiency of commissioning & service delivery

We need to maintain & improve population-based information systems during system transition and beyond (to assess needs, set targeted outcomes & monitor progress)

# Peterborough JSNA 2011 – initial findings

## We are not all the same

### Different ages and backgrounds

- Peterborough has more people under 10 years old than average
- There is also a statistically large 25 – 44 year old population, suggesting proportionally more young families in Peterborough than in England
- There are slightly fewer people than average aged over 65
- Peterborough has one of the highest proportions of non white residents in the ONS cluster at 13.2%
- Asian or Asian British (Pakistani) is the second largest population (4.5%), Other White (including recent EU migration) is third (3.7%) and Asian or Asian British: Indian next (2.7%)

- 30.5% of primary school pupils do not have English as their first language
- The ten most common languages spoken in schools are English, Punjabi, Urdu, Polish, Portuguese, Slovakian, Lithuanian, Gujarati, Czech and Chinese
- More recent information will be available from the 2011 Census (due late 2012)

### Different opportunities / life chances

- There are still significant health inequalities in life expectancy within Peterborough
- The difference in average life expectancy for males between the highest and lowest wards is 11.3 years and for females 10.7 years. The 2007 JSNA showed the difference was 10.4 years (males) and 8.9 years (females)
- In Peterborough, certain communities experience lower life expectancy, more infant mortality and general poorer health outcomes. One such community is travellers, where only 55% reported no immediate health problems - significantly lower than the other communities

- Peterborough has a military base and a prison. Both have their own unique communities, opportunities and challenges
- The prison has a 12-bed, 13-cot mother and baby unit for babies up to 18 months
- Peterborough is behind the national average for the percentage of young people achieving five GCSEs grade A\*-C (inc: English and maths). The gap between the national average narrowed between 2008/09 and 2009/10 for all subjects. Initial data for 2010/11 shows a further improvement
- In some schools the rate of students achieving five A\*-C grades at GCSE was 23%. This was more than 85% in the highest performing schools

# Peterborough JSNA 2012 – initial recommendations

We are not all the same

Different ages and backgrounds

Meeting basic needs of housing, education, employment, income & food are essential first steps

Different opportunities / life chances

We all have health & wellbeing needs but we should strive for equity of outcomes across all segments of the population

This will require differential targeting of some public sector services, whilst maintaining universal services for all

# Peterborough JSNA 2011 – initial findings

## How we live affects our health & well-being

What we eat	What we drink	What we do	What we smoke or use
<ul style="list-style-type: none"> <li>• Around 1 in 4 adults in Peterborough are estimated to be obese (almost identical to the estimated England prevalence)</li> <li>• Peterborough's estimated prevalence of obesity has fallen by around 3% since the last JSNA report</li> <li>• In children, obesity levels at school entry have reduced from the highest among statistical neighbours to below average for the group and nationally</li> <li>• Different areas of Peterborough have different estimated obesity rates</li> <li>• 30% of adults consume five or more portions of fruit or vegetables every day (comparable to the national average)</li> </ul>	<ul style="list-style-type: none"> <li>• Peterborough has significantly fewer alcohol-specific admissions for under-18s</li> <li>• Alcohol-specific admissions are at their highest for ages 40 to 49 years. This is true for both males and females, although the male admission rate is higher</li> <li>• Three conditions account for 94% of these admissions: mental / behavioural disorder (60%), ethanol poisoning, alcoholic liver disease (following the national trend)</li> <li>• These admissions are a large number of people having one or two admissions (rather than fewer more frequent attendees)</li> </ul>	<ul style="list-style-type: none"> <li>• The proportion of adults (aged 16 and over) who are physically active for at least 30 minutes on three or more days a week is 18.1% and decreases to 9.4% for age 65+. Worryingly, 51% of all adults aged 16+ and 73.7% of those aged 65+ are not active at all</li> <li>• 56% of pupils spend at least three hours each week on school sport – in line with national average</li> <li>• The number of patients living with HIV in Peterborough and accessing care has risen from 97 to 172 (2005 to 2009). Transmission by sex between men and women is the most common route</li> <li>• Teenage pregnancy rates are higher than average and the highest in the region</li> </ul>	<ul style="list-style-type: none"> <li>• Young people's reporting of smoking and substance misuse are below average</li> <li>• The calculated prevalence of current cigarette smoking in Peterborough is 27% - significantly higher than England (22.2%)</li> <li>• This is significantly higher in the most deprived areas where nearly two in five adults smoke</li> <li>• NHS Peterborough has the region's second highest rate of smoking attributable deaths</li> <li>• Use of opiates and crack cocaine has risen, but there has been a reduction in the treatment population</li> <li>• There was a 41% rise (45 people) in the use of cannabis misuse services (2009 to 2010)</li> </ul>

# Peterborough JSNA 2012 - initial recommendations

How we live affects our health & well-being			
What we eat	What we drink	What we do	What we smoke or use
<p>Continue &amp; develop the Live Healthy, Live Green health, wellbeing &amp; environment agenda:</p> <ul style="list-style-type: none"><li>• Increase healthy eating</li><li>• Increase activity</li><li>• Increase sustainable lifestyles &amp; communities</li></ul>		<p>Continue local action on alcohol related issues, as well as lobbying on national issues, such as minimum alcohol pricing</p> <p>Reduce smoking prevalence</p> <p>Continue local action to improve sexual health &amp; reduce sexual violence</p>	

## The way we care for each other

### We need to understand wants and needs better

- We need to engage more with people with mental health needs to make sure that they have the right range of support in the community so that they have real choice and control over their lives
- Much of the available data about adult social care says little about people who pay for their own social care services
- The available data from annual user surveys of people receiving council-funded services indicates that we do not always achieve the excellence of satisfaction levels that we aspire to in all areas

### We do well at keeping people at home

- We do well in preventing unnecessary admissions to residential care for all groups excepting learning disability
- The numbers of people supported in permanent residential care has fallen by 26% between 2007-08 and 2009-10 (significantly lower rates than our comparator local authorities or the national average)
- We also have significantly higher availability of extra care housing per 10,000 of the population aged 65+
- We could do more to reduce the need for older people to be in hospital

### Adults frequently pay for and arrange their own care

- There are a growing number of vulnerable people independently funding their own care
- National and local data suggests an increasing number of people are turning to social services to fund their care when their own resources run low
- National research suggests that there are many more people arranging their own care services without any contact with social services

# Peterborough JSNA 2012 - initial recommendations

The way we care for each other

We need to understand wants and needs better

We do well at keeping people at home

Adults frequently pay for and arrange their own care

XYZ:  
● X  
● y  
● Z

XYZ

XYZ

XYZ

# Peterborough JSNA 2011 – initial findings

## We can do more to prevent people from dying prematurely

### Lung disease is still common

- Respiratory disease is the third leading cause of death with COPD (Chronic Obstructive Pulmonary Disorder) being the largest contributor. There is a modelled estimate of 1,328 undiagnosed COPD patients
- With COPD, the variability in prevalence and admission rates by practice cannot be attributed to deprivation alone and suggests that some practices may be more successful at screening, diagnosis and exacerbation avoidance

### Heart disease is still a big problem

- Mortality from CHD (Coronary Heart Disease) in men aged under 75 years has declined but at a lower rate than in the cluster group
- In 2009/10 the emergency admission rate for CHD, all persons, in Peterborough was higher than England and significantly higher than East of England.
- In 2009/10 the revascularisation rates (angioplasty and CABG) for all persons, in Peterborough was significantly higher than England

### Average cancer rates but still affect many people

- The rate of decline in cancer mortality in people all ages in Peterborough has been greater than that seen for the New and Growing Towns ONS Cluster
- Lung, breast, colorectal and prostate cancer are the most common cancers. Together, these account for more than 50% of all cancer cases diagnosed and are usually more common with increasing age
- The death rate for male and female lung cancer does not differ significantly from the England or New and Growing Towns cluster rate. There has however been an increase in the mortality trend for lung cancer in women aged under 75 years in Peterborough

### Other causes

- Peterborough has one of the highest rates of death attributable to diabetes in its cluster
- An estimated 150 stroke patients are likely to require rehabilitation in 2010/11
- It is predicted that by 2013 inpatient activity for stroke will increase by 50% (from 2008)
- Suicide rates in all ages are higher in Peterborough than regionally and nationally

## Smoking is a significant cause across all of these areas

# Peterborough JSNA 2012 - initial recommendations

We can do more to prevent people from dying prematurely

Lung disease is still common

Heart disease is still a big problem

Average cancer rates but still affect many people

Other causes

We need to further reduce the number of people who smoke, to prevent deaths from:

- Heart disease & stroke
- Cancers
- Chest diseases

For long term conditions, we need:

- a greater focus on prevention across health & social care
- evidence-based interventions in the most appropriate settings
- consistent treatment, care & support for self-care

# Peterborough JSNA 2011 – initial findings

## Mental health & well-being

<p><b>Mental health problems affect ALL age groups</b></p>	<p><b>Severe / enduring mental health conditions (ie: schizophrenia &amp; bipolar disorder) are significant</b></p>	<p><b>Common mental health disorders (such as anxiety &amp; depression) are significant</b></p>	<p><b>Programmes help people with mental health issues</b></p>
<ul style="list-style-type: none"> <li>• Peterborough has more young people than England under 10 years and again in the people aged between 25 and 44. However, Peterborough has slightly less people in the age groups 65 and over</li> <li>• The Young Lives report showed that emotional and mental health is rated as a high priority issue by local decision makers</li> <li>• Access rates to adult services for older people are relatively high, which probably reflects increased awareness of problems like depression and anxiety in older people</li> <li>• The rate of community patients is highest in the 35-44 age group. and gradually declines throughout the working age period</li> </ul>	<ul style="list-style-type: none"> <li>• Slightly more people using NHS mental health services are admitted to inpatient facilities than average</li> <li>• Suicide rates in Peterborough are higher than average</li> <li>• The number of people with no Care Programme Approach (CPA) in Peterborough has decreased, which is a positive sign</li> <li>• NHS Peterborough covers the population of HMP Peterborough. The rates of both common and severe mental illness are at least four to five times more frequent in prisoners</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health disorders are more common within 'deprived' communities and amongst some ethnic minority communities</li> <li>• Rates of access to specialist mental health services both in 18-64 and 65+ age groups are lower in Peterborough than the commissioning average and the PCT peers' average. However the comparison details are approximate.</li> <li>• Incidence of dementia is set to rise due to a rising population of older people and improved awareness</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Peterborough was a pilot for the Increased Access to Psychological Therapies (IAPT) programme from 2009. the total number of referrals since 2009 has been 1,823. Outcomes are being monitored</li> <li>• NHS Peterborough provides an employment service for adults with mental health problems. In 2010, 108 people were supported, 59 new clients started and 52 closed. Of these 70 positive outcomes were achieved</li> <li>• The Greeniversity project will deliver 25 green skills projects aimed at adults with learning difficulties, physical disabilities and mental health problems</li> </ul>

# Peterborough JSNA 2012 – initial recommendations

## Mental health & well-being

Mental health problems affect ALL age groups

Severe / enduring mental health conditions (ie: schizophrenia & bipolar disorder) are significant

Common mental health disorders (such as anxiety & depression) are significant

Programmes help people with mental health issues

- Investment in mental health promotion
- Strengthened primary care support
- Strengthened outreach support
- Suicide prevention
- Improved forensic services (community & within prison)

? others tbc

# Peterborough JSNA 2011 – initial findings

## Protecting our health and wellbeing

### Some infectious diseases are increasing, whilst others are decreasing

- Peterborough has experienced a rising trend in the rates of TB over the last decade and has higher rates than the England average
- In 2009, 38 TB cases were notified for Peterborough
- There is an increasing incidence of Hepatitis C – largely due to increased detection rates
- Healthcare associated infections MRSA and Cdiff are reducing

### We can better protect ourselves against infectious diseases

- Flu vaccination uptake for over 65s is below average and remains static, which is concerning given the potential complications of infection in this age group
- There is lower MMR coverage at 2 years old and there has been a decline
- Hospital figures consistently show prevalence for HIV in pregnant women was 0.09%, and for syphilis 0.17%, which is higher than the rest of the region

### We can better protect ourselves against cancers and other preventable diseases

- Cervical screening coverage in Peterborough has declined from 82% in 2002-2003 to 77% in 2009-2010
- This decline is greater than in the rest of England, although there has also been a national decline
- Other significant conditions include chronic obstructive airways disease and lung cancer
- Take up of screening for bowel cancer has been lower than the regional average
- Smoking is a significant cause

# Peterborough JSNA 2012 – initial recommendations

## Protecting our health and wellbeing

Some infectious diseases are increasing, whilst others are decreasing

We can better protect ourselves against infectious diseases

We can better protect ourselves against cancers and other preventable diseases

We need to maintain robust systems for:

- childhood immunisation
- disease surveillance
- screening
- resilience & emergency response

We need to reduce variability in the uptake of screening programmes - both:

- cancer (e.g. breast, bowel & cervical)
- non-cancer (e.g. antenatal, neonatal)

# Peterborough JSNA 2011 – initial findings

## Keeping people safe

### Safeguarding children

- Peterborough has a high rate of children 'in need' per 10,000 head of population of 0-17 year olds. In 2010 this was 547 and was in the highest 10% of local authorities in England
- In August 2011, 161 children were subject to child protection plans and 321 were being looked after
- Peterborough has statistically significantly high rates of childhood mortality (all causes 0-15 years)
- In 2009 there were 23 people (0-19 years) killed or seriously injured on the roads. There were significantly more in the 16-19 age group
- In Peterborough in 2010/11 the number of sexual offences against children was 135

### Safeguarding adults

- In Peterborough we completed 449 investigations into potential cases of abuse of vulnerable adults during 2010/11. National research suggests a larger number are likely to remain unreported
- Over half of these cases were relating to older people:
  - Age 65-74 = 6 per 1,000 of population
  - Age 75-84 = 23 per 1,000
  - Age 85+ = 76 per 1,000
- The most common concerns for all age groups were:
  - Physical 31%
  - Financial 26%
  - Emotional / psychological 21%
  - Neglect 16%
- In Cambridgeshire there are 10-20 rapes per month. The majority are females between 13 and 24 years

### Protecting from avoidable harm

- The number of people killed or seriously injured from road traffic accidents continues to decline
- Peterborough has the highest rate of hip fractures in people of all ages, differing significantly from the ONS cluster group and the England average
- Serious sexual offences in Peterborough have reduced from 252 to 237. Serious violent crime has reduced by 3.7%
- Dental health varies depending on social circumstances: 35% from routine and manual occupation households had visible coronal caries (24% for those in managerial occupations and 28% in intermediate occupations)

# Peterborough JSNA 2012 – initial recommendations

## Keeping people safe

Safeguarding children

Safeguarding adults

Protecting from avoidable harm

Priorities for children & young people include:

- reduction in child poverty
- increasing educational attainment
- safeguarding children
- early intervention & promoting physical and mental wellbeing

Priorities for adults include:

- safeguarding vulnerable adults
- accident & injury prevention

We need to improve dental health & reduce inequalities in access to dental services

# Peterborough JSNA 2011 – initial findings

## Local voices

### General health & satisfaction is high

- The 2010 Quality of Life (QoL) survey shows satisfaction with health services was high
- Opinion of health levels in general was: 75% 'good', 20% 'fair' and 5% 'bad'
- Perceived health levels are good although the Place Survey 2008 indicated that Peterborough has the third lowest percentage saying their health is good or very good
- There has been a 4% increase in those agreeing that the police and other local public services seek people's views about problems in the local area
- There has been a 9% increase in those saying police and other local public services successfully deal with issues in the local area
- Satisfaction level has remained consistent for 3 years

### Specific issues

- 36% of respondents (Quality of Life survey) felt that older people in their area are able to get services and support they need to continue to live at home for as long as they want. A decrease of 3% from 2009
- High numbers of young people say their mental health is poor and that they are unsure where to access help and advice
- The TellUs and Taking Peterborough Pulse surveys show that young people found advice on healthy food and lifestyles, alcohol, smoking, sex and relationships was helpful and relevant, and they knew how to access information
- A teenage pregnancy consultation shows a lack of awareness of sex and contraception advice services for 13 – 19 year olds

### Reported patient & service user experience is good

- The Attitude to Healthcare Survey results show 81% of respondents felt that their local NHS helps improve the health and wellbeing of themselves and their family. This ranks Peterborough in the top five PCTs regionally
- The national GP survey shows a smaller number of people felt it was easy to get through to the GP surgery by phone compared to England overall
- 80% who tried to get an appointment with a doctor fairly quickly were able to
- When asked how often they felt they were 'treated with respect and consideration' (Quality of Life survey) 32% said all the time, 45% most of the time, and 4% rarely or never

### What you think

- Local people have a relatively high level of satisfaction with health services –
  - pharmacists (90.9%)
  - GP/doctor's services (82.8%)
  - local hospitals (76.9%) and
  - dental services (67.6%)
- The health service people are least satisfied with is dental services

# Peterborough JSNA 2012 – initial recommendations

## Local voices

General health & satisfaction  
is high

Specific issues

Reported patient & service  
user experience is good

What you think

We need to keep listening:

- public & user feedback
- monitoring of experience, health & wellbeing of local people
- act on identified concerns

# Peterborough JSNA 2011 – initial findings

## Where do we spend the money?

NHS	Adult social care	Children & young people
<ul style="list-style-type: none"> <li>NHS Peterborough's total budget in 2010/11 was £355 million</li> <li>24% of this was spent on doctors, dentists, opticians and pharmacists</li> <li>49% was spent on hospital and other patient services</li> <li>19% was spent on community and adult social care services</li> <li>8% was spent on other services</li> </ul>	<ul style="list-style-type: none"> <li>The rate that people (adults) are supported to live independently through social services was below the average of similar councils</li> <li>Compared to unitary councils in England in 2009/10, Peterborough was second highest in the proportion of spend on residential care for people with physical disabilities</li> <li>In 2009/10 the overall percentage spend on physical disabilities was low (6% of total social services spend) compared to the average in unitary councils (10%)</li> <li>In 2009/10 there was a reduction in the percentage of physical disabilities day and domiciliary care expenditure that was spent by way of direct payments</li> </ul>	<ul style="list-style-type: none"> <li>Education is the biggest single service area accounting for 49% of the council's net current expenditure for 2009-2010</li> <li>Combined social care (adults and children) is the second biggest area of spend</li> <li>Planned expenditure for 2010-2011, the per-capita gross cost on services for children and young people is £6,531 (England average £6,520)</li> <li>Planned per-capita spend on the schools budget is £5,207</li> <li>Planned per capita spend on children's social care is £568</li> </ul>

# Peterborough JSNA 2012 – initial recommendations

Where do we spend the money?

NHS

Adult social care

Children & young people

We need to increase the data validity & accuracy of financial data for health & social care commissioning