PETERBOROUGH
CITY COUNCIL

Joint Strategic Needs Assessment Core Dataset Overview 2015

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Executive summary

Demography

Peterborough has a young population with a higher than average number of children and young people. It is also one of the fastest growing cities in the UK, with predicted population growth of 34.9% between the 21 years spanning 2010-2031. The city is ethnically diverse, with 29.1% of residents not self-identifying as White English/Welsh/Scottish/Northern Irish/British. The next most common ethnicities declared in the 2011 census were Asian/Asian British: Pakistani or British Pakistani (6.6%), White Polish (3.1%) and Asian/Asian British: Indian or British Indian (2.5%).

 In 2014, economic migration was most common from Poland (1,100 migrant national insurance registrations), Republic of Lithuania (974), Portugal (504), Romania (427) and Latvia (397). There are socio-economic inequalities within the local authority area, with areas of significant deprivation close to central Peterborough.

Children's health

Peterborough has a higher number of children than the national average living in poverty (27.2%) and a high level of diversity among the child population. The level of school readiness is at the national average and is better than average for children entitled to free school meals. However levels of educational attainment at GCSE vary significantly between electoral wards and poor attainment is closely associated with socio-economic deprivation. Childhood obesity is higher than the national average at 'reception' age, but lower than average amongst 10-11 year olds, although the proportion of underweight children is high at this age. The proportion of teenagers not in employment, education or training is higher than average, as are the numbers of teenage pregnancies. Hospital admissions for self-harm amongst children and young people, and admissions for injury amongst 15-24 year olds are also higher than average.

Adult health

A feature of adult health in Peterborough is a relatively high rate of premature death and disability, with life expectancy and healthy life expectancy being below national averages. Premature deaths from cardiovascular disease including in particular coronary heart disease, and from respiratory disease are higher than average – and these high rates of cardiovascular disease are focussed in electoral wards with the highest levels of socio-economic deprivation. Rates of premature death from cancer and liver disease are similar to the national average. Standardised hospital admission rates follow the pattern of premature mortality, with high admission rates for cardiovascular disease (and for all causes) from the more deprived wards.

There are lifestyle and health behaviour issues with longer term implications for public health – adult smoking rates are above the national average at 21%, hospital admissions specific to alcohol use are higher than average, and about two thirds of adults are overweight or obese (similar to the national average). It is known that smoking, excess alcohol and obesity all cause

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long term medical conditions which require treatment and that high prevalence of these behaviours will result in additional demand on health and social care services.

Suicide rates in Peterborough are currently similar to the national average, but admissions to hospital for mental health causes are higher than average. The predicted increase in the number of older people in the population means that the numbers of people with dementia in Peterborough, as well as older people suffering from depression is forecast to increase significantly over the next ten years, which will increase demand on health and social care services. .

1. Introduction -

This report provides an overview of data that comprises the Peterborough 'Joint Strategic Needs Assessment (JSNA) Dataset'; key data maintained and updated by Public Health Intelligence relating to the demography of our population and incorporating general health and lifestyle factors that allow us to build a holistic picture of the health needs of our population. This dataset is used by strategic partners and commissioners as part of the evidence on which to base future strategic commissioning decisions and allocation of resource with a view to improving health outcomes in Peterborough Unitary Authority (UA) and reducing health inequalities.

Our Health & Wellbeing Strategy 2012-15 includes the below five priorities to improve the health and wellbeing of everyone in Peterborough:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

The work undertaken by Public Health Intelligence for this dataset focuses on residents of all ages and on both physical and mental health. We know Peterborough to be one of the fastest growing cities in the UK and that, in general terms, our local health profile is worse than that of England overall; the effective use of data helps us to identify areas where we can improve both service experience and outcome for our residents and ensure our provision is adequate to meet the needs of our growing and changing population.

Data within this document provide an overview of our current and predicted demographics, specific areas of health within which we know Peterborough's population currently experiences worse outcomes than nationally (such as overall life expectancy and mortality from cardiovascular disease), a focus on mental health and an analysis of key related determinants of public health ranging from alcohol/tobacco consumption to education attainment and employment rates. This analysis forms part of our on-going strategy to use data to support evidence-based, pragmatic improvement in healthcare and related commissioning to make tangible improvements to the health and wellbeing of the residents of Peterborough.

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Much of the data within this summary is updated regularly by Public Health England. The latest nationally available information is available via the below sources:

- Public Health Outcomes Framework: http://www.phoutcomes.info/

- Public Health England – Local Health Profiles: http://www.localhealth.org/

- Public Health England – National Public Health Profiles: http://fingertips.phe.org.uk/

2. Demographics –

2.1 Age structure

Peterborough is a young city with a higher proportion of children and young people and a slightly lower proportion of older people when compared with the national average

Figure 1: ONS Population Estimates 2012[1]

Area Name	ONS Population Estimate - All (2012)	ONS Population Estimate - % Under 16 (2012)	ONS Population Estimate - % 16-24 (2012)	ONS Population Estimate - % 25-64 (2012)	ONS Population Estimate - % 65+ (2012)	ONS Population Estimate - % 85+ (2012)
Barnack	2,936	19.0	7.6	7.6	23.4	2.6
Eye and Thorney	6,222	19.1	9.7	9.7	18.3	1.8
Glinton and Wittering	7,332	20.6	11.7	11.7	13.2	1.4
Newborough	2,873	18.0	10.0	10.0	16.7	1.8
Northborough	2,697	16.2	8.6	8.6	24.7	2.3
Bretton North	9,418	22.9	11.1	11.1	12.6	1.1
Bretton South	3,052	20.7	11.4	11.4	14.4	1.3
Central	12,318	25.3	15.7	15.7	7.9	1.3
Dogsthorpe	9,751	22.8	12.9	12.9	14.2	2.2
East	11,436	23.5	11.3	11.3	12.0	2.1
Fletton and Woodston	11,660	20.8	10.7	10.7	9.2	1.1
North	6,238	22.8	10.6	10.6	15.6	2.3
Orton Longueville	10,092	23.3	11.0	11.0	12.4	1.3
Orton Waterville	8,242	17.1	9.9	9.9	18.7	2.5
Orton with Hampton	14,225	27.2	11.2	11.2	6.7	1.1
Park	10,688	23.9	13.1	13.1	11.5	2.7
Paston	8,599	23.4	11.1	11.1	11.1	1.2
Ravensthorpe	8,138	24.4	13.3	13.3	9.9	1.1
Stanground Central	9,150	16.9	10.8	10.8	18.6	2.3
Stanground East	3,050	20.3	10.4	10.4	17.5	1.7
Walton	5,624	18.9	10.7	10.7	16.2	2.0
Werrington North	7,670	19.3	11.8	11.8	11.7	1.5
Werrington South	6,369	13.2	7.9	7.9	30.5	3.5
West	8,592	18.3	10.0	10.0	22.3	3.5
Peterborough UA	**186,372**	**21.6**	**11.3**	**53.2**	**13.9**	**1.8**
England	**53,493,729**	**18.9**	**11.7**	**52.4**	**16.9**	**2.3**

[1] http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html

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2.2 Population Growth

Peterborough was listed by the 2015 Centres for Cities report 'Cities Outlook 2015[2]' as the second-fastest growing city in the UK (behind only Milton Keynes) and this presents unique opportunities and challenges for us as a Unitary Authority, particularly considering the number of children, young people and people over the age of 65 within the city is expected to grow substantially over the next few years.

Research undertaken by the Cambridgeshire County Council Research Group takes in to account the city's ambitious plans for growth over coming decades and subsequently revised growth predictions upwards compared to Office for National Statistics projections based on the Council's current policy and planning decisions. The revised predictions are presented in the table below and show an overall predicted population growth between 2010 and 2031 of 34.9% rather than the 20.5% predicted by the ONS. Population growth is predicted to be particularly high with regards to under 19s and people over the age of 65.

**Figure 2 - Peterborough predicted growth rate 2001 - 2031[3]**

Age Range	2001	2010	2021	2031
Under 5	10,300	13,800	17,500	17,100
5-9	10,900	11,400	16,500	17,300
10-14	11,000	11,000	15,300	17,300
15-19	10,100	10,500	11,400	15,700
20-24	9,700	11,400	12,000	15,000
25-29	11,700	11,200	14,400	12,800
30-34	13,100	11,000	15,200	13,100
35-39	12,300	13,000	14,000	14,900
40-44	10,900	13,100	13,100	15,500
45-49	10,100	12,600	13,900	14,000
50-54	10,200	10,600	13,300	12,500
55-59	8,200	9,800	12,500	13,100
60-64	6,800	10,300	11,300	13,100
65-69	6,400	7,800	10,000	12,000
70-74	5,600	6,000	9,400	9,900
75-79	4,600	5,100	6,800	8,500
80-84	3,100	4,100	5,000	7,700
85+	2,400	3,600	6,000	8,300
Total	**157,400**	**176,300**	**217,600**	**237,800**
% Increase	**-**	**12.0%**	**23.4%**	**9.3%**

[2] http://www.centreforcities.org/reader/cities-outlook-2015/
[3] Data sourced by Peterborough City Council from Cambridgeshire County Council Research Group
http://www.cambridgeshire.gov.uk/info/20132/research_and_statistics/511/our_services

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Figure 3 - Peterborough population prediction 2001-2031

Peterborough Population projected to 2031
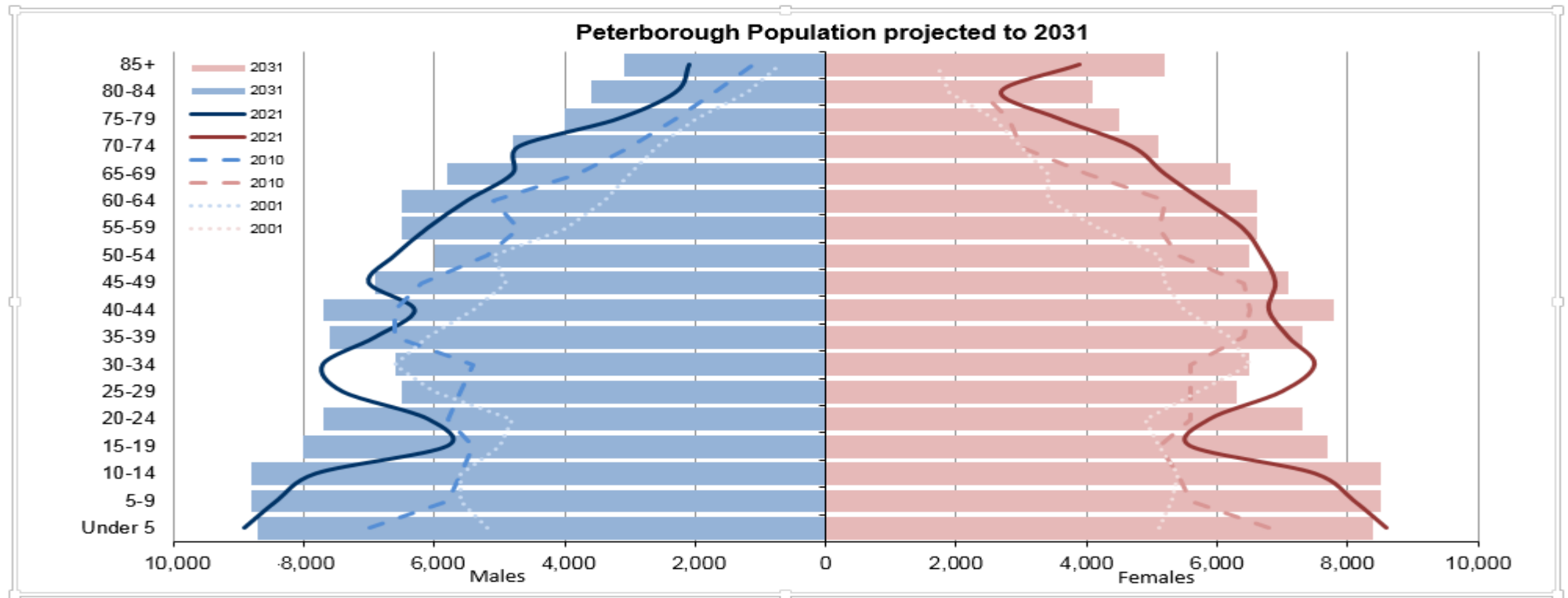
Data from the Cambridgeshire County Council Research Group showed Peterborough to have a population of 176,300 in 2010; this figure is predicted to rise to 23.4% to 217,600 by 2021 and then a further 9.3% to 237,800 by 2031. Population growth to 2021 is expected to be particularly high for males in the 85+, 70-74 and 5-9 age groups, with increases of 90.9%, 56.7% and 44.8% respectively. For females, the highest growth predictions are for the 70-74, 85+ and 5-9 age groups, with predicted rises of 56.7%, 56.0% and 44.6% respectively.

2.3 Ethnicity

Peterborough has a diverse population, bringing together many different cultures in the City. Data from the 2011 Census show Peterborough 70.9% of residents self-identified as White English/Welsh/Scottish/Northern Irish/British, with the next most common ethnicities being Asian/Asian British: Pakistani or British Pakistani (6.6%), White Polish (3.1%) and Asian/Asian British: Indian or British Indian (2.5%).

Figure 4: 2011 Census – Peterborough Ethnicities (Ethnicities Comprising Below 0.5% of Population Removed)[4]

Electoral Ward	All categories: Ethnic group)	White: English/ Welsh/Scottish/ Northern Irish/British	Asian/Asian British: Pakistani or British Pakistani	White: Polish	Asian/Asian British: Indian or British Indian	White: Baltic States	White: European Mixed	Black/African/Caribbean/Black British: African	White: Any other ethnic group	Mixed/multiple ethnic group: White and Black Caribbean	White: Other Western European	Mixed/multiple ethnic group: White and Asian	White: Other Eastern European	White: Italian	White: Irish	Black/African/Caribbean/Black British: Caribbean	Asian/Asian British: Chinese	Mixed/multiple ethnic group: White and Black African
Barnack	2,876	2,727	5	2	19	3	8	0	4	20	18	11	4	0	13	7	0	2
Bretton North	9,374	7,168	162	278	257	150	243	154	113	114	72	60	43	13	73	77	33	58
Bretton South	3,071	2,356	39	71	133	25	61	80	12	28	18	20	8	15	23	30	11	14
Central	12,013	2,073	4,629	635	348	844	442	211	207	53	211	203	315	94	53	55	61	86
Dogsthorpe	9,620	6,556	471	338	278	284	207	131	97	75	125	116	58	24	59	76	36	87
East	11,021	5,747	938	811	500	402	360	178	185	95	105	94	128	69	83	111	83	81
Eye and Thorney	6,138	5,656	12	24	66	13	32	20	27	47	11	31	5	8	27	24	10	7
Fletton and Woodston	11,416	8,439	150	508	257	103	225	232	153	106	91	64	94	275	117	75	65	46
Glinton and Wittering	7,233	6,823	8	13	31	6	18	29	26	23	27	23	9	17	40	14	11	12
Newborough	2,845	2,621	0	16	26	2	11	18	6	21	8	13	8	9	10	11	2	1
North	6,101	3,496	677	257	132	245	232	84	111	49	50	40	145	30	59	42	10	45
Northborough	2,684	2,575	9	0	15	0	11	2	2	8	9	9	1	4	9	2	2	4
Orton Longueville	10,159	8,092	52	363	121	89	165	268	108	129	81	57	55	34	83	55	25	79

[4] http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262

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Electoral Ward	All categories: Ethnic group)	White: English/ Welsh/ Scottish/ Northern Irish/British	Asian/Asian British: Pakistani or British Pakistani	White: Polish	Asian/Asian British: Indian or British Indian	White: Baltic States	White: European Mixed	Black/African/Caribbean/Black British: African	White: Any other ethnic group	Mixed/multiple ethnic group: White and Black Caribbean	White: Other Western European	Mixed/multiple ethnic group: White and Asian	White: Other Eastern European	White: Italian	White: Irish	Black/African/Caribbean/Black British: Caribbean	Asian/Asian British: Chinese	Mixed/multiple ethnic group: White and Black African
Orton Waterville	8,305	7,182	35	134	136	31	59	75	49	45	47	46	28	29	87	48	49	29
Orton with Hampton	13,660	10,468	232	385	371	117	156	266	138	186	110	141	61	72	81	103	134	78
Park	10,418	4,323	2,406	617	307	553	355	96	250	60	94	110	215	87	67	58	58	34
Paston	8,550	6,965	42	255	94	75	110	116	68	128	39	52	40	17	65	87	52	27
Ravensthorpe	7,990	4,381	807	287	431	283	194	192	94	72	83	90	48	46	49	100	31	60
Stanground Central	8,808	7,245	47	307	150	48	98	86	64	61	49	31	24	270	60	38	32	25
Stanground East	3,076	2,605	17	79	33	15	13	33	22	29	13	13	4	34	18	15	14	12
Walton	5,649	4,780	57	90	115	67	67	37	26	52	37	32	9	32	48	38	28	3
Werrington North	7,719	6,755	50	104	123	23	44	60	45	82	23	46	35	17	39	46	42	17
Werrington South	6,443	5,922	38	34	90	3	19	17	15	33	19	30	13	32	37	20	11	8
West	8,462	5,277	1,195	170	603	91	93	95	56	26	53	52	33	75	57	42	72	12
Total (#)	183,631	130,232	12,078	5,778	4,636	3,472	3,223	2,480	1,878	1,542	1,393	1,384	1,383	1,303	1,257	1,174	872	827
Total (%)	100.0	70.9	6.6	3.1	2.5	1.9	1.8	1.4	1.0	0.8	0.8	0.8	0.8	0.7	0.7	0.6	0.5	0.5

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3. Deprivation –

The overall level of economic deprivation is higher for Peterborough Unitary Authority (UA) than for that of England overall, with a higher percentage of residents than of England overall within the most deprived economic quintile and a lower percentage in the most affluent quintile.

Figure 5 - Peterborough vs England deprivation quintiles[5]

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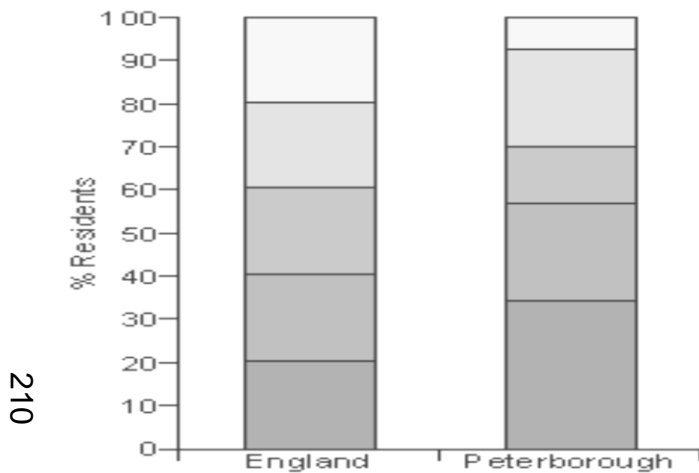
 Deprivation does, however, vary significantly throughout the UA – the below map illustrates that income deprivation prevalence is most apparent in wards near the centre of the UA, with the darkest shaded areas representing some of the most deprived wards in England. The percentage of residents living in income deprived households is highest in Dogsthorpe (28.0%), North (26.5%) and Central (25.5%).

[5] www.apho.org.uk/resource/view.aspx?RID=142246

Figure 6 - Peterborough income deprivation rates by electoral ward[6]


[6] http://www.localhealth.org/#v=map4;l=en
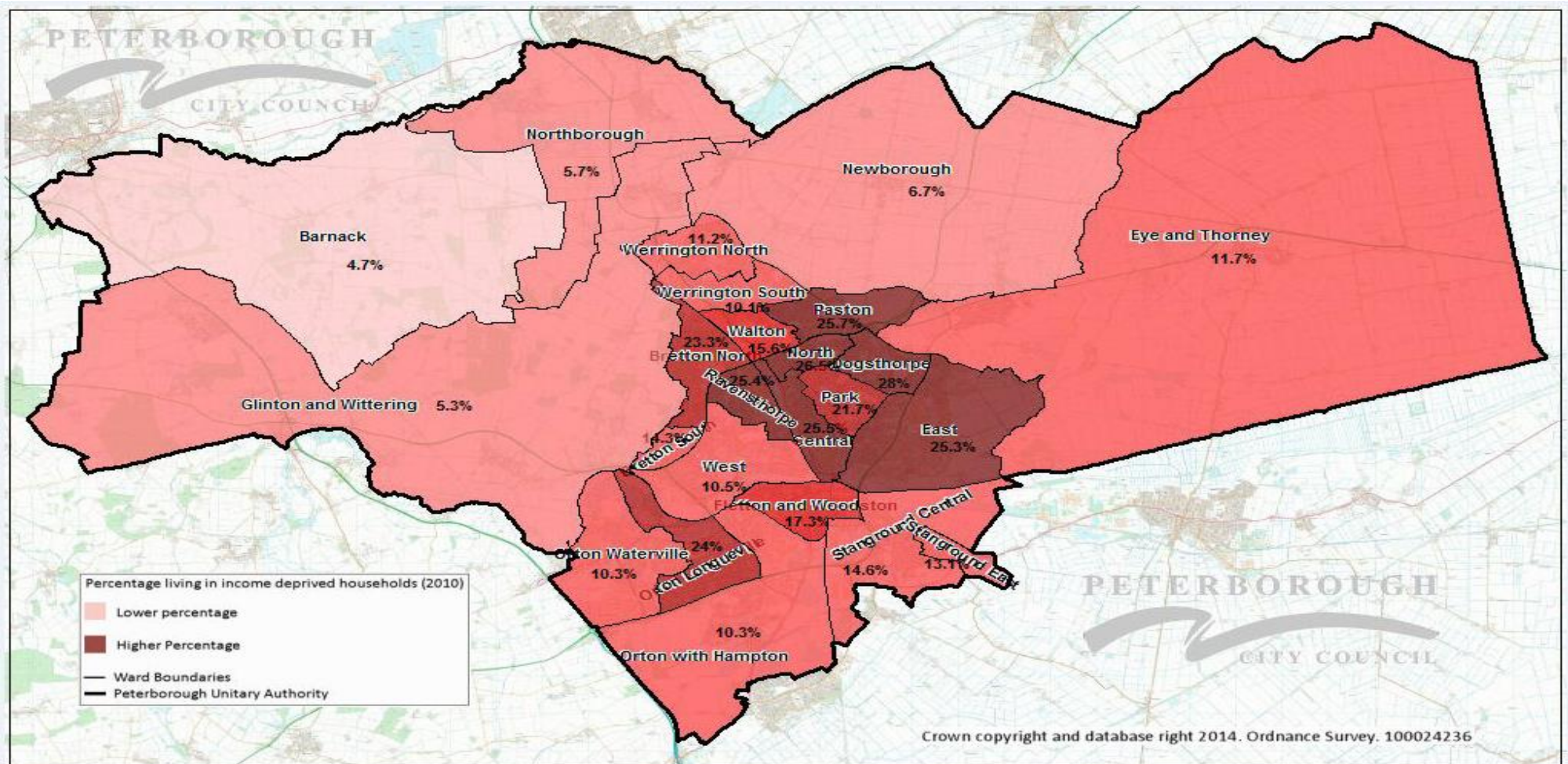
Wider determinants of health

To understand why deprivation is important to health, Dahlgren & Whitehead's 1991 'rainbow model', illustrated below, describes how health is not only affected by unmodifiable factors such as genetics but is determined by a complex interaction between individual characteristics, lifestyle choices and the physical, social and economic environment within which the individual lives. Most experts agree that these 'broader determinants of health' are even more important than healthcare in ensuring a healthy population (although both are needed). Improving public health in Peterborough is therefore not only about advising our population on appropriate lifestyle choices such as diet, alcohol/tobacco intake and amounts of exercise to undertake; it also involves ensuring our young people receive the educational opportunities to fulfil their potential, providing employment for residents of working age and ensuring our unitary authority is populated with adequate housing, green spaces and opportunities for meaningful social interaction.
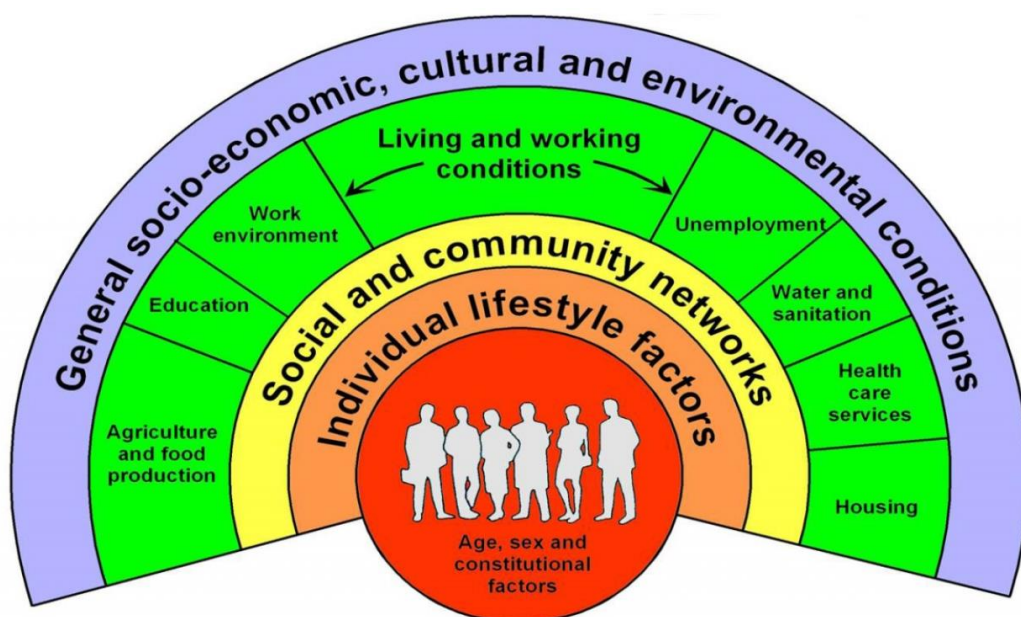
Source: Dahlgren and Whitehead, 1991

4. Life expectancy

Life expectancy at birth for females has risen in England from 79.1 years in 1991/93 to 83.1 years in 2011/13, an increase of 4.0 years or 5.1%. In Peterborough, the increase in life expectancy in this period has been slower than that observed nationally, from 79.2 to 82.6 years, an increase of 3.4 years or 4.3%. Evidently, the life expectancy in Peterborough has fallen from slightly above the England average to slightly below over this 20 year period.

For males, life expectancy at birth has risen more substantially but also at a slower rate than observed in England. Male life expectancy nationally has increased from 73.7 years in the 1991/93 time period to 79.4 years in 2011/13; an increase of 5.7 years, or 7.7%. However, life expectancy in Peterborough has increase more slowly, from 73.8 years in 1991/93 to 78.1 years in 2011/13. This represents an increase of 4.3 years or 5.8%.

Figure 7 - Life Expectancy at birth, 1991/93 – 2011/2013[7]

Legend: England -Males — Peterborough - Males — England - Females — Peterborough - Females
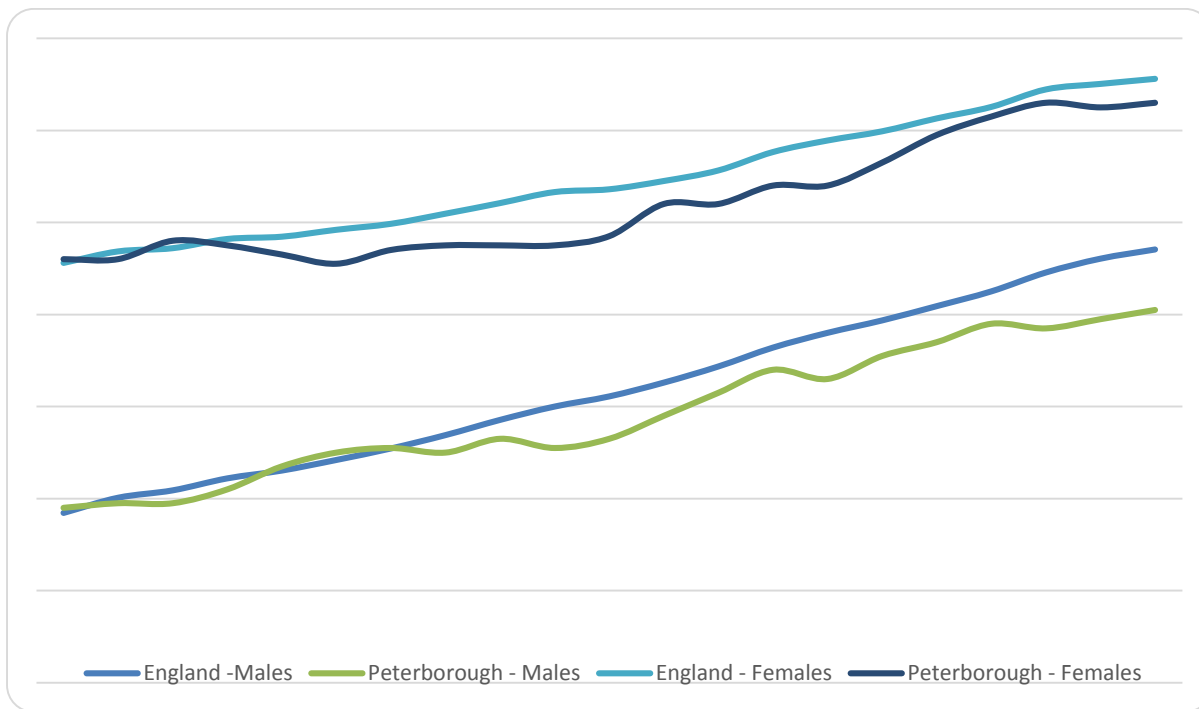
Life expectancy by electoral ward

The chart below shows that six wards – Orton with Hampton, Stanground East, Walton, Fletton and Woodston, Newborough and East- have a female life expectancy below the Peterborough Unitary Authority average, represented by the red line. Life expectancy varies from a low of 78.8 years in Orton with Hampton to 87.6 years in Glinton & Wittering, a difference of 8.8 years. There is not a strong correlation for women between overall 'deprivation' level in an electoral ward and life expectancy – however at electoral ward level, life expectancy can also be influenced by other factors such as high numbers of nursing homes.

Figure 8 Female life expectancy at birth, Peterborough Wards 2008-2012[8]
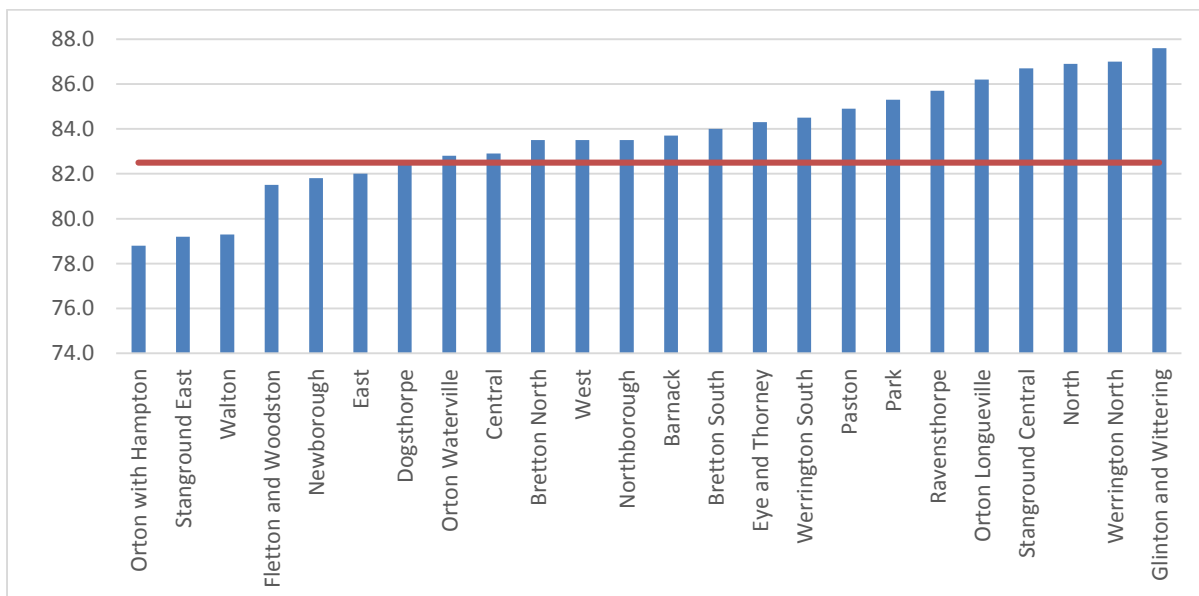
Eleven electoral wards within Peterborough have a male life expectancy at birth below the Peterborough Unitary Authority average, represented in the below chart by the orange line. Life expectancy for males is lowest in

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[7] https://indicators.ic.nhs.uk/webview/
[8] http://www.localhealth.org/#l=en;v=map4

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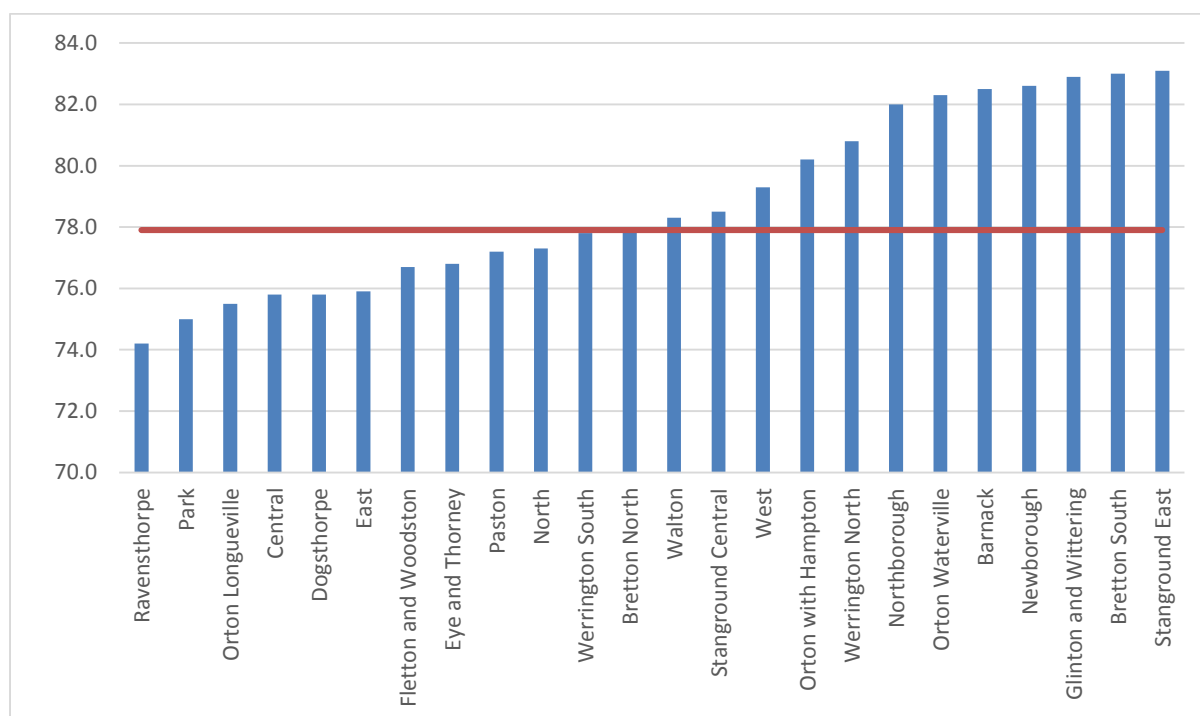Ravensthorpe (74.2 years) and highest in Stanground East (83.1 years). Male life expectancy appears to be much more closely related to the deprivation level of electoral wards than female life expectancy.

Figure 9 Male life expectancy at birth, Peterborough Wards 2008-2012[9]

The Office for National Statistics last produced a comparison of life expectancy and disability-free life expectancy for Peterborough the 2009-2011 period. These data are listed in the table below and show that Peterborough's disability free life expectancy is substantially below that of the East of England and England. Resultantly, data show that Peterborough residents can, on average, expect to live for 17.4 years (22.4% of their overall lifespan) with a disability, which compares unfavourably with the 15.0 years (19.0% of lifespan) for England.

Figure 10 Life expectancy/disability-free life expectancy 2009-2011[10]

Area	Life expectancy	Disability- free life expectancy	Expected years with a disability	Proportion of life disability-free	Proportion of life with a disability
Peterborough	77.7	60.3	17.4	77.6	22.4
East of England	79.9	65.2	14.7	81.6	18.4
England	78.9	63.9	15.0	81.0	19.0

[9] http://www.localhealth.org/#l=en;v=map4
[10] http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/disability-free-life-expectancy-by-upper-tier-local-authority--england-2009-11/stb-disability-free-life-expectancy.html

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5. Health of Children & Young People

5.1 Children & Young People - Demography and determinants of health

Children and young people under the age of 20 make up 26.5% of the population of Peterborough a figure 2.6% higher than the national population percentage for this age group. This population of children and young people is increasingly diverse. In 2013 40.8% of school children were from a minority ethnic background, significantly higher than the 26.7% nationally.

Office for National Statistics predictions of population growth over the years 2010-2031[11] highlight a predicted population growth of 20.5% by 2013, with growth rates particularly high amongst children and young people – predications are for growth of 23.6% and 27.3% for the age groups 5-9 and 10-14 respectively.

The level of child poverty is worse than average with 23.6% of our children aged under 16 living in poverty compared to 20.6% overall in England. The rate of family homelessness is worse than the England average, and we also have higher rates of children in care.

There is substantial evidence of a link between educational attainment and health. People who are socioeconomically deprived tend to have poorer health and lower levels of education. It is encouraging that school readiness in Peterborough is similar to the national average in Peterborough, and better than average for children eligible for free school meals. However pupils in year 1 achieving the expected level in the phonics screening check is low.

Figure 11: School Readiness, Public Health Outcomes Framework, February 2015[12]

Indicator	Period		England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
1.01i - Children in poverty (all dependent children under 20)	2012	◀▶	18.6	15.1	17.0	11.9	12.4	15.4	12.3	22.1	16.3	21.3	20.8	14.3	20.0
1.01ii - Children in poverty (under 16s)	2012	◀▶	19.2	15.9	17.6	12.5	13.1	16.2	12.9	22.4	17.1	22.0	21.7	15.1	20.8
1.02i - School Readiness: The percentage of children achieving a good level of development at the end of reception	2013/14	◀▶	60.4	60.9	57.0	61.2	57.2	61.4	65.9	51.6	58.1	59.2	61.6	58.9	66.1
1.02i - School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2013/14	◀▶	44.8	44.1	41.3	41.2	35.9	43.4	45.8	45.4	43.2	52.0	42.5	42.4	54.3
1.02ii - School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check	2013/14	◀▶	74.2	73.0	72.5	73.9	71.5	73.8	76.6	67.7	68.8	66.2	73.9	73.5	75.5
1.02ii - School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2013/14	◀▶	61.3	56.8	55.0	57.9	54.5	56.5	57.7	56.5	55.8	53.3	58.0	57.6	62.6

[11] http://www.peterborough.gov.uk/pdf/CommunityInformation-About-PopulationEstimates-PopulationForecast.pdf
[12] http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/0/par/E12000006/are/E06000031

Determinants of health at electoral ward level

Local data shows that electoral wards with high levels of childhood poverty and low levels of education attainment also contain relatively high numbers of young people not in employment, education or training and of adults of working age claiming out of work benefit. This demonstrates the importance of reducing levels of deprivation and increasing education attainment in order to best equip people with the skills required to become economically self-sufficient when they reach working age. The table below shows the high level of correlation between deprivation and unemployment in an electoral ward, and children's educational attainment at GCSE.

Figure 12 – Peterborough educational/economic attainment correlation[13] (red = below Peterborough average, green = above Peterborough average)

Area Name	% of children living in poverty	% of pupils achieving 5 or more GCSEs A*-C including English & Maths)	% of 16-18 NEET (not in employment, education or training)	% of working age population claiming out of work benefit	Working age population claiming out of work benefit for longer than 12 months (rate per 1,000 of population)
Barnack	5.1	66.7	1.1	1.5	2.1
Bretton North	36.3	31.7	8.9	8.2	23.6
Bretton South	25.4	47.7	6.1	5.1	13.5
Central	35.5	35.2	7.7	7.9	18.1
Dogsthorpe	39.6	31.5	9.8	7.2	19.3
East	38.8	29.0	5.9	6.7	16.3
Eye and Thorney	16.4	54.7	4.3	3.2	7.6
Fletton and Woodston	24.7	46.1	9.1	5.0	11.1
Glinton and Wittering	6.2	72.3	1.0	1.7	2.7
Newborough	11.1	62.5	1.9	2.1	4.8
North	36.6	31.4	6.1	6.8	16.6
Northborough	5.4	76.8	1.2	2.0	3.2
Orton Longueville	39.0	35.3	10.0	7.6	21.7
Orton Waterville	18.4	63.2	5.7	3.3	7.7
Orton with Hampton	16.0	62.4	5.0	3.0	6.1
Park	29.1	42.0	8.2	6.4	13.2
Paston	37.3	42.1	6.8	7.2	21.1
Ravensthorpe	37.4	32.8	5.2	8.1	21.4
Stanground Central	21.9	46.0	8.5	4.2	8.3
Stanground East	20.0	46.5	12.5	3.6	6.4
Walton	24.3	62.3	5.2	4.5	10.9
Werrington North	15.2	72.2	5.1	3.2	7.1
Werrington South	16.1	65.4	1.0	3.0	7
West	17.2	64.4	2.2	3.3	6.6
Peterborough	**27.2**	**48.3**	**6.5**	**5.3**	**12.7**

[13] http://www.localhealth.org/#

5.2 Child Health outcomes

Within our proportionately larger and more diverse child population we are seeing some worse health outcomes than nationally – the chart below shows the East of England to be statistically significantly better than England for each of the 14 indicators, whereas Peterborough is statistically significantly worse than England for five indicators and similar to England for the other nine. Peterborough is 'worse than benchmark' for under 18 conceptions, hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds, hospital admissions for asthma and hospital admissions as a result of self-harm (two indicators):

Figure 13: Public Health England Children's Public Health Benchmarking

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
4.01 - Infant mortality	2011 - 13	4.0	3.7	5.4	3.2	3.2	3.6	2.9	5.1	4.5	4.3	3.7	3.7	2.8
2.01 - Low birth weight of term babies	2012	2.8	2.7	2.6	2.7	2.0	2.5	2.7	5.0	2.5	2.7	2.7	2.2	2.8
2.02i - Breastfeeding - Breastfeeding initiation	2013/14	73.9	76.7	79.7	83.0	77.5	*	76.7	75.6	77.8	72.8	*	78.4	*
Under 18 conceptions	2013	24.3	21.0	22.0	16.1	19.9	22.3	16.4	24.4	22.2	33.4	26.6	19.6	36.1
Hospital admissions for accidental and deliberate injuries in children (aged 0-4)	2013/14	140.8	120.5	86.9	127.1	116.5	110.3	118.6	125.1	153.8	146.5	107.1	110.2	96.3
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2013/14	112.2	100.1	79.6	100.5	95.3	92.3	103.9	100.5	122.1	120.1	88.8	92.1	82.4
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24)	2013/14	136.7	122.0	119.4	132.7	131.7	114.6	112.7	124.9	124.8	171.7	153.0	121.0	86.3
Tooth decay in children aged 5	2011/12	0.94	0.75	0.83	0.51	0.50	0.57	0.69	1.64	0.96	1.08	0.65	0.54	*
Hospital admissions due to alcohol specific conditions	2010/11 - 12/13	42.7	26.8	31.6	31.3	21.8	27.7	19.7	23.6	31.9	43.0	27.7	27.8	14.7
Hospital admissions due to substance misuse	2010/11 - 12/13	75.2	51.0	69.0	49.1	54.7	50.8	38.6	41.0	52.9	91.4	55.9	57.9	40.2
Hospital admissions for asthma	2012/13	221.4	173.7	237.7	160.5	129.3	139.0	119.5	267.5	195.7	348.7	166.0	248.0	141.4
Hospital admissions for mental health conditions	2012/13	87.6	77.5	63.7	82.9	94.5	78.5	56.3	87.0	98.3	77.8	119.6	70.7	64.1
Hospital admissions as a result of self-harm	2012/13	346.3	291.2	300.5	396.2	280.1	222.4	227.6	235.5	368.1	620.5	268.9	321.6	82.4
Hospital admissions as a result of self-harm (pooled)	2010/11 - 12/13	352.3	276.3	314.4	377.3	246.5	221.1	212.0	211.4	322.5	506.9	260.6	341.0	97.9

5.3 Childhood obesity

Figure 14 shows that Peterborough's prevalence of healthy weight and overweight among reception year children and underweight among year six children was worse than the national and regional averages for the period 2013/14. The prevalence of obesity amongst year 6 children is better than the national average.

Figure 14: Child Weight, Public Health England, NCMP Local Authority Profile, 2013/14[14]

Indicator	Period		England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Reception: Prevalence of underweight	2013/14	◀▶	0.95	0.78	0.91	0.55	0.63	0.78	0.95	1.82	0.50	1.31	0.63	0.49	0.55
Reception: Prevalence of healthy weight	2013/14	◀▶	76.5	77.7	77.6	78.6	79.3	78.0	78.3	75.0	77.2	74.1	77.6	77.4	77.4
Reception: Prevalence of overweight (including obese)	2013/14	◀▶	22.5	21.6	21.5	20.9	20.0	21.2	20.8	23.2	22.3	24.6	21.8	22.1	22.0
Reception: Prevalence of obesity	2013/14	◀▶	9.5	8.5	8.9	8.1	8.1	8.1	8.0	10.5	8.6	10.6	9.3	8.8	8.8
Year 6: Prevalence of underweight	2013/14	◀▶	1.36	1.38	1.51	1.13	0.65	1.29	1.54	1.88	1.22	3.44	1.10	1.14	1.42
Year 6: Prevalence of healthy weight	2013/14	◀▶	65.1	67.6	65.7	69.8	70.0	68.0	69.9	60.5	66.6	66.3	66.4	67.2	60.1
Year 6: Prevalence of overweight (including obese)	2013/14	◀▶	33.5	31.1	32.8	29.0	29.3	30.7	28.6	37.6	32.2	30.2	32.5	31.7	38.5
Year 6: Prevalence of obesity	2013/14	◀▶	19.1	17.2	18.5	16.2	15.9	16.7	15.1	23.7	18.0	17.4	17.7	17.4	22.1

The below table outlines, by electoral ward, the percentage of children deemed obese or with excess weight as measured by the National Child Measurement Programme in reception year and in year 6. In reception year rates of obesity and overweight by electoral ward do not appear to be linked to deprivation, whereas by year 6 there appears to be a stronger linkage between the level of deprivation in an electoral ward and the rate of childhood obesity.

Figure 15 – Peterborough National Child Measurement Programme Data 2010/11-2012/13[15] (red = below Peterborough average, green = above Peterborough average)

Area Name	% obese children in reception year (2010/11-2012/13)	% children with excess weight in reception year (2010/11-2012/13)	% obese children in year 6 (2010/11-2012/13)	% children with excess weight in year 6 (2010/11-2012/13)
Barnack	9.2	23.1	9.3	25.3
Eye and Thorney	5.9	17.7	19.3	33.7
Glinton and Wittering	10.6	29.2	12.1	28.0
Newborough	12.2	19.4	8.5	24.5
Northborough	11.3	22.6	15.3	30.6
Bretton North	11.0	23.1	24.4	40.8
Bretton South	7.1	22.8	17.3	36.7
Central	10.8	20.7	22.7	35.1
Dogsthorpe	9.7	20.7	20.3	34.8
East	11.3	25.0	22.9	38.9
Fletton and Woodston	8.9	26.0	19.1	35.1

[14] http://fingertips.phe.org.uk/profile/national-child-measurement-programme
[15] http://www.localhealth.org/#l=en;v=map4

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Area Name	% obese children in reception year (2010/11-2012/13)	% children with excess weight in reception year (2010/11-2012/13)	% obese children in year 6 (2010/11-2012/13)	% children with excess weight in year 6 (2010/11-2012/13)
North	10.2	24.0	24.6	40.8
Orton Longueville	11.6	27.9	19.4	31.9
Orton Waterville	7.3	22.4	12.5	21.6
Orton with Hampton	8.9	21.7	22.4	36.0
Park	9.3	21.2	20.3	31.8
Paston	8.7	21.3	20.2	34.0
Ravensthorpe	10.5	23.7	23.2	37.6
Stanground Central	11.0	25.2	24.2	35.7
Stanground East	6.0	19.7	19.3	29.4
Walton	11.2	23.9	24.4	37.2
Werrington North	12.6	24.8	17.7	29.2
Werrington South	11.3	24.2	12.8	24.8
West	9.7	18.4	17.2	31.1
Peterborough UA	**10.0**	**23.0**	**20.0**	**33.7**

5.4 Child Healthcare Usage

Data collated by Public Health England allows for the analysis of healthcare statistics relating to children & young people by GP practice (i.e. the population registered with each practice). As shown within the below table, a composite indicator analysis of all of the 18 indicators within the dataset, incorporating statistics relating to demographics, deprivation and hospital admissions for young people, ranks Ailsworth Medical Centre as having the registered population with the lowest healthcare burden for children and young people and Dogsthorpe Medical Centre as having the highest burden.

Figure 16 – Peterborough GP Practice Children & Young People Health Burden (1 = Lowest Burden, 25 = Highest Burden)

Practice	Rank	Ward - Geographically Located Within	Ward - Majority Population Registered Within
Ailsworth Medical Centre	1	Glinton & Wittering	Glinton & Wittering
Westgate Surgery	2	Central	Central
Thorney	3	Eye & Thorney	Eye & Thorney
Thistlemoor Road	4	North	North
Millfield Medical Centre	5	Park	Central
Huntly Grove	6	Park	Park
Botolph Bridge	7	Fletton	Fletton
Hampton Health	8	Orton & Hampton	Orton & Hampton
Park Med Centre	9	Park	Park
63 Lincoln Road	10	Central	Werrington South
Paston	11	Paston	Paston
Hodgson Medical Centre	12	Werrington North	Werrington North
Thomas Walker	13	Park	Park
The Grange Medical Centre	14	West	West
Thorpe Road Surgery	15	West	West

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Practice	Rank	Ward - Geographically Located Within	Ward - Majority Population Registered Within
Old Fletton	16	Fletton	Fletton
North St	17	Central	East
Nene Valley Medical Practice	18	Orton Longueville	Orton Longueville
Bretton Medical Practice	19	Bretton North	Bretton North
Orton Bushfield Medical Practice	20	Orton Waterville	Orton Waterville
Welland Medical Practice	21	Dogsthorpe	Dogsthorpe
Westwood Clinic	22	Ravensthorpe	Ravensthorpe
Parnwell Medical Centre	23	East	East
Minster Practice	24	Park	East
Dogsthorpe Medical Centre	25	Welland	Welland

Figure 17 – Electoral Ward Child Health Statistics (Green = statistically significantly better than Peterborough average, orange = statistically worse than Peterborough average)

Rank of each indicator by ward	% Breastfeeding	% smoking at delivery	low birthweights - % of births under 2.5kg	% child poverty	fertility rates per 1000 females aged 15-44	% of population living in overcrowded residences	% population under 16	% population under 20	% primary school children on FSMs	NEET - % of aged 19s not In employment or education	A&E attendances - DSR per 10,000 up to age 24 years old	Elective admissions DSR per 10,000 up to age 24 years old	FSP - % children achieving a good level of development within Early Years Foundation Stage Profile, 2012
Barnack	83.3	1.6	6.2	5.1	72.8	2.2	19.9	12.2	5.1	0.0	216	10	94.7
Bretton North	74.3	26.2	7.8	36.2	83	9.1	23.2	12.3	27.4	7.7	364	32	58.4
Bretton South	76.9	20.3	7.5	24.4	68.4	5.4	18.9	10.8	28.1	9.4	321	34	65.4
Central	72.9	14.5	9.4	35.9	105.2	18.5	22.9	14.7	22.5	8.7	317	51	26.7
Dogsthorpe	73.3	25.2	8	39.6	89	10.4	22.9	11.9	28.7	10.3	338	45	52.3
East	66.7	19.0	7.9	38.8	96.3	13.8	22.2	11.9	23.9	11.0	320	48	40.0
Eye and Thorney	65.9	12.5	7.1	16.4	68.4	2.9	19.5	9.8	12.1	5.6	272	34	76.3
Fletton and Woodston	68.6	14.9	7.8	24.8	84.1	8.3	19.7	11.3	15.5	7.7	290	37	57.9
Glinton and Wittering	77.6	10.8	6.2	6.2	62.2	2.2	18.4	10.9	3.1	2.3	215	30	82.9
Newborough	72.7	17.9	4.7	11.1	55.8	2.2	16.8	9.5	4.5	1.1	235	28	76.2
North	73.3	16.6	8.3	36.6	93.1	11.5	22.6	12.4	29.0	11.5	297	66	43.0
Northborough	83.3	0.0	5.7	5.4	38.9	2.3	17.5	9.5	7.1	4.8	185	0	80.0
Orton Longueville	75.4	21.5	7.4	37.6	81	9.1	24.9	12.1	31.8	11.1	336	55	52.7
Orton Waterville	73.0	15.8	7	18.3	62.7	3.5	17.4	9.9	18.1	8.9	265	35	66.7
Orton with Hampton	65.1	10.6	5.9	16	77.8	7.3	26.1	11.1	13.8	5.7	275	50	69.3
Park	64.4	11.7	10	29.1	96.2	15.8	24.4	14.8	16.0	9.3	278	35	42.9
Paston	70.8	25.1	7.9	37.9	85	9.3	23.2	12.2	24.7	9.8	335	44	57.7
Ravensthorpe	71.2	24.0	8.7	37.6	96.2	11.8	24.6	13.4	25.2	11.3	367	46	48.0
Stanground Central	76.1	17.7	5.9	21.7	66.9	5.8	17.8	10.8	16.2	10.7	305	51	62.6
Stanground East	78.3	16.7	5.5	20	61.7	4.3	17.9	10.5	13.3	7.6	317	35	64.0
Walton	62.9	23.2	9.2	25.2	71.9	6.9	17.5	10.8	15.4	4.8	317	40	66.2
Werrington North	64.1	14.5	6.2	15	54.2	6.6	20	11.6	10.9	4.4	273	36	69.3
Werrington South	71.4	9.8	7.2	16.2	58.6	3.8	16.3	9.8	4.0	1.0	284	44	81.3
West	72.5	9.1	8.4	17.2	70.7	4.5	17.6	10.4	12.6	5.2	300	54	53.6
Peterborough	70.4	17.1	7.7	27.2	79.7	8.3	21.3	11.7	23.4	8.0	301	42	55.8

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6. Adult Health & Determinants

6.1 Smoking

It is estimated that of Peterborough's adult (18+) population of approximately 140,000 people, around 29,000 (20.8%) are current smokers.

The dashboard below shows that Peterborough has a statistically worse smoking prevalence rate than the national average among the general population and routine and manual workers. The rate of smoking attributable hospital admissions is also worse than the national average. Rates of overall smoking attributable mortality and smoking attributable deaths from lung cancer, chronic obstructive pulmonary disease, heart disease are broadly similar to national averages, which does however compare unfavourably with the East of England overall which has below average prevalence for these indicators.

Figure 18 - Tobacco Control Indicators Dashboard, Public Health England, February 2015

Indicator	Period		England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Smoking Prevalence (IHS)	2013		18.4	17.5	13.7	13.5	15.0	18.9	15.5	20.0	18.0	20.8	21.8	18.5	22.8
Smoking prevalence - routine & manual	2013		28.6	28.4	22.3	27.3	22.4	29.3	25.7	29.1	29.5	34.7	29.7	30.9	25.6
Successful quitters at 4 weeks	2013/14		3524	3839	4143	3228	3528	4176	4221	3594	3070	4404	4158	3827	4396
Successful quitters (CO validated) at 4 weeks	2013/14		2472	2724	2966	2081	2658	2887	2780	2077	2481	3673	2765	2918	3218
Completeness of NS-SEC recording by Stop Smoking Services	2013/14		86.2	94.8	100	83.9	100	93.7	100	93.3	95.4	100	100	90.9	100
Smoking status at time of delivery	2013/14		12.0*	10.8*	12.6	10.6	12.6	*	7.3	12.1	12.9	10.6	10.9	12.5	*
Low birth weight of term babies	2012		2.8	2.7	2.6	2.7	2.0	2.5	2.7	5.0	2.5	2.7	2.7	2.2	2.8
Smoking prevalence age 15 years - regular smokers	2013		8	-	-	-	-	-	-	-	-	-	-	-	-
Smoking prevalence age 15 years - occasional smokers	2013		10	-	-	-	-	-	-	-	-	-	-	-	-
Lung cancer registrations	2009 - 11		75.5	64.4	54.7	59.7	60.3	66.8	61.3	76.9	66.0	71.2	72.7	60.2	87.6
Oral cancer registrations	2009 - 11		12.8	10.7	10.3	11.2	8.6	10.9	9.4	12.1	10.6	12.9	17.2	10.8	10.8
Deaths from lung cancer	2011 - 13		60.2	52.5	43.0	46.7	54.0	55.9	50.5	70.1	49.4	62.0	63.4	48.2	73.8
Deaths from chronic obstructive pulmonary disease	2011 - 13		51.5	43.7	46.6	40.8	41.9	47.6	45.9	42.9	39.4	56.6	49.4	36.2	63.3
Smoking attributable mortality	2011 - 13		288.7	258.2	238.4	229.8	255.6	266.8	256.6	286.2	252.4	304.5	301.2	239.7	352.7
Smoking attributable deaths from heart disease	2011 - 13		32.7	29.5	29.1	24.4	30.0	28.4	27.4	42.4	31.1	37.4	35.0	28.8	39.4
Smoking attributable deaths from stroke	2011 - 13		11.0	9.7	8.8	8.4	8.7	9.3	9.7	11.2	10.7	10.9	9.2	9.3	12.8
Smoking attributable hospital admissions	2012/13		1688	1571	1230	1694	1489	1416	1364	1904	1844	1885	1838	1549	1829

How does tobacco impact on local NHS Healthcare?

The effect on the local health sector in Peterborough as a result of smoking is an additional:

31,030	GP consultations;
8,139	practice nurse consultations;
5,374	outpatient visits;
1,018	hospital admissions; and
17,215	Prescriptions

Alcohol and drug misuse

6.2 Alcohol

People who consume alcohol in excessive amounts place themselves at a substantial risk of damaging their health, which in turn places a higher financial burden on the local healthcare economy. The NHS recommends that men should not exceed 3-4 units of alcohol a day and women not more than 2-3units a day.[16] There are approximately 2 units of alcohol in a regular strength (ABV 3.6%) beer, 3 units in a large glass of wine (ABV 12%) and 1 unit in a standard 25ml shot of spirits (ABV 40%). Nationally[17] it is estimated that in 2012 almost a quarter of men (24%) drank more than the recommended 21 units a week, including 5% who drank more than 50 units (a level considered to be higher risk). Among women, 18% usually drank more than the recommended 14 units a week, including 4% who drank more than 35 units (the higher risk level for women).

There were an estimated 1171 alcohol related admissions to hospital (narrow definition) for Peterborough residents in 2012/13, and of these 749 were for men and 422 for women. The rates of hospital admission for men but not for women were significantly higher than the national average.

Figure 19: Peterborough Alcohol related admissions to hospital 2012/13[18]

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
2.18 - Alcohol related admissions to hospital - narrow definition (Persons)	2012/13	637	552	482	589	518	498	472	684	671	689	643	568	461
2.18 - Alcohol related admissions to hospital - narrow definition (Male)	2012/13	829	700	659	723	653	633	608	885	849	916	812	693	660
2.18 - Alcohol related admissions to hospital - narrow definition (Female)	2012/13	465	421	323	468	398	382	356	496	512	484	496	457	284

[16] http://www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx
[17] Health Survey for England 2012
[18] http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000006/are/E06000031

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6.3 Drug misuse

Peterborough has approximately 850 Opiate/Crack users currently in structured treatment, though prevalence estimates suggest that the number of Opiate users in the city is considerably higher than this with a rate of 10.5/1000[i] population which compares to rates of 5.8/1000 and 8.4/1000 for regional and national comparators respectively. The drug using population is aging and becoming more complex in Peterborough meaning that more time and resource have to be inputted into each client to achieve abstinence and to allow the client to exit treatment successfully, though there remains high levels of representations back into treatment

Non Opiate use in the city brings with it its own challenges. Although there are significantly lower numbers of clients accessing structured treatment for their addiction, the prevalence of non-opiate users is considered to be high. According to the ONS, around 8.8% of our national population whom are between the age of 16-59 are thought to have taken 'any drug'[1] in the last year which equates to around 1 in 11. With these proportions translated in to a population the size of Peterborough, we can 'estimate' that there were over 9,500 people that had taken 'any' drug in the last year – with the predominance being cannabis – this rate increases to almost 20% of all 16-24 year olds.

The percentage of clients successfully completing drug treatment is better than the national average in Peterborough for both opiate and non-opiate users, as is the proportion of people with substance misuse problems entering prison who are not already known to local services.

Figure 20: Drug Treatment Indicators, PHOF 2012/13[19]

| Indicator	Period		England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
2.15i - Successful completion of drug treatment - opiate users	2013	◄►	7.8	7.4	8.6	8.0	5.4	5.1	8.5	8.6	6.2	11.3	4.2	8.6	12.0
2.15ii - Successful completion of drug treatment - non-opiate users	2013	◄►	37.7	34.8	26.9	39.2	34.3	40.1	31.0	26.4	31.3	49.2	31.3	26.9	47.2
2.16 - People entering prison with substance dependence issues who are previously not known to community treatment	2012/13	◄►	46.9	46.5	49.3*	49.3	49.3*	56.9	46.6	47.1	36.8	37.1	43.2	41.7	46.9

[1] 'Any drug' comprises powder cocaine, crack cocaine, ecstasy, LSD, magic mushrooms, ketamine, heroin, methadone, amphetamines, methamphetamine, cannabis, tranquillisers, anabolic steroids, amyl nitrite, any other pills/powders/drugs smoked. Mephedrone is not included in the 'Any drug' category but is presented in the tables to show use by different characteristics and factors.

[19] http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000006/are/E06000031

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7. Obesity, Healthy Eating and Physical Activity

Physical activity and healthy eating are often considered in the context of obesity – although physical activity has significant health benefits regardless of a person's weight, as does a healthy diet. Obesity is a significant public health concern - due to the increase that has been seen in the UK over the last 20 years, and the growing impact this is having on use of the health service. Obesity increases people's risk of diabetes, circulatory disease, some cancers, and musculoskeletal problems.

Figure 21 Increase in obesity rates in England 1993-2013
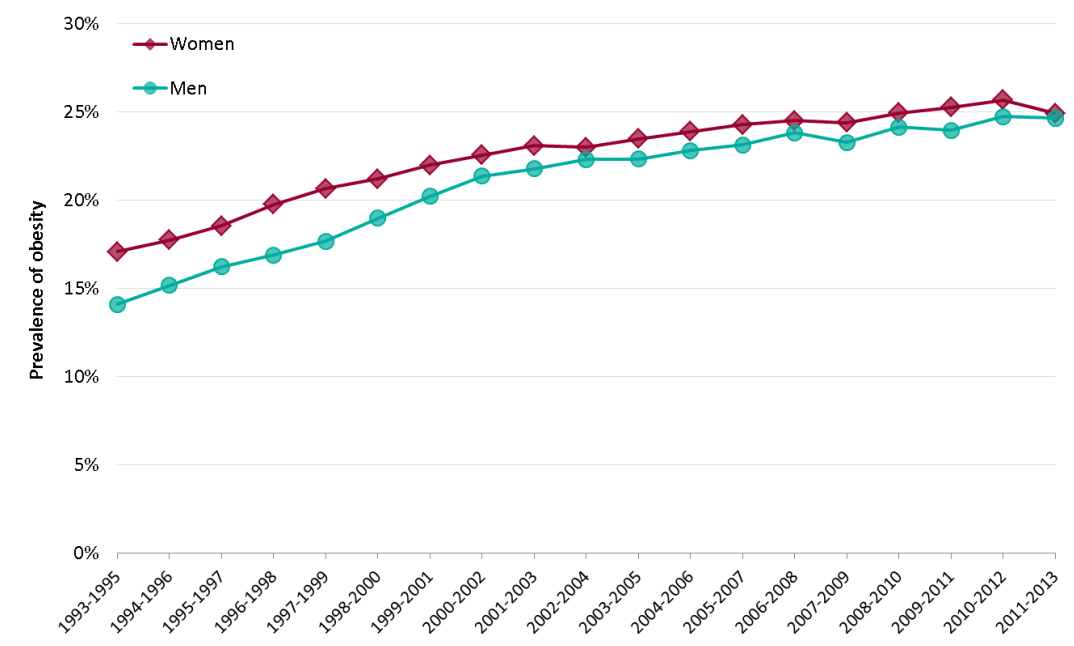
Source: Health Survey for England, Public Health England Obesity Observatory

The chart below shows that about two thirds of people in Peterborough are overweight or obese. While this is similar to the national average – it indicates that overweight and obesity are becoming the 'social norm' which may have long term implications for public health. Rates of healthy eating (consuming five or more portions of fruit or vegetables per day) are significantly lower than average in Peterborough – this is often linked with people's socio-economic circumstances, and rates of physical activity are similar to the national average, with only just over half of adults (55%) meeting the Chief Medical Officer for England's recommendation of at least 150 minutes of moderate physical activity per week to maintain health.

Figure 22- Public Health Outcomes Framework – Healthy Eating/Physical Activity Indicators 2012-14[20]

| Indicator	Period		England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
2.11i - Fruit and Veg '5-a-day'	2014	◀▶	56.3	56.9	55.7	59.3	55.6	55.4	56.9	43.8	59.1	50.3	52.0	60.4	48.0
2.11ii - Average portions of fruit eaten	2014	◀▶	2.64	2.65	2.63	2.73	2.61	2.60	2.64	2.30	2.70	2.52	2.51	2.73	2.43
2.11iii - Average portions of vegetables eaten	2014	◀▶	2.36	2.39	2.35	2.39	2.47	2.34	2.37	1.98	2.44	2.31	2.27	2.53	2.18
2.12 - Excess Weight in Adults	2012	◀▶	63.8	65.1	60.9	65.0	69.1	67.3	61.8	59.0	65.7	65.5	64.4	65.3	70.8
2.13i - Percentage of physically active and inactive adults - active adults	2013	◀▶	56.0	57.8	61.8	60.2	53.8	57.6	59.2	52.3	57.2	54.6	55.6	59.1	52.4
2.13ii - Percentage of active and inactive adults - inactive adults	2013	◀▶	28.3	26.9	23.4	24.6	29.6	27.2	25.0	30.3	28.1	31.2	28.3	26.6	28.9

7.1 Associated Health outcomes

In the 2011 Census, respondents were asked about their health and about whether they had any long term limiting illness or disability. The results show that there is quite significant variation across electoral wards in Peterborough in the responses. It is important to remember that long term limiting illness and disability become more common with age, so wards with more older people are likely to report higher rates even if the overall health of people in that area is good.

**Figure 23- Public Health Outcomes Framework – Healthy Eating & Physical Activity, 2012 - 2014**

Indicator	Period		England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
2.11i - Fruit and Veg '5-a-day'	2014	◀▶	56.3	56.9	55.7	59.3	55.6	55.4	56.9	43.8	59.1	50.3	52.0	60.4	48.0
2.11ii - Average portions of fruit eaten	2014	◀▶	2.64	2.65	2.63	2.73	2.61	2.60	2.64	2.30	2.70	2.52	2.51	2.73	2.43
2.11iii - Average portions of vegetables eaten	2014	◀▶	2.36	2.39	2.35	2.39	2.47	2.34	2.37	1.98	2.44	2.31	2.27	2.53	2.18
2.12 - Excess Weight in Adults	2012	◀▶	63.8	65.1	60.9	65.0	69.1	67.3	61.8	59.0	65.7	65.5	64.4	65.3	70.8
2.13i - Percentage of physically active and inactive adults - active adults	2013	◀▶	56.0	57.8	61.8	60.2	53.8	57.6	59.2	52.3	57.2	54.6	55.6	59.1	52.4
2.13ii - Percentage of active and inactive adults - inactive adults	2013	◀▶	28.3	26.9	23.4	24.6	29.6	27.2	25.0	30.3	28.1	31.2	28.3	26.6	28.9

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Figure 24 – Reporting of health as 'poor' – Peterborough wards[21]
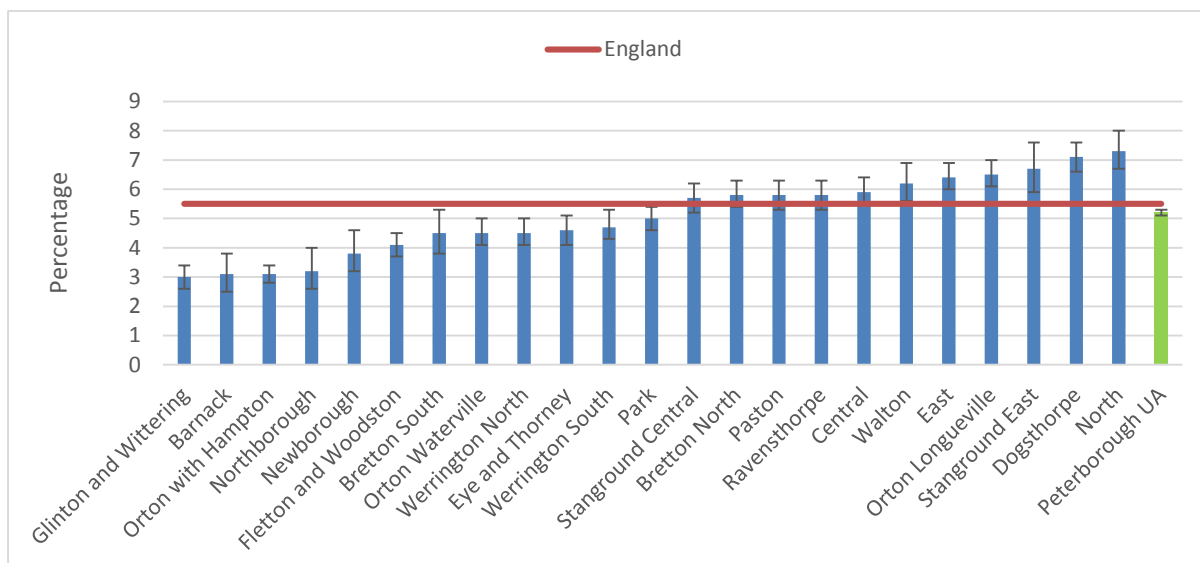
Peterborough also has 7 wards with a statistically significantly higher percentage of people with Limiting Long term illness or disability.

Figure 25 – Limiting Long Term Illness/Disability – Peterborough wards[22]
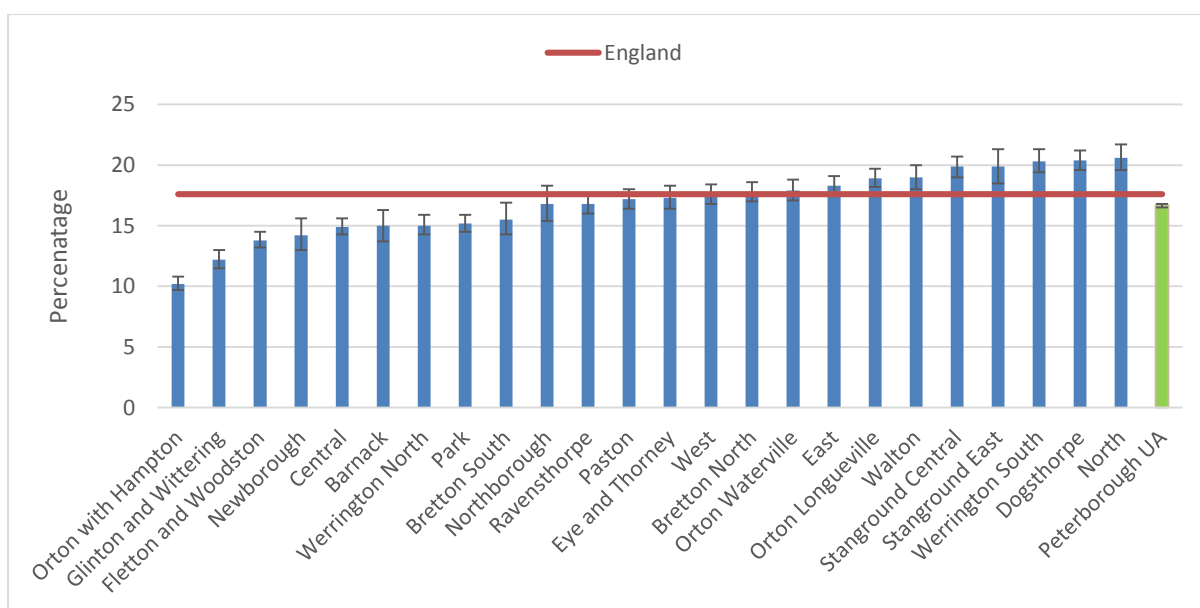
[21] http://www.localhealth.org/#l=en;v=map4
[22] http://www.localhealth.org/#l=en;v=map4(2)

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7.2 Mortality

The main causes of deaths for all ages in Peterborough and England 2010 – 2012 are shown in the pie charts below.

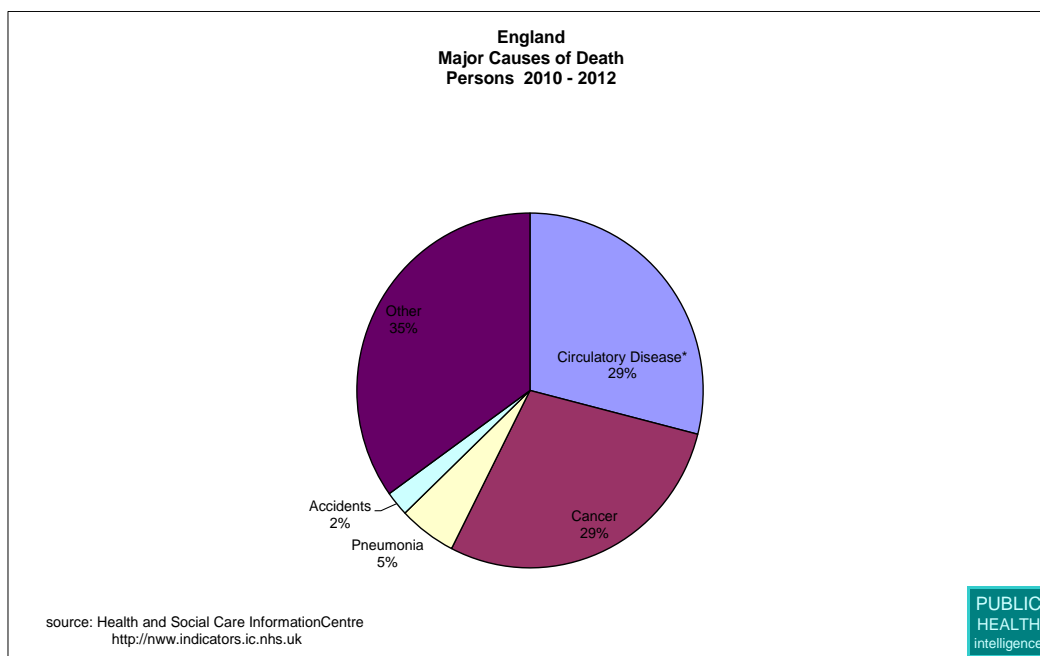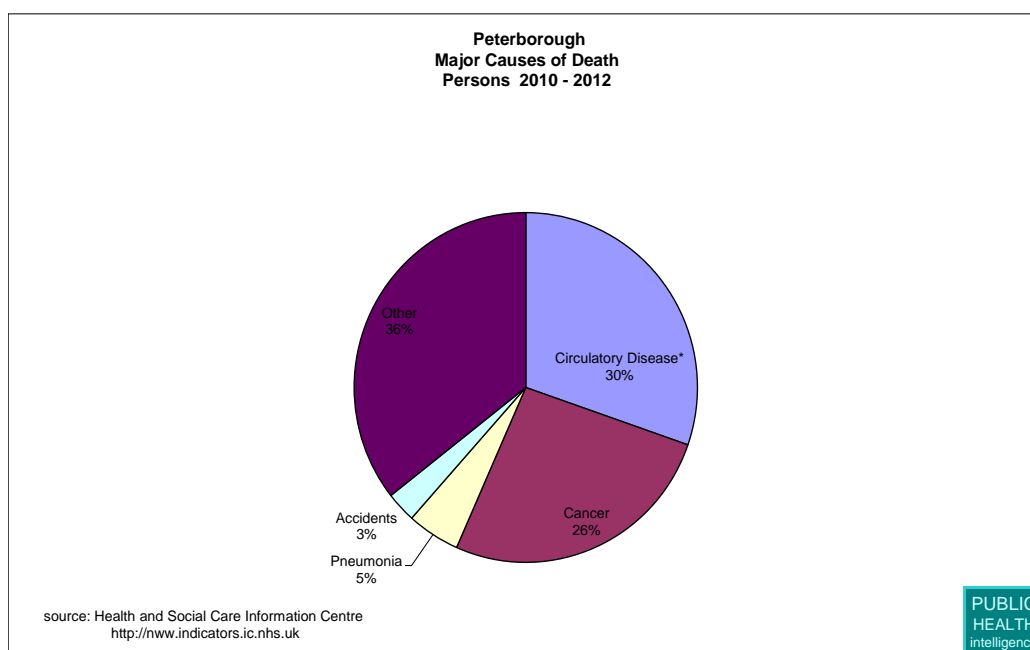**Figure 26 - Major Causes of Death – Peterborough 2010-2012[23]**

Figure 27 - Major Causes of Death – England 2010-2012[24]

[23] http://www.hscic.gov.uk/
[24] http://www.hscic.gov.uk/(2)

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Deaths from circulatory disease (30%) and cancer (26%) contribute to 56% of all deaths in Peterborough compared to 58% in England, where 29% of deaths are from circulatory disease and 29% from Cancer.

7.3 Standardised mortality rates

Directly age standardised mortality rates (DSR) show the number of deaths, usually expressed per 100,000, that would occur in an area if it had the same age structure as a standard population, in this case the 2013 European Standard Population. Expressing mortality data in this fashion avoids the implication that areas with an older population, within which more people would be expected to die, are 'worse' than areas with a younger population if their mortality rate is higher due to the increased prevalence of older people.

 For the period 2011-13, Peterborough had a mortality rate of 1,230 deaths per 100,000, a higher rate than that of East of England and England. The Peterborough mortality rates for males and females were also higher than the regional and national rates (Chart 6).

Figure 28 Deaths per 100,000 population, 2011-2013[25]
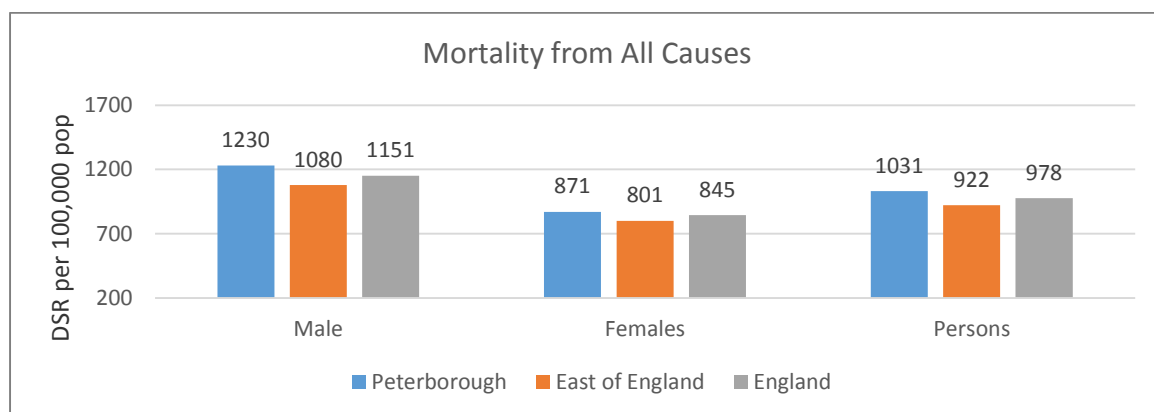
As the chart below shows, Peterborough had a significantly higher mortality rate (210.9/100,000 population) from causes considered preventable by public health interventions than the regional (165.7/100,000) and national (187.8/100,000) averages for the period 2010-12.

Peterborough also had a higher premature mortality rate – i.e. deaths under the age of 75 - from cardiovascular diseases considered preventable, at 75.1 per 100,000 compared to a regional average of 48.1/100,000 and a national average of 53.5/100,000, together with higher premature mortality rates from respiratory disease and higher all age death rates from communicable (infectious) disease. Premature mortality rates from cancer and liver disease and all age mortality rates for suicide were within the national average range. .

[25] https://indicators.ic.nhs.uk/webview/

Figure 29 - Age standardised mortality rates per 100,000 population[26]

Indicator	Period		England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
4.03 - Mortality rate from causes considered preventable (Persons)	2010 - 12	◀▶	187.8	165.7	189.4	149.4	161.8	167.0	158.2	222.4	168.0	210.9	182.5	156.5	187.4
4.03 - Mortality rate from causes considered preventable (Male)	2010 - 12	◀▶	238.4	207.7	235.0	186.3	206.2	210.3	196.7	279.3	212.1	282.1	206.2	195.6	236.0
4.03 - Mortality rate from causes considered preventable (Female)	2010 - 12	◀▶	140.6	126.5	146.7	114.3	119.7	127.4	123.4	166.9	125.9	144.9	160.4	119.1	141.3
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2010 - 12	◀▶	81.1	72.6	81.3	62.7	64.8	70.4	71.0	111.5	73.5	103.8	83.3	67.9	90.4
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2010 - 12	◀▶	114.0	101.9	107.4	86.6	87.3	100.2	100.4	155.7	101.2	145.4	121.1	96.5	128.9
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2010 - 12	◀▶	50.1	45.0	55.9	39.5	42.9	42.8	43.6	68.7	47.2	64.3	47.7	40.6	54.0
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2010 - 12	◀▶	53.5	48.1	58.6	39.3	45.7	45.8	45.3	83.1	49.6	71.5	56.6	45.5	59.7
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2010 - 12	◀▶	80.8	72.4	78.4	59.0	65.3	71.2	67.8	121.6	73.1	110.8	81.3	69.2	96.2
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2010 - 12	◀▶	27.6	25.2	39.4	20.1	26.6	22.3	24.4	46.0	27.3	34.1	33.2	22.8	25.2
4.05i - Under 75 mortality rate from cancer (Persons)	2011 - 13	◀▶	144.4	136.0	131.9	128.4	135.0	141.7	130.6	149.8	132.9	151.2	140.6	134.8	153.3
4.06i - Under 75 mortality rate from liver disease (Persons)	2011 - 13	◀▶	17.9	13.6	21.3	11.9	12.3	13.3	14.1	18.0	13.2	17.4	15.9	12.3	12.1
4.07i - Under 75 mortality rate from respiratory disease (Persons)	2011 - 13	◀▶	33.2	26.2	35.4	23.6	24.6	25.6	27.3	36.0	24.8	41.9	32.5	21.8	33.1
4.08 - Mortality from communicable diseases (Persons)	2011 - 13	◀▶	62.2	56.9	65.3	47.6	63.4	54.3	64.6	69.9	53.8	74.7	67.4	49.6	69.4
4.09 - Excess under 75 mortality rate in adults with serious mental illness	2012/13	◀▶	347.2	-	391.9	318.6	295.7	291.6	351.0	320.4	385.9	341.2	265.2	379.6	248.1

7.4 Premature mortality rates by electoral ward

As outlined in figure 30 below, Peterborough had significantly more premature deaths (under 75) than expected from all causes and specifically for circulatory disease and CHD, and respiratory disease. The table below shows standardised mortality ratios (SMRs) for premature deaths of residents aged under 75, for each electoral ward in Peterborough.

The standardised mortality ratio (SMR) highlights the differences between the number of admissions/deaths that occurred within a population and the number that would have been statistically expected within the population, adjusted for variance in the age and sex of the population. The SMR for England overall is always expressed as 100.0, reflecting the exact number of deaths that would have been expected within the total population of the country. An SMR higher than 100.0 illustrates that the mortality rate was higher than statistically expected based on the

[26] http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/0/par/E12000006/are/E06000031

national rate; conversely, an SMR lower than 100.0 shows that the mortality rate was lower than the national rate.

A clear picture emerges in which premature death rates and in particular premature deaths from cardiovascular disease and coronary heart disease are highest in wards with higher deprivation scores. The wards with statistically significantly high rates of premature death from all causes, cardiovascular disease and CHD are Central, Dogsthorpe, East, Orton Longueville, Park and Ravensthorpe. This includes five of the seven wards with the highest level of income deprivation. The other two electoral wards in the highest category of income deprivation – North and Paston – also have high all-cause premature death rates, but their premature death rates from cardiovascular disease and CHD are not statistically significantly high.

Figure 30 - Under 75 Standardised mortality ratios (SMR), 2008-2012[27]

Area Name	Numerator	Deaths under 75 all causes	Numerator	Deaths under 75 all Cancers	Numerator	Deaths Under 75 Circulatory Disease	Numerator	Deaths under 75, CHD
Barnack	49	87.9	28	119.1	13	100.2	6	78.3
Bretton North	149	115.4	50	96.3	36	123.9	19	114.5
Bretton South	47	110.5	15	86.8	10	101.4	9	164.1
Central	146	150.6	34	98.5	34	172.1	25	229.9
Dogsthorpe	153	131.5	49	106.8	42	161.0	29	197.1
East	177	142.9	55	114.4	50	181.2	29	188.9
Eye and Thorney	96	99.4	45	112.8	23	100.5	11	85.8
Fletton and Woodston	134	116.3	40	92.3	37	149.6	23	167.2
Glinton and Wittering	74	79.7	39	105.7	15	69.6	4	34.0
Newborough	34	74.1	17	89.7	6	54.4	3	48.7
North	100	129.5	37	121.6	24	137.4	16	161.5
Northborough	37	69.0	20	87.7	8	60.5	6	81.2
Orton Longueville	179	139.8	67	131.8	48	166.6	29	178.6
Orton Waterville	110	84.7	36	67.2	29	96.0	11	63.5
Orton with Hampton	82	77.8	36	96.3	15	68.2	6	51.0
Park	148	142.3	41	102.8	46	200.8	27	212.6
Paston	122	126.6	43	115.5	28	134.0	16	134.4
Ravensthorpe	139	159.2	35	104.2	43	224.5	28	262.0
Stanground Central	144	108.5	53	97.8	31	100.5	21	119.7
Stanground East	33	76.6	16	92.7	8	79.3	3	53.6
Walton	79	104.8	37	122.3	19	108.3	12	123.5
Werrington North	67	72.3	24	65.5	17	84.3	10	85.5
Werrington South	103	75.7	31	53.5	31	93.4	17	89.7
West	125	87.7	52	87.6	29	86.5	12	62.3
Peterborough UA	**2,527**	**109.0**	**900**	**97.7**	**641**	**122.3**	**370**	**125.8**
England	762,945	100.0	310,211	100.0	176,217	100.0	99,575	100.0

[27] http://www.localhealth.org/#l=en

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7.5 Hospital admissions

The hospital standardised admission rate (SAR) highlights the differences between the number of hospital admissions that occurred within a population and the number that would have been statistically expected within the population, adjusted for variance in age and sex of the population. The SAR for England overall is always expressed as 100.0, reflecting the exact number of admissions that would have been expected within the total population of the country. An SAR higher than 100.0 illustrates that the admission rate within Peterborough was higher than statistically expected based on the national rate; conversely, an SAR/SMR lower than 100.0 shows that the admission rate within Peterborough was lower than the national rate.

Overall, between 2008 and 2013, the SAR for Peterborough was statistically significantly higher than the SAR for England, standing at 104.2. The ward level data shows clearly that, as for premature deaths, high standardised admission ratios for all causes and for CHD in particular are associated closely with the electoral wards which also have high levels of income deprivation.

Figure 31- Standardised admissions ratios for all causes, CHD, Stroke and COPD 2008-2013[28]

Area Name	Standardised Admission Ratio: Emergency hospital admissions for all causes (2008/09-2012/13)	Standardised Admission Ratio: Emergency hospital admissions for coronary heart disease (2008/09-2012/13)	Standardised Admission Ratio: Emergency hospital admissions for stroke (2008/09-2012/13)	Standardised Admission Ratio: Emergency hospital admissions for myocardial infarction (2008/09-2012/13)
Barnack	88.8	87.8	89.9	78.9
Bretton North	111.9	115.5	88.3	99.2
Bretton South	95.0	90.2	98.6	70.9
Central	127.5	160.9	145.2	115.4
Dogsthorpe	113.0	126.6	98.3	75.9
East	114.4	139.0	113.0	105.0
Eye and Thorney	94.3	91.5	99.9	73.3
Fletton and Woodston	109.8	117.3	119.8	93.3
Glinton and Wittering	85.8	95.1	89.4	88.5
Newborough	76.7	87.0	47.6	87.9
North	117.4	135.8	107.3	63.4
Northborough	86.8	116.9	95.0	115.1
Orton Longueville	118.3	137.7	98.3	92.9
Orton Waterville	86.2	91.9	84.6	78.5
Orton with Hampton	96.8	96.6	102.1	81.2
Park	119.3	150.4	122.4	113.0
Paston	107.2	111.1	84.1	101.3
Ravensthorpe	123.1	146.9	116.8	115.5
Stanground Central	99.6	104.9	114.1	86.5
Stanground East	93.9	105.7	105.0	92.2
Walton	99.1	104.3	95.1	81.4
Werrington North	85.4	109.0	79.2	94.4

[28] http://www.localhealth.org/#l=en

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Area Name	Standardised Admission Ratio: Emergency hospital admissions for all causes (2008/09-2012/13)	Standardised Admission Ratio: Emergency hospital admissions for coronary heart disease (2008/09-2012/13)	Standardised Admission Ratio: Emergency hospital admissions for stroke (2008/09-2012/13)	Standardised Admission Ratio: Emergency hospital admissions for myocardial infarction (2008/09-2012/13)
Werrington South	85.7	92.9	71.8	83.4
West	92.8	92.6	107.4	71.3
Peterborough Unitary Authority	104.2	114.3	101.4	89.9
Cambridgeshire & Peterborough Clinical Commissioning Group	86.8	97.7	89.3	85.6
England	100	100	100	100

8. Use of adult social care

One of the priorities for all Health and Wellbeing Boards is the integration of health and social care. Benchmarking data on adult social care is available from URL:
http://fingertips.phe.org.uk/adultsocialcare#gid/1000102/pat/6/ati/102/page/0/par/EMREG/are/E06000015

Figure 32 – Adult Social Care Indicators – Public Health England

Indicator	Period		England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Permanent admissions to residential and nursing care homes per 100,000 aged 18-64	2013/14		14.4	16.7	5.1	14.0	3.1	9.5	15.8	15.5	44.7	17.3	4.8	12.9	10.0
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	2013/14		651	649	665	724	510	604	630	440	776	582	640	630	619
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	2013/14		82.5	82.2	50.0	83.3	75.0	82.0	85.0	82.6	87.2	76.9	78.6	73.8	90.0
Adults receiving day care services during the year per 100,000	2013/14		301.1	305.7	437.3	234.0	414.0	*	395.6	320.8	375.2	305.1	290.0	329.2	242.9
Adults who received direct payments during the year per 100,000	2013/14		367	355	241	284	276	*	303	590	505	316	515	331	329
Adults who received equipment and adaptations during the year per 100,000	2013/14		844	752	481	1212	278	*	585	590	265	1613	1718	3	0
Adults who received home care during the year per 100,000	2013/14		1110	1132	1023	986	859	*	1058	839	1351	1543	1504	1580	688
Adults who received meals during the year per 100,000	2013/14		75.4	79.1	84.3	2.0	67.8	*	6.8	81.0	0.0	168.4	228.4	130.0	0.0
Adults who received other services during the year per 100,000	2013/14		177	100	871	124	617	*	42	0	0	25	87	141	272
Adults who received professional support during the year per 100,000	2013/14		460	298	514	232	85	*	345	272	59	337	272	333	21
Adults who received short term residential care (not respite) during the year per 100,000	2013/14		155.1	69.1	4.0	57.8	232.4	*	86.1	116.6	45.5	270.1	0.0	81.2	119.4
Adults who received any community based support during the year per 100,000	2013/14		2482	2347	2303	2316	1741	2790	2264	2041	1978	2869	3197	2323	1149

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Indicator	Period														
Overall satisfaction of people who use services with their care and support	2013/14	◀▶	64.8	65.6	67.0	65.4	63.6	59.2	60.3	54.7	70.1	64.9	61.0	67.5	62.5
Overall satisfaction of carers with social services	2012/13	◀▶	42.7	40.0	42.3	39.2	36.7	36.7	41.3	36.4	44.6	42.1	44.4	36.5	45.8
2.24i - Injuries due to falls in people aged 65 and over (Persons)	2013/14	◀▶	2064	1948	1881	2221	1793	2021	2033	1966	1756	2172	2162	1786	1627
Admissions for falls per 100,000 aged 65+	2010/11	◀▶	2475	2208	2137	2126	2116	2253	2097	2533	2062	3015	3092	2239	1588

9. Adult Mental health –

Figure 33- Public Health England Mental Health Data – Prevalence, Risks & Treatment

Indicator	Period		England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Estimated prevalence of opiate and/or crack cocaine use ■	2011/12	◀▶	8.4	5.8	9.3	4.3	4.4	4.8	4.6	11.8	7.3	10.5	9.4	5.2	4.8
Admission to hospital for mental and behavioural disorders due to alcohol ■	2012/13	◀▶	84.1	51.8	43.1	58.6	42.1	43.1	41.3	92.7	74.6	66.1	58.7	51.9	19.7
Smoking Prevalence (IHS) ■	2013	◀▶	18.4	17.5	13.7	13.5	15.0	18.9	15.5	20.0	18.0	20.8	21.8	18.5	22.8
Number in treatment at specialist drug misuse services ■	2013/14	◀▶	193252	15342	593	1510	480	3090	2518	950	2437	1010	842	1487	425
Number in treatment at specialist alcohol misuse services ■	2013/14	◀▶	89265	6800	139	565	195	1460	1271	437	1217	381	267	675	193
Numbers in stop smoking services ■	2013/14	◀▶	586337	63738	1805	6403	2343	15372	11720	2227	8066	1716	2818	8896	2372
Concurrent contact with mental health services and substance misuse services for drug misuse ■	2013/14	◀▶	17.5	17.2	17.0	15.4	24.0	22.4	15.5	17.7	17.2	13.6	12.2	17.8	5.2
Concurrent contact with mental health services and substance misuse services for alcohol misuse ■	2013/14	◀▶	21.2	19.4	18.9	13.4	30.6	28.1	18.8	20.4	14.9	8.3	9.1	22.5	5.6
Proportion waiting more than 3 weeks for drug treatment ■	2013/14	◀▶	2.0	2.2	1.1	6.8	0.0	1.0	0.2	6.5	0.6	0.5	1.4	7.3	4.5
Proportion waiting more than 3 weeks for alcohol treatment ■	2013/14	◀▶	7.3	3.9	1.3	5.6	0.5	3.6	1.5	5.3	1.2	2.4	3.1	4.9	25.4
Successful completion of drug treatment - opiate users ■	2013	◀▶	7.8	7.4	8.6	8.0	5.4	5.1	8.5	8.6	6.2	11.3	4.2	8.6	12.0
Successful completion of drug treatment - non-opiate users ■	2013	◀▶	37.7	34.8	26.9	39.2	34.3	40.1	31.0	26.4	31.3	49.2	31.3	26.9	47.2
Successful completion of alcohol treatment ■	2013	◀▶	42.5	38.0	45.3	41.4	32.3	37.5	39.3	29.1	39.8	67.2	17.2	26.5	43.0
Quit rate from stop smoking services ■	2013/14	◀▶	51.3	54.4	51.5	46.5	58.7	57.4	57.9	54.7	52.7	79.7	46.3	50.7	48.3
Successful quitters confirmed by biochemical validation ■	2013/14	◀▶	70.1	71.0	71.6	64.5	75.3	69.1	65.9	57.8	80.8	83.4	66.5	76.2	73.2

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9.1 Working age adults: Prevalence of Mental Illness

NHS England is committed to valuing mental health equally with physical health. Mental illnesses are very common; among people under 65, nearly half of all ill health is mental illness and mental health problems impose a total economic and social cost of over £105 billion per year.[29]

Prevalence of common mental disorders (CMDs)

CMDs include different types of depression and anxiety. They cause appreciable emotional distress and interfere with daily function, but do not usually affect insight or cognition. The table below shows the prevalence of mental health conditions taken from the Adult Psychiatric Morbidity Survey 2007.

Figure 34- Peterborough CMD prevalence estimates[30]

Prevalence	Males	Females
Common mental disorder	12.5%	19.7%
Borderline personality disorder	0.3%	0.6%
Antisocial personality disorder	0.6%	0.1%
Psychotic disorder	0.3%	0.5%
Two or more psychiatric disorders	6.9%	7.5%

Estimated number of people by mental health disorder, aged 18-64, April 2015, Peterborough Unitary Authority

The table below shows the estimated number of people in Peterborough with the above mental health conditions by mental disorder. These are based on the Adult Psychiatric Morbidity Survey prevalence estimates applied to the April 2015 GP Registered population aged 18-64 in Peterborough.

Figure 35- Peterborough CMD estimated numbers[31]

Mental disorder	Peterborough estimated number as at Apr 2015
Common mental disorder	20,000
Borderline personality disorder	600
Antisocial personality disorder	400
Psychotic disorder	500
Two or more psychiatric disorders	8,900

[29] http://www.england.nhs.uk/ourwork/qual-clin-lead/pe/
[30] Adult Psychiatric Morbidity Survey 2007

[31] Adult Psychiatric Morbidity Survey 2007 applied to Quarterly Age Sex Breakdown, aged 18-64, April 2015, Peterborough GP Practices

A further breakdown of common mental disorder prevalence is shown in the table below taken from the Adult Psychiatric Morbidity Survey 2007.

Figure 36- Peterborough CMD estimated numbers[32]

Prevalence of CMD in past week, by age and sex									2007
All adults		Age band (years)							All
Mental disorder	Sex	*16-24	25-34	35-44	45-54	55-64	65-74	75+	
Mixed anxiety and depressive disorder	Male	8.2%	7.4%	7.4%	8.1%	6.8%	3.9%	3.8%	6.9%
	Female	12.3%	14.1%	9.7%	14.3%	9.0%	8.6%	7.2%	11.0%
Generalised anxiety disorder	Male	1.9%	4.1%	4.7%	4.1%	2.7%	2.9%	2.2%	3.4%
	Female	5.3%	4.3%	5.9%	8.0%	5.5%	3.6%	2.9%	5.3%
Depressive episode	Male	1.5%	2.7%	2.6%	2.6%	1.5%	0.4%	0.5%	1.9%
	Female	2.9%	1.7%	3.2%	4.9%	2.2%	1.6%	2.1%	2.8%
All phobias	Male	0.3%	1.5%	1.5%	0.7%	0.6%	0.3%	-	0.8%
	Female	2.7%	2.4%	2.7%	2.2%	2.2%	0.4%	0.2%	2.0%
Obsessive compulsive disorder	Male	1.6%	1.5%	1.2%	0.7%	0.4%	0.2%	0.3%	0.9%
	Female	3.0%	1.5%	1.0%	1.6%	0.7%	0.4%	0.5%	1.3%
Panic disorder	Male	1.4%	0.9%	1.3%	0.8%	0.6%	1.0%	0.3%	1.0%
	Female	0.8%	2.3%	1.4%	1.1%	1.4%	0.1%	0.6%	1.2%
Any CMD	Male	13.0%	14.6%	15.0%	14.5%	10.6%	7.5%	6.3%	12.5%
	Female	22.2%	23.0%	19.5%	25.2%	17.6%	13.4%	12.2%	19.7%

Estimated number of people by mental health disorder, aged 18-64, April 2015, Peterborough City Council

The table below shows the estimated number of people in Peterborough with these mental health conditions by mental disorder.

Figure 37- Peterborough CMD estimated numbers[33]

Mental disorder	Sex	Age band (years)					All
		*18-24	25-34	35-44	45-54	55-64	
Mixed anxiety and depressive disorder	Male	720	1240	1130	1050	630	4,780
	Female	1100	2360	1310	1770	870	7,400
	Total	1,830	3,600	2,440	2,820	1,500	12,190
Generalised anxiety disorder	Male	170	690	720	530	250	2,360
	Female	470	720	800	990	530	3,510
	Total	640	1,400	1,510	1,520	780	5,870
Depressive episode	Male	130	450	400	340	140	1,460
	Female	260	280	430	610	210	1,790
	Total	390	740	830	950	350	3,250
All phobias	Male	30	250	230	90	60	650
	Female	240	400	360	270	210	1,490
	Total	270	650	590	360	270	2,150
Obsessive compulsive disorder	Male	140	250	180	90	40	700
	Female	270	250	140	200	70	920
	Total	410	500	320	290	110	1,620
Panic disorder	Male	120	150	200	100	60	630
	Female	70	390	190	140	140	910
	Total	200	540	390	240	190	1,550
Any common mental disorder	Male	1,160	2,440	2,290	1,880	1,000	8,760
	Female	1980	3850	2630	3130	1690	13,280
	Total	3,140	6,290	4,920	5,000	2,690	22,040

[32] Adult Psychiatric Morbidity Survey 2007

[33] Adult Psychiatric Morbidity Survey 2007 applied to Quarterly Age Sex Breakdown, aged 18-64, April 2015, Peterborough GP Practices (*prevalence assumed the same for 18-24 as 16-24)Note: numbers may not add up due to rounding

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9.2 Older people: prevalence of mental illness

We do not know exactly how many people in Peterborough have conditions such as dementia, because many people living with the condition are un-diagnosed. This means that we have to use ways to estimate the number of people with dementia in Peterborough.

Below data detail the number of people that we estimate have dementia in Peterborough both in 2015, and projected further into the future (2020 and 2025). Prevalence estimates were obtained from the Dementia UK Report (Alzheimer's Society, 2007) and applied to the official ONS population estimates. The prevalence, the number of people with dementia (including early onset) living in Peterborough, is predicted to increase from 2,011 in 2015 to 2,274 in 2020 and 2,655 in 2025 – an increase of 32% over the next ten years.

Figure 38 - Number of People with Dementia – By Age Band (2015 to 2025)[34]

Age Band	2015	2020	2025
under 65	43	48	52
65-69	110	105	116
70-74	167	225	218
75-79	304	323	432
80-84	493	513	573
85+	894	1,060	1,264
all ages	2,011	2,274	2,655

Figure 39 - Number of People with Dementia – By Gender (2015 to 2025)[35]

Gender	2015	2020	2025
Males	739	857	1018
Females	1,272	1,417	1,636
Total	2,011	2,274	2,655

The table below provides details of **Quality and Outcomes Framework (QOF)** GP practice data showing that in 2012/13 only 889 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is nearly half (45%) of the 1,978 people estimated to be living with dementia in Peterborough in 2014, indicating a high level of under ascertainment.

[34] http://www.poppi.org.uk/index.php?pageNo=334&areaID=8318&loc=8318
http://www.pansi.org.uk/index.php?pageNo=408&areaID=8640&loc=8640
[35] http://www.poppi.org.uk/index.php?pageNo=334&areaID=8318&loc=8318
http://www.pansi.org.uk/index.php?pageNo=408&areaID=8640&loc=8640

9.3 Health service usage - Mental Health Comparators

Peterborough is shown in the figure 43[39] below to have a significantly higher than average rate for hospital admissions for mental health (directly standardised to account for variance in age of population) and a low percentage of referrals entering treatment from Improving Access to Psychological Therapies – although this information is now quite out of date, being from 2011/12.

Figure 43 – Key Health Service Usage Indicators

Indicator	Period	England	East of England	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
15 Directly standardised rate for hospital admissions for mental health, 2009/10 to 2011/12	2009/10 to 2011/12	243	201	200	172	139	197	150	241	368	321	323	234	175
16 Directly standardised rate for hospital admissions for unipolar depressive disorders, 2009/10 to 2011/12	2009/10 to 2011/12	32.1	27.2	19.9	26.8	13.0	25.1	19.5	17.0	34.9	32.4	21.8	46.2	17.5
17 Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12	2009/10 to 2011/12	80	75	100	67	74	96	62	50	67	39	59	62	179
18 Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders, 2009/10 to 2011/12	2009/10 to 2011/12	57	43	69	35	29	28	32	92	56	55	40	69	22
19 Allocated average spend for mental health per head, 2011/12	2011/12	183	166	155	157	155	168	162	178	172	181	176	164	171
20 Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population, 2010/11	2010/11	2.5	2.5	2.0	2.4	2.0	2.8	2.2	2.7	2.3	2.8	3.7	2.2	3.8
21 Percentage of referrals entering treatment from Improving Access to Psychological Therapies, 2011/12	2011/12	60.1	59.8	52.7	59.9	52.7	60.5	48.5	43.0	58.9	50.5	74.3	71.2	75.9
22 Numbers of people on a Care Programme Approach, rate per 1,000 population, 2010/11	2010/11	6.4	5.3	4.8	14.9	4.8	3.9	4.6	5.0	2.7	15.0	5.1	2.3	5.4
23 In-year bed days for mental health, rate per 1,000 population, 2010/11	2010/11	193	187	168	156	168	221	207	159	149	184	284	141	270
24 Number of contacts with Community Psychiatric Nurse, rate per 1,000 population, 2010/11	2010/11	169	175	89	168	89	105	293	125	166	295	136	211	110
25 Number of total contacts with mental health services, rate per 1,000 population, 2010/11	2010/11	313	314	195	289	195	256	431	226	250	496	383	368	377

10. Conclusion

This report summarises a multitude of data sources from both within and outside of Peterborough City Council that provide a 'snapshot' of the health of the population of Peterborough and the opportunities and risks that our rapidly growing city present from a public health perspective. Taken in conjunction with the 2015 Director of Public Health Annual Report, this report highlights the need for Peterborough City Council and associated stakeholders throughout the local healthcare economy to continue to strategically and proactively collaborate to meet the priorities of our Health and Wellbeing Strategy. This strategy has acknowledged the existence of substantial disparities in Peterborough, ranging from economic affluence to life expectancy to educational attainment, and a stated commitment to reducing these inequalities.

The current priorities of our Health & Wellbeing Board remain focused on narrowing inequalities and providing the best levels of opportunities in life and care when needed to residents ranging from children and young people to our older residents. It is anticipated that the data within this 'core dataset' will inform and underpin the development of a new Health & Wellbeing Strategy.

[39] http://fingertips.phe.org.uk/profile-group/mental-health

Peterborough's population is expected to increase 34.9% by 2031, with growth particularly high with regards to under 19s and people over the age of 65; this makes Peterborough one of the fastest growing cities in the country. Such high growth presents both the obvious risks associated with increasing service demand but also the opportunity to ensure the health of our residents improves through the design and commissioning of appropriate services, particularly preventative services, to enable people to stay healthier for longer.

This approach focuses on how shaping 'the wider determinants of public health' such as educational attainment, employment opportunities and empowering people to take responsibility for their own healthcare, can improve the health of individuals and reduce their demand for services whilst simultaneously providing effects desirable for any fast-growing city, such as improved overall happiness/wellbeing and substantial economic growth.

Data demonstrate a high level of health inequalities within Peterborough, particularly in electoral wards nearer the centre of the City which have above average rates of premature mortality, particularly from cardiovascular disease including coronary heart disease. However, some other electoral wards show life expectancy and mortality figures that are substantially better than that of England.