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Introduction

"Where people live affects their health and chances of leading flourishing lives." World Health Organisation

This is our first annual report to be published since the transfer of Public Health from the NHS to local government in April 2013. This transfer resulted from the Health and Social Care Act 2012, legislation that also conferred on local authorities a statutory duty to improve the health of their populations. We would like to use the report as an opportunity to provide an overview of the health of Peterborough and to identify those areas that have the greatest need for improvement.

We now have available more data about the health of our population and factors relating to health than we have ever had before. Bringing Public Health into the council gives a wonderful opportunity to enhance our understanding of our population's current health and health needs through combining the data held by different departments within the council with that held by other organisations: the NHS, voluntary sector and so on. Many of these data are publicly available in different formats (for example, the Public Health Outcomes Framework and locality profiles produced by Public Health England and the Joint Strategic Needs Assessments produced locally for the Health and Wellbeing Board). However, these reports and databases are not always easily accessible to a wider audience. The aim of this report is to provide an overview of the health of Peterborough in a format that will be easily accessible to a general audience.

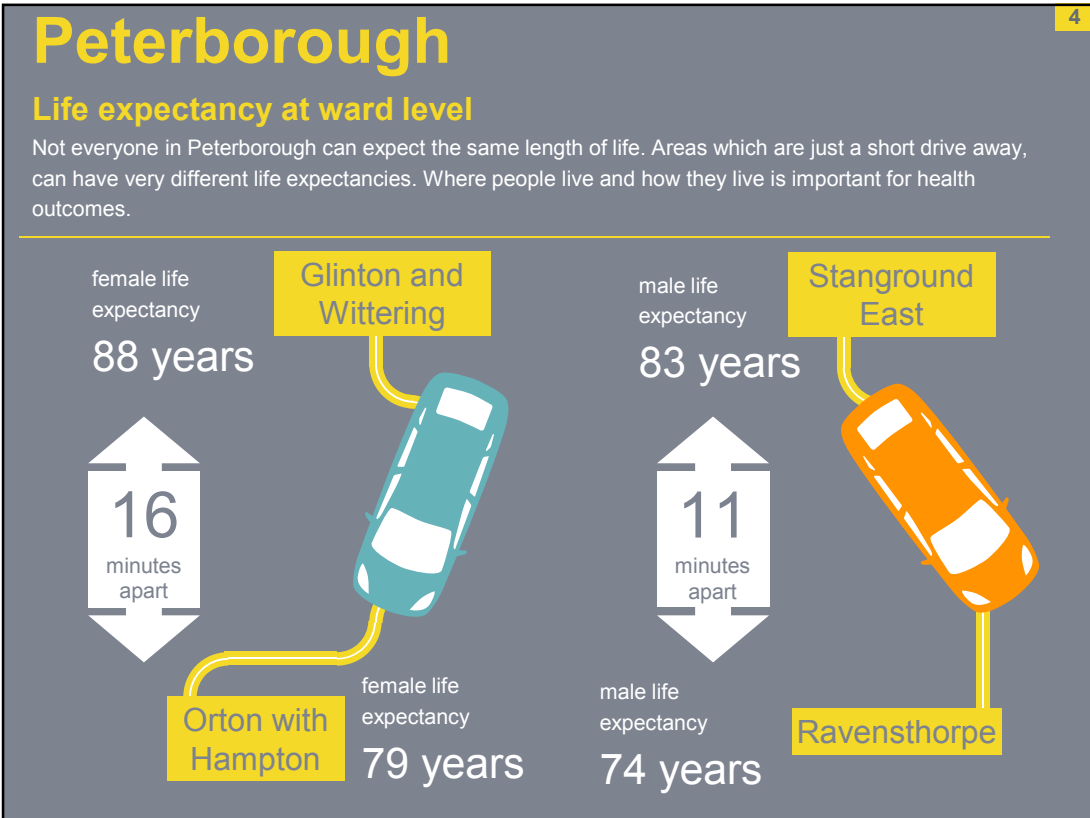
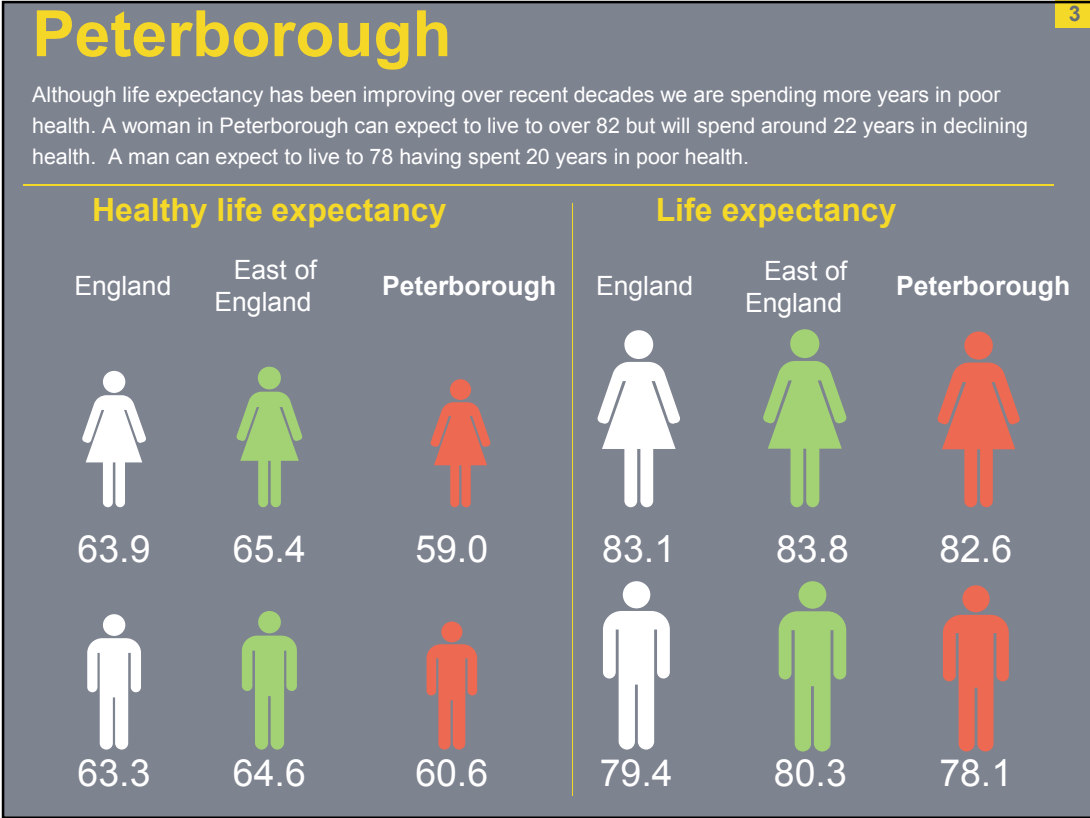
Peterborough, along with the rest of the United Kingdom, has seen significant improvements in life expectancy over recent decades. However, the gains in life expectancy have not been uniform across the country and there can be variations between areas that are geographically close – even within Peterborough. While life expectancy has increased, the years of life lived in full health have not increased to the same extent with the result that we can now expect to spend the last twenty years of life in declining health. This results in reduced quality of life for individuals and their families and also places an unsustainable burden on health and social care services. We know that by reducing lifestyle risk factors across our population (smoking, obesity, poor diet, physical inactivity, drinking too much alcohol) we could significantly reduce the burden of ill health. This report illustrates how these risk factors currently impact on the health of people in Peterborough and outlines some of the interventions that could reduce this.

Dr Henrietta Ewart
Interim Director of Public Health

February 2015

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Our Population




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Children and Young People


Peterborough is one of the fastest growing cities with an increasing younger population, yet children in Peterborough continue to be disadvantaged in terms of health and factors that affect health and quality of life.

Immunisations


5 year old children receiving 2 doses of MMR is below the recommended 90% mark


465


Children (0-14) admitted to hospital in 2013/14 due to injuries. Significantly higher than England rates


43%

Higher rates of hospital admissions for self-harm than England



Similar rates of tooth decay in 5 year old children to England



72.8% of mothers breastfed in the first 48 hours after delivery but only 44.4% of mothers breastfed after 6-8 weeks

Peterborough's young population is growing


24% more 5-9 year olds by 2031

and

27% more 10-14 year olds by 2031


22%

of children in Peterborough in low income families




Over half of all children have achieved a good level of development at the end of reception


Lowest level of Year 1 pupils achieving the expected level in the phonics screening check in East of England


33%

Higher rate of teenage pregnancy in Peterborough compared with England




Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor physical and mental health, and have lower rates of economic activity in adult life





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Children and young people


Children have some poor outcomes in Peterborough in terms of health, education and wellbeing. It is therefore important that resources are targeted appropriately for children and families to support lifestyle choices that encourage healthy development.











A best start in life

Early experiences of life are crucial to lifelong health and development. Children who grow up in a nurturing environment with good nutrition, education, housing and opportunities will be more successful adults with better health and wellbeing. Children in Peterborough deserve the best start in life: the healthiest environment for children from conception through their early years.

Pregnancy

Research shows us that good health starts during pregnancy and children born with low birth weight have higher risks of obesity and diabetes later in life.

Encourage breastfeeding

Breastfeeding not only benefits a growing infant but also leads to better health outcomes later in life. Less than half our babies continue to be breastfed by 6-8 weeks of age. We need to increase the number of babies who are breastfed over the first few months of life by providing support to expectant and new mothers.

Prevent illness

Protecting our children against infectious disease is achievable through good uptake in immunisations. Education and support to parents is important to ensure high immunisation rates.

Effective parenting

A stable, loving relationship with parents or caregivers promotes emotional, social and cognitive development, emotional resilience and healthy lifestyles in children. It is known that infants do better if they are cared for in a safe, warm and responsive way.

Children and young people

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Our vision is for healthy, happy families living in thriving communities. However, Peterborough has higher numbers of children living in poverty. The relationship between poverty and health is well established.

Opportunities for healthy children

Children born into poorer households will be at greater risk of premature mortality and reduced life expectancy. They are more likely to be lower achievers, smoke, become teenage mothers and suffer mental health problems. Moreover, the gap in outcomes between the most and least deprived widens with age and the effect of these inequalities accumulates throughout life.

In Peterborough, we must ensure that the most deprived and hard to reach families and communities, including new migrants, have access to the services and opportunities they need to achieve the best possible health outcomes. To do this we must work together to tackle the wider determinants of health from education, housing, communities and the environment and provide the best start in life for our children.



Health visitors - Local authorities will have responsibility for commissioning health visiting, and other children's public health services from September 2015. Health visitors will be able to support families where it is most needed.



Growth and housing - are key factors for health with worse outcomes linked to poorer areas. Improving housing conditions of young families will enable better living conditions, reduce illness and promote better achievement in young people.



Education and schools - There is a clear link between good health and wellbeing and high levels of academic achievement. The healthy child programme and pupil premium will help improve health and educational outcomes for the most disadvantaged. Schools can also be supported to address bullying as a first step towards improving mental wellbeing in young people and reducing the risk of self-harm.



Environment and health - Opportunities for play and access to green space both encourage physical activity and improve mental health. Access to these facilities are particularly important in areas where children are living in poverty.

Older People

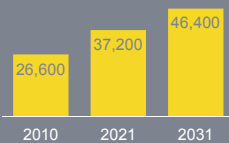
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Older age often presents health challenges. The number of people aged over 65 in Peterborough is increasing and will continue to increase over the next 20 years. This will put pressure on health and social services. However, some simple measures can be taken to help prevent illness and disability and enable older people to live healthier longer lives and to live independently.

Our local challenges

74%

Increase in the number of people over the age of 65 by 2031 (compared with 2010)



2X

more people aged over 80 in 2031 than 2010



In Peterborough, 69 more people aged over 85 died during winter months than at other times of year between 2010 and 2013

72%

of older people take up the offer of the flu immunisation



1 in 17

people aged over 65 are living with dementia, which is over

1500

people in Peterborough



415

emergency hospital admissions for injuries from falls in persons aged 80 and over in Peterborough in 2012/13.

177

hip fractures in people aged over 65 in Peterborough in 2012/13



£2.3 Million

health and social care bill for hip fractures in Peterborough per year.



1 in 3 people who fracture their hip die within 12 months after the fracture

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Older people

We would like older people to live longer, healthier lives in their own homes. To do this, we need to focus on promoting activities and interventions that help to prevent illness and injury in older people.

Our approach

Preventing respiratory illness

A major cause of mortality in older people is through respiratory infections. The flu virus can be devastating for older people and it is therefore important that all eligible older people take up the offer of the annual flu immunisation to prevent this infection.

Around 1 in 4 older people do not take up the offer of the flu immunisation and these people will be at higher risk during the winter months.

Warm, dry living conditions also prevent older people from succumbing to respiratory infections. It is important to ensure older people are living in suitable accommodation that is warm and free from damp.

Preventing falls

Injuries resulting from falls are a major problem for older people. In Peterborough, there are higher rates of injuries due to falls than anywhere else in the East of England. Falls that result in hip fractures are a major cause of mortality in older people and are costly to both health and social care services - £2 billion per year in the UK.

Fear of falling can prevent older people from living fulfilling and healthy lives and increase the risk of falling.









Some simple measures help to reduce the risk of older people falling:

Keep warm in winter - a warm house will encourage mobility around the home and keep older people more active and healthy and reduce the risk of cardiovascular disease.

Stay active - maintaining physical activity in older age can prevent falls and reduce the fear of falling and help people to stay at home.

Eat healthy balanced diet and prevent dehydration

Create a healthy living environment - Assess living space obstacles that may cause falls. Consider installing hand rails to help in bathrooms and other rooms if required.

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Older people

Both physical health and mental health are important to achieve a healthy older age and one often affects the other. Depression is common in older people and can considerably reduce quality of life, and increase healthcare usage and the risk of mortality. Just as stopping smoking, maintaining a healthy weight, doing exercise and drinking alcohol in moderation will help to maintain good physical health, some simple measures can be taken to reduce the risk of older people developing depression.

Reducing loneliness and social isolation

Transitions such as retirement or bereavement may act as a trigger for loneliness and developing depression. Peterborough has started a befriending service that may help to reduce loneliness. Increasing social networks and opportunities for community engagement are important for older people to reduce the effects of social isolation.

Promoting physical activity

Physical activity in older people is not only essential for good physical health but can also prevent depression. Structured group physical activity programmes are recommended by NICE for people with mild to moderate mental health problems.

Preventing dementia

Dementia is a disease of the brain, characterised by impaired cognitive function including memory, which is usually chronic or progressive. Older age is a risk factor for dementia. As the population in Peterborough is predicted to age, the numbers of people living with dementia over the age of 65 will double by 2030. This will put a strain on existing services, particularly social care.

A healthy, engaged life is the best way to prevent dementia. Risk factors for dementia include those linked to vascular disease - smoking, excessive alcohol use, hypertension, raised cholesterol levels and diabetes. Reducing or treating these risk factors will help reduce dementia and depression.

Peterborough Dementia Action Alliance aims to make Peterborough a dementia friendly city. A dementia resource centre provides information and support to people with dementia and their carers. It also supports a network of dementia friends to provide community support




Our Lifestyle Choices

Reducing Deaths from Cardiovascular Disease

Cardiovascular disease includes stroke, heart disease and aortic and peripheral vascular disease; all involve damage to blood vessels and have common risk factors. Diabetes and chronic kidney disease are also included in the cardiovascular disease family as they have similar risk factors and increase the risk of cardiovascular disease. These risk factors include smoking, obesity, lack of physical activity, high blood lipids and high blood pressure.

Peterborough City Council and the Local Clinical Commissioning Groups have identified cardiovascular disease as a priority for action.

The challenge in Peterborough



430 deaths in Peterborough between 2008-10 were caused by Cardiovascular Disease. 230 of these people died from heart disease and 63 from strokes under the age of 75.



Cardiovascular Disease deaths under the age 75 are preventable with current knowledge - but are the right people getting the care they need?

125 out of 150

Peterborough ranks 125/150 local authorities for premature deaths from heart disease and stroke in 2011-13 with 377 premature deaths.

14 out of 15

Peterborough ranks 14/15 among local authorities with similar social and economic factors and similar deprivation levels for premature deaths from heart disease and stroke in 2011-13.

Developing a strategy to reduce cardiovascular disease

Through the Health and Wellbeing Board, Peterborough City Council and health partners are developing a five year strategy to reduce cardiovascular disease and deaths, to support people living with cardiovascular disease and tackle the risk factors in the population.



Around half of all deaths from cardiovascular disease are due to coronary heart disease - when the blood vessels in the heart become blocked. Over 5,000 people are recorded as having coronary heart disease but this is less than half the expected number - so people may not be getting the help and support they need.

Almost 1 in 5 cardiovascular disease deaths are from a stroke - when blood vessels in the brain are blocked or burst and bleed into the brain tissue. Over 4,000 people are expected to have had a stroke, but again, only half this number have this recorded.



About 1 in 8 (22,600 people) have been diagnosed with high blood pressure but the estimated number is 54,000. Untreated blood pressure is a risk factor for stroke, heart failure, and diseases of the kidneys and aorta (the main blood vessel in the body).

Cardiovascular disease is a major cause of disability, reducing the quality of life and independence of many living with the condition.



Cardiovascular disease prevalence and mortality are higher in areas of greater deprivation - in part due to the higher prevalence of risk factors such as smoking, and poorer access to, and uptake of, treatment e.g Health Checks, statins and blood pressure drugs.

Our approach to reducing cardiovascular disease

The strategy will include: prevention for individuals and the population, treatment and reablement and support for people living with cardiovascular disease.



We will create an environment which supports people making healthy lifestyle choices, using the opportunities available to the Council e.g planning and licensing to support active living and limit fast food outlets. We shall also commission evidence based services to support healthy lifestyles.



Free NHS Health Checks are offered to every one aged 40-74 every 5 years to identify and offer support and treatment to those with cardiovascular disease and diabetes or at risk.



We will work with the Clinical Commissioning Group to improve identification and treatment of people with high blood pressure, high blood fats or an irregular heart beat (atrial fibrillation) to ensure they get the treatment they need; we will work with them to commission evidence based hospital services and access to specialist rehabilitation e.g after a stroke or heart attack.

We will map services for those living with cardiovascular disease long term to ensure that they have access to lifestyle services and the support they need, including care at the end of life e.g for those with heart failure.



For more information on cardiovascular disease and its risk factors see <http://www.nhs.uk/conditions/cardiovascular-disease/Pages/Introduction.aspx>

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Reducing the harm caused by tobacco

Smoking kills half of all long term users. It is the main cause of preventable illness and premature death in the United Kingdom. It accounts for more preventable deaths than the following five preventable causes, **combined**.

Major annual causes of death in the United Kingdom

smoking	100,000
obesity	34,000
alcohol	6,500
traffic	1,700
Illegal drugs	1,600
HIV	500

1 out of 10 young people in Peterborough are regular smokers by the age of 15 years old

2 out of 3 smokers began smoking before they were 18

35% of routine and manual workers in Peterborough smoke

4 out of 10 people with mental health issues smoke

Our challenges

30,000 smokers in Peterborough

£46 million Total annual cost of tobacco to Peterborough

£10 million cost of smoking due to ill health and care in later life

over 2,000 people in Peterborough are admitted to hospital due to smoking every year

over 200 people in Peterborough die due to smoking every year

over 45 people in Peterborough die from lung cancer every year

Higher rates of smoking among BME and migrant groups

Higher rates of smoking among Pregnant women

Smoking prevalence among adults

Year	England	Peterborough
2010	21%	25%
2011	20%	24%
2012	20%	21%
2013	18%	21%

5 tonnes of cigarette waste produced every year

16

Reducing the harm caused by tobacco

Reducing smoking prevalence remains a key public health priority and a national focus. Healthy Lives, Healthy people: A Tobacco Control Plan for England sets out three national ambitions to focus tobacco control work. These national ambitions represent an assessment of what could be delivered through national action, supported and associated with locally driven comprehensive tobacco control practice. These ambitions should be adopted locally to enable our efforts to be amplified and benefit from nationally driven activity.

2010

18%

15%

21%

Reduce smoking during pregnancy

Giving up smoking remains one of the key actions that women can take to reduce the risks to themselves and their baby during pregnancy. Action during pregnancy will reduce the number of new born children that are exposed to secondhand smoke, reducing the number of infants that may suffer serious respiratory infections, such as bronchitis and pneumonia.

Reduce smoking among young people

When smoking is seen by young people as an acceptable part of everyday life, they are much more likely to become smokers themselves. Therefore we need to demonstrate why smoking should not be seen as a normal. An addiction to smoking cannot only last their lifetime but may also cost their life.

Reduce smoking among adults

Smoking prevalence in Peterborough is reducing but there are still more adult smokers than the national average requiring comprehensive action to reduce local smoking attributable deaths from for example, heart disease; stroke; lung cancer and chronic obstructive pulmonary disease.

2020

10%

10%

16%

Priority groups

Smoking prevalence remains higher among certain groups so action should be taken to support routine and manual workers; people with mental health problems, ethnic and migrant people and pregnant women.

Reducing the harm caused by tobacco

Tobacco use is an economic and health burden for Peterborough that needs to be addressed through comprehensive tobacco control, requiring a combination of educational, clinical, regulatory, economic and social action, as outlined below.



Reducing exposure to secondhand smoke - Tobacco use not only harms those that smoke but the people around them, through secondhand smoke. Exposure to smoking is a particular health risk to children. Locally parents who smoke need to be aware that their children may become ill as a result of breathing in secondhand smoke.



Locally enforcing tobacco legislation - The legal age for the purchase of tobacco in England is 18 making it more difficult for young people to buy tobacco. Underage sales are still taking place in Peterborough and illegal tobacco, that often contains more harmful additives and chemicals than legitimate tobacco products remain available.



Communicate the harm caused by tobacco - Effective communication about the harms of tobacco encourages people to quit smoking and discourages others from beginning to smoke. Local action to support national campaigns is needed to ensure the harms of tobacco are clearly understood.



Normalise smokefree lifestyles - Young people often underestimate the dangers of smoking while overestimating the number of their peers who smoke and can view smoking as normal. As such it is during childhood and adolescence that the majority of people experiment with smoking and can become regular smokers after only a few cigarettes.

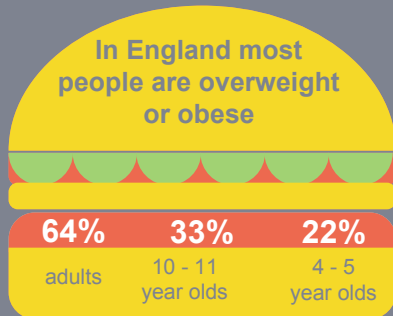


Support people to stop smoking - People are four times as likely to quit with support from local stop smoking services which follow National Institute of Health Care and Excellence guidance emphasising the need for local services.

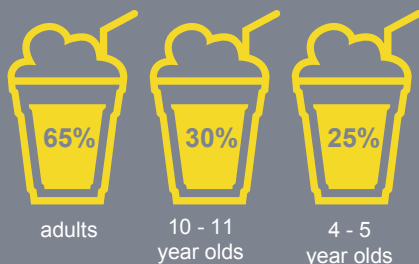
A note about E-cigarettes - These products aren't currently regulated like products that contain tobacco and while considered safer than smoking, by the public health charity ASH, we don't know enough about whether they are completely safe from toxic chemicals, effective in helping people cut down or quit smoking tobacco or made to consistent quality standards.

Obesity

a widespread threat to health and wellbeing



In Peterborough



Obesity develops when energy intake from food and drink is greater than the energy we use through exercise and to keep our body working

Our approach

- Bringing together a coalition of partners
- Harnessing the reach of local government
- Comprehensive support and intervention
- Addressing attitudes, beliefs and behaviours towards diet

Action is needed at all stages of life, - from pre-conception through pregnancy, early years, childhood, and adolescence through to adulthood and preparing for older age – and in a variety of settings (school, workplace, community) **to reduce the short- and long-term consequences of obesity.**

Local challenges

- ↓ 10 years**
reduction in life expectancy for severely obese individuals
- 89th** out of 150
local authorities for cancer deaths
- 125th** out of 150
local authorities for heart disease deaths

Obesity

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Obesity is a major concern; two out of three adults are overweight or obese and one in three children age 10-11. Being obese significantly increases the risk of developing diabetes, heart and liver disease and some cancers. It can make it harder for people to find and stay in work and can affect self-esteem and mental health. It is estimated that being moderately obese reduces life expectancy by about three years and being severely obese by 10 years or more. Obesity is estimated to cost the NHS £5 billion a year and type 2 diabetes (often caused by obesity) a further £9 billion. NICE has produced evidence-based guidance to support local authorities with prevention and treatment.

Tackling the causes



Work with businesses to improve menus and calorie labelling; promote healthy alternatives to fast food; cut portion size and sugary drinks.



Improve access to healthy, fresh, food especially in deprived areas.



Make it easier for all to walk and cycle as part of everyday life - to school and work; plan and build safe footpaths and cycle ways.



Work with schools and workplaces to make sure healthy food and active travel are part of everyday life.

Reducing the burden



The World Health Organisation estimates that 7-40% of some cancers are due to obesity and overweight.



Public Health England estimate that dietary risk factors contribute to 12% of disability adjusted life years and that severely obese people are three times more likely to need formal social care than those of normal weight.



Develop a strategy to prevent and treat cardiovascular diseases; encourage adults age 45-74 to take up NHS health checks.



Review and develop services to manage and treat diabetes and prevent the onset of complications such as eye, vascular and kidney disease as part of the cardiovascular disease strategy.



Commission evidence-based services to help children and adults lose weight and live more healthily.

Join NHS 'Change for Life'

<http://www.nhs.uk/change4life/Pages/change-for-life.aspx> helping people eat and drink more healthily and be more active

2020 Ambitions: by 2020, we want to see:

a downward trend in the level of excess weight in adults
a sustained downward trend in the level of excess weight in children

Alcohol and drugs

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Drinking too much alcohol damages health and costs the NHS around £60 each day for each adult in Peterborough. About 16% of drinkers in Peterborough 'binge drink' - defined as drinking 8 or more units for a man and 6 or more units for a woman - in a session.



7,500

people in Peterborough drink heavily at levels which have, or risk, damaging their health



1 in 5

people in Peterborough (23,000 people) drink above the recommended levels



1,171

alcohol-related hospital admissions in Peterborough in 2012-13, the highest in the East of England



The cost to the local NHS system is £1.8 million a year or £244 per person for the 7,500 people in Peterborough who drink heavily



1,300 estimated opiate/cocaine users in Peterborough, though this probably underestimates the number of users



9,500

people in Peterborough estimated to have taken 'any drug' in the last year (the majority using cannabis)

20%



of 16-24 year olds nationally are estimated to have taken 'any drug'

Crimes related to drugs cost the UK £13.3 billion every year



Families suffer



1 in 3 cases of domestic abuse is linked to alcohol



1 in 5 of all children live with a parent who drinks hazardously

Alcohol and drugs

Our 2020 ambition

Reduce the number of 11-15 year olds drinking and the amount they drink



Reduce binge drinking and alcohol fuelled crime

Reduce alcohol related deaths and admissions



Reduce the number of adults drinking above the NHS guidelines



The Chief Medical Officer advises an alcohol-free childhood. However, around 1 in 4 11-15 year olds think its OK to have a drink a week, while less than 1 in 4 parents have a plan to talk to their children about alcohol.

Drinkaware provides information for adults and supports parents talking to their children about the harms of alcohol.

<http://www.drinkaware.co.uk>

Our approach



Share information on where people involved in crime, or attending A&E, have been drinking to inform Licensing decisions



Public Health Specialist recommends minimum unit price for alcohol



Consider alcohol control zones e.g. where there is street drinking



Train nurses and doctors to use AUDIT-C, a 3-item alcohol screen that can help identify people who are hazardous drinkers or are misusing alcohol (including alcohol abuse or dependence) as part of NHS Health Check



Provide information on the harms of alcohol and drugs as part of the Healthy School programme



Promote aspiration and achievement and reduce the number of young people not in work, education or training




Commission evidence-based services to support outcomes e.g. completion of drug treatments

Building A Healthy City

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creating Healthy Places

There is a clear correlation between health and where we live. A number of published studies have provided evidence that our local environments can have a positive affect on individual health and wellbeing as well enabling stronger communities.




over-65s
most likely to be unintentionally injured in the home




71%
of people favour 20mph limits in residential streets



Living room temperature in winter
Under 16 C - Resistance to respiratory disease may be diminished
9 C - 12 C - exposure for more than two hours increases risk of cardiovascular disease
5 C - significant increase in the risk of hypothermia




4 out of 5
people that believe open space improves wellbeing




10X
more likely to live in the greenest areas if you are not deprived



60
minutes of physical activity everyday recommended for children aged 5 - 18 years old



150
minutes of physical activity every week recommended for adults



21%
lower obesity rates identified in areas with easy access to healthy food



24%
of the public think that drunk or rowdy behaviour is a problem in their local area

24

Creating healthy places

Improving the places we live through high quality housing, removing fuel poverty, safe accessible places for children to play, open green space and access to healthy food is beneficial. RIBA, the Royal Institute of British Architects, recently found that the healthiest cities have the most green space and lowest density housing.



Housing - Poor housing can cause or contribute to many preventable diseases including respiratory and cardiovascular diseases. Fuel poverty and cold housing directly contribute to the prevalence of these diseases and to associated excess winter deaths, often among those with lower incomes. Poor housing can also be associated with injuries due to falls, which are more prevalent in Peterborough than the rest of the East of England and requires action to reduce injury and deaths.



Leisure Facilities – Access to leisure and sports facilities improves health and wellbeing; access is not universal with limited facilities and access not uncommon within deprived areas. In Birmingham a city-wide scheme called the 'Be Active' programme provided free access to physical activity sessions and demonstrated different ways to increase access and reduce health inequality. Evidence from this particular programme suggests that up to £23 has been saved for every £1 spent, in terms of better quality of life, reduced NHS use, productivity gains, and other gains to the local authority.



Wellbeing - The environments in which we live can promote or inhibit wellbeing. There are numerous studies that demonstrate well planned built environments that provide access to open and green spaces can alleviate stress and depression among residents. Evidence suggests that there is a positive correlation between greater access to green spaces and reduced health inequalities.



Road Safety - Unintentional injury is still a leading cause of death among children and young people, with almost half being traffic related. Younger children are most commonly injured on streets close to their home. People can be traumatised by near misses and can avoid activities such as walking, cycling and street play because of danger (real or perceived) on the streets where they live. The introduction of 20 mph speed limits on residential streets has been used to reduce unintentional injury and can be effective in some areas – the evidence needs to be carefully considered.

Creating healthy places



Access to Healthy Food - Areas with high concentration of fast food outlets have been found to have higher levels of obesity among residents including children. Action should be taken to control the number of fast food outlets near schools, colleges and places where children gather while work should be undertaken with local businesses and partners to increase access to healthy food choices. Communities should be helped to develop initiatives such as community grow and eat schemes, supported through land use agreements and aligned to Peterborough's Food for Life school programme to increase access to healthy food choices and increase physical activity.



Green Space - Access to open and green spaces can have significant benefits on people's physical and mental health, and support stronger communities. This is particularly evident within areas of deprivation that have access to green space. Within such areas all-cause mortality rates of residents have been found to be significantly lower compared to those of other residents in deprived areas with less access to green space. Working with local communities to plan for green space within broader neighbourhood plans should be adopted by the Council, with priority given to deprived areas which currently have limited access to green space.



Active Travel - Choosing to walk and cycle as part of everyday life can have a universal impact on public health, while targeted interventions may reduce inequalities in health. Recent evidence has suggested that eliminating inactivity has a greater impact on mortality rates than eliminating obesity. Development of a cross-sector, coordinated programme that incorporates public health driven outcomes should therefore be progressed as part of the adoption locally of a Healthy Place programme.



Alcohol Control - The over consumption of alcohol is made easier by lower prices and increased availability meaning that people can drink more for less. Implementation of the Licensing Act locally, including the cumulative impact policy to restrict new premises in certain areas, is helping in part to address the issue of overconsumption. However, alcohol remains a risk factor for chronic diseases including cardiovascular disease, many cancers and liver disease and an issue for Peterborough, evident in the fact that alcohol related admissions to hospital in Peterborough are higher than anywhere else in the East of England.

Celebrating Healthy Schools

Schools play a vital role in nurturing the health and wellbeing of children and young people. Providing support and recognition of their role in enhancing emotional and physical health to improve long term health, increase social inclusion and raise achievement for all through a **Healthy Schools, Peterborough** programme should therefore be a local priority.



74%

of schools achieved Healthy School status as part of the national programme that operated until 2011

Role of Healthy Schools programme identified through the national evaluation



enabling changes to practice in schools

providing reasons to change for management teams

acting as a tool to re-evaluate existing practice

raising the profile of health and well being among staff



74%

of schools stated that the national programme had a positive impact on the emotional health and wellbeing of pupils



87%

of schools stated that the national programme had a positive impact on their schools' provision of PSHE (personal, social and health education)



impacts of healthy eating

improvement to pupil behaviour in school
increased take-up of school lunches
awareness of healthy food choices
increased healthy eating outside of school



72%

of schools stated that the national programme had a positive impact on their schools' physical activity provision

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Encouraging Healthy Workplaces

Reducing sickness absence, lowering staff turnover and increasing productivity are all outcomes of investing in a healthy workforce. The workplace provides an ideal place to promote healthy lifestyles to a large proportion of the local population. Improving the physical and mental wellbeing among our workforce will benefit individuals, organisations and Peterborough as a whole - after all 'health means wealth'.



80%
chance of being off work for 5 years among those who have been off sick for 6 months or longer



Public Services
£889
average sickness absence cost per employee per year



Call Centre
£940
average sickness absence cost per employee per year



Production and Manufacturing
£754
average sickness absence cost per employee per year



Professional Services
£904
average sickness absence cost per employee per year

£835,355
estimated annual cost of mental ill health to an organisation with 1,000 employees. Prevention and early identification of problems in the workplace should enable employers to save at least 30% of this cost

27% less sick days taken by physically active workers



4 extra sick days, on average, taken by obese people each year



33 more hours off sick per year taken by a person who smokes than a non-smoker each year



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Encouraging healthy workplaces

Around one third of our adult life is spent at work, so creating healthy workplaces can have a major impact on health and wellbeing. The Workplace Wellbeing Charter for England provides employers with an easy and clear guide on how to make workplaces into supportive and productive environments in which employees can flourish.



Mental Health - It has been estimated that a reduction of productivity due to mental health conditions accounts for 1.5 times as much working time lost as sickness absence. Mental health problems, alongside musculoskeletal disorders, are the major workplace health and wellbeing issues. Reducing the stigma of mental health, providing advice and guidance including those related to legal entitlements, and establishing mental health management training are all advocated through the Charter.



Smoking - Motivating and changing employees' smoking behaviours benefits the individual while improving productivity rates and reducing sickness absences. Brief interventions, individual and group behaviour therapy with the workplace are all recommended by NICE. Such support should be underpinned by a smoke-free policy that complies with smokefree legislation and is clearly understood and adhered to by employees.



Physical Activity - NICE has stated that efforts made in the workplace, alongside wider strategies to increase physical activity levels, could help improve people's health significantly. Organisational policies that encourage physical activity including active travel to work, and enable staff to be physically active during work, are beneficial.



Healthy Eating - The workplace has a key role in encouraging staff to make healthier choices by improving access to healthier food and drinks at work. Active promotion of healthy choices, guidance on nutrition and support for weight management all have demonstrable benefits for organisations as well as employees.



Alcohol - Misuse of alcohol among employees results in lost productivity through increased absenteeism and risks injuries as well as unemployment and premature death. Organisations, for example, with policies regarding the use of alcohol in the workplace, those that provide information about the effects and dangers of alcohol, and those that undertake alcohol awareness training including understanding the links to mental health, achieve improved health and wellbeing outcomes.

Conclusions

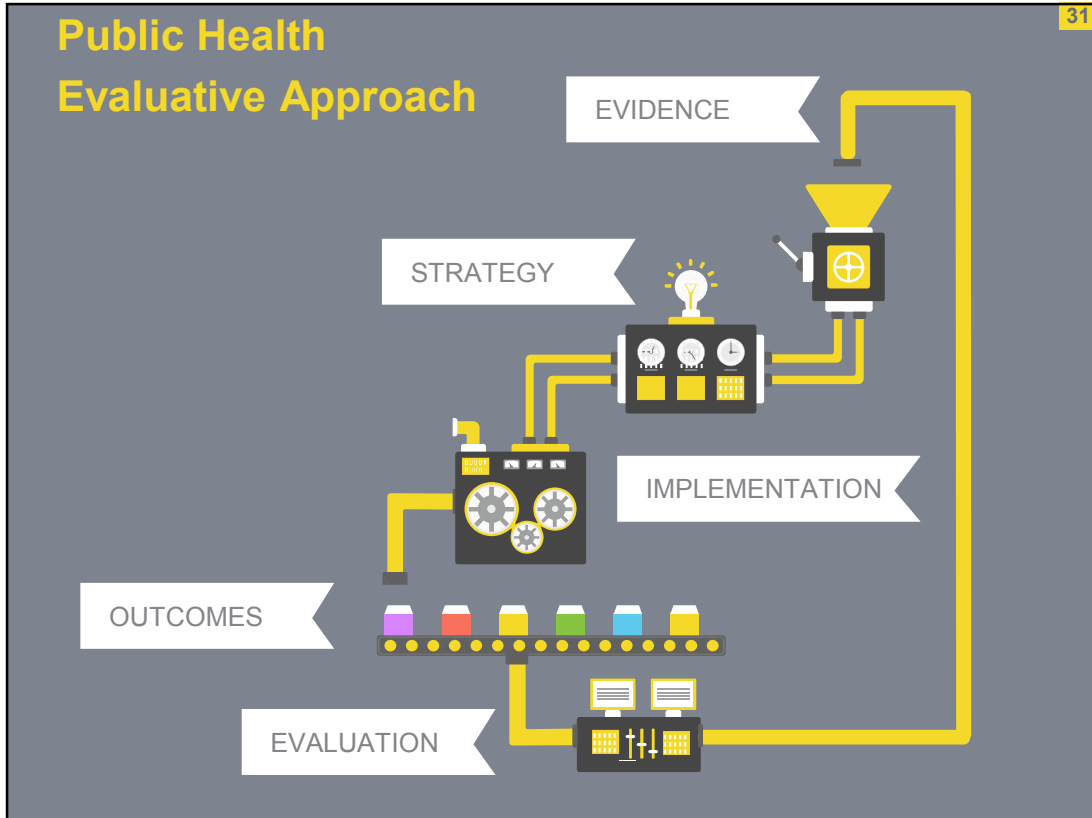
Conclusions

This report has demonstrated that Peterborough faces considerable challenges if we are to achieve a sustained improvement in the health of our population and reduce the inequalities in health that some of our communities currently experience. It is important that we address these challenges because increasing levels of health and reducing inequalities across our community will benefit everyone, right through from the individual to the socio-economic level. In addition, the council now has a statutory duty to improve the health of the population and to consider inequalities in determining how to allocate public health grant funding. The Clinical Commissioning Group has a legal duty to reduce inequalities between patients in both access to and outcomes from the health services that it commissions.

Although the challenges are great, we are better placed than ever before to take action. We have better data through which to understand the health issues facing our community and we have a growing body of evidence about interventions that have been proven to work in promoting health and wellbeing. In the past, we have not always been as good at using these sources of evidence to inform what we do locally as we could be. We now have the means for ensuring better collaboration between all organisations whose activities impact on health through the Health and Wellbeing Board.

In parallel with work at organizational level, we also need to engage and involve our local communities and community groups. Communities are the building blocks for health – within them they hold vital qualitative information about health needs and they also have within them assets that can be harnessed to improve health – skills, knowledge and local networks, for example. To fully understand our communities and how best to engage them in working with us to improve health, we need to go beyond rigorous analysis of quantitative data around health and its wider determinants. We need to work with our communities to ensure that qualitative data drawn from their own experiences are included within health needs assessments.

To achieve lasting change we need to ensure that we take a consistent and fully systematic approach to each of the topics presented in this report – involving all relevant stakeholders in scoping and ensuring that the actions and interventions we plan all fit together and complement each other. We also need to get much better at clearly identifying what we expect interventions to achieve and agreeing ways to measure this. We must not be afraid to try innovative approaches and to tailor interventions to meet specific needs of specific groups but we must evaluate these and not be afraid to stop or change what we are doing if it does not work or has achieved its aim. We have not been good at this in the past, with the result that we have some programmes which may show high levels of activity but for which we have little idea about the outcomes. The evaluative approach is shown diagrammatically on the next page.



Statistical Appendix

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Further detail regarding the themes explored within this report are available within the JSNA core dataset and other information relating to public health in Peterborough are available on our website at http://www.peterborough.gov.uk/health_and_social_care/joint_strategic_needs_assesmen.aspx

Relevant data at local, regional and national level is also available via the below sources:

- Public Health Outcomes Framework - <http://www.phoutcomes.info/>
- Public Health Profiles - <http://fingertips.phe.org.uk/>
- Health & Social Care Information Centre – <http://www.hscic.gov.uk/home>
- Office for National Statistics – <http://www.ons.gov.uk/ons/index.html>

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