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Introduction

The annual Director of Public Health Report is an independent document focused on the health of the people of Peterborough. This year's report updates the health statistics used in the 2015 report and has a new section on health inequalities.

The Report provides information about several public health challenges in Peterborough. The plans to address these challenges are outlined in the Peterborough Health and Wellbeing Strategy, available on / <https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy>.

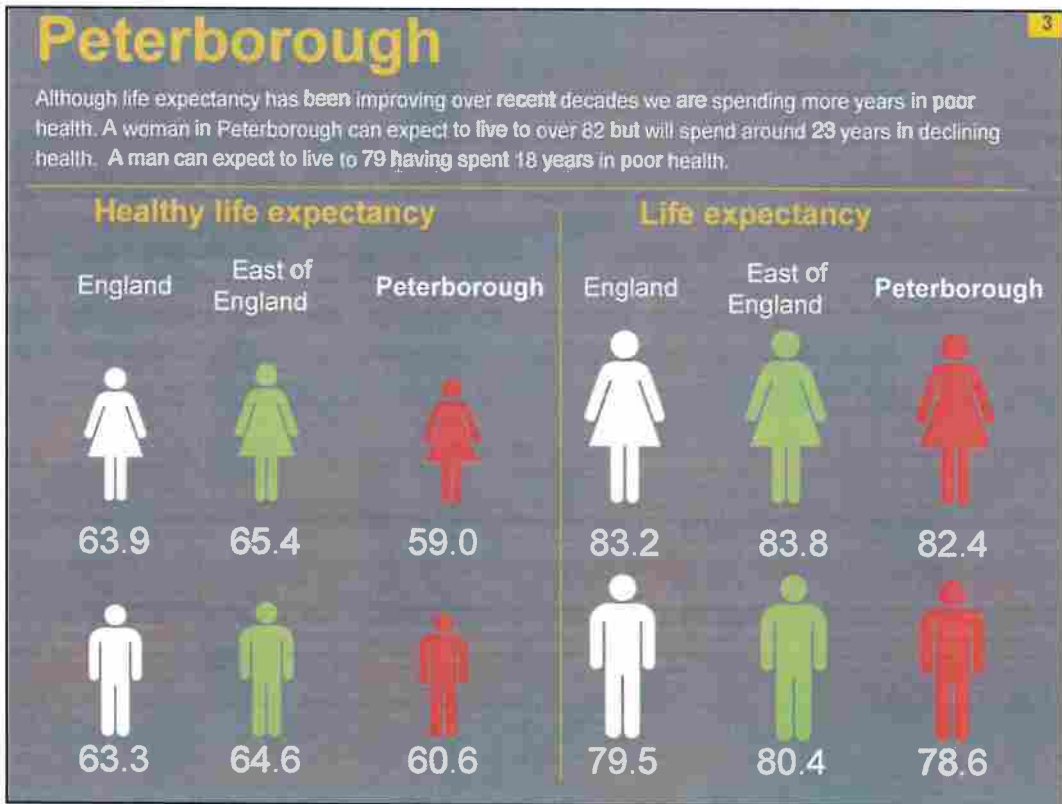
I'd like to thank all the people I've worked with over my first year as Director of Public Health in Peterborough for their enthusiasm, energy and practical support, and their commitment to improving outcomes for local residents.

Dr Liz Robin

Director of Public Health

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Our Population



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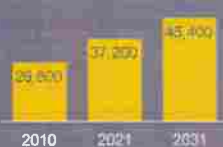
Older People

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)



Year	Population
2010	26,600
2021	37,200
2031	45,400



In Peterborough, 50 more people aged over 85 died during winter months in 2011-14 than would be expected based on mortality rates at other times of year.





441

emergency hospital admissions for injuries from falls in persons aged 80 and over in Peterborough in 2014/15

71%

of older people take up the offer of the flu immunisation






£2.5 Million


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

192

hip fractures in people aged over 65 in Peterborough in 2014/15



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



1 in 17

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

1,500

people in Peterborough

6


Our Lifestyle Choices

Reducing Deaths from Cardiovascular Disease

Cardiovascular disease includes stroke and heart disease: both 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 Health and Wellbeing Board has identified cardiovascular disease as a priority for action.

The challenge in Peterborough



1 in 3

352 deaths under the age of 75 in Peterborough between 2012-14 were caused by Cardiovascular Disease. 211 of these people died from heart disease and 50 from strokes.



2 out of 3

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

122nd out of 150

Peterborough ranked 122/150 local authorities for premature deaths from heart disease in 2012-14 (with 1 being the best ranking and 150 the worst).

13th out of 15

Peterborough ranks 13/15 among local authorities with similar social and economic factors and similar deprivation levels for premature deaths from heart disease in 2012-14.

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	105,400
alcohol	8,500
road traffic	7,300
illegal drugs	1,600
HIV	800

Our challenges

30,000 smokers in Peterborough

cost of smoking due to ill health and care in later life **£46 million**

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

over 250 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
2011	20%	24%
2012	20%	21%
2013	18%	21%
2014	16%	19%

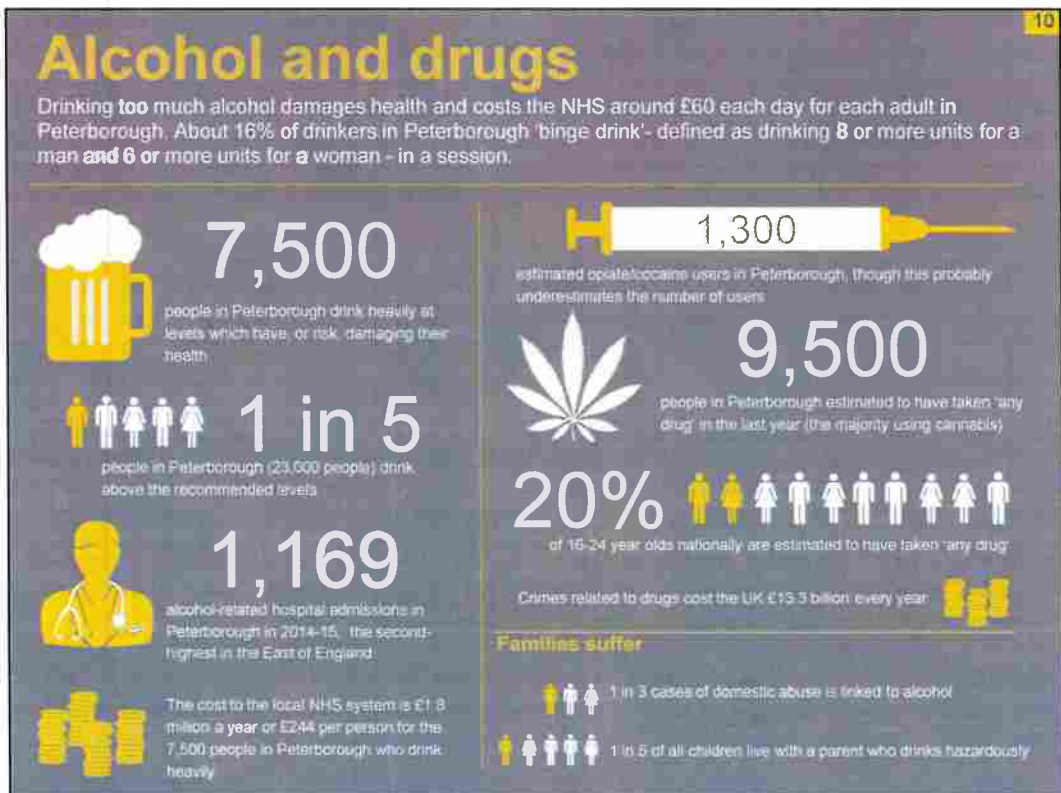
5 tonnes of cigarette waste produced every year

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

29% of routine and manual workers in Peterborough smoke

4 out of 10 people with mental health issues smoke

2 out of 3 smokers begin smoking before they were 18



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Building A Healthy City

12

Creating Healthy Places

There is a clear relationship 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

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

Increasing access to leisure facilities is a cost-effective way of improving health

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

Celebrating Healthy Schools

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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 is therefore be a local priority for implementation.

74% of schools achieved Healthy School status as part the national programme that operated until 2011

Role of Healthy Schools programme identified through the national evaluation


Instigator

Justification

Tool


Awareness

- 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

Encouraging Healthy Workplaces

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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 still working 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

Production and Manufacturing

£754

average sickness absence cost per employee per year

Call Centre

£940

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

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

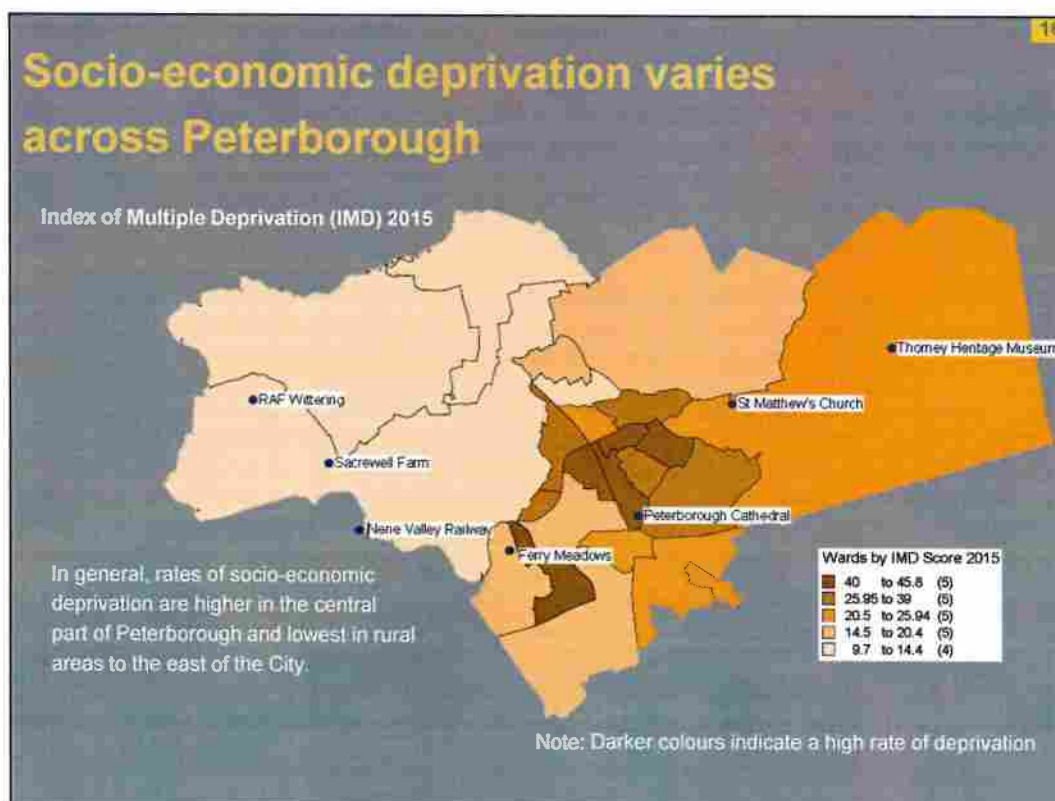
27%

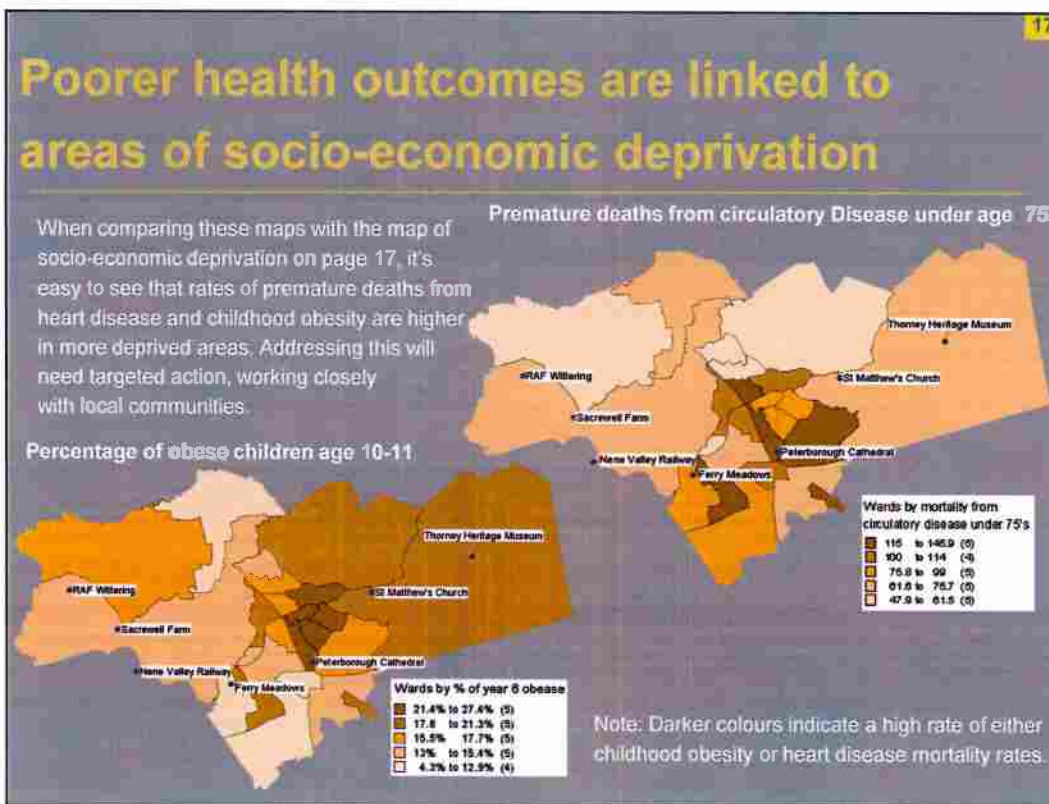
Fewer sick days taken by physically active workers



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Health inequalities





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