

DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2016

57



PETERBOROUGH: CREATING A HEALTHY CITY

Contents

Introduction	3
Recent Public Health Success Stories in Peterborough	
Areas Where We Have Made Progress – But Further Work Is Required	
Areas for Change & Improvement	
Our Population	7
Healthy Life Expectancy & Life Expectancy	
Health Outcomes	
Children & Young People	
Older People	
Our Lifestyle Choices	11
Cardiovascular Disease	
Tobacco	
Obesity	
Alcohol & Drugs	
Building A Healthy City	16
Healthy Places	
Healthy Schools	
Healthy Workplaces	
Health Inequalities	20

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 public health successes and challenges in Peterborough. The plans to address these challenges are outlined in the Peterborough Health and Wellbeing Strategy, available on 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

Recent Public Health Success Stories in Peterborough



The percentage of adults in Peterborough who smoke has fallen from 20.7% to 18.1% over the period 2012 – 2015 and the percentage of workers in routine and manual occupations who smoke has fallen from 32.1% to 25.6% over the same time period.



Peterborough continues to meet national benchmark goals for a range of population vaccination indicators relating to children, including protection against diphtheria, tetanus, pneumonia, measles, mumps and rubella.

60



Life expectancy at age 65 for males in Peterborough (18.5 years) is now similar to England (18.8 years), having been significantly worse in 8 of the past 13 years.



Peterborough has shown significant improvements since 2012 in the success rate of treatment for people with drug misuse problems. The latest national benchmarking from 2014 indicates that success rates in Peterborough are better than the national average for both opiates and non-opiates treatment.



A significantly higher proportion of Peterborough residents aged 40-74 (34.7%) have received an NHS health check compared to England (27.4%).



Significantly fewer households in Peterborough experience fuel poverty than the national average.

Areas Where We Have Made Progress – But Further Work is Required



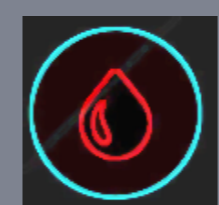
Over the last 10 years, life expectancy at birth has increased for both males (from 75.8 to 78.6 years) and females (80.4 to 82.4 years). But despite these increases, life expectancy remains significantly below England for both males and females.



The rate of under 18 conceptions in Peterborough has fallen from 58/1,000 in 1998 to 30/1,000 in 2014, but this remains higher than England (23/1,000).



The number of people under 75 who died from all cardiovascular diseases fell from 519 in 2001-03 to 352 in 2012-14, but Peterborough remains statistically significantly worse than England for both of these indicators.



The recorded rate of diabetes in Peterborough (6.5% of the population) is similar to England (6.4%) but has risen in each of the last four years.



The percentage of children living in poverty in Peterborough has fallen from 23.8% to 21.3% but remains significantly higher than England (18.0%).



Numbers of people aged 65 and over suffering injuries due to falls are lower than in previous years but are significantly higher than England.

Areas for Change and Improvement



Although overall life expectancy has improved in Peterborough, healthy life expectancy (the average number of years a person can expect to live in self-reported good health) has not shown improvement in recent years for either males or females and remains below the national average.



Emergency hospital admissions for intentional self harm remained well above the national average between 2012/13 and 2014/15.

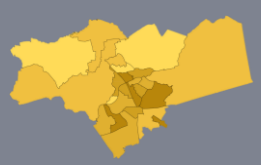
62



The proportion of adults in Peterborough classified as physically “inactive” due to taking less than 30 minutes of moderate physical activity per week, rose from 30% to 34% between 2014 and 2015.



Breast cancer screening coverage in Peterborough fell from being significantly better than England in 2010 to significantly worse than England in 2015. Cervical cancer screening has been significantly lower than England for each of the six years 2010-2015,.



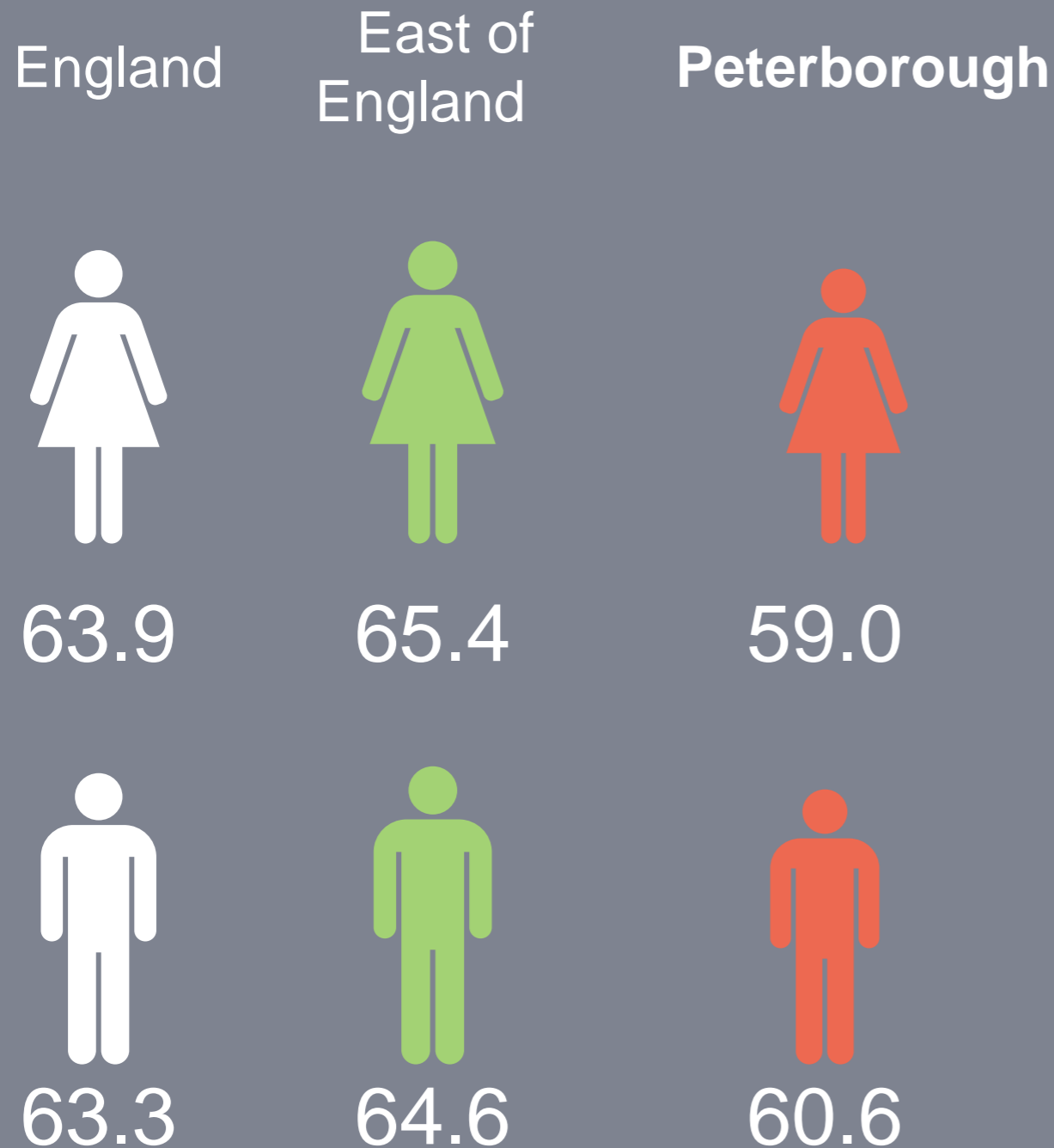
Significant health inequalities remain between communities in different parts of Peterborough. There are poorer health outcomes in communities towards the centre of the City associated with higher levels of socio-economic deprivation, while the best health outcomes are seen in rural areas west of the City.

Our Population

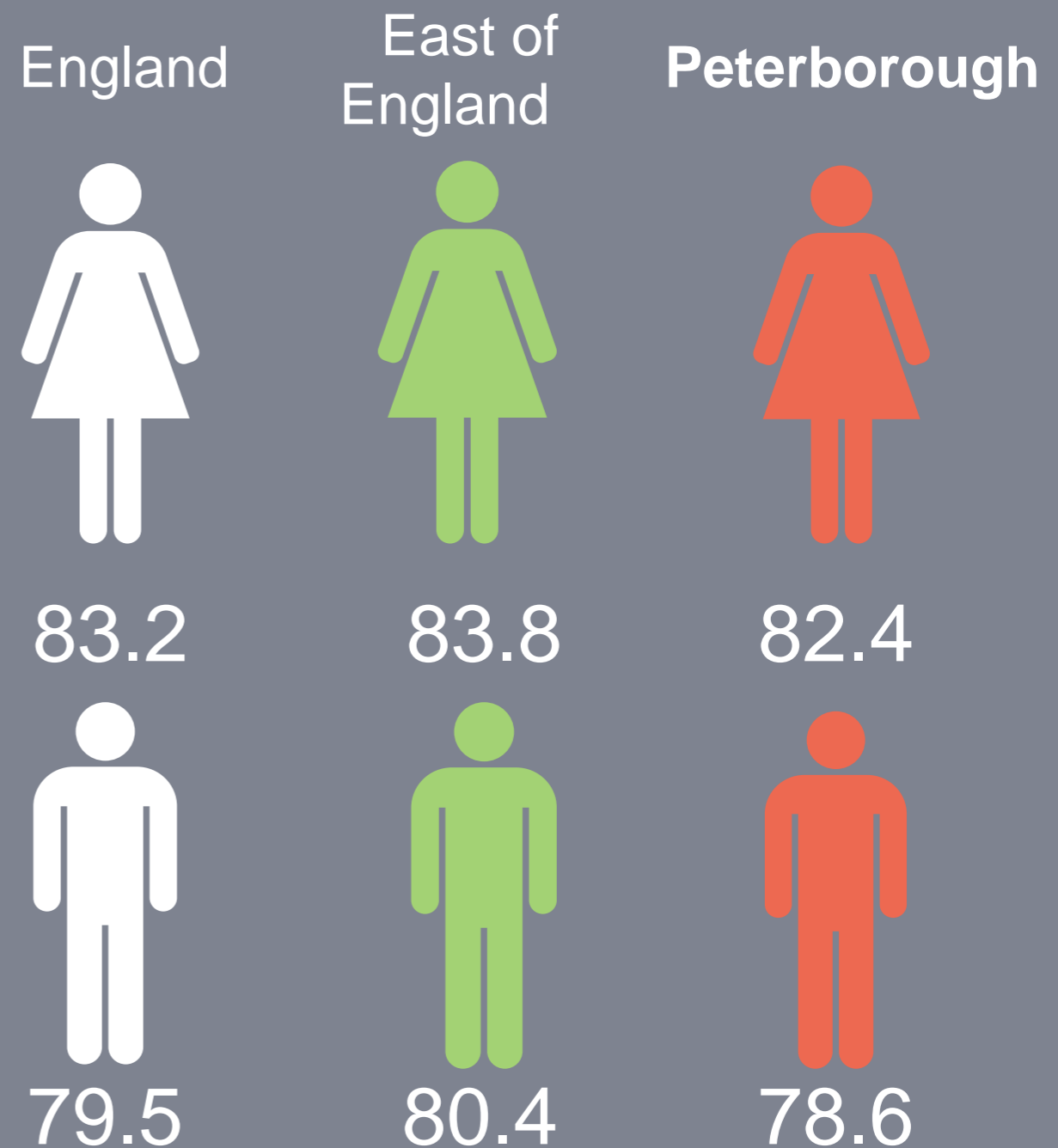
Peterborough

Although life expectancy has been improving over recent decades we are spending more years in poor health. A woman in Peterborough can expect to live to over 82 but will spend around 23 years in declining health. A man can expect to live to 79 having spent 18 years in poor health.

Healthy life expectancy



Life expectancy



Children and Young People

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



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



480

Children (0-14) admitted to hospital in 2014/15 due to injuries.



27%

Higher rates of hospital admissions for self-harm in 15-24 year olds than England



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



72.9% of mothers breastfed in the first 48 hours after delivery but only 43.9% of mothers breastfeed after 6-8 weeks

Peterborough's young population is growing



24% more 5-9 year olds by 2031



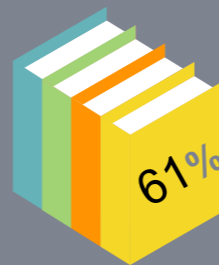
and



27% more 10-14 year olds by 2031



21.9% 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



37.4%

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



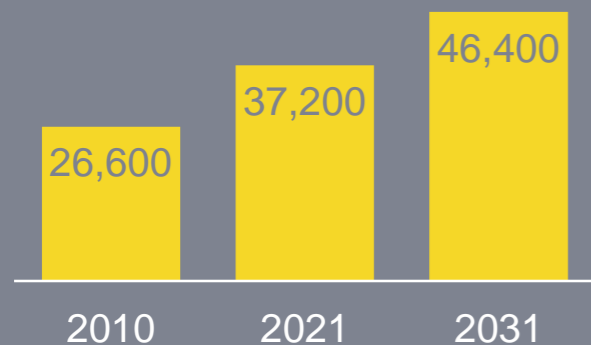
Older People

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)



2X

more people aged over 80 in 2031 than 2010



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

69%

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

1,500

people in Peterborough



441

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



£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

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

68



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.



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).

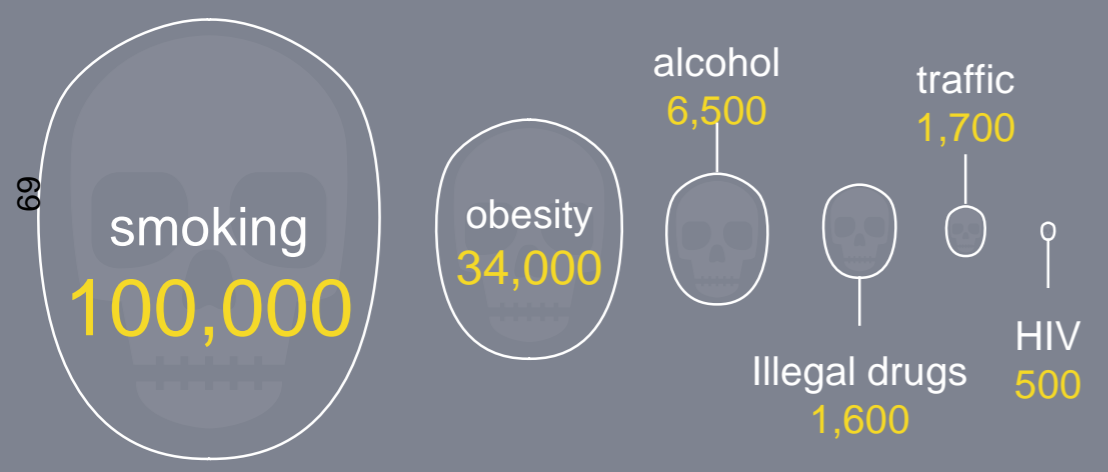
13th out of 15

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



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

26% 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

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 250 people in Peterborough die due to smoking every year

over 45 people in Peterborough die from lung cancer every year

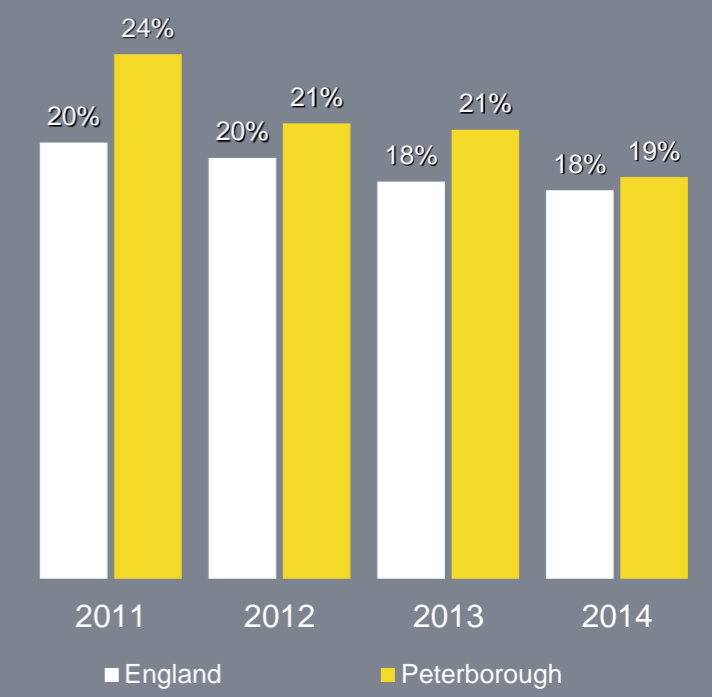
Higher rates of smoking among BME and migrant groups

Higher rates of smoking among Pregnant women

£46 million Total annual cost of tobacco to Peterborough

£10 million

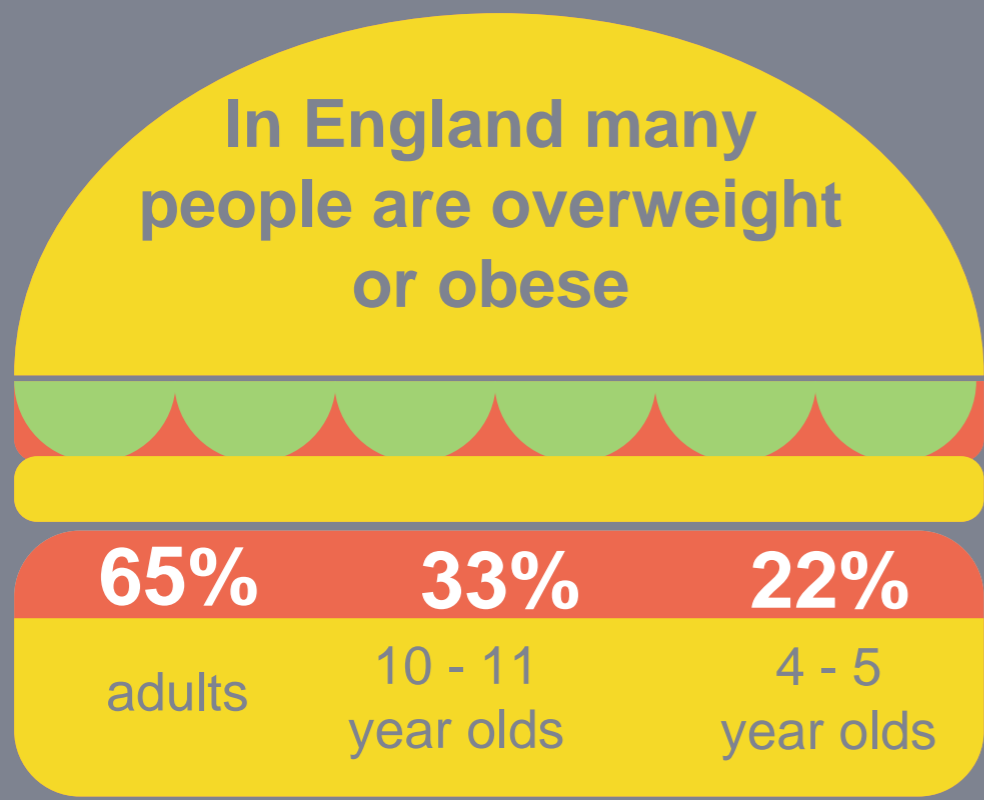
Smoking prevalence among adults



5 tonnes of cigarette waste produced every year

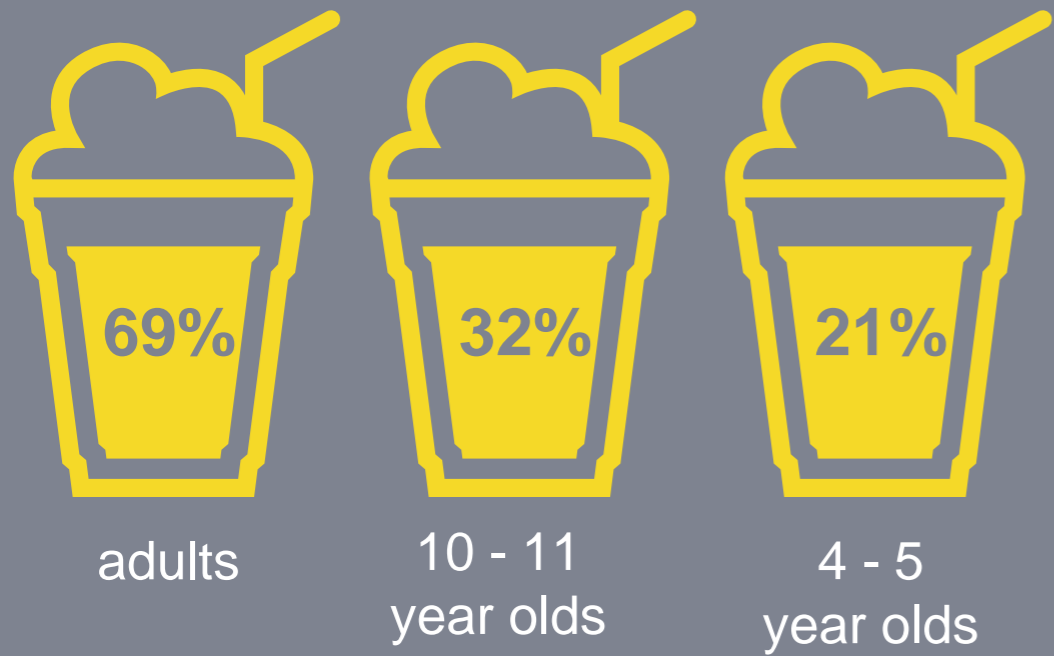
Unhealthy weight

a widespread threat to health and wellbeing



70

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. Obesity increases the risk of heart disease and some cancers.

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 encourage and support people to maintain a healthy weight.

Local challenges



↓ 10 years

reduction in life expectancy for severely obese individuals



94th out of 150

local authorities for cancer deaths



122nd out of 150

local authorities for heart disease deaths

Alcohol and drugs

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



1,300 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



71



1 in 5

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



1,169

alcohol-related hospital admissions in Peterborough in 2014-15, the second-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

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

Building A Healthy City

Creating

Healthy Places

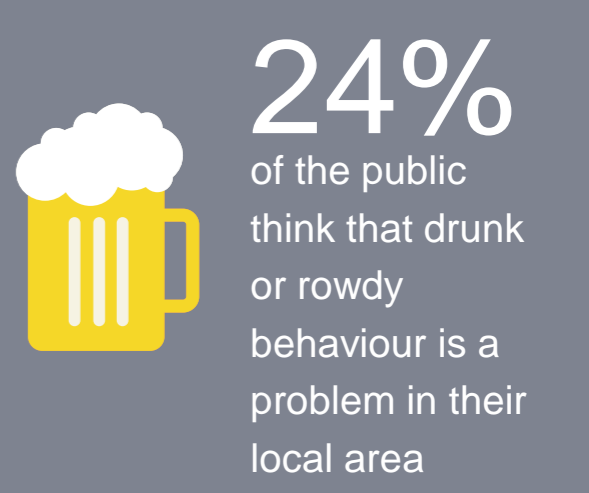
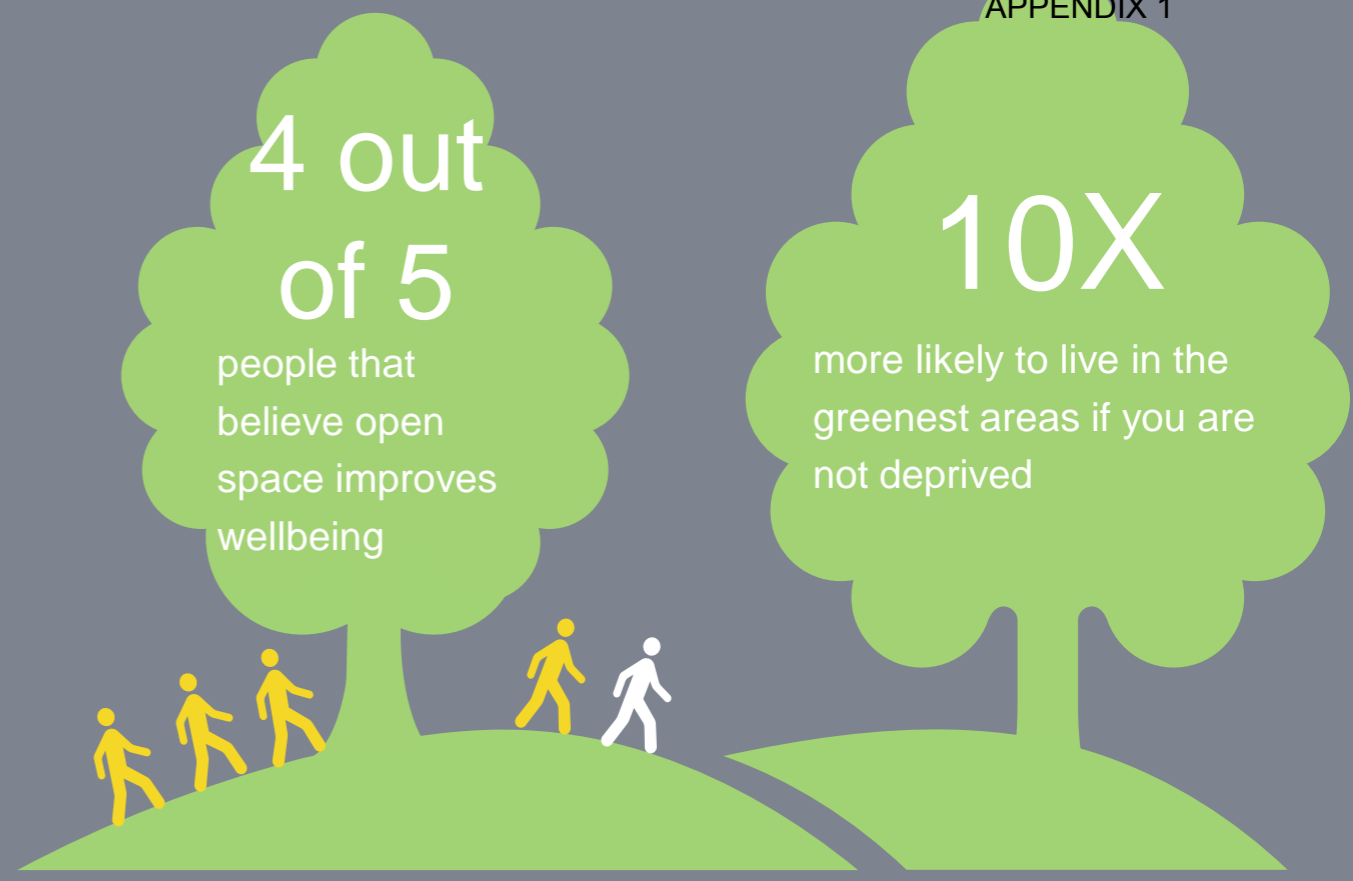
There is a clear relationship between health and where we live. A number of published studies have provided evidence that our local environments can have a positive affect on individual health and wellbeing as well enabling stronger communities.

73



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



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 is therefore be a local priority for implementation.



74%

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

74

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

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

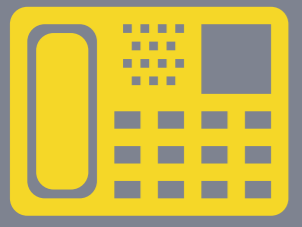
75



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



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



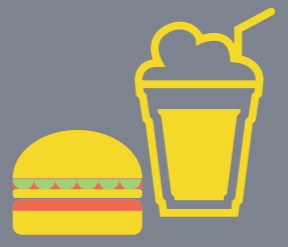
Call Centre
£940
average sickness absence cost per employee per year



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

27%

Fewer sick days taken by physically active workers



33

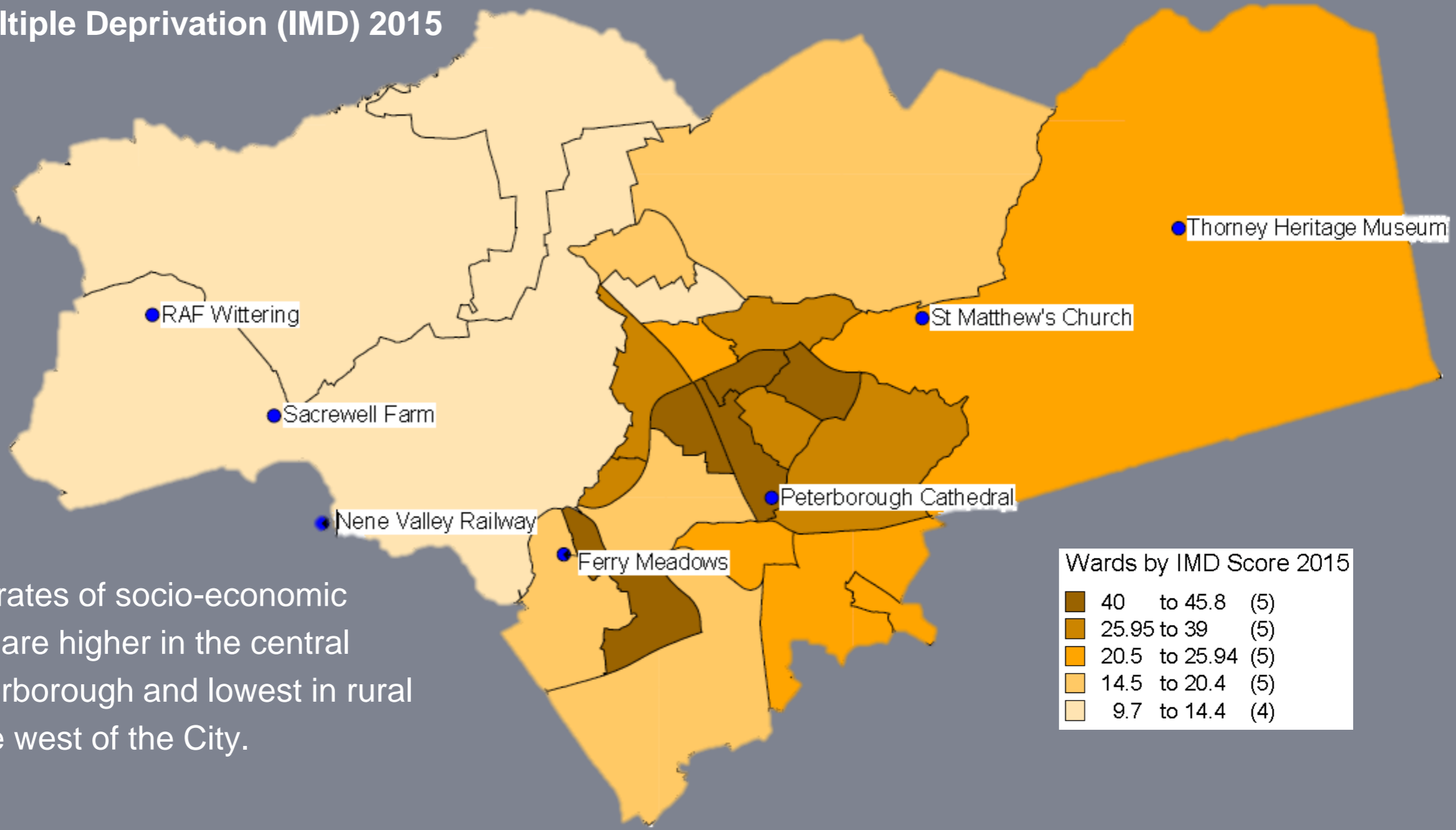
more hours off sick per year taken by a person who smokes than a non-smoker each year

Health inequalities

Socio-economic deprivation varies across Peterborough

Index of Multiple Deprivation (IMD) 2015

77



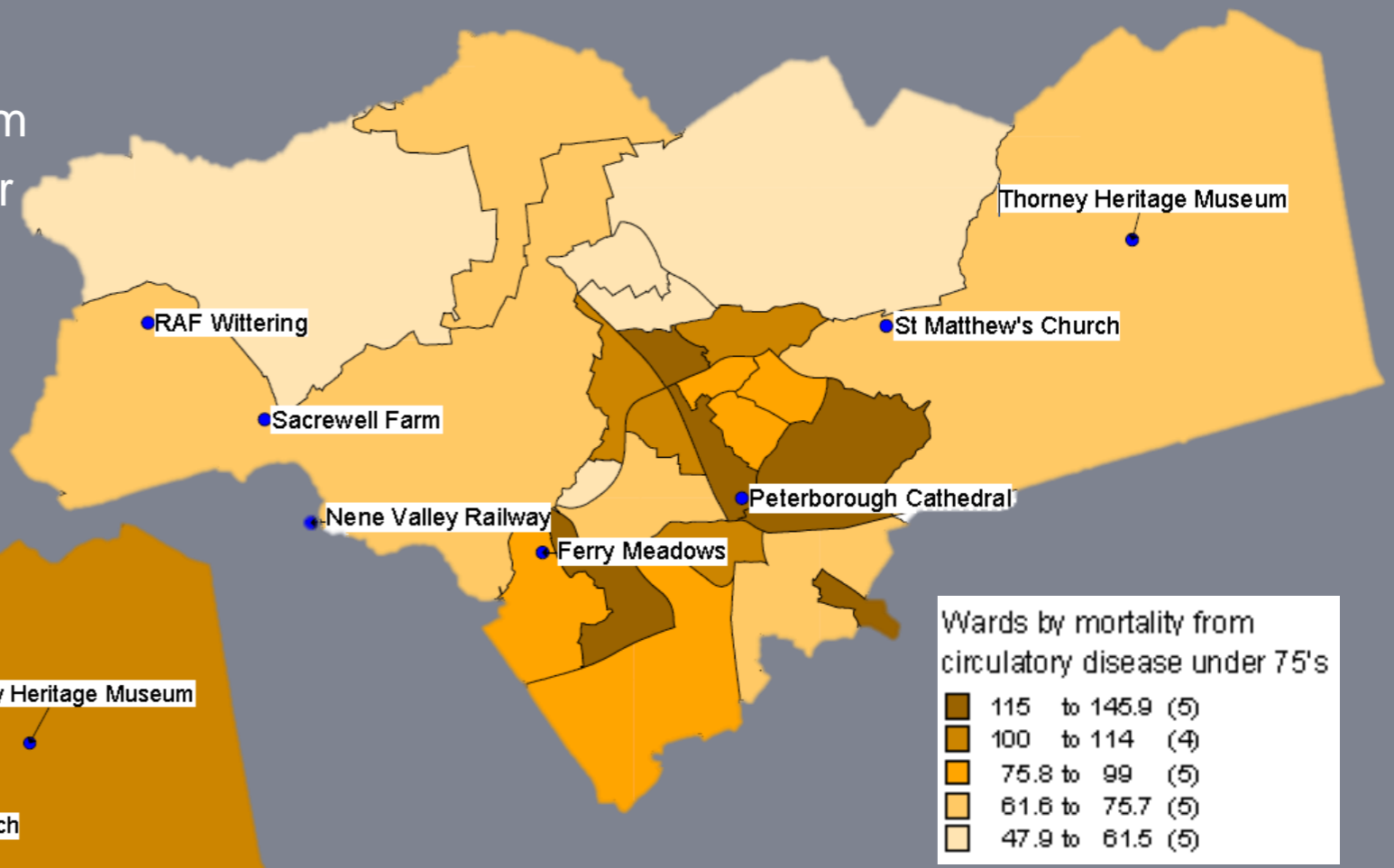
In general, rates of socio-economic deprivation are higher in the central part of Peterborough and lowest in rural areas to the west of the City.

Note: Darker colours indicate a high rate of deprivation

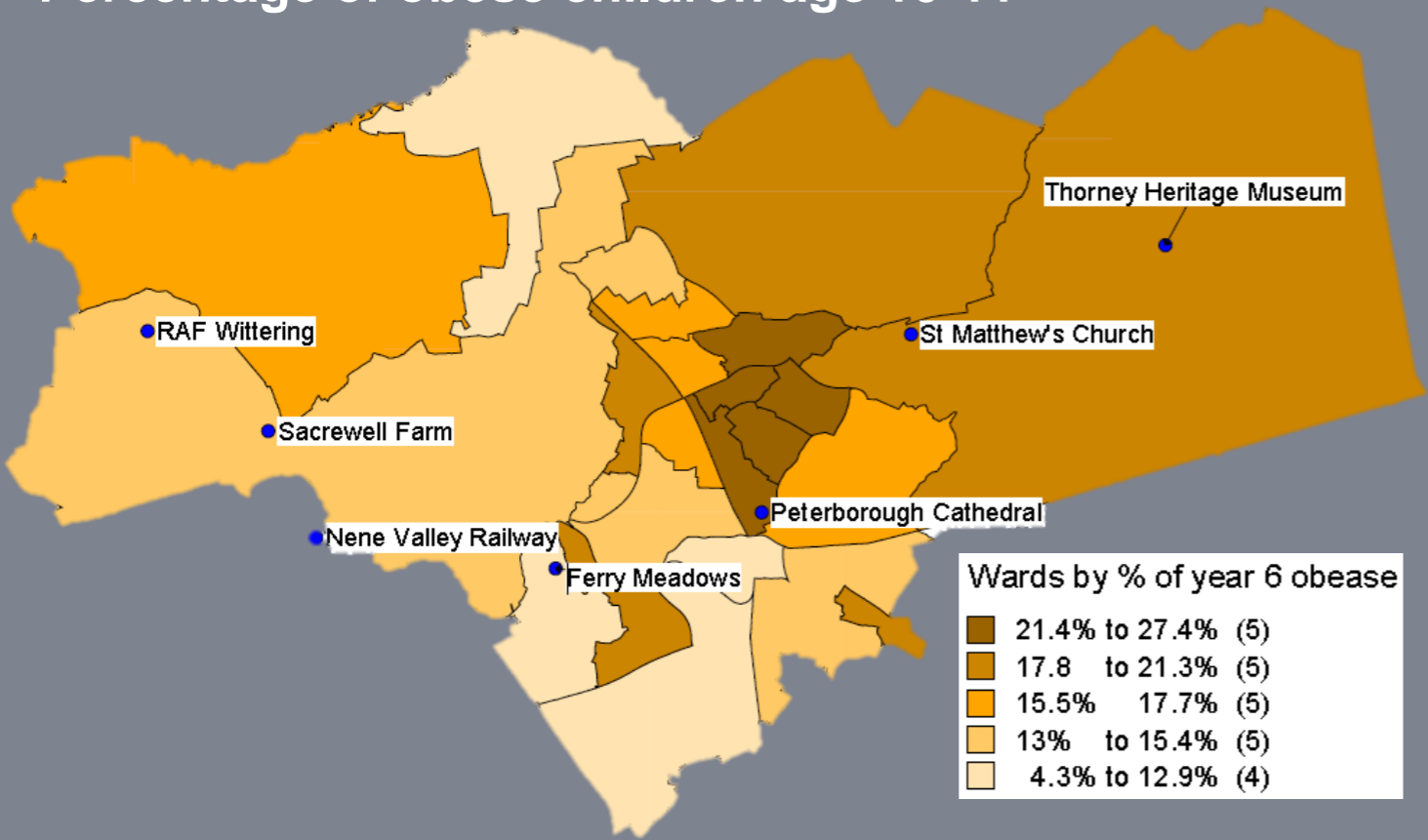
Poorer health outcomes are linked to areas of socio-economic deprivation

When comparing these maps with the map of socio-economic deprivation on page 17, it's easy to see that rates of premature deaths from heart disease and childhood obesity are higher in more deprived areas. Addressing this will need targeted action, working closely with local communities.

Premature deaths from circulatory Disease under age 75



Percentage of obese children age 10-11



Note: Darker colours indicate a high rate of either childhood obesity or heart disease mortality rates.

78

Acknowledgements:

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