

<b>HEALTH AND WELLBEING BOARD</b>	AGENDA ITEM No. 8
<b>12 JUNE 2017</b>	<b>PUBLIC REPORT</b>

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**ANNUAL HEALTH AND WELLBEING STRATEGY PERFORMANCE REPORT**

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM: Director of Public Health</b>	<b>Deadline date:</b>
It is recommended that the Health and Wellbeing Board note and comment on the Health and Wellbeing Strategy Annual Performance Report	

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Health and Wellbeing Board to receive regular reports on the performance against key outcome metrics of the Health and Wellbeing Strategy.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to enable review of the key outcome metrics for the Health and Wellbeing Strategy 2016/19 to date, recognising that due to the time lag in obtaining quality controlled and nationally benchmarked data, several of the indicators in this report provide the baseline for the start of Health and Wellbeing Strategy implementation, rather than providing information about the impact of the Strategy to date.

2.2 This report is for the Health and Wellbeing Board to consider under its Terms of Reference: 3.1:

*To develop a Health and Wellbeing Strategy for the City which informs and influences the commissioning plans of partner agencies.*

2.3 The Health and Wellbeing Strategy covers the whole population and several issues within it are potentially relevant to children in care – including childhood overweight and obesity, teenage pregnancy and child and adolescent mental health.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>
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**4. BACKGROUND AND KEY ISSUES**

## 4.1 **Introduction**

Producing a joint Health & Wellbeing Strategy to meet the health needs of local residents is one of the main duties of Health & Wellbeing Boards as identified in the Health & Social Care Act 2012. The Health & Wellbeing Board of Peterborough City Council approved the 2016-19 Health & Wellbeing Strategy for Peterborough in July 2016. It is available at URL:

<https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/healthcare/public-health/PCCHHealthWellbeingStrategy-2016-19.pdf?inline=true> and is comprised of the following sections that focus on key factors that influence healthcare outcomes in Peterborough:

1. Children & Young People's Health
2. Health Behaviours & Lifestyles
3. Long Term Conditions & Premature Mortality
4. Mental Health for Adults of Working Age
5. Health & Wellbeing of People with Disability and/or Sensory Impairment
6. Ageing Well
7. Protecting Health
8. Growth, Health & the Local Plan
9. Health & Transport Planning
10. Housing & Health
11. Geographical Health Inequalities
12. Health & Wellbeing of Diverse Communities
13. Working together effectively

4.2 A number of key outcome indicators have been chosen in order that progress can be objectively monitored against national performance in relation to both observed numbers (e.g. number of people dying from all cardiovascular diseases) and statistical significance in comparison to England (e.g. directly age-standardised mortality rates, which take in to account differences in demographics between populations, such as disproportionately high percentages of older or younger people compared to England). For each indicator, an appropriate partnership Board has been asked to agree both the appropriateness of the indicator and a three year improvement trajectory, encompassing the period from the start of Health & Wellbeing Strategy in 2016 through to March 2019.

4.3 Appendix 1 summarises currently available data in relation to the aforementioned outcome indicators, which support Peterborough's 2016-19 Health & Wellbeing Strategy. It should be noted that many of these indicators are based on nationally-available benchmarked data that is available only on an annual basis and therefore current performance should be seen as a 'baseline' from which to assess future performance, rather than necessarily a reflection of interventions undertaken since the commencement of the 2016-19 Health & Wellbeing Strategy.

### **Key Findings**

4.4 Baseline data that show recent improvements within Peterborough in relation to Health & Wellbeing include:

- The suicide rate in Peterborough has fallen in each of the past three years and is now below that of England, although not statistically significantly different.
- The life expectancy gap between the most deprived 20% and least deprived 80% of geographical areas in Peterborough has narrowed from 2.5 years in 2007-11 to 1.9 years in 2011-15, with life expectancy currently standing at 79.5 years for residents within the most deprived 20% and 81.4 years among the least deprived 80%. However, at Lower Super Output Area (LSOA) level (populations of approximately 1,500 people), there is a gap of 8.4 years between life expectancy for males in Peterborough's most deprived 10% of LSOAs compared to the least deprived 10% of LSOAs and for females, this gap is 6.1 years.
- Although under 75 mortality from all cardiovascular diseases is statistically significantly worse in Peterborough than England for all persons and for females, for males,

Peterborough's directly age-standardised rate has fallen in 2013-15 from statistically worse to statistically similar to England for the first time since 2004-06.

- Both observed numbers and directly age-standardised rates of hospital admissions as a result of heart failure and stroke fell in Peterborough between 2013/14 and 2014/15. Emergency hospital admissions as a result of cardiovascular disease also fell in Peterborough between 2013/14 and 2014/15, but remain higher among the most deprived 20% of the area than the least deprived 80%.
- Smoking prevalence in Peterborough for 2015 is 18.1%, statistically similar to England but among the lowest figures within Peterborough's group of nearest socio-economic neighbours
- Under 18 and under 16 conceptions have both fallen in 2015, although the under 18 rate remains statistically significantly worse than England
- The number of Peterborough residents attending sports/physical activities provided by Vivacity has increased 5.7% in 2016/17, from 1,313,384 to 1,388,710
- Internal data from Peterborough City Council's Adult Social Care team show consistent increases in the number of adults in receipt of assistive technology, number of adults with social care needs receiving short term services to increase independence and the number of adults with social care needs requesting support, advice or guidance.
- The number of health checks delivered in Peterborough to residents aged 40-74 has been statistically significantly higher than England for each of the past three years.
- In 2015-16, Peterborough achieved 8 of 10 benchmark goals relating to screening and immunisation (e.g. 90.0% + of 2 and 5 year olds receiving MMR for one/two dose/s).
- The number of people killed/seriously injured on Peterborough roads has been statistically similar to England for three consecutive periods, having been statistically significantly worse in 2009-11 and 2010-12.

4.5 Baseline data that show recent negative trends and/or areas that may require further intervention to address over the course of the 2016-19 Health & Wellbeing Strategy include:

- A significantly high directly age-standardised rate of emergency hospital admissions are attributable to the most deprived 20% of the Peterborough population and both the observed number of admissions and the directly age-standardised rate increased between 2013/14 and 2014/15.
- The directly age-standardised rate of hospital admission episodes for alcohol-related conditions worsened in 2015/16 and was been statistically significantly worse than England for five consecutive years.
- The crude rate of hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 years has been significantly worse than England for five consecutive years and rose to a new high of 189.5/10,000 in 2015/16.
- The directly age-standardised rate of hospital admissions as a result of self-harm amongst 10-24 years olds in Peterborough was statistically significantly higher than England for each of the five years 2011/12 – 2015/16 and has risen between 2014/15 and 2015/16 from 611.2/100,000 to 798.7/100,000.
- Peterborough has one of the highest directly age-standardised rates of emergency hospital admissions among over 65s as a result of falls in the East of England.

- The percentage of people receiving a late HIV diagnosis in Peterborough has been higher (therefore worse) than benchmark national goal of 50.0% for five consecutive pooled periods.

## **5. CONSULTATION**

- 5.1 The Health and Wellbeing Strategy 2016/19 was subject to a three month public consultation and Partnership Boards overseeing implementation of the HWB Strategy were consulted on which metrics to use.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 The purpose of this Report is to provide information on the impact of the Health and Wellbeing Strategy on key outcome metrics, or to provide information on previous trends and current baselines for these metrics.

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 The Health and Wellbeing Board has requested information on progress against key outcome metrics of the Health and Wellbeing Strategy.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 The HWB Board already receives information on a quarterly basis on delivery against the actions outlined in the HWB Strategy – so the alternative option would be to provide a quarterly update on outcome metrics as part of the quarterly report. However many of the most significant outcome metrics (benchmarked nationally) are only available on an annual basis at different points during year. So an annual performance report focussed on outcome metrics was considered most effective at giving the ‘big picture’ of delivery against the HWB Strategy.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 This paper is monitoring performance against outcome metrics rather than proposing specific projects, therefore there are no direct financial implications.

### **Legal Implications**

- 9.2 The Health and Wellbeing Board has a statutory duty to prepare a Joint Health and Wellbeing Strategy.

### **Equalities Implications**

- 9.3 The Report includes a section on monitoring health inequalities.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 Peterborough Joint Health and Wellbeing Strategy (2016/19)

## **11. APPENDICES**

- 11.1 Appendix 1 - Peterborough City Council Health and Wellbeing Strategy 2016-19 Annual Review.