

Peterborough City Council Health & Wellbeing Strategy 2016-19 Annual Review

May 2017

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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 2012¹. The Health & Wellbeing Board of Peterborough City Council approved the 2016-19 Health & Wellbeing Strategy for Peterborough in July 2016, after a period of collaboration between key stakeholders across the healthcare sector and members of the public to establish key priorities and goals related to the health of residents in Peterborough. The 2016-19 Health & Wellbeing Strategy is available at URL: <https://www.peterborough.gov.uk/upload/www.peterborough.gov.uk/healthcare/public-health/PCCHealthWellbeingStrategy-2016-19.pdf?inline=true> and is comprised of 12 main 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

¹ <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

Each Health & Wellbeing Strategy section performance report includes a quarterly update from the section lead on current and on-going activities, future plans and milestones, risks and key considerations. In addition to this, a number of key performance indicators have been chosen for each section 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 performance 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.

This report summarises currently available data in relation to the aforementioned performance 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. Staff within the Public Health Directorate of Peterborough City Council are currently working with other relevant stakeholders to ensure that future quarterly reports include contemporary performance data as a supplemental set of measures to monitor healthcare outcomes in Peterborough.

2. Health & Wellbeing Strategy 2016-19 – Annual Review 2017 Key Findings Overview

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 Peterborough electoral wards 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), inequalities in life expectancy are notably more pronounced. 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 these inequalities have reduced in recent years, this demonstrates that poor healthcare outcomes in the most deprived areas of Peterborough remain worthy of significant attention and that inequalities can be more pronounced among smaller population groups in comparison to electoral ward data.
- 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.

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 has worsened in 2015/16 and has been statistically significantly worse than England for five consecutive years.

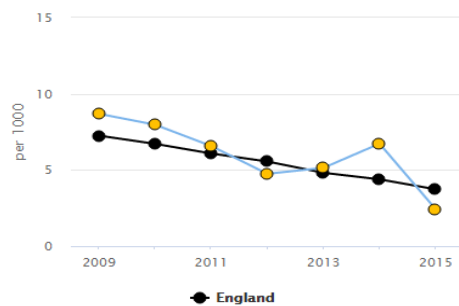
- The crude rate of hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 years has been significantly worse than England for five consecutive years and has risen to a new high of 189.5/10,000 in 2015/16.
- Peterborough has one of the highest directly age-standardised 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.

3. Health & Wellbeing Strategy 2016-19 – Annual Review 2017 Key Findings by Section

3.1 Children & Young People’s Health

Reduction of under 18 conceptions is a key priority of the 2016-19 Health & Wellbeing Strategy, as most are unplanned, around half end in abortion and research shows teenage pregnancy is associated with poor outcomes for both young parents and their children. Below data show that Peterborough’s under 16 conception rate has fallen to 2.4/1,000, below that of England (3.7/1,000) for 2015, although not statistically significantly lower. Peterborough’s under 18 conception rate in 2015 is 28.3/1,000 which remains statistically significantly worse than England; however, this rate has fallen in each of the last three years.

Figure 1: Under 16 Conceptions in Peterborough, 2009 – 2015, Crude Rate per 1,000



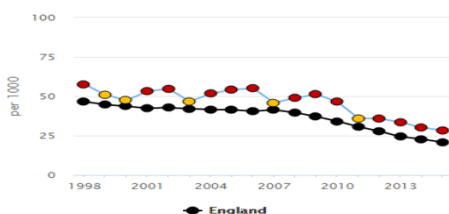
Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009	30	8.7	5.9	12.4	5.5	7.3
2010	28	8.0	5.3	11.5	5.2	6.7
2011	23	6.6	4.2	9.9	5.4	6.1
2012	16	4.7	2.7	7.7	4.4	5.6
2013	17	5.1	3.0	8.2	4.0	4.8
2014	22	6.7	4.2	10.2	3.9	4.4
2015	8	2.4	1.0	4.8	2.9	3.7

Source: Office for National Statistics (ONS)

Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90639/age/169/sex/2>

Figure 2: Under 18 Conceptions in Peterborough, 1998 – 2015, Crude Rate per 1,000



Recent trend: ↓

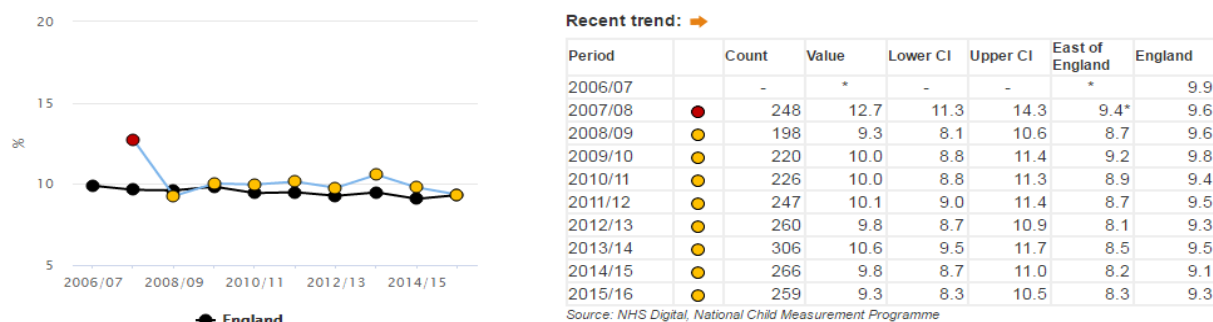
Period	Count	Value	Lower CI	Upper CI	East of England	England
1998	185	57.7	49.7	66.6	37.9	46.6
1999	158	51.0	43.4	59.6	36.4	44.8
2000	147	47.4	40.1	55.7	35.1	43.6
2001	167	53.3	45.5	62.0	34.2	42.5
2002	179	54.8	47.1	63.5	34.6	42.8
2003	155	46.8	39.7	54.7	33.1	42.1
2004	175	51.7	44.3	59.9	32.4	41.6
2005	184	54.2	46.7	62.7	32.4	41.4
2006	190	55.1	47.6	63.6	33.1	40.6
2007	155	45.9	39.0	53.8	33.0	41.4
2008	168	48.9	41.8	56.9	31.1	39.7
2009	171	51.3	43.9	59.5	30.7	37.1
2010	161	46.6	39.7	54.3	29.1	34.2
2011	127	36.0	30.0	42.8	26.6	30.7
2012	128	36.0	30.0	42.8	23.2	27.7
2013	118	33.4	27.7	40.0	21.0	24.3
2014	102	30.2	24.6	36.7	20.2	22.8
2015	95	28.3	22.9	34.6	18.8	20.8

Source: Office for National Statistics (ONS)

Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/20401/age/173/sex/2>

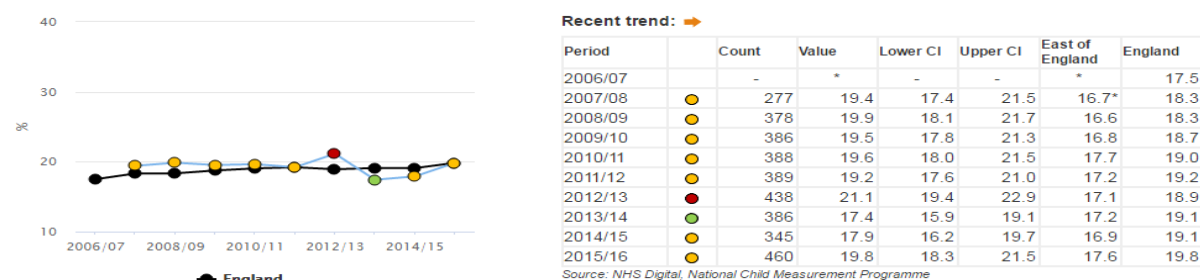
Data below show that the prevalence of obesity in reception age children in Peterborough has fallen in each of the past three years, whereas it has risen among children in year six in each of the past three years; Peterborough remains statistically similar to England for both indicators.

Figure 3: Prevalence of Obesity in Reception Age Children, Peterborough, 2006/07 – 2015/16, %



Source: Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000006/ati/102/are/E06000031/iid/90319/age/200/sex/4>

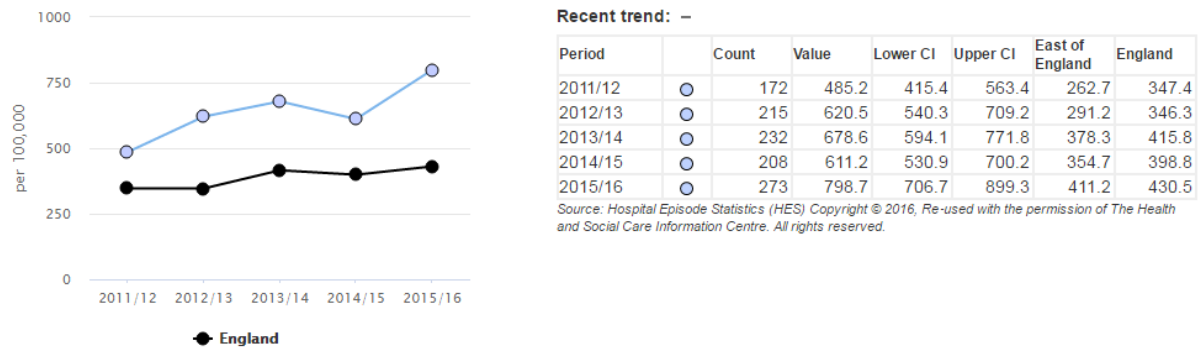
Figure 4: Prevalence of Obesity in Year Six Children, Peterborough, 2006/07 – 2015/16, %



Source: Public Health Outcomes Framework, <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/4/gid/8000011/pat/6/par/E12000006/ati/102/are/E06000031/iid/90323/age/201/sex/4>

The directly age-standardised rate of hospital admissions as a result of self-harm in Peterborough has been 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 the highest directly age-standardised rate for this indicator in the region, with the second-highest rate observed in neighbouring Cambridgeshire (635.2/100,000).

Figure 5: Hospital Admissions as a Result of Self-harm, 10-24 year olds, Peterborough, Directly Age-Standardised Rate per 100,000, 2011/12 – 2015/16

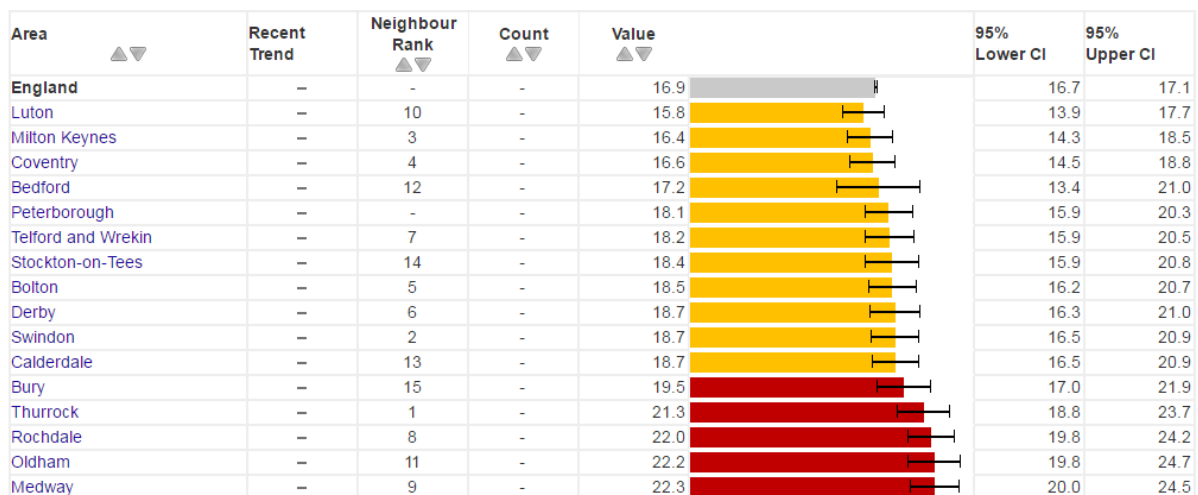


Source: Public Health Outcomes Framework, <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/4/gid/1938132754/pat/6/par/E12000006/ati/102/are/E06000031/iid/90813/age/245/sex/4>

3.2 Health Behaviours & Lifestyles

Smoking prevalence among adults in Peterborough is 18.1% for 2015, statistically similar to England (16.9%) and reduced from 20.7% in 2012. Resultantly, Peterborough has one of the lowest percentages of smokers of any local authority within the below comparator group of nearest socio-economic neighbours.

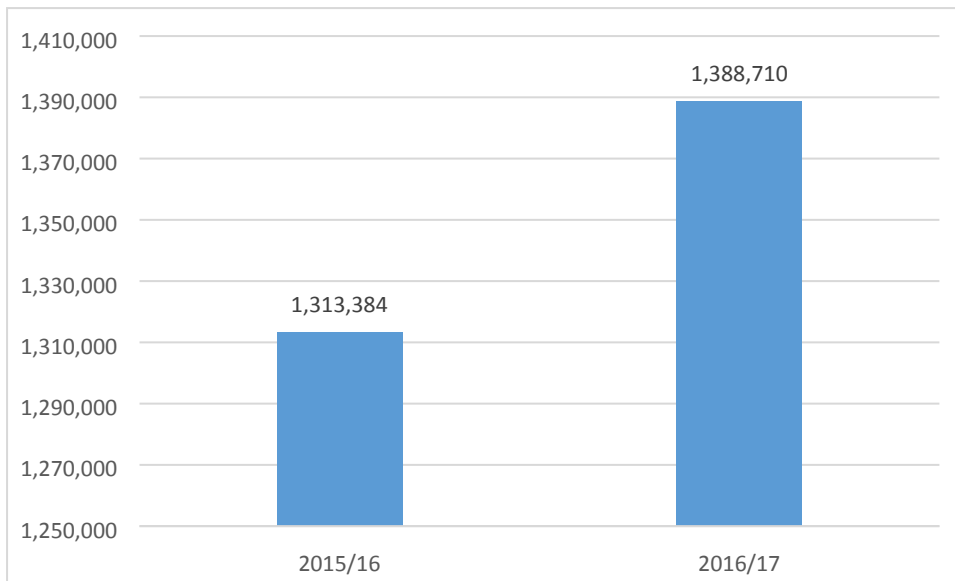
Figure 6: Smoking Prevalence in Adults, Peterborough & Nearest Socio-Economic Neighbours, 2015, %



Source: Public Health Outcomes Framework <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/92443/age/168/sex/4/nn/nn-1-E06000031>

The number of residents in Peterborough attending sports/physical activities provided by Vivacity has increased by 5.7% in 2016/17, to 1,388,710 from 1,313,384.

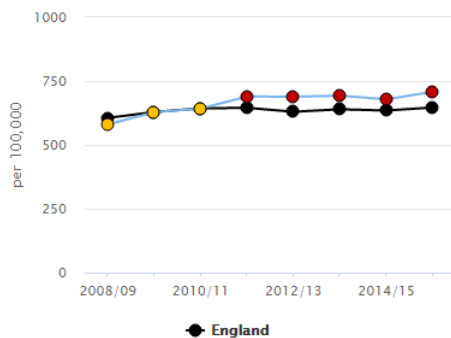
Figure 7: Attendances at Sports/Physical Activities Provided by Vivacity, 2015/16 & 2016/17



Source: Internal Peterborough City Council performance data

Reducing hospital admissions resulting from alcohol consumption is a stated aim of the 2016-19 Health & Wellbeing Strategy. However, as shown in the below figure, Peterborough’s directly age-standardised rate of admission episodes for alcohol-related conditions has been statistically significantly higher than England for each of the five years to 2015/16 and is increasing with regards to both observed episodes and rate per 100,000.

Figure 8: Admission Episodes for Alcohol-Related Conditions, Peterborough, Persons, 2008/09 – 2015/16, Directly Age-Standardised Rate per 100,000



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	East of England	England
2008/09	934	580	543	620	490	606
2009/10	1,042	628	590	669	531	629
2010/11	1,069	643	604	683	542	643
2011/12	1,167	690	650	731	559	645
2012/13	1,171	689	649	730	552	630
2013/14	1,194	693	653	734	582	640
2014/15	1,169	679	640	720	580	635
2015/16	1,245	708	668	749	588	647

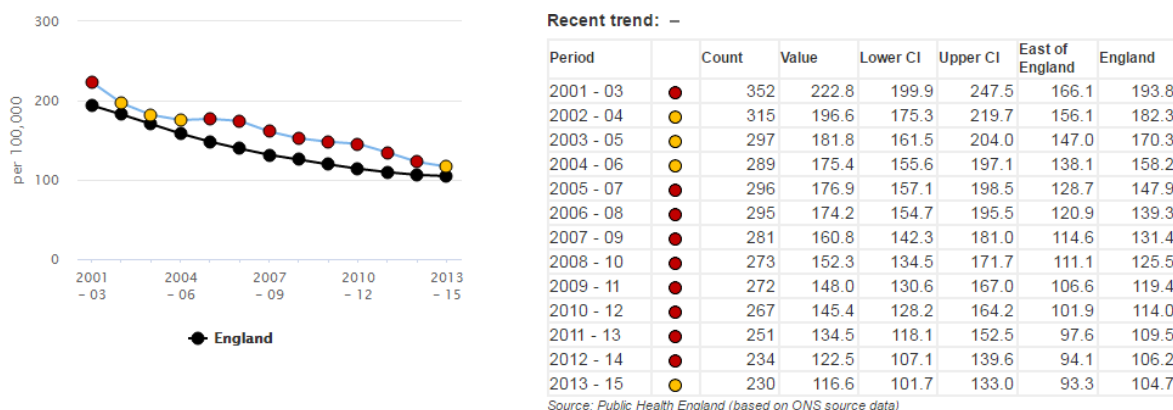
Source: Calculated by Public Health England: Risk Factors Intelligence team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Public Health Outcomes Framework <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/91414/age/1/sex/4>

3.3 Long Term Conditions & Premature Mortality

Under 75 mortality from all cardiovascular diseases is statistically significantly worse in Peterborough than in England, for all persons and for females only. However, for males only in 2013-15, Peterborough has improved to be statistically similar to England for the first time since 2004-06.

Figure 9: Under 75 Mortality Rate from all Cardiovascular Diseases, Peterborough, Males Only, 2001/03 – 2013/15 Directly Age-Standardised Rate per 100,000



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/40401/age/163/sex/1>

As shown in the figure below, hospital admissions for both heart failure and stroke have reduced in Peterborough between 2013/14 and 2014/15 with regards to both observed admissions and directly age-standardised rate per 100,000.

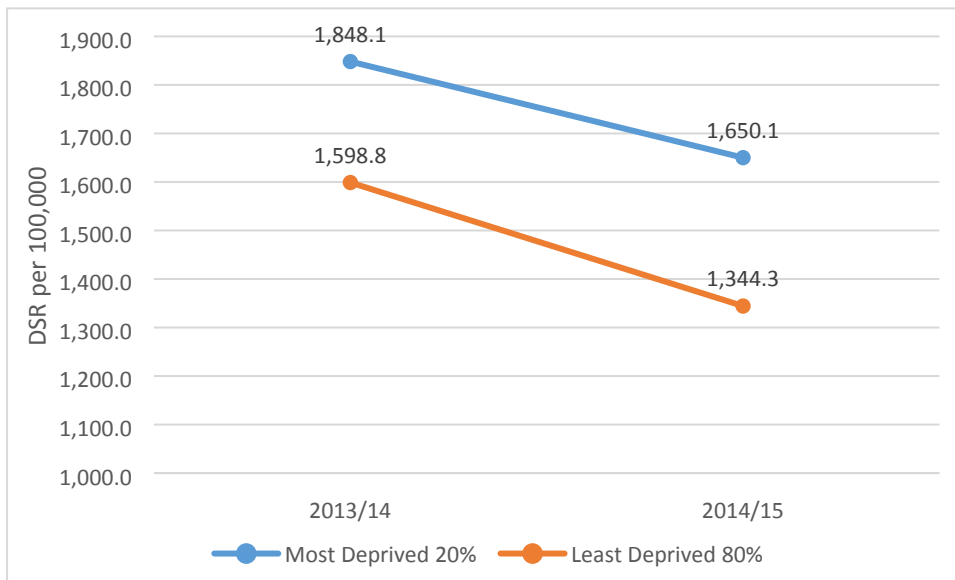
Figure 10: Heart Failure & Stroke Hospital Admissions, Peterborough, 2013/14 – 2014/15, Directly Age-Standardised Rate per 100,000

Time Period	Heart Failure		Stroke	
	Admissions	DSR	Admissions	DSR
2013/14	405	283.1	387	270.5
2014/15	335	235.2	369	250.7

Source: Cambridgeshire & Peterborough Clinical Commissioning Group

Emergency hospital admissions as a result of cardiovascular disease have also reduced in Peterborough between 2013/14 and 2014/15. However, data show that directly age-standardised rates of admissions are higher in the most deprived 20% of electoral wards in Peterborough compared to the least deprived 80% and although rates have reduced for both electoral ward groupings, this disparity widened between 2013/14 and 2014/15.

Figure 11: Emergency Cardiovascular Disease Admissions, Most Deprived 20% & Least Deprived 80% Electoral Wards in Peterborough, 2013/14 – 2014/15, Directly Age-Standardised Rate per 100,000

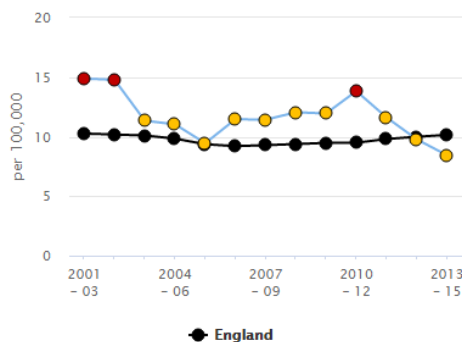


Source: Cambridgeshire & Peterborough Clinical Commissioning Group

3.4 Mental Health for Adults of Working Age

The directly age-standardised suicide rate in Peterborough is currently 8.4/100,000, which is statistically similar to England. The rate has fallen in three consecutive periods, having been statistically significantly worse than England as recently as 2010-12.

Figure 12: Suicide Rate, Persons, Peterborough, 2001/03 – 2013-15, Directly Age-Standardised Rate per 100,000



Recent trend: –

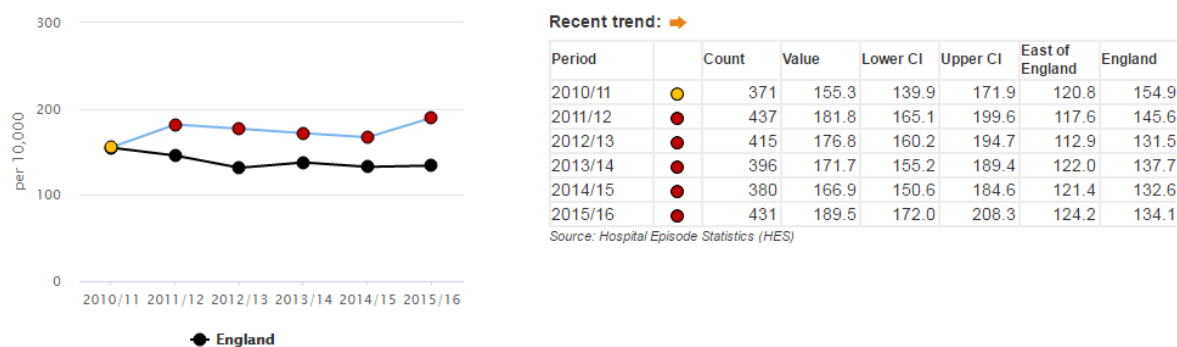
Period	Count	Value	Lower CI	Upper CI	East of England	England
2001 - 03	60	14.9	11.3	19.2	9.6	10.3
2002 - 04	58	14.8	11.1	19.2	9.6	10.2
2003 - 05	46	11.3	8.2	15.2	9.3	10.1
2004 - 06	46	11.0	8.0	14.8	9.1	9.8
2005 - 07	43	9.4	6.8	12.8	8.8	9.4
2006 - 08	53	11.5	8.5	15.1	9.0	9.2
2007 - 09	53	11.4	8.5	15.0	8.9	9.3
2008 - 10	55	12.0	9.0	15.8	8.9	9.4
2009 - 11	55	12.0	8.9	15.6	8.8	9.5
2010 - 12	65	13.8	10.6	17.7	8.9	9.5
2011 - 13	56	11.6	8.7	15.2	8.9	9.8
2012 - 14	48	9.8	7.2	13.0	9.0	10.0
2013 - 15	42	8.4	6.0	11.5	9.3	10.1

Source: Public Health England (based on ONS source data)

Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/41001/age/285/sex/4>

Hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 are known to be a significant issue in Peterborough and, as shown in the figure below, the crude rate of applicable admissions has been statistically significantly higher than England for each of the last five years for which data are available and rose between 2014/15 and 2015/16.

Figure 13: Hospital Admissions Caused by Unintentional & Deliberate Injuries in People Aged 15-24 Years, Peterborough, 2010/11 – 2015/16, Crude Rate per 10,000



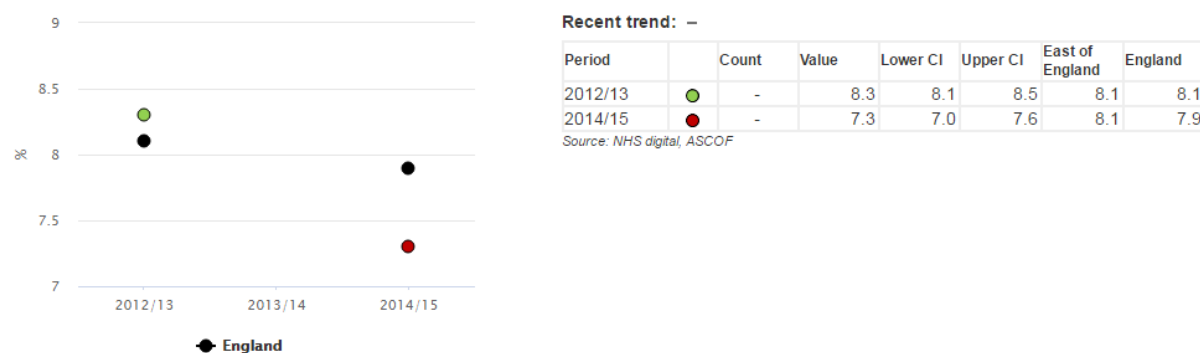
Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90285/age/156/sex/4>

3.5 Health & Wellbeing of People with Disability and/or Sensory Impairment

Internal data from Peterborough City Council’s Adult Social Care team show consistent increases between 2015/16 and 2016/17 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. Extensive details relating to these indicators are available within the monthly Adult Social Care Performance Report compiled by the Adult Social Care/Performance teams at Peterborough City Council.

Carer-reported quality of life fell between 2012/13 and 2014/15 (the latest nationally benchmarked statistics available), to be statistically significantly worse than England, with an overall composite score based on relevant questions posed to carers about the quality of their life falling to 7.3 compared to 7.9 in England.

Figure 14: Carer-Reported Quality of Life, Peterborough, 2012/13 – 2014/15

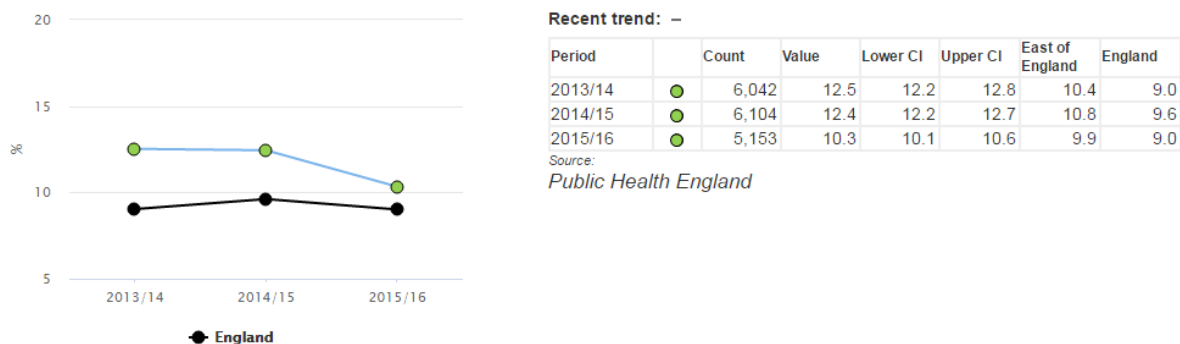


Source: Public Health England, <https://fingertips.phe.org.uk/profile/adultsocialcare/data#page/4/gid/1000101/pat/6/par/E12000006/ati/102/are/E06000031/iid/90789/age/168/sex/4>

3.6 Ageing Well

The number of health checks delivered to residents aged between 40 and 74 has been statistically significantly higher than England for each of the past three years as shown in the figure below.

Figure 15: People Receiving an NHS Health Check per Year, Peterborough, 2013/14 – 2015/16, %



Source: Public Health England, <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/4/gid/1938132726/pat/6/par/E12000006/ati/102/are/E06000031/iid/91734/age/219/sex/4>

Falls are the largest cause of emergency hospital admissions for older people and Peterborough has some of the poorest outcomes with regards to emergency hospital admissions due to falls in over 65s among its comparator group. Peterborough's directly age-standardised rate of 2,409/100,000 is second only to Bedford within the group and Peterborough and Bedford are the only two local authorities that are statistically significantly worse than England for this indicator.

Figure 16: Emergency Hospital Admissions due to Falls, Age 65+, Peterborough & Nearest Socio-Economic Comparators, 2015/16

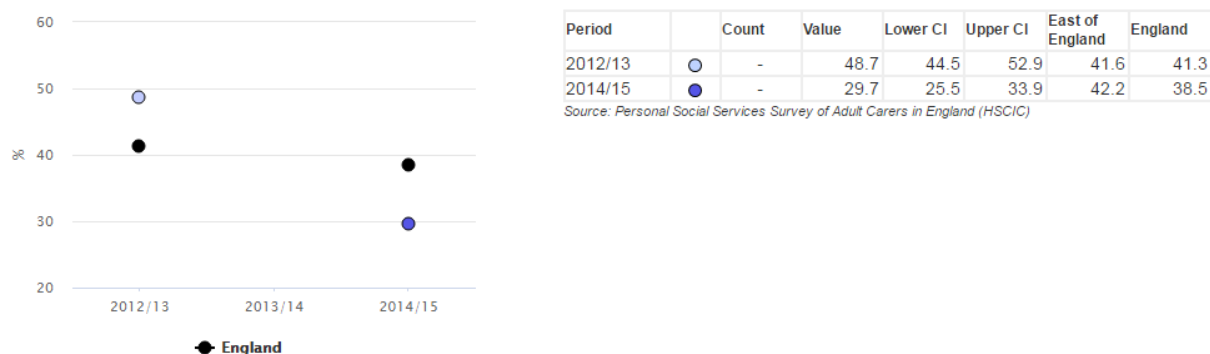
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	211,928	2,169	2,160	2,179
East of England region	–	23,627	1,989	1,964	2,015
Bedford	–	710	2,409	2,234	2,594
Peterborough	–	663	2,348	2,171	2,535
Central Bedfordshire	–	978	2,235	2,096	2,380
Cambridgeshire	–	2,613	2,232	2,147	2,319
Hertfordshire	–	4,375	2,124	2,061	2,189
Southend-on-Sea	–	791	2,104	1,958	2,257
Essex	–	5,715	1,953	1,902	2,004
Luton	–	500	1,908	1,744	2,084
Norfolk	–	3,985	1,866	1,808	1,925
Thurrock	–	368	1,716	1,544	1,902
Suffolk	–	2,929	1,708	1,647	1,771

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016. Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS) Unrounded mid-year population estimates produced by ONS and supplied to the Public Health England

Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/22401/age/27/sex/4>

Data show that the percentage of adult carers who have as much social contact as they would like in Peterborough fell between 2012/13 from 48.7% (higher than the national percentage of 41.3%) to 29.7% in 2014/15 (the latest benchmarked data available), which was significantly below the England percentage of 38.5%.

Figure 17: Adult Carers Who Have as Much Social Contact as They Would Like, Peterborough, 2012/13 – 2014/15



Source: Public Health England, <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/4/gid/1938132897/pat/6/par/E12000006/ati/102/are/E06000031/iid/90638/age/168/sex/4>

3.7 Protecting Health

Although some benchmark goals relating to childhood immunisations have changed in 2015-16 from 90.0% of population to 95.0% of population to achieve full ‘herd immunity’, Peterborough remains at ‘amber’ benchmark goal (90.0% - 95.0%) or better for eight of 10 indicators relating to screening and immunisation as noted in the below table, within which green = 95.0% +, amber = 90.0% – 94.9% and red = below 90.0%

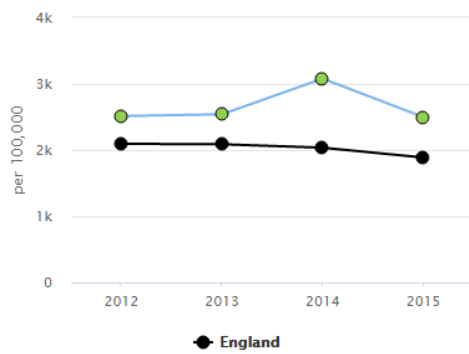
Figure 18: Screening & Immunisation Indicators, Peterborough Health & Wellbeing Strategy, 2015/16 Update

PHOF Indicator Ref	Indicator	Peterborough Value (%)
3.03iii	Dtap/IPC/Hib (1 year old)	95.2
3.03iii	Dtap/IPC/Hib (2 years old)	96.4
3.03v	PCV	94.6
3.03vi	Hib/MenC Booster (2 years old)	91.5
3.03vi	Hib/MenC Booster (5 years old)	89.5
3.03vii	PCV Booster	92.8
3.03viii	MMR for One Dose (2 years old)	92.6
3.03ix	MMR for One Dose (5 years old)	94.8
3.03x	MMR for Two Doses (5 years old)	89.6
3.03xiii	PPV	72.2 (benchmark goal = 75.0)

Source: Public Health Outcomes Framework (PHOF)

The chlamydia detection rate in Peterborough for 15-24 year olds has been above benchmark goal for each of the years 2012-15, although it has fallen slightly in 2015 compared to 2014. However the number of young people actually screened for Chlamydia is below average, therefore the high rate of cases detected leads to concern that overall prevalence of Chlamydia is high in this population.

Figure 19: Chlamydia Detection Rate (15-24 Year Olds), Peterborough, 2012-2015



Recent trend: –

Benchmarking against goal: <1,900 1,900 to 2,300 ≥2,300

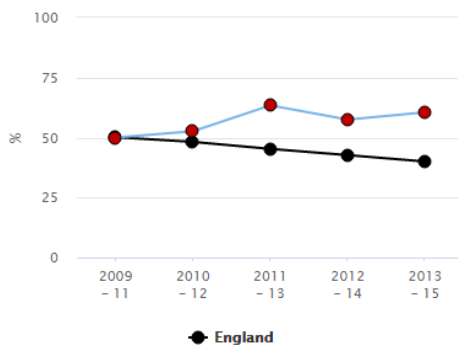
Period	Count	Value	Lower CI	Upper CI	East of England	England
2012	590	2,514	2,315	2,726	1,653	2,095
2013	586	2,540	2,339	2,755	1,691	2,088
2014	701	3,080	2,856	3,316	1,591	2,035
2015	569	2,499	2,299	2,714	1,472	1,887

Source: Public Health England

Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/90776/age/156/sex/4>

The percentage of people aged 15 and above receiving a new diagnosis of HIV with a CD4 count less than 350 cells per mm³ (commonly known as a late diagnosis of HIV) has been worse than the benchmark goal of 50.0% in each of the five pooled periods within the figure below and has risen for 2013-15 to 60.5%.

Figure 20: HIV Late Diagnosis, Peterborough, 2009/11 – 2013/15, %



Recent trend: –

Benchmarking against goal: <25 25 to 50 ≥50

Period	Count	Value	Lower CI	Upper CI	East of England	England
2009 - 11	19	50.0	33.4	66.6	52.8	50.1
2010 - 12	20	52.6	35.8	69.0	51.4	48.2
2011 - 13	26	63.4	46.9	77.9	52.0	45.3
2012 - 14	23	57.5	40.9	73.0	52.9	42.7
2013 - 15	23	60.5	43.4	76.0	51.4	40.0

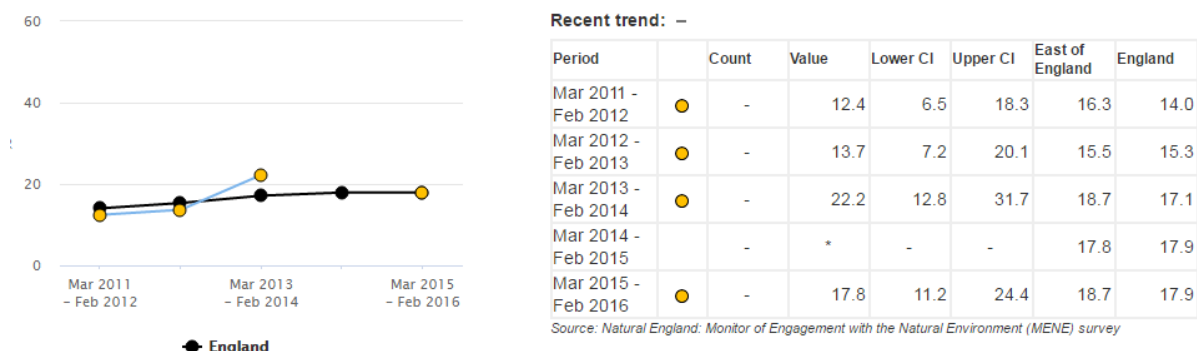
Source: Public Health England

Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/90791/age/188/sex/4>

3.8 Growth, Health & the Local Plan

Only 17.8% of people in Peterborough utilise outdoor space for exercise/health reasons, 0.1% lower than England but down from 22.2% in March 2013– February 2014.

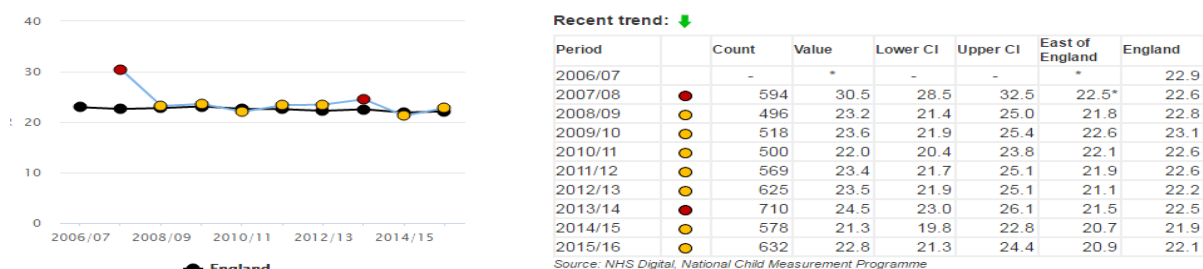
Figure 21: Utilisation of Outdoor Space for Exercise/Health Reasons, Peterborough, 2011/12 – 2015/16, %



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000006/ati/102/are/E06000031/iid/11601/age/164/sex/4>

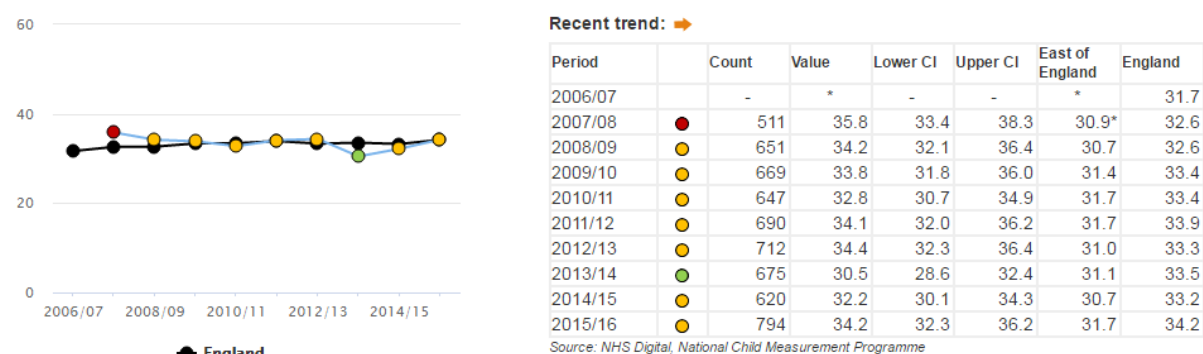
Percentages of reception and year 6 pupils with excess weight increased in 2015/16 compared to 2014/15, but both remain statistically similar to England.

Figure 22: Excess Weight in 4-5 Year Olds, Peterborough, 2007/08 – 2015/16, %



Source: National Childhood Measurement Programme, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/20601/age/200/sex/4>

Figure 23: Excess Weight in 10-11 Year Olds, Peterborough, 2007/08 – 2015/16, %



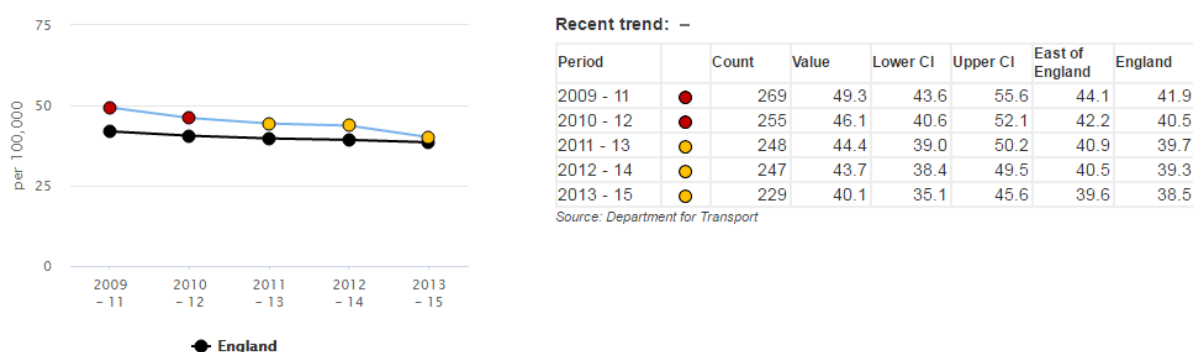
Source: National Childhood Measurement Programme, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/20602/age/201/sex/4>

3.9 Health & Transport Planning

Internal Peterborough City Council data shows that 48 businesses currently have a ‘travel plan’ designed to reduce environmental footprint, ease congestion and promote active travel within Peterborough; it is anticipated that this will increase to at least 60 throughout 2017.

The percentage of people killed and seriously injured on roads in Peterborough has fallen at a faster rate than that of England and is now down to 40.1/100,000 compared to 38.5/100,000 in England. As recently as 2010-12, Peterborough was statistically significantly worse than England for this indicator but is now statistically similar.

Figure 24: Killed & Seriously Injured (KSI) Casualties on Peterborough Roads, 2009/11 – 2013/15, Crude Rate per 100,000

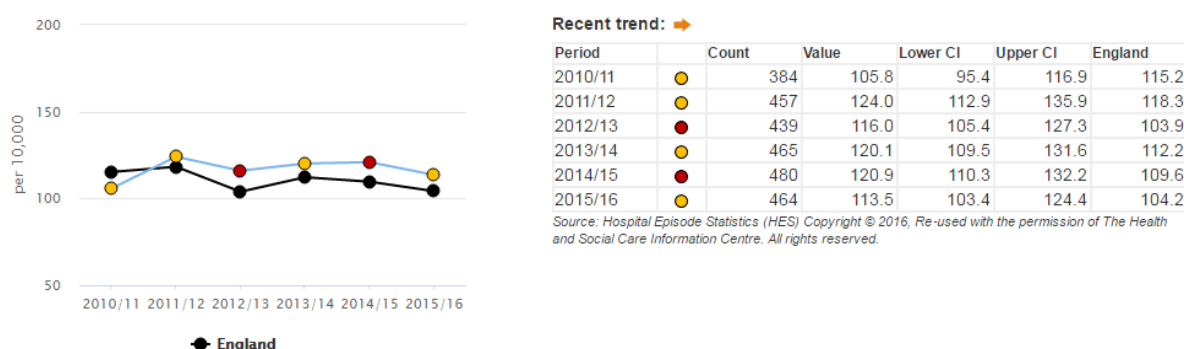


Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000006/ati/102/are/E06000031/iid/11001/age/1/sex/4>

3.10 Housing & Health

The number of hospital admissions caused by injuries in children 0-14 years in Peterborough has reduced from being statistically higher than that of England to now statistically similar. The crude rate per 10,000 in Peterborough for 2015/16 is 113.5 compared to 104.2/10,000 in England.

Figure 25: Hospital Admissions Caused by Injuries in Children 0-14 Years, Peterborough, 2010/11 – 2015/16, Crude Rate per 10,000

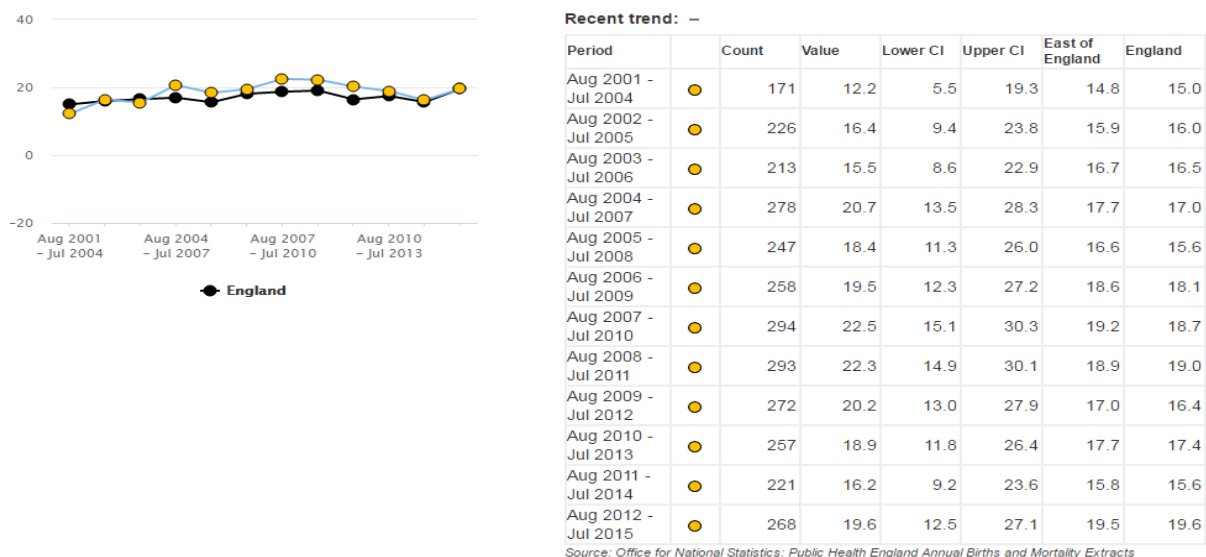


Source: Public Health Outcomes Framework, <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/4/gid/1938132992/pat/6/par/nn-3-E06000031/ati/102/are/E06000031/iid/90284/age/26/sex/4/nn/nn-3-E06000031>

The Excess Winter Deaths Index compiled by the Office of National Statistics/Public Health England calculates a ratio of ‘extra deaths’ from all causes that occur in winter months (December – March) compared to the average number of deaths in all other months of the year. This can be linked to vulnerable people becoming cold in their homes. A higher ratio equates to a greater disparity

between deaths in winter months compared to April – November each year. The figure below shows that this ratio rose for the pooled period August 2012 – July 2015 but remains below periods between Aug 07-Jun 10 – Aug 09-Jul 12, when the index was as its historical highest (worst) in Peterborough.

Figure 26: Excess Winter Deaths Index, Peterborough, 3 Years pooled 2001/04 – 2012/15, Persons, Ratio



Source: Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/90641/age/1/sex/4>

3.11 Geographical Health Inequalities

Life expectancy has increased more rapidly between 2007-11 – 2011-15 in the most deprived 20% of Peterborough electoral wards (1.0 years) than it has in the least deprived 80% of Peterborough electoral wards (0.3 years) but the disparity between the two groups remains 1.9 years. However, at Lower Super Output Area (LSOA) level (populations of approximately 1,500 people), inequalities in life expectancy are notably more pronounced. 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 these inequalities have reduced in recent years in Peterborough, this demonstrates that poor healthcare outcomes in the most deprived areas of Peterborough remain worthy of significant attention and that inequalities can be more pronounced among smaller population groups in comparison to electoral ward data.

Figure 27: Life Expectancy in Peterborough Electoral Wards, Pooled 5 Year Periods, 2007/11 – 2011/15

Deprivation Group	2007-11	2008-12	2009-13	2010-14	2011-15
20% Most Deprived	78.5	78.9	79.1	79.2	79.5
80% Least Deprived	81.1	81.3	81.4	81.3	81.4
Disparity (years)	2.5	2.4	2.3	2.1	1.9

Source: Peterborough City Council/Cambridgeshire County Council Public Health Intelligence

A disproportionately high percentage of NHS Health Checks have been delivered to the most deprived 20% of Peterborough residents in the years 2013-14, 2014-15 and 2015-16, with 1,961 (38.1% of the total) delivered to people from within the most deprived 20% in 2015-16.

Figure 28: Health Check Delivery in Peterborough Electoral Wards, 2013/14 – 2015/16

Deprivation Group	2013-14		2014-2015		2015-16	
	Health Checks Delivered	% Of All	Health Checks Delivered	% Of All	Health Checks Delivered	% Of All
20% Most Deprived	2,036	33.7%	2,945	45.1%	1,961	38.1%
80% Least Deprived	4,006	66.3%	3,585	54.9%	3,192	61.9%
Total	6,042	100.0%	6,530	100.0%	5,153	100.0%

Source: Peterborough City Council Health Check Data

As with health checks, a disproportionately high percentage of 4 week smoking quits in each of the years 2013/14, 2014/15 and 2015/16 are attributable to residents from within the most deprived 20% of Peterborough. In 2015/16, 229 4 week quits (32.3% of the overall total) were within the most deprived 20%.

Figure 29: 4 Week Smoking Quits in Peterborough Electoral Wards, 2013/14 – 2015/16

Deprivation Group	2013-14		2014-2015		2015-16	
	4 Week Quits	% Of All	4 Week Quits	% Of All	4 Week Quits	% Of All
20% Most Deprived	454	35.9%	377	36.0%	229	32.3%
80% Least Deprived	810	64.1%	669	64.0%	479	67.7%
Total	1,264	100.0%	1,046	100.0%	708	100.0%

Source: Peterborough City Council Health Smoking Quit Data

The emergency hospital admission rate per 100,000 in Peterborough was statistically significantly worse than the Peterborough average for patients registered with the most deprived 20% of General Practices in both 2013/14 and 2014/15 and had risen for both the most deprived 20% and the least deprived 80% across this two year period.

Figure 30: Emergency Hospital Admissions in Peterborough Electoral Wards, 2013/14 – 2014/15, Directly Age-Standardised Rate per 100,000

Quintile	2013/14				2014/15			
	Observed Events	DSR	LI	UI	Observed Events	DSR	LI	UI
Most Deprived 20%	4,510	10,975.4	10,634.0	11,325.0	4,727.0	11,235.0	10,894.1	11,583.4
Least Deprived 80%	11,538	8,696.8	8,534.0	8,861.0	12,396.0	9,243.1	9,076.8	9,411.7
Peterborough	16,048	9,212.4	9,065.0	9,361.0	17,123.0	9,701.9	9,552.1	9,853.4

Source: Cambridgeshire & Peterborough Clinical Commissioning Group Secondary Use Service Dataset

3.12 Health & Wellbeing of Diverse Communities

Information and data on the health needs of diverse communities was taken to the Health and Wellbeing Board in the Diverse Ethnic Communities Joint Strategic Needs Assessment (October 2016). 'Actions' from this section of the Strategy are progressing well, but creating appropriate metrics with data which is often of variable quality is more challenging, and is still under discussion.

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Appendix 1: Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Dashboards

1. Children & Young People's Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Agreed Target
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator currently unavailable, will be released as part of NHS 5 Year Forward View	-	-	-	-	-
1.2	Prevalence of obesity - reception year (proportion, %)	Decreasing - getting better	Statistically similar to England	2015/16	259	9.3%	9.3%	Match or exceed average of CIPFA neighbours
1.3	Prevalence of obesity - year 6 (proportion, %)	Increasing - getting worse	Statistically similar to England	2015/16	460	19.8%	19.8%	Reduction of 1.6% per year, to reach 13.3% by 2018/19
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	Decreasing - getting better	Peterborough higher (worse) than England. Statistical significance unavailable	2016	-	5.0%	4.2%	Reduction to 3.5% by January 2019
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Strategy launched by Peterborough Safeguarding Children Board 13/09/2016	-	-	-	-	Jo Procter (Head of Service for Adult & Children's Safeguarding Boards) to provide periodic audit data to measure success of implementation

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Agreed Target
1.6	Under 18 conceptions (crude rate per 1,000)	Decreasing - getting better	Statistically significantly worse than England	2015	95	28.3	20.8	Reduce by at least same rate as England
1.7	Under 16 conceptions (crude rate per 1,000)	Decreasing - getting better	Statistically similar to England	2015	8	2.4	3.7	Reduce rate by 1.3 per year to match previous Peterborough best (4.7/1,000)

2. Health Behaviours & Lifestyles

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
2.1	Smoking Prevalence - All (proportion, %)	Increasing - getting worse	Statistically similar to England	2015	-	18.1%	2.1	Reduce disparity between Peterborough and England
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	Decreasing - getting better	Statistically similar to England	2015	-	25.6%	2.2	Match or exceed England performance
2.3	Excess weight in adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2013-15	-	70.8%	2.3	Reduce disparity between Peterborough and England
2.4a	Physically active adults (proportion, %)	Increasing - getting better	Statistically similar to England	2015	-	54.7%	2.4a	Reduce disparity between Peterborough and England
2.4b	Physically inactive adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2015	-	34.3%	2.4b	Reduce disparity between Peterborough and England
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	Increasing - getting better	5.7% increase between 15/16 and 16/17	2015/16	1,388,710	-	2.5	Increase of year-on-year number
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2015/16	1,245	708	2.6	Reduction in DSR of 1.0% per year
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2015/16	800	939	2.7	Reduction in DSR of 1.0% per year

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	Increasing - getting worse	Statistically similar to England	2015/16	445	491	2.8	Reduction in DSR of 1.0% per year
2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision from CCG	-	-	-	-	TBC - Awaiting data from CCG

3. Long Term Conditions & Premature Mortality

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	Decreasing - getting better	Statistically significantly worse than England	2013-15	349	86.3	74.6	Reduction in DSR of 0.5% per year
3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2013-15	230	116.6	104.7	Reduction in DSR of 1.0% per year
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	Decreasing - getting better	Statistically significantly worse than England	2013-15	119	57.7	46.2	Continue recent trend of reduction in DSR of 2.45/100,000 per year
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	Increasing - getting worse	Disparity between most deprived 20% and least deprived 80% has increased between 2013/14 and 2014/15	2014/15	N/A	305.8	N/A	Reduction in DSR of most deprived 20% of Peterborough electoral wards of 2% per year
3.5	Recorded Diabetes (proportion, %)	Increasing - getting worse	Statistically similar to England	2014/15	9,740	6.5%	6.4%	Match or exceed England trend
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	Decreasing - getting better	Rate has reduced, national benchmark unavailable	2014/15	369	250.7	N/A	Reduction in DSR of 1% per year
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	Decreasing - getting better	Rate has reduced, national benchmark unavailable	2014/15	335	235.2	N/A	Reduction in DSR of 1% per year

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
3.7	Outcomes for a wider range of long term conditions will be defined following completion of the long term conditions needs assessment	-	To be decided upon completion of relevant Joint Strategic Needs Assessment	N/A	N/A	N/A	N/A	-

4. Mental Health for Adults of Working Age

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	Increasing - getting worse	Statistically significantly worse than England	2015/16	431	189.5	134.1	-
4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have fallen but this is partly attributable to closing of Cavell Centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2015/16	20	-	-	-
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2013-15	42	8.4	10.1	-
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	Decreasing - getting better	Statistically similar to England	2013-15	29	11.5	15.8	-
emerg4.5	Suicide Rate - Females (directly standardised rate per 100,000)	-	Data redacted due to low numbers	2013-15	-	-	-	-
4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	Increasing - getting better	Statistically significantly worse than England	2012/13	410	30.7%	58.5%	-
4.7b	Adults in contact with mental health services in employment	Increasing - getting better	Statistically significantly worse than England	2012/13	65	4.8%	8.8%	-

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
4.8	Carers for people with mental health problems receiving services advice or information	Increasing - getting better	Remains below England (statistical significance not calculated)	2013/14	5	2.9%	19.5%	-

5. Health & Wellbeing of People with Disability and/or Sensory Impairment

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
5.1a	Adults with learning disabilities in employment (proportion, %)	Increasing - getting better	Statistically similar to England	2013/14	55	8.4%	6.7%	Match or exceed England performance
5.1b	ASCOF - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2012/13	65	4.8%	8.8%	Match or exceed England performance
5.2a	Adults with learning disabilities in settled accommodation (proportion, %)	Decreasing - getting worse	Statistically similar to England	2013/14	475	72.5%	74.9%	Improve by 0.5% per year
5.2b	Adults in contact with mental health services in settled accommodation (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2012/13	410	30.7%	58.5%	Improve at greater rate than national average
5.3	ASCOF - Permanent residential admissions of adults to residential care (to decrease) (65+, proportion, %)	Increasing - getting worse	Statistically similar to England	2013/14	20	17.3%	14.4%	1% decrease per year
5.4	Numbers of adults in receipt of assistive technology	Increasing - getting better	Green RAG status to reflect consistent increase in recipients	Feb-17	5,131 (predicted end of year)	-	-	Year-on-year increase
5.5a	Adult Social Care service user survey quality of life measure - carer-reported quality of life	Decreasing - getting worse	Statistically similar to England	2014/15	-	7.3	7.9	Improve each year

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
5.5b	Adult Social Care service user survey quality of life measure - social care-related quality of life	Increasing - getting better	Statistical significance not calculated - Peterborough value has fallen between 2012/13 and 2013/14 and is now below that of England	2015/16	-	19.1%	19.1%	Year-on-year increase
5.6	Number of adults with social care needs receiving short term services to increase independence	Increasing - getting better	Green RAG status to reflect consistent increase in recipients	Feb-17	1,498 (Predicted end of year)	-	-	Year-on-year increase
5.7	Number of adults with social care needs requesting support, advice or guidance	Increasing - getting better	Rate per 100,000 is 490.8, currently below target rate of 658/100,000	Sep-16	-	490.8	-	658.0/100,000

6. Ageing Well

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Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	Decreasing - getting better	Statistically significantly worse than England	2015/16	663	2,348	2,169	Match or exceed England performance
6.1b	Numbers of over 40s taking up NHS health check offers	Increasing - getting better	Total of health checks delivered remains significantly above England average	2016/17 Q3	1,362	2.7%	2.0%	Match or exceed England performance
6.1c	Report on take up of any preventative service commissioned directly as part of STP in the future	-	TBC	-	-	-	-	-
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	Decreasing - getting better	Statistically similar to England	Mar-13	328	176.0	178.9	Match or exceed England performance
6.3a	The proportion of people who use services who feel safe (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2015/16	1,514	65.0%	69.2%	Exceed England performance in order to reach statistical similarity
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	Decreasing - getting worse	Statistically significantly better than England	2015/16	2,059	88.0%	85.4%	Match or exceed England performance

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS care and the Social Care Outcomes Framework	-	Will be expanded as part of on-going work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-
6.5	Social Isolation: % of adults carers who have as much social contact as they would like (proportion, %)	Decreasing - getting worse	Statistically significantly worse than England	2014/15	-	29.7%	38.5%	Match or exceed England performance
6.6	Carer-reported quality of life score for people caring for someone with dementia	-	Indicator provided for the first time in 2014-15. Peterborough has a lower score than England	2014/15	-	6.7%	7.7%	Match or exceed England performance

7. Protecting Health

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Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
7.1	Percentage of eligible people screened for latent TB infection	-	Awaiting provision from CCG	-	-	-	-	-
7.2	Percentage of eligible new born babies given BCG vaccination (aim 90%+)	-	Awaiting provision from NHSE	-	-	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	Increasing - getting better	Statistically similar to England	2014	35	85.4%	84.4%	Match or exceed England performance

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
7.4	Evidence of increasing uptake of screening and immunisation	-	Peterborough currently amber or green for 8/10 chosen indicators	2015/16	8/10	-	-	<ul style="list-style-type: none"> • Achieve 95% performance for years 2016/17, 2017/18 and 2018/19 where this is already being achieved or close to being achieved (Dtap/IPV/Hib (1 year old and 2 years old), MMR for one dose (5 years old)) • Improve MMR for two doses (5 years old) to national benchmark goal of 90% by 2018/19 • For all other indicators, maintain 90% performance for years 2016/17 and 2017/18 and improve to 95% for 2018/19
59 7.5	HIV late diagnosis (proportion, %)	Increasing - getting worse	Remains above benchmark goal of 50.0%	2013-15	23	60.5%	40.3%	Return to 25% to 50% (PHOF Amber 'Rag') by 2017-19
7.6a	Chlamydia- proportion aged 15-24 screened (proportion, %)	Decreasing - getting worse	Statistically significantly worse than England	2015	4,203	18.5%	22.5%	Increase to at least previous best of 24.7% (requires increase of 2.05% per year)
7.6b	Increase in chlamydia detection rate (proportion, %)	Decreasing - getting worse	Remains above benchmark goal of 2,300/100,000	2015	569	2,499	1,887	Benchmark goal already reached - maintain and improve by 1% per year

8. Growth, Health & the Local Plan

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
8.1	Excess weight in 4-5 year olds (% of all pupils)	Increasing - getting worse	Statistically similar to England	2015/16	632	22.8%	22.1%	Match England trend (Peterborough already below England value)
8.2	Excess weight in 10-11 year olds (% of all pupils)	Increasing - getting worse	Statistically similar to England	2015/16	794	34.2%	34.2%	Match England trend (Peterborough already below England value)
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	Decreasing - getting better	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	Retain indicator within dataset but without target
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	Decreasing - getting better	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	Retain indicator within dataset but without target
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	Decreasing - getting worse	Statistically similar to England	2015/16	-	17.8%	17.9%	Reduce disparity between Peterborough and England

9. Health & Transport Planning

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
9.1	The number of businesses with travel plans	-	48 business in Peterborough have travel plans	2016	48	-	-	Increase from 48 to 60 businesses in line with existing PCC target
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress					Workstream is on-going, updates to be provided periodically

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2015	1	-	-	Maintain or reduce Peterborough's number of Air Quality Management Areas (currently = 1 AQMA)
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	Decreasing - getting better	Statistically similar to England	2013-15	229	40.1	38.5	Reduce disparity between Peterborough and England

10. Housing & Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
10.1	Excess winter deaths index (3 years, all ages, Persons, Ratio)	Increasing - getting worse	Statistically similar to England	Aug 2012 - Jul 2015	268	19.6	19.6	Match or exceed England performance
10.2	Excess winter deaths index (3 years, all ages Males, Ratio)	Increasing - getting worse	Statistically similar to England	Aug 2012 - Jul 2015	81	11.8	16.6	Match or exceed England performance
10.3	Excess winter deaths index (3 years, all ages Females, Ratio)	Increasing - getting worse	Statistically similar to England	Aug 2012 - Jul 2015	187	27.3	22.4	Match or exceed England performance
10.4	Reduction in unintentional injuries in the home in under 15 year olds	Decreasing - getting better	Statistically similar to England	2015/16	464	113.5	104.2	Match or exceed England performance to improve to statistically similar to England
10.5	Reduction in delayed discharges from hospital related to housing issues (observed numbers)	Decreasing - getting better	Has reduced, statistical significance unavailable	2015/16	694	-	-	Reduction in observed numbers

11. Geographical Health Inequalities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
11.1a	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (GCSE attainment)	-	In 2014/15, Attainment of 5+ A*-C GCSEs in most deprived 20% of Peterborough wards is 34.6% (least deprived 80% = 51.8%).	2014/15	223	34.6%	57.3%	-
11.1b	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (Benefits Claimants)	-	In May 2016, the rate of benefit claimants in the most deprived 5 wards of Peterborough is 173.3/1,000 (other 80% of wards in Peterborough = 113.3/1,000)	May-16	5,350	173.3	111.2	-
11.2	Increase in life expectancy in wards with highest levels of deprivation	Increasing - getting better	Life expectancy has increased at higher rate for most deprived 20% than least deprived 80% in each of past 5 pooled periods	2011-15	-	79.5	-	-
62 11.3	Reduction in emergency hospital admissions from wards with the highest levels of deprivation (Central, Dogsthorpe, North, Orton Longueville, Ravensthorpe) (directly standardised rates per 100,000)	Increasing - getting worse	Rate per 100,000 has increased from 2013/14 to 2014/15	2014/15	4,727	11,235	-	-
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	Decreasing - getting worse	4 week quit percentage fell between 2014-15 and 2015-16 from 38.0% to 34.5%. Suggested target = 40.0%	2015/16	229	34.5	-	-
11.5	Health checks completion in wards with highest levels of deprivation	Disproportionately high level of health checks delivered to most deprived 20%	In 2015/16, 38.1% of health checks were delivered to residents registered with practices within the most deprived 20% of practices	2015/16	1,961	38.1%	-	-

12. Health & Wellbeing of Diverse Communities

Indicator Ref	Indicator	Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
12.1	We will work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	-
12.2	Outcome measures for health and wellbeing of migrants will be developed following completion of the JSNA	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	-

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