

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

November 2018

Contents

Section Number	Section	Page Number
1	Introduction	2
2	Health & Wellbeing Strategy 2016-19 - Annual Review 2018 Key Findings Overview	3
3	Health & Wellbeing Strategy 2016-19 - Annual Review 2018 Key Findings by Section	5
3.1	Children & Young People's Health	5
3.2	Health Behaviours & Lifestyles	6
3.3	Long Term Conditions & Premature Mortality	8
3.4	Mental Health for Adults of Working Age	9
3.5	Health & Wellbeing of People with Disability and/or Sensory Impairment	11
3.6	Ageing Well	12
3.7	Protecting Health	13
3.8	Growth, Health & The Local Plan	16
3.9	Health & Transport Planning	17
3.10	Housing & Health	18
3.11	Geographical Health Inequalities	19
3.12	Health & Wellbeing of Diverse Communities	20
Appendix 1	Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Section Dashboards	21

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. mortality 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. A further annual report will follow in 2019, at the end of this current Health & Wellbeing Strategy period.

2 Health & Wellbeing Strategy 2016-19 – Annual Review 2018 Key Findings Overview

Data that show recent improvements and/or positive trends within Peterborough in relation to Health & Wellbeing include:

- The directly age-standardised rate of admission episodes for alcohol-related conditions in Peterborough for all persons and males only (663/100,000 and 854/100,000 respectively) have improved to be statistically similar to England (636/100,000 and 818/100,000 respectively) in 2016/17, having been statistically significantly higher in each of the five previous years between 2011/12 and 2015/16.
- A multi-agency neglect strategy has been implemented in Peterborough, with Local Safeguarding Children Boards (LSCBs) having monitored implementation of the strategy through quality assurance activity including audits and surveys.
- The directly age-standardised rate of emergency hospital admissions due to falls in people aged 65 and over in Peterborough (2,177/100,000) has improved to be statistically similar to England (2,114/100,000) in 2016-17, having been statistically significantly higher than the national average in both 2014-15 and 2015-16.
- A statistically significantly high proportion of the eligible population in Peterborough (10.4%) received an NHS Health Check in 2016/17 compared to the national average (8.5%). At the end of quarter 3 2017/18, 49.8% of the eligible population in Peterborough had received an NHS Health Check, statistically significantly higher than the national proportion of 41.9%.
- The percentage of adults with learning disabilities in employment and percentage of adults with learning disabilities who live in their own home or with their family are both statistically

significantly higher (better) in Peterborough (9.6% and 83.8% respectively) than in England (5.7% and 76.2% respectively). Additionally, it is anticipated that final 2017-18 data will show a 5.9% year-on-year increase in the number of adults in receipt of assistive technology in Peterborough between 2016-17 and 2017-18.

- The proportion of 15-24 year olds screened for chlamydia in Peterborough (21.0%) is statistically significantly higher than the national average (19.3%).
- The Health & Wellbeing Strategy target of 60 businesses with travel plans by 2019 has already been exceeded, within 71 business (18.3% above target) having travel plans in place as of September 2018.

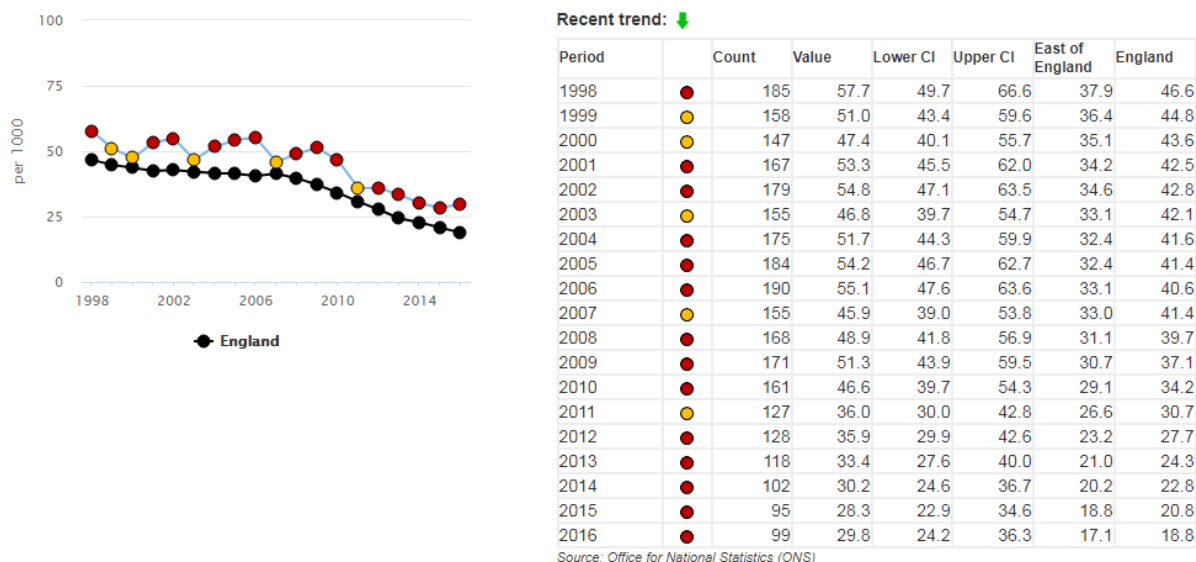
Data that show recent negative trends and/or areas that may require further intervention to address over the course of the 2016-19 Health & Wellbeing Strategy include:

- Life expectancy for residents within the least deprived 80% of electoral wards in Peterborough has increased by 0.7 years (from 80.2 to 80.9 years) between 2007/11 and 2012/16. Over the same time period, life expectancy in the most deprived 20% of electoral wards has increased by only 0.3 years, from 79.0 to 79.3 years. Disparity in life expectancy between residents within the least deprived 80% and most deprived 20% of Peterborough electoral wards has therefore increased over this time period from 1.3 years to 1.6 years.
- The proportion of HIV diagnoses in Peterborough classified as 'late' (defined as diagnosis of HIV when patient has a CD4 count of less than 350 cells per mm³) has been above (worse than) the national minimum benchmark goal of 50.0% for seven consecutive pooled periods between 2009/11 and 2015/17.
- The crude rate of under 18 conceptions in Peterborough (29.8/1,000) remains statistically significantly higher than England (18.8/1,000), but the recent trend shows a statistically significant reduction over the past seven years.
- The crude rate of hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds in Peterborough has been statistically significantly higher than England for six consecutive years between 2011/12 and 2016/17.
- The percentage of physically active adults (defined as undertaking a minimum of 150 minutes of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two in bouts of 10 minutes or more) in Peterborough has been statistically significantly lower than England for both 2015/16 and 2016/17.
- 88.6% of eligible children received the MMR for two doses immunisation in 2017/18, which is below the national benchmark goal of 90.0% for the third consecutive year. 90.0% of eligible children received the PCV booster in 2017/18, a reduction from 90.7% in 2016/17, and the percentage of eligible children that received the Hib/MenC booster at 2 years old also reduced in 2017/18 compared to 2016/17, from 90.7% to 89.9%. In 2016/17, Peterborough data for screening and immunisations shows 3 of 10 key indicators are now below the national benchmark goal (Hib/MenC Booster (2 years old), PCV Booster and MMR for two doses (5 years old)).

3 Health & Wellbeing Strategy 2016-19 – Annual Review 2018 Key Findings by Section

3.1 Children & Young People’s Health

Figure 1: Crude Rate of Under 18 Conceptions per 1,000, 1998 – 2016



Source: Public Health Outcomes Framework

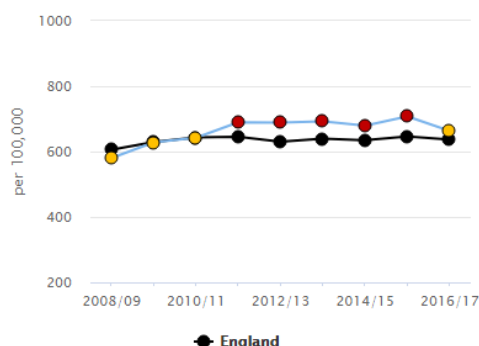
The crude rate of under 18 conceptions per 1,000 is statistically significantly higher in Peterborough than the national average (29.8/1,000 compared to 18.8/1,000). However, although Peterborough has been statistically significantly higher than England for each of the five years 2012-2015, the long term trend shows a statistically significant reduction in the local crude rate (similar to that observed nationally), from 55.1/1,000 in 2006 to 29.8/1,000 in 2016.

Successful implementation of Peterborough Neglect Strategy:

Indicator 1.5 of the 2016-19 Peterborough Health & Wellbeing Strategy relates to ‘successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched’. This strategy was launched in 2016 and recent feedback states that the strategy is now live, with Local Safeguarding Children Boards (LSCBs) having monitored implementation of the strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs.

3.2 Health Behaviours & Lifestyles

Figure 2: Admission Episodes for Alcohol-Related Conditions (Narrow), Persons, 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
2016/17	1,180	663	625	703	579	636

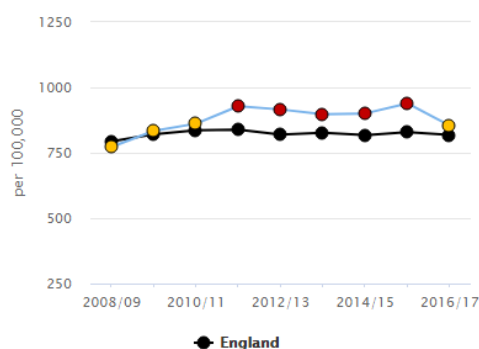
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Local Alcohol Profiles for England

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of health conditions. Alcohol misuse is estimated to cost the NHS approximately £3.5 billion per year and society as a whole approximately £21 billion².

The directly age-standardised rate of admission episodes for alcohol-related conditions (narrow, persons) in Peterborough is 663/100,000 in 2016/17, therefore statistically similar to England for the first time since 2010/11.

Figure 3: Admission Episodes for Alcohol-Related Conditions (Narrow), Males, Directly Age-Standardised Rate per 100,000



Recent trend: –

Period	Count	Value	Lower CI	Upper CI	East of England	England
2008/09	594	772	707	841	630	793
2009/10	660	834	768	903	671	821
2010/11	685	861	795	931	682	836
2011/12	754	928	860	1,000	705	839
2012/13	749	916	849	986	700	820
2013/14	744	897	832	966	725	827
2014/15	744	900	835	970	728	818
2015/16	800	939	873	1,008	730	830
2016/17	733	854	792	920	726	818

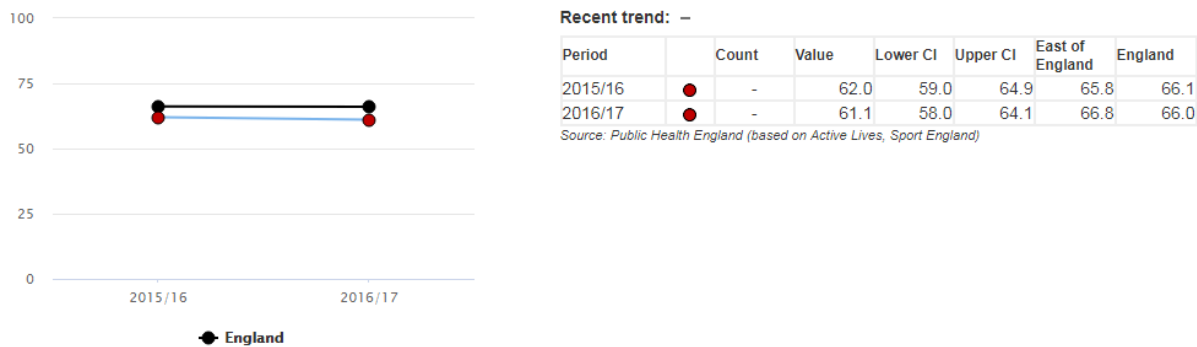
Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Source: Local Alcohol Profiles for England

As with the indicator for all persons, the directly age-standardised rate of admission episodes for alcohol-related conditions for males only has improved from statistically significantly higher (worse) than England to now statistically similar in 2016/17.

² <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/6/gid/1938132984/pat/6/par/E12000006/ati/102/are/E06000031/iid/91414/age/1/sex/4>

Figure 4: Percentage of physically active adults (current method), Proportion

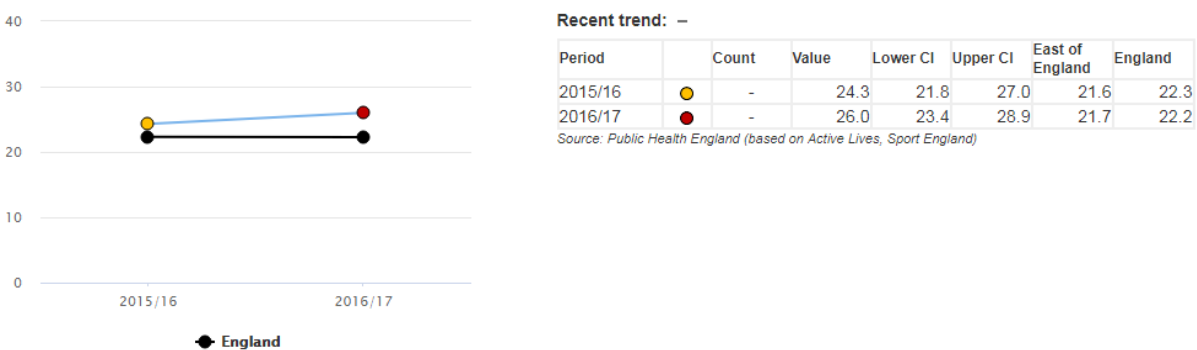


Source: Public Health Outcomes Framework

Physical inactivity is the 4th leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. The estimated direct cost of physical inactivity to the NHS is over £0.9 billion per year.³

61.1% of adults in Peterborough are 'physically active' (defined as undertaking a minimum of 150 minutes of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two in bouts of 10 minutes or more). This percentage is statistically significantly lower than the national average of 66.0%.

Figure 5: Percentage of physically inactive adults (current method), Proportion



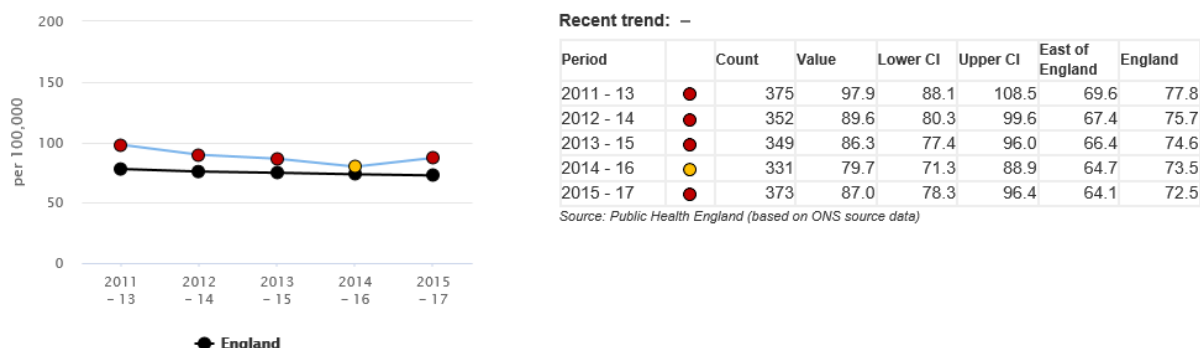
Source: Public Health Outcomes Framework

The percentage of physically inactive adults (undertaking less than 30 minutes of moderate intensity equivalent exercise per week) in Peterborough is 26.0% in 2016/17, statistically significantly worse than the national average of 22.2%.

³ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/93014/age/298/sex/4>

3.3 Long Term Conditions & Premature Mortality

Figure 6: Under 75 Mortality Rate from all Cardiovascular Diseases, Persons, Directly Age-Standardised Rate per 100,000



Source: Public Health Outcomes Framework

In 2014-16, the directly age-standardised rate of under 75 mortality rate from all cardiovascular diseases in Peterborough for all persons improved from statistically significantly worse than England to statistically similar. However, in 2015-17, this rate has reverted to being statistically significantly worse than England, with a Peterborough value of 87.0/100,000 compared to the national average of 72.5/100,000.

Figure 7: Key Long Term Conditions & Premature Mortality Indicators, Peterborough Health & Wellbeing Strategy 2016-19

Indicator Ref	Indicator	Peterborough Trend	Current Status
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	▶	Disparity between most deprived 20% and least deprived 80% has increased between 2015-16 and 2016-17 but the difference is not statistically significant
3.5	Recorded Diabetes (proportion, %)	▶	Statistically similar to England
3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	▶	2016/17 directly age-standardised rate is statistically similar to both 2014/15 and 2015/16 rates.
3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	▶	2016/17 directly age-standardised rate is statistically similar to both 2014/15 and 2015/16 rates.

Source: Hospital Episode Statistics & Public Health England

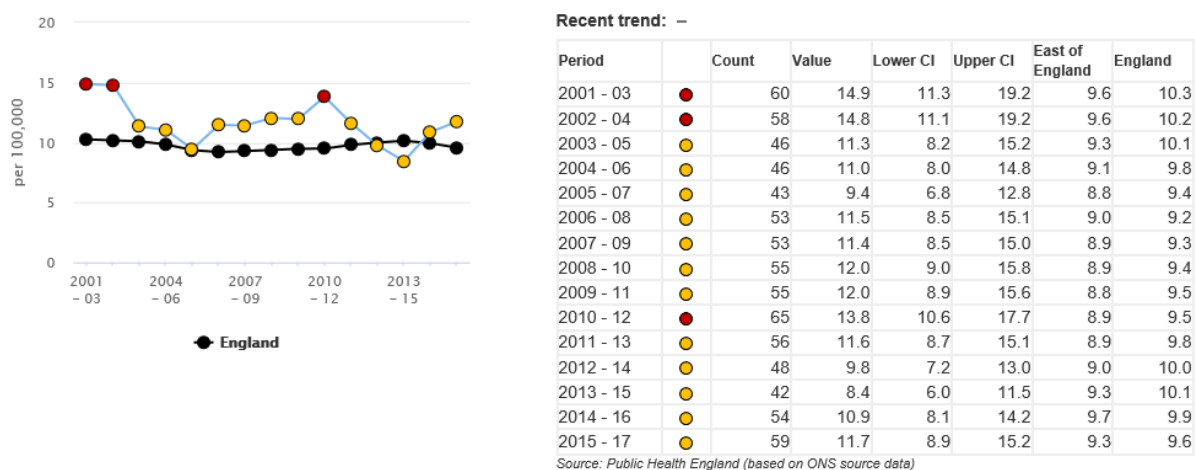
Data for the four indicators within the table above show stable recent trends within Peterborough. For 2016/17, the directly age-standardised rate of emergency cardiovascular disease hospital admissions in the most deprived 20% of electoral wards in Peterborough is 1,112.8/100,000 compared to 1,006.6/1,000 in the least deprived 80% of electoral wards in Peterborough. This difference is not statistically significant. Directly age-standardised rates per 100,000 of emergency hospital admissions as a result of stroke and heart failure in Peterborough have stabilised in recent years, with no statistically significant trends observable with regards to rates for either indicator between the period 2014/15 and 2016/17.

6.5% of Peterborough residents registered with a GP practice aged 17+ have diabetes, similar to the national average of 6.4%. However, the increase in prevalence between 2013/14 and 2014/15 from

6.3% to 6.5% in Peterborough equates to an additional 466 people (an increase from 9,274 to 9,740 people).

3.4 Mental Health for Adults of Working Age

Figure 8: Directly age-standardised rate of suicide per 100,000 population, 3 year pooled average, persons



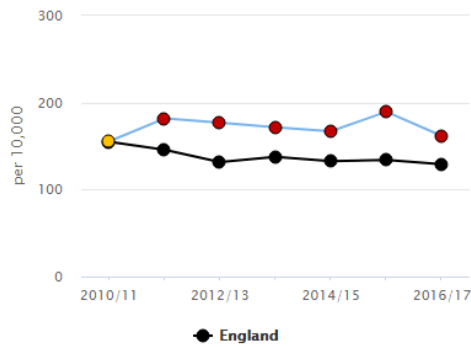
Source: Public health England Suicide Prevention Profile

Suicide is a leading cause of years of life lost, particularly for relatively young men. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides⁴.

The 2015-17 directly age-standardised rate of suicide (all persons) in Peterborough is 11.7/100,000, statistically similar to the national average of 9.6/100,000. Peterborough was statistically significantly higher than England for this indicator as recently as 2010-12. However, although the Peterborough rate has been similar to England for each of the last four pooled periods for which data are available, the observed number of suicides has risen for each of the last two periods.

Figure 9: Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) per 10,000

⁴ <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/6/gid/1938132828/pat/6/par/E12000006/ati/102/are/E06000031/iid/41001/age/285/sex/4>



Recent trend: →

Period	Count	Value	Lower CI	Upper CI	England
2010/11	371	155.3	139.9	171.9	154.9
2011/12	437	181.8	165.1	199.6	145.6
2012/13	415	176.8	160.2	194.7	131.5
2013/14	396	171.7	155.2	189.4	137.7
2014/15	380	166.9	150.6	184.6	132.6
2015/16	431	189.5	172.0	208.3	134.1
2016/17	357	161.7	145.4	179.4	129.2

Source: Hospital Episode Statistics (HES)

Source: Public health Outcomes Framework

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long term health issues, including mental health related to experiences⁵.

The crude rate of hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds in Peterborough has been statistically significantly higher (worse) than England for six consecutive years and remains so for 2016/17.

Figure 10: Crude rate of hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) per 10,000, Peterborough & Nearest Socio-Economic Neighbours Comparison 2016-17

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	87,049	129.2	128.3	130.0
Thurrock	→	1	151	79.5	67.3	93.2
Telford and Wrekin	↓	6	247	112.5	98.9	127.4
Bolton	→	4	396	114.0	103.0	125.7
Calderdale	↓	12	266	114.8	101.4	129.5
Derby	↓	5	413	118.1	106.9	130.0
Milton Keynes	↓	2	338	122.4	109.7	136.2
Rochdale	↓	7	329	125.2	112.0	139.4
Oldham	↓	8	360	125.2	112.6	138.9
Coventry	↓	15	771	125.3	116.6	134.5
Blackburn with Darwen	↓	11	252	134.0	118.0	151.6
Bury	→	14	279	135.0	119.6	151.8
Stockton-on-Tees	↓	10	342	145.6	130.6	161.9
Tameside	→	9	369	146.2	131.7	161.9
Peterborough	→	-	357	161.7	145.4	179.4
Swindon	↑	3	436	187.9	170.6	206.3
Warrington	→	13	505	220.3	201.5	240.4

Source: Hospital Episode Statistics (HES)

Source: Public health Outcomes Framework

Peterborough is one of five local authorities within its Chartered Institute of Public Finance and Accountancy (CIPFA) group of nearest-socioeconomic comparators to have a statistically significantly high crude rate of hospital admissions caused by unintentional and deliberate injuries in children and young

⁵ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000006/ati/102/are/E06000031/iid/90285/age/156/sex/4>

people. Three areas have statistically significantly low crude rates and eight areas are statistically similar to England.

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

The majority of indicators within this section of the Health & Wellbeing Strategy come from the monthly data report prepared by Peterborough City Council's Adult Social Care/Business Intelligence teams. Nationally benchmarked indicators relating to adults in contact with mental health services in settled accommodation, permanent residential admissions of adults to residential care and adult social care service user survey quality of life measures have not been updated for some years and are therefore not included within this summary as they may not be an accurate representation of contemporary outcomes with regards to health and wellbeing of people with disability and/or sensory impairment in Peterborough.

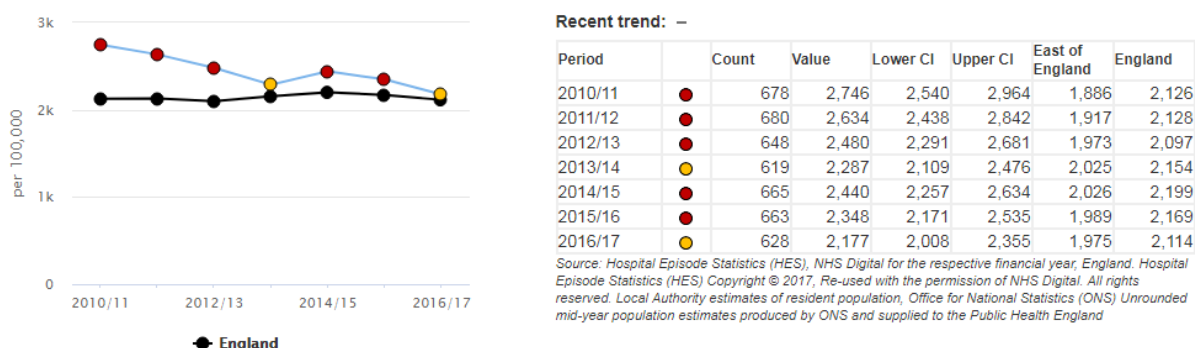
Key findings from the February 2018 Adult Social Care Monthly Performance Report include:

- The number of adults in receipt of assistive technology in Peterborough is predicted to have increased from 5,300 to 5,614 between 2016/17 and 2017/18 once year-end data are confirmed, which would represent an increase of 5.9%.
- The stated target for indicator 'number of adults with social care needs receiving short term services to increase independence' is an observed year-on-year increase, although data to February 2018 suggest a predicted end of year decrease of 12.9% (from 1,476 to 1,286) between 2016/17 and 2017/18 for this indicator.
- The crude rate per 100,000 of adults with social care needs requesting support, advice or guidance in Peterborough is 679/100,000 as of February 2018, which is below the current target rate of 872/100,000.

It is of additional note that Peterborough has statistically significantly high percentages compared to the national average of adults with learning disabilities in employment (9.6% compared to 5.7%) and adults with learning disabilities who live in their own home or with their family (83.8% compared to 76.2%).

3.6 Ageing Well

Figure 11: Emergency hospital admissions due to falls in people aged 65 and over, directly age-standardised rate per 100,000

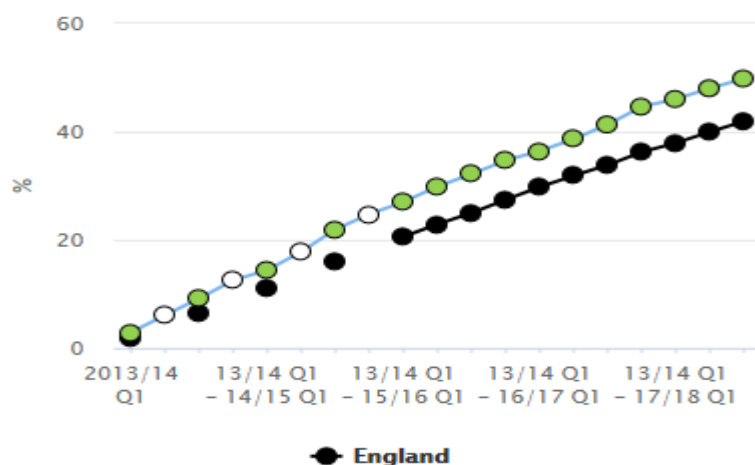


Source: Public Health Outcomes Framework

Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes (e.g. being a major precipitant of older people moving from their own home to long-term nursing or residential care).

The directly age-standardised rate of emergency hospital admissions due to falls in people aged 65 and over in Peterborough fell in 2016/17 to 2,177/100,000 and is now statistically similar to England, having been statistically significantly worse in both 2014/15 and 2015/16.

Figure 12: Proportion of eligible population receiving an NHS Health Check, 2013/14 Q1 – 2017/18 Q3 Trend & Most Recent 4 Trend Points Comparison



Source: Public Health England Health Check Dashboard

The NHS health check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40-74 who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS health checks is important to identify early signs of poor health leading to opportunities for early interventions⁶.

The proportion of eligible population receiving an NHS health check in Peterborough has been statistically significantly higher than the national average for each of the past 11 periods for which data are available.

3.7 Protecting Health

Figure 13: Screening & Immunisation Indicators, Peterborough Health & Wellbeing Strategy, 2016/17 % 2017/18 Comparison

PHOF Indicator Ref	Indicator	Benchmark Goal	Peterborough Value 2016/17 (%)	Peterborough Value 2017/18 (%)
3.03iii	Dtap/IPC/Hib (1 year old)	>95.0%	93.7	91.9
3.03iii	Dtap/IPC/Hib (2 years old)	>95.0%	96.0	94.7
3.03v	PCV	>95.0%	93.4	91.6
3.03vi	Hib/MenC Booster (2 years old)	>95.0%	90.7	89.9
3.03vi	Hib/MenC Booster (5 years old)	>95.0%	89.6	90.4
3.03vii	PCV Booster	>95.0%	90.7	90.0*
3.03viii	MMR for One Dose (2 years old)	>95.0%	91.1	90.0**
3.03ix	MMR for One Dose (5 years old)	>95.0%	95.6	95.0
3.03x	MMR for Two Doses (5 years old)	>95.0%	89.6	88.6
3.03xiii	PPV	<75.0%	72.3	71.5

Source: Public Health Outcomes Framework (PHOF)

Key:
Above upper national benchmark goal
Meeting minimum national benchmark but not above upper national benchmark goal
Below minimum national benchmark

*Value is red as rounded from 89.9.

**Value is amber as rounded from 90.03.

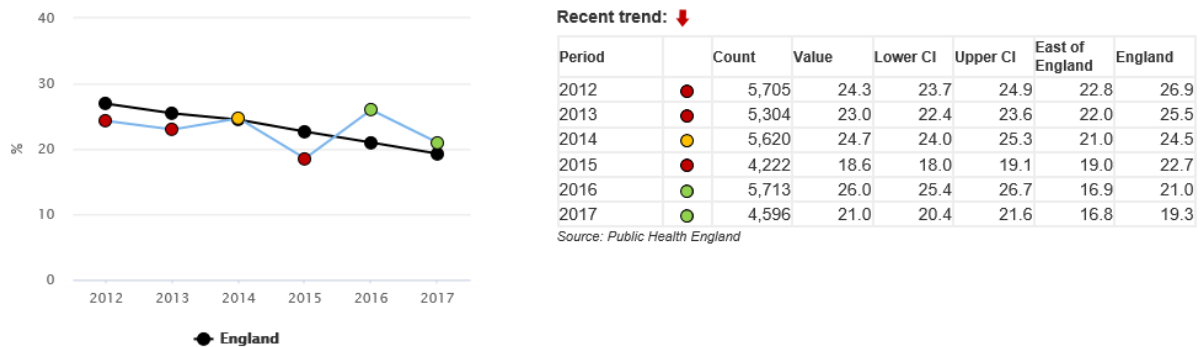
For all indicators within the table above with the exception of PPV, the benchmark goal is 95.0% (represented by green shading in the above table). Values between 90.0% and 95.0% are shaded yellow and values below 90.0% are considered significantly below benchmark and shaded red. These thresholds are based on World Health Organisation guidance which states a requirement of 95.0% to ensure control of vaccine preventable diseases within the UK, with at least 90.0% coverage in each

⁶ <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/6/gid/1938132726/pat/6/par/E12000006/ati/102/are/E06000031/iid/91040/age/219/sex/4>

geo-political unit. The exception is the PPV vaccine, for which only adults aged 65+ are eligible and therefore a 75.0% benchmark value is considered appropriate⁷.

2017/18 data show that Peterborough is now below benchmark goal for three indicators – Hib/MenC Booster (2 years old), PCV Booster and MMR for two doses (5 years old) and the Peterborough value for Dtap/IPC/Hib (2 years old) has fallen from above benchmark goal (96.0%) to 94.7%.

Figure 14: Proportion of 15-24 year olds screened for chlamydia, (%)



Source: Public Health England Sexual & Reproductive Health Profiles

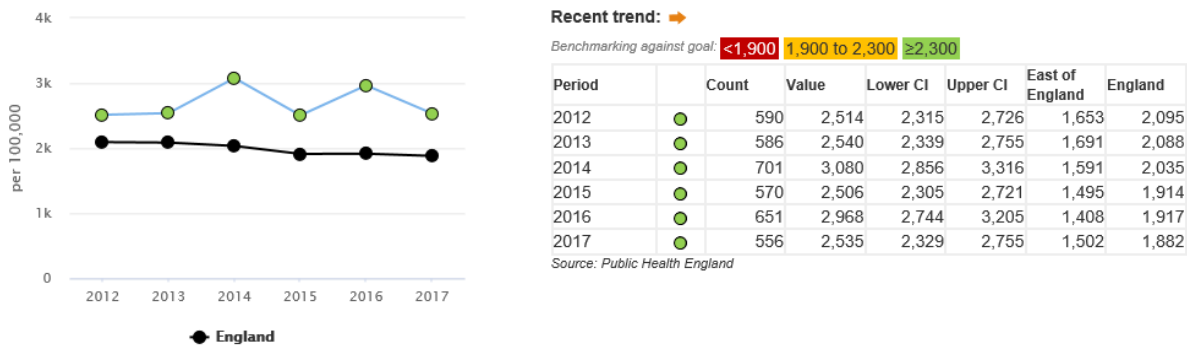
Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease, ectopic pregnancy and tubal-factor infertility. The National Chlamydia Screening Programme recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).⁸

21.0% of 15-24 year olds in Peterborough were screened for chlamydia in 2017, statistically significantly higher than the England value of 19.3%. Peterborough has now been statistically significantly above (better than) England for two consecutive years for this indicator.

⁷ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000043/pat/6/par/E12000006/ati/102/are/E06000031/iid/30301/age/30/sex/4>

⁸ <https://fingertips.phe.org.uk/profile/sexualhealth/data#page/6/gid/8000057/pat/6/par/E12000006/ati/102/are/E06000031/iid/90776/age/156/sex/4>

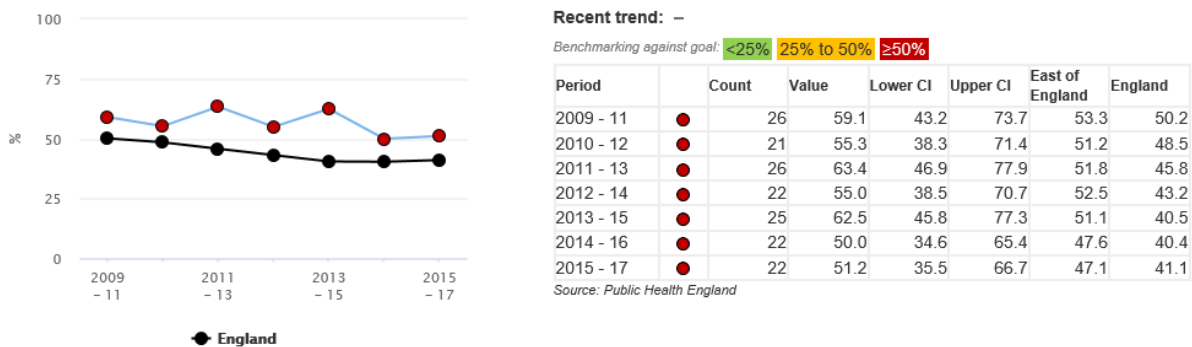
Figure 15: Chlamydia detection rate (15-24 year olds), crude rate per 100,000



Source: Public Health England Sexual & Reproductive Health Profiles

The chlamydia detection rate among 15-24 year olds in Peterborough remains above national benchmark goal of 2,300/100,000 in 2017 and has been above benchmark goal for six consecutive years.

Figure 16: HIV late diagnosis, proportion (%)

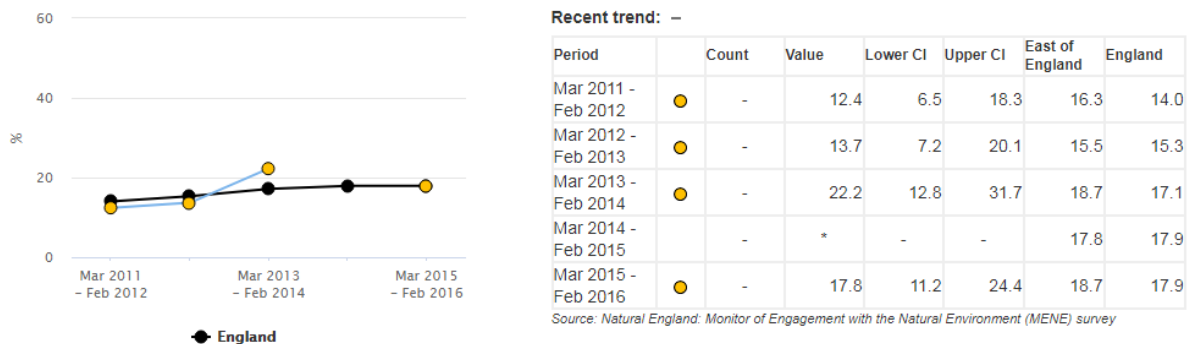


Source: Public Health England Sexual & Reproductive Health Profiles

The national benchmark value for HIV late diagnosis (defined as diagnosis of HIV when patient has a CD4 count of less than 350 cells per mm³) is <25.0%. The Peterborough value for 2015-17 is 51.2%, worse than benchmark goal for the seventh consecutive period.

3.8 Growth, Health & the Local Plan

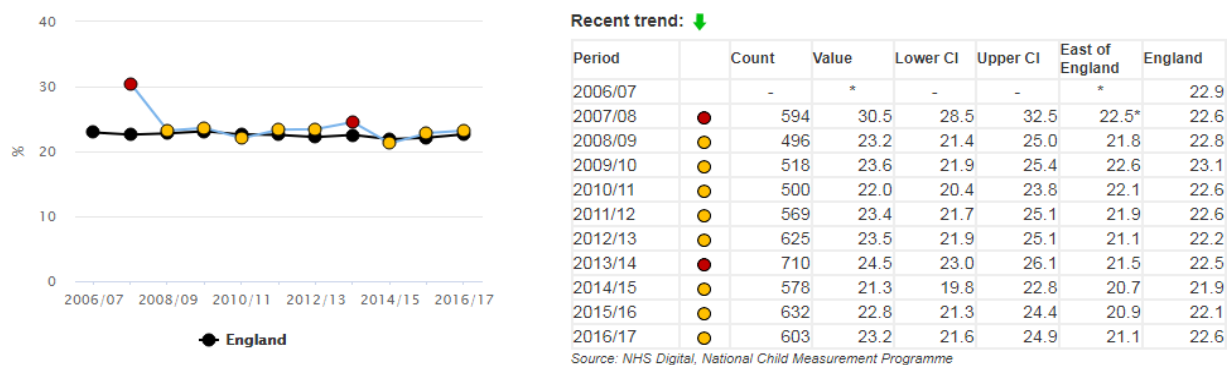
Figure 17: Utilisation of outdoor space for exercise/health reasons, proportion (%)



Source: Public Health Outcomes Framework

For the period March 2015 – February 2016, Peterborough has a statistically similar percentage of residents aged 16+ utilising outdoor space for exercise/health reasons to England. Data are unavailable for March 2014 – February 2015, but Peterborough has been similar to England for each of the four data periods for which data are available.

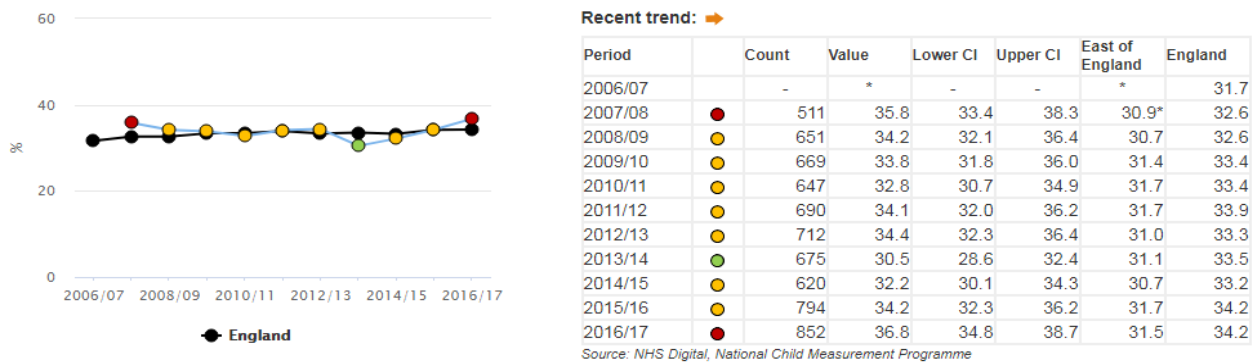
Figure 18: National Child Measurement Programme – excess weight in 4-5 year olds



Source: NCMP Local Authority Profile

In 2016/17, 23.2% of 4-5 year olds in Peterborough had excess weight (defined as having a BMI on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex), similar to the national average of 22.6%. The long term trend for this indicator shows a general decrease in proportion of 4-5 year olds with excess weight in Peterborough.

Figure 19: National Child Measurement Programme – excess weight in 10-11 year olds



Source: NCMP Local Authority Profile

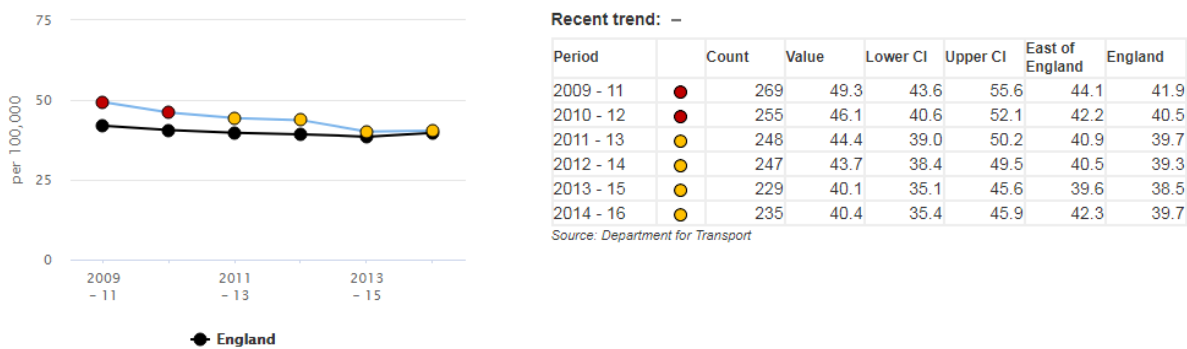
The percentage of 10-11 year olds in Peterborough with excess weight has increased in recent years and for 2016/17, Peterborough has a statistically significantly higher (worse) percentage (36.8%) than England (34.2%). As recently as 2013/14, Peterborough was statistically significantly lower (better than England).

3.9 Health & Transport Planning

Peterborough businesses with travel plans:

The original target for the number of businesses in Peterborough with travel plans was set at 60 at the commencement of the 2016-19 Peterborough Health & Wellbeing Strategy. 71 businesses in the area have travel plans as of April 2018, 18.3% above target.

Figure 20: Killed and seriously injured (KSI) casualties, crude rate per 100,000

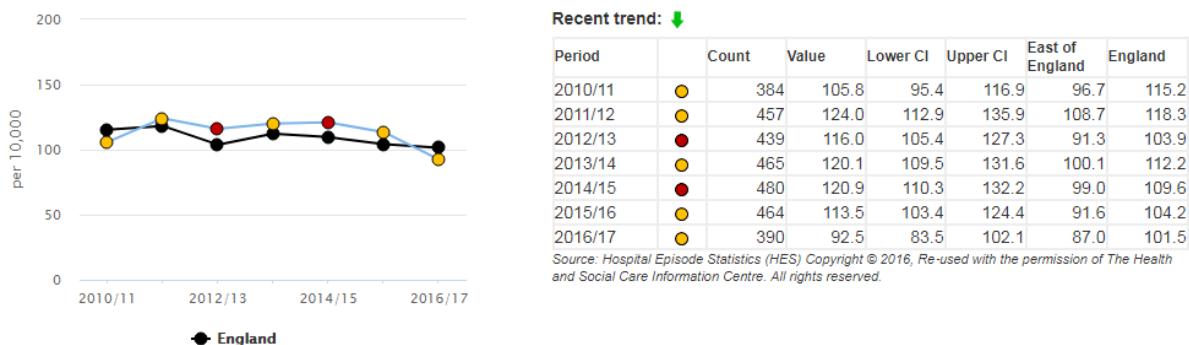


Source: Public Health Outcomes Framework

The crude rate of killed and seriously injured (KSI) casualties in Peterborough is 40.4/100,000 for the period 2014-16, statistically similar to the national average of 39.7/100,000. In both 2009-11 and 2010-12, Peterborough had a statistically significantly higher crude rate than England.

3.10 Housing & Health

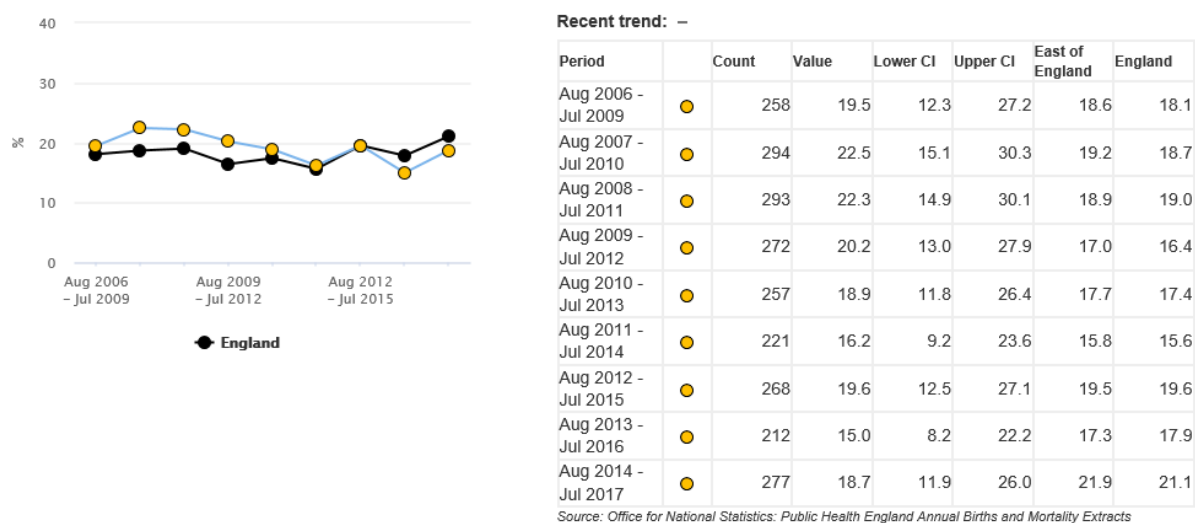
Figure 21: Hospital admissions caused by injuries in children aged 0-14 years, crude rate per 10,000



Source: Public Health Outcomes Framework

Recent trend data shows a statistically significant reduction in hospital admissions caused by injuries in children aged 0-14 years in Peterborough. In 2012/13 and 2014/15, Peterborough was statistically significantly worse than England but is now statistically similar to the national average.

Figure 22: Excess winter deaths index, 3 years, all ages, ratio



Source: Public Health Outcomes Framework

Excess winter deaths are defined as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.⁹ The Peterborough excess winter deaths index is statistically similar to the national average.

⁹ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000044/pat/6/par/E12000006/ati/102/are/E06000031/iid/90641/age/1/sex/4>

3.11 Geographical Health Inequalities

Figure 23: Directly age-standardised rate of emergency hospital admissions, all causes, most deprived 20% of electoral wards in Peterborough, 2014-15 – 2016-17

Time Period	Number of episodes	Directly Age-Standardised Rate per 1,000	Lower Confidence Interval	Upper Confidence Interval
2014-15	5,800	117.3	114.1	120.5
2015-16	6,256	126.3	123.0	129.7
2016-17	5,670	113.9	110.8	117.0

Source: Hospital Episode Statistics

It is a stated goal of the 2016-19 Health & Wellbeing Strategy to reduce emergency hospital admissions in the most deprived electoral wards in Peterborough (Bretton, Central, Dogsthorpe, North & Orton Longueville). The directly age-standardised rate of emergency hospital admissions per 1,000 within these electoral wards is 113.9/1,000 in 2016/17, which is a statistically significant reduction from the 2015-16 value of 126.3/1,000 but statistically similar to 2014-15 (117.3/1,000).

Figure 24: Life expectancy trend, persons, 20% most deprived and 80% least deprived electoral wards in Peterborough, 2001-11 - 2012-16

Peterborough Electoral Ward Cluster	2007-11	2008-12	2009-13	2010-14	2011-15	2012-16
20% most deprived	79.0	79.3	79.4	79.3	79.5	79.3
80% least deprived	80.2	80.5	80.7	80.8	80.9	80.9
Disparity between 20% most deprived and 80% least deprived	1.3	1.2	1.3	1.5	1.5	1.6

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

Life expectancy in both the most deprived 20% of electoral wards and the least deprived 80% of electoral wards in Peterborough has increased between 2007-11 and 2012-16, although the observed increase is greater within the least deprived 80% (0.7 years compared to 0.3 years in the most deprived 20%). Resultantly, the disparity in life expectancy between the two electoral ward clusters has increased from 1.3 years in 2007-11 to 1.6 years in 2012-16.

Figure 25: GCSE attainment, 20% most deprived/80% least deprived pupil comparison, Peterborough, 2016-17

Deprivation Quintile	Pupils Achieving English & Maths 5+	Total Pupils	% English & Maths 5+
5 (Least Deprived)	115	264	43.6%
4	140	330	42.4%
3	110	322	34.2%
2	168	539	31.2%
1 (Most Deprived)	162	605	26.8%
Least Deprived 80%	533	1,455	36.6%
All Pupils	695	2,060	33.7%

Source: Department for Education

Previously, the 2016-19 Health & Wellbeing strategy measured percentages of pupils attaining 5+ GCSEs at grades A*-C, whereas under the new GCSE system this indicator measures percentages achieving grade 5+ in both English and Mathematics. 26.8% of pupils living within the most deprived

deprivation quintile in Peterborough achieved this measure, compared to 36.6% living in the least deprived 80% of electoral wards in this area. This represents a difference in attainment of 9.8% which is statistically significant at the 5% level (lower confidence interval 5.5%, upper confidence interval 14.2%).

3.12 Health & Wellbeing of Diverse Communities

Work is in progress to take forward the recommendations from the Diverse Ethnic Communities Joint Strategic Needs Assessment which was completed in October 2016. This includes projects to produce and promote health and wellbeing information for diverse ethnic communities. A Video Communication project is underway with two pilot videos recently produced. These pilot videos have been created using animations and provide information about registering with a GP, out of hours services and accessing dental care as well as maternity services. The videos are being produced in English, Lithuanian, Latvian and Romanian in the first instance and will provide links to local resources in both Peterborough and Fenland. Further videos are being scoped to cover a range of topics.

A supplementary section to the diverse ethnic Communities JSNA to cover the needs of the South Asian community in Peterborough is in progress. A health and wellbeing survey of the South Asian community will be analysed to inform the supplementary section.

Additionally, a drive to improve data collection on ethnicity, particularly the recording of Eastern European ethnicities is being discussed. This is a challenging area as there are inconsistencies across the healthcare system on data recording by ethnicity.

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Appendix 1: Full Peterborough City Council 2016 – 19 Health & Wellbeing Board Dashboards – November 2018

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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
199 1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator only currently available at national/regional level	-	-	-	-	-	-
1.2	Prevalence of obesity - reception year (proportion, %)	▶	Statistically similar to England	2016-17	231	8.9%	9.6%	259	9.3%

1.3	Prevalence of obesity - year 6 (proportion, %)	▲	Statistically significantly worse than England	2016-17	524	22.6%	20.0%	460	19.8%
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	-	First data point of new method.	2016	310	6.6%	6.0%	-	-
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Local Safeguarding Children Boards (LSCBs) have monitored implementation of the neglect strategy through quality assurance activity including audits and surveys. Scrutiny is on-going and will continue to be measured by the LSCBs	-	-	-	-	-	-
1.6	Under 18 conceptions (crude rate per 1,000)	▼	Statistically significantly worse than England	2016	99	29.8	18.8	95	28.3
1.7	Under 16 conceptions (crude rate per 1,000)	▶	Statistically significantly worse than England	2016	19	5.9	3	8	2.4

200

2. Health Behaviours & Lifestyles

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
2.1	Smoking Prevalence - All (proportion, %)	▶	Statistically similar to England	2017	26,035	17.6%	14.9%	26,043	17.6%
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	▶	Statistically similar to England	2017	-	28.5%	25.7%	-	27.9%
2.3	Excess weight in adults (proportion, %)	▶	Statistically similar to England	2016-17	-	62.5%	61.3%	-	62.9%
2.4a	Physically active adults (proportion, %)	▶	Statistically significantly worse than England	2016-17	-	61.1%	66.0%	-	62.0%
2.4b	Physically inactive adults (proportion, %)	▲	Statistically significantly worse than England	2016-17	-	26.0%	22.2%	-	24.3%
201 2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	▶	0.03% decrease between 2015-16 and 2016-17	2016-17	1,388,310	-	-	1,388,710	-
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	▼	Statistically similar to England	2016-17	1,180	663	636	1,245	708
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	▼	Statistically similar to England	2016-17	733	854	818	800	939
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	▶	Statistically similar to England	2016-17	447	489	473	445	491

2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision from CCG	-	-	-	-	-	-
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3. Long Term Conditions & Premature Mortality

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
3.1	Under 75 mortality rate from all cardiovascular diseases - Persons (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	373	87.0	72.5	331	79.7
202 3.2	Under 75 mortality rate from all cardiovascular diseases - Males (directly standardised rate per 100,000)	▲	Statistically significantly worse than England	2015-17	265	125.4	101.3	224	109.2
3.3	Under 75 mortality rate from all cardiovascular diseases - Females (directly standardised rate per 100,000)	▶	Statistically similar to England	2015-17	108	50.4	45.2	107	51.4
3.4	Inequalities between electoral wards in emergency CVD hospital admissions (disparity in directly standardised rate per 100,000)	▶	Disparity between most deprived 20% and least deprived 80% has increased between 2015/16 and 2016/17 but the difference is not statistically significant	2016-17	N/A	106.2/100,000	N/A	N/A	88.6/100,000

	3.5	Estimated prevalence of diabetes (undiagnosed and diagnosed, estimated proportion)	▶	Statistically similar to England	2015	13,157	8.7%	8.5%	-	-
	3.6a	The rate of hospital admissions for stroke (directly standardised rate per 100,000)	▶	2016/17 rate has increased but is statistically similar to 2015/16 rate	2016-17	291	188.7	N/A	258	170.8
	3.6b	The rate of hospital admissions for heart failure (directly standardised rate per 100,000)	▶	2016/17 rate has increased but is statistically similar to 2015/16 rate	2016-17	223	149.4	N/A	203	137.2
203	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	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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	▶	Statistically significantly worse than England	2016-17	357	161.7	129.2	431	189.5

4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have increased, although previous value may have been influenced by closing of Cavell centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2017-18	66 (to Feb 18)	-	-	20	-
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	▶	Statistically similar to England	2015-17	59	11.7	9.6	54	10.9
4.4	Suicide Rate - Males (directly standardised rate per 100,000)	▶	Statistically similar to England	2015-17	43	17.1	14.7	36	14.3
4.5	Suicide Rate - Females (directly standardised rate per 100,000)	▶	Statistically similar to England	2015-17	16	6.6	4.7	18	7.7
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	▶	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	120	3.7%
4.7b	Adults in contact with mental health services in employment	▶	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	60	1.9%
4.8	Carers for people with mental health problems receiving services advice or information	▶	Remains below England (statistical significance not calculated)	2013-14	5	2.9%	19.5%	5	2.6%

204

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	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
5.1a	ASCOF 1E- Adults with learning disabilities in employment (proportion, %)	▶	Statistically significantly better than England	2016-17	45	9.6%	5.7%	48	10.0%
5.1b	ASCOF 1F - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	-	Statistical significance unavailable	Nov-17	50	15.6%	-	40	11.3%
205 5.2a	ASCOF 1G - Adults with learning disabilities who live in their own home or with their family (proportion, %)	▶	Statistically significantly better than England	2016-17	394	83.8%	76.2%	404	84.2%
5.2b	ASCOF 1H - Adults in contact with mental health services in settled accommodation (proportion, %)	-	Statistical significance unavailable	Nov-17	275	85.9%	-	300	84.5%
5.3	ASCOF 2A2 - Permanent residential admissions of adults to residential care (to decrease) (65+, rate per 100,000)	▶	Statistically significantly lower than England	2016-17	125	439.6	610.7	110	394.4
5.4	Numbers of adults in receipt of assistive technology	▶	Expected increase between 2016/17 and 2017/18, although trend has been downwards in recent months	Feb-18	5,614 (predicted end of year)	-	-	5,300	-
5.5a	ASCOF 1D - Adult Social Care service user survey quality	-	Score has increased to 7.8 in 2016-17	2016-17	-	7.8	7.7	-	7.3

	of life measure - carer-reported quality of life (composite score)								
5.5b	ASCOF 1A - Adult Social Care service user survey quality of life measure - social care-related quality of life (composite score)	-	Score has increased to 19.5 in 2016-17	2016-17	-	19.5	19.1	-	19.1
5.6	Number of adults with social care needs receiving short term services to increase independence	▶	Predicted decrease of 12.9% between 2016/17 and 2017/18 final value	Feb-18	1,286 (Predicted end of year)	-	-	1,476	-
5.7	Number of adults with social care needs requesting support, advice or guidance	▶	Rate per 100,000 is 679, currently below target rate of 872/100,000	Feb-18	-	679	-	-	490.8

206

6. Ageing Well

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	▼	Statistically similar to England	2016-17	628	2,177	2,114	663	2,348
6.1b	Numbers of over 40s taking up NHS health check offers	▶	Total of health checks delivered remains significantly above England average	2016-17	5,232	10.4%	8.5%	5,153	10.3%
6.1c	Report on take up of any preventative service commissioned	-	TBC	-	-	-	-	-	-

	directly as part of STP in the future								
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	▶	Statistically similar to England	Mar-13	328	176.0	178.9	332	178.1
6.3a	The proportion of people who use services who feel safe (proportion, %)	▼	Statistically significantly worse than England	2015-16	-	65.0%	69.2%	-	64.0%
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	▶	Statistically significantly better than England	2015-16	-	88.3%	85.4%	-	89.1%
207 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, %)	▲	Statistically similar to England	2016-17	120	33.2%	35.5%	Value unavailable	29.7%
6.6	Carer-reported quality of life score for people caring for someone with dementia	▲	Statistically similar to England	2016-17	110	7.7%	7.5%	Value unavailable	6.7%

7. Protecting Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
7.1	Percentage of eligible people screened for latent TB infection	-	Denominator data currently unavailable - 325 patients screened May 2016 - January 2017	-	-	-	-	-	-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	▲	Oct 2017 - Dec 2017 data show 96% of eligible newborn babies were given BCG vaccination at PCH and 88% at Hinchingbrooke - cumulative % is 94.9%, above target of 90.0%	-	-	-	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	▼	Statistically significantly worse than England	2016	31	83.8%	84.4%	22	75.9%
7.4	Evidence of increasing uptake of screening and immunisation	▼	Peterborough currently amber or green for 7/10 chosen indicators, previously 8/10	2017-18	7/10	-	-	8/10	-
7.5	HIV late diagnosis (proportion, %)	▶	Remains above benchmark goal of 50.0%	2015-17	22	51.2%	41.1%	22	50.0%
7.6a	Chlamydia-proportion aged 15-24 screened (proportion, %)	▶	Statistically significantly better than England	2017	4,596	21.0%	19.3%	5,713	26.0%
7.6b	Increase in chlamydia detection rate (proportion, %)	▶	Remains above benchmark goal of 2,300/100,000	2017	556	2,535	1,882	651	2,968

208

8. Growth, Health & the Local Plan

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
8.1	Excess weight in 4-5 year olds (% of all pupils)	▶	Statistically similar to England	2016-17	603	23.2%	22.6%	632	22.8%
8.2	Excess weight in 10-11 year olds (% of all pupils)	▲	Statistically similar to England	2016-17	852	36.8%	34.2%	794	34.2%
209	8.3	▶	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	10,810	6.5%
	8.4	▶	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	20,800	12.4%
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	▶	Statistically similar to England	2015-16	-	17.8%	17.9%	-	22.2%

9. Health & Transport Planning

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
9.1	The number of businesses with travel plans	▲	71 business in Peterborough have travel plans; initial target was 60 by end of this Health & Wellbeing Strategy period	2018	71	-	-	48	-
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress						
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2018	1	-	-	1	-
210 9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	▶	Statistically similar to England	2014-16	235	40.4%	39.7%	229	40.1%

10. Housing & Health

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
10.1	Excess winter deaths index (3 years, all ages, Persons, Ratio)	▶	Statistically similar to England	Aug 2014 - Jul 2017	277	18.7	21.1	212	15.0
10.2	Excess winter deaths index (3 years, all ages Males, Ratio)	▶	Statistically similar to England	Aug 2014 - Jul 2017	85	11.2	18.1	66	9.3
10.3	Excess winter deaths index (3 years, all ages Females, Ratio)	▶	Statistically similar to England	Aug 2014 - Jul 2017	192	26.8	24.0	146	20.7
211 10.4	Reduction in unintentional injuries in the home in under 15 year olds	▶	Statistically similar to England	2016-17	390	92.5	101.5	464	113.5
10.5	Reduction in number of Delayed Transfers of Care waiting for a care home placement	-	Has increased, statistical significance unavailable	2016-17	879	-	-	694	-

11. Geographical Health Inequalities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
11.1a	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (GCSE attainment)	First data point	GCSE grading methods have changed. In 2016/17, 26.8% of pupils within the most deprived deprivation quintile achieved grade 5+ in English and Mathematics, compared to 36.6% living in the least deprived 80% of Peterborough electoral wards - a statistically significant difference of 9.8% (LI 5.5%, UI 14.2%)	2016-17	-	26.8% of pupils in most deprived quintile achieved grade 5+ in English and Mathematics in 2016/17	39.6%	-	-
11.1b	Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation (Benefits Claimants)	▼	The benefit claimant rate in the most deprived 20% of Peterborough electoral wards is 19.6/1,000 in June 2017, statistically significantly lower than the June 2016 rate of 21.2/1,000 in June 2016. For June 2017, rate in least deprived 80% of electoral wards is 12.7/1,000.	Jun-17	605	19.6	N/A	655	21.2
11.2	Increase in life expectancy in wards with highest levels of deprivation	▶	Life expectancy for most deprived 20% of Peterborough wards is 79.33 years for 2012-16, a decrease from 79.45 years in 2011-15. In the least deprived 80% of electoral wards, life expectancy increased over this period from 80.92 to 80.93 years	2012-16	-	79.33	N/A	-	79.45
11.3	Reduction in emergency hospital admissions from wards with the highest levels of deprivation (Bretton, Central, Dogsthorpe, North, Orton Longueville)	▶	Rate has decreased between 2015-16 and 2016-17 from 126.3/1,000 to 113.9/1,000.	2016-17	5,670	113.9	N/A	6,256	126.3

	(directly standardised rates per 100,000)								
11.4	Smoking cessation rates in wards with highest levels of deprivation (proportion, %)	▶	4 week quit percentage fell between 2015-16 and 2016-17 from 35.5% to 29.2%.	2016-17	240	29.2%	N/A	260	35.5%
11.5	Health checks completion in wards with highest levels of deprivation	Disproportionately high level of health checks delivered to most deprived 20%	In 2016/17, 28.0% of health checks were delivered to residents registered with practices within the most deprived 20% of practices	2016-17	1,344	28.0%	N/A	1,965	35.5%
11.6	Slope index of inequality in life expectancy at birth	▶	Has reduced from 8.7 to 8.4 years for males and from 6.7 to 6.1 years for females in most recent refresh	2013-15	-	Male 8.4, Female 6.1	-	-	Male 8.7, Female 6.7

213

12. Health & Wellbeing of Diverse Communities

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Peterborough Previous (#)	Peterborough Previous (Indicator Value)
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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