PETERBOROUGH

ANNUAL PUBLIC HEALTH REPORT 2018

CREATING A HEALTHY CITY

PETERBOROUGH CITY COUNCIL

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INTRODUCTION

When Annual Public Health Reports were first produced in the nineteenth century by local authority Medical Officers of Health, they were the main source of available information about health statistics in the local area.

This is no longer the case - as there is now an excellent range of health statistics available on the internet, both for Peterborough and nationally. Section 1 of this report provides the relevant weblinks.

This Annual Public Health Report focusses on two topics where new information has become available this year. For the first time, the national Health Profile for England (2018) includes a chapter about Health in the Early Years - and Section 2 of this report reviews similar information for Peterborough about the health and development of children aged under five.

The Global Burden of Disease (GBD) Study is funded by the Bill and Melinda Gates Foundation and used by national policy makers across the world. For the first time, this year's GBD includes a breakdown of information about premature death and disability at upper tier local authority level in England. Section 3 of this report briefly reviews the GBD study findings for Peterborough.

Section 4 looks at the key findings from last year's annual report and whether these have changed or improved over the past year. It also highlights further issues for review going forward.

Throughout the report I make use of infographics produced by Public Health England's 'Health Matters' resource, available on https://www.gov.uk/government/collections/health-matters-public-health-issues. This provides a range of easily understandable and accessible information on important health issues, and is well worth a look.

In a time of limited resources, we need to make sure that as many organisations, communities and individuals as possible have good information about how we can improve health in our local communities – and I hope this report will help raise awareness of the wealth of information available.

SECTION 1: FINDING INFORMATION ON PUBLIC HEALTH OUTCOMES

LOCAL INFORMATION

Peterborough City Council website public health section
https://www.peterborough.gov.uk/healthcare/public-health/ provides local information on a range of local public health issues and outcomes for Peterborough.

Cambridgeshire Insight: Interactive map https://cambridgeshireinsight.org.uk/ lets you click on your electoral ward or enter a postcode and see a short report on your area's population, economy, housing, education and health outcomes.

Peterborough City Council: Joint Strategic Needs Assessment
https://www.peterborough.gov.uk/healthcare/public-health/JSNA/ provides an annually updated core dataset from the statutory joint strategic needs assessment (JSNA) across health and social care outcomes, together with JSNAs on specific health and wellbeing topics.

Cambridgeshire Insight: Children's health and wellbeing
https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ provides further information on children's health and outcomes in Peterborough and Cambridgeshire.

Healthy Peterborough https://www.healthypeterborough.org.uk/2018 provides information on how to look after your own health and wellbeing, including local services and opportunities which support you in maintaining a healthy lifestyle, and day to day social media communications.

NATIONAL INFORMATION

The Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework is the main portal for Public Health England's Knowledge and Intelligence service. It provides interactive profiles on a wide range of public health outcomes and is updated every three months. Through the easy to use interactive functions it is possible to:

- Compare public health outcomes in Cambridgeshire to national and regional averages, and to groups of similar local authorities
- Look at trends in public health outcomes in Cambridgeshire over time
- Create charts, profiles and maps of public health outcomes in the County.

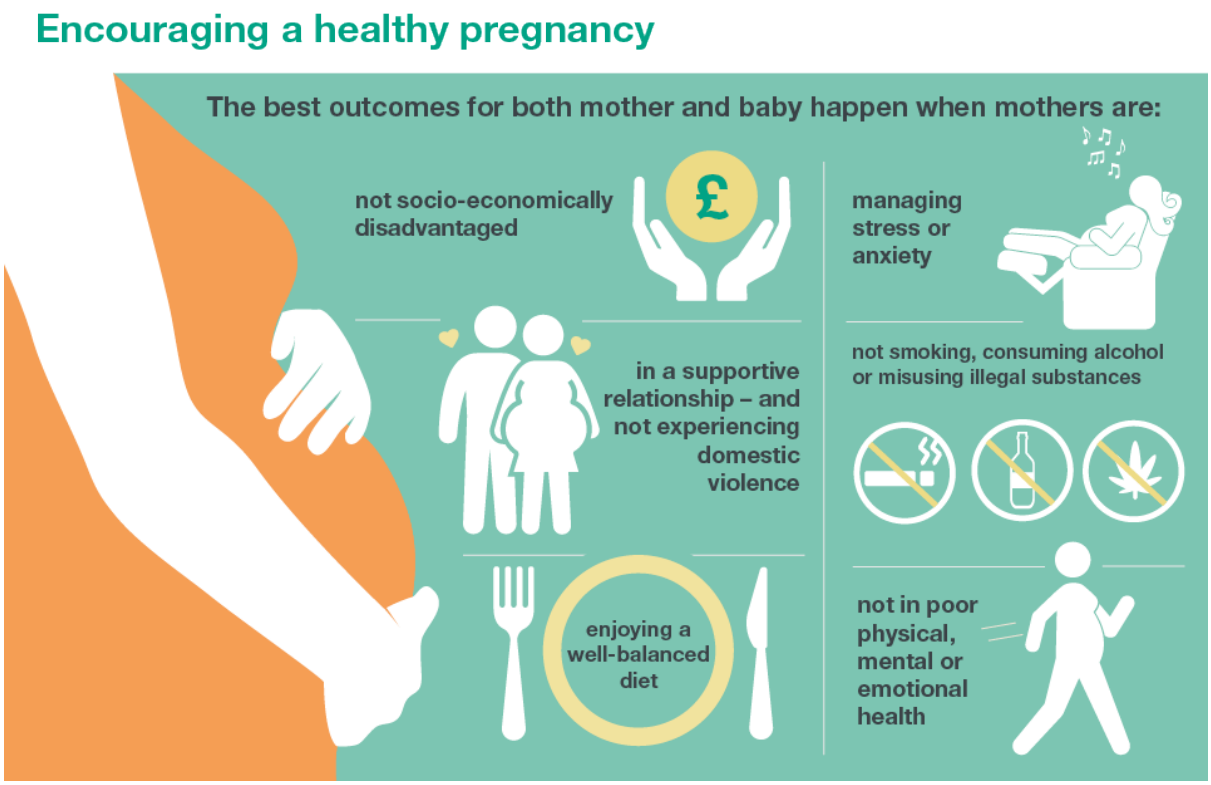
It is also possible to do this for individual District/City Council areas in Cambridgeshire, although for a more limited set of outcome indicators.

Local Health at www.localhealth.org.uk/ is the Public Health England portal which provides information at electoral ward level. It can be used to produce electoral ward health profiles and charts, or group wards together to make a health profile of a larger area.

SECTION 2: THE BEST START IN LIFE

HEALTH IN PREGNANCY

There are some factors which influence a child's health and wellbeing, even before they are born.



TEENAGE PREGNANCY

Teenage pregnancy (usually defined as conception under the age of 18) carries a number of risks for both mother and child. The baby is more likely to have a low birth weight and has a higher risk of infant death. Because of parenting responsibilities, young mothers are less likely to finish their education and this may put them at further economic disadvantage. Rates of teenage pregnancy have more than halved nationally over the last 20 years, as a result of a long-term evidence based teenage pregnancy strategy. In Peterborough in 2016, the teenage pregnancy rate in 2016 was the highest in the East of England, and the highest in Peterborough's comparator group of similar local authorities.

2.04 - Under 18 conceptions 2016 — Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	17,014	18.8	18.5	19.1
East of England region	↓	1,738	17.1	16.3	17.9
Peterborough	↓	99	29.8	24.2	36.3
Southend-on-Sea	↓	81	27.1	21.5	33.7
Luton	↓	86	21.7	17.4	26.8
Norfolk	↓	285	20.9	18.6	23.5
Thurrock	↓	54	18.4	13.8	24.0
Essex	↓	406	16.7	15.1	18.4
Suffolk	↓	194	16.0	13.8	18.4
Central Bedfordshire	↓	69	15.0	11.7	19.0
Bedford	↓	43	14.7	10.6	19.7
Hertfordshire	↓	295	14.4	12.8	16.1
Cambridgeshire	↓	126	12.2	10.2	14.5

Source: Office for National Statistics (ONS)

SMOKING IN PREGNANCY

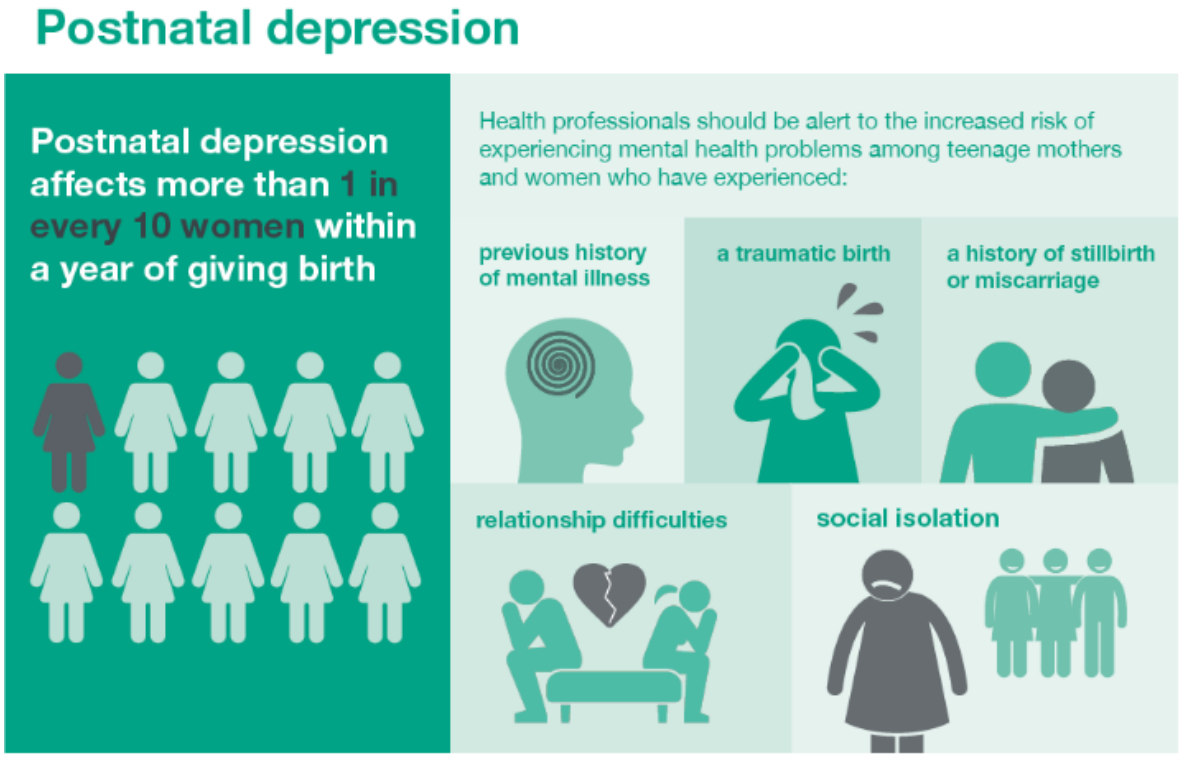
The proportion of mothers who are smokers at the time their baby is delivered is measured by hospital maternity units. The latest available national figures from 2016/17 showed that 10.7% of women were smokers at the time of delivery. The latest figures from local hospitals across Peterborough and Cambridgeshire for April-Sept 2018 show major inequalities in the proportion of mothers smoking at the time of delivery.

Maternity Unit	**Main area served (Cambs & Peterborough patients only)**	**Percentage of women smoking at time of delivery April-Sept 2018**
Rosie Maternity Unit Cambridge	Cambridge City, South Cambridgeshire, East Cambridgeshire	**6.2%**
Hinchingbrooke Hospital Maternity Unit	Huntingdonshire, South Fenland	**10.6%**
Peterborough City Hospital Maternity Unit	Peterborough, central and western parts of Fenland	**12.7%**
Queen Elizabeth Hospital, Kings Lynn	North Fenland (Wisbech area)	**22.8%**

HEALTH IN THE EARLY YEARS

MATERNAL MENTAL HEALTH

Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment. But many women are thought to be 'falling through the cracks' and not getting the help they need for mental health problems during and after pregnancy. The Centre for Mental Health and the Royal College of GPs highlighted that the biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.



HEALTHY NUTRITION IN THE EARLY YEARS

BREASTFEEDING

Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life, following which other drinks and foodstuffs can be introduced. But many mothers find it challenging to sustain breastfeeding. National data from 2016/17 show that at 6 to 8 weeks of age the percentage of infants who were either exclusively or partially (when formula milk has also been introduced) breastfed was only 44.4%.

In Peterborough in 2016/17, rates of breastfeeding at 6-8 weeks were better than the national average with 47.1% infants breastfed.

2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	271,813	44.4*	44.3	44.6
East of England region	–	33,997	49.2	48.8	49.6
Luton	–	1,980	57.1	55.5	58.7
Cambridgeshire	–	3,978	56.1	55.0	57.3
Bedford	–	1,174	54.7	52.6	56.8
Central Bedfordshire	–	1,612	47.7	46.1	49.4
Thurrock	–	1,196	47.7	45.8	49.7
Peterborough	–	1,452	47.1	45.3	48.9
Suffolk	–	3,442	46.0	44.9	47.1
Norfolk	–	4,102	45.7	44.6	46.7
Essex	–	6,857	45.7	44.9	46.5
Southend-on-Sea	–	985	*	-	-
Hertfordshire	–	7,219	*	-	-

Source: Public Health England National Child and Maternal Health Intelligence Network

CHILDHOOD OBESITY

Increases in both childhood and adult obesity over the past 30 years are a major public health concern. Obesity is estimated to cost wider society £27 billion per year, and we spend more per year on treating obesity and diabetes than on the police, fire service and judicial system combined.

Although the causes of childhood obesity are complex, not all young children have a diet or undertake physical activity at levels which reflect national recommendations. Linked data shows that children who were overweight or obese in Reception year (aged 4 and 5 years) were also more likely to be overweight or obese in Year 6 (age 10 to 11 years) and then again more likely to go on to be overweight or obese adults.

In Peterborough, the percentage of 4-5 year olds with excess weight was 23.2% in 2016-17, similar to the national average of 22.6%.

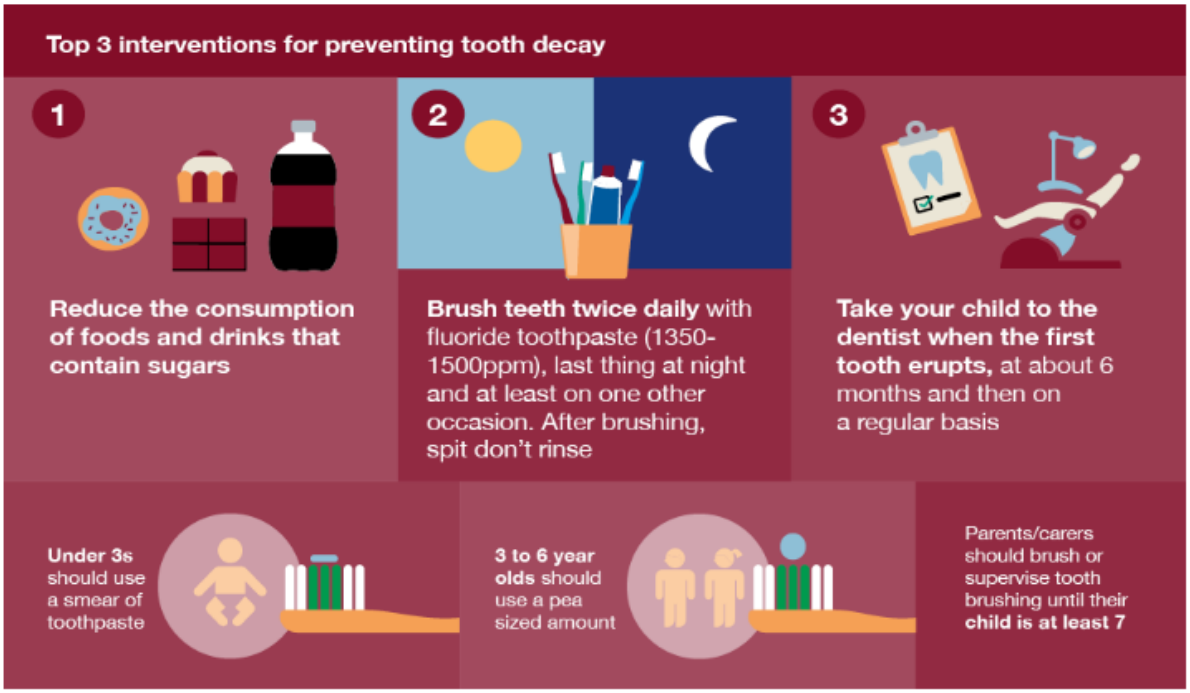
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds New data 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	142,419	22.6	22.5	22.7
East of England region	↓	14,999	21.1	20.8	21.4
Peterborough	↓	603	23.2	21.6	24.9
Norfolk	→	2,108	22.7	21.9	23.6
Luton	↓	738	22.6	21.2	24.1
Suffolk	→	1,773	22.3	21.4	23.2
Thurrock	↓	553	22.1	20.5	23.7
Southend-on-Sea	→	445	21.4	19.7	23.2
Essex	→	3,456	20.9	20.3	21.6
Bedford	↓	449	20.4	18.8	22.2
Central Bedfordshire	→	701	20.4	19.1	21.8
Hertfordshire	↓	2,901	20.0	19.4	20.7
Cambridgeshire	↓	1,272	18.5	17.6	19.5

Source: NHS Digital, National Child Measurement Programme

ORAL HEALTH

The amount of sugar which young children eat and drink, together with whether they brush their teeth and visit their dentist regularly, determines their oral health.

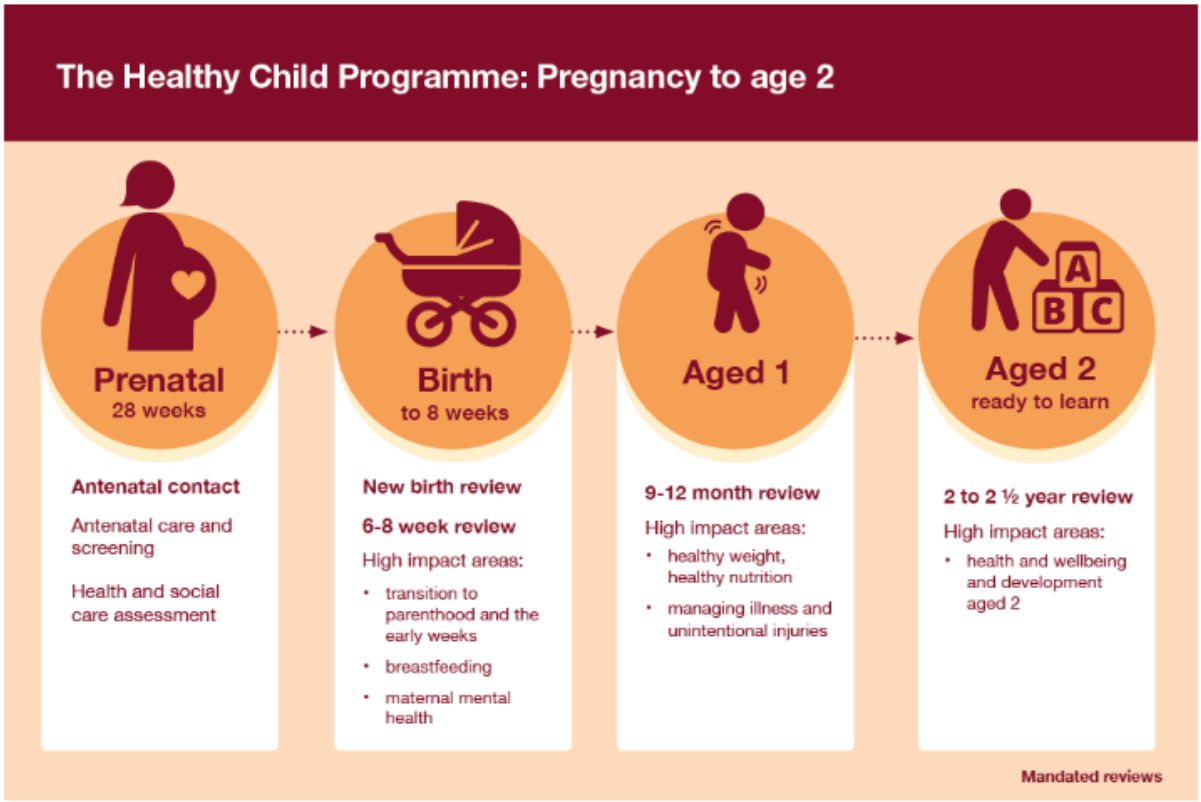


National survey data from 2016/18 shows that in Peterborough, 68% (about two-thirds) of five year olds were free from dental decay. This is significantly worse than the national average of 77% (about three-quarters).

THE HEALTHY CHILD PROGRAMME

The Healthy Child Programme is the heart of public health services for children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. It is delivered as a universal service for all new babies and young children, with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems. The programme can ensure families receive early help and support upstream before problems develop further and reduce demand on downstream, higher cost specialist services. This programme is led by health visitors in collaboration with other health professionals and wider children's services such as child and family centres.

The five universal health and development reviews are a key feature of the Healthy Child Programme and are nationally mandated:



READY TO LEARN AND READY FOR SCHOOL

The ASQ-3 ™ assessment is part of the healthy child programme review carried out at age 2-2½ years. It covers the development of children's physical (motor) skills, communication, problem solving and personal-social skills. The results vary by deprivation, with children from more disadvantaged backgrounds often showing lower scores – which is most noticeable in the development of communication skills. Poor communication skills in turn, are linked with more difficulty starting school and poor educational outcomes. All disadvantaged 2 year olds are entitled to 15 hours early years provision - and research shows high quality early education can reduce inequalities in educational outcomes for children living in disadvantage.

When children are aged 4-5 their 'school readiness' is measured in a school setting at the end of Reception year, using the Early Years Foundation Stage Profile (EYFSP). This generates an outcome score based on a rounded assessment of development. School readiness affects future health in that better development at this early age improves a child's ability to make the most of his or her learning opportunities, achieving higher grades and better employment prospects. These are then associated with economic prosperity and better health outcomes in the longer term. Because poor 'school readiness' can lead to lower educational attainment and poorer employment prospects in the longer term, early development and school readiness is likely to be a significant driver of long term health inequalities.

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception 2016/17

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	473,626	70.7	70.6	70.8
East of England region	↑	53,470	71.4	71.0	71.7
Thurrock	↑	1,904	75.8	74.1	77.4
Southend-on-Sea	↑	1,627	74.1	72.2	75.9
Essex	↑	12,650	73.5	72.8	74.1
Hertfordshire	↑	10,749	72.2	71.4	72.9
Central Bedfordshire	↑	2,611	71.7	70.2	73.2
Suffolk	↑	5,901	71.1	70.1	72.1
Cambridgeshire	↑	5,394	70.7	69.6	71.7
Norfolk	↑	6,806	70.1	69.1	71.0
Luton	↑	2,284	68.2	66.6	69.8
Bedford	↑	1,543	66.7	64.8	68.6
Peterborough	↑	1,999	63.2	61.5	64.8

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

ADVERSE CHILDHOOD EXPERIENCES

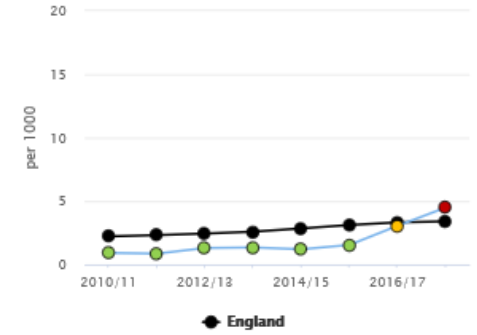
A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. Research among UK adults indicates that almost half report at least one ACE and over 8% of the population report four or more. The impact of ACEs and the best way to protect against or mitigate their longer term impact is currently the subject of research both within the UK and internationally and there is currently no standardised information on ACEs, collected across all local authority areas.

FAMILY HOMELESSNESS

The health and wellbeing of people who experience homelessness is poorer than that of the general population. They often experience the most significant health inequalities. Family homelessness is related to poorer school readiness, as well as pupil absence from school - and young children placed with their families in temporary accommodation may be more likely to miss immunisations and developmental checks. In Peterborough the rate of households placed by the local authority in temporary accommodation changed from 1.5 per 1000 in 2015/16 (better than the national average) to 4.5 per 1000 in 2017/18 (worse than the national average).

Statutory homelessness: Households in temporary accommodation Peterborough — Crude rate - per 1000

Export chart as image Show confidence intervals



Recent trend:

Period		Count	Value	Lower CI	Upper CI	East of England	England
2010/11		66	0.9	0.7	1.2	1.1	2.2
2011/12		62	0.9	0.7	1.1	1.3	2.3
2012/13		99	1.3	1.1	1.6	1.4	2.4
2013/14		103	1.3	1.1	1.6	1.5	2.6
2014/15		93	1.2	1.0	1.5	1.6	2.8
2015/16		121	1.5	1.3	1.8	1.9*	3.1
2016/17		242	3.1	2.7	3.5	2.2*	3.3
2017/18		360	4.5	4.0	5.0	2.3	3.4

Source: Ministry of Housing, Communities & Local Government

SUMMARY OF KEY FINDINGS – EARLY YEARS

This Annual Public Health Report chapter has reviewed health in the early years for Peterborough's children. The proportion of mothers who breastfed in 2016/17 was better than the national average, and the proportion of 4-5 year olds who were overweight or obese was similar to average. Higher than average rates of teenage pregnancy, smoking in pregnancy, tooth decay and households in temporary accommodation are all areas of concern. Lower than average rates of 'school readiness' in 2016/17 are also concerning, as this measure is associated with lower educational attainment and potential longer term inequalities in health and other outcomes.

SECTION 3: THE GLOBAL BURDEN OF DISEASE STUDY

National policy makers have used the global burden of disease (GBD) studies for many years to understand the health of the UK population. The GBD is mainly funded by the Bill and Melinda Gates Foundation and involves many academic institutions. The annual GBD report summarises the rates of early death and disability from different diseases in the UK (and internationally), and also quantifies the impact of different causes (risk factors) – such as smoking, poor diet, and air quality on the 'burden of disease' in the UK.

This year for the first time, Public Health England has co-funded a GBD study at upper tier local authority level, which means we can review our 'burden of disease' in Cambridgeshire for the year 2016, in a similar way to national policy makers.

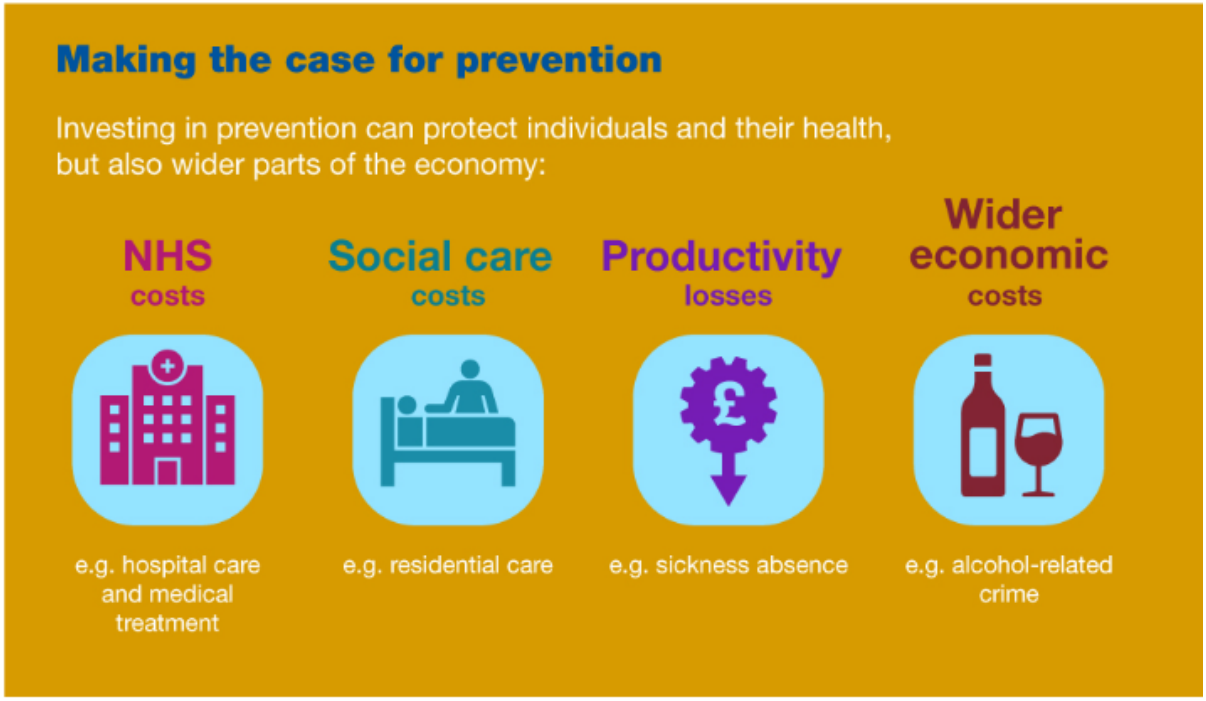
KEY CONCEPTS

Some key concepts are needed to understand the global burden of disease study:

Years of life lost (YLL) is an estimate of the average **years** a person would have lived if he or she had not died prematurely. In the GBD study, the 'standard' to which life expectancy is compared is the best life expectancy observed internationally in a population of over 5 million people.

Years lived with a disability (YLD) **Years** lived with a **disability** (**YLD**) are the number of **years** with a lower quality of **life** due to the disease. These YLDs are weighted to reflect the extent of the reduction in quality of **life** across different diseases

Population attributable fraction (PAF) for a risk factor (e.g. tobacco) is the proportional reduction in a population's diseases or deaths that would occur, if exposure to the risk factor were reduced to an alternative 'ideal' scenario (e.g. no tobacco use).

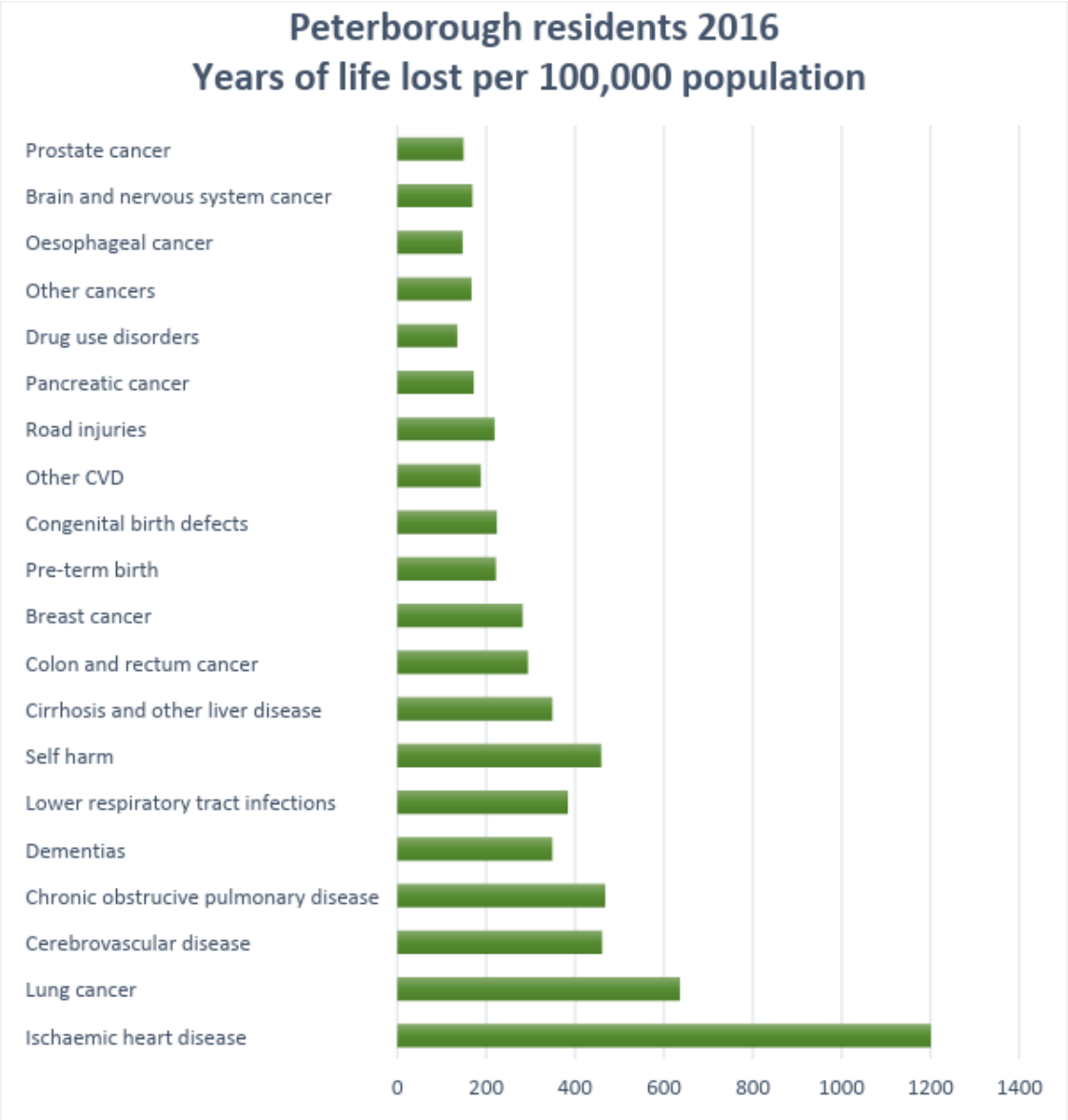


YEARS OF LIFE LOST

The chart below shows that in Peterborough:

- Heart disease is the commonest cause of years of life lost (YLL) due to premature death, with 1200 years per 100,000 population in 2016.
- Lung cancer is the next commonest cause with over 600 years per 100,000 population.
- Stroke, chronic lung disease and self-harm are the next three commonest causes

The total years of life lost to premature death in Peterborough in 2016 was 9,764 per 100,000 population compared to the national average of 8,941 per 100,000 population. Nationally the rates of YLL are closely related to the level of socio-economic deprivation. Overall the **pattern** of YLL for Peterborough is similar to the national picture, which also has heart disease as the most common cause of YLL, followed by lung cancer.



RISK FACTORS FOR YEARS OF LIFE LOST

The table below shows the Population Attributable Fraction (PAF) for risk factors for years of life lost due to premature death in Peterborough in 2016. It shows that

- **Smoking** is the most common cause of years of life lost prematurely in Peterborough, at 17.5%.
- The next most common cause is **dietary risks** at 13.5% of years of life lost prematurely, followed by **high blood pressure** at 11.5% and **drug and alcohol use** at 10.5%.
- **Obesity** (high body mass index) follows close behind at around 9% of years of life lost.
- **Occupational** (job related) risks account for around 5% of years of life lost and **air pollution** for almost 4%

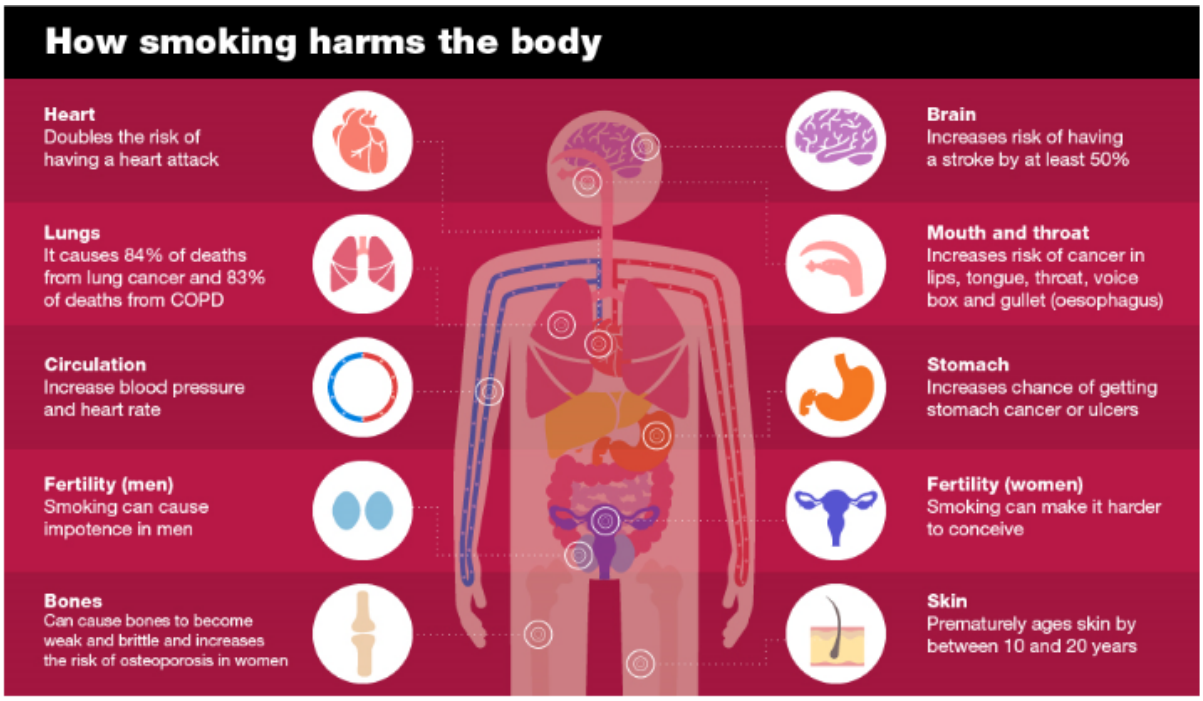
Risk factor	**PAF**
Tobacco	17.5 %
Dietary risks*	13.5 %
High systolic blood pressure	11.5 %
Alcohol and drug use	10.5 %
High body mass index	9.2%
High total cholesterol	7.1%
Occupational risks	4.8%
High fasting plasma glucose	5.1%
Air pollution	3.9%
Child and maternal malnutrition	2.5%
Low physical activity	1.9%
Impaired kidney function	1.8%
Unsafe sex	0.5%
Low bone mineral density	0.4%
Other environmental risks	0.3%
Sexual abuse and violence	0.1%
Unsafe water sanitation and handwashing	0.1%

* Dietary risks cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes, whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

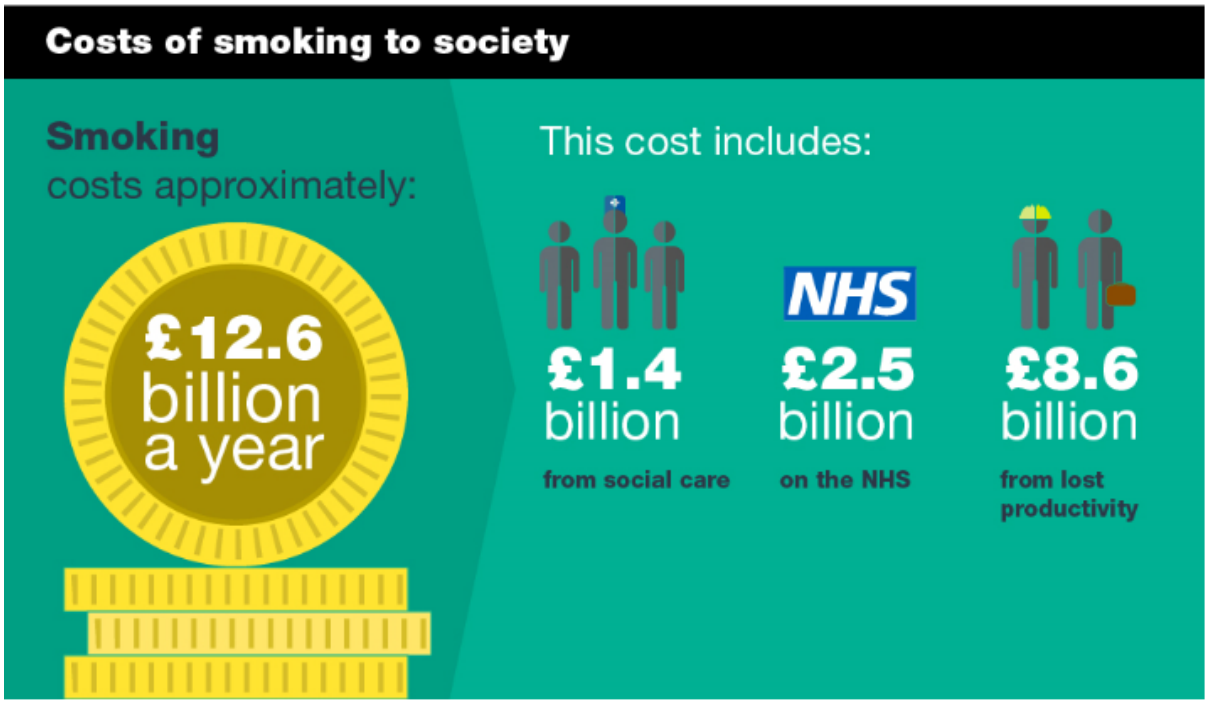
The authors of the national Global Burden of Disease Study are clear on the importance of preventable risk factors for population health. To quote from the recently published GBD findings for the UK: 'Two-thirds of the improvements to date in premature mortality can be attributed to population-wide decreases in smoking, cholesterol, and blood pressure, and about a third are due to improved therapies. Health services need to recognise that prevention is a core activity rather than an optional extra to be undertaken if resources allow.'

SMOKING AS A RISK FACTOR FOR HUMAN HEALTH

There are many reasons why smoking tobacco is the highest ranking risk factor for premature death.



Smoking also results in significant costs to wider society in the UK



In Peterborough, the proportion of adults who smoke is 17.6%, which is over one in six. While this is similar to the national average, it is third highest among East of England local authority areas. Smoking rates have not changed significantly over the past four years.

DIETARY RISK FACTORS FOR HUMAN HEALTH

Dietary risks in the Global Burden of Disease Study cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes (e.g. beans and peas), whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

The NHS Eatwell Guide gives some basic advice on how to achieve a healthy diet. It shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet. We don't need to achieve this balance with every meal, but should try to get the balance right over a day or even a week.

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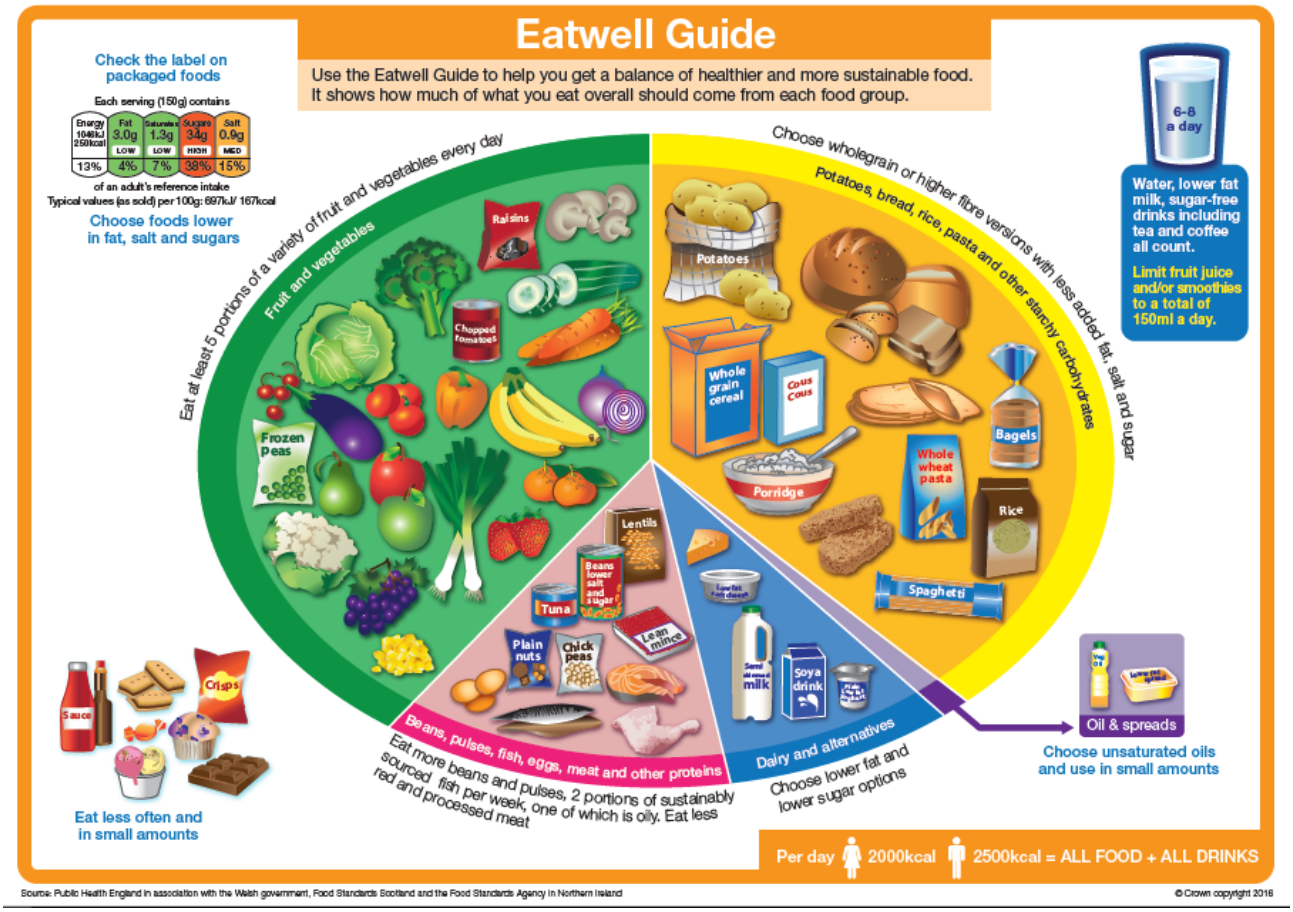


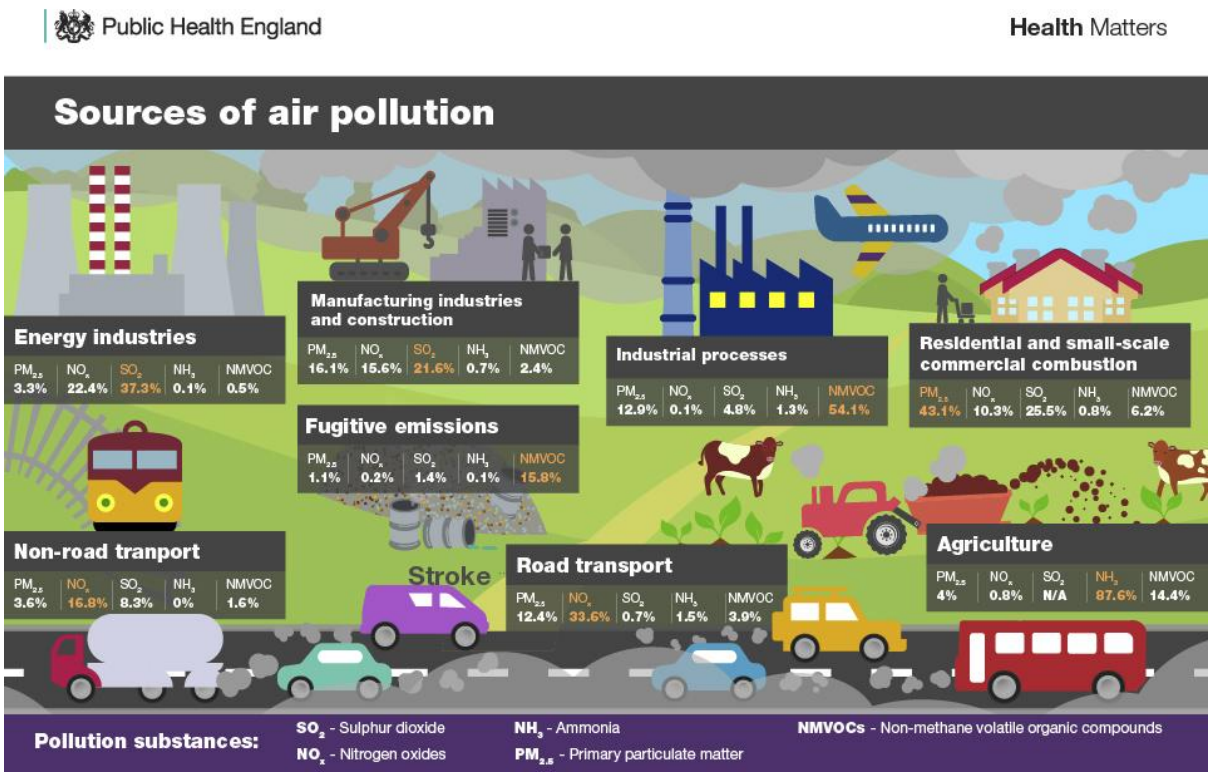
Even the NHS Eatwell Guide can be regarded as controversial in terms of environmental sustainability – as producing meat and dairy products generates more carbon than vegetable based foods, and there are significant problems with over-fishing in our oceans. But it provides a practical guide to a healthy diet, in line with our current knowledge of nutrition and health.

More information is available on:

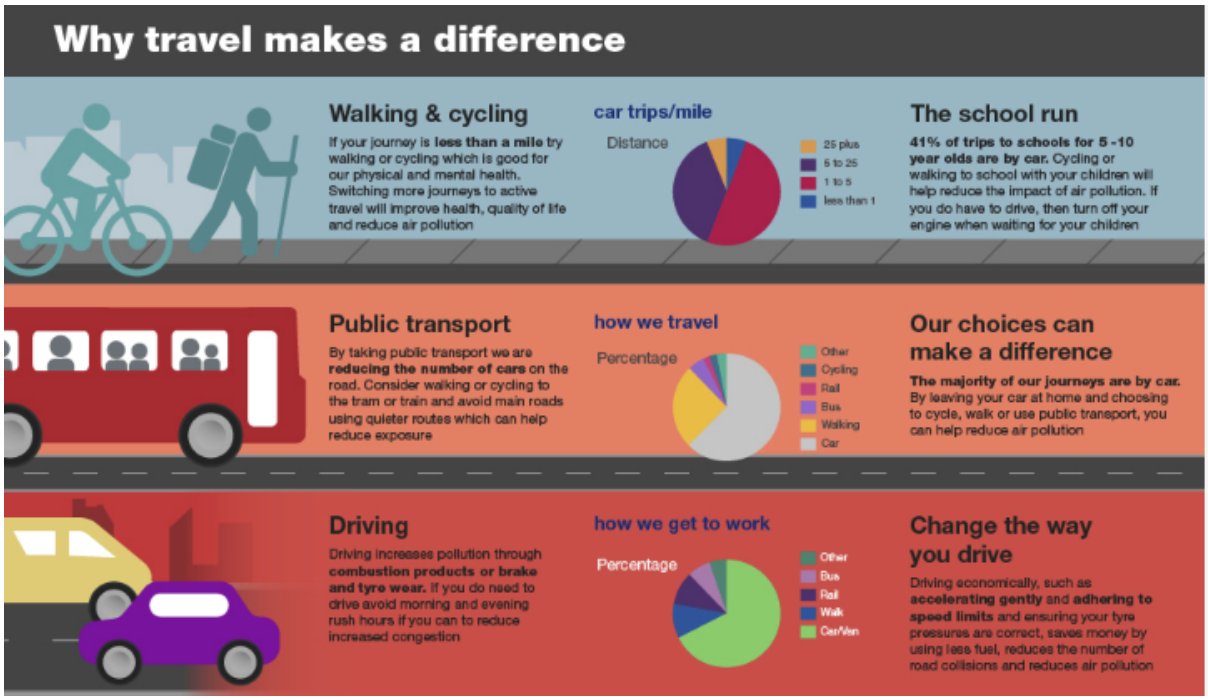
https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/

AIR POLLUTION AS A RISK FACTOR FOR HUMAN HEALTH

According to the Global Burden of Disease Study, poor air quality accounts for about 4% of years of life lost to premature death in Peterborough. This is a lower risk than lifestyle related factors such as smoking and poor diet, but is the highest 'environmental' factor affecting our health. Long-term exposure to air pollution can cause chronic conditions such as cardiovascular and respiratory diseases as well as lung cancer, leading to reduced life expectancy.



Active travel such as walking, cycling and using public transport can both reduce air pollution and improve people's physical and mental health.

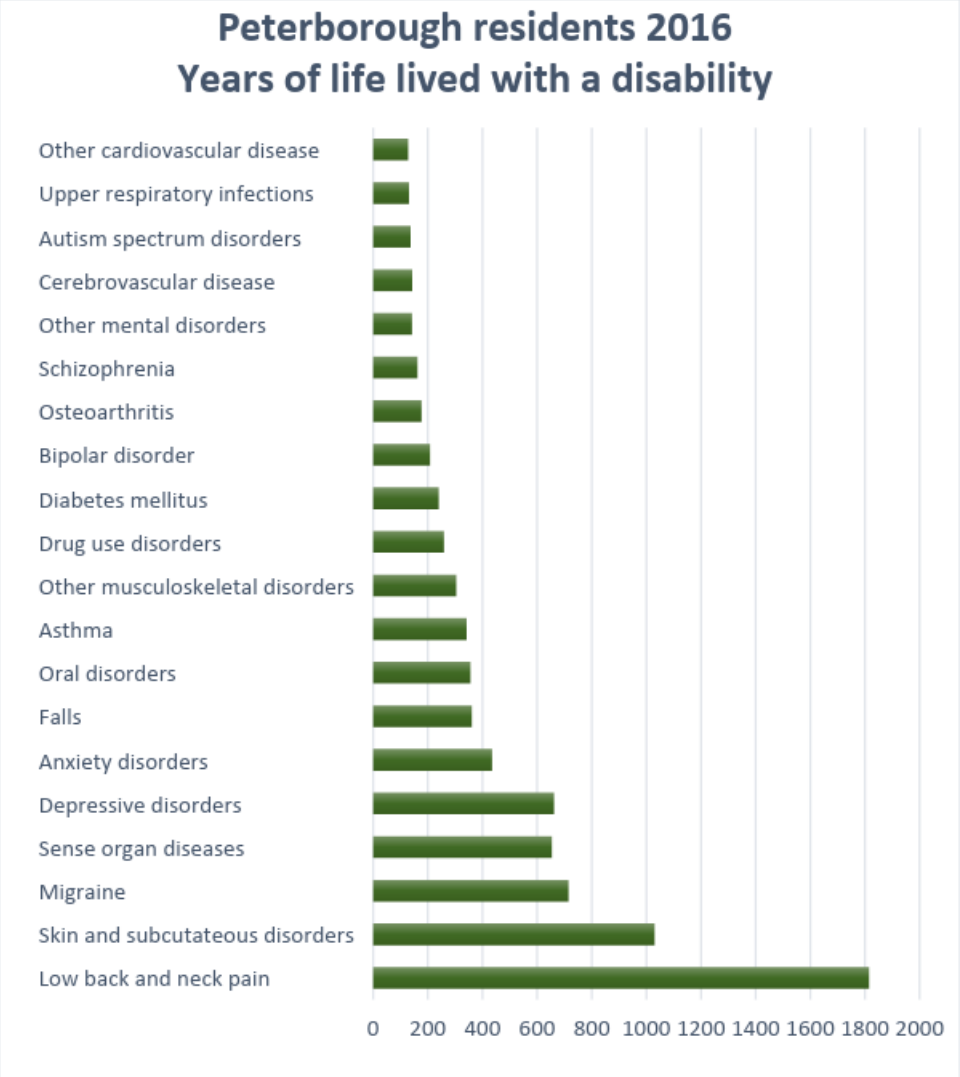


YEARS OF LIFE LIVED WITH DISABILITY

The chart below shows that in Cambridgeshire, as nationally – the diseases causing years of life lived with a disability are often different to the diseases causing premature death, although there is some overlap.

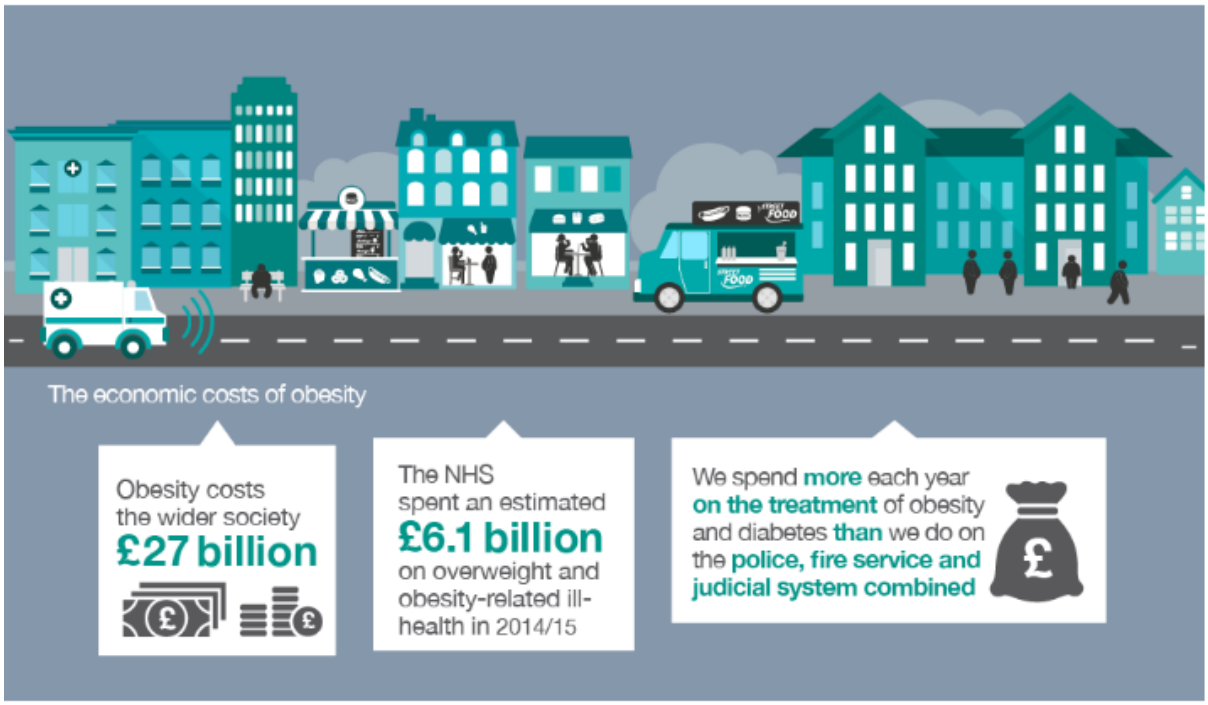
- Low back and neck pain is the most significant cause of years of life lived with a disability (YLD) at over 1800 days per 100,000 population
- Skin and subcutaneous diseases are the next most significant cause at just over 1000 YLD per 100,000 population
- The next two most significant causes are migraine and depressive disorder
- Sense organ disorders (e.g. deafness, blindness) and anxiety are also important causes of years lived with a disability, ranking fifth and sixth
- Falls are the seventh most significant cause of years lived with disability.

Total years of life lived with a disability in Cambridgeshire (2016) were estimated as 10,959 per 100,000 population compared with a national average of 11,054 per 100,000 population. For many diseases local data are not available, so national data have to be used – making the estimates less reliable than those for years of life lost.



The importance of musculo-skeletal problems such as low back and neck pain, and of mental health problems such as depression and anxiety are reflected by local and national statistics on out of work benefits. These show that the most common health problems which cause people to be unable to work are in the 'musculoskeletal' and 'mental health' categories.

Many of the health problems leading to years lived with disability have preventable risk factors, although research on this is less well developed than for premature deaths. To quote again from the Global Burden of Disease study: 'In many cases, the causes of ill health and the behaviours that cause it lie outside the control of health services. For example, obesity, sedentary behaviour, and excess alcohol use all feature strongly in GBD as risk factors for diseases such as musculoskeletal disease, liver disease, and poor mental health. The GBD results, therefore, also argue for policies and programmes that deter the food industry from a business model based on cheap calories, that promote and sustain healthy built and natural environments, and that encourage a healthy drinking culture.'



SECTION 4: PROGRESS AGAINST ISSUES OF CONCERN:

This section provides updates on the issues of concern identified in the Annual Public Health Report (2017) – providing the latest data available and indicating whether any improvement has been seen.

1. **A higher proportion of neighbourhoods in the lowest 10 per cent nationally for the IMD (2015) Education Skills and Training domain. Whilst this is likely to reflect a complex range of factors, there is no doubt that poorer educational outcomes are closely associated with poorer health outcomes later in life.**

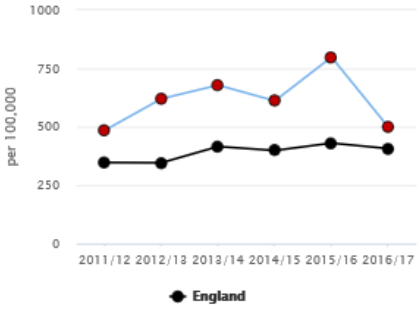
The Index of Multiple Deprivation (IMD) is not calculated every year, so it isn't possible to measure directly whether this finding has changed or improved. Despite generally good OFSTED scores in early year's establishments and schools, Peterborough ranked 148th out of 151 local authorities nationally for the proportion of children aged 5 who were ready for school in 2016/17, and also ranked well below average for provisional attainment scores for GSCE in 2018. More positively, the number of young people aged 16-18 not in education, employment or training in Peterborough in 2016 was 6.6%, which is similar to the national average.

2. **Rising rates of recorded hospital admission for self-harm among young people, which is both a national and a local trend and needs further investigation.**

Rates of hospital admission of young people for self-harm showed improvement in Peterborough in the most recent data from 2016/17, although still worse than the national average.

Hospital admissions as a result of self-harm (10-24 years) Peterborough — Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



Recent trend: –

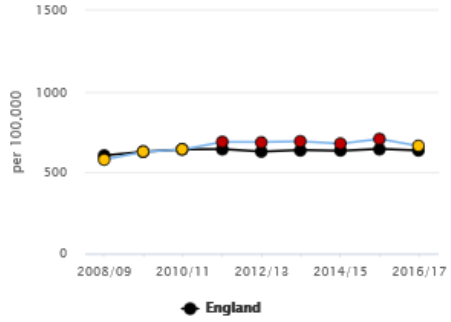
Period		Count	Value	Lower CI	Upper CI	East of England	England
2011/12	●	172	485.2	415.4	563.4	262.7	347.4
2012/13	●	215	620.5	540.3	709.2	291.2	346.3
2013/14	●	232	678.6	594.1	771.8	378.3	415.8
2014/15	●	208	611.2	530.9	700.2	354.7	398.8
2015/16	●	273	798.7	706.7	899.3	411.2	430.5
2016/17	●	167	499.8	426.8	581.7	353.0	407.1

3. **A higher proportion of adults in Peterborough with an unhealthy weight than both the national average and similar local authorities, and a higher than average rate of people admitted to hospital with alcohol related health problems.**

New figures from Public Health England have changed the way that the proportion of adults with an unhealthy weight has been calculated – and using the new method, Peterborough is now similar to the national average for this measure. The rate of adults admitted to hospital with alcohol related health problems in Peterborough has also improved in the most recent figures from 2016/17, and is now similar to the national average, having been worse than average for the previous four years.

2.18 - Admission episodes for alcohol-related conditions - narrow definition Peterborough — Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



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.

4. **Differences between neighbourhoods within Peterborough in the social and economic determinants which affect health. These differences are associated with higher hospital admission rates and a higher risk of preventable deaths before age 75, and more work is needed to most effectively target preventive interventions.**

   As part of the monitoring of Peterborough's Health and Wellbeing Strategy, the rate of emergency hospital admissions from the 20% of electoral wards in Peterborough with the highest deprivation levels is measured year on year. The emergency admission rate fell significantly between 2015/16 and 2016/17.

   Directly age-standardised rate of emergency hospital admissions, 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

KEY FINDINGS OF THE ANNUAL PUBLIC HEALTH REPORT (2018)

Findings highlighted in this Annual Public Health Report, which it would be appropriate to review going forward include:

Issues identified in the Section of the Report on 'Health in the Early Years', which are known to perpetuate inequalities in health and other outcomes across generations. These include:

- High rates of teenage pregnancy in Peterborough
- Higher than average rates of smoking in pregnancy
- Low rates of school readiness at age five

The findings of the Global Burden of Disease Study that for Peterborough residents:

- More than one in six years of life lost to premature death is the result of smoking (17.5%)
- More than one in seven years of life lost is the result of dietary factors ((13.5%)
- High blood pressure (11.5%) and drug/alcohol use (10%) each account for over one in ten years of life lost.