

Peterborough Joint Strategic Needs Assessment - Summary of Themed Reports 2017

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1. Introduction

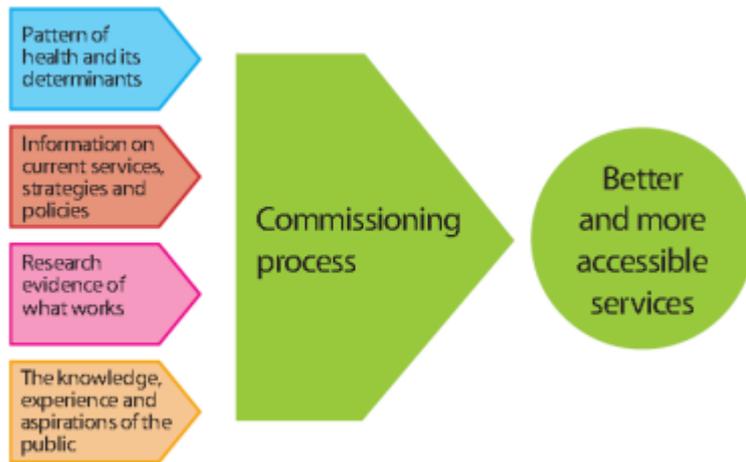
This document summarises principal findings from themed Joint Strategic Needs Assessments (JSNAs) undertaken by the Public Health Department at Peterborough City Council, in conjunction with other key stakeholders across the local healthcare and adult social care systems, between 2014 and 2017. JSNA is the means by which Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) assess and describe the future health, care and wellbeing needs of the local populations and identify the strategic direction of service delivery to meet those needs.

The aim of a JSNA is to:

- Provide analysis of data to show the health and wellbeing status of local communities
- Define where inequalities exist
- Provide information on local community views and evidence of effectiveness of existing interventions which will help to shape future plans for services
- Highlight key findings based on the information and evidence collected

JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA process, as outlined in the diagram below, helps identify current and future health and wellbeing needs, leading to agreed commissioning priorities to improve overall healthcare outcomes and reduce health inequalities.

Figure 1: The Joint Strategic Needs Process



Source: Peterborough City Council Public Health

This JSNA Summary of Themed Reports does not have the depth of information needed to support the planning of services; the 2017 Peterborough JSNA Core Dataset and detailed themed reports are available in full at URL: <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

The website for Peterborough City Council’s Public Health Department, containing a range of other information pertaining to the work of Public Health in Peterborough, is available at URL: <https://www.peterborough.gov.uk/healthcare/public-health/>

Since 2014, the below JSNA projects have been commissioned and completed by the Peterborough Health & Wellbeing Board:

- Pharmaceutical Needs Assessment 2015
- Children & Young People JSNA 2015
- Cardiovascular Disease JSNA 2015
- Mental Health & Mental Illness in Adults of Working Age JSNA 2016
- Diverse Ethnic Communities JSNA 2016
- Older People’s Primary Prevention JSNA 2017

This document provides a brief overview of key data and findings from each of the above projects.

Public Health are currently working on two additional needs assessments that will be published during year 2017/18 which are described in more detail in section 5:

- Transport & Environment JSNA 2017
- Pharmaceutical Needs Assessment 2017

2. Key Joint Strategic Needs Assessment Core Data

2.1 Overall Health

Peterborough is the most deprived area within the East of England and is relatively more deprived than England, with a 2015 Index of Multiple Deprivation (IMD) score of 27.7. Higher scores represent higher levels of relative deprivation and the score for England is 21.8. Although Peterborough is a relatively deprived area, electoral wards within the rural, outer areas of the locality tend to be more affluent, with deprivation concentrated primarily within the urban, central areas of Peterborough.

Life expectancy at birth in Peterborough for 2013-15 is statistically significantly lower than England for both males (78.6 years compared to 79.5 years) and females (82.4 years compared to 83.1 years). Peterborough residents also have lower healthy life expectancy and life expectancy at 65 for both males and females in comparison to England, although these values are not statistically significant.

The table below provides some general demographic data for Peterborough, relating to population age, ethnicity, relative deprivation, healthy life expectancy and life expectancy at birth/65 years.

Figure 2: Peterborough Key Demographic Indicators Profile

Indicator	Time Period	Peterborough Value	England Value	Peterborough Status Compared with Benchmark (England)	Peterborough Trend	Peterborough CIPFA Ranking (1=Best, 16=Worst)
Healthy life expectancy at birth (Males), years	2013-15	61.8	63.4	Statistically similar to England	▲	7
Healthy life expectancy at birth (Females), years	2013-15	62.4	64.1	Statistically similar to England	▲	6
Life expectancy at birth (Males), years	2013-15	78.6	79.5	Statistically significantly worse than England	▲	6
Life expectancy at birth (Females), years	2013-15	82.4	83.1	Statistically significantly worse than England	▲	6
Life expectancy at 65 (Males), years	2013-15	18.5	18.7	Statistically similar to England	▲	3
Life expectancy at 65 (Females), years	2013-15	20.9	21.1	Statistically similar to England	▲	4
Index of Multiple Deprivation Score 2015	2015	27.7	21.8	Higher level of deprivation than England	-	11
Percentage of population aged under 18	2015	24.6%	21.3%	Higher than England	-	5th highest
Percentage of population aged 65+	2015	14.4%	17.7%	Lower than England	-	12th highest
Percentage of population from Black & Minority Ethnic (BME) Groups	2011	17.5%	14.6%	Higher than England	-	9th highest

Source: Public health Outcomes Framework, URL: <http://www.phoutcomes.info/>

Compared with benchmark



Key - Trends			
Increasing - getting better	▲	Increasing - getting worse	▲
Decreasing - getting better	▼	Decreasing - getting worse	▼

2.2 Child Health

9.3% of reception age pupils in Peterborough were classified as obese in 2015/16 and 19.8% of year 6 age pupils, both of which are statistically similar to England. The rate of alcohol-specific hospital stays in under 18s in Peterborough in 2012/13 - 2014/15 is 42.9/100,000, statistically similar to England but the highest rate in the East of England. Peterborough is the only area in the East of England with a statistically significantly high crude rate of under 18 conceptions (28.3/1,000 compared to 20.8/1,000 in England and 18.8/1,000 in the East of England).

A statistically significantly low percentage of pupils in Peterborough achieve at least 5 A*-C GCSEs (47.8% compared to 57.8% in England). The percentage of 16-18 year olds not in education, employment or training and the rate of first time entrants to the youth justice system are also statistically significantly worse than England.

The table below provides data on some key healthcare outcomes relating to children and young people in Peterborough.

Figure 3: Peterborough Key Child Health Indicators Profile

Indicator	Time Period	Peterborough Value	England Value	Peterborough Status Compared with Benchmark (England)	Peterborough Trend	Peterborough CSSNBT Statistical Neighbour Ranking (1=Best, 11=Worst)
A&E attendances, 0-4 Years, Crude rate per 1,000	2015-16	800.7	587.9	Statistically significantly worse than England	▲	10
Children aged 0-15 years killed or seriously injured (KSI) on roads, crude rate per 100,000	2013-15	14.3	17	Statistically similar to England	▼	4
Hospital admissions as a result of self-harm, 10-24 years, directly age-standardised rate per 100,000	2015-16	798.7	430.5	Statistically significantly worse than England	▲	11
Children with one or more decayed, missing or filled teeth, percentage	2014-15	30.0%	24.8%	Statistically similar to England	▼	8
Infant mortality, crude rate per 1,000	2013-15	3.7	3.9	Statistically similar to England	▼	5
First time entrants to the youth justice system, crude rate per 100,000	2015	566.3	368.6	Statistically significantly worse than England	▲	10
16-18 year olds not in education, employment or training, percentage	2015	5.3	4.2	Statistically significantly worse than England	▼	7

Indicator	Time Period	Peterborough Value	England Value	Peterborough Status Compared with Benchmark (England)	Peterborough Trend	Peterborough CSSNBT Statistical Neighbour Ranking (1=Best, 11=Worst)
Proportion of pupils achieving 5A*-C GCSEs including English & Mathematics, percentage	2015-16	47.8%	57.8%	Statistically significantly worse than England	▼	10
Under 18 conceptions, crude rate per 1,000	2015	28.3	20.8	Statistically significantly worse than England	▼	9
Persons under 18 admitted to hospital for alcohol-specific conditions, crude rate per 100,000	2012/13 - 2014/15	42.9	36.6	Statistically similar to England	▼	8
Obese children at age 4-5 years, percentage	2015-16	9.3%	9.3%	Statistically similar to England	▼	3
Obese children at age 10-11 years, percentage	2015-16	19.8%	19.8%	Statistically similar to England	▲	2

Source: Public Health England Child & Maternal Health Profiles, URL: <http://fingertips.phe.org.uk/profile-group/child-health>

Compared with benchmark Better Similar Worse Lower Similar Higher

Key - Trends			
Increasing - getting better	▲	Increasing - getting worse	▲
Decreasing - getting better	▼	Decreasing - getting worse	▼

2.3 Adult health

Healthcare outcomes in Peterborough for adults are generally worse than those observed in England. The mortality rates from causes considered preventable, under 75 mortality from all cardiovascular diseases and under 75 mortality from all cardiovascular diseases considered preventable are all statistically significantly worse than England. 70.8% of adults have excess weight in Peterborough compared to 64.8% in England and the percentage of physically inactive adults is 34.3% compared to 28.7% in England.

Peterborough has a statistically significantly high rate of hospital admissions for alcohol-related conditions and screening rates for breast cancer, cervical cancer and bowel cancer are all statistically significantly lower than England.

The table below summarises some key benchmarked indicators relating to adult physical and mental health.

Figure 4: Peterborough Key Adult Health Indicators Profile

Indicator	Time Period	Peterborough Value	England Value	Peterborough Status Compared with Benchmark (England)	Peterborough Trend	Peterborough CIPFA Ranking (1=Best, 16=Worst)
Mortality rate from causes considered preventable, persons, directly age-standardised rate per 100,000	2013-15	211.8	184.5	Statistically significantly worse than England	▼	8
Under 75 mortality rate from all cardiovascular diseases, persons, directly age-standardised rate per 100,000	2013-15	86.3	74.6	Statistically significantly worse than England	▼	8
Under 75 mortality rate from cardiovascular diseases considered preventable, persons, directly age-standardised rate per 100,000	2013-15	60.4	48.1	Statistically significantly worse than England	▼	12
Smoking prevalence in adults, percentage	2016	17.6%	15.5%	Statistically similar to England	▼	8
Excess weight in adults, percentage	2013-15	70.8%	64.8%	Statistically significantly worse than England	▲	14
Hospital admission episodes for alcohol-related conditions, persons, directly age-standardised rate per 100,000	2015-16	708	647	Statistically significantly worse than England	▲	10
Depression and anxiety prevalence, persons aged 18 and over, percentage	2015-16	14.3%	12.7%	Statistically significantly higher than England	▲	12
Long-term mental health problem prevalence, persons aged 18 and over, percentage	2015-16	6.4%	5.2%	Statistically significantly higher than England	▲	14
Excess winter deaths index (3 years, all ages), persons, ratio	Aug 12 - Jul 15	19.6	19.6	Statistically similar to England	▲	9
Hip fractures in people aged 65 and over, persons, directly age-standardised rate per 100,000	2015-16	573	589	Statistically similar to England	▼	3
Emergency hospital admissions due to falls in people aged 65 and over, persons, directly age-standardised rate per 100,000	2015-16	2,348	2,169	Statistically significantly worse than England	▼	10

Source: Public health Outcomes Framework, URL: <http://www.phoutcomes.info/>

Compared with benchmark



Key - Trends			
Increasing - getting better	▲	Increasing - getting worse	▲
Decreasing - getting better	▼	Decreasing - getting worse	▼

2.4 Adult Social Care

Peterborough has a statistically significantly lower rate of adults aged 18-64 and 65+ having their long-term support needs met by admission to residential and nursing care homes than the average of its CIPFA comparator group and England.

The rate of delayed transfers of care attributable to adult social care is also statistically significantly lower (better) than Peterborough's CIPFA group and England. However, only 33.4% of Peterborough carers receive direct payments which is statistically significantly lower than Peterborough's CIPFA group and England and has decreased from 2014/15.

The table below provides a summary of key Adult Social Care Outcomes Framework indicators for 2015-16. Statistical significance is not calculated but comparison to Peterborough's group of CIPFA nearest socio-economic neighbours is included for reference, as well as trend data where available.

Figure 5: Peterborough Key Adult Social Care Outcomes Framework Indicators

ASCOF INDICATORS 2015-16		Peterborough	Comparator Group Averages			England	Comparison (Statistical Significance Not Calculated)	Local trend
			CIPFA	Unitary Authorities	Regional			
1A	Social care-related quality of life score	19.1	19.1	19.3	19	19.1	In line England & CIPFA	-
1B	The proportion of people who use services who have control over their daily life, percentage	76.50%	76.7%	79.0%	77.4%	76.6%	In line England & CIPFA	▼
1C(1A)	The proportion of people who use services who receive self-directed support, percentage	98.60%	91.0%	89.5%	85.1%	86.9%	Above CIPFA & England	-
1C(1B)	The proportion of carers who receive self-directed support, percentage	100.00%	85.2%	77.1%	89.2%	77.7%	Above CIPFA & England	-
1C(2A)	The proportion of people who use services who receive direct payments, percentage	25.40%	27.6%	27.6%	29.3%	28.1%	Below CIPFA & England	-
1C(2B)	The proportion of carers who receive direct payments, percentage	33.40%	76.7%	59.9%	83.1%	67.4%	Significantly Below CIPFA & England	▼
1E	The proportion of adults with a learning disability in paid employment, percentage	10.00%	6.0%	7.0%	7.1%	5.8%	Above CIPFA & England	▲
1F	The proportion of adults in contact with secondary mental health services in paid employment, percentage	6.20%	6.1%	8.2%	5.1%	6.7%	In line England & CIPFA	-

ASCOF INDICATORS 2015-16		Peterborough	Comparator Group Averages			England	Comparison (Statistical Significance Not Calculated)	Local trend
			CIPFA	Unitary Authorities	Regional			
1G	The proportion of adults with a learning disability who live in their own home or with their family, percentage	84.20%	78.9%	76.4%	74.0%	75.4%	Above CIPFA & England	▲
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support, percentage	52.10%	51.6%	60.3%	44.1%	58.6%	Below England	▲
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like, percentage	41.80%	46.3%	47.0%	44.8%	45.4%	Below England & CIPFA	▼
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	4.2	12.6	15.9	15.8	13.3	Significantly better CIPFA & England	▼
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	394.4	660	665	570	628.2	Significantly better CIPFA & England	▼
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, percentage	83.3%	81.7%	83.9%	82.6%	82.7%	Above England & CIPFA	▲
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital, percentage	2.1%	2.5%	2.9%	2.6%	2.9%	Below England & CIPFA	▲
2C(1)	Delayed transfers of care from hospital, per 100,000	10.1	10.7	12.1	11.6	12.1	Below England & CIPFA	▼
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	0.7	3.2	4.3	3.5	4.7	Significantly better CIPFA & England	▼
2D	The outcome of short-term services: sequel to service	74.9	75.9	78.5	81.5	75.8	Below England & CIPFA	▲

ASCOF INDICATORS 2015-16		Peterborough	Comparator Group Averages			England	Comparison (Statistical Significance Not Calculated)	Local trend
			CIPFA	Unitary Authorities	Regional			
3A	Overall satisfaction of people who use services with their care and support	64.4	63.5	66.3	64.5	64.4	In line England	▲
3D(1)	The proportion of people who use services who find it easy to find information about support, percentage	72.8%	73.9%	75.6%	72.7%	73.5%	Below England & CIPFA	▼
4A	The proportion of people who use services who feel safe, percentage	65.0%	68.1%	69.6%	68.7%	69.2%	Below England & CIPFA	▲
4B	The proportion of people who use services who say that those services have made them feel safe and secure, percentage	88.3%	84.4%	87.4%	82.4%	85.4%	Above England & CIPFA	▼

Source: Peterborough City Council Adult Social Care/Performance Team Analysis

Compared with benchmark



Key - Trends			
Increasing - getting better	▲	Increasing - getting worse	▲
Decreasing - getting better	▼	Decreasing - getting worse	▼

3. Summary of Health & Wellbeing Priorities

The 2016-19 Health & Wellbeing Strategy for Peterborough includes the below key healthcare priorities to improve the health and wellbeing of everyone in Peterborough:

- | |
|---|
| <ul style="list-style-type: none"> Reduce preventable and premature deaths from cardiovascular and respiratory disease and emergency hospital admissions as a result of cardiovascular disease |
| <ul style="list-style-type: none"> Reduce health inequalities as part of the city council's focus on economic development and regeneration, with a view to improving both socio-economic and health outcomes in our most deprived areas |
| <ul style="list-style-type: none"> Support good mental health in adults of working age via the development of services to support people experiencing a mental health crisis, assist people after discharge from mental healthcare and offer support in relation to self-harm and suicide |
| <ul style="list-style-type: none"> Improve numbers of physically active people and reduce numbers that are overweight and obese and smoke or drink excessive levels of alcohol |
| <ul style="list-style-type: none"> Reduce teenage conceptions, numbers of obese children, high levels of tooth decay and levels of hospital admissions in 10-24 year olds for self-harm, as well as ensuring that newly arrived families know how to access prevention and early help services in order to improve healthcare outcomes for children and young people |
| <ul style="list-style-type: none"> Integrate health, social care and third sector services in Peterborough to provide joined up care, particularly in relation to our older population |

- | |
|---|
| <ul style="list-style-type: none"> • Improve the health and wellbeing of our ethnic minority populations through analysis of the specific needs of groups such as Eastern European migrants and our Black & Minority Ethnic (BME) population |
| <ul style="list-style-type: none"> • Deliver better services for people with disabilities via a person-centred, multi-agency approach, seven day working and improved data sharing |

The Peterborough 2016-19 Health & Wellbeing Strategy document and associated further details are available via URL: <https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy/>

4. Summary of JSNA Key Findings

4.1 Older People's Primary Prevention JSNA 2017

- For the first time in history, the fastest growth in the UK's population is among the older age groups. Although Peterborough's older population is currently smaller as a percentage of the overall population than that of England, anticipated changes will see the proportion of older people soon aligning with projections nationally. This provides an opportunity to work with residents to enact positive change as they age to ensure better overall healthcare outcomes and thus lower demand on healthcare services in future years.
- The impact on healthcare outcomes in Peterborough of adverse behaviours remains significant even where progress is seen in relation to prevalence data – e.g. Peterborough's smoking prevalence is statistically similar to that of England, however the rate of smoking-attributable hospital admissions in the area remains statistically significantly high. Hospital admissions for alcohol-related conditions (narrow definition, persons) also remain significantly higher than England.
- Specifically targeted interventions may be required across differing ethnic groups to improve overall healthcare outcomes in Peterborough. For example, data show that percentages of residents who do not achieve 30 minutes or more of moderate-intensity exercise per week are significantly higher among BME groups than 'white' ethnicity residents. World Health Organisation data also show that mortality rates from cardiovascular disease are significantly higher than England in countries from which relatively high levels of economic migrants have arrived in Peterborough in recent years, such as Poland, Lithuania and Estonia.
- Peterborough has been adjudged the most 'car dependent city' in the UK by the Campaign for Better Transport, due to the ease of travel by car within the area and relative lack of practical opportunities to walk/cycle. This presents a challenge from a public health perspective, as resultantly relatively few Peterborough residents are able to reach recommended levels of exercise through active travel as part of their 'normal' working day, thus putting additional emphasis on the need to improve active travel provision as well as other opportunities to exercise delivered via PCC and other stakeholders to maintain and improve population health.
- Only 11.9% of residents in Peterborough aged 55+ participate in sport/active recreation of at least moderate intensity for 30 minutes or more on a regular basis in Peterborough.
- A lower percentage of residents in Peterborough (48.0%) meet the recommended '5 a day' fruit/vegetable consumption levels than in England (52.3%).

4.2 Diverse Ethnic Communities JSNA 2016

- Peterborough has a highly diverse population in comparison to England; at the time of the 2011 census, 29% of the Peterborough population self-identified with an ethnicity other than 'White British'. Of these, 'Asian or Asian British' and 'White Other' were the most common responses, comprising 12% and 11% of the total respectively.
- The overall population of Peterborough increased by 17.7% between 2001 and 2011, with the greatest increases seen within the 'White Other' and 'Black British or Black African' category.
- Estimates of net international migration between 2009 and 2014 show Peterborough to have had a higher rate of net migration than any other area of Cambridgeshire and Peterborough with the exception of Cambridge City. The non-UK born population in Peterborough is now estimated to be 206.3 residents per 1,000 total population.
- The Black & Minority Ethnic (BME) population varies significantly across Peterborough, comprising only 2.3% of the total population of the Barnack electoral ward but 58.2% of the total population of the Central electoral ward. Deprivation tends to be higher in areas of Peterborough with higher BME populations.
- Peterborough has the second-highest percentage of residents who cannot speak English well or at all in the East of England (4.9%). Luton is the highest in the East of England (5.4%) and both areas are statistically significantly higher than the England percentage of 1.7%. Inability to speak English is associated with relatively poor socio-economic outcomes and deprivation tends to be higher in electoral wards with high percentages of residents who cannot speak English well or at all.
- The 2015 School Census shows 35.1% of pupils in Peterborough speak a primary language other than English at home. GCSE attainment tends to be lower among pupils who do not primarily speak English at home.

4.3 Mental Health & Mental Illness in Adults of Working Age JSNA 2016

- Many of the recognised risk factors for poor mental health are found at a higher rate in Peterborough than in England, including higher rates of socio-economic deprivation, numbers of children in care, incidents of violent crime, the rate of homelessness and prevalence of substance misuse.
- 28,000 adults in Peterborough were estimated to be living with a common mental health disorder (such as depression or anxiety disorders); this number is expected to rise 8.2%, to 30,296, by 2030.
- In 2014/15, over 11,000 referrals were made to secondary care (specialist) mental health services for adults within the Greater Peterborough Local Commissioning Group system
- Peterborough has lower levels of recorded depression than would be expected considering the aforementioned risk factors and prevalence data do not correlate with areas of deprivation. Further analysis would be required to ascertain whether this is as a result of under-recording and if therefore there is substantial unaddressed need within Peterborough.
- Hospital admission rates for adult self-harm in 2013/14 were the highest in the East of England, 40% above the national average rate.

- Suicide rates in Peterborough have fallen from being higher than England to now lower than England, although the difference is not statistically similar.

4.4 Cardiovascular Disease JSNA 2015

- 2011-13 data showed Peterborough to have statistically significantly higher mortality rates than England for mortality from causes considered preventable, under 75 mortality from all cardiovascular diseases and under 75 mortality from all cardiovascular diseases considered preventable.
- Circulatory diseases were estimated to contribute towards 33.6% of the life expectancy gap between Peterborough and England for males and 53.9% for females. If Peterborough had the same mortality rates as England for circulatory diseases, local life expectancy would increase 0.45 years for males and 0.43 years for females.
- The number of people registered with a General Practice in Peterborough with cardiovascular disease was expected to rise 12.6%, from 21,467 to 27,306, between 2015 and 2031.
- Both the Borderline and Peterborough Local Commissioning Groups had statistically significantly higher prevalence of diabetes and hypertension in 2013/14 compared to Cambridgeshire & Peterborough Clinical Commissioning Group, as well as higher percentages of adult smokers and obese adults.
- South Asian populations in the UK are known to have higher rates of premature coronary heart disease (CHD), therefore engagement with the substantial local South Asian populations in the area should be encouraged to improve related healthcare outcomes in Peterborough. Hospital admission and mortality data for circulatory diseases in Peterborough showed a correlation between high rates of admission/mortality, relatively high levels of socio-economic deprivation and high percentages of Black & Minority Ethnic (BME) populations.
- Peterborough offered NHS Health Checks to a significantly higher percentage of residents aged 40-74 than England, however the 'conversion rate' i.e. the number of those invited who attend was relatively low at the time of this JNSA at 47.9%.

4.5 Children & Young People JSNA 2015

- Children and young people under the age of 20 made up 26.5% of the population of Peterborough in 2012, whereas the national average was 23.9%.
- In 2013, 40.8% of school children were from a minority ethnic background, significantly higher than the national average of 26.7%.
- The level of child poverty in Peterborough was worse than average, with 23.6% of children aged under 16 living in poverty compared to 20.6% in England.
- A lower percentage of students in Peterborough achieve 5 or more A*-C GCSEs and also more young people are not in education, employment or training than England.
- The rate of under 18 conceptions in Peterborough was, and remains, statistically significantly higher than England and the highest in the East of England.

- Rates of admission to hospital as a result of self-harm in young people were, and remain, statistically significantly worse in Peterborough compared to England.
- Of 20 indicators relating to the mental health of children and young people for which a national benchmark is available, Peterborough was below benchmark for 15 (75%).

4.6 Pharmaceutical Needs Assessment 2015

- Every Health & Wellbeing Board has a statutory duty to publish a statement of the need for local pharmaceutical services in its area at least once every three years. The first such assessment in Peterborough was published in 2015 and will be updated in 2018.
- At the time of the 2015 PNA, Peterborough had 43 community pharmacies, equivalent to 24 per 100,000 population – higher than both the national (22 per 100,000) and regional (20 per 100,000) averages. Pharmaceutical provision for both essential and advanced services was therefore considered sufficient.
- However, it was noted that locally commissioned services such as stop smoking appeared inadequate, evidenced by deteriorating quit rates, and relatively high smoking prevalence among both all adults and pregnant women specifically in comparison to national and regional averages. It was also noted also that in 2015 no community pharmacies in Peterborough were commissioned to provide flu vaccination for over 65s and only 13 provided flu vaccination services for at risk groups and that no pharmacies provided sexual health services such as emergency hormonal contraception and chlamydia testing and treatment despite higher teenage pregnancy and low chlamydia detection rates compared to national and regional averages.
- Peterborough is one of the fastest-growing cities in the UK, with an ethnically diverse and relatively young population. As the population grows, community pharmacies have the potential to make a significant contribution to healthy ageing and the prevention, identification and management of diseases, through which demand on other healthcare services may be reduced. Due to the diversity of the local population, promotions may need to be targeted specifically to different groups to be of greatest benefit.
- A number of pharmacies are located in areas of Peterborough that have relatively low life expectancy and relatively high levels of deprivation. These pharmacies can help promote healthier living, including through direct health promotion campaigns in conjunction with Public Health, as well as providing appropriate minor ailment treatment services.

5. Future JSNA Projects

5.1 Transport & Environment JSNA 2017

A Joint Strategic Needs Assessment will be conducted in Peterborough in 2017 focusing on analysis of transport and environment issues from a public health perspective, including:

- Air quality and the impact on health of particulate pollution
- Active travel
- Access to transport

Air pollution is one of the 20 leading risk factors for disease and contributes to more than 2% of the annual disability-adjusted life years lost in the UK and the monitoring of air quality in Peterborough is therefore considered of importance to the Peterborough Health & Wellbeing Board as Peterborough continues to be one of the fastest-growing cities in the UK, with associated increases in both population and numbers of car journeys undertaken.

Evidence shows that Peterborough is an unusually 'car-dependent' city compared to England, due to the ease of travel by car within the area and relative lack of practical opportunities to walk/cycle. Increasing levels of cycling and walking can reduce the risk of diseases such as cardiovascular disease, diabetes and dementia, with those that are most inactive benefiting the most. This JSNA will assess barriers to active travel within Peterborough and ways that these may be addressed, as well as the current and predicted future impact on public health of the relative 'car-dependency' of Peterborough as a city.

5.2 Pharmaceutical Needs Assessment 2018

Health & Wellbeing Boards have a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) at least once every three years (and more frequently if the Health & Wellbeing Board consider there is sufficient reason to do so, e.g. if there is a major change contracts/regulations affecting pharmacies and/or to the provision of pharmaceutical services at national and/or local level). Peterborough City Council is therefore undertaking work on a PNA for publication in quarter 4 of 2017/18 to update the PNA published in 2015.

As per regulations, the 2018 PNA will contain information relating to the below:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area
- A statement of the pharmaceutical services that have been identified by the Health & Wellbeing Board that are needed in the area and are not provided (gaps in provision)
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area
- A statement of the services that the Health & Wellbeing has identified as not being provided but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area

- A statement of other NHS services provided by a local authority; the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services
- An explanation of how the assessment has been carried out (including how the consultation was carried out) and
- Maps of providers of pharmaceutical services

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