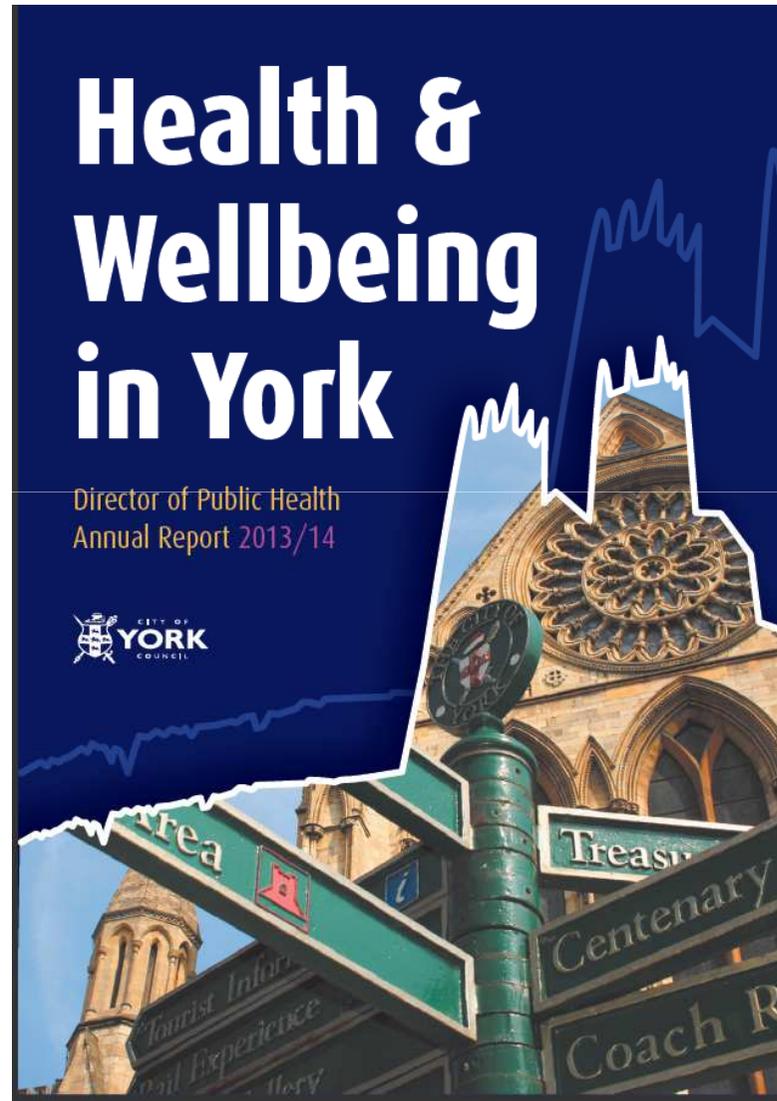


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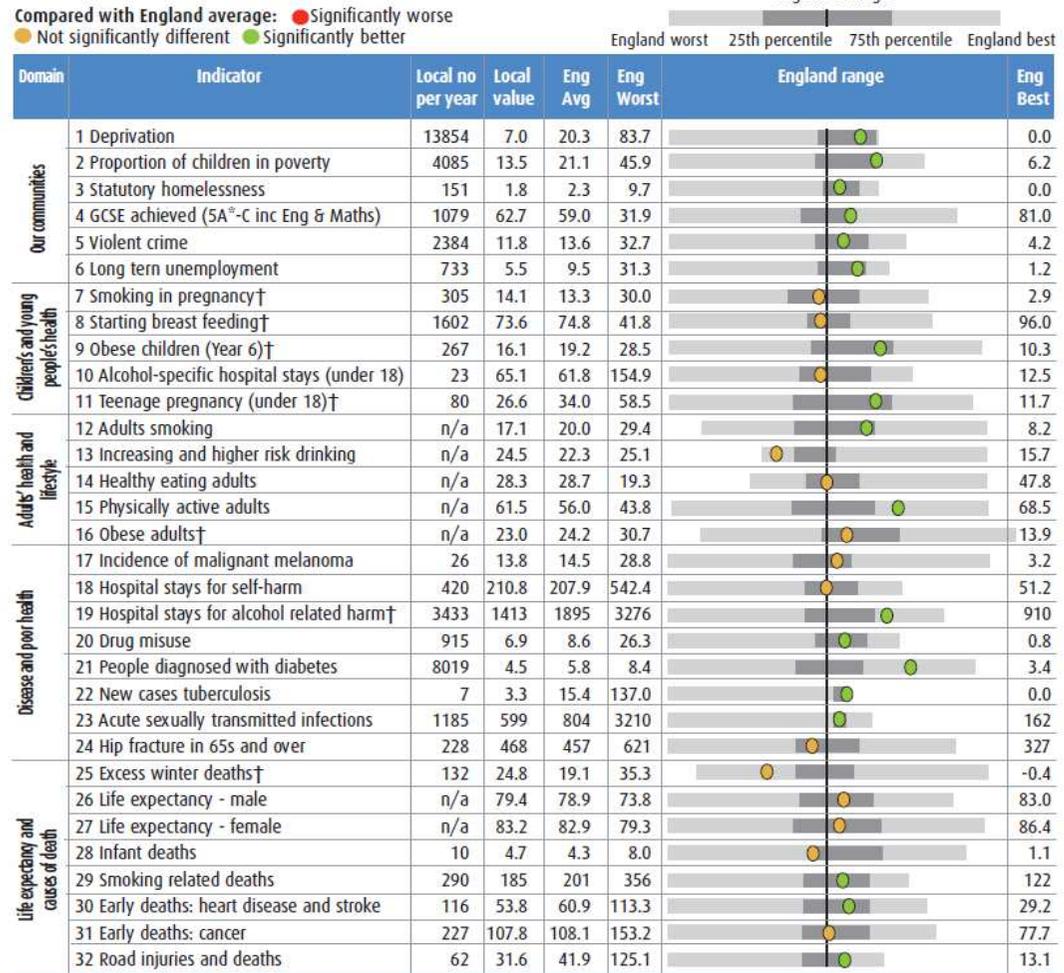


York Health Profile 2013

York is one of the healthiest places to live in England.

However there is a very clear and direct relationship with wealth – the rich live longer.

Figure 1: York health profile indicators 2013



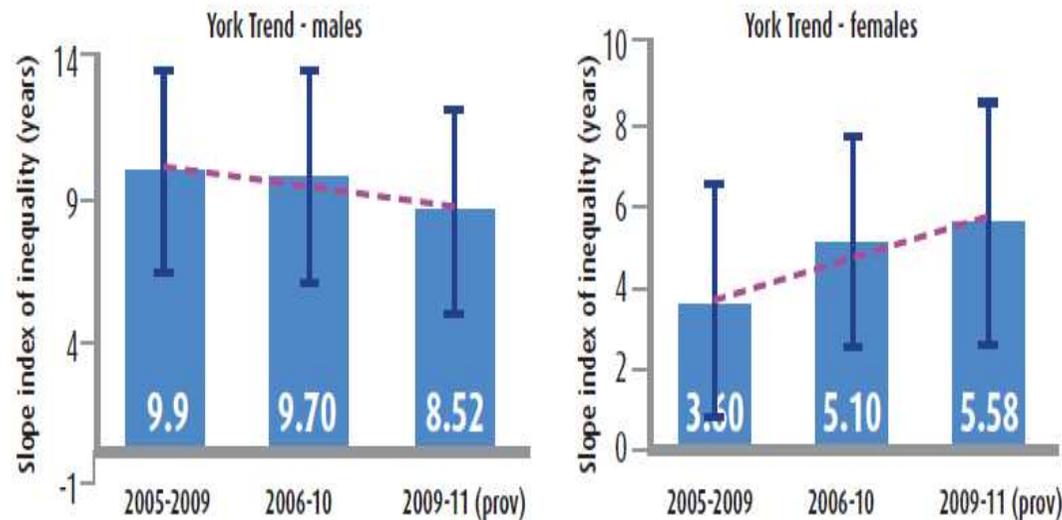


Life Expectancy Gap

The gap in life expectancy between the richest 10% and the poorest 10% is over 8 years for men and over 5 years for women.

The gap seems to be narrowing in men, yet widening in women.

Figure 5: Trends in slope index of inequality





Premature Mortality

York fares well in terms of the death rates of the under 75s when compared with the England Average.

Table 1: York premature death rates compared with England

Premature deaths per 100,000 - comparison with England			
Premature deaths (category)	Rank in England /150 (1st is best)	Premature deaths per 100,000	Rating
Overall	52	330.3	rates are statistically significantly better than the average
Cancer	82	149.5	rates within expected limits but worse than average.
Heart disease and stroke	38	72.3	rates are statistically significantly better than the average
Lung Disease	58	32.3	rates within expected limits but better than average
Liver Disease	37		



However, York does not compare well with other affluent local authorities

Premature Mortality

Table 2: York premature death rates compared with similar local authorities

Premature deaths per 100,000 - comparison with similar local authorities			
Premature deaths (category)	Rank in comparator group /15 (1st is best)	Premature deaths per 100,000	Rating
Overall	15	330.3	rates are statistically significantly worse than the average.
Cancer	15	149.5	
Heart disease and stroke	11	72.3	rates within expected limits.
Lung Disease	15	32.3	rates are statistically significantly worse than the average.
Liver Disease	10		rates within expected limits.

Life Expectancy

Life expectancy at birth in York is not significantly different from the England Average

- Males - **79.6** years v England 79.2 years.
- Females - **83.2** v England 83.0 years.

Healthy life expectancy at birth is significantly higher for females in York compared with England average

- Males - **63.0** years v England 63.2 years.
- Females - **66.6** years v England 64.2 years.

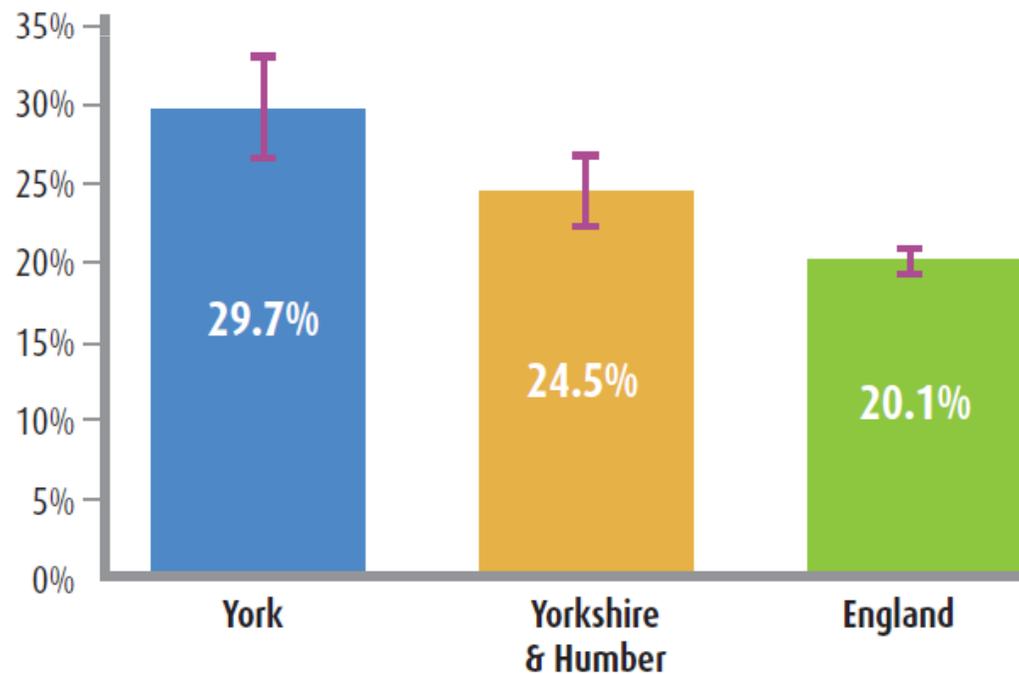




Alcohol

Alcohol is a problem – we are within the worst 4% of local authorities in numbers of people drinking at “increasing and higher risk” levels and have a higher estimated number of binge drinkers

Figure 24: Estimated % of binge drinkers in York.

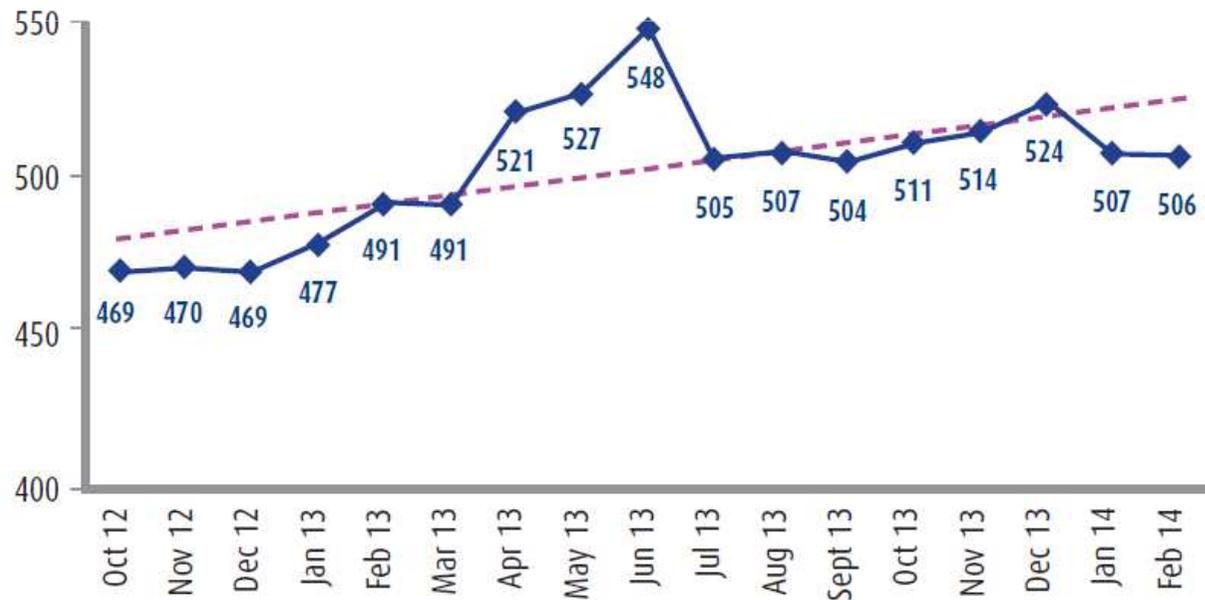




Alcohol Treatment

More dependent drinkers are accessing treatment in York, however, and more successful outcomes are being achieved. An estimated 11,000 crimes are prevented in a year due to engagement with treatment.

Figure 27: York residents in structured alcohol treatment





Excess Winter Deaths

York has tended to have a higher than average rate of “excess winter deaths”, i.e. deaths in the winter period, compared with the non-winter period.

This is particularly the case for over 85s in York.

(New data released for the single year 12-13 shows an overall improvement for York).

Targeted Interventions

Smoking cessation services are targeted at particular groups e.g. clinics are held in community centres in deprived areas.

Case Study: Smoking cessation services in York

The specialist stop smoking service in York is an example of how interventions are targeted at particular groups in the city. Smoking has a significant impact on life expectancy and smoking status is strongly correlated with deprivation. Targeted smoking cessation services are offered in the following ways.

- Clinics are held in two community centres in York. One clinic is held in an area where 5 of the 10 most deprived LSOAs are located. The other clinic is scheduled at the same time as other key services in the centre such as the food bank and Citizens Advice.
- A weekly session is held in West Offices and is therefore accessible to City of York Council's customers. The sessions straddle the tea-time/early evening slot to try and attract attendance when people finish work.
- The dedicated smoking in pregnancy service also caters for the partners of pregnant woman and the service is delivered mostly in the clients' nearest children's centre.





In most indicators of child health, including childhood immunisation, York fares well. There are, however, a couple of areas for concern.

Child Health

- Coverage of HPV immunisation (the vaccine protecting against cervical cancer) in girls age 12 and 13 is not as good as we would like.
- In York the rate of hospital admissions as a result of self harm in 10-24 year olds is significantly higher than England average. The figure for 2012/13 was 429 per 100, 000 compared with 346 nationally.



Childhood Obesity

York has significantly lower obesity rates for Reception and Year 6 children. This fact does not mean that obesity is not a problem. A generation ago a much smaller % of children were obese, but measurements were not done in a standard way so direct comparisons are difficult.

Figure 12: York 2012/13 NCMP data in relation to the England average

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared



Indicator	Period	York		Region	England	Worst	England		Best
		Count	Value	Value	Value		Range		
Reception: Prevalence of underweight	2012/13	8	0.41%	0.85%	0.88%	2.61%		●	0.18%
Reception: Prevalence of healthy weight	2012/13	1,538	78.3%	77.3%	76.9%	67.5%		●	83.4%
Reception: Prevalence of overweight (including obese)	2012/13	417	21.2%	21.9%	22.2%	32.2%		●	16.1%
Reception: Prevalence of obesity	2012/13	158	8.0%	8.9%	9.3%	14.6%		●	5.8%
Year 6: Prevalence of underweight	2012/13	14	0.85%	1.45%	1.33%	3.45%		●	0.28%
Year 6: Prevalence of healthy weight	2012/13	1,133	68.7%	65.3%	65.4%	54.9%		●	75.2%
Year 6: Prevalence of overweight (including obese)	2012/13	503	30.5%	33.2%	33.3%	44.2%		●	24.1%
Year 6: Prevalence of obesity	2012/13	270	16.4%	19.0%	18.9%	27.3%		●	12.7%

Mental Health

Most measures of mental ill health are the same as England, however:

- there are higher rates of hospital admissions for dementia and schizophrenia and similar diseases
- there are lower rates of contacts with a Community Psychiatric Nurse, people being on a Care Programme Approach and overall contacts with mental health services.

This suggests that we need a shift from crisis management to crisis prevention.



2013/14 Recommendations

Development of an in-depth multi-agency local needs assessment and alcohol strategy

To investigate the reasons behind the apparent trend that is emerging of a year on year rising gap in life expectancy for women between the most and least deprived residents in York.

To investigate self harm in young people in York.

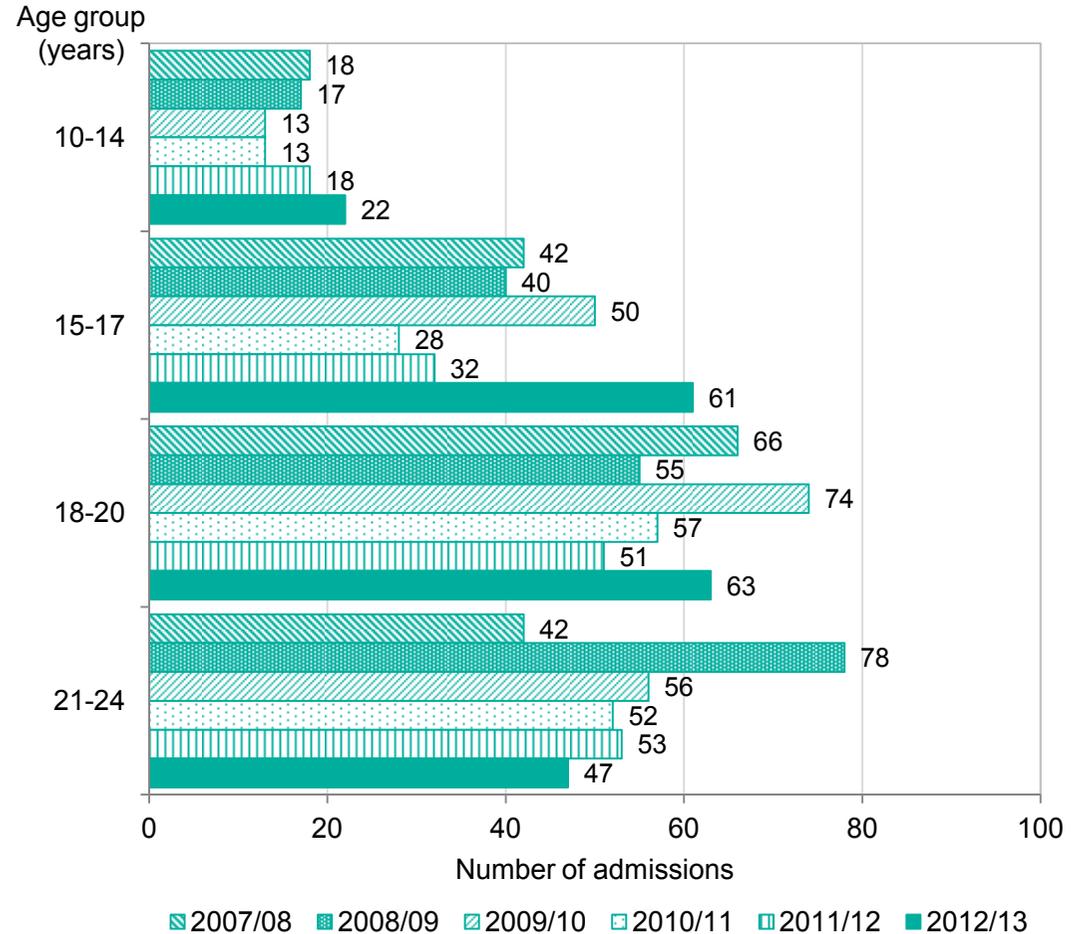
To improve access to relevant public health data sets.





Progress on Recommendations – Self Harm

Bespoke analysis by PHE has identified that there was a large increase in self harm admissions for 15-17 year old in York in 2012/13.





Progress on Recommendations – Data Sets

Progress has been made in accessing health data sets so that progress on certain key indicators for York can be monitored and acted upon in a more timely fashion.

New data sources accessed include

- Live Births
- Primary Care Mortality Database
- NCMP pupil level dataset
- NHS Maternity data (showing low birth weight, breastfeeding etc)
- NHS SUS data (awaiting transfer)
- NHS alcohol admissions by G.P. Practice



Progress on Recommendations – Alcohol

Work is underway on developing an in-depth multi-agency local alcohol needs assessment for York. It is anticipated that this will be completed in the Spring of 2015.

This will be used to develop an alcohol strategy and it is anticipated that this will be completed in the Summer of 2015.